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MEMO TO THE PLANNING AND HEALTH COMMISSIONS

HEARING DATE: JANUARY 20, 2022

January 11, 2022

Case Numbers:	2016-004775MCM; 2012.0403W
Project Address:	CPMC Development Agreement tracking
Project Sponsor:	Vahram Massehian 633 Folsom Street, 1st Floor San Francisco, CA 94107
Staff Contact:	Elizabeth Purl – 628-652-7529 Elizabeth.Purl@sfgov.org
Recommendation:	Informational only

Background

The item before you is an informational presentation in keeping with the Annual Review Process required by the Development Agreement (DA) with California Pacific Medical Center (CPMC).

The DA requires an annual review process to ensure that both the City and CPMC are in compliance with their respective obligations and that the specified community benefits are being delivered. The annual review requires that CPMC submit an Annual Compliance Statement to the City no later than 150 days after the end of their fiscal year (currently, the calendar year). The City is then required to post CPMC's statement and receive public comment for 30 days. Following the public comment period, the City publishes a report on whether CPMC is in compliance with the Development Agreement. The Health and Planning Commissions typically hold a joint hearing on CPMC's compliance with 60 days' notice to the public. After the hearing, the Planning and Health Directors will forward their findings onto the independent third party monitor. The monitor will have 30 days to review the findings and evidence of CPMC's compliance with the DA before sending a letter to the Board of Supervisors stating whether or not he or she concurs with the Directors' findings. If the Directors find CPMC not to be in material compliance with the terms of the Development Agreement, they will immediately notify the City Attorney for consideration and pursuit of appropriate action in accordance with Chapter 56 of the Administrative Code and remedies outlined in the Development Agreement.

The annual reporting process for both 2019 and 2020 was affected by the ongoing pandemic-related public health emergency. Some required audits to support CPMC's 2019 Annual Compliance statement could not be

completed until late 2020, and the 2019 and 2020 City Reports were published in October and November 2021, respectively. No hearing was held in 2020 for the 2019 reporting period, and this hearing therefore covers both the 2019 and 2020 reporting periods.

The City's Annual Report for January 1 – December 31, 2019 indicates that CPMC was in compliance on each of the obligations contained in the DA. The Annual Report for January 1 – December 31, 2020 also indicates that CPMC was in compliance on each of the obligations contained in the DA, with the single exception of the rate increase limitation for one of the City's two health plans for which CPMC is a provider. Some of the community benefit obligations are multi-year commitments and are still in the process of being completed.

Required Commission Action

This is an informational item and no action is required.

Recommendation: Informational only.

Attachments:

CPMC Long Range Development Plan Development Agreement - 2019 Compliance Statement
2019 Annual City Report
CPMC Long Range Development Plan Development Agreement - 2020 Compliance Statement
2020 Annual City Report
Public Comments

CALIFORNIA PACIFIC MEDICAL CENTER LONG RANGE DEVELOPMENT PLAN DEVELOPMENT AGREEMENT

2019 COMPLIANCE STATEMENT

and

HEALTHCARE COMPLIANCE REPORT

(January 1, 2019 - December 31, 2019)

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1. COMPLIANCE STATEMENT

This Compliance Statement is submitted under Section 8 of the Development Agreement (DA) demonstrating compliance with the DA obligations, including, without limitations, (i) the Hospital Commitment, (ii) each of the Community Commitments, including each of the Healthcare Obligations described in Exhibit F of the DA, and (iii) reimbursement of City Costs. See Section 8.2.1.[1] Compliance with the Healthcare Obligations is separately addressed and described in the Healthcare Compliance Report, attached hereto as Attachment 1.

2. SCHEDULE AND PHASING PLAN – HOSPITAL COMMITMENT

2.1 Construction Schedules

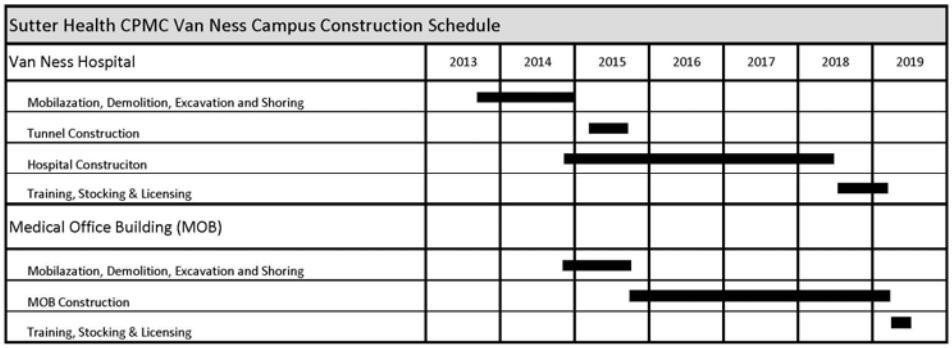
CPMC has, in accordance with Section 4.2.3, kept the City informed of its progress in satisfying the Hospital Commitment by reporting on the timing/progress of construction at the Mission Bernal Campus and the Van Ness Campus, as described below.

a. Van Ness Campus - Construction

i. Hospital – Opening of the Van Ness Campus Hospital, March 4, 2019

ii. Medical Office Building – First tenants took occupancy in March 2019

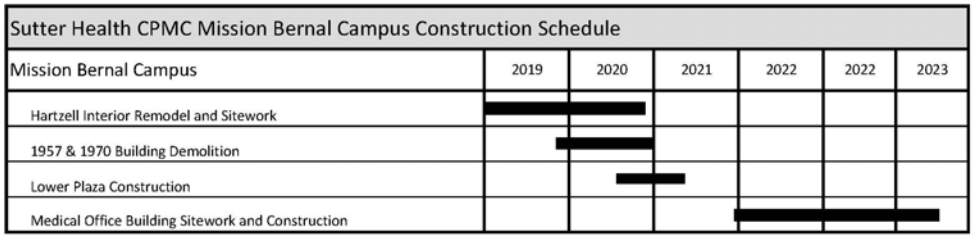
Schedule 1 – Van Ness Campus



b. Mission Bernal Campus– Construction

i. Mission Bernal Campus Hospital open since August 25, 2018

Schedule 2 – Mission Bernal Campus



[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.

3. COMMUNITY COMMITMENTS

3.1 Workforce Agreement (Exhibit E)

a. First Source Entry Level Hiring

CPMC is in compliance and, in coordination with First Source, is making the required good faith efforts regarding the Entry Level Hiring Goal. What constitutes good faith efforts is stated in DA Exhibit E, Sections 5 and 9. CPMC achieved a 57% entry level First Source hiring rate for calendar year 2019. See Attachment 3 for specifics on entry level hiring for hospital operations.

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

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

Construction hiring goals are to have 30% of the total hire hours performed by San Francisco Workforce, including 50% for new apprentice positions. Construction contractors on the hospital replacement projects hired San Francisco residents for 24% of the total 2019 construction hours. 30% of apprentice opportunities were filled by San Francisco residents.

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

The goal for the LBE program is 14% San Francisco based business contracting. 16% of the total construction work in 2019 was been performed by San Francisco based businesses.

CPMC has met its Development Agreement obligations to provide $4,000,000 to fund workforce training programs.

3.2 Community Healthcare Program (Exhibit F)

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

a. Payments. CPMC has met its DA obligations to provide $8,600,000 in funds for the Healthcare Innovation program.

See Attachment 2, Development Agreement Payments Schedule.

3.3 Housing Program (Exhibit G)

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

a. Affordable housing and residential unit replacement payments. CPMC made the required payments totaling $40,638,620.

3.4 Public Improvements (Exhibit H) and Transportation Program (Exhibit K)

a. Payments. CPMC has made all required payments for both programs, totaling $20,925,000. CPMC paid $340,081.75 in SFMTA fees in 2019.

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

4. PAYMENT SCHEDULE AND REIMBURSEMENT OF CITY COSTS

a. Payments. CPMC has made all required payments to date. Attachment 2 outlines CPMC compliance with all of its payment obligations, including payment obligations under Exhibit F Healthcare Program, and as further described in Attachment 1, Healthcare Compliance Report.

b. Reimbursements. CPMC has made all required reimbursement payments. In calendar year 2019, The City (OEWD, City Attorney, SFMTA and Planning Department) invoiced CPMC a total of $303,467.26. (Jan.-Dec.) Said sum was paid in full. See Attachment 2.

5. INSTITUTIONAL MASTER PLAN UPDATE

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

a. Property Transactions. No property transactions were completed in 2019 requiring an Assignment and Assumption Agreement in connection with the Development Agreement.

ATTACHMENT 1
Compliance Statement Summary and Healthcare Compliance Report

CPMC Development Agreement

2019 DA Compliance Statement Summary

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 5/31/20	Compliance Statement and Attachments 1-5
Construction Schedule	DA 4.2.3	Keep the City informed of progress in satisfying the Hospital Commitment by reporting to the City on the timing and progress of the construction at the Mission Bernal Campus and the Van Ness Campus	11/08/2013	11/08/2023	In compliance. Both VN and MBC hospitals completed an operational	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. All milestones have been met	Compliance Statement
Schedule and Phasing Milestone Table	Exhibit C	Update Milestone Table with schedule and phasing updates as information becomes availble	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 complaince at 57%. CPMC, in coordination with OEWD, is making the required good faith efforts regarding the First Source Entry Level Hiring Goal	Compliance Statement Attachment 3
Workforce Training Payment	Exhibit E D	Provide $1,000,000 to the City as a contribution to the City's programs that provide workforce training to economically disadvantaged residents. Such payments shall be payable as follows: $1,000,000 paid to OEWD within thirty days after the Effective Date, and managed by OEWD/CityBuild. The remainder of $3,000,000 shall be paid to the San Francisco Foundation in accordance with Payment Schedule, Exhibit N	11/08/2013	11/08/2014	In compliance, all payments made	Compliance Statement Attachment 2
Construction Hiring	Exhibit E A.5a	Good faith efforts to fill 50% of new entry-level positions for non-union administrative and engineering candidates	11/08/2013	11/08/2023	In compliance, 83%	Compliance Statement, Attachment 4
Construction Hiring	Exhibit E A.5b	Good faith efforts to fill 50% of new entry-level positions for administrative and engineering internship candidates	11/08/2013	11/08/2023	In compliance, 61%	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, 24%	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, 35%	Compliance Statement, Attachment 4
Construction Hiring	Exhibit E A.7b	Good faith efforts to fill 50% of new Entry-Level Positions for union apprentice candidates	11/08/2013	11/08/2023	In compliance, 30%	Compliance Statement, Attachment 4
Construction	Exhibit E B.4	Good faith effort to Contract with Local Business Enterprises 14% of the value of all Contracts	11/08/2013	11/08/2023	In compliance, 16% or $227,825,508 total	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. All payments made. See following pages	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, all payments made	Compliance Statement, Attachment 2
Public Improvements	Exhibit H	Public Improvements and pedestrian safety measures	11/08/2013	08/25/2025	In compliance, all phase 1 public improvements in various stages of design or construction	Compliance Statement, Attachment 2
Transportation Progran	Exhibit K	Payments for transit improvements	11/08/2013	11/08/2023	In compliance, all transit improvement payments made. $340,081 in SFMTA fee payments made in 2019	Compliance Statement, Attachments 2 and 5
Payment Schedule and Reiumbursement of City Costs	DA 4.7	Pay City costs incurred for review of annual DA compliance	11/08/2013	11/08/2023	In compliance, $303,467 paid in 2019	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. No property transactions	Compliance Statement, IMP Update

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

CPMC Development Agreement
Healthcare Compliance Report
Fiscal Year 2019

Item	Section	Commitment	Commitment Start Date[1]	Commitment End Date	Compliance Statement	Supporting Documentation
Baseline Commitment	1a	Unduplicated Patient Commitment: 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 35,456 Unduplicated Patients between 1/1/2019 and 12/31/2019. This is a surplus of 5,001 patients.	Deloitte & Touche Report
	1a	Baseline Expenditure Commitment: 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 2019 CPMC spent a total of $13,572,281 for Community Benefits in San Francisco.	Deloitte & Touche Report
	1d	Transition to Affordable Care Act: Maintain Charity Care policies through 12/31/2015 that are no more restrictive than Charity Care policies in fiscal year 2011.	11/08/2013	12/31/2015	Commitment completed.	
	1d	Transition to Affordable Care Act: Ensure Charity Care policies comply with California law and do not deny Charity Care patients access to inpatient services.	01/01/2016	11/08/2023	In compliance. CPMC maintained Charity Care policies that comply with California law and ensured access to Charity Care patients to inpatient services.	2019 Charity Care Policy
	1e	Bayview Child Health Center: Provide financial and operational support for comprehensive pediatric primary care to residents of the Bayview area through the Center in a manner and amount generally consistent with the level of support in fiscal year 2011-2012.	11/08/2013	11/08/2023	In compliance. CPMC provided financial and operational support for the Bayview Child Health Center consistent with 2011-2012 levels. In November 2013, South of Market Health Center (SMHC), in collaboration with CPMC and the Sutter Pacific Medical Foundation, received funding from the federal Health Resources and Services Administration to transfer ownership of the Bayview Child Health Center to SMHC. The transfer was effective 9/1/14. The Development Agreement provides that CPMC may "sell, lease or transfer programs, services or service lines to meet evolving community needs, operational cost-effectiveness, or quality standards." CPMC provided the following support to the SMHC and the clinic as part of the Baseline Commitment in the Development Agreement: 1. Financial support through an operations grant each year for ten years; 2. Leased the former BCHC Medical Director to SMHC through the end of 2015 to promote continuity of care; 3. Transferred all assets to SMHC at no cost; 4. Invested over $1,000,000 in tenant improvements to bring the clinic to OSHPD 3 compliance; and, 5. Remains the clinic's specialty and hospital partner-- providing Bayview children with comprehensive services across the care continuum.	
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 met the 5,400 additional Medi-Cal beneficiaries commitment in 2014 and continues to exceed it. As of December 2019, CPMC had a total of 31,408 Medi-Cal managed care beneficiaries enrolled in its partnership, which exceeds the development agreement commitment by 13,868 beneficiaries.	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. There continues to be no available MSO with a primary care provider based in the Tenderloin and despite efforts by CPMC to support the creation of one, it was deemed financially unfeasible by clinic partners. CPMC is contracted with one MSO, North East Medical Services, and worked with NEMS and St. Anthony's Clinic, a primary care provider in the Tenderloin, to have St. Anthony's join the NEMS MSO. Thus, through forging this new partnership CPMC is the hospital partner for one of St. Anthony's participating medical groups and will work with them to grow enrollment to 1,500 members. CPMC continues to work with St. Anthony's leadership to develop a path to sustainability and support outreach efforts, funded through the Healthcare Innovation Fund. To date, St. Anthony's conducts ongoing outreach events to Tenderloin residents through the St. Anthony's Dining Room, Tenderloin family serving providers, Project Homeless Connect and enhanced Medi-Cal eligibility screening and enrollment at the clinic.	
Innovation Fund	3a	Executed Innovation Fund Agreement in the form provided with The San Francisco Foundation. Create a committee of fund advisors to advise the Innovation Fund Foundation.	08/10/2013	10/07/2017	In compliance. CPMC executed the agreement with The San Francisco Foundation. The Committee was formed and CPMC continues to participate via an appointed a member to provide disbursement advice.	
	3b	CPMC shall pay to the Innovation Fund Foundation $8,600,000 in accordance with Exhibit N.	08/10/2013	10/07/2017	In compliance. All payments have been made.	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 2019.	Innovation Fund Report.
Sub-Acute Care Services	4	CPMC shall work with SFDPH and other hospital operators in good faith to develop specific proposals for providing Sub-Acute Care Services in San Francisco and present to the Health Commission by 6/30/2014, or such date as the participating hospitals and the Health Commission determine.	08/10/2013	06/30/2014 or such date as participating hospitals and Health Commission determine	In compliance. CPMC engaged a consultant and worked with hospitals, post acute providers and city departments to conduct a comprehensive assessment of the post acute care landscape in San Francisco, including sub acute services. The report included specific recommendations to meet the post acute, including sub acute, care needs in San Francisco. CPMC and the team presented the report to the Health Commission on 2/16/2016. CPMC and the other San Francisco hospitals have convened a Post Acute Care Collaborative to work towards implementing recommendations outlined in the report.	
Hospitals at the Mission Bernaland Van Ness Campuses	5a	Mission Bernal Campus Hospital will be a 120-bed General Acute Care Hospital with comprehensive emergency services.	Within 24 months of the Opening of Van Ness Hospital.	10 years	Commitment completed. Mission Bernal opened on 8/25/18 and Van Ness opened 3/2/19.	
	5b	Additional 30 bed Space: The "shelled" space at Van Ness Campus Hospital shall not be built-out for and placed into operation 30 licensed acute care beds until after the Mission Bernal 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 Mission Bernal Campus Hospital utilization.	
	6a(i)	Provide the services listed in Section 6aiA-C at Mission Bernal Campus Hospital.	Opening of Mission Bernal Campus Hospital.	08/25/2029	In compliance, all listed services are available.	
	6a(ii)	Establish, operate, and maintain a Center of Excellence in Community Health at the Mission Bernal Campus.	Opening of Mission Bernal Campus Hospital.	08/25/2029	In compliance. The Center of Excellence in Community Health is named HealthFirst at the Mission Bernal Campus. HealthFirst, a center for health education and disease prevention affiliated with St. Luke's Health Care Center, serves patients in chronic disease management by integrating community health workers (CHWs) into the multidisciplinary health care team. CHWs are culturally and linguistically competent as they are recruited from the same community as the patients that HealthFirst serves. CHWs provide health education, assist patients to improve their self-management skills, and encourage them to receive timely and comprehensive care. In 2019 HealthFirst saw 816 unique patients and carried out 1982 encounters. The community advisory board first met in October 2018 and continues to meet.	

Item	Section	Commitment	Commitment Start Date[1]	Commitment End Date	Compliance Statement	Supporting Documentation
Mission Bernal Campus	6a(iii)	Establish, operate, and maintain a Center of Excellence in Senior Health at the Mission Bernal Campus.	Opening of Mission Bernal Campus Hospital.	08/25/2029	In compliance. The Center of Excellence in Senior Health is made up of the Acute Care for the Elderly (ACE) Unit, the Hospital Elder Life Program (HELP) and a pilot partnership with San Francisco Village. The ACE Unit was established at Mission Bernal Campus with 34 beds, providing interdisciplinary care to older adult patients. The Unit saw 944 patients in 2019, exceeding the target of 600 as set forth in the Development Agreement. The ACE Unit provides: physical and occupational therapy; group activity therapy, including music therapy, guided imagery and other activities that encourage socialization and mobility; rehabilitation with a focus on exercise, socialization and better sleep; HELP, which develops a personalized care plan to help each patient stay mobile, social and prevent functional decline. In 2018, a community benefit-funded pilot partnership was developed with the non-profit organization SF Village to provide eligible discharged patients with a care navigator to help patients manage their health, prepare for doctor's visits, and acces needed community services, easing their transition from hospital to home. This project is continuing for its second year. The ACE Unit Medical Director conducted outreach to community partners to ensure the Unit is known as a resource. Meetings have taken place with: OnLok, Brown and Toland, 30th Street Senior Center, Centro Latino and Community Living Campaign. They also hosted an Open House to educate over 60 staff members from local Skilled Nursing Facilities about the Unit's services.	
	6b	Mission Bernal Campus Medical Office Building: CPMC shall submit a proposal for development at the Mission Bernal 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 Mission Bernal Campus Hospital.	Refer to Section 6b(i)	10/08/2023	In compliance. Within the 5 year window of time for the proosal of the Mission Bernal Campus Medical Office Building.	
Integration of Mission BernalMedical Staff and Patient Quality Outcomes	7	CPMC shall continue its good faith efforts at the clinical integration of medical staffs at the Mission Bernal Campus, with the medical staffs at its other campuses, and on quality improvement initiatives for the purpose of improving patient quality of care at all of the CPMC Campuses.	10/08/2013	10/08/2023	Commitment completed. Since 2016 CPMC has had a single medical staff at all four campuses, including Mission Bernal. The integration of medical staff was complete following votes in 2016 of the St. Luke's and CPMC medical staffs, and approval of the hospital's Board. CPMC's quality improvement inititiatives are also run across the four campuses.	
Participation in the Community Benefits Partnership	8	CPMC shall continue to actively participate in the Community Benefits Partnership, or its successor, to prepare a community benefit plan for submittal to OSHPD.	10/08/2013	10/08/2023	In compliance. CPMC actively participated in the Building a Healthier San Francisco (BHSF) Task Force and needs assessment process for submission to OSHPD. CPMC also actively participates in BHSF's successor, San Francisco Health Improvement Partnership (SFHIP) and the needs assessment process.	
Service Agreements with Chinese Hospital	9	CPMC shall continue to provide pediatric, obstetric, and certain tertiary services to Chinese Hospital patients in a manner generally consistent with existing service agreements.	08/10/2013	08/10/2023	In compliance. During the period covered by this report, CPMC has continued to provide services generally consistent with existing service agreements. CPMC maintained its agreement with Chinese Community Health Plan (CCHP) for their Commercial HMO population and added a new contract in 2014 for their Covered California population. CPMC also maintained its longstanding Transfer Agreement and contract for high risk OB/GYN care with Chinese Hospital. The contract with Chinese Hospital was renewed in early 2020.	
Culturally and Linguistically Appropriate Services	10	CPMC shall deliver at all campuses culturally and linguistically appropriate services that are representative of San Francisco's diverse communities and are in accordance with the mandates, guidelines and recommendations of the National Standards on Culturally and Linguistically Appropriate Services (CLAS).	08/10/2013	08/10/2023	In compliance. CPMC delivers services at all campuses that are culturally and linguistically appropriate and in accordance with the mandates, guidelines, and recommendations of the National Standards on Culturally and Linguistically Appropriate Services (CLAS). In 2015 CPMC conducted a CLAS Assessment and provided the assessment to DPH in September 2015. CPMC continued efforts to implement assessment recommendations and improve cultural and linguistic access to services across our four campuses.	CLAS Report
City Health Services System	11	For the period from 1/1/2014 to 12/31/2016, the negotiated fee for service increase for CPMC shall not exceed 5% annually as compared to the prior calendar year fee for service rates, and for the following 7 years CPMC shall limit annualized increases to no more than the Medical Rate of Inflation plus 1.5%.	01/01/2014	12/31/2024	In compliance. The negotiated fee for service rates in 2019 are at or below the Medical Rate of Inflation plus 1.5% as compared to 2018. The independent actuary report verified the 2015 compiance with this provision. The City formally requested independent actuary verification for the period between 2015 and 2017 and this review has been completed. We have not received a request for 2019.	

[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.

Sutter Health

EXHIBIT A

Per approval from the Planning Director as of the included 5/28 email, the assessment of unduplicated patients performed by Deloitte & Touche to be completed within approximately two months after the Shelter at Home Order is lifted, recognizing the Public Health Emergency may last longer

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December 3, 2020

Mr. Henry Yu
Chief Financial Officer
California Pacific Medical Center (CPMC)
1101 Van Ness Street
San Francisco, CA 94109

Dear Mr. Yu:

In accordance with our statement of work ("SOW") signed May 29, 2019, this report summarizes the results of the assessment of unduplicated patients performed by Deloitte & Touche LLP ("Advisor" or "we" or "us") as requested by Sutter Health for its subsidiary California Pacific Medical Center (collectively "Company" or "Sutter" or "CPMC").

At your request, we performed an assessment between March 9 and October 2, 2020, of the unduplicated patients to be reported by CPMC to the City of San Francisco related to the entitlement CPMC has with 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: Van Ness, California, Davies, Pacific and Mission Bernal (formerly St. Luke's), from the period of January 1st, 2019 to December 31st, 2019, reasonably represents and are supported by CPMC's Patient Accounting records.

Our procedures included the following:

• Advisor conducted interviews with business managers to understand the process and calculations of unduplicated patients to identify Medi-Cal and Charity Care patients and consider whether the process is consistent with the prior year and as previously understood by Advisor.

• Advisor obtained from CPMC the patient details from the period for Medi-Cal and Charity Care patients and performed data analytics on the received data to determine the number of unduplicated Medi-Cal and Charity Care patients.

• Advisor performed data analysis on the unduplicated patient listings, starting with raw data extracted from the patient accounting system, to evaluate whether duplicate patients are included in the listings for calendar year 2019.

• Advisor selected a random sample of 25 patients from calendar year 2019 and evaluated supporting documentation provided by CPMC that supports CPMC's classification of the patient as a Medi-Cal or Charity Care recipient.

• Advisor's methodology used in the procedures were consistent with those used in the review of the

This assessment summary memo is intended solely for the information and internal use of Sutter Health, and should not be used or relied upon by any other person or entity.

periods for calendar years 2009 through 2018.

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

Based on the procedures performed above, the total unduplicated patient count is 36,284. With the subtraction of the agreed 837 unduplicated patients, the allowable number of unduplicated patients for 2019 is 35,447, representing a surplus of 5,001 for 2019. This net unduplicated patient count developed by CPMC appears reasonable based upon the procedures performed and reflects the number of Medi-Cal and Charity Care patients treated the period of January 1, 2019 to December 31, 2019 at the Van Ness, California, Davies, Pacific and Mission Bernal campuses of CPMC as reflected in the CPMC Patient Accounting records.

****

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

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

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

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

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

5th amendment (effective December 21, 2018) for the MSA dated November 22, 2013 and the corresponding Statement of Work signed May 29, 2019. 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: Karolyn A. Woo-Miles

Karolyn Woo
Principal

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EXHIBIT B

Per approval from the Planning Director as of the included 5/28 email, the assessment of community benefits expense performed by Deloitte & Touche to be completed within approximately two months after the Shelter at Home Order is lifted, recognizing the Public Health Emergency may last longer

Deloitte.

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Costa Mesa CA 92626
USA

Tel: +1 714 436 7100

www.deloitte.com

December 17, 2020

Mr. Henry Yu
Chief Financial Officer
California Pacific Medical Center (CPMC)
1101 Van Ness Street
San Francisco, CA 94109

Dear Mr. Yu:

In accordance with our statement of work ("SOW") signed May 29, 2019, this report summarizes the results of the assessment of community benefits expense performed by Deloitte & Touche LLP ("Advisor" or "we" or "us") as requested by Sutter Health for its subsidiary California Pacific Medical Center ("Company" or "Sutter" or "CPMC").

At your request, we performed an assessment of the processes and internal controls over the recording of "community benefit" Category 3 costs, including a reconciliation of incurred costs from the period of January 1st, 2019 to December 31st, 2019 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 sampled expense items and their categories align to community health benefits category guidelines from the City of San Francisco.

Our procedures were performed between March 9, 2020 and April 24, 2020 included the following:

- Advisor reviewed the Community Healthcare Program contract to understand the contractual requirements between CPMC and the City of San Francisco. Advisor also reviewed the city guidelines charter to determine what expenses can and should be considered Category 3 expenses as defined in the Catholic Health Association of the United States publication, A Guideline for Planning and Reporting Community Benefits, (CBISA).

- Advisor obtained the list of expenses from CPMC under the Community Health Benefits expense categories and gained an understanding of the process for recording costs. We evaluated the data for reasonableness through walkthroughs and assessment of written processes of accounting for program funding and costs.

- Leveraging the list of gross community benefit expenses, reported as $13,572,281, Advisor selected a sample based upon the population of expenses that excluded restricted contributions of $1,781,931 and performed the following procedures:
  - Selected individual projects, which in summary exceeded $8,000,000.
  - Obtained transaction detail for each of these individual projects.

This letter is intended solely for the information and internal use of Sutter Health, and should not be used or relied upon by any other person or entity.

- Selected 45 random transaction samples across the projects and performed the following procedures:
  - 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 correct Category 3 CBISA expenses.

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 correct community health benefits program as required by the City of San Francisco.

****

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

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Very truly yours,

Deloitte & Touche LLP

By: Karolyn A. Woo-Miles

Karolyn Woo
Principal

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Sutter Health

EXHIBIT C

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

POLICY ON FINANCIAL ASSISTANCE (CHARITY CARE)

PURPOSE

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

POLICY

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

SCOPE

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

DEFINITIONS

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

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

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

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

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

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

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

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

PROCEDURES

A. ELIGIBILITY

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

Financial Assistance Category	Patient Eligibility Criteria	Available Discount
FULL CHARITY CARE	Patient is an Uninsured Patient with a Family Income (as defined below) at or below 400% of the most recent FPL	Full write off of all charges for Hospital Services
HIGH MEDICAL COST CHARITY CARE (for Insured Patients)	1. Patient is an Insured Patient with a Family Income (as defined below) at or below 400% of the most recent FPL; **and** 2. Medical expenses for themselves or their family (incurred at the Hospital or paid to other providers in the past 12 months) exceed 10% of the patient's Family Income.	A write off of the Patient Responsibility amount for Hospital Services

2. Calculating Family Income: To determine a patient's eligibility for Financial Assistance, the Hospital shall first calculate the patient's Family Income, as follows:

   a) Patient Family: The Patient Family shall be determined as follows:

      (i) Adult Patients: For patients over 18 years of age, the Patient Family includes their spouse, domestic partner, and dependent children less than 21 years of age, whether living at home or not.

      (ii) Minor Patients: For patients under 18 years of age, the Patient Family includes their parents, caretaker relatives, and other children less than 21 years of age of the parent(s) or caretaker relatives.

   b) Proof of Family Income: Patient shall only be required to provide recent pay stubs or tax returns as proof of income. Family Income is annual earnings of all members of the Patient Family from the prior 12 months or prior tax year as shown by the recent pay stubs or income tax returns, less payments made for alimony and child support. Income included in this calculation is every form of income, e.g., salaries and wages, retirement income, near cash government transfers like food stamps, and investment gains. Annual income may be determined by annualizing year-to-date Family Income. Sutter may validate income by using external presumptive eligibility service providers. provided that such service only determines eligibility using only information permitted by this policy.

   c) Calculating Family Income for Expired Patients: Expired patients, with no surviving spouse, may be deemed to have no income for purposes of calculation of Family Income. Documentation of income is not required for expired patients; however, documentation of estate assets may be required. The surviving spouse of an expired patient may apply for Financial Assistance

3. Calculating Family Income as a Percentage of FPL: After determining Family Income, Hospital shall calculate the Family Income level in comparison to the FPL, expressed as a percentage of the FPL. For example, if the federal poverty level for a family of three is $20,000, and a patient's Family Income is $60,000, the Hospital shall calculate the patient's Family Income to be 300% of the FPL. Hospitals shall use this calculation during the application process to determine whether a patient meets the income criteria for Financial Assistance.

4. Special Circumstance – Benefits Exhausted During Inpatient Stay: When an Insured Patient's third-party coverage pays only a portion of the expected reimbursement for the patient's stay because the patient exhausted their benefits during the stay, the Hospital should collect from the patient the balance of the expected reimbursement that would have been due from the third-party coverage if the benefits were not exhausted. A Hospital shall not pursue from the patient any amount in excess of the amount that would have been due from the third-party coverage if the benefits were not exhausted, plus the patient's share of cost or co-insurance. A patient who exceeded their benefit cap during a stay is eligible to apply for Financial Assistance. If the patient is eligible for Financial Assistance, the Hospital shall write off all charges for services that the Hospital provided after the patient exceeded the benefit cap.

5. Financial Assistance Exclusions/Disqualification: The following are circumstances in which Financial Assistance is not available under this policy:

a) Uninsured Patient seeks Complex/Specialized Services: Generally, Uninsured Patients who seek Complex/Specialized services (e.g. transplants, experimental or investigational procedures), and seek to receive Financial Assistance for such services, must receive administrative approval from the individual responsible for finance at the Hospital (or designee) prior to the provision of such services in order to be eligible for Financial Assistance. Hospitals shall develop a process for patients to seek prior administrative approval for services that require such approval. Elective services that are normally exclusions from coverage under health plan coverage agreements (e.g., cosmetic procedures) are not eligible for Financial Assistance.

b) Medi-Cal Patients with Share of Cost: Medi-Cal patients who are responsible to pay share of cost are not eligible to apply for Financial Assistance to reduce the amount of Share of Cost owed. Hospitals shall seek to collect these amounts from the patients.

c) Patient declines covered services: An Insured Patient who elects to seek services that are not covered under the patient's benefit agreement (such as an HMO patient who seeks out-of-network services from Sutter, or a patient refuses to transfer from a Sutter hospital to an in-network facility) is not eligible for Financial Assistance

d) Insured Patient does not cooperate with third-party payer: An Insured Patient who is insured by a third-party payer that refuses to pay for services because the patient failed to provide information to the third-party payer necessary to determine the third-party payer's liability is not eligible for Financial Assistance.

e) Payer pays patient directly: If a patient receives payment for services directly from an indemnity, Medicare Supplement, or other payer, the patient is not eligible for Financial Assistance for the services.

f) Information falsification: Hospitals may refuse to award Financial Assistance to patients who falsify information regarding Family Income, household size or other information in their eligibility application.

g) Third party recoveries: If the patient receives a financial settlement or judgment from a third-party tortfeasor that caused the patient's injury, the patient must use the settlement or judgment amount to satisfy any patient account balances, and is not eligible for Financial Assistance.

h) Professional (physician) Services: Services of physicians such as anesthesiologists, radiologists, hospitalists, pathologists, etc. are not covered under this policy. Any exceptions are set forth in Exhibit A. Many physicians have charity care policies that allow patients to apply for free or discounted care. Patients should obtain information about a physician's charity care policy directly from their physician.

B. APPLICATION PROCESS

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

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

2. Patients who wish to apply for Financial Assistance shall use the Sutter Health standardized application form, the "Application for Financial Assistance", Exhibit B.

3. Patients may request assistance with completing the Application for Financial Assistance in person at the Sutter Health Hospitals listed on Exhibit A, over the phone at 855-398-1633, through the mail, or via the Sutter Health website (www.sutterhealth.org).

4. Patients should mail Applications for Financial Assistance to Sutter Health, P. O. Box 619010, Roseville, CA 95661-9998 Attn: Charity Care Application.

5. Patients should complete the Application for Financial Assistance as soon as possible after receiving Hospital Services. Failure to complete and return the application within 240 days of the date the Hospital first sent a post-discharge bill to the patient may result in the denial of Financial Assistance.

C. FINANCIAL ASSISTANCE DETERMINATION

1. The Hospital will consider each applicant's Application for Financial Assistance and grant Financial Assistance when the patient meets the eligibility criteria set forth in section A.1 and has received (or will receive) Hospital Service(s).

2. Patients also may apply for governmental program assistance, which may be prudent if the particular patient requires ongoing services.

    a) The Hospital should assist patients in determining if they are eligible for any governmental or other assistance, or if a patient is eligible to enroll with plans in the California Health Benefit Exchange (i.e. Covered California).

    b) If a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for Financial Assistance, the application for coverage under another health coverage program shall not preclude the patient's eligibility for Financial Assistance.

3. Once a Full Charity Care or High Medical Cost Charity Care determination has been made, a "Notification Form" (Exhibit D) will be sent to each applicant advising them of the Hospital's decision.

4. Patients are presumed to be eligible for Financial Assistance for a period of one year after the Hospital issues the Notification Form to the patient. After one year, patients must re-apply for Financial Assistance.

5. If the Financial Assistance determination creates a credit balance in favor of a patient, the refund of the credit balance shall include interest on the amount of the overpayment from the date of the patient's payment at the statutory rate (10% per annum) pursuant to Health and Safety Code section 127440, provided that Hospitals are not required to refund a credit balance that is, together with interest, less than five dollars ($5).

D. DISPUTES

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

E. AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION

1. **Languages**: This Policy shall be available in the Primary Language(s) of Hospital's Service Area. In addition, all notices/communications provided in this section shall be available in Primary Language(s) of Hospital's Service Area and in a manner consistent with all applicable federal and state laws and regulations.

2. **Information Provided to Patients During the Provision of Hospital Services**:

   a) Preadmission or Registration: During preadmission or registration (or as soon thereafter as practicable) Hospitals shall provide all patients with a copy of Exhibit E, which includes a plain language summary of the Financial Assistance policy and also contains information regarding their right to request an estimate of their financial responsibility for services. Hospitals shall identify the department that Patients can visit to receive information about, and assistance with applying for, Financial Assistance.

   b) Financial Assistance Counselors: Patients who may be Uninsured Patients shall be assigned Financial Counselors, who shall visit with the patients in person at the hospital. Financial Counselors shall give such patients a Financial Assistance application, as well as contact information for hospital personnel who can provide additional information about this Financial Assistance policy, and assist with the application process.

   c) Emergency Services: In the case of emergency services, Hospitals shall provide all patients a plain language summary of the Financial Assistance policy as soon as practicable after stabilization of the patient's emergency medical condition or upon discharge.

   d) Applications Provided at Discharge: At the time of discharge, Hospitals shall provide all Patients with a copy of Exhibit E, which includes a plain language summary of the Financial Assistance policy and all Uninsured Patients with applications for Medi-Cal and California Children's Services or any other potentially applicable government program.

3. **Information Provide to Patients at Other Times**:

   a) Contact Information: Patients may call 1-855-398-1633 or contact the Hospital department listed on Exhibit G to obtain additional information about Financial Assistance and assistance with the application process.

   b) Billing Statements: Hospitals shall bill patients in accordance with the Sutter Health Hospital Billing and Collections Policy. Billing statements to patients shall include Exhibit E, which contains a plain language summary of the Financial Assistance policy, a phone number for patients to call with questions about Financial Assistance, and the website address where patients can obtain

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

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

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

a) Public Posting: Hospitals shall post copies of the Financial Assistance Policy, the Application for Financial Assistance, and the plain language summary of the Financial Assistance Policy in a prominent location in the emergency room, admissions area, and any other location in the hospital where there is a high volume of patient traffic, including but not limited to the waiting rooms, billing offices, and hospital outpatient service settings. These public notices shall include information about the right to request an estimate of financial responsibility for services.

b) Website: The Financial Assistance Policy, Application for Financial Assistance and plain language summary shall be available in a prominent place on the Sutter Health website (www.sutterhealth.org) and on each individual Hospital's website. Persons seeking information about Financial Assistance shall not be required to create an account or provide any personal information before receiving information about Financial Assistance.

c) Mail: Patients may request a copy of the Financial Assistance Policy, Application for Financial Assistance and plain language summary be sent by mail, at no cost to the Patient.

d) Advertisements/Press Releases: As necessary, and as least on an annual basis Sutter Health will place an advertisement regarding of the availability of Financial Assistance at Hospitals in the principal newspaper(s) in the communities served by Sutter Health, or when doing so is not practical, Sutter will issue a Press Release containing this information, or use other means that Sutter Health concludes will widely publicize the availability of the policy to affected patients in our communities.

e) Community Awareness: Sutter Health will work with affiliated organizations, physicians, community clinics and other health care providers to notify members of the community (especially those who are most likely to require Financial Assistance) about the availability of Financial Assistance.

F. MISCELLANEOUS

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

2. **Payment Plans**:

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

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

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

5. **Amounts Generally Billed:**
In accordance with Internal Revenue Code Section1. 501(r)-5, Sutter adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for financial assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

REFERENCE

Internal Revenue Code section 501(r)

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

California Health and Safety Code section 124700 through 127446

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

ATTACHMENTS

Exhibit A – Providers Covered and Not Covered by Policy
Exhibit B – Application for Financial Assistance
Exhibit C – Financial Assistance Calculation Worksheet
Exhibit D – Notification Form Sutter Health Eligibility Determination for Charity Care
Exhibit E – Important Billing Information for Patients
Exhibit F – Notice of Rights
Exhibit G – Sutter Health Affiliate Hospitals, Physical Address and Website Address for Financial Assistance

Exhibit A

Providers Covered and Not Covered by Policy

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

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

Exhibit B
APPLICATION FOR FINANCIAL ASSISTANCE

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

(PATIENT) (SPOUSE)

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

Name	Age	Relationship

EMPLOYMENT AND OCCUPATION

Employer: _____ Position: _____

Contact Person & Telephone: _____

If Self-Employed, Name of Business: _____

Spouse Employer: _____ Position: _____

Contact Person & Telephone: _____

If Self-Employed, Name of Business: _____

CURRENT MONTHLY INCOME

		Patient	Other Family
	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, parents (for minor patients), spouse and children from above)

	Yes	No
Do you have health insurance?	☐	☐
Do you have other Insurance that may apply (such as an auto policy)?	☐	☐
Were your injuries caused by a third party (such as during a car accident or slip and fall)?	☐	☐

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

_____ _____
(Signature of Patient or Guarantor) (Date)

_____ _____
(Signature of Spouse) (Date)

Exhibit C
FINANCIAL ASSSISTANCE CALCULATION WORKSHEET

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

Special Considerations/Circumstances: _____
_____
_____
_____

	Yes	No
Does Patient have Health Insurance?	☐	☐
Is Patient Eligible for Medicare?	☐	☐
Is Patient Eligible for Medi-Cal?	☐	☐
Is Patient Eligible for Other Government Programs (i.e. Crime Victims, etc.)?	☐	☐

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

Does Patient have other insurance (i.e. auto medpay)?	☐	☐
Was Patient inured by a third party?	☐	☐
Is Patient Self-Pay??	☐	☐

Financial Assistance Calculation:

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

Family Size (From Application for Financial Assistance) _____

Qualification for Financial Assistance Met ☐ Yes ☐ No

Exhibit D

NOTIFICATION FORM
SUTTER HEALTH
ELIGIBILITY DETERMINATION FOR FINANCIAL ASSISTANCE

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

_____	_____	_____
PATIENTS NAME	ACCOUNT NUMBER	DATE(S) OF SERVICE

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

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

Your request for financial assistance has been approved for services rendered on_____.
After applying the financial assistance reduction, the amount owed is $_____.

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

_____
_____
_____
_____
_____

Your request for financial assistance has been denied because:

REASON: _____
_____
_____
_____
_____

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

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

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

_____
Patient Financial Services
855-398-1633

Exhibit E

Important Billing Information for Patients
Financial Assistance Plain Language Summary

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

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

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

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

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

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

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

- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses **and** have a family income at or below 400% of the federal poverty level.

- Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; **and** (ii) medical expenses for themselves or their family (incurred at

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

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

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

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

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

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

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

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

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

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

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

Exhibit F

Notice of Rights

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

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

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

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

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

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

- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses **and** have a family income at or below 400% of the federal poverty level.

- Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; **and** (ii) medical expenses for themselves or their family (incurred at the hospital affiliate or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.

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

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

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

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

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

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

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

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

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

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

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

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

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

Exhibit G

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

Alta Bates Summit Medical Center

Patient Access/Registration

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

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

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

http://www.altabatessummit.org

California Pacific Medical Center

Patient Access/Registration

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

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

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

St. Luke's Campus
3555 Cesar Chavez St.
San Francisco, CA 94110
415-647-8600

http://www.cpmc.org

Eden Medical Center

Patient Access/Registration

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

http://www.edenmedicalcenter.org

Kahi Mohala, A Behavioral Healthcare System

Patient Access/Registration

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

http://www.kahimohala.org

Memorial Medical Center

Patient Access/Registration

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

http://www.memorialmedicalcenter.org

Memorial Hospital, Los Banos

Patient Access/Registration

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

http://www.memoriallosbanos.org

Menlo Park Surgical Hospital

Patient Access/Registration

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

http://www.pamf.org/mpsh

Mills-Peninsula Health Services

Patient Access/Registration

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

http://www.mills-peninsula.org

Novato Community Hospital

Patient Access/Registration

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

http://www.novatocommunity.org

Sutter Amador Hospital

Patient Access/Registration

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

http://www.sutteramador.org

Sutter Auburn Faith Hospital

Patient Access/Registration

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

http://www.sutterauburnfaith.org

Sutter Coast Hospital

Patient Access/Registration

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

http://www.suttercoast.org

Sutter Davis Hospital

Patient Access/Registration

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

http://www.sutterdavis.org

Sutter Delta Medical Center

Patient Access/Registration

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

http://www.sutterdelta.org

Sutter Lakeside Hospital and Center for Health

Patient Access/Registration

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

http://www.sutterlakeside.org

Sutter Maternity & Surgery Center of Santa Cruz

Patient Access/Registration

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

http://www.suttersantacruz.org

Sutter Medical Center, Sacramento

Patient Access/Registration

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

Sutter Memorial Hospital
5151 F Street
Sacramento, CA 95819
916-454-3333

Sutter Center for Psychiatry
7700 Folsom Blvd.
Sacramento, CA 95826
916-386-3000

http://www.suttermedicalcenter.org

Sutter Roseville Medical Center

Patient Access/Registration

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

http://www.sutterroseville.org

Sutter Santa Rosa Regional Hospital

Patient Access/Registration

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

http://www.suttersantarosa.org

Sutter Solano Medical Center

Patient Access/Registration

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

http://www.suttersolano.org

Sutter Tracy Community Hospital

Patient Access/Registration

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

http://www.suttertracy.org

Sutter Health

EXHIBIT D

Capitation Support - Medi - Cal

Dec-19

CPMC (CAL)NEM

	Cap less Stop Loss	Cap Rate Eff 1/1/19	Cap Rate Eff 7/1/18	Cap Rate Eff 1/1/18	Cap Rate	Total Member Months	Retro	Retro	Retro 2018	Retro 2019	Dec-19
Family/Foster/Refugee	0.00	$ -	$ -	$ -		-					
Aged M02	249,507.91	$ 206.37	$ 199.79	$ 199.79		1,209			-1	(58)	1,268
Disabled / Blind M03	169,017.03	$ 206.37	$ 199.79	$ 199.79		819				1	818
BCCTP M11	659.96	$ 329.98	$ 389.14	$ 389.14		2					2
Aged - Dual C02	125,028.53	$ 38.06	$ 39.49	$ 39.49		3,285			1	67	3,217
Blind/Disabled - Dual C03	16,976.19	$ 38.06	$ 39.49	$ 39.49		446			1	13	432
Child Converting from HF M21	97,225.12	$ 29.32	$ 30.26	$ 30.26		3,316				41	3,275
Child 18 M22/C22	186,006.08	$ 29.32	$ 30.26	$ 30.26		6,344				32	6,312
MCE M31	1,236,680.77	$ 101.96	$ 94.03	$ 94.03		12,129			-1	20	12,110
MCE - Dual C31	875.38	$ 38.06	$ 39.49	$ 39.49		23				7	16
Adult19 M32/C32	299,321.75	$ 78.05	$ 81.39	$ 81.39		3,835				10	3,825
	$ 2,381,298.72					31,408	-	-	0	133	31,275
						OK			**Total Net Retro**	133	
Retro MCE rate change	$ -										
	$ 2,381,298.72		Stop Loss Premium paid on behalf of Provider			-					

Sutter Health

EXHIBIT E

THE
SAN
FRANCISCO
FOUNDATION

May 2020

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

COMMUNITY HEALTH INNOVATION FUND

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

2013 Grants

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

2013 Outcomes

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

Curry Senior Center successfully completed organizational requirements for compliance, which

resulted in their ability to be certified for Medicare reimbursement. They were also able to expand their diabetes educational services, hire a Spanish-speaking Health Coach, and provide Aftercare Group Sessions on self-care.

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

2014 Grants

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

2014 Outcomes

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

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

In general, the grant reports reflect significant improvements from prior years of operation. The clinics continue to work towards achieving "clean and updated" data as cost efficiently as possible and also continue their efforts to reconcile the limitations of the Lifetime Clinical Report (software platform utilized by SF General and some hospital systems) to receive timely notification on hospitalization and emergency room visits of clinic patients. The majority of clinics have hired Referral and Care Coordinators or Nurse Case Managers who can provide the "high-touch" needed to insure clinic patients adhere to their appointments. One clinic reported that of the 1,483 referrals initiated between January-March, only 4% were no-shows, a dramatic improvement from prior reports. Funding has allowed clinics to utilize technology and pioneer innovative strategies. Two clinics (St. Anthony's Foundation and North East Medical Services) have instituted a Home Visitation program for patients identified as high risk and who face logistical and social barriers to meeting their appointments. St. Anthony's Foundation is employing virtual consultations with their physician using Apple's FaceTime. In addition, St. Anthony's has instituted Care Messaging to all of its patients. A consistent challenge cited by the majority of clinics is in the recruitment, hiring and retention of qualified staff to provide Care Coordination largely due to the low salary structure and high cost of living in the Bay Area. The final reports for this set of grants will be submitted by the clinics in early July, 2017.

2015 Grants

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

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

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

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

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

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

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

2015 Outcomes

Over the course of their grant, **Bayview-Hunters Point Multipurpose Senior Services** and **Stepping Stone Senior Services** each identified 10-15 seniors, targeting formerly homeless with mental health diagnosis or living alone without existing social support. The target population utilized the Emergency Room as their primary source of care. Both organizations hired a RN Navigator who addressed immediate crises, provided health/mental health assessment and education, medication management, accompaniment to health appointments, follow-up care and referral for specialty services. Results point to improved health, mental health, and reduction in ER visits and hospitalizations when compared with the baseline data that was collected. Of 17 seniors enrolled in the Bayview-Hunters Point MSSP project, eight participated in weekly professional counseling sessions resulting in improvement in their quality of life and decreased depression and isolation. The funding also supported participation by both agencies in a State cohort of senior service organizations working to design an Adult Day Healthcare/Community-Based Health Home model. Continued funding support for both projects was a major challenge. Both organizations cited the passage of the City's Prop I (Dignity Fund), would provide a funding stream to sustain the service, however, in the case of **Stepping Stone**, funds were not available to continue the program.

Bayview-Hunters Point Multipurpose Senior Services also received funds to strengthen their Senior Ex-Offender Program. Funds for dedicated staff time allowed them to purchase 1768 Newcomb for $1.6 million and to raise $80,000 from new funding sources. The building (old police station) will allow them to provide transitional housing for14 formerly incarcerated and homeless residents. This project will be supported by funds from the SF Department of Probation.

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

cohesion, the agency was able to move forward on the implementation of their new theory of change and commitment to their mission.

Westside Community Services provided 196 culturally-based healing circles to over 164 community residents who were suffering from trauma-inflicted depression and other psychoses. Though falling short of their goal of engaging 400 participants, the project cited success in bringing first responder survivors of violence to address their own self-care. The grant also supported training of Healing Circle Facilitators (community leaders/residents) trained by the Bay Area Association of Black Psychologists and the Copeland Center's Wellness Recovery Action Planning. Facilitators received the Community Inclusion Peer Facilitator Certification. Healing Circles were provided to targeted populations: Women in Recovery, People Living with HIV, Ajani Youth, Westside Man Up Project (formerly incarcerated African American men), and parents of murdered children. Eighty-seven percent (87%) reported positive outcomes and improvement in their mental health and a decrease of negative impacts of trauma. The grant allowed Westside Community Services to provide the rationale for culturally based healing circles as a valid treatment protocol. The services have continued with a grant from the Office of Children, Youth and their Families. The healing circles have been built in as a component of a larger collaborative of nine African American partner agencies working to provide comprehensive care for high-risk African American youth and their families.

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

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

2016 Grants

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

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

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

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

2016 Outcomes

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

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

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

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

2017 Grants

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

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

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

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

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

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

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

2017 Grant Outcomes

St. Anthony's Foundation (SAMC) - $35,000 to support outreach and care coordination.
Funding supported part-time staff to provide outreach to increase patient enrollment and establish protocol and a system for follow-up care. Of their goal to provide contact within 7 days of discharge from an inpatient hospital stay, SAMC was able to reach 65% percent of patients, short of their 100% target. However, they were able to determine that their patient records were incomplete or incorrect for the 35% who did not receive contact. To address this, they worked in partnership with the ER nurses at discharge to insure patient information was updated and correct. They also allocated staff time to scrub existing data and update PCP and LCR data. Their efforts to reduce 30-day re-hospitalization rates realized higher outcomes (80%). One hundred percent of non-scheduled referrals to SAMC were opened and reviewed within 10 days due primarily to the new Referral Care Coordinator and increased use of the "e-referral". SAMC is piloting expanded weekday-afternoon office hours and evaluating the benefit/cost of providing Saturday service. SAMC has expanded patient-visit reviews to include orientation/education regarding services appropriate for SAMC versus hospitals, the use of the After-Hours Pager System and use of SF Health Plan's/Blue Cross 24-Hour Advice Nurse Hotline. SAMC has decreased its appointment no-show rate from 25% to 10% over the grant period. Funding supported improvements in workflow processes, better use of EMR, and new technologies such as the "Call Point" appointment reminder system thus increasing efficiencies in both administrative and medical care.

Central City Hospitality House - $167,000 to support housing placement, case management and leadership development of Tenderloin residents to advocate for improved living conditions and access to services.
CCHH exceeded all of their grant goals to provide services to formerly homeless individuals in the Tenderloin. Of their original goal of assessing 80 CCHH participants, 92 individuals were assessed by Community Building Program case managers (many of whom were formerly homeless) for improved housing opportunities, eligibility for public benefits and referrals to behavioral and physical health resources. In addition, their goal of maintaining housing placement for 75 participants was exceeded by serving a total of 110 individuals. Of these, 100% maintained or improved their housing without re-experiencing homelessness during the course of the year. Eighty-two participants were referred for behavioral or physical health needs, and 80 residents completed a case plan identifying goals, time frame for completion, and documented accomplishment of agreed-upon goals. For their Healing, Organizing, Leadership Development (HOLD) training project, 21 community residents enrolled (goal was 8) and 14 demonstrated improved leadership skills through a civic engagement activity (goal was 4). Graduates of the program return to lead one or more information workshops focused on effects of psychological trauma all of who have had direct experience with trauma. Close to 300 community residents participated in at least 1 of 13 community events which included Poetry and Spoken Word nights, monthly sidewalk activation events, neighborhood forums on community issues and a workshop on "City Hall Works For You" co-hosted by the Clerk of the Board of Supervisors and held in the Board Chamber at City Hall. For many, this was their first exposure to City procedures and first

time in City Hall. These series of events reduced isolation and further strengthened connection between community residents. The HOLD (leadership development) model of trauma-informed leadership is regarded as an innovative model and has been adopted by several of their partner organizations. The HOLD training project resulted in an organizational transformation as well. Four members of CCHH's Board of Directors are graduates of HOLD, thus furthering their vision for a truly community-led organization.

From Garden to Table (FGTT) - $125,000 to establish a safer cooking system and cooking instruction to promote better health outcomes for SRO residents in the Tenderloin.
FGTT's goal is to promote recovery from substance abuse and the trauma of homelessness by providing cooking lessons promoting healthy foods and providing access to in-home cooking equipment designed to promote safety for SRO residents in the Tenderloin community. FGTT partnered with the Auburn Hotel, a 70-unit permanent supportive housing site for previously homeless veterans. Each unit was only equipped with a mini-refrigerator and microwave. The units did not include cooking facilities though the residents requested safe and clean cooking facilities for meal preparation. FGTT provided a fully equipped, environmentally safe cooking system to 13 participants who completed the onsite 6-week class. The Auburn graduates prepared food for 31 managers of other SROs and community representatives. In addition to classes at the Auburn, FGTT completed a total of 122 health, cooking and physical activity classes, 3 Safety and Prevention Exchange Project graduations, and 10 community events. Participation totaled 1,295 Tenderloin residents, managers and community organizers. FGTT in partnership with the San Francisco Recovery Theatre met with 6 Tenderloin SRO managers (Auburn, Cova Cadillac, Camelot, Windsor, and Jefferson hotels) to develop collaborative relationships. In total, FGTT met, networked and participated in meetings with 120 stakeholders and SRO managers. FGTT staff also participated in the San Francisco Food Security Task Force and partnered with the Saint Francis Foundation to strategize reaching more Tenderloin SROs to provide safe and healthy cooking systems. To address concerns regarding sustainability of the project, FGTT has submitted proposals to 11 foundations and created a crowd-funding platform.

Women's Community Clinic - $50,000 to support completion of the merger with HealthRIGHT360.
The determination whether to move forward with the merger was completed on time with both agencies providing documentation and conducting due diligence. The two organizations' Board of Directors and Leadership teams entered into agreement in April 2017. High Board and staff satisfaction remained a priority throughout the merger process and board and staff retreats have fostered a stronger sense of unity and commitment to the Clinic's mission. A gap analysis review for FQHC compliance was completed and a remediation plan to address gaps was put in place. However, WCC did not get approval for their own FQHC status. HealthRIGHT 360 was recently awarded FQHC-lookalike status that fully complies with the requirements of Section 330. To address sustainability, a business plan and financial model was completed in June 2017 that highlighted the need to increase patient enrollment, convert offices to clinic space, and increase clinic staff time to see more patients. To insure continuity of care and to hold to WCC's value for patient-centered care, the leadership team solicited regular feedback from patients and staff as well. A regular monthly all-staff meeting has been instituted to create space for information exchange and feedback.

Public Health Foundation/Sobering Center - $150,000

The purpose of this grant is to reduce unnecessary use of emergency room department services and to increase access to services and support for clients to participate in recovery and wellness from their substance abuse. Receipt of a final report on this grant is pending.

Neighborhood Empowerment Network - $150,000
The grant project will end in June 2019 that will generate a final report on NEN's activities.

2018 Grants

From the Garden to Table - $125,000
To promote recovery for SRO residents living in the Tenderloin community through healthy and safe cooking instruction.

Public Health Foundation/Sobering Center - $189,000
To reduce unnecessary use of emergency room department services and to increase access to services and support for clients to participate in recovery and wellness from their substance abuse.

Institute on Aging/Swindells Adult Social Day Center - $200,000
To support the Institute on Aging/Swindells Adult Social Day Center's relocation to a new site and necessary renovations required to provide services for vulnerable seniors.

SisterWeb Doula Project - $465,650 over 24 months
To build, grow and evaluate an innovative community-based doula program that will serve African American and Pacific Islander communities in San Francisco.

Elder Care Alliance - $256,000
To support the Dementia-Inclusive Accelerator Project to reduce stigma and social distance for persons living with dementia and their care partners.

2018 Outcomes

From the Garden to Table (G2T) successfully delivered 116 monthly and quarterly health education and cooking demonstrations, theatre and music events and physical exercise opportunities for residents of the Tenderloin's SRO's including the Cadillac Hotel and Salvation Army buildings. They reached a total of 1,736 residents, far exceeding their goal of 150. Participants reported improved range of motion, balance, emotional well-being and increased cooking skills using fresh organic ingredients. The organization was able to complete a sustainability plan based on the production and marketing of organic products. G2T enriched the Tenderloin community with celebratory events that brought residents together using healthy food, physical exercise and music to improve resident mental and physical health. They also participated in over 52 meetings to coordinate delivery of services with other Tenderloin service providers, SRO hotel managers and residents.

Public Health Foundation/Sobering Center used their grant to continue to provide transport of intoxicated clients to the Sobering Center. During FY18/19, the Sobering Center received 850 total calls for transport, and completed 816 transports. There was a noted increase in number of clients transported and provided quality services to individuals regardless of their race or economic

situation.

Institute on Aging/Swindells Center for Adult Day Services was able to secure a lease with the Presidio Trust for a 7,034 square foot historic building in San Francisco. The acquisition of the new site allowed them to expand services from 53 clients to 96 clients and hire 16 additional staff due to a doubling of service space. The grant also funded the ADA required renovations to the building and supported their fundraising efforts. They have successfully raised $2.1 million to date. The new Swindells Enrichment Center will also house a 24-hour mobile response team and specialized homecare and caregiver training. Their goal is to reduce the number of Emergency Department visits by elderly clients who have no true medical reason for the visit.

SisterWeb Doula Project has completed 12 months of their 24-month grant. The purpose of the grant is to create a new culturally-based model to reduce high infant mortality rates of African American and Pacific Islanders in San Francisco. In their first year of operation, they have established a number of successful partnerships. One is with Health Connect One (HCO) which is the only accrediting body for doulas. HCO is responsible for doula training. They have also conducted outreach to 100 hospitals and have partnerships with 4 out of 5 delivery hospitals. At the time of the report, 13 women reported healthy births with another 20 in the pipeline. They are working with UC Berkeley on an evaluation of quality of care. They are also working at the State legislative level to craft language for a bill on doula care and a service reimbursement process. Seventy percent of their project budget for the next 3 years has been raised. The project is already being recognized as a national model with requests for technical assistance to recreate it in other cities.

Elder Care Alliance/Dementia Inclusive Communities Initiative successfully developed new tools for family members, caregivers, and aging professionals using arts and cultural events to foster greater connection and relationships with individuals with dementia. Materials developed were translated into Spanish, Chinese, Russian and Tagalog. The project also focused on strengthening cross-agency connection of senior service providers by hosting a series of workshops and meetings on promoting inclusive communities utilizing various forms of technology. The project forged partnerships with the College of Alameda, Alameda Healthcare and Wellness Center, SF Institute on Aging, Campus for Jewish Living, Contemporary Jewish Museum, St. James Episcopal Church, Visitation Valley Community Center and SOMArts. They reached families and senior serving agencies in the Excelsior, Richmond/Laurel Heights, Civic Center/Downtown, Visitation Valley and SOMA. In total, they engaged 525 people of color and collaborated with over 20 key stakeholders in the field of dementia services. For their innovative work, they received the Mather Lifeways Promising Practices Award.

2019 Grants

Regional Pacific Islander Task Force - $20,000

To continue to raise awareness of the health needs of Pacific Islanders in San Francisco/ Bay Area and to align Bay Area Public Health Department efforts to better address social, economic and health disparities in Pacific Islander communities.

COMMUNITY HEALTH INNOVATION FUND

	2014	2015	2016	2017	2018	2019	Grand Total
Beginning Balance		**6,760,566**	**4,044,950**	**3,634,051**	**2,654,976**	**1,799,841**	
Grant Revenue - Contributions	8,600,000						**8,600,000**
Realized/unrealized on investments	5,376	12,461	3,213	3,424	5,722	(1,724)	**28,471**
Interest and Dividends	(15,426)	(22,878)	(14,725)	(18,636)	(36,989)	(21,991)	**(130,646)**
Grants Made - Current Year	1,244,700	2,722,292	420,000	985,000	883,000	979,650	**7,234,642**
Donor/Project Fee Expense	602,000						**602,000**
Consultants				**7,000**	0		**7,000**
Investment Management Fees	2,783	3,743	2,412	2,287	3,402	1,524	**16,150**
Ending Balance	**6,760,566**	**4,044,950**	**3,634,051**	**2,654,976**	**1,799,841**	**842,383**	**842,383**
					Management Fee		**(2,471)**
					Ending Balance		**839,912**

WORKFORCE DEVELOPMENT FUND

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

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

Since the last report in May 2018, the committee granted funds to five Barrier Reduction grantees, Jewish Vocation Services (JVS), Code Tenderloin/ Downtown Streets Team (DST), Self-Help for the Elderly (SHE), Success Centers SF (SCSF), and FACES SF. Throughout the 2018 grant year, the Workforce Development Committee continued to meet quarterly. On April 30, 2019, the original two grantees, JVS and SHE, completed their fourth year of funding, SCSF and FACES SF completed their third year of funding, and DST completed their first year of funding of a committed two-year agreement.

FY 2015 & FY 2016 Grants

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

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

1. **Jewish Vocational Services:** To provide program support for job readiness training supported paid work experience, and placement assistance into living wage jobs to low-income San Franciscan residents at CPMC, and/or other health care facilities in San Francisco. ($150,000)
2. **Mission Hiring Hall:** To provide program support for job readiness training and placement services designed to overcome barriers to employment for low income, minority, and underserved San Francisco residents. ($150,000)
3. **Positive Resource Center:** To provide program support for job readiness training and placement in employment for disabled, low-income job seekers in San Francisco County. ($90,000)
4. **Self-Help for the Elderly:** To provide program support to ensure employment barrier reduction, job preparedness and placement for immigrant, Limited English Proficient, Asian Pacific Islander older adults and high needs youth in the City and County of San Francisco. ($150,000)

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

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

Goals

Short-term goals:

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

Intermediate goals:

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

Long-term goals:

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

FY 2015 & FY 2016 Outcomes

Through the collaborative effort between the four grantees and the Committee over two fiscal years (July 1, 2014 – June 30, 2016), 519 San Francisco residents received either paid work experience, demonstrated gains in workplace competencies (i.e. computer/administrative training, academic skills and language skills), job readiness training or on-the-job training. 347 clients from the targeted neighborhoods have been placed in entry-level positions either at CPMC or other healthcare employers in San Francisco and the Bay Area. Of the 347 clients, 53 have been placed directly at CPMC medical facilities.

FY 2017 Grants

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

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

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

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

FY 2017 Goals

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

Short-term goals:

- Familiarize grantees new to the cohort with the hiring process of CPMC and facilitate relationships between the CPMC Recruitment Services Team Member and the CPMC hiring managers.
- Align program curriculum and training with the required qualifications of open CPMC positions.

- Share marketing and communications materials to facilitate identification of clients who may be ready for immediate employment opportunities or identify clients that require different types and levels of training, as well as to prevent duplicative efforts.
- Orient new staff members of the individual organization to existing practices of the cohort and the relationship between the cohort, CMPC, OEWD and TSFF.

Intermediate goals:

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

Long-term goals:

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

FY 2017 Outcomes

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

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

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

Due to poor performance metrics and placements at CPMC healthcare facilities, the Committee discontinued its funding for Positive Resource Center (PRC) and Mission Hiring Hall (MHH) at the end of the 2017 grant period. The target population of PRC was not the best fit for the per diem initial hiring period of the CPMC hiring process. PRC's clients are largely from the disabled population and have stated

to PRC that they lose significant health care and other benefits when they accept per diem employment that has uncertain working hours and total compensation before being hired permanently. The wage uncertainty created issues around paying rent and other living expenses upon which their overall livelihood depends. MHH has suffered significant staff turnover during the two years they participated in the cohort, and this turnover has significantly affected its ability to meet the goals it set for its CPMC Workforce Development grants.

FY 2019 Grants

In 2019, the committee decided to (a) renew four of the six FY 2018 grantees, and (b) add one new organization. Young Community Developers that was funded in the fiscal year 2018 was removed from the cohort due to the committee's decision to fund the capacity building of a new organization focused on workforce development in the Tenderloin of San Francisco.

The resulting five grantees were renewed for an interim period through June 30, 2019 for funding totaling $557,500:

1. **Jewish Vocational Services:** To provide program support for job readiness training, supported paid work experience, and placement assistance into living wage jobs to low-income San Franciscan residents at CPMC, and/or other health care facilities in San Francisco. ($85,000)

2. **Self-Help for the Elderly:** To provide program support to ensure employment barrier reduction, job preparedness and placement for immigrant, Limited English Proficient, Asian Pacific Islander, older adults and high needs youth in the City and County of San Francisco. ($85,000)

3. **Success Center San Francisco:** To create a Healthcare Pathway for low-income residents in the Western Addition neighborhood of San Francisco, who face multiple barriers to employment to obtain and retain jobs in healthcare. ($65,000)

4. **FACES SF:** To provide job readiness and placement assistance services for low-income residents of the Southeast Sector of San Francisco to attain clinical or non-clinical employment at CPMC and/or other health care facilities in San Francisco. ($65,000)

The committee added Downtown Streets Team to the list of grantees with $75,000 in interim funding:

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

FY 2019 Outcomes

In terms of the financial report, funds from the San Francisco Foundation were disbursed in FY 2018 beginning the grant period on July 1st.

As of March 31, 2019, the cohort collectively provided some form of workforce training to 295 San Francisco residents. 102 residents from the targeted neighborhoods as well as other San Francisco

neighborhoods were placed in entry-level jobs in the healthcare sector. Of the 102 placements, 14 of those were placed directly at CPMC facilities.

The report above is representative of the grant's first three quarters (July 1, 2018 – March 31, 2019).

Four Year Outcomes

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

Through this collaborative effort between a total of seven grantees and the Committee over the last four years (FY 2015 – FY19), 1053 clients from the targeted neighborhoods and from other neighborhoods have been placed in entry-level positions either at CPMC or other healthcare employers in San Francisco and the Bay Area. Of the 1053 clients, 111 have been placed directly with CPMC.

FY 2020 Grants

In reaching the end of the 5-year Workforce Fund Grant Agreement between the San Francisco Foundation and CPMC, the committee decided on how best to allocate the remaining grantmaking funds of $962,107 to help reduce barriers to accessing jobs at CPMC. The Workforce Committee decided to distribute the remaining funds over three years to four of the five Barrier Reduction grantees, and to complete the last of the two-year agreement with the fifth organization (DST). Over this past year, grantees met with the committee as a larger group one last time in the summer of 2019 to discuss the distribution of the remaining funds as exit grants for these organizations.

In April 2020, the following five grantees were renewed, four of which renewed for multi-year funding, and all totaling $962,106,51:

1. **Jewish Vocational Services:** To provide program support for job readiness training, supported paid work experience, and placement assistance into living wage jobs to low-income San Franciscan residents at CPMC, and/or other health care facilities in San Francisco. Grant Obligation: Annual data reports will be submitted via email throughout the grant period to CPMC. ($240,000 over 36 mos.)

2. **Self-Help for the Elderly:** To provide program support to ensure employment barrier reduction, job preparedness and placement for immigrants, Limited English Proficient, Asian Pacific Islander older adults and high needs youth in the City and County of San Francisco. Grant Obligations: Annual data reports will be submitted via email throughout the grant period to CPMC. ($240,000 over 36 mos.)

3. **Success Center San Francisco:** To create a Healthcare Pathway for low-income residents in the Western Addition neighborhood of San Francisco, who face multiple barriers to employment to obtain and retain jobs in healthcare. ($195,000 over 36 mos.)

4. **FACES SF:** To provide job readiness and placement assistance services for low-income residents of the Southeast Sector of San Francisco to attain clinical or non-clinical employment at CPMC and/or other health care facilities in San Francisco. ($195,000 over 36 mos.)

5. **Downtown Streets Team:** To provide core operating support for the partnership between Downtown Streets Team and Code Tenderloin. The grant will primarily be to build the capacity of Code Tenderloin through the Downtown Streets Team for this last year in the CPMC cohort. ($92,105.51 over 12 mos.)

Three Year Outcomes

Self-Help for the Elderly

Outcome 1: Place 72 participants in Job Readiness Training (JRT) and/or On-the-Job-Training (OJT) over 3 years.

Activity 1: Provide training to 72 participants in personal effectiveness, academic and workplace competencies.

Activity 2: Ensure gains in literacy and numeracy and job-related English proficiency for 72 participants.

Activity 3: Ensure gains in work readiness knowledge and skills including soft skills, strong customer service ethic, and professionalism to 72 participants.

Outcome 2: Place 57 participants who complete JRT and/or OJT in employment at a minimum wage of $15.66 per hour or higher over 3 years.

Activity 1: 66 participants will complete JRT and/or OJT.

Outcome 3: Of the 57 placements, 18 will be placed in employment with CPMC at a minimum wage of $15.66 per hour or higher over 3 years.

Jewish Vocational Services:

Outcome 1: Ensure placement of at least 24 program participants in employment at a wage of $15.66 per hour or higher, with CPMC over 3 years.

Activity 1: Twice a year, JVS will send resumes of at least 5 candidates to the CPMC recruiter and will set up a time for the CPMC recruiter to speak with the identified candidates who meet their qualifications for a total of 30 candidates over the 3 years of the grant.

Activity 2: In conjunction with a CPMC recruiter, develop a system for the CPMC recruiter to share feedback about clients referred from JVS. JVS incorporate this feedback as we prepare additional candidates to apply for jobs at CPMC.

FACES SF:

Outcome 1: Residents of the Southeast sector of San Francisco will receive job training, placements and readiness services in clinical or non-clinical employment opportunities.

> **Activity 1:** Enroll 150 participants in job readiness services to prepare them for clinical or non-clinical employment opportunities at CPMC and other health care employers.
>
> **Activity 2:** Placement of 36 participants in employment at other health care employers at a minimum wage of $15.66 per hour.
>
> **Activity 3**: Place 18 participants in employment with CPMC in clinical or non-clinical employment

Success Center SF:

Outcome 1: Place forty-five (45) participants in Job Readiness Training (JRT) and/or On-the-Job Training (OJT).

> **Activity 1:** Ensure gains in literacy and numeracy and job-related English proficiency for fifteen (45) participants.
>
> **Activity 2:** Ensure gains in work readiness knowledge and skills including soft skills, strong customer service ethic, and professionalism to fifteen (45) participants.

Outcome 2: Place thirty (30) program participants in employment at a wage of $15.66 per hour or higher.

> **Activity 1:** Forty-five (45) participants will complete JRT and/or OJT.
>
> **Activity 2:** Provide training to forty-five (45) participants in personal effectiveness, academic and workplace competencies.

Outcome 3: Of the thirty (30) employment placements, eighteen (18) will be placed directly with CPMC.

One Year Outcomes

Downtown Streets Team:

Outcome 1: Stabilize Code Tenderloin and strengthen program impact

> **Activity 1:** Provide Code Tenderloin with executive and operational coaching by supporting Executive Director, Donna Hilliard's role and strategizing with her on operational needs.
>
> **Activity 2:** Code Tenderloin Systems Analysis through evaluating and documenting data collection, reporting, assessing tools in use, paperwork/ templates.

Outcome 2: Align Code Tenderloin and Downtown Streets Team programs

> **Activity 1:** Assess joint processes recruiting participants, training opportunities, and placing graduates while developing a joint strategic plan.

Activity 3: Code Tenderloin organizational design through clarifying needed roles and developing descriptions while developing organizational charts that clarify current and future operations.

Outcome 3: Establish a neighborhood outreach/ambassador training program.

Activity 1: Explore ways to cultivate & expand Calming Corners into a sustainable ambassador program.

Activity 2: Creating external partnerships to solidify job placement in Ambassador & social services fields.

All data and narrative reports will be submitted directly to CPMC throughout the grant period for each of the grants. Please note grant outcomes and funds for the Workforce Development Fund are on a fiscal calendar rather than a calendar year.

WORKFORCE DEVELOPMENT

Beginning Balance	2014	2015	2016	2017	2018	2019	Grand Total
Grant Revenue - Contributions		**2,793,912**	**2,250,347**	**1,465,352**	**1,475,319**	**936,528**	
Realized/unrealized on investments	3,000,000						**3,000,000**
Interest and Dividends	3,927	12,058	6,320	3,422	3,891	12,264	**41,882**
Grants Made - Current Year	(9,456)	(22,092)	(21,804)	(17,901)	(25,063)	(15,123)	**(111,439)**
Donor/Project Fee Expense		550,000	788,000		557,500	934,986	**2,830,486**
Consultants	210,000						**210,000**
Telephone		0	8,000	**1,120**		3,000	**12,120**
Travel - Ground Transportation			192	52			**244**
Catering and Food - Convenings and Special Events			(11)	(110)			**(121)**
Investment Management Fees			722	943	147	365	**2,177**
A/P - Clearing (General)	1,617	3,599	3,554	2,287	2,316	1,036	**14,409**
Ending Balance					0	0	**0**
	2,793,912	**2,250,347**	**1,465,352**	**1,475,319**	**936,528**	**0**	**0**

Sutter Health

EXHIBIT F

CPMC: Culturally and Linguistically Appropriate Services Action Plan*

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Organizational Values and Principles	***ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and spread best practices.***		
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.	a) Revamped the CLAS Action Planning committee, to include additional departments and implementation strategies in the support, improvement, monitoring, and development of culturally and linguistically appropriate services. b) Initiated partnership with Emergency Services, Care Coordination, Communications, Ethics and St. Luke's Community Clinic. Continued partnership between the CLAS Action Planning Team and the following hospital departments: Nursing Education, Quality and Safety, Interpreter Services, Volunteer Services, Community Benefit, Data and Management, Human Resources, Patient Relations, Spiritual Care Services, and Nursing. Note: Standards 2 through 15 represent the practices and policies intended to be the fundamental building blocks of culturally and linguistically appropriate services that are necessary to achieve Standard 1. Therefore, the strategies in which CLAS care is addressed will be further discussed in the following standards. This includes the result components and action steps of the CLAS assessment as well.	**KEY INDICATORS:** a) Establish safe and welcoming environment at every point of contact that both fosters appreciation of the diversity of individuals and provides patient- and family-centered care 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	1. Held regular meetings with the CLAS Action Planning committee, to support the improvement, monitoring, and development of culturally and linguistically appropriate services. 2. Continued review of policy, procedures and programs through CLAS Action Planning. 3. Continued review of Continued Medical Education (CME) course offerings to ensure educational activities addressed health disparities and/or cultural/language barriers.

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Governance, Leadership and Workforce:	***ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and spread best practices.***		
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	a) Appointed new Senior leadership to support and promote CLAS through policies, practices and allocated resources. Discussed with the senior leadership the ways in which CLAS standards could be further integrated into the systems and structures of CPMC and better communicated with staff. b) Continued partnership with grassroots community organizations and advocacy groups to bridge the gap of cultural competency within healthcare. c) Reviewed the Interpreter Services departmental budgets which document financial contributions to the provision of systems that support culturally and linguistically appropriate services for patients and community partners. d) Delivered annual presentation to general management to inform the ways in which the organization has increased capacity to provide CLAS care and provide updates on upcoming CLAS implementations, including monthly standard communication and CLAS issue reporting system. e) Continued relationships at the Sutter System level to support the following areas: • Patient Family Advisory committees • Participation in the system level inclusion resource groups including the Multicultural Resource Group, LGBTQ Resource Group, and ADA Resource Group • Participation in local Inclusion Council Committee • Participating in research and analysis on patient health outcomes to inform potential racial disparities in care f) Executive leadership participation in the System level diversity & Inclusion course, Inclusive Leaders. Utilized training materials and concepts from the leadership course to inform additional management training. g) Began to develop communications for senior management and general management on CLAS and Interpreter Services. Included training on the use of Remote Video Interpreters and the importance of language services for patient safety. h) Initiated or continued partnership between the CLAS Action Planning Team and the following hospital departments: Nursing Education, Quality and Safety, Interpreter Services, Volunteer Services, Community Benefit, Data and Management, Human Resources, Patient Relations, Spiritual Care Services, and Nursing Administration, Emergency Services, Care Coordination, Communications, Ethics and St. Luke's Community Clinic	**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	1. Continued to have a process in place in which policies and procedures are routinely reviewed. 2. Updated senior management on CLAS implementations and progress by way of regular General Management meeting. 3. Budgeted resources to support CLAS related services in the Interpreter Services, Nursing Education and Community Benefit Departments.

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Governance, Leadership and Workforce:	***ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and spread best practices.***		
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	a) Reviewed policies on Equal Employment and Employee Relations in the Health Equality Index survey, documenting CPMC's intent to respect diversity within gender, gender identity, and sexual orientation and to recognize and value each employee's uniqueness and contributions to a productive workforce. b) Continued promoting workforce recruitment in diverse populations with the LGBT community via "Out&Equal" job site. CPMC recruiters and staff participated in San Francisco's annual LGBT job fair and Pride parade. c) Engaged staff in various trainings and development opportunities surrounding CLAS including: 1. Annual CNA Trainings - Cultural Sensitivity & Spiritual Care: 1 hour trainings to all CNAs 2. Spiritual Care Week - Cultivating Inclusivity 3. BiWeekly Interfaith Services - Davies Rehab & SNF Units 4. Tea for the Soul - Specific Nursing Units 5. Nurses Week Blessing of Hands d) Continued to offer support and educational training to staff through the Employee Assistance Program: • Managing stress • Increasing productivity and motivation • Building communication skills • Developing effective relationships • Overcoming loss • Managing life/career changes • Handling personal problems • Improving the quality of your life f) Human Resources began developing goals and charter for the internal Inclusion Council to address the ways in which CPMC can increase the capacity to create a supportive environment for diverse staff. Various member of the CLAS committee also serve on the inclusion council and act as liaisons between inclusion and CLAS planning. g) Continued to participate in Sutter system level Inclusion Resource Groups for staff who support or identify with LGBTQ, ADA, Multicultural or Veteran Communities.	**KEY INDICATORS:** a) Environment in which culturally diverse individuals feel welcomed and valuedb) Trust and engagement with the communities and populations servedc) Workforce reflects populations served	1. Documented and monitored demographics across the various levels of senior leadership and management staff to assess diversity representation. 2. Reviewed policies on Equal Employment and Employee Relations documenting CPMC's intent to respect cultural diversity and to recognize and value each employee's uniqueness and contributions to a productive workforce. 3. Implemented recognition system and follow set guidelines for conversationally competent bi-lingual staff, to encourage informal conversation in a patient's primary language.

	h) Continued to partner with Human resources to generate report on overall staff diversity overall and throughout the various management levels for Affirmative Action planning.		
CLAS Standards	**Strategies/Tactics**	**Reference/Key Indicator**	**Internal Monitoring/Metric(s)**
EDUCATION & TRAINING	***ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and speed spread best practices.***		
d) **4.** Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	a) Completed annual cultural competence, diversity and inclusion training for all staff via online learning portal (Healthstream) to ensure knowledge/adoption of organizational cultural competency, including why it is important to our patients, visitors and staff. b) Continued to integrate cultural and linguistic sensitive specific criteria in staff registration training to capture patient religion, race/ethnicity/ancestry, primary language, spiritual preference, geographic data, insurance coverage, and interpreter need at patient admission. c) Continued to develop additional training opportunities for staff and senior leadership in the areas of cultural competency, diversity and inclusion. CLAS training provided in list below: 1. General management education on CLAS and Interpreter Services (8.21.19) 2. Internal Medicine grand rounds and Continuing Medical Education focusing on issues related to cultural sensitivity and cultural competency (2019) 3. Interactive, online LGBTQ training made available to all staff free of cost (2019) 4. Spiritual Care Week - Cultivating Inclusivity 5. Inclusive Leader course for executive management 2019 6. Annual Cultural Competency Healthstream Course (2019) 7. Appreciating Differences course to managers (throughout 2014-2019) 8. Released communications to staff reminding them of procedures surrounding ADA service animals 9. Partnered with Nursing Education to develop Transgender Patient Sensitivity communications for clinical and non-clinical staff d) Continued to develop online course for all staff (~5,000) regarding language barriers and the importance of utilizing language services. Based course information on the LEP Patient Safety training materials developed by the Office of Minority Health. Received feedback from interpreter staff and nursing education. Partnered with e-learning vendor to complete the development of an interactive e-learning course.	**KEY INDICATORS:** a) Workforce demonstrates the attitudes, knowledge, and skills necessary to provide care to diverse populations b) Capacity of staff to provide services that are culturally and linguistic and supports health literacy c) Education and training programs that address the impact of culture on health and health care	1. Monitored and tracked percentage of Nursing Education and Continuing Medical Education training opportunities that involve topics related to cultural competency, diversity and inclusion. 2. Continued the an Educational Strategic Action Planning team to: a) Review and evaluate existing educational programs and materials that support cultural competence, diversity and inclusion. b) Research, evaluate and identify new educational programs and materials based on identified gaps within existing programs/materials. c) Increase promotion of cultural competence education and training resources available to all staff and volunteers. d) Enhance education for senior management and leadership.

	e) Spiritual Care Services began to redevelop student handbook to reflect sensitivity for patient diversity and the impacts of differential care on health disparities of minority populations.		
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.***		

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.	a) Provided interpreter services at no cost to patients with Limited English Proficiency (LEP) patients or who are deaf or hard-of-hearing, in order to enhance effective communication and ensure access to health care information and services in accordance with Federal, State and Local regulations. b) Offered language assistance at different points of service and levels of care e.g. emergency area, outpatient and inpatient. Interpretation methods include: in person interpreting, over-the-phone interpreting. c) Continued to educate all staff on how to use the electronic health record system to record patient's need for interpreters, and use of the institution's interpreter services to offer language assistance as needed. WENSK education sheet (What Every Nurse Should Know) created and distributed. d) Reviewed Interpreter Services program and process to ensure quality, access and efficiency. Continued system wide Tiered System for increased efficiency and service fulfillment & access. e) Continued to provide certified medical interpreter vendor services with ability to deliver language assistance in over 200 languages to complement internal staff interpreters. f) Continued to provide internal certified medical staff interpreters for the following languages: Chinese dialects, Spanish, Russian, Vietnamese, Japanese and Korean. g) Received grant funding to expand available interpreter service modalities available to Remote Video Interpreting. h) Deployed 30 additional interpreting devices to various areas. Educated staff on the appropriateness of Video Remote Interpreting (VRI) in addition to over-the-phone and in-person interpreting. i) Included interpreter services training for staff in preparation for the hospital move. Ensured all LEP patient scheduled to move were assigned an interpreter prior to transport.	**KEY INDICATORS:** a) Individuals with limited English proficiency and/or other communication needs have equitable access to health services b) Individuals understand their care and service options and participate in decisions regarding their health and health care c) Improved patient safety and reduce medical error related to miscommunication	1. Monitored and tracked both pre-scheduled and same day scheduled interpreting activities by language groups & interpreting modalities (i.e. in person, telephonic, remote video) 2. Monitored LEP census by campus for common languages. 3. Identified incorrect LEP needs in the Sutter Electronic Health Record are reported for correction on regular basis. 4. Educated on Interpreter Services to inform all staff on how to use the electronic health record system to record patient's need for interpreters. 5. Reviewed industry best practices for interpreter services including remote video interpreting and telephonic interpreting. 6. Maintained practices and policies compliant with Health and Safety Code Section 1259. 7. Conducted a pilot program of the Video Remote Interpreting devices to assess quality and usability. Collected feedback survey forms from each encounter and assessed quality of service and ease of use for patients and staff. 8. Implemented Video Remote Interpreting (VRI) with streamline iPad on Carts at several departments with high demand for language assistance. Continued assessment of effectiveness of this modality is being carried out. Devices implemented in the following areas: a. Inpatient and Outpatient Physical Medicine & Rehabilitation, Imaging, Emergency, Nursing, Ophthalmology, Ambulatory Surgery 9. Began to review quality ratings data on Video Remote Interpreting

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	a) Continued to identify language needs at registration and inform patents of the availability of language assistance resources at no cost. b) Installed digital signage at the new hospital facility for wayfinding and installed signage notifying patients of interpreter services available free of charge. c) Audited the multilingual signage and interpreter notification postings in new facilities. Walked through every patient facing area to ensure multilingual information was posted notifying patients of their right to free interpreter services in accordance with Health and Safety Code Section 1259. d) Continued to communicate with staff the availability of telephonic and VRI interpreter services and their ability to utilize the services to communicate with patients in over 200 languages 24 hours 7 days a week via audio and over 30 languages via video. e) Provided written notices in all outpatient locations to advise patients and their families of the availability of interpreters in accordance with Health and Safety Code Section 1259.	**KEY INDICATORS:** a) Individuals with limited English proficiency are informed, in their preferred language, that language services are readily available at no cost to them b) Coordinated and facilitated access to language services	1. Notified patients of the availability of language assistance services at no cost to them and continued regular audits of posted language notifications. Posted multilingual signage in all outpatient facilities to notify patients of free interpretation services. 2. Continued to monitor and maintain policies and procedures related to informing patients of language/ interpretation services. 3. Continued to do monthly reports on interpreter service usage to monitor, variation or frequency of use.

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.***		
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) Continued to have a process to evaluate the language competency of qualified bilingual staff for language assistance. b) Continued to audit and monitor vendor interpreters for quality; periodically screened interpreters as needed. c) Continued to offer educational opportunities to staff medical interpreters to maintain and enhance their skill levels. d) Continued process for identifying bi-lingual staff and expanded the process to recognize and evaluate the competencies of bi-lingual staff. e) Developed internal competency assessment for staff to become qualified at the medical level to interpret for their own patients. f) Followed-up and reported any concerns or issues with the telephonic or VRI interpreter system to our vendor. g) Continued to educate staff on the necessity of utilizing certified interpreters and the prohibition of using untrained individuals or minors as interpreters. h) Continued to develop online course for all staff regarding language barriers and the importance of utilizing language services and the importance of using certified interpreters. Partnered with external vendor to build interactive e-course material.	**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. Maintained and publicized up-to-date information about Qualified Bilingual Staff (certified at Medical/Basic level by external independent agency) on the institutional intranet 2. Established a quality assurance program to ensure and validate the competency of our vendor interpreters. 3. Monitored our certified interpreter's activities as related to their efficiency and competency. 4. Reviewed vendor translation process for quality control. 5. Conducted a pilot program of the Remote Video Interpreting Devices to assess quality and usability. Collected feedback survey forms from each encounter and assessed quality of service and ease of use for patients and staff. 6. Began to review quality ratings data on Video Remote Interpreting program, to assess staff feedback after the completion of the pilot program.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	a) Continued to provide materials in our common languages: Chinese, Spanish, Russian and Tagalog (including the Mission Bernal Campus). Reminded staff of the importance of utilizing interpreters when signing procedure consent forms and providing consent form in patient's written language when possible. b) Continued to make available translation resources to staff. The hospital departments and care providers determine which translated documents and languages are needed based on patient population. c) Included digital wayfinding signage at the newly opened hospitals including the Chinese, Spanish, and Russian languages. d) Translated appropriate patient education materials and intake documents. Including, but not limited to: a. Patient welcome video and welcome packet b. Physical Medicine and Rehabilitation class materials c. Pulmonary rehabilitation program documents d. Transplant procedure materials	**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. Completed periodic reviews by Staff interpreters to audit the accuracy and adequacy of multi-lingual signs 2. Audited multilingual signage and interpreter notification postings. Walked through every patient facing area to ensure multilingual information was posted notifying patients of their right to free interpreter services

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Continuous Improvement and Evaluation:	***ORGANIZATIONAL FOCUS – FUTURE: Continually reimagine the way we deliver care to best serve the needs of our patients.***		
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.	a) Reviewed department level goals & policies for Interpreter Services and Patient Relations to support management accountability and infuse cultural & linguistic elements in planning/operations. b) Integrated questions on diversity and inclusion in the hospital wide employee feedback Experience of Work survey. c) Completed 2019 Health Equality Index to review CPMC policies and practices that surround the LGBTQ community including community outreach, staff education, signage and patient rights. c) Began to develop charter and goals for CPMC Inclusion Council facilitated to engage employee feedback on issues of Diversity and Inclusion. d) Participated in the Sutter level inclusion resource groups focusing on creating an inclusive environment for staff who support or identify with LGBTQ and ADA issues and/or community. The goals of the committees are to: •Raise awareness •Provide opportunities for employees to share experiences and get involved •Build a culture that embraces access and promotes professional development and opportunity •share knowledge and experiences •participate in personal and professional development •enhance leadership skills •inform strategic decisions •provide consultation when needed. e) Designated new Senior leadership to support and promote CLAS through policies, practices and allocated resources. Discussed with the senior leadership the ways in which CLAS standards could be further integrated into the systems and structures of CPMC.	**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	1. Continued to have a process in place in which policies and procedures are routinely reviewed. 2. Monitored departmental level goals and success indicators through the Performance Success and Development Process (PSDP). 3. Developed and regularly met with the CLAS Action planning committee to review the structural framework surrounding CLAS and the organizational capacity to deliver CLAS. 4. Reviewed Human Resources policies and programming on Equal Employment, Employee Relations and Employee Benefits documenting CPMC's intent to respect cultural diversity and value each employee's uniqueness and contributions to a productive workforce. Reviewed Interpreter services policy, patient rights and responsibility policy, chaplaincy policy, HR policy, CME procedure

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	a) Utilized the CLAS Action planning committee to ensure that CLAS standards were reflected and infused in services provided to the diverse patient population. b) Re-analyzed the in-person and over-the-phone interpretation data in the Interpreter Services Quality to make interpretation services more efficient and improve the quality of service for patients. Identified strengths and areas for improvement. c) Continued tracking the percentage of staff educational opportunities that integrate components of cultural competency into training via partnership with Nursing Education. d) Partnered with the Quality and Safety team to assess the impact of CLAS related implementations and programs on patient safety and health outcomes. e) Identified and monitored the various areas of the hospital practices that fulfill the CLAS standards.	**KEY INDICATORS:** a) Assessment of performance and progress in implementing CLAS Standards b) Assess the value of CLAS-related activities relative to the fulfillment of governance, leadership, and workforce responsibilities	1. Continued development in the CLAS Action Planning focus areas (Framework Development, Education/Staff Development, Data Collection/ Measurement, Communication Engagement) for quality improvement and data collection. 2. Tracked the percentage of CEU training events that integrate components of cultural competency in training material.

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Continuous Improvement and Evaluation:	***ORGANIZATIONAL FOCUS – FUTURE: Continually reimagine the way we deliver care to best serve the needs of our patients.***		
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.	a) Used Electronic Health Record system to collect/record demographic data and language needs of patients. Interpreter department level assessment was completed to validate language services provided as indicated. b) Generated Sutter Electronic Health Record LEP Census Reports by campus to analyze interpreter usage frequency. c) Continued to collect demographic data, spiritual preferences and educational needs at intake by entering information into the electronic health record system during Pre-registration. d) Continued to provide LEP patient census tool for staff interpreters to locate LEP patients by language as needed. e) Aligned CPMC efforts with the Sutter System Advancing Health Equity initiative analyzing patient health outcomes by demographics to inform potential racial disparities in care outcomes. f) Partnered with Data Management team to generate demographic reports on staff and patient diversity and health outcomes. Made reports available to staff via Intranet. 1. Patient REAL Demographics 2. Patient Readmission by Race & Primary Language 3. ED visit by Patient Race and Primary Language 4. Bi-lingual staff report 5. Staff REAL Demographics g) Continued to partner with Human resources to generate report on overall staff diversity and diversity throughout the various management levels for Affirmative Action planning.	**KEY INDICATORS:** a) Accurately identify population groups within a service area monitor individual needs, access, utilization, quality of care, and outcome patterns b) Improved service planning that enhances access and coordination of care c) Measurement to what extent health care services are provided equitably	1. LEP Census Reports generated by staff interpreters to locate LEP patients and provide appropriate services. 2. Generated weekly/monthly dashboard reports that monitor request volume, cancellation, and vendor dependency. 3. Conducted monthly analysis of over the phone interpretation. 4. Attended regular meetings with the Sutter System on the Advancing Health Equity Project. 5. Generated monthly patient demographic reports. 6. Continued to capture patient religion, race/ethnicity/ancestry, primary language, spiritual preference, geographic data, insurance coverage, and interpreter need at patient admission.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	a) Community Benefit department continued the advancement the annual implementation plan to respond to needs identified in 2016 SF Community Health Needs Assessment. Began to develop the 2019 CHNA. b) Evaluated Interpreter Services geographic language demographics & needs data as well as CPMC's LEP census reports and planned the provision of language assistance accordingly. c) Received Health equity report from the Advancing Health Equity team at the system level. Chief Medical Officer worked with a team across the system to measure, understand, and respond to health care disparities across Sutter Health through the Advancing Health Equity initiative. The team identified root causes for disparities among select conditions and teamed up with community partners begin making an impact on health inequities among target populations.	**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. Participated in SFHIP on an ongoing basis through Community Benefit. 2. Continued partnership with SFHIP to address needs identified in the needs assessment. 3. Ensured community health programs investments align with needs assessment and SFHIP priorities.

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Community Engagement:	***ORGANIZATIONAL FOCUS – MARKET: Develop an integrated approach to serving our patients and other customers through partnerships with providers and payers.***		
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	a) Community Benefit participated in the 2019 community health needs assessment in partnership with SFHIP and other community based organizations (2018 planning). Continued to follow-up on implementations from the 2016 community health needs assessment in partnership with SFHIP and other community based organizations. b) Continued to partner with diverse community organizations: Many of the organizations represent racial/ethnic/gender minority groups which focus on increasing access to care and preventative services for diverse groups in the Bay area. c) Continued receiving input from the patient population via the Patient Family Advisory Committee. CPMC instituted Patient Family Advisory Councils (PFAC) in 2016 to help strengthen quality, safety, and patient experience. The key objective of the council was to obtain input from community stakeholders to enhance and improve services for patients served. The committee is run by internal staff and meets monthly to engage patients and family in process improvement projects, document review and feedback in regards to service delivery improvement. d) Utilized outside vendor to conduct HCAHPS patient satisfaction surveys for in-patient and emergency services. The HCAHPS survey includes questions on nursing communication, physician communication, discharge planning, pain management, and overall rating. Each category also includes an opened ended section for comments. Results of the survey and comment summary are analyzed and reported to executive and nursing management for quality and process improvement. e) Provided avenue for patients to submit issues and grievances. Solutions from issues and patient concerns are incorporated into future provision of care by the Patient Relations department to best serve patients. All issues regarding care and services provided by Medical Center employees that are not resolved promptly by staff present are considered grievances and will require a review by the Grievance Committee and a written response in seven (7) days to the patient/family. All patients are informed prior to receiving care of their right to voice a complaint or grievance through the "Patient Rights and Responsibilities" brochure and signage posted in the patient care areas. f) Partnered with the community and held community events/ open houses for the opening of the new Van Ness Hospital facility.	**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. Participated in SFHIP on an ongoing basis through the Community Benefit Steering Committee. 2. Ensured CPMC's community health programs investments align with needs assessment and SFHIP priorities, including priority neighborhoods and communities with identified health disparities.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	a) Continued to process complaints & grievances of all nature with commitment to service excellence and quality personalized care by Patient & Customer Relations Department. Process ensures that patient is contacted within 7 days with resolutions and next steps and or need for mediation and final response is given within 30 days. b) Continued to track cultural/diversity complaints as an Event Type in our Online Occurrence Report system. Additionally began to review patient complaint information via primary language. All complaints and grievances are investigated. c) Continued process to track Language and ADA access complaints as an Event Type in our Online Occurrence Report system.	**KEY INDICATORS:** a) Facilitate open and transparent two-way communication/feedback that meets federal and/or state level regulations that address topics such as grievance procedures, the use of ombudspersons, and discrimination policies and procedures	1. Continued to track cultural/diversity complaints as an Event Type in our Online Occurrence Report system. 2. Investigated all complaints and grievances. In compliance with CMS, grievances are acknowledged within 7 days and final response given within 30 days.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.	a) Continued to inform the city with up to date information on the hiring in accordance with the development agreement b) Developed new internal CLAS communications plan, including monthly communications to staff on the CLAS standards, fulfillment and implementations. c) Began to develop an internal intranet site where staff can locate and learn about CLAS standards, and way in which they can help facilitate a more inclusive culturally sensitive environment for their staff and patients. The site will also host monthly communications and demographic data reports.	**KEY INDICATORS:** a) Information conveyed to intended audiences about efforts and accomplishments in meeting the National CLAS Standards to meet community benefits and other reporting requirements, including accountability for meeting health care objectives in addressing the needs of diverse individuals or groups	1. Communicate CLAS related community benefits and language assistance to Senior Management 2. Broadcast updates through internal and external channels. 3. Continued internal and external CLAS communications including internal notices and external Community Benefit communications.

ATTACHMENT 2
Development Agreement Payments Schedule/CPMC Payments

PAYMENT SCHEDULE[1]

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

1 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.

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SAN FRANCISCO
Office of Economic and Workforce Development

City and County of San Francisco: Office of Mayor London N. Breed
Economic and Workforce Development : Joaquin Torres, Director

July 19, 2019

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

Dear Mr. Massehian:

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

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

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

Department	Invoice Number	Invoice Period	Total
OEWD	OEWDCPMC11_33	January 1, 2019 - March 31, 2019	$ 40,853.50
City Attorney	File No. 1100299	January 1, 2019 - March 31, 2019	$ 71,547.88
SF Planning	2016-004775MCM	January 1, 2019 - March 31, 2019	$ 4,843.92
SFMTA	FY18-19, Q2, Q3	October 1, 2018 - March 31, 2019	$ 21,303.78
Total Amount Due:			**$ 138,549.08**

Sincerely,

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Merrick Pascual
Chief Financial Officer
Office of Economic and Workforce Development

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SAN FRANCISCO
Office of Economic and Workforce Development

City and County of San Francisco: Office of Mayor London N. Breed
Economic and Workforce Development : Joaquin Torres, Director

November 22, 2019

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

Dear Mr. Massehian:

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

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

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

Department	Invoice Number	Invoice Period	Total
OEWD	OEWDCPMC11_34	April 1, 2019 - June 30, 2019	$ 38,363.00
City Attorney	File No. 1100299	April 1, 2019 - June 30, 2019	$ 1,946.25
SF Planning	2016-004775MCM	April 1, 2019 - June 30, 2019	$ 7,718.97
SFMTA	FY18-19, Q4	April 1, 2019 - June 30, 2019	$ 10,654.12
Total Amount Due:			**$ 58,682.34**

Sincerely,

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Merrick Pascual
Chief Financial Officer
Office of Economic and Workforce Development

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SAN FRANCISCO
Office of Economic and Workforce Development

City and County of San Francisco: Office of Mayor London N. Breed
Economic and Workforce Development : Joaquin Torres, Director

February 7, 2020

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

Dear Mr. Massehian:

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

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

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

Department	Invoice Number	Invoice Period	Total
OEWD	OEWDCPMC11_35	July 1, 2019 - September 30, 2019	$ 31,973.50
SF Planning	2016-004775MCM	July 1, 2019 - September 30, 2019	$ 11,479.15
SFMTA	FY19-20, Q1	July 1, 2019 - September 30, 2019	$ 13,362.87
Total Amount Due:			**$ 56,815.52**

Sincerely,

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Merrick Pascual
Chief Financial Officer
Office of Economic and Workforce Development

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SAN FRANCISCO
Office of Economic and Workforce Development

City and County of San Francisco: Office of Mayor London N. Breed
Economic and Workforce Development : Joaquin Torres, Director

March 30, 2020

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

Dear Mr. Massehian:

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

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

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

Department	Invoice Number	Invoice Period	Total
OEWD	OEWDCPMC11_36	October 1, 2019 - December 31, 2019	$ 30,529.50
City Attorney	File No.1100299	July 1, 2019 - December 31, 2019	$ 9,046.25
SF Planning	2016-004775MCM	October 1, 2019 - December 31, 2019	$ 4,981.56
SFMTA	FY19-20, Q2	October 1, 2019 - December 31, 2019	$ 4,863.01
Total Amount Due:			**$ 49,420.32**

Sincerely,

DocuSigned by:
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Merrick Pascual
Chief Financial Officer
Office of Economic and Workforce Development

ATTACHMENT 3
Entry Level Operational Hiring

Sutter Health
CPMC

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 2018 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	• CPMC made 102 entry level hires in 2019. To reach the 40% goal, 41 FS hires were needed. CPMC hired 58 FS candidates in 2019. • 69% of FS hires came from targeted neighborhoods in 2019. • Thru the first three months of 2020 CPMC has a 50% FS hiring rate, 23 FS hires out of 46 total hires. • Thru the first three months of 2020, 74% of FS hires came from targeted neighborhoods. • CPMC is actively referring every San Francisco candidate to OEWD to improve their chances for employment, whether at CPMC or elsewhere. • Exhibit A charts the local hiring percentage for 2019. • Exhibit B charts the percentage of those hires from targeted neighborhoods in 2019. • Exhibit C charts the local hiring percentage for the first four months in 2020. • Exhibit D charts the percentage of those hires from targeted neighborhoods in the first four months of 2020.
Active Engagement and Resource Allocation	• Weekly meetings with hiring managers with constant reminders on the importance of the workforce agreement. • Engaged in approx. 49 job fairs, employer spotlights, meetings/workshops in 2019. At the time of this submittal CPMC has participated in an additional 12 engagements in 2020, 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	• Detailed Hiring Projections for Aug. 2019 thru Aug. 2020 were provided to OEWD, see Exhibit F. • Detailed Hiring Projections for Aug. 2020 thru Aug. 2021 will be provided to OEWD in August 2020.

Priorities for 2019

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

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

Challenges

- San Francisco's unemployment rate at the end of 2019 was approx. 2.4%.
- Strain on our CPMC workforce due to the limited pipeline of qualified San Francisco candidates.
- Escalating cost of living and lack of affordable housing within San Francisco.

EXHIBIT A

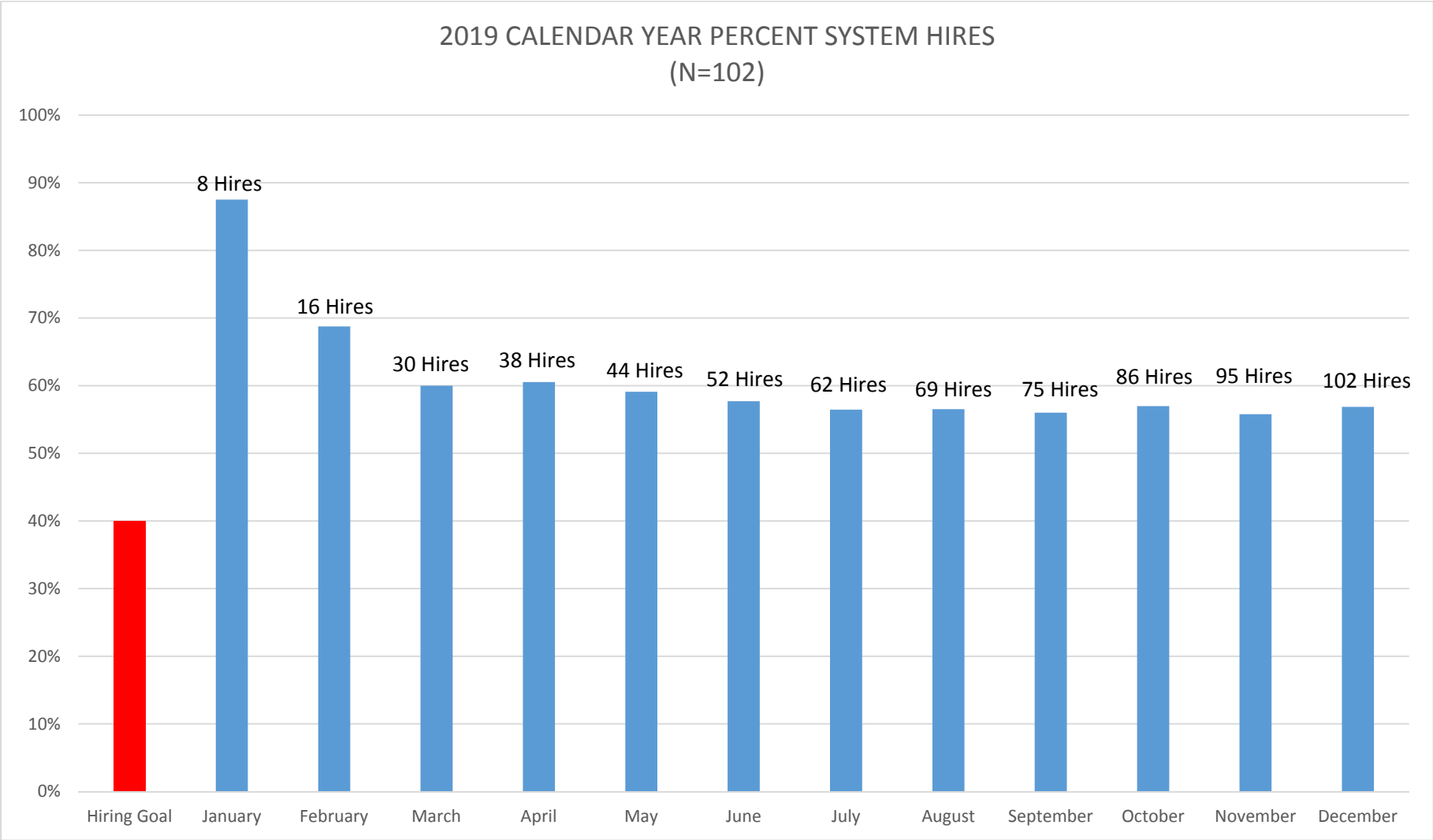
2019 CALENDAR YEAR PERCENT SYSTEM HIRES
(N=102)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
8 Hires
16 Hires
30 Hires
38 Hires
44 Hires
52 Hires
62 Hires
69 Hires
75 Hires
86 Hires
95 Hires
102 Hires
Hiring Goal
January
February
March
April
May
June
July
August
September
October
November
December

EXHIBIT B

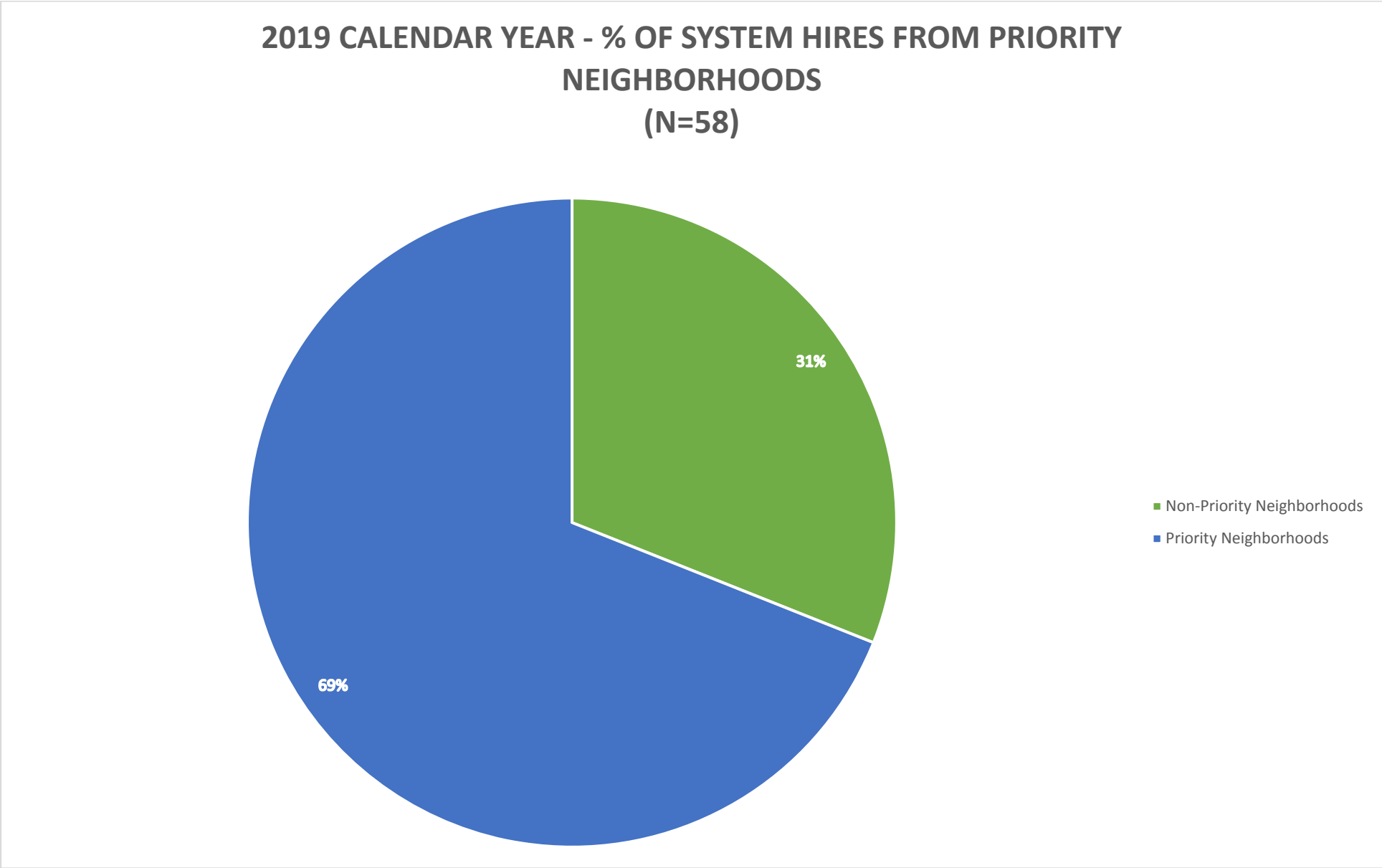
2019 CALENDAR YEAR - % OF SYSTEM HIRES FROM PRIORITY NEIGHBORHOODS
(N=58)
31%
69%
Non-Priority Neighborhoods
Priority Neighborhoods

EXHIBIT C

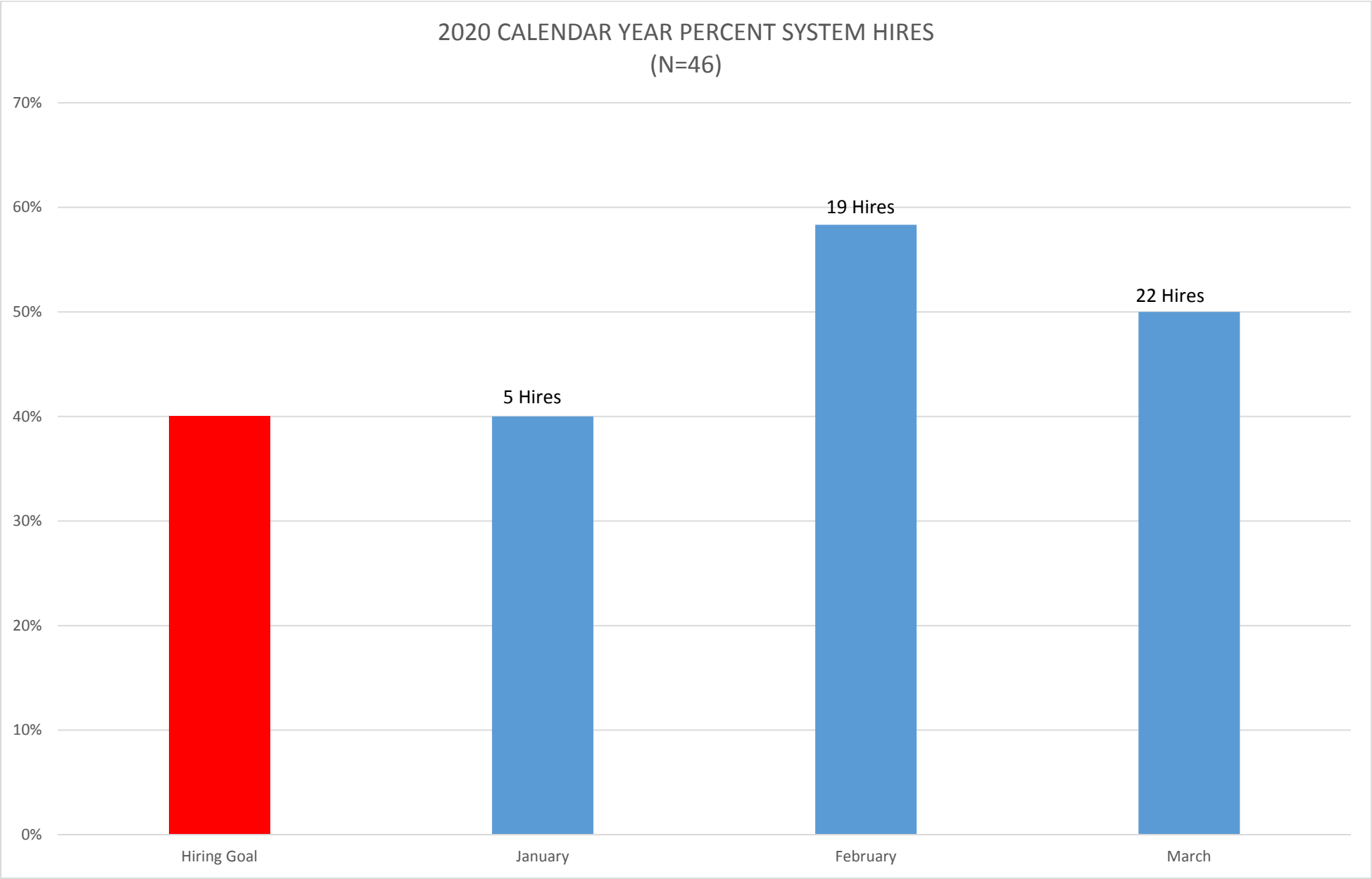
2020 CALENDAR YEAR PERCENT SYSTEM HIRES
(N=46)
70%
60%
50%
40%
30%
20%
10%
0%
5 Hires
19 Hires
22 Hires
Hiring Goal
January
February
March

EXHIBIT D

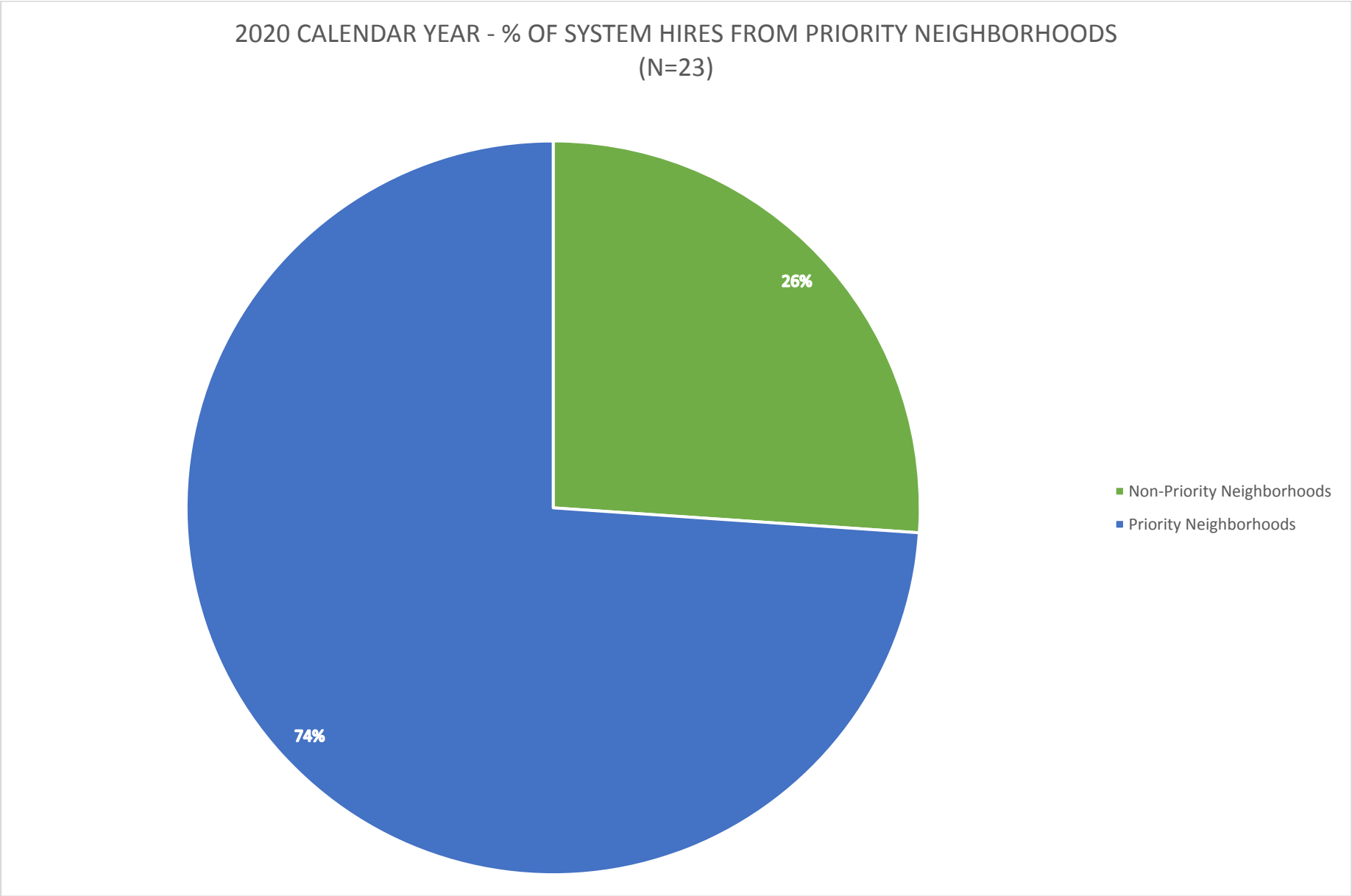
2020 CALENDAR YEAR - % OF SYSTEM HIRES FROM PRIORITY NEIGHBORHOODS
(N=23)
26%
74%
Non-Priority Neighborhoods
Priority Neighborhoods

EXHIBIT E

Date	Meeting	CPMC Participants
03/03/2020	CNAP Spotlight Event	Jennifer Dela Rosa
03/03/2020	JVS Monthly Skype Meeting	Jennifer Dela Rosa
03/02/2020	Monthly SF Success Center Call	Jennifer Dela Rosa
02/26/2020	Healthcare Orientation - MEDA	Jennifer Dela Rosa
02/11/2020	Healthcare Orientation - Tenderloin	Jennifer Dela Rosa
02/06/2020	CNAP Spotlight Event	Jennifer Dela Rosa
02/05/2020	JVS Monthly Skype Meeting	Jennifer Dela Rosa
02/05/2020	CNAP Monthly Skype Meeting	Jennifer Dela Rosa
01/27/2020	Healthcare Orientation Visitacion Valley - FacesSF	Jennifer Dela Rosa
01/13/2020	Healthcare Orientation Goodwill Industies	Jennifer Dela Rosa
01/07/2020	JVS Monthly Skype Meeting	Jennifer Dela Rosa
01/07/2020	CNAP Monthly Skype Meeting	Jennifer Dela Rosa
12/09/2019	Job Fair C.N.A / Home Health Aides LNV Nurses from Refresher Program	Jennifer Dela Rosa
12/03/2019	Monthly SF Success Center Call	Jennifer Dela Rosa
12/02/2019	JVS Monthly Skype Meeting	Jennifer Dela Rosa

11/12/2019	Success Center CPMC Spotlight Event	Jennifer Dela Rosa
11/07/2019	CNAP Monthly Skype Meeting	Jennifer Dela Rosa
11/07/2019	Monthly SF Success Center Call	Jennifer Dela Rosa
11/06/2019	FACES SF and CPMC Monthly Skype Meeting	Jennifer Dela Rosa
10/25/2019	October Hiring Fair Visitacion Valley	Jennifer Dela Rosa Jana Fernandez
10/04/2019	CPMC host OEWD Coffee and Connection	Vahram Massehian Edward Battista Jennifer Dela Rosa
10/03/2019	CPMC DA Compliance Hearing	Jennifer Dela Rosa Vahram Massehian Keiani Emmons Edward Battista Rigo Hurtado
10/01/2019	CNAP Monthly Skype Meeting	Jennifer Dela Rosa
10/01/2019	JVS Monthly Skype Meeting	Jennifer Dela Rosa
09/26/2019	CPMC Cohort Meeting	Vahram Massehian Jennifer Dela Rosa
09/03/2019	CNAP Monthly Skype Meeting	Jennifer Dela Rosa
09/03/2019	JVS Monthly Skype Meeting	Jennifer Dela Rosa
08/21/2019	OEWD Staff Meeting	Vahram Massehian Edward Battista
08/06/2019	JVS Monthly Skype Meeting	Pragna Dava Jennifer Dela Rosa
08/06/2019	CNAP Monthly Skype Meeting	Pragna Dava Jennifer Dela Rosa
08/05/2019	FACES SF and CPMC Monthly Skype Meeting	Pragna Dave

08/05/2019	Older Adult Hiring Fair	Jennifer Dela Rosa Jana Fernandez
07/18/2019	SF GoodWill CAP Spotlight	Pragna Dava Jennifer Dela Rosa
07/16/2019	JVS Meeting	Pragna Dave Edward Battista Vahram Massehian Kate Weiland
07/02/2019	JVS Monthly Skype Meeting	Pragna Dava Jennifer Dela Rosa
07/02/2019	CNAP Monthly Skype Meeting	Pragna Dava Jennifer Dela Rosa
07/01/2019	FACES SF and CPMC Monthly Skype Meeting	Pragna Dava Jennifer Dela Rosa
06/12/2019	WISF Board Meeting	Edward Battista
06/04/2019	JVS Monthly Skype Meeting	Pragna Dave Jennifer Dela Rosa
06/04/2019	CNAP Monthly Skype Meeting	Pragna Dve Jennifer Dela Rosa
06/03/2019	VNAP Monthly Skype Meeting	Pragna Dve Jennifer Dela Rosa
05/30/2019	OEWD Meeting: Mission Language Vocational School Arriba Juntos Office of Economic & Workforce Development	Pragna Dave Vahram Massehian Tara Darnell Keiani Emmons
05/15/2019	SF LGBTQ Center Career Fair	Tara Darnell James Halyard
05/09/2019	Chinatown Employer Spotlight	Pragna Dve Jennifer Dela Rosa
05/08/2019	UCSF Nursing Grad Career Fair	Tara Darnell James Halyard
05/07/2019	CNAP Monthly Skype Meeting	Pragna Dve Jennifer Dela Rosa

05/07/2019	CCSF Health Information Technology Event	Tara Darnell James Halyard
05/06/2019	VNAP Monthly Skype Meeting	Pragna Dve Jennifer Dela Rosa
05/01/2019	JVS Business Awards Ceremony	Minh Trinh Lisa Armstrong Mark Combs Anita Wong Edward Battista Kate Weiland Warren Browner Hamila Kownacki Maynard Jenkins
04/18/2019	CCSF Job Fair	Pragna Dve Jennifer Dela Rosa
04/08/2019	SF Foundation Quarterly meeting	Jaclyn LeSage Vahram Massehian Edward Battista
04/02/2019	JVS Monthly Skype Meeting	Pragna Dave Jennifer Dela Rosa
03/25/2019	OEWD, Code Tenderloin/Downtown Streets	Vahram Massehian
03/20/2019	CityBuild Cycle 30 Graduation Ceremony	Vahram Massehian
03/14/2019	OEWD Director Joaquin Torres	Vahram Massehian Melissa White Angela Hawkins
03/04/2019	VNAP Monthly Skype Meeting	Pragna Dave Jennifer Dela Rosa
03/04/2019	Employer Spotlight @ JVS	Pragna Dave Jennifer Dela Rosa
02/06/2019	Western Addition NAP pre screen event	Pragna Dave Jennifer Dela Rosa

02/05/2019	JVS Monthly Skype Meeting	Pragna Dave Jennifer Dela Rosa
01/17/2019	JobsNow Interviews	Pragna Dave Jennifer Dela Rosa
01/16/2019	SF Foundation, OEWD and Workforce Grantees Quarterly Meetings	Edward Battista Vahram Massehian

City and County of San Francisco *First Source Hiring Program*

Edwin M. Lee, Mayor

Office of Economic and Workforce Development
Workforce Development Division

0NON-CONSTRUCTION FIRST SOURCE EMPLOYER'S PROJECTION OF ENTRY LEVEL POSITIONS

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

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

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

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

Type of Employer (check one):

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

Identify Project or Construction Project (if applicable):
Name of Employer: California Pacific Medical Center
Street Address: P.O. Box 7999
City: San Francisco
Telephone: 415-600-4088 Fax:

City Department (if Contract or Lease):
Contact Person: Edward Battista, Director of CPMC HR
State: CA Zip: 94120
Email: BattisE@sutterhealth.org

Edward Battista *Ed Battista* 08/07/19

Signature of authorized employer representative Date

Entry-Level Position Title	Number Currently Filled	Number Currently Available (as of 08/08/2019)	Number Projected to Become Available in the next 12 Months	Estimated Date of Next Available Position	Subject to Collective Bargaining? (Yes/No)
Housekeeping Aide	4	6	10	Ongoing-based on facility needs	Yes
Food Service Aide	32	1	11	Ongoing-based on facility needs	Yes
Cook	5	1	2	Ongoing-based on facility needs	Yes
Security Officer	41	0	14	Ongoing-based on facility needs	No

Transporter/Transport Aide	2	0	1	Ongoing-based on facility needs	No
Sales Gift Shop	0	0	0	Ongoing-based on facility needs	No
Phlebotomy/Specimen Handling Lab Aide	5	0	2	Ongoing-based on facility needs	No
EKG Technician	0	0	0	Ongoing-based on facility needs	No
Medical Assistant	9	0	3	Ongoing-based on facility needs	No
Rehabilitation Aide	0	0	0	Ongoing-based on facility needs	No
Aquatic Instructor	0	0	0	Ongoing-based on facility needs	No
Speech Therapy Aide	0	0	0	Ongoing-based on facility needs	No
Pathology Accessioner	8	1	3	Ongoing-based on facility needs	No
Client Services Representative	2	1	1	Ongoing-based on facility needs	No
Patient Services Representative	7	2	2	Ongoing-based on facility needs	No
Patient Support Representative	0	0	0	Ongoing-based on facility needs	No
Patient Access Representative	11	0	4	Ongoing-based on facility needs	No
Point of Service Specialist	0	0	0	Ongoing-based on facility needs	No
Medical Administrative Assistant	0	0	0	Ongoing-based on facility needs	No
Health Information Technology/Billing	0	0	0	Ongoing-based on facility needs	No
PBX Operator	9	1	3	Ongoing-based on facility needs	No
Home Health Aide	3	1	1	Ongoing-based on facility needs	Yes
Certified Nursing Assistant	54	2	18	Ongoing-based on facility needs	Yes
Hospital Attendant	0	0	0	Ongoing-based on facility needs	Yes
Unit Coordinator/Unit Clerk	23	3	8	Ongoing-based on facility needs	No
Emergency Dept. Technician	13	0	4	Ongoing-based on facility needs	No

Please fax, email, or mail this form SIGNED to:
Attn: Business Services
Tel: 415-701-4848
Fax: 415-701-4897

FIRST SOURCE HIRING
CITY & COUNTY OF SAN FRANCISCO

ATTACHMENT 4
Construction and Local Business Enterprise Hiring

2019 Construction Workforce Development Final Reporting

First Source Hiring Program for Construction Final Reporting				
	Category	Goal	Project	Actual
1	Total hours worked by San Francisco residents	30 % Goal	MBC	23%
			VNC Hospital	25%
			VNC MOB Garage & Exterior Build	21%
			VNC MOB Tenant Improvements	10%
			Overall	**24%**
2	Entry Level Positions for Union apprentice candidates	50% Goal	All projects combined	30%
3	Workforce Development Group	Creation of group	Meetings concluded in 2018 with substantial completion of the projects	
4	Entry-Level Positions for non-union administrative and engineering candidates	50% Goal	All projects combined	83%
5	Entry-Level Positions for administrative and engineering internship candidates	50% Goal	All projects combined	61%
6	Number of apprentice hours for new union apprentices	21% Goal	All projects combined	35%

Local Business Enterprise Final Reporting				
7	Contracted to Local Business	14% Goal	MBC	22% $62,434,686
			VNC Hospital	15% $148,135,079
			VNC MOB Garage & Exterior Build	13% $16,764,697
			VNC MOB Tenant Improvements	0.4% $491,046
			Overall	**16%** **$227,825,508**

Exhibit

A

Workforce Project Summary

California Pacific Medical Center

Reporting Period: All Date

Project	Total Hours			Apprentice Hours			
	Total	San Francisco	San Francisco%	Total	Total%	San Francisco	San Francisco%
Categories							
Selected Projects							
St. Lukes Replacement Hospital	1,099,047.19	252,928.50	23.01%	209,888.50	19.10%	68,074.00	32.43%
Sutter Van Ness & Gear MOB Tenant Improvement Project	227,083.97	23,617.67	10.40%	56,548.68	24.90%	10,523.92	18.61%
Van Ness and Geary Hospital	3,840,472.99	953,141.52	24.82%	805,060.47	20.96%	294,644.10	36.60%
Van Ness Garage and Medical Office Building	453,811.43	95,767.00	21.10%	78,194.65	17.23%	25,773.50	32.96%
Total	5,620,415.58	1,325,454.69	23.58%	1,149,692.30	20.46%	399,015.52	34.71%

Workforce Contractor Summary

California Pacific Medical Center

Reporting Period: All Date

Contractor	Total Hours			Apprentice Hours			
	Total	San Francisco	San Francisco%	Total	Total%	San Francisco	San Francisco%
Categories							
Selected Projects							
A & B Construction	4,810.00	1,316.00	27.36%				
A&B PAINTING, INC.	57,915.50	14,827.50	25.60%	11,716.50	20.23%	5,772.50	49.27%
A-1 Modular, Inc	15,229.25	489.00	3.21%	1,458.50	9.58%		
Advance Pneumatic Tube	8,305.50	946.00	11.39%	4,448.00	53.55%	946.00	21.27%
AJS PAINTING DECORATING	4,788.00	3,444.00	71.93%	1,394.50	29.12%	1,240.50	88.96%
Alamillo Rebar Inc.	13,041.00	1,164.00	8.93%	3,944.50	30.25%	1,003.00	25.43%
Alcal Specialty Contracting, Inc.	10,710.50			3,384.50	31.60%		
AMCO CAULKING & WATERPROOFING, INC	191.00						
ANDERSON CARPET AND LINOLEUM SALES CO.	66,643.60	23,037.10	34.57%	25,993.60	39.00%	16,698.60	64.24%
Anrak Corporation	8.00						
Arrow Acoustics, Inc.	32.00			16.00	50.00%		
ARROW SIGN COMPANY	296.25						
Art Alger Inc., DBA Peninsula Crane & Rigging	740.00			162.00	21.89%		
Assa Abloy Entrance Systems - Monroe, NC	292.00						
Atlas Marble & Granite	80.00						
B E I Steel, Inc.	798.50	231.00	28.93%	428.00	53.60%	142.00	33.18%
B. T. Mancini Co., Inc.	4,557.50			1,340.00	29.40%		
BAGATELOS GLASS SYSTEMS INC	15,501.00	158.00	1.02%	989.00	6.38%		
Bailey Fence Company, Inc.	16.00						
BAY AREA CONCRETES, INC	7,263.00			935.50	12.88%		
Bay Area Firestop, Inc	4,085.50			813.50	19.91%		
Bay Area Lightworks, Inc.	281.00	273.00	97.15%	81.50	29.00%	81.50	100.00%
Bay Area Traffic Solutions Inc.	144.00						
Bay Line Cutting & Coring, Inc.	461.00	155.50	33.73%	8.00	1.74%		
Bayside Insulation, Inc.	7,275.50			2,913.00	40.04%		
Bear Scaffold and Services	1,106.00	160.00	14.47%	105.50	9.54%		
BECKER ELECTRIC INC.	37,806.63	11,578.13	30.62%	7,714.00	20.40%	1,780.00	23.07%
Bellanti Plumbing Inc.	52.00			23.00	44.23%		
BIGGE CRANE AND RIGGING CO	171.00						
Boyett Construction, Inc.	3,246.50			75.00	2.31%		
Broadway Sheet Metal	3,451.50						
Bryant Surveys, Inc.	22.00	5.00	22.73%	5.00	22.73%	5.00	100.00%
Bullard's Heating & Air Inc	37,217.50	12,289.50	33.02%	13,792.50	37.06%	7,263.50	52.66%
C. E. Toland & Son	7,820.00	1,533.00	19.60%	583.00	7.46%	8.00	1.37%
CAL CON PUMPING LLC	117.00						
CAL-WEST CONCRETE CUTTING, INC.	1,412.25						
CALCO FENCE, INC	132.00						
CALIFORNIA DRYWALL COMPANY	547,019.00	63,548.50	11.62%	78,451.00	14.34%	18,253.00	23.27%
California Sheet Metal, Inc.	587.00			194.00	33.05%		
CALIFORNIA TILE INSTALLERS	216.00			106.00	49.07%		
Capitol Builders Hardware Inc	11,884.50	2,905.50	24.45%	1,237.50	10.41%		
CASEY-FOGLI CONCRETE CONTRACTORS, INC.	21,781.50	801.50	3.68%	1,979.50	9.09%	265.00	13.39%
Cell-crete Corporation	3,000.50	468.50	15.61%	109.50	3.65%		
CF&T Concrete Pumping	1,301.00						
CHAIX COMPANY	396.00	164.50	41.54%	39.00	9.85%		
Charles Pankow Builders, Ltd	241,056.55	85,351.50	35.41%	37,360.00	15.50%	17,251.50	46.18%

Chrisp Company	149.00			18.00	12.08%		
Clark Pacific	9,640.50	507.00	5.26%	974.50	10.11%	338.00	34.68%
Clipper International	106,260.15	46,137.50	43.42%				
CMC CONSTRUCTION- 2	1,658.00	128.00	7.72%	316.00	19.06%	99.00	31.33%
CMC Traffic Control Specialists dba CMC Construction	4,564.00	1,971.00	43.19%	635.00	13.91%	180.50	28.43%
Comtel Systems Technology, Inc	43,607.00	7,692.50	17.64%	3,256.50	7.47%	3,201.50	98.31%
CONCO CEMENT COMPANY	26,593.00	1,445.50	5.44%	5,769.00	21.69%	1,022.00	17.72%
CONCO PUMPING	145.75						
Concrete Wall Sawing Co., Inc.	1,087.00						
CONDON-JOHNSON & ASSOCIATES INC	2,049.00	25.00	1.22%				
Convergint Technologies LLC	3,925.00						
CORRADINI CORP.	898.00			240.50	26.78%		
Cupertino Electric Inc.	50,500.00	11,231.50	22.24%	8,763.50	17.35%	2,743.00	31.30%
D & J Tile Company, Inc.	109,420.00	11,128.40	10.17%	27,973.00	25.56%	4,963.10	17.74%
D.C. Vient, Inc.	25,511.50	3,549.00	13.91%	2,666.00	10.45%	1,196.00	44.86%
David M Schmitt	85,981.06	10,988.48	12.78%	13,460.23	15.65%	5,196.23	38.60%
De Haro Ramirez Group	336.00	107.50	31.99%				
Del Secco Diamond Core & Saw, Inc.	7.50						
Delta Grinding Co., Inc. dba Diablo Grinding Inc.	24.00						
DEVINCENZI ARCHITECTURAL PRODUCTS GROUP, INC.	80.50						
Digital Concrete Scanning Services	70.25						
Diverse Services	426.25			249.00	58.42%		
E & S MASONRY CORPORATION	2,137.50						
Eco Bay Services, Inc.	1,627.00	853.00	52.43%	277.00	17.03%		
Evans Brothers Cabinets	2,197.00	75.00	3.41%	75.00	3.41%	75.00	100.00%
EVANS BROTHERS INC	15,749.50	2,814.00	17.87%	1,410.00	8.95%	955.00	67.73%
EXARO TECHNOLOGIES CORPORATION	690.00	8.00	1.16%				
F.D. Thomas, Inc.	10,396.00			2,432.00	23.39%		
F3 & Associates Inc.	808.00			234.50	29.02%		
Fast Wrap Reno One LLC	741.50						
Ferma Corporation	34,474.50	8,635.00	25.05%	1,411.50	4.09%	841.50	59.62%
Fibrebond Corporation	353.50						
Fidato	4,749.50	114.00	2.40%	15.00	0.32%		
Fitzgibbon Masonry	2,708.50						
Floor Seal Technology	2,202.00						
FORENSIC ANALYTICAL CONSULTING SERVICES	247.50						
Frank M Booth, Inc	30,725.50	7,058.00	22.97%	7,515.00	24.46%	3,241.00	43.13%
George E. Masker, Inc	2,829.00	70.00	2.47%	317.00	11.21%	4.00	1.26%
George Family NorCal	68,002.50	7,323.50	10.77%	17,563.00	25.83%	2,088.50	11.89%
Gerdau Reinforcing Steel	42,853.00	3,605.00	8.41%	15,317.00	35.74%	3,605.00	23.54%
Giron Construction	101,298.08	66,612.58	65.76%	17,384.33	17.16%	11,878.83	68.33%
Ground Penetrating Radar Systems, IInc	8.25						
H&M Fire Protection, Inc.	11,959.00	3,381.00	28.27%	4,794.50	40.09%	1,031.50	21.51%
Harris Rebar Northern California Inc.	221.00			41.00	18.55%		
Harrison Drywall Inc.	408,994.00	107,733.00	26.34%	75,571.50	18.48%	28,912.00	38.26%
HATTON'S CRANE & RIGGING INC	166.50						
Herrero Contractors, Inc.	292,493.30	111,891.80	38.25%	39,727.75	13.58%	26,937.80	67.81%
Hoem & Associates, Inc	14,481.00	4,580.50	31.63%	2,363.50	16.32%	1,530.50	64.76%
Hunt Masonry, Inc	3,632.50	119.00	3.28%	178.50	4.91%		
HVAC Controls Corporation	28,997.50	1,367.00	4.71%	6,729.00	23.21%	1,346.00	20.00%
INTEGRATED SIGN INSTALLATIONS INC	1,307.50	317.00	24.24%	436.00	33.35%	317.00	72.71%
Intelligent Technologies and Services, Inc.	151.24	3.00	1.98%				
Interstate Concrete Pumping	99.00						

Ireland Interior Systems, Inc.	21,061.00	8,644.50	41.05%	6,922.00	32.87%	3,726.00	53.83%
ISEC, Inc. - Englewood, CO	162,658.02	35,205.00	21.64%	53,518.25	32.90%	19,956.50	37.29%
J. Flores Construction Company, Inc.	1,291.50	314.50	24.35%	34.50	2.67%	34.50	100.00%
JERRY THOMPSON & SONS PAINTING	3,702.00	22.00	0.59%	611.00	16.50%		
John Jackson Masonry	2,829.00	28.00	0.99%	248.50	8.78%		
JOSEPH J ALBANESE INC	7,719.00	46.50	0.60%	490.00	6.35%	25.50	5.20%
K.M. McRae, Inc.	31.50						
K.Z. Tile Company	1,924.00	1,702.00	88.46%	488.00	25.36%	488.00	100.00%
Kinemetrics, Inc.	94.00						
KING CRANE SERVICE	1,494.00			570.00	38.15%		
Kingsborough Atlas Tree Surgery, Inc.	42.50						
KWAN WO IRONWORKS INC	18,550.00	18,068.00	97.40%	6,668.00	35.95%	6,492.00	97.36%
Kwan Wo Ironworks Inc. - San Francisco, CA	20,728.00	17,412.00	84.00%	8,730.00	42.12%	7,664.00	87.79%
L C General Engineering & Construction, Inc.	20,709.50	7,361.00	35.54%	6,208.00	29.98%	4,398.50	70.85%
Lewis M. Merlo Inc.	81.50	16.00	19.63%				
Liquidyn, Inc.	85,738.00	24,960.50	29.11%	25,928.50	30.24%	5,221.50	20.14%
Lombardo	547.25			190.25	34.76%		
Malcolm Drilling Company, Inc.	47,685.50	9,993.00	20.96%	1,803.00	3.78%	1,173.00	65.06%
MARTIN M. RON ASSOC. INC.	6,552.00	1,109.00	16.93%	279.00	4.26%	139.00	49.82%
Master Protection, LP dba FireMaster	96.00						
Maxim Crane Works - Stockton, CA	62.00			21.00	33.87%		
McGill Erection and Welding, Inc.	606.00	88.00	14.52%	32.00	5.28%		
MCGUIRE & HESTER	63,457.00	9,069.00	14.29%	8,116.00	12.79%	3,809.00	46.93%
McMillan Electric Co.	30.50			13.00	42.62%		
MDB Interiors, Inc	16,030.48	3,118.00	19.45%	4,262.50	26.59%	1,353.50	31.75%
Mission City Rebar, Inc.	358.00	8.00	2.23%	112.00	31.28%	8.00	7.14%
MODULAR HEALTHCARE ENGINEERING DESIGNS LLC	9,435.50						
Morrow Equipment Company	1,907.50			227.25	11.91%		
NATIONAL AIR BALANCE COMPANY INC	8,649.00			3,036.00	35.10%		
NELCO, INC. (SAN LEANDRO, CA)	614.50						
Nicioli Construction LLC	75.00						
Nor-Cal Industrial Floors, Inc.	36.00						
Nor-Cal Scaffolding, Inc	127.00			40.00	31.50%		
NTK Construction, Inc.	7,691.00	5,392.50	70.11%	275.50	3.58%	275.50	100.00%
OLSON & CO. STEEL	30,284.75	4,693.50	15.50%	4,394.50	14.51%	2,660.50	60.54%
Otis Elevator Company - SAN FRANCISCO, CA	66,252.25	1,061.00	1.60%	25,852.25	39.02%	449.00	1.74%
PACIFIC ERECTORS, INC	88,747.50	16,812.00	18.94%	35,906.50	40.46%	15,632.00	43.54%
PACIFIC SEALANTS	2,004.00			868.00	43.31%		
PAGANINI COMMUNICATIONS, INC.	8.00			4.00	50.00%		
Pan Pacific Plumbing	19,708.25	3,482.00	17.67%	4,393.50	22.29%	14.00	0.32%
Paradigm Design-Build, Inc	8,776.00	32.00	0.36%	1,633.50	18.61%	32.00	1.96%
PENINSULATORS	1,250.22	38.42	3.07%	337.18	26.97%	38.42	11.39%
PERFORMANCE CONTRACTING INC - Hayward, CA	90,416.25	2,137.75	2.36%	30,314.50	33.53%	1,307.00	4.31%
PERFORMANCE CONTRACTING INC - Richmond, CA	24,872.50	5,343.00	21.48%	11,541.00	46.40%	3,391.00	29.38%
Performance Swing Stage, Inc.	149.50						
Peterson Mechanical, Inc.	16,994.00	57.00	0.34%	6,347.50	37.35%	57.00	0.90%
Peterson Power Systems	2,920.70			11.50	0.39%		
Phoenix Electric Company	2,453.75	1,038.75	42.33%	213.50	8.70%	160.00	74.94%
Premier Floor Care Inc	105.00	23.00	21.90%				
Primecut Concrete Sawing & Drilling	1,895.00						
PRIORITY ARCHITECTURAL GRAPHICS	3,014.75	1,311.00	43.49%	542.00	17.98%		
PROGRESS GLASS COMPANY	476.50	177.00	37.15%	137.00	28.75%	137.00	100.00%
ProSpectra Contract Flooring - Union City, CA	12,679.00	106.00	0.84%	2,209.00	17.42%		

QOL Corp dba CEOWD Glazing	29,509.00	13,033.00	44.17%	6,778.00	22.97%	5,411.50	79.84%
Rana Creek Habitat Restoration	6,226.75	16.00	0.26%				
Ransome Company	61.50						
REBARBER ENTERPRISES	236.68			60.40	25.52%		
Reliance Engineering Inc	183.50	7.00	3.81%	7.00	3.81%	7.00	100.00%
RFJ Meiswinkel Company	8,991.00	1,730.00	19.24%	397.00	4.42%	2.00	0.50%
RLH FIRE PROTECTION	44,911.00	4,747.50	10.57%	22,396.00	49.87%	509.50	2.27%
Rosendin Electric, Inc.	620,156.00	126,420.50	20.39%	114,839.50	18.52%	40,455.50	35.23%
Rubecon General Contracting, Inc.	5,192.00	827.00	15.93%	500.00	9.63%	500.00	100.00%
Rudolph and Sletten, Inc.	18,163.50	5,344.00	29.42%	8,231.50	45.32%	4,466.50	54.26%
Ryan Engineering, Inc.	32,062.25	18,863.50	58.83%				
S J GENERAL BUILDING MAINTENANCE	888.00	32.00	3.60%				
Safway Services, LLC - Burlingame	26,740.25	5,227.00	19.55%	11,044.00	41.30%	3,219.00	29.15%
Scaffold Solutions	2,046.00	253.50	12.39%	505.00	24.68%	54.50	10.79%
SERVICE BY MEDALLION	13,831.75	533.00	3.85%				
SERVICE METAL PRODUCTS	8,066.75	148.00	1.83%	1,018.50	12.63%	148.00	14.53%
Service West, Inc.	42.00						
Sheedy Drayage Co	7,448.50	697.50	9.36%	1,159.00	15.56%	174.50	15.06%
SHOOTER & BUTTS INC	1,759.00						
Smoke Guard California, Inc.	348.00			98.00	28.16%		
Southland Industries	494,609.25	111,597.00	22.56%	176,205.00	35.63%	58,941.00	33.45%
Statewide Construction Sweeping	121.50						
Stomper Company Inc	490.00	16.00	3.27%	40.00	8.16%		
Superior Coring & Cutting Inc.	80.50	16.50	20.50%				
Superior Electric Inc.	220.00						
SUPERIOR GUNITE	8,531.50	76.50	0.90%	201.50	2.36%	12.00	5.96%
TC STEEL	922.00	9.00	0.98%	402.00	43.60%		
Temper Insulation Co., Inc.	8,750.50	5,244.50	59.93%	3,284.00	37.53%	2,463.00	75.00%
The Boldt Company	262,839.75	79,817.00	30.37%	8,509.50	3.24%	3,506.00	41.20%
The Herrick Corporation	110,867.50	34,626.00	31.23%	21,597.50	19.48%	9,768.00	45.23%
THE LAWSON ROOFING CO., INC.	82,349.74	29,144.95	35.39%	15,088.56	18.32%	5,318.79	35.25%
The Smith Company, Inc.	397.50			143.50	36.10%		
Tile West, Inc.	15,106.55	3,615.50	23.93%	5,239.50	34.68%	1,312.00	25.04%
Tom's Metal Specialists, Inc.	469.50	469.50	100.00%	254.75	54.26%	254.75	100.00%
Union Rolling Door Company	95.00			47.00	49.47%		
UNIQUE ELEVATOR INTERIORS INC	991.00			496.50	50.10%		
UNITED CALIFORNIA GLASS & DOOR	262.25						
US Glass & Aluminum	5,382.00			1,221.50	22.70%		
VAN MULDER SHEET METAL, INC.	39,900.50	9,093.00	22.79%	4,299.00	10.77%	1,709.50	39.77%
VANGUARD CONSTRUCTION	255.75			48.00	18.77%		
VFC Lightning Protection, Inc.	748.00			100.50	13.44%		
Vickers Concrete Sawing, Inc.	9.00						
Victory Woodworks, Inc.	2,886.50	2.00	0.07%	524.50	18.17%		
Viking Drillers, Inc.	396.00						
WALTERS & WOLF GLASS	17,344.00			7,655.50	44.14%		
WALTERS & WOLF PRECAST	16,831.00	1,035.00	6.15%	3,180.00	18.89%	638.50	20.08%
WILLIAM D WHITE CO INC	498.25						
WPCS International-Suisun City, Inc.	96,672.00	16,460.00	17.03%	20,675.00	21.39%	9,088.50	43.96%
Yolanda's Construction Management and Traffic Control	22,671.75	17,629.00	77.76%				
your all day everyday janitorial service	13,735.33	13,535.33	98.54%				
Total	5,620,415.58	1,325,454.69	23.58%	1,149,692.30	20.46%	399,015.52	34.71%

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

--St. Lukes Replacement Hospital

--Sutter Van Ness & Gear MOB Tenant Improvement Project

--Van Ness and Geary Hospital

--Van Ness Garage and Medical Office Building

SAN FRANCISCO
Office of Economic and Workforce Development

City and County of San Francisco: Office of Mayor London Breed
Economic and Workforce Development: Joaquín Torres, Director

May 5, 2020

Vahram Massehian
California Pacific Medical Center / Sutter Health
633 Folsom Street, Seventh Floor
San Francisco, CA 94107

Dear Mr. Massehian,

The Sutter Health/California Pacific Medical Center (CPMC) Van Ness Campus Hospital, Van Ness Campus Medical Office Building and Mission Bernal Campus projects, for which HerreroBOLDT acted as the general contractor, entered into a Workforce Agreement with our office on August 12, 2013. The Workforce Agreement memorialized the commitments of CPMC regarding the First Source Hiring Program and Local Hiring goals. The agreement identified processes and steps that contractors would take to demonstrate good faith efforts towards hiring referrals from the CityBuild program to achieve the 30% Local Hiring goal.

Overall, HerreroBOLDT has met their responsibilities towards meeting the good-faith goals through the following efforts:

- Submitted Resource Loaded Staffing Plans to CityBuild within the appropriate timeframe
- Proactively scheduled and facilitated workforce-focused preconstruction meetings with all trade partners
- Ensured that all trade partners submitted worker requests to CityBuild for new-hire opportunities
- Encouraged trade partners to consistently hire apprentices from the CityBuild workforce system
- Facilitated efforts to promote an effective partnership between trade partners and CityBuild
- Actively monitored monthly local hiring performance by trade partners in collaboration with CityBuild to track new-hire activity and future opportunities
- Partnered with CityBuild Academy to recruit workers from target communities through workshops
- Coordinated workforce compliance meetings with trade partners to discuss and resolve potential First Source violations

Thank you for addressing all requirements of the Workforce Agreement on this project. We look forward to working with you in the future.

Sincerely,

Ken Nim
CityBuild Compliance Manager
cc: Johanna Leiva; Paul Klemish; Emily Chea

One South Van Ness Ave., 5th Floor
San Francisco, CA 94103

(415)701-4848
(415)701-4897

oewd.org

Exhibit

B

Mission Bernal Campus Project LBE Reporting - Final Report

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul
Total LBE Billing - HB Hosp + MR	507,765	533,787	498,985	230,828	45,988	7,167	35,789
Cumulative LBE Billing	61,082,140	61,615,928	62,114,913	62,345,741	62,391,730	62,398,897	62,434,686
HerreroBoldt Billing	5,644,827	6,577,803	4,788,983	3,307,436	1,946,534	1,634,292	982,307
Cumulative HB Hosp + MR Billing	265,799,732	272,377,535	277,166,518	280,473,954	282,420,488	284,054,780	285,037,087
% LBE Monthly	9.0%	8.1%	10.4%	7.0%	2.4%	0.4%	3.6%
% LBE Total - HB Hosp + MR	23.0%	22.6%	22.4%	22.2%	22.1%	22.0%	21.9%

Van Ness Campus Project LBE Reporting Final Report

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Total LBE Billing - HB	2,428,435	1,999,181	1,809,657	2,393,286	1,527,491	1,448,775	569,414	236,982
Cumulative LBE Billing	138,150,295	140,149,475	141,959,132	144,352,418	145,879,908	147,328,684	147,898,097	148,135,079
HerreroBoldt Billing	18,050,095	22,526,049	18,893,072	18,059,968	15,317,313	13,662,989	10,932,731	8,420,439
Cumulative HB Billing	883,711,582	906,237,631	925,130,704	943,190,672	958,507,985	972,170,974	983,103,705	991,524,144
% LBE Monthly	13.5%	8.9%	9.6%	13.3%	10.0%	10.6%	5.2%	2.8%
% LBE Total - HB	15.6%	15.5%	15.3%	15.3%	15.2%	15.2%	15.0%	14.9%

Van Ness Campus MOB Project LBE Reporting - Final Report

LBE Report

Year	Month	Garage Billing	MOB Billing	Bear Scaffold	Conco Rebar (subtiers/ vendors)	Cupertino (subtiers/ vendors)	EBI (subtiers/ vendors)	H & M	Harrison	Herrick (subtier and vendors)	Lawson	Pankow (vendors)	Otis Elevator	Superior Gunite (subtier/ vendors)	Jerry Thompson (subtier/vendors)	Frank M. Booth	Total Billing	Total LBE $'s	% LBE $'s
2015		$ 5,524,025.00	$ 12,197.25	$ 9,618.89	$ -	$ -	$ 74,416.37	$ 48,780.53				$ 68,171.37					$ 5,536,222.25	$ 200,987.16	3.63%
2015		$ 5,524,025.00	$ 12,197.25	$ 9,618.89	$ -	$ -	$ 74,416.37	$ 48,780.53	$ -	$ -	$ -	$ 68,171.37	$ -	$ -	$ -	$ -	$ 5,536,222.25	$ 200,987.16	3.63%
2016		$ 21,751,887.00	$ 8,296,312.00	$ 63,969.04	$ -	$ 1,062,559.22	$ 733,869.10	$ 217,631.50	$ -	$ -	$ 819,066.42	$ 156,119.26	$ -	$ -	$ -	$ -	$ 30,048,199.00	$ 3,053,214.54	10.16%
2017		$ 8,614,629.00	$ 46,121,230.00	$ 54,688.25	$ -	$ 945,154.61	$ -	$ 1,380,847.69	$ 2,612,139.20	$ 654,387.00	$ 272,638.14	$ 281,189.89	$ -	$ -	$ -	$ 2,847,726.00	$ 54,735,859.00	$ 6,201,044.78	11.33%
2018		$ 5,957,511.00	$ 34,299,052.00	$ 36,883.00	$ -	$ 650,900.74	$ -	$ 108,331.87	$ 4,190,870.05	$ -	$ 2,245,490.86	$ 76,973.99	$ 512,400.32	$ -	$ 40,480.00	$ 5,573,516.46	$ 40,256,563.00	$ 7,309,450.51	18.16%
Total		$ 41,848,052.00	$ 88,728,791.25	$ 165,159.18	$ -	$ 2,658,614.57	$ 808,285.47	$ 1,755,591.59	$ 6,803,009.25	$ 654,387.00	$ 3,337,195.42	$ 582,454.51	$ 512,400.32	$ -	$ 40,480.00	$ 8,421,242.46	$ 130,576,843.25	$ 16,764,696.99	12.84%

Van Ness Campus MOB TI Project LBE Reporting - Final Reporting

Year	Sutter VNG MOB TI	Stok	H&M	LBE %
2017	$2,917,402.47	$4,675.00	$0.00	0.16%
2018	$58,541,330.00	$14,019.00	$245,523.00	0.44%
2019	$72,259,547.00	$18,063.00	$245,523.00	0.36%
Total	$133,718,279.47	$36,757.00	$491,046.00	0.39%

Exhibit

C

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

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

ATTACHMENT 5
Transportation Demand Management

Transportation Demand Management 2019 Program Summary

The Transportation Demand Management Program at California Pacific Medical Center is comprised of the following elements: parking management, shuttle connection services (inter-campus and last mile connections to transit), alternative commute program (ridesharing, biking and walking), program support and communications and performance evaluation. The summary below describes the activities undertaken in 2019 for each area.

Parking Management Program

- Evaluated all employee parking both onsite/offsite to recommend rate increases that will support SOV trip and parking demand reduction goals
- Maintain inventory of all employee onsite/offsite parking and current utilization
- Continue to forge strong working relationship with SFMTA traffic enforcement to mitigate pedestrian and vehicle congestion
- Monday-Friday service to Cal Train Station and the Ferry Building. Dedicated Shuttle 24th St. Bart Station to Mission Bernal Campus from 6am to 6pm Monday through Friday
- The shuttle central hub relocated to the new Van Ness hospital on Post Street
- Mission Bernal and Van Ness hospitals have in-house secured bicycle storage with changing room/lockers and showers

Shuttle Connection Services

- Ongoing review of current shuttle operations for both last mile solutions and inter-campus to improve operation efficiencies, service standards and meet increasing BART ridership demands
- Improved white zones at Van Ness and Mission Bernal campuses to better accommodate CPMC shuttles and San Francisco Paratransit services

Alternative Commute Services

- Carpool dedicated reserved spaces currently at Van Ness, Davies and Mission Bernal campuses
- Maintain bike racks in and around the campuses

Program Support & Communications

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

- Maintain dedicated TDM information bulletin boards at each campus
- Employ a full-time TDM Manager and maintain an experienced TDM consultant under contract
- A total of 4 transportation fairs held at the four campuses. (PAC campus December 18th; Mission Bernal Campus Nov 22nd; Davies Campus Nov 20th; Van Ness Campus Nov 19th)

Performance Evaluation

- Conducted employee/physician commute survey. A total of 4,532 employees competed survey resulting in a 86.5% return rate.

2019 CPMC ON-SITE PARKING, CARPOOL AND BICYCLE FACILITIES

CAMPUS	ON-SITE PARKING SPACES	EMPLOYEES REGISTERED CARPOOL	BIKE PARKING SPOTS
PAC	**477**	4	30
VNC	**411**	21	130
VNC-MOB	**383**	0	
CAL	**282**	4	34
DAV	**431**	3	38
MBC	**212**	1	18

VISITORS PARKING RATE	**$ 8.00**	**PER HOUR (w/increment of $2 per 1/2 hr) Up to a maximum of $30.00 per day**
PATIENT PARKING RATE	**$ 14.00**	**FLAT RATE - ALL DAY (Requires coupon issued by Department)**
VNC PATIENT PARKING RATE	**$ 24.00**	**FLAT RATE - ALL DAY (Requires coupon issued by Department)**
EMPLOYEE DAILY RATE	**$ 24.00**	**FLAT RATE - ALL DAY - Except VNC**
EMPLOYEE MONTHLY RATE	**$ 180.00**	**MONTHLY**

The on-site parking rate structure is the same for Visitors/Patients/Employees across all CPMC owned facilities

The percentage of employees who participate in the commuter benefits program is approx. 18% (861 employees)

2019 CPMC OFF-SITE PARKING SUBSIDIES

CAMPUS	OFF-SITE PARKING LOCATION	OFF-SITE CONTRACTED SPACES 2019	EMPLOYEES WITH PARKING SPOTS
PAC	**Japan Center** 1610 Geary Boulevard San Francisco 94114	400	350
CAL	**No current employee parking leases**		
475 Brannan	**475 Brannan Street** **San Francisco 94107**	15	15
1825 Sac	**Staples Garage** San Francisco 94109	23	23
DAV	**No current employee parking leases**	N/A	N/A
MBC	**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.

2019 Employee/Physician Commute Survey Summary of Key Results

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

CPMC's overall 2019 employee population in San Francisco was approximately 5,240 staff. The survey was administered to eligible staff through our intranet HealthStream platform with 4,532 staff completing the survey, for a response rate of 86.5%. Thus, exceeding the minimum 30% response rate requirement established by SFMTA for statistical validity of the survey.

Based on the 2019 survey results, CPMC's single-occupant vehicle mode share went down 2 percent points as compared to the 2018 mode split baseline. Use of public transit went up 1 percent point, and use of ride-hailing services (taxi, Uber or Lyft) went up by another 1 percent point:

- SOV (drive alone) 54%
- Public Transit 24% (BART 11%, MUNI 11%, ferry 0.5%)
- Bicycle/Walk 7% (walking is 5%, biking is 2%)
- Carpooling 6% (includes vanpooling at 0.5%)
- Other 9% (includes Uber/Lyft at 5% and motorcycles at 1%)

There were significant shifts in CPMC staff work location, due to the opening of the new Van Ness Hospital, closure of the California Campus, and closure of the Pacific Campus Hospital. Close to 50 percent of staff now works at the Van Ness Campus.

- Van Ness 49%
- Davies 19%
- Mission Bernal 14%
- Other 11% (Downtown, Civic Center, California, other)
- Pacific 7%

The 2019 survey results also show that there was a reduction of 7 percent points in on-street parking around CPMC facilities, and a comparable increase in paid parking at CPMC or other facilities.

Finally, over 40% of CPMC staff lives within San Francisco County, or within 1-5 miles from their workplace. However, this number has been declining in recent years, likely due to housing affordability issues. As compared to the 2017 and 2018 surveys, staff has been declining in San Francisco and East Bay counties and increasing in the South Bay and outlying areas, which may be affecting staff commute times and mode choice.

- San Francisco 43% (San Francisco County)
- East Bay 21% (Alameda, Contra Costa and Solano Counties)
- Daly City/South Bay 23% (San Mateo and Santa Clara Counties)
- North Bay 7% (Marin, Napa and Sonoma Counties)
- Other 6%

2019 Patient/Visitor Survey Summary Final Report

CPMC Sutter Health

San Francisco, California

May 7, 2020

WALKER CONSULTANTS

Executive Summary

As part of the development agreement with the City of San Francisco, Sutter Health is required to conduct a patient/visitor survey every three years, until year 2022, to track the transportation mode share of those that visit the hospital. The survey was conducted for the first time in 2013 and for the second time in 2016. This report summarizes results for the 2019 survey.

The 2019 Patient/Visitor survey was conducted over a period of four weeks, from October 22nd to November 19th of 2019. Surveys were collected during daytime hours at the three CPMC hospital campus complexes – Van Ness, Mission Bernal and Davies.

Major Highlights of the Analysis

1. Major takeaways from the survey analysis are that the majority of visitors to CPMC Sutter Health come from within the City and County of San Francisco.
2. They drive to campus and park in a garage for a fee or park on the street for free, in about equal proportions.
3. Those that park in a garage for a fee typically stay in the hospital for less than 1 hour or for an extended time (more than 3 hours or more than 24 hours).
4. While those that park on the street for free typically stay in the hospital for more than 1 hour, but less than 3 hours.
5. Distance and travel time play a role in the mode choice of survey respondents. Survey respondents that spent less than 30 minutes to get to CPMC Sutter Health had a higher proportion of use of public transit, ride-hailing services (Uber, Lyft or taxi) and walking.
6. Duration of visit also plays a role in the mode choice of survey respondents. Those that spent less than one hour on campus had a higher proportion of public transit use, ride-hailing use and walking. In contrast, those that stayed for longer than three hours were more likely to drive alone or getting a ride from a family member or friend.
7. These findings suggest that CPMC Sutter Health visitors make rational decisions with regards to location and price of parking. Parking fees are worth paying for 1 hour, and less worth paying for more than 1 hour because there is free parking on the street. Time limits of on-street parking ensure turnover and availability for neighbors, and force CPMC Sutter Health visitors staying for more than 3 hours to park in a garage or find other alternatives.

2019 vs. 2016 Comparative Analysis

The previous survey was conducted in 2016 and included four campuses – Pacific, California, St. Luke's and Davies. The three years since has been a period of consolidation for CPMC Sutter Health into fewer campuses, which included moving all functions in the California Campus and Pacific Campus to the Van Ness Campus and building of new hospital at Mission Bernal (formerly St. Luke's).

Campus consolidation and location changes have likely influenced visitor transportation preferences; therefore, one goal of the analysis was to identify major trends in the 2019 survey results as compared to the 2016 survey results.

1. In comparison to the 2016 Patient/Visitor Survey results, CPMC Sutter Health has seen a marked increase in the use of ride-hailing services to get to campus (3.5% points growth).
2. The increase has come at the expense of driving alone (4% points reduction).
3. Public transit use has seen a small reduction (1% point), which can be considered a moderate success in light of the growth of Uber and Lyft, which has negatively impacted ridership on public transit systems nationwide.
4. At the same time walking has gone up (2% points growth), most likely due to location along major avenues and consolidation near activity centers and denser residential areas.
5. The construction of the new Van Ness and Mission Bernal Hospitals, in locations that have convenient access to regional transit service (subway, light rail and BRT) has resulted in increased accessibility to alternative transportation options.
6. Walking proximity to regional transit service and direct connections to BART stations via CPMC Sutter Health shuttles are proving effective in attracting a larger share of trips in alternative modes and further reducing patient and visitor's vehicle trips to CPMC Sutter Health campuses.
7. Results of the 2019 survey do not reflect the impact of the Van Ness Medical Office Building which started full operations in November of 2019, at the end of the survey period.
8. In the next survey period, in 2022, the Van Ness MOB and the Van Ness BRT service will be in full operation. Therefore, CPMC Sutter Health patients and visitors will have greater access to the Van Ness campus on transportation modes other than driving alone. The expectation is that patients and visitors will be able to further reduce their drive alone mode share to CPMC Sutter Health campuses.

ANNUAL CITY REPORT

(JANUARY 1 – DECEMBER 31, 2019)

on the

CALIFORNIA PACIFIC MEDICAL CENTER LONG RANGE DEVELOPMENT PLAN DEVELOPMENT AGREEMENT

PUBLISHED:
OCTOBER 7, 2021

SAN FRANCISCO
Office of Economic and Workforce Development

San Francisco Planning

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Introduction

Background. California Pacific Medical Center (CPMC) is made up of five campuses in San Francisco: Van Ness Campus, California Campus, Pacific Campus, Davies Campus, and Mission Bernal (formerly St. Luke's) Campus. The new Van Ness Campus was developed as part of the approved Development Agreement; the Van Ness hospital opened in March 2019. Through its operations of these medical facilities, CPMC provides a broad range of inpatient and outpatient health services, as well as direct and indirect economic benefits to the City. CPMC is owned by Sutter Health and is San Francisco's third largest non-public employer and fourth largest employer overall, with over 6,000 employees.

Sutter Health undertook renovation or reconstruction of its acute-care hospitals to comply with State law (SB 1953), which requires that all acute-care hospitals be seismically upgraded so that they are operational after a major earthquake. Three of CPMC's four acute-care hospitals - the California, Pacific, and St. Luke's campuses - did not meet seismic standards and needed to be rebuilt or de-licensed in order to comply with this law. The Davies Campus was retrofitted in 2008, enabling this campus to accommodate acute-care hospital services until 2030; no construction is presently planned at that campus.

To meet state law, CPMC consolidated acute-care services from the Pacific and California campuses into the new Van Ness Campus (formerly called the Cathedral Hill Campus). The Van Ness Hospital opened in March 2019 and the associated Medical Office Building was completed in 2019. The project also provided a new, seismically safe hospital, which opened in August 2018, to replace the old St. Luke's Hospital at the Mission Bernal Campus in the Mission District. Related construction, including renovation and reconfiguration of the Mission Bernal Campus, is ongoing. These construction projects have created approximately 1,500 construction jobs and involve the expenditure of over $2 billion in total development costs. They have increased the number of earthquake-safe hospital beds in San Francisco and are intended to improve healthcare access for all San Franciscans.

The CPMC project also provides Community Benefits in addition to the commitment to rebuild St. Luke's Hospital, including a community health care program, a transportation and transit program, a workforce development program, a public improvement program, and payments to provide for specific services, programs, and infrastructure.

To guarantee these Community Benefits, CPMC and the City entered into a Development Agreement (DA), which was approved by the Board of Supervisors in July 2013 and became effective on August 10, 2013.[1]

Annual Review Process. The DA requires an annual review to ensure that both the City and CPMC are in compliance with their respective obligations and that Community Benefits are

[1] The DA is available on the Planning Department's website at http://default.sfplanning.org/publications_reports/cpmc/cpmc_DevAgrmtFinal_exhibits.pdf.

being delivered.[2] As described in Section 8.2 of the DA, CPMC is required to submit an Annual Compliance Statement to the City no later than 150 days after the end of its fiscal year (currently, the calendar year). The City is then required to post CPMC's statement and receive public comment for 30 days. At the conclusion of the public comment period, the City has 45 days to publish a report on whether CPMC is in compliance with the Development Agreement. Both the Health and Planning Commissions will then hold public hearings on CPMC's compliance with a 60-day notice to the public. After these hearings, the Planning and Health Directors will forward their findings on to an independent third party monitor. The monitor will have 30 days to review the findings and evidence of CPMC's compliance with the DA before sending a letter to the Board of Supervisors stating whether or not he or she concurs with the Directors' findings.

The annual review for 2019 was affected by the public health emergency caused by the coronavirus pandemic. All of the reporting and review milestones outlined in the DA were delayed, and further delays may occur during the upcoming steps in the review process.

The projected timeline for review of the 2019 Annual Compliance Statement is as follows:

May 29, 2020	City receives copy of CPMC's 2019 Compliance Statement
June 1, 2020	Compliance Statement posted on Planning and Public Health Departments' websites
June 1, 2020	Planning Department sends notice to interested parties soliciting public comment
July 1, 2020	Public comment period closes
May 28, 2021	CPMC's 2020 Compliance Statement submitted
October 7, 2021	City's Annual Report for 2019 Published

***** Future Dates Projected, Subject to Change*****

October 2021	Planning Department sends Notice of Combined 2019 and 2020 Public Hearing to interested parties
October 2021	City's Annual Report for 2020 Published
November 2021	Joint Health Commission and Planning Commission Hearing for 2019 and 2020 (following receipt of 2020 Compliance Statement and preparation of 2020 City Report)
December 2021	Directors' findings forwarded to third party monitor
January 2022	Third party monitor issues letter to Board of Supervisors

[2] CPMC DA Section 8.

City Report. This document is the City's seventh Annual Report on CPMC's compliance; it contains findings of compliance on each of CPMC's and the City's obligations under the DA. Major obligations, including Sutter's performance of its healthcare and hiring commitments, are summarized below.

Healthcare Commitments

Reconstruction of St. Luke's Hospital. The DA required CPMC to construct a new hospital to replace St. Luke's and to open the new hospital within 24 months after the opening of the Van Ness Campus hospital. With the completion of the new Mission Bernal Hospital, which opened on August 24, 2018, earlier than required, this obligation has been met.

Baseline Commitment: Medi-Cal and Charity Care. Under the DA, CPMC is required to serve at least 30,445 unduplicated Medi-Cal or Charity Care patients in San Francisco each year. CPMC served 35,456 unduplicated patients during 2019, exceeding the cumulative requirement.

Baseline Commitment: Expenditures. CPMC is required to spend at least $8 million for community benefits each year. CPMC exceeded this commitment in 2019, providing $13.6 million in community benefits including support for the Bayview Child Health Center.

Medi-Cal Beneficiaries. Beginning with the August 2013 Effective Date of the DA, CPMC must provide hospital services for an additional 5,400 Medi-Cal beneficiaries each year. CPMC has consistently exceeded this goal and, as of the end of 2019, covered 31,408 Medi-Cal managed care beneficiaries.

Innovation Fund. CPMC's DA funding obligations included total payments of $8.6 million to the San Francisco Foundation to support community clinics and community-based healthcare. CPMC made the final payment in November 2017, and its obligation is complete. The San Francisco Foundation continued to use the fund make grants to local health institutions and community organizations, consistent with its requirements under the DA.

Centers of Excellence in Community Health and Senior Health. CPMC is required to create Centers of Excellence at the St. Luke's Campus to assist patients with or at risk of chronic illnesses and to provide improved inpatient and post-hospitalization care to seniors. This obligation commenced with the opening of the new Mission Bernal hospital, and in 2018 Sutter established both required Centers of Excellence:

- The Center of Excellence in Community Health (HealthFirst) is a center for health education and disease prevention affiliated with St. Luke's Health Care Center. HealthFirst serves patients in chronic disease management by integrating community health workers into a multidisciplinary health care team to provide health education, assist patients to improve their self-management skills, and encourage them to receive timely and comprehensive care. HealthFirst saw 944 unique patients in 2019 and carried out 1,982 encounters. The first quarterly community advisory board meeting took place

in October 2018; the board continued to meet in 2019.

- The Center of Excellence in Senior Health is made up of the Acute Care for the Elderly (ACE) Unit, the Hospital Elder Life Program (HELP), and a pilot partnership with the non-profit organization San Francisco Village. The ACE Unit at Mission Bernal Campus has 34 beds providing interdisciplinary care to older adult patients; this unit saw 944 patients in 2019, exceeding the DA goal of approximately 600 patients. In addition, Sutter developed a community benefit-funded pilot partnership with San Francisco Village in 2018 to provide eligible discharged patients with a care navigator to help patients manage their health, prepare for doctor's visits, and gain access to needed community services to ease the transition from hospital to home. This partnership continued in 2019.

Hiring Commitments

The DA requires CPMC to participate in a workforce development program that includes local hiring goals for construction and certain operational activities, as well as a Local Business Enterprise contracting program.[3] Four major projects – the new Mission Bernal Hospital, Van Ness Hospital, and the Van Ness Garage and Medical Office Building, and Medical Office Building tenant improvements – were completed before or during 2019, and Herrero Boldt, Sutter's prime contractor for these projects, provided final cumulative construction hiring figures as part of the 2019 compliance report.

Construction Hiring. The local construction hiring goals established by the DA include:

- 50 percent of total non-union entry-level administrative and engineering positions. For the hiring year from August 2019 to July 2020, 82 percent (32 of 38) positions were filled by San Francisco residents. The final cumulative total was reported by Herrero Boldt as 83 percent.

- 50 percent of total entry-level administrative and engineering internship positions. For the hiring year from August 2019 to July 2020, 57 percent (30 of 53) positions were filled by San Francisco residents. Of these 30 interns, 10 were subsequently hired as full-time employees of a construction contractor on the project. Herrero Boldt reported that the final cumulative total was 61 percent.

- 50 percent of total union entry-level apprentice positions. For the hiring year from August 2019 to July 2020, the total was 30 percent, the same as the share of total positions filled in the previous three years. Sutter's contractors and the City's Workforce Division attribute the lower share to the continuing construction boom in San Francisco, which created a shortage of local workers available to fill these positions. Herrero Boldt

[3] Hiring goals are reported on a fiscal year (July 1-June 30) basis and thus the updated 2018-2019 figures in this City Report do not match the figures provided in the CPMC Annual Compliance Report.

also reported that the final cumulative total was 30 percent. CPMC has met its good-faith obligation under the DA.

- 30 percent of total work hours by union journeymen and apprentices. For the hiring year from August 2019 to July 2020, the total was 24 percent, the same as in 2018-2019 and a decline from the 26.25 percent share of total work hours in 2016-2017 and 24.5 percent in 2017-2018. As with the share of entry-level apprentice positions, the lower share of total work hours is due to the construction boom in San Francisco and consequent shortage of local workers available to fill these positions during the project construction period. Herrero Boldt reported that the final work hour total was 5,620,416 work hours, of which 1,325,455 work hours (24 percent) were performed by San Francisco residents.

CPMC is generally in compliance with construction hiring goals. The DA requires good-faith efforts to meet these goals; CPMC's and its contractors' efforts to increase local hiring are described in greater detail in the Workforce tables that follow this introductory section. Ongoing and future projects, including demolition of the old St. Luke's Hospital and eventual construction of the new Mission Bernal Medical Office Building, will be subject to the same goals.

Operational Hiring. CPMC's First Source hiring goal for entry-level operational (non-construction-related Sutter employees) is 40 percent. For the hiring year from August 2019 to July 2020, 54 percent (51 of 95) entry-level hires were made through the City's First Source referral program.

Local Business Enterprise Contracting. Under this program, CPMC has made payments totaling 16 percent of construction expenditures to date to qualified contractors, exceeding the DA goal of 14 percent.

Payments and Funding Commitments

CPMC was required to make cash payments totaling over $70 million, including endowment of a health care innovation fund and payments for affordable housing, workforce training, transportation improvements (in lieu of other transportation impact fees), and public improvements, including streetscape and pedestrian safety improvements near the Van Ness Campus. The final payments were made on November 8, 2017, and CPMC has fulfilled this obligation.

Other Commitments

Transportation Demand Management (TDM) Measures. The DA includes a TDM plan, which commits CPMC to reducing the proportion of employees who drive to work alone and to increasing use of public transportation, carpooling, walking, cycling, and other transportation alternatives. CPMC has initiated the programs required to date, including a transit pass subsidy that began in January 2017. Approximately 14 percent of employees receive the transit subsidy as of the date of this report, and about 24 percent of employees use transit to get work. Sutter

reported that the share of employees and physicians commuting in single-occupancy vehicles was 54 percent, a decline of 2 percent, during the 2019 reporting period. However, results of the 2019 survey do not reflect full occupancy of the Van Ness Medical Office Building, which started full operations in November 2019. While CPMC has generally met this obligation to date, a further reduction in single-occupant vehicle trips by both employees and visitors is needed to meet the DA goal of reduction of such trips as a share of the total (compared to 2013) by 15 percent by 2024.

Mission Bernal Campus Area Improvements. The DA requires CPMC to build a number of street and pedestrian improvements around the Mission Bernal Campus, including traffic signals, street lighting, and permanent upgrades to the temporary plaza at the intersection of Guerrero Street and San Jose Avenue, south of the campus, to create a new Guerrero Park. The first set of these improvements is required to be completed at the time the plaza adjacent to the new hospital is complete, which is projected to be in 2022. CPMC has initiated detailed design of these improvements and coordination with City agencies and has applied for the necessary permits for the park. CPMC is coordinating closely with City agencies to finalize a complete set of streetscape designs that are integrated with the surrounding neighborhood context.

Areas of Concern

Culturally and Linguistically Appropriate Services (CLAS). The DA requires CPMC to deliver culturally and linguistically appropriate services that are representative of San Francisco's diverse communities at all of its campuses. In previous years, the City's annual review resulted in recommendations for substantial improvements in such services, particularly at the St. Luke's Diabetes Clinic, where the patient population has historically included many monolingual Spanish-speaking patients.

In 2016, CPMC and the Department of Public Health (DPH) met and agreed on improvements needed to meet CLAS standards at St. Luke's Diabetes Clinic. These included the addition of Spanish language staff capacity at the clinic, Spanish language classes, dedicated reception staff, and use of the HealthFirst Program to provide connections for St. Luke's Diabetes Clinic patients. In August 2018, Sutter transferred management of the St. Luke's Diabetes Center from CPMC to the Sutter Pacific Medical Foundation (SPMF).

In the 2018 joint hearing, the Health Commission encouraged CPMC to provide supplemental information (i.e. campus-specific data on patient and staff demographics, languages, payor mix, zip code, and charity care) for the Mission and Van Ness Geary Hospitals to help the City have a deeper understanding of CPMC's compliance with CLAS standards and demonstrate that the new hospitals are truly serving the communities in which they are located.

CPMC reported supplemental information on patient race/ethnicity, preferred language, staff demographics, and interpreter requests/wait time. Additional details are included in the healthcare tables that follow this introductory section.

Sub-Acute Care Services. The DA required CPMC to make good-faith efforts to address the continuing decline in the availability of sub-acute care beds in San Francisco, but provision of sub-acute beds is not required under the DA and thus is not evaluated in the annual reporting process. However, the Health and Planning Commissions and the public have expressed concerns about the loss of sub-acute care beds at Sutter's CPMC facilities at previous public hearings. Sutter closed all sub-acute care beds at St. Luke's in 2018 and transferred the remaining SNF patients formerly at St. Luke's to its Davies Campus. No new sub-acute patients have been accepted since that time and no sub-acute beds were included in the Mission Bernal hospital or the Van Ness Geary hospital.

In 2019, DPH convened meetings with private and public stakeholders to assess and develop strategies to address sub-acute services citywide. While CPMC participated in these meetings and has been open to discussions on potential strategies to increase sub-acute care in the City, no additional sub-acute beds were added in 2019.

1,500 Medi-Cal Managed Care Enrollees in the Tenderloin. The DA requires CPMC to participate in a Medi-Cal managed care partnership with a Tenderloin-based primary care provider to serve up to 1,500 Medi-Cal beneficiaries. In 2015, CPMC initiated a partnership with the North East Medical Services (NEMS) Management Services Organization (MSO) and St. Anthony's Medical Clinic, a primary care clinic in the Tenderloin, to have St. Anthony's join the NEMS MSO, as a pathway for CPMC to meet this commitment. CPMC is obligated to remain open to new enrollees in this partnership for the remainder of the DA or until it reaches 1,500 participants, whichever is sooner.

In 2019, CPMC reports that it was the hospital partner for 4,669 unduplicated lives in the Tenderloin through the NEMS MSO. Enrollment specifically through the St. Anthony's partnership has remained stagnant over the last several reporting periods, with a peak enrollment of 189 beneficiaries reported in September 2017. As of December 2019, the membership count was 172. CPMC reported that barriers to increasing enrollment were primarily due to potential enrollees opting to receive care at other hospitals, challenges reaching individuals to complete enrollment due to outdated or incorrect contact information, and staffing shortages at St. Anthony's Clinic, which impact its ability to conduct outreach and promote the partnership.

Other ongoing areas of concern include community engagement in the development of CPMC's Centers for Excellence for Community Health and Senior Health. More information on this issue and progress since the 2018 compliance review is included in the detailed tables that follow this introductory section.

Guerrero Park Completion. As noted above, certain aspects of the Guerrero Park design and other streetscape improvements remain to be resolved. The City and CPMC are coordinating closely to finalize design decisions, including the details of the permanent closure of San Jose Avenue and the southern bulbout and crosswalk. Although this DA commitment is not due until 2022 at the earliest, the lack of resolution of these issues, together with the time needed for

park construction once a permit is issued, indicate that the timeline in the DA may not be reached. Once the design of the streetscape improvements is finalized, the City and CPMC could mutually agree to a limited extension to the timeline specified in the DA for this community benefit project in order to allow an appropriate construction period.

Each obligation that is due under the DA is also included in this report as a separate table that indicates the following:

- *Lead Department:* The department within the City that is responsible for implementing or overseeing the obligation.
- *Staff Contact:* The name and contact information for the member of City staff overseeing the implementation of the obligation.
- *Completion Date:* The date on which CPMC's obligation under the DA was completed.
- *Obligation Status:* An indication of whether the obligation is complete or still in progress. Many of the obligations are multi-year commitments which are still in process of being completed. This section also indicates whether CPMC is "in" or "not in" compliance with the obligation.
- *Description of Obligation:* A summary of the obligation defined in the DA or related document, such as the Transportation Demand Management (TDM) program.
- *Current Status:* A description of the progress made on implementing the obligation to date.
- *Next Steps:* Upcoming steps that will be taken either by CPMC or the City in implementing the obligation.
- *Opportunities for Community Engagement:* Information on additional public meetings or opportunities for the public to engage in the implementation of the obligation.
- *Funding (If Applicable):* For obligations that require funding to the City or to the San Francisco Foundation, information regarding the amount of funding received to date, and amount of funding required under the obligation.

Additional Information. Both the Planning and Public Health Departments maintain websites dedicated to the CPMC Long Range Development Plan and Development Agreement.

- Planning Department: http://cpmc.sf-planning.org
- Department of Public Health: http://www.sfdph.org

The Planning Department's website includes a "Document Downloads" page, which includes a comprehensive library of documents relating to the project, including the Development Agreement, Environmental Impact Report, Transportation Demand Management Program, and Milestone Notices. Documents relating to previous annual reviews are also located on the project website.

Sutter Health, the parent company of CPMC, also maintains a website with an overview of the construction program for each campus, as well as construction updates and schedules, at http://cpmc2020.org.

CPMC DEVELOPMENT AGREEMENT - COMPLIANCE OVERVIEW			
COMMUNITY BENEFIT	**DA SECTION**	**COMPLIANCE**	**REPORT PAGE NUMBERS**
ANNUAL REVIEW PROCESS	DA Section 8.2	In Compliance	12
CONSTRUCTION SCHEDULE	DA Section 4.2.3	In Compliance	13
MILESTONE COMPLETION NOTICE	DA Section 4.2.3	In Compliance	14
WORKFORCE COMMITMENTS			
FIRST SOURCE/END USE JOBS	Exhibit E Section C	In Compliance	18
WORKFORCE FUND	Exhibit E Section D	In Compliance	21
CITY BUILD/CONSTRUCTION JOBS	Exhibit E Section A	In Compliance	22
LOCAL BUSINESS ENTERPRISES	Exhibit E Section B	In Compliance	26
HEALTHCARE COMMITMENTS			
BASELINE HEALTHCARE	Exhibit F Section 1	In Compliance	30
MEDI-CAL COMMITMENT	Exhibit F Section 2	In Compliance	34
HEALTHCARE INNOVATION FUND	Exhibit F Section 3	In Compliance	37
OTHER HEALTHCARE COMMITMENTS	Exhibit F	In Compliance	39
HEALTH SERVICE SYSTEMS	Exhibit F Section 11	In Compliance	50
HOUSING PROGRAM	Exhibit G	In Compliance	51
PUBLIC IMPROVEMENTS	Exhibit H	In Compliance	54
VISIONING PLANS	Exhibit I	In Compliance	15
TRANSPORTATION	Exhibit K	In Compliance	57

CPMC Payment Schedule

Public Funding Recipient	Agency	Effective Date[1] Due: 9/9/2013 Completed: 9/4/2013	First Installment[2] Due: 12/7/2013 Completed: 11/25/2013	Second Installment Due: 12/7/2014 Completed: 11/25/2014	Third Installment Due: 12/7/2015 Completed: 11/25/2015	Fourth Installment Due: 12/7/2016 Completed: 11/14/2016	Fifth Installment Due: 12/7/2017 Completed: 11/8/2017	Total Payments	Payee
		Completed							
Workforce Agreement - Exhibit E									
Workforce Training Payment	OEWD	$ 1,000,000	$ -	$ -	$ -	$ -	$ -	**$ 1,000,000**	City & County of San Francisco
	SF Foundation	-	2,000,000	1,000,000	-	-	-	**3,000,000**	SF Foundation
Subtotal Workforce Agreement		*1,000,000*	*2,000,000*	*1,000,000*	-	-	-	*4,000,000*	
Community Healthcare program - Exhibit F									
Innovation Fund	SF Foundation	2,000,000	1,500,000	1,125,000	1,125,000	1,725,000	1,125,000	**8,600,000**	SF Foundation
Public Improvements - Exhibit H									
CH Pedestrian & Traffic Safety	SFMTA	200,000	200,000	-	575,000	575,000	-	**1,550,000**	City & County of San Francisco
Tenderloin Safe Passage Grant	OEWD	200,000	-	-	-	-	-	**200,000**	City & County of San Francisco
Tenderloin Lighting & Traffic Safety	OEWD	400,000	400,000	-	-	-	-	**800,000**	City & County of San Francisco
	PUC	-	800,000	1,275,000	1,275,000	100,000	-	**3,450,000**	
Pac/Cal Enforcement & Traffic Safety	SFMTA	300,000	300,000	700,000	700,000	1,000,000	-	**3,000,000**	City & County of San Francisco
Duboce Park Grant	RPD	-	25,000	-	-	-	-	**25,000**	City & County of San Francisco
Subtotal Public Improvements		*1,100,000*	*1,725,000*	*1,975,000*	*2,550,000*	*1,675,000*	-	*9,025,000*	
Housing Program - Exhibit G									
Residential Hotel Unit Replacement	MOHCD	2,684,800	-	-	-	-	-	**2,684,800**	City & County of San Francisco
Residential Unit Replacement	MOHCD	1,453,820	-	-	-	-	-	**1,453,820**	City & County of San Francisco
Affordable Housing Payment	MOHCD	2,400,000	6,700,000	7,000,000	8,825,000	8,100,000	3,475,000	**36,500,000**	City & County of San Francisco
Subtotal Housing Program		*6,538,620*	*6,700,000*	*7,000,000*	*8,825,000*	*8,100,000*	*3,475,000*	*40,638,620*	
Transportation Program - Exhibit K									
Transit Fee	SFMTA	-	-	-	1,500,000	2,500,000	2,500,000	**6,500,000**	City & County of San Francisco
BRT Funding	SFMTA	-	2,100,000	2,900,000	-	-	-	**5,000,000**	City & County of San Francisco
Bicycle Studies	SFMTA	400,000	-	-	-	-	-	**400,000**	City & County of San Francisco
Subtotal Transportation Program		*400,000*	*2,100,000*	*2,900,000*	*1,500,000*	*2,500,000*	*2,500,000*	*11,900,000*	
Total - all Public payments[3]		**$ 11,038,620**	**$ 14,025,000**	**$ 14,000,000**	**$ 14,000,000**	**$ 14,000,000**	**$ 7,100,000**	**$ 73,163,620**	

[1] Effective Date payments due within thirty (30) days of the Effective Date - August 10, 2013.

[2] First Installment due within thirty (30) days of the date when Approvals were Finally Granted - November 8, 2013. Each following Installment is due annually on each anniversary date thereafter - December 7.

[3] As of 11/8/2017, all payments due under the DA have been completed.

PLANNING

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Annual Compliance

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
CPMC's Annual Compliance Statement & City Annual Report	DA § 8.2.1

LEAD DEPARTMENT:	Planning	COMPLETION DATE:		
STAFF CONTACT NAME:	Elizabeth Purl	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Development Performance Coordinator		IN PROGRESS	☑
EMAIL:	elizabeth.purl@sfgov.org		IN COMPLIANCE	☑
PHONE:	(628) 652-7529		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

In conducting the required initial and annual reviews of CPMC's compliance with this Agreement, the Planning Director shall follow the process set forth in this Section 8.2. Within 150 days following the end of each fiscal year, CPMC shall provide a report to the Planning Director showing compliance. Promptly upon receipt, the Planning Director shall post the Compliance Statement on the Planning Department website and the DPH Director shall post the Healthcare Compliance Report portion thereof on the Department of Public Health's website. The Planning Department and the Public Health Department shall receive public comment for 30 days after posting of the Compliance Statement. After the 30 day comment period the Planning Director shall within 45 days thereafter, prepare a report as to whether CPMC is in compliance with this Agreement based upon all of the information received.

CURRENT STATUS:

The Planning Director received CPMC's 2019 Development Agreement Compliance Statement on May 29, 2020. The Compliance Statement was posted on the Planning Department's website on June 1, 2020. Also on June 1, 2020, the Department mailed a notice to interested parties soliciting public comment on the Compliance Statement through July 1, 2020. The Department received public comments from one organization: the University of California Hastings College of the Law, on behalf of San Franciscans for Healthcare, Housing, Jobs and Justice ("SFHHJJ").

NEXT STEPS:

The City will schedule a joint hearing of the Planning Commission and Health Commission (tentatively scheduled for September 2020) when circumstances related to the public health emergency allow. The City will provide 60 days' notice to interested parties prior to the scheduled hearing.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC, the City, and members of the public will continue to participate in visioning meetings that also contribute feedback on CPMC's implementation of its obligations under the DA.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:
$0.00

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Construction Schedule

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Construction Schedule	DA § 4.2.3

LEAD DEPARTMENT:	Planning	COMPLETION DATE:		
STAFF CONTACT NAME:	Elizabeth Purl	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Development Performance Coordinator		IN PROGRESS	☑
EMAIL:	elizabeth.purl@sfgov.org		IN COMPLIANCE	☑
PHONE:	(628) 652-7529		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

In order to keep the City reasonably informed of CPMC's progress in satisfying the Hospital Commitment, CPMC shall periodically report to the City on the timing and progress of the construction of the St. Luke's Campus Hospital and Cathedral Hill Campus Hospital...CPMC shall provide the City with reasonably detailed project schedules for the St. Luke's Campus Hospital and Cathedral Hill Campus Hospital before the start of construction... and shall update such project schedules on not less that a quarterly basis...

CURRENT STATUS:

CPMC has provided the Department with updates on their construction schedule, as updates occur, including with its Annual Compliance Reports. CPMC regularly updates the construction schedule for both Mission Bernal (formerly St. Luke's) and Van Ness (formerly Cathedral Hill) on the CPMC2020 website (http://cpmc2020.org/). CPMC has also been in frequent communication with the Planning Department about various stages of construction or construction planning at both campuses.

NEXT STEPS:

CPMC should continue to keep the Department abreast of any changes to the existing construction schedules as well as significant phases of construction.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC maintains the CPMC2020 website (http://cpmc2020.org/), which is updated at least weekly with construction bulletins and includes project updates and schedules. This website includes live webcams showing construction activity at each of the campuses under construction, allowing the public to view construction progress.
CPMC should continue the practice of notifying neighbors in advance of significant construction activities (example: CPMC provided notice in English and Spanish to neighbors of Mission Bernal inviting them to community meetings held during 2017 regarding the current status of the project and upcoming construction schedule). CPMC should continue to provide updates to the Community about construction activities at both the Mission Bernal Campus and the Van Ness and Geary (Cathedral Hill) Campus.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:
$0.00

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Milestone Completion

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Milestone Completion and Notice	DA § 4.2.3

LEAD DEPARTMENT:	Planning	COMPLETION DATE:		
STAFF CONTACT NAME:	Elizabeth Purl	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Development Performance Coordinator		IN PROGRESS	☑
EMAIL:	elizabeth.purl@sfgov.org		IN COMPLIANCE	☑
PHONE:	(628) 652-7529		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

Within 30 days following the completion of each milestone listed in the Schedule and Phasing Plan, CPMC shall provide notice to the City (the "Milestone Completion Notice").

CURRENT STATUS:

CPMC has completed all the of milestones due under the DA, as described in its annual Compliance Statements and this 2018 City Report. The final milestones were completed in 2018:

1. A Notice of Completion of construction of the replacement hospital at the Mission Bernal campus. This milestone was completed on June 17, 2018.
2. A Notice of Opening of the replacement hospital at the Mission Bernal campus. This milestone was completed on August 25, 2018.

NEXT STEPS:

None.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC has opportunities to engage the Community in the construction and operational related activities that result from the Milestone Commitments. CPMC should continue to provide updates to the Community about construction activities at the St. Luke's Campus, including the Medical Office Building.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:
$0.00

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Visioning Plans

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
California Campus	Exhibit I-3.2.a

LEAD DEPARTMENT:	Planning	COMPLETION DATE:		
STAFF CONTACT NAME:	Elizabeth Purl	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Development Performance Coordinator		IN PROGRESS	☑
EMAIL:	elizabeth.purl@sfgov.org		IN COMPLIANCE	☑
PHONE:	(628) 652-7529		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

Community Visioning Plans were required in the Development Agreement (Exhibit I-1 through I-3) for the Long-Term Projects for the Davies, California and Pacific Campuses, as set forth below:

Davies Campus Community Advisory Group (CAG): To facilitate community input regarding planning for the Long-Term Project at the Davies Campus, CPMC is required to establish a Davies Campus Community Advisory Group within six (6) months after Approvals and any Subsequent Approvals for CPMC's Near-Term Projects have been Finally Granted.

Pacific Campus Community Advisory Group: To facilitate community input regarding planning for the Long-Term Projects at the Pacific Campus, CPMC is required to convene an initial meeting of parties who have previously expressed interest in the planning process for the Pacific Campus to discuss interest in and the composition of the Pacific Campus Community Advisory Group ("Pac CAG") within six (6) months after Approvals and any Subsequent Approvals for CPMC's Near-Term Projects have been Finally Granted. CPMC is required to promptly thereafter, appoint the Pac CAG.

California Campus Visioning Advisory Committee (VAC): The California VAC is the community advisory group that will assist CPMC with community outreach, information dissemination and public education efforts regarding the visioning process for eventual reuse of the California Campus. On the date that is the later of (i) six (6) months after Approvals and any Subsequent Approvals for CPMC's Near-Term Projects have been Finally Granted; and (ii) completion of the Phase II work described in Section 3b-Research and Stakeholder Interviews, CPMC will appoint the Cal VAC.

CURRENT STATUS:

This obligation is not yet required , as the obligation timeframe is triggered within six (6) months after the Approvals and any Subsequent Approvals for CPMC's Near-Term Projects have been Finally Granted. Several of CPMC's Near-Term Projects have not received their Approvals and/or Subsequent Approvals and thus they are not obligated to begin the Community Visioning Plans for the three Long-Term Project Campuses. However, CPMC has commenced the Visioning Plan process for the California Campus, including formation of a VAC. The VAC has been meeting regularly for visioning and throughout the project approval process for the proposed redevelopment of the California Campus. The committee consists of neighborhood group leaders, residents, and supervisor office representatives. The committee will continue to meet throughout the city approval process.

NEXT STEPS:

CPMC will continue the Community Visioning Plan process for the California Campus and will begin the Community Visioning Plan process for other Campuses no later than the time that Approvals/Subsequent Approvals have been finally granted.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC could voluntarily begin this process sooner than required for the remaining campuses.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:
$0.00

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	MMRP

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Non-Traffic/Transit MMRP Measures	DA § 4.5.2; Exhibit D

LEAD DEPARTMENT:	Planning	COMPLETION DATE:		
STAFF CONTACT NAME:	Elizabeth Purl	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Development Performance Coordinator		IN PROGRESS	☑
EMAIL:	elizabeth.purl@sfgov.org		IN COMPLIANCE	☑
PHONE:	(628) 652-7529		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall comply with all Mitigation Measures imposed as applicable to each Project component, except for any Mitigation Measures that are expressly identified as the responsibility of a different party or entity. Without limiting the foregoing, CPMC shall be responsible for the completion of all Mitigation Measures identified as the responsibility of CPMC or the "project sponsor."

CURRENT STATUS:

CPMC has completed pre-construction Mitigation Measures related to Cultural and Paleontological Resources, Biological Resources, Geology and Soils, Hydrology and Water Quality, and Hazards and Hazardous Materials (M-CP-N2, M-CP-N3, M-CP-N4, M-BI-N1, M-GE-N6, M-HY-N2, M-HZ-N1a, and M-HZ-N1b). CPMC has made all payments due under the DA and is in compliance with Mitigation Measures related to mitigation fee payments (M-TR-29, M-CR-30, M-TR-31, M-TR-134, and M-TR-137). CPMC has completed or is performing mitigation activities related to project construction and operation (M-TR-44, M-TR-55, M-NO-N1, M-NO-N1a, M-NO-N1b, M-NO-N1c, M-NO-N3b, M-NO-N3c, M-NO-N3d, M-NO-N3e, M-NO-N4, M-NO-N5, M-AQ-N1a, M-AQ-N1b, M-AQ-N2, M-AQ-N9, and M-HY-N3).

NEXT STEPS:

CPMC will continue to implement construction-related Mitigation Measures. Mitigation Measures related to project operation, such as stationary equipment noise, loading, and traffic control, are in effect with the opening of the new hospitals and medical office building.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

Not applicable.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$6,500,000.00	$6,500,000.00

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded. See "MMRP: Transportation and Circulation" pages for detailed information.

ADDITIONAL FUNDS REQUIRED:

None.

WORKFORCE

CPMC CITY AGENCY COMPLIANCE REPORT			
SUBJECT:	**Workforce (First Source)**		
DEVELOPMENT AGREEMENT OBLIGATION:		**DEVELOPMENT AGREEMENT SECTION:**	
40% Entry Level System Referrals		**Exhibit E § C.3**	
LEAD DEPARTMENT:	OEWD - Workforce	**COMPLETION DATE:**	
STAFF CONTACT NAME:	Ryan Young	**OBLIGATION STATUS:**	COMPLETE ☐
STAFF CONTACT TITLE:	Policy Analyst		IN PROGRESS ☑
EMAIL:	ryan.young@sfgov.org		IN COMPLIANCE ☑
PHONE:	(415) 701-4831		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

As long as this Agreement remains in full force and effect, CPMC's hiring goals shall be to fill at least forty percent (40%) of Available Entry Level Positions with System Referrals ("Annual Hiring Target") in each consecutive 12-month period following the Effective Date (each, a "Hiring Year"). Notwithstanding the foregoing, if CPMC does not meet its Annual Hiring Target in any Hiring Year (a "Hiring Deficiency"), the number of Entry Level Positions constituting the Hiring Deficiency will roll over and be added to the Annual Hiring Target for the following Hiring Year....If a Hiring Deficiency exists at the end of the term of this Agreement, then the term will be automatically extended ("Automatic Extension") until such time as CPMC achieves the full Annual Hiring Target for each Hiring Year.

CURRENT STATUS:

For the 2018-19 Project Year (August 2019 - June 2020), CPMC made 51 hires through the workforce system. This represents 54% of total entry-level hires during the Project Year, which exceeds the 40% requirement per the Development Agreement. Additionally, CPMC does not have a hiring deficit from prior years.

# Hired from Workforce System	# Hired from outside	Total # of Hires	% of hires from Workforce system
51	44	95	54%

For the 2019-20 Project Year, the following requisitions have been filled by Workforce System referrals:

Requisition	Zip Code	Start Date
Food Service Aide	94134	8/5/19
Food Service Aide	94112	8/5/19
Unit Coordinator	94122	8/5/19
Medical Assistant	94134	8/5/19
Unit Coordinator	94122	9/16/19
Medical Assistant	94127	9/30/19
Food Service Aide	94112	9/30/19
Patient Services Rep	94105	10/14/19
Client Services Rep	94110	10/14/19
Unit Coordinator	94112	10/14/19
Housekeeping Aide	94110	10/14/19
Housekeeping Aide	94115	10/28/19
Certified Hospital Attendant	94117	10/28/19
Certified Hospital Attendant	94102	10/28/19
Security Officer	94112	11/25/19
Unit Coordinator	94116	11/25/19
Rehab Aide	94112	11/25/19
Certified Hospital Attendant	94115	11/25/19
Cook	94112	12/9/19
Food Service Aide	94110	12/9/19
Food Service Aide	94103	12/9/19
Housekeeping Aide	94133	12/9/19
Certified Hospital Attendant	94110	12/9/19
Unit Coordinator	94124	1/21/20
Certified Hospital Attendant	94112	1/6/20
Certified Nursing Assistant	94124	02/03/20
Security Officer	94115	02/03/20
Certified Nursing Assistant	94112	02/03/20
Security Officer	94547	02/03/20
Certified Hospital Attendant	94112	02/03/20
Certified Nursing Assistant	94124	02/18/20

Emergency Dept Tech	94109	02/18/20
Emergency Dept Tech	94110	02/18/20
Unit Coordinator	94108	02/18/20
Emergency Dept Tech	94109	02/18/20
Certified Nursing Assistant	94116	02/18/20
Housekeeping Aide	94110	02/18/20
Unit Coordinator	94134	03/02/20
CPT Lab	94121	03/02/20
Certified Hospital Attendant	94133	03/02/20
Food Service Aide	94115	03/16/20
Certified Hospital Attendant	94118	03/16/20
Certified Hospital Attendant	94118	03/16/20
Certified Hospital Attendant	94117	03/16/20
Food Service Aide	94158	03/30/20
Certified Hospital Attendant	94115	3/30/202
Certified Nursing Assistant	94121	04/13/20
Certified Hospital Attendant	94109	04/13/20
Emergency Dept Tech	94134	04/27/20
Security Officer	94124	05/26/20
Security Officer	94103	06/22/20

Of the 51 system referral hires made during the Project Year, 17 (54%) were from impacted communities specified in the Development Agreement, specifically, Outer Mission/Excelsior, Mission/SOMA, Western Addition, Tenderloin, Chinatown, and Southeastern neighborhoods.

Requisition		**2019-20 Program Year**
Administrative Coordinator		0
Aquatic Instructor		0
Central Distribution Aide		0
Certified Home Health Aide		0
Certified Hospital Attendant/Nursing Assistant		51
Clerk/Receptionist		0
Client Services Representative		1
Cook		3
Dietary Clerk-Nutrition Services		0
EKG Technician		1
Emergency Department Technician		9
Food Service Aide-Food and Nutrition		6
Hospital Attendant*		0
Housekeeping Aide	282361	6
Laboratory Assistant-Clinical Laboratory		0
Medical Assistant		2
Pathology Lab Accessioner		3
Patient Access Representative-Patient Registration Services		5
Patient Registration Representative		0
Patient Service Representative		1
Patient Support Representative		0
PBX Operator		1
Point of Service Specialist		0
Rehabilitation Aide		1
Sales Gift Shop		0
Security Officer		23
Specimen Handling Lab Aide/Phlebotomy-Clinical Laboratory		0
Speech Therapy Aide		0
Transporter/Transport Aide		0
Unit Coordinator		11
Total		124

NEXT STEPS:

OEWD will continue to work closely with CPMC, community partners, and the San Francisco Foundation to build upon positive gains made in the 2019-20 Program Year to ensure CPMC meets or exceeds its 40% hiring goal. Strategies identified in the prior annual report have been put in to place and will continue, including:

·Employer spotlight events in priority neighborhoods to increase awareness of CPMC employment opportunities and how to apply for the positions
·Group interviews in partnership with OEWD's Neighborhood Access Points in priority neighborhoods; prior to each event, Neighborhood Access Points conduct prescreening events in order to ensure a match with CPMC employment opportunities
·Citywide distribution of CPMC job announcements
·Early involvement of CPMC hiring managers
·Weekly check-ins between OEWD & CPMC
·Quarterly meetings of OEWD, CPMC, and Neighborhood Access Points and San Francisco Foundation grantees

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

As described above, OEWD continues to hold regular community events in partnership with CPMC and OEWD's Neighborhood Access Points.

CPMC CITY AGENCY COMPLIANCE REPORT			
SUBJECT:	**Workforce (Workforce Fund)**		
DEVELOPMENT AGREEMENT OBLIGATION:		**DEVELOPMENT AGREEMENT SECTION:**	
Workforce Fund Agreement		**Exhibit E § D**	
LEAD DEPARTMENT:	OEWD - Workforce	**COMPLETION DATE:**	
STAFF CONTACT NAME:	Ryan Young	**OBLIGATION STATUS:**	COMPLETE ☐
STAFF CONTACT TITLE:	Policy Analyst		IN PROGRESS √
EMAIL:	ryan.young@sfgov.org		IN COMPLIANCE √
PHONE:	(415) 701-4831		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

The remainder of the $3 million shall be paid to the San Francisco Foundation in accordance with Exhibit N… until the total sum is paid, and managed by the San Francisco Foundation in accordance with the Workforce Fund Agreement… The funds paid by CPMC shall be used for workforce training purposes only...

CURRENT STATUS:

Brief History: The San Francisco Foundation received $2,000,000 of the Workforce Fund in December 2013 and spent the rest of 2014 planning, writing and issuing an RFP for funding. In March, 2015, four grantees received grant awards from the San Francisco Foundation: Jewish Vocational Service, Mission Hiring Hall, Positive Resource Center, and Self Help for the Elderly; with grant awards beginning in April 2015. On August 17, 2015 The San Francisco Foundation released a duplicate RFP with a focus on Bayview and Western Addition communities, in which the Success Center and Young Community Developers were awarded funding to provide training and workforce services to prepare residents from their respective communities for employment at CPMC. During PY 16-17 it was decided that Mission Hiring Hall and Positive Resource Center would not continue as part of the portfolio due to continuous struggles with performance measures, and FACES SF would be awarded funding due to their high placement rates and successful collaborative efforts with CPMC. During this time the contract cycles were adjusted to mirror OEWD's fiscal year (July 1-June 30) in an effort to provide better program and outcome alignment. Contract outcomes in PY 17-18 focused on qualitative services to properly prepare residents for both clinical and non-clinical employment opportunities.

Current Status: The Workforce Committee continues to meet and work with grantees to achieve our collective goals. Committee meetings occurred on the following dates: September 26, 2019, February 7, 2020, and May 13, 2020 to do a thorough review of performance outcomes, discuss challenges and successes with workforce programming, and strategize on how best to connect SF residents to employment at CPMC. The total amount of funding allocated to the 5 non-profit workforce partners (Jewish Vocational Services, Self-Help for the Elderly, Success Center, Code Tenderloin/Downtown Streets Team, and FACES SF) for the remaining three program years of the grant term (PY20-21, PY21-22 & PY22-23) is a cumulative of $962,106.51. During PY 19-20 Code Tenderloin via Downtown Streets Team continued to provide program support to a community anchor for employment barrier reduction, job preparedness, and placement services to low-income residents of the Civic Center, SoMA, and Tenderloin neighborhoods in San Francisco. No new RFP's were released related to this committee's work between July 1, 2019 - June 30, 2020. However, committee partners were invited to apply for the CPMC Workforce Development Fund to the San Francisco Foundation via online applications under the same parameters that were used in past RFP's similar to OEWD's RFP 121 (which was released on December 2, 2016 to provide a full array of workforce services to local residents, with a focus on sector programming, neighborhood-based workforce services, specialized population, young adult and job readiness services). In April, 2020, the Workforce Committee had preliminary discussions about year-end performance and discussed funding allocations. Other committee topics such as PY20-21 grantees and their funding amounts, review and confirmation of PY20-21 grantee scopes of work and their contractual outcomes were discussed during follow up correspondences as well. Contracts for the new program year will focus on job readiness training, placement assistance, paid work experience and/or barrier reduction to properly prepare residents for both clinical and non-clinical employment opportunities with competitive wages in a growing employment sector. Contracts for PY20-21 thru PY22-23 will effectively start on April 2, 2020, and scopes of work will include language re: CPMC outreach and employment services to City residents for the 5 SF Foundation workforce programming partners.

NEXT STEPS:

- Continue meetings with the Workforce Committee and with grantees in Program Year 2020-2021
- Focus on job readiness training, placement assistance, paid work experience and/or barrier reduction that leads to employment opportunities with CPMC or comparable employers with competitive wages
- The Workforce Committee will convene in the Fall of 2020 to provide input on contractual deliverables and discuss strategies for continued program success.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Workforce Committee will continue to support grantees to ensure that training and employment services are meeting the workforce needs of San Franciscans. Code Tenderloin and the Downtown Streets Team will continue to strengthen job readiness and employment services for Tenderloin residents to engage and support the community. CPMC, in coordination with OEWD's Business Services Team will continue to schedule neighborhood based Employer Spotlights and Hiring Events citywide.

CPMC's FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Workforce (CityBuild)**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
50% Non-union Entry Level Admin/Engineering Positions	**Exhibit E § A.5.b**

LEAD DEPARTMENT:	OEWD - Workforce	**COMPLETION DATE:**		
STAFF CONTACT NAME:	Ryan Young	**OBLIGATION STATUS:**	COMPLETE	☑
STAFF CONTACT TITLE:	Policy Analyst		IN PROGRESS	☐
EMAIL:	ryan.young@sfgov.org		IN COMPLIANCE	☑
PHONE:	(415) 701-4831		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

So long as this Agreement remains in full force and effect, CPMC's Contractors shall make good faith efforts in accordance with Section 9 to ensure the following hiring goals with respect to each Contract:...With respect to new Entry-Level Positions for non-union administrative and engineering candidates, a Contractor and its Subcontractors will work to fill a minimum of fifty percent (50%) of such new Entry-Level Positions with San Francisco resident System Referrals....OEWD, through its network of Community Based Organizations and the City's One-Stop System, shall be designated as the referral source for San Francisco residents.

CURRENT STATUS:

CPMC's Contractors have filled thirty-two (32) of the thirty-eight (38) new Entry Level Positions for non-union administrative and engineering candidates with System Referrals. This represents 82% of new Entry-Level positions being filled with San Francisco resident System Referrals, above the minimum 50% hiring goal.

Many of the administrative and engineering hires have become part of the contractors' core employees and are expected to move on to the next project with the contractor.

The thirty-two System Referrals were participants of OEWD's Construction Administrative and Professional Services Academy (CAPSA). The program is administered by Mission Hiring Hall in collaboration with City College of San Francisco and a network of workforce service providers.

NEXT STEPS:

CityBuild will work with any candidates who have been laid off from the completion of these project. With their skills gained from these projects, CityBuild will be able to place them on other projects throughout the City.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Workforce (CityBuild)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
50% Entry Level Admin/Engineering Internship Positions	Exhibit E § A.5.b

LEAD DEPARTMENT:	OEWD - Workforce	COMPLETION DATE:		
STAFF CONTACT NAME:	Ryan Young	OBLIGATION STATUS:	COMPLETE	☑
STAFF CONTACT TITLE:	Policy Analyst		IN PROGRESS	☐
EMAIL:	ryan.young@sfgov.org		IN COMPLIANCE	☑
PHONE:	(415) 701-4831		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

So long as this Agreement remains in full force and effect, CPMC's Contractors shall make good faith efforts in accordance with Section 9 to ensure the following hiring goals with respect to each Contract:...With respect to new Entry-Level Positions for administrative and engineering internship candidates, a Contractor and its Subcontractors will work to fill a minimum of fifty percent (50%) of such new Entry-Level Positions with San Francisco resident System Referrals....OEWD, through its network of Community Based Organizations and the City's One-Stop System, shall be designated as the referral source for San Francisco residents.

CURRENT STATUS:

CPMC's Contractors have filled thirty (30) of the fifty-three (53) new Entry Level Positions for administrative and engineering internship candidates with System Referrals. This represents 57% of new Entry Level positions being filled with San Francisco resident System Referrals, above the minimum 50% hiring goal. The System Referrals include students from San Francisco Unified School District High School Seniors and San Francisco State University civil engineering majors partnering with the MESA (mathematics engineering science achievement) program focusing on economically disadvantaged students.

Of the thirty interns, ten were hired on as full-time employees with a contractor on the project and were expected to move onto the next project with the contractor.

NEXT STEPS:

CityBuild will continue working with the intern candidates not hired permanently to build on their skill sets for permanent placement on other projects throughout San Francisco.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

Continued CityBuild community outreach.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Workforce (CityBuild)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
50% Entry Level Apprentice Positions	Exhibit E § A.5.c

LEAD DEPARTMENT:	OEWD - Workforce	COMPLETION DATE:		
STAFF CONTACT NAME:	Ryan Young	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Policy Analyst		IN PROGRESS	
EMAIL:	ryan.young@sfgov.org		IN COMPLIANCE	✓
PHONE:	(415) 701-4831		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

So long as this Agreement remains in full force and effect, CPMC's Contractors shall make good faith efforts in accordance with Section 9 to ensure the following hiring goals with respect to each Contract:…With respect to new Entry-Level Positions for union apprentice candidates, the Contractor, its Subcontractors, and OEWD will work together to fill a minimum of fifty percent (50%) of such new Entry-Level Positions with San Francisco resident System Referrals who must also be graduates of CityBuild Academy. The Contractor along with its Subcontractors and their applicable unions will confirm the number of new union apprentices that will be required for the Contract and the annual variability of that demand throughout the course of the Contract. The methodology to be used to estimate the number of new union apprentices shall be 21% of the projected number of apprentice hours overall.

CURRENT STATUS:

As of July 1, 2020, CPMC's Contractors have filled 30% of new Entry Level Positions for union apprentice candidates with System Referrals. Although that is below the 50% Entry-Level union apprentice hiring goal, HerreroBOLDT and their contractors have made ongoing efforts to hire System Referrals when possible and demonstrated their good-faith by notifying CityBuild of all new hiring opportunities. When System Referrals were hired for Entry Level Positions, many were successful in maintaining work for the duration of the contractors' scopes of work. This resulted in 35% of total apprentice work hours being performed by local San Francisco residents.

NEXT STEPS:

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Workforce (CityBuild)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
30% of Trade Hours for Journeymen and Apprentices	Exhibit E § A.5.d

LEAD DEPARTMENT:	OEWD - Workforce	COMPLETION DATE:		
STAFF CONTACT NAME:	Ryan Young	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Policy Analyst		IN PROGRESS	
EMAIL:	ryan.young@sfgov.org		IN COMPLIANCE	✓
PHONE:	(415) 701-4831		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

With respect to new and core opportunities for union journeymen and apprentices, so long as this Agreement remains in full force and effect, CPMC's Contractors shall make good faith efforts in accordance with Section 9 to ensure the following hiring goals with respect to each Contract:…Contractor and its Subcontractors will work to achieve a minimum of thirty percent (30%) of trade hours (i.e., 30% of journeymen and apprentice trade hours combined, and not 30% in each category) to be performed by San Francisco residents. This goal will be measured based upon (1) trade hours for the overall Contract, (2) trade partners, regardless of tier, and (3) hours by craft. A Contractor's obligation to hire new union entry-level apprentice candidates set forth in Section 5(c) above shall be credited towards the Contractor's obligation to hire San Francisco residents under this Section 5(d).

CURRENT STATUS:

As of July 1, 2020, CPMC has completed and reported all work hours for all projects. A total of 5,620,416 work hours were reported across 4 projects (Mission/Bernal Campus, Van Ness and Geary Hospital Campus, Van Ness Garage and Medical Office Building, and Medical Office Tenant Improvement). Of that, 1,325,455 work hours were performed by San Francisco residents, resulting in 24% local hiring. While this is below the 30% overall local hiring goal, contractors worked collaboratively with CityBuild to maximize hiring of local workers for both apprentice and journey positions.

These data are collected through an electronic payroll system, Elations Systems.

NEXT STEPS:

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Workforce (LBE Requirement) - CY2019

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
14% Local Business Enterprise Goal	Exhibit E § B.4

LEAD DEPARTMENT:	Contract Monitoring Division	COMPLETION DATE:		
STAFF CONTACT NAME:	Selormey Dzikunu	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Contract Compliance Officer I		IN PROGRESS	
EMAIL:	Selormey.Dzikunu@sfgov.org		IN COMPLIANCE	✓
PHONE:	(415) 554-8369		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

As long as this Agreement remains in full force and effect, CPMC shall make a good faith effort to ensure that at least fourteen percent (14%) of the cost of all Contracts for the Workforce Projects are awarded to Contractors or Subcontractors that qualify as certified LBEs under this Agreement. CPMC and City acknowledge and agree that CPMC's efforts to award Contracts to LBEs are voluntary, and that CPMC and its Contractors shall have the sole discretion to confirm certification of, or otherwise screen, hire or not hire LBEs.

CURRENT STATUS:

As of: 6/15/20
LBE Report for the Van Ness Campus and Mission Bernal Campus projects:

The following report is for the reporting period from start of projects through completion of the two hospital projects:
For the Van Ness and Geary Campus the project has a 14.9% utilization of Local Business Enterprise (LBE), which represents $148,135,079 of the $991,524,144 spent on construction to date. For the St. Luke's Campus the project achieved 21.9% utilization of LBEs, which represents $62,434,686 of the $285,037,087 spent on construction to date. For the Van Ness Campus Medical Office Building and Garage, Pankow achieved 12.8% utilization of LBEs, representing $ $16,764,697 of the $130,576,843 spent on construction to date. For the Van Ness Campus Medical Office Building Tenant Improvements (TI), Rudolf and Sletten achieved 0.39% utilization of LBEs, which represents $534,873 of the $133,718,279 spent on construction to date. All Campus combined achieved 16% LBE utilization, which represents $227,862,265 of the $1,540,856,354 spent on construction.

San Francisco-based businesses that are working or have worked on the projects include the following: AJS Painting, Becker Electric, BergDavis Public Affairs, Big Mouth Productions, City Source Rental & Supply, Clipper International, CMC Traffic Control, DLD Lumber, David Schmitt Drywall, Frontline Steel, Giron Construction, H & M Fire Protection, Harrison Drywall, Ireland Interiors, Kwan Wo, Lawson Roofing, Linoleum Larry's, Inc., Liquidyn, Martin Ron, Merriweather & Williams, Mike O'Brien Trucking, Muller Construction Supply, Municon, Phoenix Electric, Progress Glass, Rubecon Builders, The M-Line, The Supply Closet, United CA Glass & Door, YCAT-C and Your All Day Everyday Janitorial Services. CPMC continues to utilize other LBEs such as Merriweather and Williams, The M Line, and BergDavis Public Affairs.

NEXT STEPS:

These hospital construction projects are now complete and this is the final report that includes these two projects. HerreroBoldt will continue to help with the coordination between the CMD and the general contractors on the Van Ness Campus Medical Office Building, the Mission Bernal Campus Office Building, and related projects.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

HerreroBoldt projects are now complete and no further opportunities are available. For the construction of the hospitals, HerreroBoldt worked with CMD to identify LBEs in the RFP process and included in all RFPs the LBE goals which were in all contracts. Additionally, HerreroBoldt purchased supplies, material and meals from local businesses and worked with merchant associations to identify vendors. HerreroBoldt worked with CMD and the general contractors on the medical office buildings, as needed for identification and outreach for LBEs to bid and perform scope on the projects.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

HEALTH CARE

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Baseline Commitment)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Unduplicated Patient Commitment	Exhibit F § 1.a

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

Commencing on the date the Approvals are Finally Granted [11/8/2013], CPMC shall in each fiscal year [January 1 through December 31]...care for a total of not less than 30,445 Unduplicated Patients in San Francisco (the "Unduplicated Patient Commitment")..."Unduplicated Patient" means a patient who receives a service from any CPMC facility or clinic in the City during the calendar year as a Medi-Cal or Charity Care patient, who has not previously received a service as a Medi-Cal or Charity Care patient from a CPMC facility or clinic in San Francisco during that calendar year.

CURRENT STATUS:

CPMC served a total of 35,456 unduplicated patients between 1/1/2019 and 12/31/2019. This figure is verified by a third party audit performed by Deloitte & Touche. CPMC exceeded its requirement by 5,001 unduplicated patients.

Per approval from the Planning Director, CPMC received an extension to submit the third party audit performed by Deloitte & Touche within approximately two months after the Shelter at Home Order is lifted, recognizing the Public Health Emergency may last longer. A copy of this audit was included in CPMC's 2019 Compliance Statement (updated December 2020), which is posted on both the Department of Public Health and Planning Department websites.

NEXT STEPS:

This annual obligation continues until 11/8/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Baseline Commitment)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Baseline Expenditure Commitment	Exhibit F § 1.b

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

Commencing on the date the Approvals are Finally Granted, CPMC shall in each fiscal year...spend at least Eight Million Dollars ($8,000,000) for Community Benefits in San Francisco (the "Baseline Expenditure Commitment"....As part of the Baseline Expenditure Commitment, CPMC shall provide financial and other services or operational support for comprehensive primary pediatric care to residents of the Bayview area through the Bayview Child Health Center in a manner and amount generally consistent with CPMC's level of support for the Bayview Child Health Center in fiscal year 2011-12, including comprehensive primary pediatric care to residences of the Bayview area.

CURRENT STATUS:

CPMC exceeded this requirement by providing $13,572,281 in Community Benefits in San Francisco. CPMC's compliance with this provision was verified by a third party audit performed by Deloitte & Touche. The audit methodology, which was established at the time the DA was negotiated, included: review of the contractual requirements and the eligible expense definitions; review of the list of expenses CPMC included in their calculation; from that list, a selection of projects totaling more than $8 million; and evaluation of a random sample of 45 transactions.

Per approval from the Planning Director, CPMC received an extension to submit the third party audit performed by Deloitte & Touche within approximately two months after the Shelter at Home Order is lifted, recognizing the Public Health Emergency may last longer. A copy of this audit was included in CPMC's 2019 Compliance Statement (updated December 2020), which is posted on both the Department of Public Health and Planning Department websites.

NEXT STEPS:

This annual obligation continues until 11/8/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Healthcare (Baseline Commitment)**

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Hiring 3rd Party Auditor	**Exhibit F § 1.a; DA § 8.2.2**

LEAD DEPARTMENT:	Department of Public Health	**COMPLETION DATE:**	
STAFF CONTACT NAME:	Gretchen Paule	**OBLIGATION STATUS:**	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

Exhibit F: [The Unduplicated Patient Commitment] shall be verified by an independent third party auditor… no later than 3 months following execution of this Agreement.

Development Agreement: The Planning Director and Director of Public Health shall… post on their websites the independent third party audit verifying the number of Unduplicated Patients cared for and the costs incurred for the Baseline Expenditure Commitment.

CURRENT STATUS:

CPMC's performance on the Unduplicated Patient Commitment and the Baseline Expenditure Commitment were verified by a third party audit performed by Deloitte & Touche. The audit methodology, which was established at the time the DA was negotiated, included: interviews with managers to understand their process for calculating the unduplicated patient commitment; direct data analytics to determine the number of unduplicated patients; direct data analysis on the unduplicated patients identified; and evaluation of a random sample of 25 patients identified in the analysis.

Per approval from the Planning Director, CPMC received an extension to submit the third party audit performed by Deloitte & Touche within approximately two months after the Shelter at Home Order is lifted, recognizing the Public Health Emergency may last longer. A copy of this audit was included in CPMC's 2019 Compliance Statement (updated December 2020), which is posted on both the Department of Public Health and Planning Department websites.

NEXT STEPS:

This annual obligation continues until 11/8/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Baseline Commitment)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Charity Care Policies and Affordable Care Act	Exhibit F § 1.d

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	12/31/15
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☒
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☐
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC will maintain through the end of calendar year 2015 Charity Care policies that are no more restrictive than current Charity Care policies set forth in the CPMC Fiscal Year 2011 Charity Report…

CURRENT STATUS:

This obligation is complete.

NEXT STEPS:

N/A

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC's FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Baseline Commitment)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Charity Care Policies and Affordable Care Act	Exhibit F § 1.d

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall maintain Charity Care policies that are in compliance with applicable California law, and CPMC will not deny Charity Care patients access to inpatient service.

CURRENT STATUS:

CPMC maintained Charity Care policies that comply with California law and ensured Charity Care patients had access to inpatient services.

NEXT STEPS:

This annual obligation began on 1/1/2016 and continues until 11/8/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Baseline Commitment)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Bayview Child Health Center	Exhibit F § 1.e

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall provide financial and other services or operational support for comprehensive primary pediatric care to residents of the Bayview area through the Bayview Child Health Center…

CURRENT STATUS:

CPMC provided financial and operational support for the Bayview Child Health Center consistent with 2011-2012 levels. In November 2013, South of Market Health Center (SMHC), in collaboration with CPMC and the Sutter Pacific Medical Foundation, received funding from the federal Health Resources and Services Administration to transfer ownership of the Bayview Child Health Center to SMHC. The transfer was effective 9/1/14. The DA provides that CPMC may "sell, lease or transfer programs, services or service lines to meet evolving community needs, operational cost-effectiveness, or quality standards." CPMC provided the following support to the SMHC and the clinic as part of the Baseline Commitment in the DA:

1. Financial support through an operations grant each year for five years as the clinic becomes sustainable under the Federally Qualified Health Center model;
2. Leased the former BCHC Medical Director to SMHC through the end of 2015 to promote continuity of care;
3. Transferred all assets to SMHC at no cost;
4. Invested over $1,000,000 in tenant improvements to bring the clinic to OSHPD 3 compliance; and,
5. Remains the clinic's specialty and hospital partner-- providing Bayview children with comprehensive services across the care continuum.

NEXT STEPS:

This obligation continues until 11/8/2023. As mentioned in the "Current Status," CPMC will provide an operations grant each year for the 5 years to ensure sustainability of the clinic, and will remain the clinic's specialty and hospital partner to ensure comprehensive services to Bayview children.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health meets quarterly with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (New Medi-Cal Beneficiaries)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
San Francisco Health Plan Medi-Cal Managed Care Program	Exhibit F § 2.a

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall continue to participate with a standard services agreement in the San Francisco Health Plan Medi-Cal managed care program ("Program") in accordance with the provisions below.

CURRENT STATUS:

CPMC continues to have a standard services agreement with the San Francisco Health Plan.

NEXT STEPS:

This annual obligation continues until 8/10/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (New Medi-Cal Beneficiaries)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
New Medi-Cal Beneficiaries Commitment	Exhibit F § 2.b

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

Commencing on the Effective Date, and annually thereafter, CPMC shall accept responsibility for providing hospital services… for no less than 5,400 additional Medi-Cal managed care beneficiaries…CPMC would therefore accept responsibility for providing hospital services to a cumulative total of 22,728 Medi-Cal managed care beneficiaries to satisfy the New Medi-Cal Beneficiaries Commitment.

CURRENT STATUS:

CPMC met the obligation of 5,400 additional Medi-Cal beneficiaries in 2014. As of December 2019, CPMC had a total of 31,408 Medi-Cal managed care beneficiaries enrolled in its partnership, which exceeds the development agreement commitment by 8,680 beneficiaries.

NEXT STEPS:

This annual obligation continues until 8/10/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (New Medi-Cal Beneficiaries)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Contracting with MSO Providers	Exhibit F § 2.f

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall contract with an existing Management Services Organizations (MSO) to care for New Enrollees, and, when available with a new MSO where the primary care provider base is located in the Tenderloin to care for 1,500 New Enrollees if and when available from the Effective Date through December 31, 2015.

CURRENT STATUS:

There continues to be no available MSO with a primary care provider based in the Tenderloin and despite efforts by CPMC to support the creation of one, it was deemed financially unfeasible by clinic partners.

CPMC has contracted with an MSO, North East Medical Services (NEMS), and worked with NEMS and St. Anthony's Clinic, a primary care provider in the Tenderloin, to have St. Anthony's join the NEMS MSO. Through this partnership, CPMC is the hospital partner for St. Anthony's participating medical groups. As of Dec 31, 2019, St. Anthony's has 172 members that enrolled in the NEMS/CPMC partnership. As of December 2020, the membership count is 173.

CPMC reports that it is the hospital partner for 4,669 unduplicated lives in the Tenderloin through the NEMS MSO.

CPMC continues to work with St. Anthony's leadership to develop a path to sustainability and support outreach efforts. To date, St. Anthony's conducts ongoing outreach events to Tenderloin residents through the St. Anthony's Dining Room, Tenderloin family serving providers, Project Homeless Connect and enhanced Medi-Cal eligibility screening and enrollment at the clinic.

NEXT STEPS:

CPMC will continue to provide care for up to 1,500 Medi-cal beneficiaries in the Tenderloin and work with St. Anthony's to increase enrollment in this partnership.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Innovation Fund)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Innovation Fund Agreement	Exhibit F § 3.c

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	10/7/17
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☒
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☐
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall enter into the Innovation Fund Grant Agreement (the "Innovation Fund Agreement") substantially in the form attached hereto as Attachment 1 to this Exhibit F, and City shall agree to and accept same as indicated, with only such changes as are approved by the DPH Director, the City Attorney and the Innovation Fund Foundation that do not decrease CPMC's payment obligations or otherwise materially reduce the benefits provided under the Innovation Fund Agreement as determined by the DPH Director. The Innovation Fund Agreement shall include and implement the provisions applicable to the Innovation Fund Foundation as set forth in this Section 3.

CURRENT STATUS:

CPMC entered into the Innovation Fund Agreement with The San Francisco Foundation. In 2017, CPMC paid the fifth installment into the Innovation Fund ($1.125 million), for a total of $8.6 million since the inception of the fund, thus, completing its payment obligation to the Innovation Fund Foundation.

NEXT STEPS:

N/A

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$8,600,000.00	$8,600,000.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Innovation Fund)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Innovation Fund Funding & Disbursements	Exhibit F § 3.c

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

The Innovation Fund Foundation shall annually distribute a portion of the principal balance of the Innovation Fund to third-party recipients under a grant application process approved by CPMC and the DPH Director….Prior to any disbursements or commitments for distribution of the Innovation Fund, the Innovation Fund Foundation shall consult with, obtain disbursement advice from the Committee and, if possible, obtain a consensus for distributions with the Committee, as provided in Section 3.a(iii) above, provided that final determinations shall be made by the Innovation Fund Foundation.

CURRENT STATUS:

The following is a list of grants awarded in 2019 made by the Innovation Fund, with a total amount of $20,000.

Regional Pacific Islander Task Force - To continue to raise awareness of the health needs of Pacific Islanders in San Francisco/ Bay Area and to align Bay Area Public Health Department efforts to better address social, economic and health disparities in Pacific Islander communities. ($20,000)

NEXT STEPS:

The Innovation Fund Foundation will continue to provide grants, in accordance to the DA, to third-party recipients until depletion of funds.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Sub-Acute Services)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Sub-Acute Services	Exhibit F § 4

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	2/12/16
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☒
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☐
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall work with SFDPH and other hospital operators in good faith, but without assuming any obligation to expend funds or other resources, to develop specific proposals for providing sub-acute care services in San Francisco, and to present such proposals to the Health Commission by June 30, 2014, or such date as the participating hospitals and the Health Commission determine.

CURRENT STATUS:

In 2019, the San Francisco Department of Public convened meetings with private and public stakeholders to assess and develop strategies to address citywide sub-acute services. CPMC participated in these meetings and has been open to city-wide discussions on potential strategies to increase sub-acute care in the City.

NEXT STEPS:

N/A

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Mission Bernal and Van Ness Campuses)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Hospitals at the Mission Bernal and Van Ness Campuses	Exhibit F § 5.a

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

Mission Bernal Campus Hospital will be a 120-bed General Acute Care Hospital with comprehensive emergency services, and will open within 24 months of the opening of the Van Ness Hospital.

CURRENT STATUS:

CPMC opened its Mission Bernal campus on 8/25/18 and the Van Ness campus opened on 3/2/2019. The Mission Bernal Campus continued to operate as a 120-bed General Acute Care Hospital with comprehensive emergency services during 2019.

NEXT STEPS:

This obligation continues until 8/25/2028.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC's FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Mission Bernal and Van Ness Campuses)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Hospitals at the Mission Bernal and Van Ness Campuses	Exhibit F § 5.b

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

The "shelled" space at Van Ness Campus Hospital shall not be built-out for and placed into operation 30 licensed acute care beds until after the Mission Bernal Campus Hospital is opened and has an average Monday through Friday (excluding weekends and holidays) daily census of at least ninety (90) patients (i.e., 75% of 120 beds) for a full fiscal year.

CURRENT STATUS:

Not yet applicable - CPMC opened its Mission Bernal campus on 8/25/18. Subject to Mission Bernal Campus Hospital utilization.

NEXT STEPS:

This obligation continues until 8/25/2028.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC's FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Mission Bernal Campus)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mission Bernal Campus	Exhibit F § 6.a(i)

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall provide the following services on-site at the Mission Bernal Campus:

Inpatient services, including cancer, cardiology, endocrinology, respiratory, neurology, gastroenterology, orthopedics, infectious disease, urology, general and vascular surgery, intensive care unit, labor & delivery, gynecology, special care nursery, telemedicine;
Urgent care; and
Outpatient services, including internal medicine, ambulatory surgery, cardiology, diagnostic imaging, gastroenterology, laboratory services, obstetrics, orthopedics, hepatology, neurology, oncology, orthopedics, respiratory therapy, child development, retail pharmacy, lab services.

CURRENT STATUS:

The Mission Bernal Campus provides all services listed above.

NEXT STEPS:

This obligation continues until 8/25/2028.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC's FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Mission Bernal Campus) -- NEEDS FOLLOW-UP

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mission Bernal Campus	Exhibit F § 6.a(ii)

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall establish, operate, and maintain a Center of Excellence in Community Health at the Mission Bernal Campus. This Center of Excellence shall screen and manage individuals with or at risk for developing chronic diseases, building on CPMC's existing HealthFirst Program. This Center of Excellence shall annually offer approximately 800 patients access to a primary care medical home to support self-management of chronic illness. The Center will recruit and train health workers from the community to work in an interdisciplinary care team setting, providing culturally competent and linguistically appropriate services (as set forth in Exhibit F, Section 10). CPMC shall create a community advisory board to provide input into the operation of the Center.

CURRENT STATUS:

The Center of Excellence in Community Health is named HealthFirst at the Mission Bernal Campus. HealthFirst, a center for health education and disease prevention affiliated with St. Luke's Health Care Center, serves patients in chronic disease management by integrating community health workers (CHWs) into the multidisciplinary health care team. CHWs are culturally and linguistically competent as they are recruited from the same community as the patients that HealthFirst serves. CHWs provide health education, assist patients to improve their self-management skills, and encourage them to receive timely and comprehensive care.

CPMC reported the following for the HealthFirst Program in 2019:
- Provided care to 816 unique patients and carried out 1,982 encounters
- Staffing includes 3 CHWs bilingual in Spanish and English
- Demographic breakdown by payor mix (47% Medi-Cal; 31% Private insurance; 22% Medicare; 0% Self-pay); chronic conditions (51% diabetes or cardiovascular disease and 49% asthma); languages (57% Spanish, 40% English, and 3% Other); and ethnicity (Hispanic - 71%)
- Convened community advisory board meeting in September 2019. The community advisory board meeting consisted of 3 physicians, 1 patient, 3 CHWs, and 2 Registered Dieticians from the Diabetes Center.

NEXT STEPS:

This obligation continues until 8/25/2028. CPMC should broaden community advisory board membership to include community-based organizations and stakeholders.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Mission Bernal Campus)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mission Bernal Campus	Exhibit F § 6.a(iii)

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall establish, operate, and maintain a Center of Excellence in Senior Health at the Mission Bernal Campus. This Center of Excellence would be based upon the Hospital Elder Life Program ("HELP") and annually provide care to approximately 600 seniors over age 70. This Center of Excellence shall provide services designed to enable seniors to live successfully in the community and reduce unnecessary hospitalizations. These services may include health, education, resource referrals, case management, dementia care, services to reduce isolation, and caregiver support.

CURRENT STATUS:

The Center of Excellence in Senior Health is made up of the Acute Care for the Elderly (ACE) Unit, the Hospital Elder Life Program (HELP) and a pilot partnership with San Francisco Village. The ACE Unit was established at Mission Bernal Campus with 34 beds, providing interdisciplinary care to older adult patients. The ACE Unit provides: physical and occupational therapy; group activity therapy, including music therapy, guided imagery and other activities that encourage socialization and mobility; rehabilitation with a focus on exercise, socialization and better sleep; HELP, which develops a personalized care plan to help each patient stay mobile, social and prevent functional decline. The ACE Unit saw 944 patients in 2019, exceeding the target of 600, as set forth in the Development Agreement.

In 2018, a community benefit-funded pilot partnership was developed with the non-profit organization, SF Village, to provide eligible discharged patients with a care navigator to help patients manage their health, prepare for doctor's visits, and access needed community services, easing their transition from hospital to home. The goal of this program is to support patients in continuing to age in place by meeting the post-hospitalization needs, assisting with activities of daily living, and reducing isolation through community connection. This project has continued through 2019. To date, there have been 201 referrals and 35 patients have enrolled in the program. Zero enrolled patients were readmitted within 30 days.

The ACE Unit Medical Director has been conducting ongoing outreach to community partners to ensure the Unit is known as a resource. Meetings have taken place with: OnLok, Brown and Toland, 30th Street Senior Center, Centro Latino and Community Living Campaign. The ACE Unit also hosted an Open House in April 2019 to educate over 60 staff members from local Skilled Nursing Facilities about the Unit's services.

NEXT STEPS:

This obligation continues until 8/25/2028.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Mission Bernal Campus)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mission Bernal Campus	Exhibit F § 6.b

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall submit a proposal for development at the Mission Bernal 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 Mission Bernal Campus Hospital.

CURRENT STATUS:

CPMC is within the 5 year window of time for the proposal of the Mission Bernal Campus Medical Office Building.

NEXT STEPS:

This obligation continues until 10/08/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC's FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Staff Integration)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Staff Integration	Exhibit F § 7

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall continue its good faith efforts at the clinical integration of medical staffs at the St. Luke's Campus, with the medical staff at its Pacific Campus, California Campus and Davies Campus (and, upon Completion of the Cathedral Hill Campus Hospital and the Cathedral Hill Campus), and on quality improvement initiatives for the purpose of improving patient quality of care at all of the CPMC Campuses.

CURRENT STATUS:

In 2016, the integration of medical staff across the CPMC campuses, including St. Luke's, was completed and approved by the hospital's Board. CPMC now has a single medical staff at all campuses. The quality improvement initiatives are also run across all campuses. Upon completion of the new Van Ness hospital campus, CPMC integrated Van Ness staff into a single medical staff across all the campuses.

NEXT STEPS:

This obligation continues until 10/8/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Community Benefits Partnership)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
CPMC participation in Community Benefits Partnership	Exhibit F § 8

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall continue to actively participate in the "Community Benefits Partnership" (an outgrowth of the Building a Healthier San Francisco needs assessment process and the Charity Care Project) or its successor, of San Francisco private non-profit hospitals, SFDPH, Human Services, community clinics, health plans, non-profit providers and advocacy groups, to prepare a community benefit plan, as defined in Health and Safety Code Section 127355, for submittal to OSHPD.

CURRENT STATUS:

CPMC participates in the San Francisco Health Improvement Partnership, successor to the Community Benefits Partnership, and the needs assessment process.

NEXT STEPS:

This obligation continues until 10/8/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Chinese Hospital)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Chinese Hospital Service Agreement	Exhibit F § 9

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

Through existing service agreements, CPMC currently provides pediatric, obstetric, and certain tertiary services to Chinese Hospital patients. CPMC shall continue to provide such services in a manner generally consistent with existing services agreements with Chinese Hospital and its affiliates as of the Effective Date. Notwithstanding the foregoing, CPMC may adjust programs, services and service lines to meet evolving community needs and quality standards, as may be reflected in future service agreements with Chinese Hospital and its affiliates.

CURRENT STATUS:

CPMC has maintained its agreement with the Chinese Community Health Plan (CCHP) for their Commercial HMO population and their Covered CA population. CPMC has also maintained its longstanding Transfer Agreement and contract for high risk OB/GYN care with Chinese Hospital. Overall, CPMC continues to provide services generally consistent with existing service contracts.

The contract between CPMC and Chinese Hospital was renewed in early 2020.

NEXT STEPS:

This annual obligation continues until 8/10/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Healthcare (CLAS)**

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Culturally and Linguistically Appropriate Services	**Exhibit F § 10**

LEAD DEPARTMENT:	Department of Public Health	**COMPLETION DATE:**	
STAFF CONTACT NAME:	Gretchen Paule	**OBLIGATION STATUS:**	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

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), as issued by the U.S. Department of Health and Human Services' Office of Minority Health in March 2001 and subsequently updated.

CURRENT STATUS:

CPMC delivers services at all campuses in accordance with the mandates, guidelines, and recommendations of the National Standards on CLAS. In 2015 CPMC conducted a CLAS Assessment and provided the assessment to DPH. CPMC continued efforts to implement assessment recommendations and improve cultural and linguistic access to services across the four campuses.

In past hearings, the Health Commission has requested that CPMC provide additional information to help the City have a deeper understanding of CPMC's compliance with CLAS standards. CPMC reported the following supplemental information:

Patient Race/Ethnicity and Preferred Language

- Race - 50.03% White/Caucasian; 27.05% Asian/Pacific Islander; 5.63% Black/African American; 0.27% American Indian/Alaska Native 9.86% Other; 6.45% Unknown; 0.67% Prefer Not to Answer
- Ethnicity - 80.84% Non Hispanic; 11.12% Hispanic; 7.13% Unknown; 0.89% Prefer Not to Answer; 0.02% Null
- Preferred Language - 86% English; 8% Chinese; 4% Spanish; 2% Other

Staff Demographics

- 40.08% Asian; 33.39% White; 8.07% Black/African American; 7.77% Hawaiian/Pacific Islander; 0.47% American Indian/Alaska Native; 3.80% Two or more races; 2.74% Did not disclose; 3.68% Not provided

Interpreter Requests and Wait Time

- Proportion of patient services for which interpretation was requested - 16.0% (89,787 interpretation requests)
- Average wait time for interpretation requests (by type of request and percent of total)

--- Pre-scheduled In-person Interpretation - 22%; 0-5 minutes
--- Same-day In-person Interpretation - 1%; 0-30 minutes (varies)
--- Over the Phone Interpretation - 50%; <60 seconds
--- Video Remote Interpretation - 27%; <60 seconds

Patient Feedback for Continuous Improvement Efforts

CPMC utilizes three primary avenues for patient feedback: Patient Family Advisory Councils (PFAC), patient grievance process, and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient satisfaction surveys. CPMC also engages the community in various ways though the Department of Community Benefit.

NEXT STEPS:

This obligation continues until 8/10/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Health Service System

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
CPMC Rate Increase Limitations	Exhibit F § 11.c

LEAD DEPARTMENT:	Health Service System	COMPLETION DATE:		
STAFF CONTACT NAME:	Larry Loo	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Chief Financial Officer		IN PROGRESS	✓
EMAIL:	Larry.Loo@sfgov.org		IN COMPLIANCE	✓
PHONE:	(628) 652-4627		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

For the period from January 1, 2014 to December 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. In the following seven (7) years CPMC shall limit annualized increases to no more than the Medical Rate of Inflation plus 1.5% (the "Annual Rate Increase").

CURRENT STATUS:

In January of 2019, Milliman confirmed Sutter was in compliance for the period of CY2015 to CY2016 and from CY2016 to CY2017.
In February of 2021, Milliman completed their review of the CY2017 to CY2018 rate increase at Sutter Bay hospitals dba California Pacific Medical Center (CPMC). Milliman determined CPMC was in compliance with the annual rate increase commitment to be less than or equal to 3.5% (1.5% plus the Medical Rate of inflation) from CY2017 to CY2018.

NEXT STEPS:

Milliman previously reported an estimated completion of CY2018 to CY2019 review to be completed by April 2021. At the time of this writing, the revised completion of the review is the end of September 2021.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

Not applicable.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Not applicable.

ADDITIONAL FUNDS REQUIRED:

None.

HOUSING PROGRAM

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Housing

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Replacement Housing Obligation	Exhibit G § 1.c

LEAD DEPARTMENT:	Mayor's Office of Housing and Community Development	COMPLETION DATE:	9/6/13	
STAFF CONTACT NAME:	Rally Catapang	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Finance Manager		IN PROGRESS	
EMAIL:	rally.catapang@sfgov.org		IN COMPLIANCE	✓
PHONE:	(415) 701-5562		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

MOHCD shall deposit the Residential Hotel Unit Replacement Fee payment into the Affordable Housing Fund and use the funds for affordable housing….MOHCD shall confirm to DBI receipt of the Residential Hotel Unit Replacement Fee.

CURRENT STATUS:

CPMC has paid this obligation totaling $4,138,620 in full as of September 2013.

MOHCD awarded the funds to the developer of the affordable apartments located at 1036 Mission. 1036 Mission includes 83 units, 40 of which are set aside for formerly homeless families. The loan for 1036 Mission closed in September 2016, and the building was completed in early 2019.

NEXT STEPS:

N/A

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$4,138,620.00	$4,138,620.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Housing

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Affordable Housing Obligation	Exhibit G § 2

LEAD DEPARTMENT:	Mayor's Office of Housing and Community Development	COMPLETION DATE:	11/8/17	
STAFF CONTACT NAME:	Rally Catapang	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Finance Manager		IN PROGRESS	
EMAIL:	rally.catapang@sfgov.org		IN COMPLIANCE	✓
PHONE:	(415) 701-5562		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

MOHCD shall deposit the payment into the Affordable Housing Fund and use the funds for affordable housing. CPMC shall provide evidence of payment to DBI upon request, and MOHCD shall confirm to DBI receipt of the Residential Unit Replacement Fee.

CURRENT STATUS:

CPMC provided all payments due to the Affordable Housing Fund. The first payment was received 9/4/2013, totaling $2,400,000. The second payment was received on 12/7/2013, totaling $6,700,000. The third payment was received on 11/24/14, totaling $7,000,000. The fourth payment was received on 12/8/15, totaling $8,825,000. The fifth payment was received on 11/30/16, totaling $8,100,000. The sixth and final payment was received on 11/8/17, totaling $3,475,000. Combined, MOHCD has received $36,500,000.

In FY18-19, MOHCD disbursed $1.3M to the project at 401 Rose Street, Hayes Valley South. To date through June 30, 2019, MOHCD has disbursed a total of $32.6M of CPMC funds toward rehabilitation of public housing in conjunction with HUD's Rental Assistance Demonstration (RAD) program and multifamily new construction at 2060 Folsom and 1950 Mission. Another $3.4M is encumbered to 401 Rose Street (public housing/RAD) and 1095 Connecticut (HOPE SF), with an unencumbered balance of $500k.

NEXT STEPS:

CPMC provided the final annual payment to the Affordable Housing Fund in late 2017, and the Housing obligation has been fulfilled.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$36,500,000.00	$36,500,000.00
CPMC'S FUNDING OBLIGATION REMAINING:	
$0.00	

PUBLIC IMPROVEMENTS

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Public Improvements

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Tenderloin Public Improvements - Pedestrian Safety & Lighting	Exhibit H § 2.a

LEAD DEPARTMENT:	OEWD - Econ	COMPLETION DATE:		
STAFF CONTACT NAME:	Amy Cohen	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Director, Neighborhood Business Dev.		IN PROGRESS	
EMAIL:	amy.b.cohen@sfgov.org		IN COMPLIANCE	✓
PHONE:	(415) 554-6649		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

CPMC shall make the following payments (the "CCHAP Improvement Funds") to City for the purposes identified below: $4,250,000 to OEWD, DPW or PUC, including at least $3,450,000 for sidewalk widening and pedestrian improvements and up to $800,000 for economic development activities in the Tenderloin, as determined by the Director of OEWD following consultation with the PUC General Manager and the Director of DPW.

CURRENT STATUS:

Project was completed in late 2018, with a press event/dedication January 2, 2019. 97 new lights were installed on the following streets:

- Larkin between McAllister and O'Farrell
- Hyde between McAllister and O'Farrell
- Leavenworth between McAllister and O'Farrell
- Jones between McAllister and O'Farrell
- Eddy Street between Larkin and Mason

In addition to installing these new street lights, the SFPUC also upgraded existing lights on the current "cobra head" style poles to LED throughout the Tenderloin, which also enhances street lighting.

NEXT STEPS:

None - requirement is complete.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$4,250,000.00	$4,250,000.00
CPMC'S FUNDING OBLIGATION REMAINING:	
$0.00	

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Public Improvements

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Safe Passage Grant	Exhibit H § 2.a

LEAD DEPARTMENT:	OEWD - Econ	COMPLETION DATE:	12/7/13	
STAFF CONTACT NAME:	Amy Cohen		COMPLETE	✓
STAFF CONTACT TITLE:	Director, Neighborhood Business Dev.		IN PROGRESS	
EMAIL:	amy.b.cohen@sfgov.org		IN COMPLIANCE	✓
PHONE:	(415) 554-6649		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

CPMC shall pay the total sum of Two Hundred Thousand Dollars ($200,000) to OEWD (the "Safe Passage Grant") as described in Schedule A (Section I), in accordance with Exhibit N (Payment Schedule).

CURRENT STATUS:

The capital project has been tabled to allow the organization to focus on building organizational capacity with the $200,000 in seed funding. OEWD engaged the Saint Francis Foundation's Tenderloin Health Improvement Project in becoming a key funder of the effort, in addition to CPMC. They more than matched the contribution and helped Safe Passage make the determination to transition their organizational infrastructure to the Tenderloin Community Benefit District (CBD).

NEXT STEPS:

Safe Passage transitioned, as planned, to be housed under the Tenderloin CBD. OEWD made General Funds available to the CBD in FY16-17 ($100,000) and FY17-18 ($100,000) in order to help continue to build both Safe Passage's and the CBD's capacity.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

Many opportunities, ongoing, given that the program is a collaboration of Community-based Organizations in the Tenderloin and relies on volunteer recruitment to ensure safety of the path.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$200,000.00	$200,000.00
CPMC's FUNDING OBLIGATION REMAINING:	
$0.00	

TRANSPORTATION

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Bicycle Parking

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Bicycle Parking	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS ☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE ☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

The number and location of bicycle racks shall be monitored annually and increased as necessary to provide a sufficient number of parking spaces for cyclists. Both secure long-term parking as well as short-term parking shall be provided. CPMC shall install bicycle lockers in both new and existing parking garages.

CURRENT STATUS:

CPMC has installed secured badge access only bicycle cages at Van Ness Hospital, Pacific Campus, Davies Campus, and Mission Bernal Campus. Changing rooms, lockers, and showers provided at Van Ness Hospital and Mission Bernal Campus. CPMC security and parking attendants continue to monitor all bicycle parking stalls/racks and report and/or investigate any suspicious activity. Bicycle parking supply and demand continues to be monitored. With completion of Van Ness Campus, 130 additional bicycle parking spots were produced in 2019.

NEXT STEPS:

Continue to monitor number and location of bicycle parking and determine whether there are a sufficient number of parking spaces for bicycles; increase bicycle parking as necessary. Provide documentation of this monitoring and determination to the SFMTA.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00
CPMC'S FUNDING OBLIGATION REMAINING:	
$0.00	
FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:	
ADDITIONAL FUNDS REQUIRED:	

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Outreach, Marketing, and Information

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Design TDM Operations and Maintenance Budget	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall establish a fully funded budget for the TDM program and report the results on an annual basis.

CURRENT STATUS:

TDM budget of $10 million established for 2019-20, covering parking, shuttle, transit subsidy, and TDM coordinator/operations.

NEXT STEPS:

Continue to fulfill obligation by maintaining TDM budget and regularly reporting results, as described above.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC could report TDM budget and results to community.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT			
SUBJECT:	TDM: Carsharing		
DEVELOPMENT AGREEMENT OBLIGATION:		DEVELOPMENT AGREEMENT SECTION:	
Carsharing		Exhibit K § 5; TDMP Page 7-9	
LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS ☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE ☐
PHONE:	(415) 646-2989		NOT IN COMPLIANCE ☐
DESCRIPTION OF OBLIGATION:			
CPMC shall allot additional parking spaces to carsharing services in both new and existing buildings based on demand.			
CURRENT STATUS:			
Zipcar eliminated on-site parking leases in December 2018.			
NEXT STEPS:			
SFMTA and CPMC to discuss potential opportunities for on-site carsharing services.			
OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:			
The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC could invite members of the community to attend and participate in the Fair.			
CPMC'S FULL FUNDING AMOUNT:		FUNDING RECEIVED FROM CPMC TO DATE:	
$0.00		$0.00	
CPMC'S FUNDING OBLIGATION REMAINING:			
$0.00			
FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:			
ADDITIONAL FUNDS REQUIRED:			

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Carpool and Vanpool Parking

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Carpool and Vanpool Parking	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

The number and location of reserved carpool and vanpool parking shall be monitored annually and increased as necessary to ensure there are a sufficient number of parking spaces for carpools and vanpools based on demand.

CURRENT STATUS:

Currently there are 33 carpool stalls in total:4 at California Campus, 4 at Pacific Campus, 1 and Mission Bay Campus, 3 at Davies Campus, and 21 at Cathedral Hill Campus (Van Ness). Registered carpoolers get free monthly parking in the garage at their worksite. Vanpool spaces are available upon request.

NEXT STEPS:

CPMC to continue to monitor number and location of reserved carpool and vanpool parking spaces and determine whether there is a sufficient number of parking spaces for carpools and vanpools; increase carpool and vanpool parking as necessary. CPMC will encourage carpooling opportunities at the St. Luke's and Cathedral Hill campuses where parking will be limited (especially through transportation fairs). CPMC should provide documentation of this monitoring and determination to the SFMTA.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

subsi	
SUBJECT:	Transportation Demand Management Program

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Clipper Card Transit Subsidy	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

TDM Component in the Mid-Term (2-5 years) Transit Subsidy. CPMC shall expand the transit subsidy program to include all campuses and increase the value of the monthly subsidy to be up to the equivalent of the cost of a MUNI Fast Pass, with the employee covering up to 50% of the subsidy.

CURRENT STATUS:

The Transportation Demand Management Plan specifies dates by which pieces of the plan should be in place. As described on page 9 of the TDM Plan, the transit subsidy commitment is a mid-term component to be implemented somewhere between August 10, 2015 and August 10, 2018. As of January 2017, CPMC has instituted a transit subsidy equivalent to 50% of a Muni monthly pass for any Sutter Health employees participating in Sutter Health's WageWorks commute program. Approximately 15% of employees are enrolled as of July 2019. Some employees use public transit, but are ineligible for the subsidy (e.g., due to part-time status).

NEXT STEPS:

CPMC will continue marketing efforts to increase adoption of the transit subsidy, particularly through transportation fairs, and will explore new marketing methods in partnership with SFMTA. SFMTA's TDM specialist will meet CPMC to discuss this in 2019.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Outreach, Marketing, and Information

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
TDM Communication Boards - Campus Cafeterias	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

Information on TDM programs, transit schedules and maps, bicycle routes, as well as upcoming events shall be posted on boards and periodically updated in each cafeteria.

CURRENT STATUS:

TDM information bulletin boards have been installed inside each CPMC Campus to market elements of the TDM program.

NEXT STEPS:

The SFMTA will continue to monitor implementation progress, meeting CPMC roughly quarterly to discuss details.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC could invite community participation and employee coordination regarding carpooling, rides home, bike trains, and other TDM-related items on the buleltin boards

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Coordinator

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
TDM Coordinator	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall retain a full-time experienced TDM coordinator to coordinate, monitor and publicize TDM activities for the campus including the following: Develop an information package of transportation services and benefits offered by CPMC, and participate in employee orientation training; Promote attendance at the Transportation Fair by providing incentives for employees to attend the Fair, such as free transit fast passes; Maintain and update the TDM communication boards; Monitor and update, as appropriate, the TDM Plan; Track participation rates in TDM programs (monthly & annually); Conduct employee travel surveys on an annual basis; Coordinate parking management and the shuttle program; Create a central database of shuttle utilization data; Oversee the rebranded transportation newsletter.

CURRENT STATUS:

New TDM Coordinator hired in 2016, currently employed full-time. TDM consultant maintained under contract. Parking attendant dedicated at the Pacific Campus to manage traffic control and direct patient drop off/pick up, including Lyft and Uber.

NEXT STEPS:

TDM Coordinator managing and implementing TDM Program.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Courtesy Ride Home Program

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Courtesy Ride Home Program	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall increase the boundaries of the program to cover major transit stops within a reasonable distance of each campus and also promote and market the Courtesy Ride Home program.

CURRENT STATUS:

CPMC continues to maintain the San Francisco Emergency Ride Home Program (ERH) benefit, and CPMC Security continues to provide employees with ride home services in the evening. CPMC is no longer in negotiations with Scoop rideshare service as a potential program provider. CPMC is currently exploring other potential rideshare service providers for a program that includes carpooling and courtesy rides home during extended business hours.

NEXT STEPS:

CPMC should complete negotiations with an appropriate provider. The SFMTA will monitor the program effectiveness and possible changes, meeting with CPMC occasionally to discuss details.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC may solicit input from employees/community regarding where they would like the program to go.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Outreach, Marketing, and Information

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Increase Marketing of Emergency Ride Home Program	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	3/31/18	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

Increase marketing of the City of San Francisco's Emergency Ride Home program.

CURRENT STATUS:

CPMC continues to participate in the San Francisco Emergency Ride Home Program (ERH) program, promoting weekly via posters and communications; ERH posters are posted in all CPMC shuttle vehicles and on selected campus bulletin boards at each campus.

NEXT STEPS:

To continue participation.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

NA

ADDITIONAL FUNDS REQUIRED:

NA

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Outreach, Marketing, and Information

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Enhance TDM Site on Intranet	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS ☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE ☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall update its employee intranet to emphasize TDM programs as well as provide enrollment forms for commuter checks, shuttle schedules and maps, links to WageWorks, Clipper, BART, MUNI, 511.org, and parking and carsharing information.

CURRENT STATUS:

CPMC currently providing TDM program and transportation information via employee intranet biweekly communications incl. transit subsidy. CPMC has collaborated with Human Resources and Communications Departments to further enhance educational TDM outreach via intranet. CPMC continues to update the site with new information about various elements of the TDM program.

NEXT STEPS:

CPMC will update intranet site as necessary. The SFMTA will monitor progress on this measure, meeting occasionally with CPMC.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC could invite employee coordination regarding carpooling, rides home, bike trains, and other TDM-related items on the intranet site

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Outreach, Marketing, and Information

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Design an Outreach Program	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

An outreach program shall be designed emphasizing the time savings, reduction in greenhouse gas emissions, health benefits, and other positive outcomes of adopting alternative transportation modes.

CURRENT STATUS:

CPMC worked with Sutter Health to design the TDM outreach program including branding and identity. All TDM-related information is being provided via employee intranet. CPMC will continue to conduct transportation fairs and events.

NEXT STEPS:

CPMC to increase frequency of transportation fairs. SFMTA and CPMC will meet occasionally to discuss details.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC could engage the community when designing the outreach program, conduct outreach to the community when program design completed.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**TDM: Outreach, Marketing, and Information**

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Reinstate Transportation Services Newsletter	**Exhibit K § 5; TDMP Page 7-9**

LEAD DEPARTMENT:	SFMTA	**COMPLETION DATE:**		
STAFF CONTACT NAME:	Forrest Chamberlain	**OBLIGATION STATUS:**	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

Reintroduce the Parking Services Newsletter and rebrand it as a transportation newsletter that markets the various TDM programs available.

CURRENT STATUS:

Transportation information is provided via employee intranet and biweekly email announcements. This has replaced a paper newsletter.

NEXT STEPS:

The SFMTA will monitor progress on this measure, meeting CPMC occasionally to discuss details.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

NA

ADDITIONAL FUNDS REQUIRED:

NA

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Parking Pricing

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Parking Pricing	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall evaluate and then increase employee parking prices as needed to achieve the trip and parking reduction goals.

CURRENT STATUS:

CPMC continues to maintain an inventory of all employee onsite/offsite parking, and evaluate for potential rate increases. CPMC did not increase parking rates in 2019.

NEXT STEPS:

SFMTA and CPMC will meet occasionally to discuss details.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Outreach, Marketing, and Information

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Enhance TDM Information on Public Website	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall review its existing public website and modify it to better publicize alternative transportation options to visitors and patients. The visitor and patient portion of the website shall be updated to provide information on biking to the campus as well as taking BART and Muni.

CURRENT STATUS:

CPMC has updated the public website to include additional information on alternative transportation options. Other updates are still in development.

NEXT STEPS:

Fulfill obligation by updating public website as described above. CPMC is developing "How to get to CPMC" page, which will include alternative transportation information regarding BART shuttles, bicycle parking and maps, MUNI, BART, ferries, 511.org, SF Paratransit, and private services. The SFMTA will monitor progress on this measure, meeting with CPMC occasionally.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC could publicize transportation information on public engagement, invite comment (via online or in-person surveys) regarding most helpful information and means of display on public website.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT			
SUBJECT:	**TDM: Real Time Transit Information**		
DEVELOPMENT AGREEMENT OBLIGATION:		**DEVELOPMENT AGREEMENT SECTION:**	
Real Time Transit Information		**Exhibit K § 5; TDMP Page 7-9**	
LEAD DEPARTMENT:	SFMTA	**COMPLETION DATE:**	
STAFF CONTACT NAME:	Forrest Chamberlain	**OBLIGATION STATUS:**	COMPLETE ☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS ☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE ☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE ☐
DESCRIPTION OF OBLIGATION:			
CPMC shall install real-time transit information signs in the lobbies of its existing facilities and shall provide links to real time transit information on the intranet as well as the public website.			
CURRENT STATUS:			
CPMC Intranet site contains 511 transit information. GPS installed on some shuttles especially those used for BART service, so employees can look on phone app and see real time location and seat availability. Electronic touch screen directories were installed in 2018 at Van Ness and Mission Bernal that display real time transit information for CPMC shuttles, BART, and MUNI.			
NEXT STEPS:			
SFMTA and CPMC will meet occasionally to discuss details. SFMTA to continue to monitor installation of real-time transit information signs.			
OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:			
The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.			
CPMC'S FULL FUNDING AMOUNT:		**FUNDING RECEIVED FROM CPMC TO DATE:**	
$0.00		$0.00	
CPMC'S FUNDING OBLIGATION REMAINING:			
$0.00			
FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:			
ADDITIONAL FUNDS REQUIRED:			

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Rideshare Program

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Rideshare Program	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS ☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE ☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall create an internal rideshare program (e.g. RideSpring or a 511.org interface). CPMC shall also explore the feasibility of coordinating a rideshare program with other large institutions in order to increase the pool of carpoolers and vanpoolers.

CURRENT STATUS:

CPMC continues to maintain carshare vehicles and provide carshare parking stalls. CPMC to explore potential new opportunities with rideshare service providers to develop a carpooling and courtesy ride home program.

NEXT STEPS:

CPMC should complete negotiations with an appropriate rideshare service. Carpooling will be promoted at transportation fairs and outreach materials. New campuses with limited parking should provide opportunities to increase carpooling. The SFMTA and CPMC will meet occasionally to discuss details.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Shower Facilities

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Shower Facilities	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

Shower and changing facilities shall be included in all new buildings and facilities for employees who bike or walk to work.

CURRENT STATUS:

Shower and changing facilities with lockers for employees who bike or walk to work were constructed at the Cathedral Hill Campus and Mission Bernal Campus.

NEXT STEPS:

Shower and changing facilities for employees who bike or walk to work should be included in the design of future buildings and facilities.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Outreach, Marketing, and Information

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Reinstate and Expand Annual Transportation Fair	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

The Fair shall include representatives from local and regional transportation agencies, the Bicycle Coalition, 511.org, and carshare companies, and provide information about transit, ridesharing and bicycling.

CURRENT STATUS:

A total of 4 transportation fairs were held at the four campuses in 2019: PAC December 18th, Mission Bernal Nov 22nd, Davies Nov 20th, Van Ness Nov 19th.

NEXT STEPS:

SFMTA will monitor progress on this measure, meeting with CPMC occasionally.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC could invite members of the community to attend and participate in the Fair.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Transportation Surveys

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Transportation Surveys	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall conduct an employee transportation survey at all campuses, which will be used to establish a more current baseline commute mode split. CPMC shall achieve a minimum of 30% response rate at each campus. Furthermore, a patient/visitor transportation survey shall be collected from at least 200 patients and visitors at each campus to establish a baseline visitor mode split. The commuter survey shall be conducted annually, and the visitor survey shall be conducted every three years. The survey will be used to establish whether Cathedral Hill campus is meeting mode share goals after occupancy, with $75,000 payment if not met.

CURRENT STATUS:

CPMC conducted annual employee/physician commute survey and have tabulated/summarized results. A total of 4,532 employees competed survey resulting in a 86.6% return rate.

NEXT STEPS:

CPMC will continue to developer surveys each year as part of the implementation of the enhanced Transportation Demand Management (TDM) Plan.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Vanpool Program

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Vanpool Program	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall reinstate their vanpool program which included a $2,500 subsidy per year. CPMC shall aggressively market the vanpool program to employees via the monthly newsletter, website, and other appropriate channels.

CURRENT STATUS:

CPMC provides vanpool services upon request by employees. Information has been made available at transit fairs held in 2019. Vanpooling has been 0.5% in 2019.

NEXT STEPS:

Continue to market and provide personalized vanpooling assistance to all employees interested in sharing the ride. SFMTA will monitor implementation of this measure, and SFMTA and CPMC will meet roughly quarterly to discuss details.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Wayfinding & Signage

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Wayfinding and Signage	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall provide on-site signage for patients and visitors identifying the locations of bicycle parking, vehicular parking, and shuttle stops as well as full shuttle schedules with maps in the lobby of each hospital.

CURRENT STATUS:

Signage installed for vehicle parking, shuttle stops, and bicycle parking at all campuses. Shuttle maps and schedules posted in lobbies. Wayfinding signage has been updated in 2019 at the Cathedral Hill campus in coordination with the Van Ness Hospital opening in 2019.

NEXT STEPS:

Signage and wayfinding information will be integrated into a smart phone app.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC could solicit community input on sign designs and present options and final designs to SFMTA Citizens Advisory Council.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Transportation

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Cathedral Hill Transit and Safety Improvements	Exhibit H § 2.b

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	8/30/19	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	4156462989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

$1,550,000 to SFMTA for transit and safety improvements as part of the CCHAP Improvements (shown in Schedule A Section 1 of DA) focused on the neighborhoods around the Cathedral Hill Campus.

CURRENT STATUS:

Full funding has been received. Funding was agreed to be spent on transit signal priority (TSP) and related upgrades that improve transit travel times and reliability for MUNI lines serving theVan Ness Campus. TSP has been completed on 1-California, 2-Clement, and the 3-Jackson (vehicles and traffic signal equipment).

Streetscape and signal work on Polk Street has been completed. TSP on Polk Street close to completion. The 27-Bryant TSP has been approved/legislated and is expected to be complete by late summer 2019.

NEXT STEPS:

None.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

SFMTA invited suggestions from key Supervisors' offices. The proposal was also presented to the SFMTA Citizens Advisory Council on August 7, 2014. Outreach has also been conducted for individual Muni improvement projects.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$1,550,000.00	$1,550,000.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded.

ADDITIONAL FUNDS REQUIRED:

NA

CPMC CITY AGENCY COMPLIANCE REPORT

SUBJECT:	**Transportation**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
California Campus Enforcement and Traffic Safety Measures	**Exhibit H § 2.c**

LEAD DEPARTMENT:	SFMTA	**COMPLETION DATE:**	9/30/20	
STAFF CONTACT NAME:	Forrest Chamberlain	**OBLIGATION STATUS:**	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall make the following payments (the "CCHAP Improvement Funds") to City for the purposes identified below….$3,000,000 to DPW or MTA, as applicable, for Public Improvement Costs for enforcement and traffic safety measures as part of the CCHAP Improvements (shown in Schedule A Section I), around the CPMC Pacific Campus and California Campus.

CURRENT STATUS:

Full funding has been received. The funds are being used as follows for enforcement, and pedestrian and traffic safety:

1. Approximately $1,000,000 for a 2-year Enhanced Parking Enforcement Pilot focused on loading zones and crosswalks within one block of Pacific campus. Completed in April 2017.

2. $80,000 for rectangular rapid flash beacons at California/Commonwealth intersection. Construction completed February 2017 .

3. About $1,920,000 for pedestrian safety improvements around the Pacific Campus at Webster/Clay and Buchanan/Clay intersections (high-injury network). Improvements include bulb-outs, signage, lighting, special paving, continental crosswalk and stop line striping, painted safety zones, and daylighting. Crosswalks, stop lines, and daylighting completed in March 2016; painted safety zones and loading changes installed Summer 2017; detailed design of the mid-term improvements finalized in Winter 2018; remaining improvements including permanent bulbouts have been under construction since early 2019; as of Summer 2020 construction is still underway and has not been entirely closed-out.

NEXT STEPS:

SFPW to close-out construction

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

SFMTA invited suggestions from key Supervisors' offices. The proposal was presented to the SFMTA Citizens Advisory Council on August 7, 2014. SFMTA and CPMC jointly held a community meeting in Fall 2016 to present preliminary Pacific Campus pedestrian safety improvements; feedback received from neighbors, hospital, and Supervisor's office and project modified accordingly. Subsequently, Pedestrian Safety Improvements were presented at formal Engineer's Public Hearing in Spring 2017 and approved in May 2017 by SFMTA Board of Directors. Outreach will have to be performed to identify improvements with remaining funding not yet allocated.

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**
$3,000,000.00	$3,000,000.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded.

ADDITIONAL FUNDS REQUIRED:

NA

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Public Improvements

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
St. Luke's Campus Public Improvements Final Design Submission	Exhibit H § 6.a

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	7/31/24	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall prepare final design, specifications and construction plans for the STLD Improvements for submittal to City, and City shall have sole authority to review and approve improvement plans for the STLD Improvements consistent with the descriptions in Schedule A.

CURRENT STATUS:

SFMTA has completed the design of 27th/Guerrero traffic signal improvements, legislated in March 2019. CPMC has agreed to fund design/construction costs in substitution of several improvements that could not be completed due to an SFPUC conflict. CPMC has completed a draft design of permanent improvements to Guerrero Plaza and applied for a Major Encroachment Permit. SFMTA, SFPW, SF Planning, and OEWD are currently working to finalize the design, including for adjacent traffic calming/safety improvements that CPMC is not obligated to fund. Valencia/Duncan Pocket Park has been completed by San Francisco Public Utilities Commission as part of Mission Valencia Green Gateway Project. SFMTA has been working in coordination with CPMC and SFPW on a revised design for the segment of Valencia Street fronting the new medical facility.

NEXT STEPS:

City agencies and CPMC to finalize the detailed design and maintenance responsibilities of Guerrero Plaza. SFMTA to initiate construction of the 27th/Guerrero signal in coordination with construction of permanent improvements to Guerrero Plaza. City agencies and CPMC to finalize design and permitting of streetscape improvements on Valencia Street fronting the new medical facility.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The design concepts were reviewed during the public and Board of Supervisors review of the CPMC development project. Outreach for Guerrero Plaza has been led by the SF Planning Department, and additional outreach will be performed to finalize design.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$200,000.00	$70,000.00

CPMC'S FUNDING OBLIGATION REMAINING:

$130,000.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Associated conduits were constructed previously using Prop K funding that SFMTA secured.

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Public Improvements

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Davies Campus Public Improvements Final Design Submission	Exhibit H § 6.a

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	7/31/24	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall prepare final design, specifications and construction plans for the STLD Improvements for submittal to City, and City shall have sole authority to review and approve improvement plans for the STLD Improvements consistent with the descriptions in Schedule A (Noe Street sidewalk widening and streetscape improvements along Noe, Duboce, 14th Street).

CURRENT STATUS:

Design and construction of these improvements is on hold indefinitely as they are required only prior to issuance of a temporary certificate of occupancy for the Neurosciences Building at the Davies campus.

NEXT STEPS:

CPMC will determine whether to pursue construction of the new Neurosciences Building, and if so, will undertake the public improvements final design.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

Community engagement opportunities will be determined as needed in conjunction with the San Francisco Planning Department.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Funding estimates to be finalized.

ADDITIONAL FUNDS REQUIRED:

Funding estimates to be finalized.

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Transportation

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
BRT Contribution	§ 4.2.4(e); Exhibit K § 1; Exhibit N

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	12/1/21	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

SFMTA shall use the BRT contributions for hard and soft costs of planning, administration and construction association with the BRT improvements to be constructed or installed in the Geary/Van Ness public rights of way adjacent to the Cathedral Hill Campus.

CURRENT STATUS:

Funding has been received in full by SFMTA. Portion of funds utilized for design of Van Ness BRT; remaining funds to be utilized for future construction.

NEXT STEPS:

Remaining funds to be used for construction of the Van Ness BRT project. The project is expected to be completed and operating by late 2021.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Van Ness BRT project has extensive community involvement opportunities, including its own Citizens Advisory Committee.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$5,000,000.00	$5,000,000.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

There is a full funding plan, and SFMTA grants staff have commitments for all needed funding.

ADDITIONAL FUNDS REQUIRED:

There is a full funding plan, and SFMTA grants staff have commitments for all needed funding.

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Transportation (Bicycle Studies)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Bicycle Studies	§ 4.2.4(e); Exhibit K.4

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	6/30/19	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall pay to SFMTA the total sum of $400,000. SFMTA shall use the Bicycle Studies Contribution, in its discretion to:
a. Develop preferred bicycle routes between CPMC's campuses and recommend improvements;
b. Develop design alternatives for improved bicycle facilities on Polk Street;
c. Develop traffic calming and bicycle facility improvement proposals along the 'Wiggle'; and
d. Design traffic calming measures along 26th Street between Valencia Street and Potrero Avenue.

CURRENT STATUS:

Funding has been received in full by SFMTA. Funds have been used to complete five projects to improve bicycle safety and access near (1) Davies for Wiggle Improvements; (2) California Campus for Euclid Avenue Bike Lanes; (3) California campus for Presidio to Arguello sharrows, (4) Mission Bernal for Mission/Valencia Raised Cycletrack, (5) Van Ness for Turk Street Bicycle Improvements. Funds were also used to develop a report on CPMC bicycle routes and recommendations. Construction is complete for Polk Street Safety Improvements.

NEXT STEPS:

All projects have been completed.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

SFMTA invited suggestions from key Supervisors' offices and presented to the SFMTA Citizens Advisory Council prior to project development.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$400,000.00	$400,000.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded.

ADDITIONAL FUNDS REQUIRED:

NA

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Transportation (TDM)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
TDM Implementation	§ 4.2.4(e); Exhibit K

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall implement the Transportation Demand Management Plans dated March 24, 2011, as amended dated April 1, 2013 (each a "TDMP") for each of the St. Luke's, Cathedral Hill, Pacific and Davies Campuses, respectively.

CURRENT STATUS:

THIS OBLIGATION IS COVERED BY A SEPARATE WORKBOOK, WITH NUMEROUS SPREADSHEETS FOR SPECIFIC TDM MEASURES

NEXT STEPS:

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Transportation (MMRP)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Transit/Traffic related MMRP Measures	DA § 4.5.2; Exhibit D

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS ✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE ✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall comply with all Mitigation Measures imposed as applicable to each Project component, except for any Mitigation Measures that are expressly identified as the responsibility of a different party or entity. Without limiting the foregoing, CPMC shall be responsible for the completion of all Mitigation Measures identified as the responsibility of CPMC or the "project sponsor."

CURRENT STATUS:

THIS IS COVERED BY A SEPARATE WORKBOOK WITH NUMEROUS SPREADSHEETS FOR THE SPECIFIC MITIGATION MEASURES

NEXT STEPS:

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	MMRP: Transportation and Circulation

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mitigation Measure 49 Van Ness/Mission	Exhibit D - MM-TR-29 (Cathedral Hill)

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	10/8/20	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION (Mitigation Measure):

CPMC shall financially compensate the SFMTA for the cost of providing the additional service needed to potentially mitigate the transit delay impacts on the 49-Van Ness Mission resulting from the Cathedral Hill Campus project. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs has been set forth in the Development Agreement between CPMC and SFMTA.

CURRENT STATUS:

SFMTA has received the entire $6.5 million Transit Fee (Development Agreement, Exhibit K, item 3). Entire sum of Transit Fee will be dedicated to the Van Ness Bus Rapid Transit (Muni Routes 47 and 49), which is under construction and expected to begin revenue service by 2020.

NEXT STEPS:

Complete construction of Van Ness BRT project. Expected to be in operation by late 2020.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The SFMTA will report through annual compliance report and its Citizens Advisory Council how funds are being applied, starting in 2016.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$6,500,000.00	$6,500,000.00

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded

ADDITIONAL FUNDS REQUIRED:

None

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	MMRP: Transportation and Circulation

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mitigation Measure - 38/38L Geary	Exhibit D MM-TR-30 (Cathedral Hill)

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	10/8/20	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION (Mitigation Measure):

CPMC shall financially compensate the SFMTA for the cost of providing the additional service needed to potentially mitigate the transit delay impacts on the 38/38L-Geary resulting from the Cathedral Hill Campus project. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs has been set forth in the Development Agreement between CPMC and SFMTA.

CURRENT STATUS:

SFMTA has received the entire $6.5 million Transit Fee (Development Agreement, Exhibit K, item 3). Entire sum of Transit Fee will be dedicated to the Van Ness Bus Rapid Transit (Muni Routes 47 and 49), which is under construction and expected to begin revenue service by 2020.

NEXT STEPS:

Complete construction of Van Ness BRT project.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The SFMTA will report through annual compliance report and its Citizens Advisory Council how funds are being applied, starting in 2016.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$6,500,000.00	$6,500,000.00

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded

ADDITIONAL FUNDS REQUIRED:

None

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	MMRP: Transportation and Circulation

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mitigation Measure - 19 Polk	Exhibit D - MM-TR-31 (Cathedral Hill)

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	10/8/20	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION (Mitigation Measure):

CPMC shall financially compensate the SFMTA for the cost of providing the additional service needed to potentially mitigate the transit delay impacts on the 19-Polk resulting from the Cathedral Hill Campus project. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs has been set forth in the Development Agreement between CPMC and SFMTA.

CURRENT STATUS:

SFMTA has received the entire $6.5 million Transit Fee (Development Agreement, Exhibit K, item 3). Entire sum of Transit Fee will be dedicated to the Van Ness Bus Rapid Transit (Muni Routes 47 and 49), which is under construction and expected to begin revenue service by 2020.

NEXT STEPS:

Complete construction of Van Ness BRT project.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The SFMTA will report through annual compliance report and its Citizens Advisory Council how funds are being applied, starting in 2016.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$6,500,000.00	$6,500,000.00

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded

ADDITIONAL FUNDS REQUIRED:

None

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	MMRP: Transportation and Circulation

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mitigation Measure - Construction Transportation Management	Exhibit D - MM-TR-55 (Cathedral Hill)

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	10/8/20	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION (Mitigation Measure):

CPMC shall develop and implement a Construction Transportation Management Plan (TMP) to anticipate and minimize impacts of various construction activities associated with the Proposed Project. The Plan would disseminate appropriate information to contractors and affected agencies with respect to coordinating construction activities to minimize overall disruptions and ensure that overall circulation is maintained to the extent possible, with particular focus on ensuring pedestrian, transit, and bicycle connectivity. The program would supplement and expand, rather than modify or supersede, any manual, regulations, or provisions set forth by Caltrans, SFMTA, DPW, or other City departments and agencies.

CURRENT STATUS:

CPMC submitted the Contractor Transportation and Parking Management Plan on July 3, 2014. The SFMTA reviewed and submitted comments on July 17, 2014. CPMC submitted a revised TMP on July 22, 2014. This was determined to be acceptable by the SFMTA and approved on July 23, 2014, subject to updating.

NEXT STEPS:

CPMC will monitor the contractor in fulfilling this TMP. CPMC will revise the Plan as needed based on construction crew demographics and travel patterns.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

Community engagement not needed. CPMC will provide contact information to neighbors who have concerns about the project's construction impacts.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

NA

ADDITIONAL FUNDS REQUIRED:

NA

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	MMRP: Transportation and Circulation

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mitigation Measure - 47 Van Ness	Exhibit D - MM-TR-134 (Cathedral Hill)

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	10/8/20	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION (Mitigation Measure):

CPMC shall financially compensate the SFMTA for the cost of providing the additional service needed to potentially mitigate the transit delay impacts on the 47-Van Ness resulting from the Cathedral Hill Campus project. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs has been set forth in the Development Agreement between CPMC and SFMTA.

CURRENT STATUS:

SFMTA has received the entire $6.5 million Transit Fee (Development Agreement, Exhibit K, item 3). Entire sum of Transit Fee will be dedicated to the Van Ness Bus Rapid Transit (Muni Routes 47 and 49), which is under construction and expected to begin revenue service by 2020.

NEXT STEPS:

Complete construction of Van Ness BRT project.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The SFMTA will report through annual compliance report and its Citizens Advisory Council how funds are being applied, starting in 2016.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$6,500,000.00	$6,500,000.00

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded

ADDITIONAL FUNDS REQUIRED:

None

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	MMRP: Transportation and Circulation

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mitigation Measure - 3 Jackson	Exhibit D - MM-TR-137 (Cathedral Hill)

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	10/8/20	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION (Mitigation Measure):

CPMC shall financially compensate the SFMTA for the cost of providing the additional service needed to potentially mitigate the transit delay impacts on the 3-Jackson resulting from the Cathedral Hill Campus project. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs has been set forth in the Development Agreement between CPMC and SFMTA.

CURRENT STATUS:

SFMTA has received the entire $6.5 million Transit Fee (Development Agreement, Exhibit K, item 3). Entire sum of Transit Fee will be dedicated to the Van Ness Bus Rapid Transit (Muni Routes 47 and 49), which is under construction and expected to begin revenue service by 2020.

NEXT STEPS:

Complete construction of Van Ness BRT project.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The SFMTA will report through annual compliance report and its Citizens Advisory Council how funds are being applied, starting in 2016.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$6,500,000.00	$6,500,000.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded

ADDITIONAL FUNDS REQUIRED:

None

OTHER OBLIGATIONS

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**San Jose Ave**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
San Jose Avenue City Project	**§ 3.3**

LEAD DEPARTMENT:	San Francisco Public Works	**COMPLETION DATE:**	1/29/14	
STAFF CONTACT NAME:	Patrick Rivera	**OBLIGATION STATUS:**	COMPLETE	☑
STAFF CONTACT TITLE:	Division Manager, Infrastructure Design & Construction		IN PROGRESS	☐
EMAIL:	patrick.rivera@sfdpw.org		IN COMPLIANCE	☑
PHONE:	(415) 554-8221		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

Completion of San Jose Avenue City Project. The failure to complete the San Jose Avenue City Project in accordance with the timing set forth in the Schedule and Phasing Plan may entitle CPMC to a period of Excusable Delay in connection with the Hospital Commitment as set forth in Section 10.6.2.

CURRENT STATUS:

Projects 1201J Cesar Chavez Street Sewer Improvement Project and 1068J Cesar Chavez Streetscape Improvements - 101 To Guerrero are complete. The pedestrian enhancements include three dozen bulb-outs that widen the sidewalk at intersections to shorten the crossing distance; widened medians where people can wait safely to cross the street if they can't make it in one traffic-signal cycle; and raised crosswalks at two intersections to increase driver awareness.

Other upgrades include new bike lanes, left-turn pockets for motorists, new and rehabilitated sewers and new paving along the entire stretch to make the ride safer and smoother for all users. Traffic lanes were reduced from three in each direction to two.

In addition, several environmentally smart design elements were incorporated. Among them: storm-water planters and pervious pavement to allow rainwater to percolate through the ground to put less burden on the sewer system; and 302 new street trees and 7,600 plants along the median and the sidewalks. In all, 38,620 sq. ft. of concrete and asphalt were converted to green space. Streetlights along the corridor also were upgraded to LED for energy efficiency.

NEXT STEPS:

None.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	San Jose Ave Project

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Vacation and Transfer of San Jose Ave to CPMC	§ 3.2

LEAD DEPARTMENT:	Real Estate Division	COMPLETION DATE:	10/29/14	
STAFF CONTACT NAME:	John Updike	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Director		IN PROGRESS	
EMAIL:	john.updike@sfgov.org		IN COMPLIANCE	✓
PHONE:	(415) 554-9850		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

In connection with the Project, the City shall vacate and abandon all public rights in the Former Street Property..., each in connection with the completion of the San Jose Avenue CPMC Project and the San Jose Avenue City Project. The City shall transfer the Former Street Property to CPMC in accordance with the San Jose Avenue Transfer Agreement...

CURRENT STATUS:

The land transfer has been completed.

NEXT STEPS:

None.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$1,010,000.00	$1,010,000.00
CPMC'S FUNDING OBLIGATION REMAINING:	
$0.00	

EXHIBIT A

Coblentz
Patch Duffy
& Bass LLP

One Ferry Building, Suite 200
San Francisco, CA 94111-4213
415 391 4800
coblentzlaw.com

November 19, 2013

John Rahaim
Director of Planning
San Francisco Planning Department
1650 Mission Street
San Francisco, CA 94103

Re: Confirmation of "Effective Date" and "Finally Granted" Date as Defined in the California Pacific Medical Center Development Agreement

Dear Mr. Rahaim:

We are submitting this letter on behalf of our client, Sutter West Bay Hospitals, doing business as California Pacific Medical Center ("CPMC"), to confirm and memorialize the "Effective Date" and the date upon which the Approvals were "Finally Granted", as those terms are defined in the Development Agreement Relating to the Construction and Reconstruction of Healthcare Facilities in Furtherance of the California Pacific Medical Center Long Range Development Plan by and between the City and County of San Francisco and Sutter West Bay Hospitals dated August 8, 2013, and recorded in the Official Records of the City and County of San Francisco on August 12, 2013, as Instrument No. 2013J728647 (the "DA").

For purposes of the DA, the parties agree that the "Effective Date", as defined in Section 2.1 of the DA, is August 10, 2013, and the date upon which the Approvals were "Finally Granted", as defined in Section 1.55 of the DA, is November 8, 2013.

Please countersign below to confirm the City's concurrence that the "Effective Date" and "Finally Granted" date are the dates stated above.

Very truly yours,

Joshua R. Steinhauer

cc: Ken Rich
Charles Sullivan
Audrey Pearson

05235.020 2634429v6

AGREED AND ACCEPTED:
CITY AND COUNTY OF SAN FRANCISCO

By: _____
John Rahaim

Its: Director of Planning

Dated: 11·22-13

EXHIBIT B

Workforce Fund Grant Agreement

This Workforce Fund Grant Agreement ("**Workforce Fund Agreement**") is entered into between Sutter West Bay Hospitals, a California nonprofit public benefit corporation, doing business as California Pacific Medical Center ("**CPMC**") and San Francisco Foundation ("**Grantee**"), and is further agreed to and accepted by the City and County of San Francisco. Capitalized terms have the meaning set forth in paragraph 1 or as otherwise indicated in this Workforce Fund Agreement.

1. Definitions.

(a) Allowable Costs: The costs of Grantee allocable to the Workforce Fund, as set forth in paragraph 9.

(b) City: The City and County of San Francisco, California, a municipal corporation organized and existing under the laws of the State of California.

(c) Committee: The committee of fund advisers described in paragraph 5 of this Workforce Fund Agreement.

(d) Workforce Fund: The amount contributed by CPMC pursuant to paragraph 3.

(e) Workforce Fund Balance: The amount equal to the Workforce Fund adjusted to reflect (i) increases by investment earnings, and (ii) decreases by investment losses, disbursements to recipients pursuant to this Workforce Fund Agreement ("**Disbursements**"), and Allowable Costs.

(f) Development Agreement: That certain Development Agreement Relating to the Construction and Reconstruction of Health Facilities in Furtherance of the California Pacific Medical Center Long Range Development Plan By and Between the City and Sutter West Bay Hospitals dated August 8, 2013.

(g) Workforce Projects: The Workforce Projects as described in the Workforce Agreement, Exhibit E to the Development Agreement.

2. Purpose. The contributions made to Grantee pursuant to this Workforce Fund Agreement shall be used as a designated fund for workforce training purposes and such funds shall be targeted to educational institutions and non-profit organizations with an existing track record of working in the impacted communities (such as Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods) and in providing barrier removal and job training for the employment opportunities created by the Project in accordance with the terms set forth in this Workforce Fund Agreement.

3. Workforce Fund. Subject to the conditions set forth below and provided that the Development Agreement has not previously been terminated, CPMC shall contribute to the Grantee the total amount of Three Million Dollars ($3,000,000) in installments to be held as a

designated fund by Grantee. The Workforce Fund contributions shall be made as follows: Two Million Dollars ($2,000,000) within thirty (30) days of the earlier of the date Approvals are Finally Granted or the date the Cathedral Hill Hospital Commences Construction, both as defined in the Development Agreement, and the remainder on the first anniversary of the first payment, in accordance with Exhibit N (Payment Schedule) to the Development Agreement. Notwithstanding the foregoing, nothing in this Workforce Fund Agreement shall be construed as a binding pledge to Grantee enforceable by Grantee.

4. Investment Instructions. The Workforce Fund and Workforce Fund Balance shall be invested with a five (5) year horizon for Disbursements as described in paragraph 6(b). Grantee shall exercise final control of the investment of the Workforce Fund Balance pursuant to Grantee's investment policy and the provisions of this paragraph 4.

5. Committee of Fund Advisors.

(a) There shall be a committee of Workforce Fund advisors (the "**Committee**"). The Committee shall consist of three members: (i) one representative of OEWD on behalf of the City, (ii) one representative of CPMC, and (iii) one representative of Grantee. The Committee shall have the duties specified in this Workforce Fund Agreement and shall provide advice regarding the Disbursements to be made from the Workforce Fund, including the rate, schedule and allocation of Disbursements and the terms, goals and purposes thereof, without liability of any kind or character to any person on account of such advice. Every effort will be made to reach a consensus on any such advice from the members of the Committee. If a consensus is not reached, the City and CPMC shall, through the Committee, provide a single report to Grantee conveying their views, and Grantee shall have the authority to make final Disbursement decisions after considering such report. Subject to the foregoing right of the Committee to provide advice regarding Disbursements, Grantee shall exercise final control of the Disbursement of the Workforce Fund Balance pursuant to the terms of this Workforce Fund Agreement. Except where in this Workforce Fund Agreement notice is specified to be provided by a specific party, Grantee may rely on a written instruction or notice from City or CPMC, as members of the Committee, and shall have no obligation to investigate whether any such written instruction or notice is agreed to by any other member of the Committee, or is consistent with the obligations of CPMC or the City to any party other than Grantee. All Disbursements must be approved by the Board of Trustees of the San Francisco Foundation.

(b) Each year, no later than ninety (90) days after the close of Grantee's annual accounting period, Grantee shall prepare and provide to each member of the Committee, a written accounting of the Workforce Fund Balance, principal and earnings of the Workforce Fund for the preceding year, and Workforce Fund Disbursements.

(c) Grantee shall maintain records as part of its accounting system to account for all Disbursements, costs and expenses for a period of not less than four (4) years following the date of such Disbursements, costs or other expenditures, and annually make records available to City and CPMC as provided herein and upon request.

6. Annual Disbursements.

(a) Grantee shall annually distribute a portion of the Designated Fund Balance to third-party educational institutions and non-profit recipients and others through a grant application process approved by the Committee, in an amount and for such purposes as are consistent with the purposes of the Workforce Fund as described herein.

(b) The annual grant Disbursements shall be scheduled and allocated in such manner so as to maintain sufficient Workforce Fund Balance so that Disbursements may be provided for five (5) years. The first Disbursements shall be made within one (1) year of the first contribution to the Workforce Fund, as determined by the Committee and Grantee as provided above.

(c) Grantee shall confer with the Committee and obtain Disbursement advice from CPMC and City through the Committee prior to making a Disbursement commitment in accordance with Section 5(a) above. Grantee shall impose restrictions and/or conditions on grant Disbursements as necessary to ensure accountability for use of funds and to monitor effectiveness.

(d) City and CPMC shall have no right to challenge the appropriateness or the amount of any Disbursement provided it is consistent with the procedures and purposes identified herein.

7. Initial Program Goals and Allocation. In implementation of the program purposes described in Section 2 above, the Committee shall consult with third-party subject matter experts, in workforce training delivery, as necessary, to evaluate the feasibility, cost-effectiveness, and sustainability of grant proposals. The program purposes and allocations may be adjusted as determined in accordance with Section 5 above.

8. Termination of This Workforce Fund Agreement.

(a) Termination by Grantee. If at any time Grantee (i) fails to qualify as an organization described in Internal Revenue Code Section 501(c)(3), (ii) ceases to exist, or (iii) determines, in its sole judgment, that any restriction or condition in this Workforce Fund Agreement has become unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community served, then Grantee shall provide notice to CPMC and City and then transfer the entire Workforce Fund Balance within forty-five (45) days to a successor nonprofit charitable trust, fund, foundation or corporation which has established its tax-exempt status under Internal Revenue Code Section 501(c)(3) and that meets with the approval of CPMC and City.

(b) Termination of Development Agreement. CPMC or City shall notify Grantee no later than ten (10) days after any termination of the Development Agreement between CPMC and City prior to the expiration of its Term. In such event, CPMC shall cease to be a member of the advising Committee, and Grantee shall continue to administer the Workforce Fund Balance in accordance with this Agreement.

9. Allowable Costs. The costs of establishing the Workforce Fund, investment expenses, management fees for professional managers and advisors (whether the Workforce Fund Balance is separately managed or co-mingled with an endowment pool containing other funds) plus 7% for overhead costs of Grantee, shall be charged against the Workforce Fund. If co-mingled, the Workforce Fund Balance shall bear not more than its proportionate share of the fees and costs.

10. Notice.

(a) Procedure. All formal notices to a party shall be in writing and given by delivering the same to such party in person or by sending the same by registered or certified mail, or Express Mail, return receipt requested, with postage prepaid, or by overnight courier delivery, to such party's mailing address. The respective mailing addresses of the parties are, until changed as hereinafter provided, the following:

GRANTOR:

Grant Davies
Executive Vice President
California Pacific Medical Center
2351 Clay Street, 7th Floor
San Francisco, CA 94115

with a copy to:

Michael Duncheon
VP & Regional Counsel
West Bay Region Office of the General Counsel
Sutter Health
633 Folsom Street, Seventh Floor
San Francisco, CA 94107

GRANTEE:

San Francisco Foundation
1 Embarcadero Center, Suite 1400
San Francisco, CA 94111
Attention: James W. Head

CITY:

Director
Office of Economic and Workforce Development
Workforce Development Division
One South Van Ness Avenue, Fifth Floor
San Francisco, CA 94102

(b) Notices and communications to members of the Committee shall be given in the manner provided herein at the addresses above, unless otherwise provided by each such member.

(c) Notices and communications with respect to technical matters in the routine performance and administration of this Workforce Fund Agreement shall be given by or to the appropriate representative of a party by such means as may be appropriate to ensure adequate communication of the information, including written confirmation of such communication where necessary or appropriate. All formal notices under this Workforce Fund Agreement shall be deemed given, received, made or communicated on the date personal delivery is effected or, if mailed or sent by courier, on the delivery date or attempted delivery date shown on the return receipt or courier records. Any notice which a party desires to be a formal notice hereunder and binding as such on the other party must be given in writing and served in accordance with this paragraph.

(d) Change of Notice Address. A party or member of the Committee may change its, his or her mailing address at any time by giving formal written notice of such change to the other party (or both parties in the case of a member of the Committee) and each member of the Committee in the manner provided in this paragraph at least ten (10) days prior to the date such change is effected.

11. Obligations of Grantee.

(a) In addition to any other reports or notices required by this Workforce Fund Agreement, and until otherwise notified by CPMC or City that the requirement has or will be satisfied by the accounting provided pursuant to Section 5(b) above, Grantee shall submit to CPMC and City full and complete annual reports on the manner in which the principal and income (if any) arising from the Workforce Fund Balance have been allocated or Disbursed, and such annual reports shall be due no later than ninety (90) days after the close of Grantee's annual accounting period.

(b) Grantee shall maintain records of receipts and expenditures and shall make its books and records relating to this Workforce Fund available to CPMC and City at reasonable times.

(c) Grantee shall not use any portion or proceeds from the Workforce Fund:

(1) to carry on propaganda, or otherwise to attempt to influence legislation (within the meaning of Internal Revenue Code Section 4945(d)(1)),

(2) to influence the outcome of any specific public election of any candidate for public office, or to carry on, directly or indirectly, any voter registration drive (within the meaning of Internal Revenue Code Section 4945(d)(2)),

(3) to make any grant to an individual or to another organization unless such grant shall be specifically described in paragraph 6, 7 or 8 hereof,

(4) to undertake any activity for any purpose other than one specified in Internal Revenue Code Section 170(c)(2)(B).

(d) Grantee shall notify CPMC and City of any organizational changes during the term of the grant, including, but not limited to, any changes in the office of President or CEO and Treasurer or CFO, changes in the Grantee's tax-exempt status, and any event that is a disqualification event described in Section 8(a).

12. Miscellaneous. This Workforce Fund Agreement shall be governed by and construed in accordance with the laws of the State of California applicable to contracts entered into between California residents and wholly to be performed in California. This Workforce Fund Agreement constitutes the entire agreement between the parties and supersedes any prior agreements between the parties. This Workforce Fund Agreement may not be modified, and no provision waived, without the prior written consent of the party against whom enforcement of the amendment or waiver is sought.

13. Time. Time is of the essence of this Workforce Fund Agreement and of each and every term and condition hereof. "Days" shall mean calendar days. In the event that any period of time to perform an obligation or notice period under this Workforce Fund Agreement ends on a Saturday, Sunday or state or national holiday, the applicable time period shall be extended to the next business day.

IN WITNESS WHEREOF, the undersigned have executed this Workforce Fund Agreement on the dates indicated.

CPMC

Sutter West Bay Hospitals,
a California nonprofit public benefit corporation, dba CPMC

By: _____

Its: President

Dated: 10/9/13

GRANTEE

San Francisco Foundation,
a California nonprofit public benefit corporation

By: _____

Its: 10.14.13

Dated: CFO

APPROVED AS TO FORM:

DENNIS J. HERRERA,
City Attorney

By: _____
Deputy City Attorney
City and County of San Francisco

AGREED AND ACCEPTED:

CITY AND COUNTY OF SAN FRANCISCO

By: _____

Its: DIRECTOR OF WORKFORCE DEVELOPMENT

Dated: October 10th, 2013

EXHIBIT C

Innovation Fund Grant Agreement

This Innovation Fund Grant Agreement ("**Innovation Fund Agreement**") is entered into between Sutter West Bay Hospitals, a California nonprofit public benefit corporation, doing business as California Pacific Medical Center ("**CPMC**") and [San Francisco Foundation] ("**Grantee**"), and is further agreed to and accepted by the City and County of San Francisco. Capitalized terms have the meaning set forth in paragraph 1 or as otherwise indicated in this Innovation Fund Agreement.

1. Definitions.

(a) Allowable Costs: The costs of Grantee allocable to the Innovation Fund, as set forth in paragraph 9.

(b) City: The City and County of San Francisco, California, a municipal corporation organized and existing under the laws of the State of California.

(c) Committee: The committee of fund advisers described in paragraph 5 of this Innovation Fund Agreement.

(d) Innovation Fund: The amount contributed by CPMC pursuant to paragraph 3.

(e) Innovation Fund Balance: The amount equal to the Innovation Fund adjusted to reflect (i) increases by investment earnings, and (ii) decreases by investment losses, disbursements to healthcare providers pursuant to this Innovation Fund Agreement ("**Disbursements**"), and Allowable Costs.

(f) Development Agreement: That certain Development Agreement Relating to the Construction and Reconstruction of Health Facilities in Furtherance of the California Pacific Medical Center Long Range Development Plan By and Between the City and Sutter West Bay Hospitals dated August 8, 2013.

(g) Project: The CPMC project as contemplated by the CPMC Long Range Development Plan and as generally described in Exhibits B-1 to B-5 of the Development Agreement.

2. Purpose. The contributions made to Grantee pursuant to this Innovation Fund Agreement shall be used as a designated fund to enhance the performance and improve the sustainability of community based service providers in the City, in accordance with the terms set forth in this Innovation Fund Agreement.

3. Innovation Fund. Subject to the conditions set forth below and provided that the Development Agreement has not previously been terminated, CPMC shall contribute to the

Grantee the total amount of Eight Million Six Hundred Thousand Dollars ($8,600,000) in installments to be held as a designated fund by Grantee. The Innovation Fund contributions shall be made as follows: Two Million Dollars ($2,000,000), within thirty (30) days of the Effective Date, as defined in the Development Agreement, and the remainder in accordance with Exhibit N (Payment Schedule) to the Development Agreement. Notwithstanding the foregoing, nothing in this Innovation Fund Agreement shall be construed as a binding pledge to Grantee enforceable by Grantee.

4. Investment Instructions. The Innovation Fund and Innovation Fund Balance shall be invested with a five (5) year horizon for Disbursements as described in paragraph 6(b). Grantee shall exercise final control of the investment of the Innovation Fund Balance pursuant to Grantee's investment policy and the provisions of this paragraph 4.

5. Committee of Fund Advisors.

(a) There shall be a committee of Innovation Fund advisors (the "**Committee**"). The Committee shall consist of three members: (i) one representative of the City, (ii) one representative of CPMC, and (iii) one representative of Grantee. The Committee shall have the duties specified in this Innovation Fund Agreement and shall provide to the Grantee advice regarding the Disbursements to be made from the Innovation Fund, including the rate, schedule and allocation of Disbursements and the terms, goals and purposes thereof, without liability of any kind or character to any person on account of such advice. Every effort will be made to reach a consensus on any such advice from the members of the Committee and Grantee. If a consensus is not reached, the City and CPMC shall, through the Committee, nevertheless provide a single report to the Grantee conveying the view of each of the Committee members, and Grantee shall have the authority to make final Disbursement decisions after considering such report. Subject to the foregoing right of the Committee to provide advice regarding Disbursements, Grantee shall exercise final control of the Disbursement of the Innovation Fund Balance pursuant to the terms of this Innovation Fund Agreement. Except where in this Innovation Fund Agreement notice is specified to be provided by a specific party, Grantee may rely on a written notice from City or CPMC, as members of the Committee, and shall have no obligation to investigate whether any such written instruction or notice is agreed to by any other member of the Committee, or is consistent with the obligations of CPMC or the City to any party other than Grantee. All Disbursements must be approved by the Board of Trustees of the San Francisco Foundation.

(b) Each year, no later than ninety (90) days after the close of Grantee's annual accounting period, Grantee shall prepare and provide to each member of the Committee, a written accounting of the Innovation Fund Balance, principal and earnings of the Innovation Fund for the preceding year, and Innovation Fund Disbursements.

(c) Grantee shall maintain records as part of its accounting system to account for all Disbursements, costs and expenses for a period of not less than four (4) years following

the date of such Disbursements, costs or other expenditures, and annually make records available to City and CPMC as provided herein and upon request.

6. Annual Disbursements.

(a) Grantee shall annually distribute a portion of the Designated Fund Balance to third-party health care providers/recipients and others through a grant application process approved by the Committee, in an amount and for such purposes as are consistent with the purposes of the Innovation Fund as described herein.

(b) The annual grant Disbursements shall be scheduled and allocated in such manner so as to maintain sufficient Innovation Fund Balance so that Disbursements may be provided for five (5) years. The first Disbursements shall be made within one (1) year of the contribution of the Innovation Fund, as determined by the Committee and Grantee as provided above.

(c) Grantee shall confer with the Committee and obtain Disbursement advice from CPMC and City through the Committee prior to making a Disbursement commitment in accordance with Section 5(a) above. Grantee shall impose restrictions and/or conditions on grant Disbursements as necessary to ensure accountability for use of funds and to monitor effectiveness.

(d) City and CPMC shall have no right to challenge the appropriateness or the amount of any Disbursement provided it is consistent with the procedures and purposes identified herein.

7. Initial Program Goals and Allocation. The initial program goals and Innovation Fund allocation guidelines for Disbursements are as follows:

(a) Support and improve the capacity of community clinics to increase their participation in managed Medi-Cal programs, including, but not exclusive to, the creation of a new MSO or expansion of current MSOs, development of care management capabilities, implementation and integration of evidence-based chronic disease management and team-based care models, investment in electronic medical records, participation in the San Francisco Health Information Exchange and developing organizational partnerships between CPMC and existing community clinics, and support for provision of specialty medical services;

(b) Support community-based health, human service and behavioral health service providers, with a specific focus on Tenderloin, Mission, Western Addition, South of Market, Bayview and Chinatown neighborhoods, including providers of community-based alternatives to inpatient psychiatric care that allows patients to receive services in the most appropriate and least restrictive setting and reduce unnecessary hospitalizations.

In implementation of the program goals related to MSOs, the Committee will consult with third-party subject matter experts, in health care delivery in a managed care environment, as necessary, to evaluate the feasibility, cost-effectiveness, and sustainability of grant proposals; and

These initial program goals and allocation guidelines are subject to change as determined in accordance with Section 5 above.

8. Termination of This Innovation Fund Agreement.

(a) Termination by Grantee. If at any time Grantee (i) fails to qualify as an organization described in Internal Revenue Code Section 501(c)(3), (ii) ceases to exist, or (iii) determines, in its sole judgment, that any restriction or condition in this Innovation Fund Agreement has become unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community served, then Grantee shall provide notice to CPMC and City and then transfer the entire Innovation Fund Balance within forty-five (45) days to a successor nonprofit charitable trust, fund, foundation or corporation which has established its tax-exempt status under Internal Revenue Code Section 501(c)(3) and that meets with the approval of CPMC and City.

(b) Termination of Development Agreement. CPMC or City shall notify Grantee no later than ten (10) days after any termination of the Development Agreement between CPMC and City prior to the expiration of its Term. In such event, CPMC shall cease to be a member of the advising Committee, and Grantee shall continue to administer the Innovation Fund Balance in accordance with this Agreement.

9. Allowable Costs. The costs of establishing the Innovation Fund, investment expenses, management fees for professional managers and advisors (whether the Innovation Fund Balance is separately managed or co-mingled with an endowment pool containing other funds) plus 7% for overhead costs of Grantee, shall be charged against the Innovation Fund. If co-mingled, the Innovation Fund Balance shall bear not more than its proportionate share of the fees and costs.

10. Notice.

(a) Procedure. All formal notices to a party shall be in writing and given by delivering the same to such party in person or by sending the same by registered or certified mail, or Express Mail, return receipt requested, with postage prepaid, or by overnight courier delivery, to such party's mailing address. The respective mailing addresses of the parties are, until changed as hereinafter provided, the following:

GRANTOR:

Grant Davies
Executive Vice President
California Pacific Medical Center
2351 Clay Street, 7th Floor
San Francisco, CA 94115

with a copy to:

Michael Duncheon
VP & Regional Counsel
West Bay Region Office of the General Counsel
Sutter Health
633 Folsom Street, Seventh Floor
San Francisco, CA 94107

GRANTEE:

San Francisco Foundation
1 Embarcadero Center, Suite 1400
San Francisco, CA 94111
Attention: James W. Head

CITY:

DPH Director
101 Grove Street
San Francisco, CA 94102-4593

(b) Notices and communications to members of the Committee shall be given in the manner provided herein at the addresses above, unless otherwise provided by each such member.

(c) Notices and communications with respect to technical matters in the routine performance and administration of this Innovation Fund Agreement shall be given by or to the appropriate representative of a party by such means as may be appropriate to ensure adequate communication of the information, including written confirmation of such communication where necessary or appropriate. All formal notices under this Innovation Fund Agreement shall be deemed given, received, made or communicated on the date personal delivery is effected or, if mailed or sent by courier, on the delivery date or attempted delivery date shown on the return receipt or courier records. Any notice which a party desires to be a

formal notice hereunder and binding as such on the other party must be given in writing and served in accordance with this paragraph.

(d) Change of Notice Address. A party or member of the Committee may change its, his or her mailing address at any time by giving formal written notice of such change to the other party (or both parties in the case of a member of the Committee) and each member of the Committee in the manner provided in this paragraph at least ten (10) days prior to the date such change is effected.

11. Obligations of Grantee.

(a) In addition to any other reports or notices required by this Innovation Fund Agreement, and until otherwise notified by CPMC or City that the requirement has or will be satisfied by the accounting provided pursuant to Section 5(b) above, Grantee shall submit to CPMC and City full and complete annual reports on the manner in which the principal and income (if any) arising from the Innovation Fund Balance have been allocated or Disbursed, and such annual reports shall be due no later than ninety (90) days after the close of Grantee's annual accounting period.

(b) Grantee shall maintain records of receipts and expenditures and shall make its books and records relating to this Innovation Fund available to CPMC and City at reasonable times.

(c) Grantee shall not use any portion or proceeds from the Innovation Fund:

(1) to carry on propaganda, or otherwise to attempt to influence legislation (within the meaning of Internal Revenue Code Section 4945(d)(1)),

(2) to influence the outcome of any specific public election of any candidate for public office, or to carry on, directly or indirectly, any voter registration drive (within the meaning of Internal Revenue Code Section 4945(d)(2)),

(3) to make any grant to an individual or to another organization unless such grant shall be specifically described in paragraph 6, 7 or 8 hereof,

(4) to undertake any activity for any purpose other than one specified in Internal Revenue Code Section 170(c)(2)(B).

(d) Grantee shall notify CPMC and City of any organizational changes during the term of the grant, including, but not limited to, any changes in the office of President or CEO and Treasurer or CFO, changes in the Grantee's tax-exempt status, and any event that is a disqualification event described in Section 8(a).

12. Miscellaneous. This Innovation Fund Agreement shall be governed by and construed in accordance with the laws of the State of California applicable to contracts entered into between California residents and wholly to be performed in California. This Innovation Fund Agreement constitutes the entire agreement between the parties and supersedes any prior agreements between the parties. This Innovation Fund Agreement may not be modified, and no provision waived, without the prior written consent of the party against whom enforcement of the amendment or waiver is sought.

13. Time. Time is of the essence of this Innovation Fund Agreement and of each and every term and condition hereof. "Days" shall mean calendar days. In the event that any period of time to perform an obligation or notice period under this Innovation Fund Agreement ends on a Saturday, Sunday or state or national holiday, the applicable time period shall be extended to the next business day.

IN WITNESS WHEREOF, the undersigned have executed this Innovation Fund Agreement on the dates indicated.

CPMC

Sutter West Bay Hospitals,
a California nonprofit public benefit corporation, dba CPMC

By: _____

Its: President

Dated: August 7, 2013

APPROVED AS TO FORM:

DENNIS J. HERRERA,
City Attorney

By: _____
Deputy City Attorney
City and County of San Francisco

GRANTEE

San Francisco Foundation,
a California nonprofit public benefit corporation

By: _____

Its: CFO

Dated: 8/30/13

AGREED AND ACCEPTED:

CITY AND COUNTY OF SAN FRANCISCO

By: _____

Its: Director of Public Health

Dated: 8/8/13

EXHIBIT D

Section 10: Culturally and Linguistically Appropriate Services

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).

CLAS Standards

Principal Standard:		Reference	Internal Monitoring/Metric(s)
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.	Multilingual health literacy sensitive patient educational materials made available in print and online. Our CME courses include the cultural and linguistic issues as appropriate.	Guideline: address culturally competent care	Regular audits of all patient education materials for consistency, currency and appropriate language translations. Corrections made as needed. Each CME offering has documentation of cultural and linguistic component.
Governance, Leadership and Workforce:			
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	Senior leadership roles support and promote CLAS through policies, practices and allocated resources.	Guideline: address culturally competent care	Administrative polices are updated/reviewed every three years and monitored by the Policy & Procedure Committee.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	CPMC is actively engaged in promoting workforce recruitment of population in the service area. Employees are required to participate in online education to remain responsive to our patient as well as service area population.	Guideline: address culturally competent care	1. Language capacity of staff and voluntary equal employment opportunity metrics collected and tracked through HR system. 2. CPMC engages in affirmative action planning and metrics are tracked annually. 3. HR works with specific departments to recruit and hire staff based on the cultural and linguistic needs of patients. Relevant data is pulled and analyzed from HR and patient care systems to inform these efforts.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	Sutter Health maintains online resources and communications on cultural & linguistic competency. 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. Additionally, CPMC Certified Interpreters will, on request, provide education/information on cultural beliefs and practices to further personalized care.	Title VI; mandated for agencies that receive federal funding	Completion of annual mandatory training for all employees is tracked and reported to managers; percentage of completed trainings are monitored.
Communication and Language Assistance:			
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.	The Medical Center provides 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.	Title VI; mandated for agencies that receive federal funding	1.Number of activities on interpreting by language groups & interpreting modalities (in person, telephonic, remote video). 2. LEP census by campus. 3. Accuracy of LEP needs in the Sutter Electronic Health Record. 4. Daily activities of on-site language interpreters taking non pre-scheduled requests
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	Individuals are informed regarding availability of language assistance services in their preferred language verbally as needed and in print. Print notices include those with our top 4 common languages(Chinese, Spanish, Russian & Tagalog), and Language Identifications instructions are in 20 common languages.	Title VI; mandated for agencies that receive federal funding	Regular review to ensure multi-language signage at key points throughout all campuses notifying patients of the availability of language assistance services.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	Individuals providing language assistance include Certified Medical Interpreters & Qualified Bilingual Staff. CPMC's Interpreter Services Department has programs that evaluate and ensure the language competency of our bilingual staff. 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. Use of minors, family members and untrained individuals are avoided.	Title VI; mandated for agencies that receive federal funding	1. Current information about Qualified Bilingual Staff (certified at Medical/Basic level by external independent agency) maintained and publicized on institutional intranet. 2. Quality assurance program in place to ensure competency of vendor in person interpreters. 3. Certified staff interpreters activities, efficiency and competency monitored regularly
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	Signage provided in our common languages: Chinese, Spanish, Russian and Tagalog (at St Luke's)	Guideline	1. Staff interpreters round and audit the accuracy and adequacy of multi-lingual signs. 2. Multi-lingual Patient Satisfaction Surveys. 3. Multi-lingual essential communications.

Principal Standard:		Reference	Internal Monitoring/Metric(s)
Engagement, Continuous Improvement, and Accountability:		Guideline	
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 and operations.	Guideline	Administrative polices are updated/reviewed every three years and monitored by the Policy & Procedure Committee.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	Appropriate department level evaluations and patient surveys of CLAS related activities/measures are performed.	Guideline	Patient Satisfaction surveys are provided in preferred languages. Results of appropriate department level assessments reported to Senior Management.
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.	Sutter EHR system collects/records demographic data and language needs of patients and department level assessments done as needed and care provided appropriately.	Guideline	Sutter Electronic Health Record generated LEP Census Reports made available by campus to all appropriate departments for assessment.
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.	CPMC conducts a tri-annual community health needs assessment in partnership with community based organizations, San Francisco Hospitals and the San Francisco Department of Public Heath. CPMC works with SFHIP and through an annual implementation plan to respond to needs identified in the assessment. Additionally 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.	Guideline	The tri-annual community health needs assessment and annual implementation plans are submitted to the IRS and OSHPD and published on the CPMC public website. CPMC participates in SFHIP on an ongoing basis through the Steering Committee. Sutter Electronic Health Record generated LEP Census Reports made available by campus to all appropriate departments for assessment.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	CPMC conducts a tri-annual community health needs assessment in partnership with community based organizations, San Francisco Hospitals and the San Francisco Department of Public Heath. CPMC works with SFHIP and through an annual implementation plan to respond to needs identified in the assessment.	Guideline	The tri-annual community health needs assessment and annual implementation plans are submitted to the IRS and OSHPD and published on the CPMC public website. CPMC participates in SFHIP on an ongoing basis through the Steering Committee.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	CPMC's Patient & Customer Relations Department has processes to handle complaints & grievances of all nature with commitment to service excellence and quality personalized care.	Recommendation	Cultural/diversity complaints tracked as an Event Type in our Online Occurrence Report system. All complaints and grievances are investigated. In compliance with CMS, grievances are acknowledge within 7 days and final response given within 30 days.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.	Communicated through website, staff meeting and city-wide partnerships.	Recommendation	Communications works with Senior Management to broadcast updates through internal and external channels.

CALIFORNIA PACIFIC MEDICAL CENTER LONG RANGE DEVELOPMENT PLAN DEVELOPMENT AGREEMENT

2020 COMPLIANCE STATEMENT

and

HEALTHCARE COMPLIANCE REPORT

(January 1, 2020 - December 31, 2020)

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1. COMPLIANCE STATEMENT

This Compliance Statement is submitted under Section 8 of the Development Agreement (DA) demonstrating compliance with the DA obligations, including, without limitations, (i) the Hospital Commitment, (ii) each of the Community Commitments, including each of the Healthcare Obligations described in Exhibit F of the DA, and (iii) reimbursement of City Costs. See Section 8.2.1.[1] Compliance with the Healthcare Obligations is separately addressed and described in the Healthcare Compliance Report, attached hereto as Attachment 1.

2. SCHEDULE AND PHASING PLAN – HOSPITAL COMMITMENT

2.1 Construction Schedules

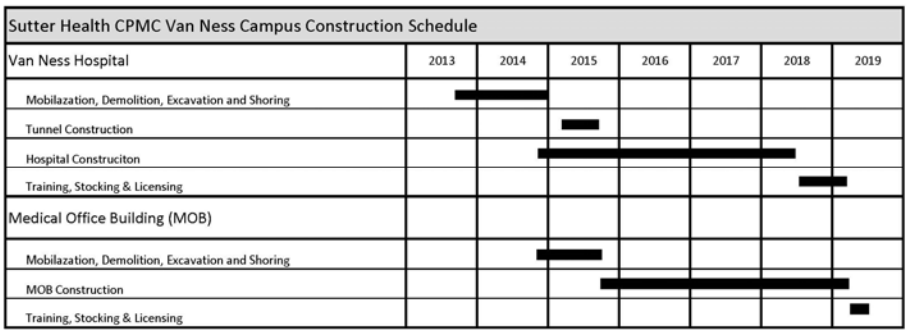
CPMC has, in accordance with Section 4.2.3, kept the City informed of its progress in satisfying the Hospital Commitment by reporting on the timing/progress of construction at the Mission Bernal Campus and the Van Ness Campus, as described below.

a. Van Ness Campus - Construction

i. Hospital – Opening of the Van Ness Campus Hospital, March 4, 2019

ii. Medical Office Building – First tenants took occupancy in March 2019

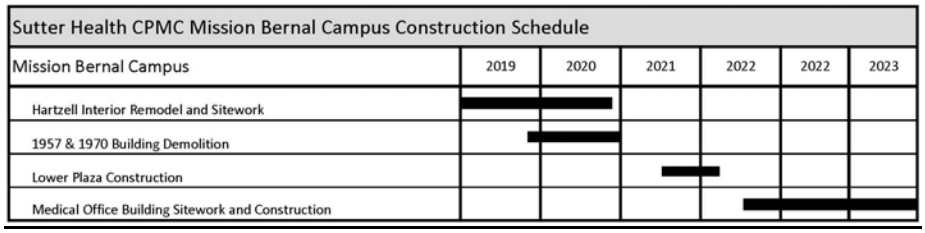
Schedule 1 – Van Ness Campus



b. Mission Bernal Campus - Construction

i. Mission Bernal Campus Hospital open since August 25, 2018

Schedule 2 – Mission Bernal Campus



[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.

3. COMMUNITY COMMITMENTS

3.1 Workforce Agreement (Exhibit E)

a. First Source Entry Level Hiring

CPMC is in compliance and, in coordination with First Source, is making the required good faith efforts regarding the Entry Level Hiring Goal. What constitutes good faith efforts is stated in DA Exhibit E, Sections 5 and 9. CPMC achieved a 50% entry level First Source hiring rate for calendar year 2020. See Attachment 3 for specifics on entry level hiring for hospital operations.

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

b. Construction Hiring. Of the construction projects subject to the terms of the Development Agreement, all of those that have been started were completed by 2019 and all were found to be in compliance from the start of construction in 2013 thru the completion and, in coordination with CityBuild, to have made the required good faith efforts regarding the Construction Hiring Goal.

c. Local Business Enterprise. CPMC, in coordination with the City's Contract Monitoring Division, made the required good faith efforts towards the Local Business Enterprise (LBE) program goals and was found in compliance from the start of construction in 2013 thru the completion of the projects in 2019. The goal for the LBE program is 14% San Francisco based business contracting. 16% of the total construction work from the start of construction in 2013 thru the completion in 2019 was performed by San Francisco based businesses, totaling $227,862,265.

CPMC has met its Development Agreement obligations to provide $4,000,000 to fund workforce training programs.

3.2 Community Healthcare Program (Exhibit F)

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

a. Payments. CPMC has met its DA obligations to provide $8,600,000 in funds for the Healthcare Innovation program.

See Attachment 2, Development Agreement Payments Schedule.

3.3 Housing Program (Exhibit G)

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

a. Affordable housing and residential unit replacement payments. CPMC made the required payments totaling $40,638,620.

3.4 Public Improvements (Exhibit H) and Transportation Program (Exhibit K)

a. Payments. CPMC has made all required payments for both programs, totaling $20,925,000. CPMC paid $472,303 in SFMTA fees in 2020.

b. TDM. CPMC is implementing the enhanced Transportation Demand Management (TDM) Plan. The elements of the TDM program that are being implemented include employee, visitor and patient parking management, transit subsidies, pre-tax commute benefit program, carpool, carshare, bicycle, emergency ride and courtesy ride home programs. See Attachment 4.

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 2020, The City (OEWD, City Attorney, SFMTA and Planning Department) invoiced CPMC a total of $161,623 (Jan.-Dec.) Said sum was paid in full. See Attachment 2.

5. INSTITUTIONAL MASTER PLAN UPDATE

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

a. Property Transactions. No property transactions were completed in 2020 requiring an Assignment and Assumption Agreement in connection with the Development Agreement.

ATTACHMENT 1
Compliance Statement Summary and Healthcare Compliance Report

CPMC Development Agreement
2020 DA Compliance Statement Summary

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 5/31/21	Compliance Statement and Attachments 1-4
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 Mission Bernal Campus and the Van Ness Campus	11/08/2013	11/08/2023	In compliance. Both VN and MBC hospitals completed an operational	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. All milestones have been met	Compliance Statement
Schedule and Phasing Milestone Table	Exhibit C	Update Milestone Table with schedule and phasing updates as information becomes availble	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 complaince at 50%. CPMC, in coordination with OEWD, is making the required good faith efforts regarding the First Source Entry Level Hiring Goal	Compliance Statement Attachment 3
Workforce Training Payment	Exhibit E D	Provide $1,000,000 to the City as a contribution to the City's programs that provide workforce training to economically disadvantaged residents. Such payments shall be payable as follows: $1,000,000 paid to OEWD within thirty days after the Effective Date, and managed by OEWD/CityBuild. The remainder of $3,000,000 shall be paid to the San Francisco Foundation in accordance with Payment Schedule, Exhibit N	11/08/2013	11/08/2014	In compliance, all payments made	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	N/A, no DA construction activity in 2020	N/A
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	N/A, no DA construction activity in 2020	N/A
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	N/A, no DA construction activity in 2020	N/A
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	N/A, no DA construction activity in 2020	N/A
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	N/A, no DA construction activity in 2020	N/A
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	N/A, no DA construction activity in 2020	N/A
Construction	Exhibit E B.4b(i)	Create Workforce Development Group	11/08/2013	11/08/2023	N/A, no DA construction activity in 2020	N/A
Community Health Program	Exhibit F	23 various commitments	Varies	Varies	In compliance. All payments made. See following pages	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, all payments made	Compliance Statement, Attachment 2
Public Improvements	Exhibit H	Public Improvements and pedestrian safety measures	11/08/2013	08/25/2025	In compliance, all phase 1 public improvements in various stages of design or construction	Compliance Statement, Attachment 2
Transportation Progran	Exhibit K	Payments for transit improvements	11/08/2013	11/08/2023	In compliance, all transit improvement payments made. $472,303 in SFMTA fee payments made in 2020	Compliance Statement, Attachments 2 and 4
Payment Schedule and Reiumbursement of City Costs	DA 4.7	Pay City costs incurred for review of annual DA compliance	11/08/2013	11/08/2023	In compliance, $161,623 paid in 2020	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. No property transactions	Compliance Statement, IMP Update

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

CPMC Development Agreement

Healthcare Compliance Report

Fiscal Year 2020

Item	Section	Commitment	Commitment Start Date[1]	Commitment End Date	Compliance Statement	Supporting Documentation
Baseline Commitment	1a	Unduplicated Patient Commitment: Care for a total of not less than 30,445 Unduplicated Patients.	11/08/2013	11/08/2023	In compliance, using 2 year rolling average as stipulated in Development Agreement. 2019: 35,456 2020: 28,900 Rolling average for 2020 was 32,178 unduplicated patients. The 2020 number of unduplicated patients was lower than usual due to the COVID-19 pandemic, as CPMC experienced a decline in patient numbers overall.	Deloitte & Touche Report
	1a	Baseline Expenditure Commitment: 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 2020 CPMC spent a total of $15,165,750 on Community Benefits in San Francisco.	Deloitte & Touche Report
	1d	Transition to Affordable Care Act: Maintain Charity Care policies through 12/31/2015 that are no more restrictive than Charity Care policies in fiscal year 2011.	11/08/2013	12/31/2015	Commitment completed.	
	1d	Transition to Affordable Care Act: Ensure Charity Care policies comply with California law and do not deny Charity Care patients access to inpatient services.	01/01/2016	11/08/2023	In compliance. CPMC maintained Charity Care policies that comply with California law and ensured access to Charity Care patients to inpatient services.	2020 Charity Care Policy
	1e	Bayview Child Health Center: Provide financial and operational support for comprehensive pediatric primary care to residents of the Bayview area through the Center in a manner and amount generally consistent with the level of support in fiscal year 2011-2012.	11/08/2013	11/08/2023	In compliance. CPMC provided financial and operational support for the Bayview Child Health Center consistent with 2011-2012 levels. In November 2013, South of Market Health Center (SMHC), in collaboration with CPMC and the Sutter Pacific Medical Foundation, received funding from the federal Health Resources and Services Administration to transfer ownership of the Bayview Child Health Center to SMHC. The transfer was effective 9/1/14. The Development Agreement provides that CPMC may "sell, lease or transfer programs, services or service lines to meet evolving community needs, operational cost-effectiveness, or quality standards." CPMC provided the following support to the SMHC and the clinic as part of the Baseline Commitment in the Development Agreement: 1. Financial support through an operations grant each year for ten years; 2. Leased the former BCHC Medical Director to SMHC through the end of 2015 to promote continuity of care; 3. Transferred all assets to SMHC at no cost; 4. Invested over $1,000,000 in tenant improvements to bring the clinic to OSHPD 3 compliance; and, 5. Remains the clinic's specialty and hospital partner-- providing Bayview children with comprehensive services across the care continuum.	
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 met the 5,400 additional Medi-Cal beneficiaries commitment in 2014 and continues to exceed it. As of December 2020, CPMC had a total of 38,187 Medi-Cal managed care beneficiaries enrolled in its partnership, which exceeds the development agreement commitment by 20,647 beneficiaries.	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. There continues to be no available MSO with a primary care provider based in the Tenderloin and despite efforts by CPMC to support the creation of one, it was deemed financially unfeasible by clinic partners. CPMC is contracted with one MSO, North East Medical Services, and worked with NEMS and St. Anthony's Clinic, a primary care provider in the Tenderloin, to have St. Anthony's join the NEMS MSO. Thus, through forging this new partnership CPMC is the hospital partner for one of St. Anthony's participating medical groups and will work with them to grow enrollment to 1,500 members. CPMC continues to work with St. Anthony's leadership to develop a path to sustainability and support outreach efforts, funded through the Healthcare Innovation Fund. To date, St. Anthony's conducts ongoing outreach events to Tenderloin residents through the St. Anthony's Dining Room, Tenderloin family serving providers, Project Homeless Connect and enhanced Medi-Cal eligibility screening and enrollment at the clinic.	
Innovation Fund	3a	Executed Innovation Fund Agreement in the form provided with The San Francisco Foundation. Create a committee of fund advisors to advise the Innovation Fund Foundation.	08/10/2013	10/07/2017	In compliance. CPMC executed the agreement with The San Francisco Foundation. The Committee was formed and CPMC continues to participate via an appointed a member to provide disbursement advice.	
	3b	CPMC shall pay to the Innovation Fund Foundation $8,600,000 in accordance with Exhibit N.	08/10/2013	10/07/2017	In compliance. All payments have been made.	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 2020.	Innovation Fund Report.
Sub-Acute Care Services	4	CPMC shall work with SFDPH and other hospital operators in good faith to develop specific proposals for providing Sub-Acute Care Services in San Francisco and present to the Health Commission by 6/30/2014, or such date as the participating hospitals and the Health Commission determine.	08/10/2013	06/30/2014 or such date as participating hospitals and Health Commission determine	In compliance. CPMC engaged a consultant and worked with hospitals, post acute providers and city departments to conduct a comprehensive assessment of the post acute care landscape in San Francisco, including sub acute services. The report included specific recommendations to meet the post acute, including sub acute, care needs in San Francisco. CPMC and the team presented the report to the Health Commission on 2/16/2016. CPMC and the other San Francisco hospitals have convened a Post Acute Care Collaborative to work towards implementing recommendations outlined in the report.	
Hospitals at the Mission Bernaland Van Ness Campuses	5a	Mission Bernal Campus Hospital will be a 120-bed General Acute Care Hospital with comprehensive emergency services.	Within 24 months of the Opening of Van Ness Hospital.	10 years	Commitment completed. Mission Bernal opened on 8/25/18 and Van Ness opened 3/2/19.	
	5b	Additional 30 bed Space: The "shelled" space at Van Ness Campus Hospital shall not be built-out for and placed into operation 30 licensed acute care beds until after the Mission Bernal 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 Mission Bernal Campus Hospital utilization.	
	6a(i)	Provide the services listed in Section 6aiA-C at Mission Bernal Campus Hospital.	Opening of Mission Bernal Campus Hospital.	08/25/2029	In compliance, all listed services are available.	

Item	Section	Commitment	Commitment Start Date[1]	Commitment End Date	Compliance Statement	Supporting Documentation
Mission Bernal Campus	6a(ii)	Establish, operate, and maintain a Center of Excellence in Community Health at the Mission Bernal Campus.	Opening of Mission Bernal Campus Hospital.	08/25/2029	In compliance. The Center of Excellence in Community Health is named HealthFirst at the Mission Bernal Campus. HealthFirst, a center for health education and disease prevention affiliated with St. Luke's Health Care Center, serves patients in chronic disease management by integrating community health workers (CHWs) into the multidisciplinary health care team. CHWs are culturally and linguistically competent as they are recruited from the same community as the patients that HealthFirst serves. CHWs provide health education, assist patients to improve their self-management skills, and encourage them to receive timely and comprehensive care. In 2020 HealthFirst saw 830 unique patients and carried out 2780 encounters. The community advisory board first met in October 2018 and continues to meet. In 2020, due to COVID-19, the meeting was replaced by a series of phone interviews wtih key community members.	
	6a(iii)	Establish, operate, and maintain a Center of Excellence in Senior Health at the Mission Bernal Campus.	Opening of Mission Bernal Campus Hospital.	08/25/2029	In compliance. The Center of Excellence in Senior Health is made up of the Acute Care for the Elderly (ACE) Unit, the Hospital Elder Life Program (HELP) and a pilot partnership with San Francisco Village. The ACE Unit was established at Mission Bernal Campus with 34 beds, providing interdisciplinary care to older adult patients. The Unit saw 1256 patients in 2020, vastly exceeding the target of 600 as set forth in the Development Agreement. The ACE Unit provides: physical and occupational therapy; group activity therapy, including music therapy, guided imagery and other activities that encourage socialization and mobility; rehabilitation with a focus on exercise, socialization and better sleep; HELP, which develops a personalized care plan to help each patient stay mobile, social and prevent functional decline. In 2018, a community benefit-funded pilot partnership was developed with the non-profit organization SF Village to provide eligible discharged patients with a care navigator to help patients manage their health, prepare for doctor's visits, and acces needed community services, easing their transition from hospital to home. This project is continuing for its third year. The ACE Unit Medical Director conducted outreach to community partners to ensure the Unit is known as a resource. Meetings have taken place with: OnLok, Brown and Toland, 30th Street Senior Center, Centro Latino and Community Living Campaign. They also hosted an Open House to educate over 60 staff members from local Skilled Nursing Facilities about the Unit's services.	
	6b	Mission Bernal Campus Medical Office Building: CPMC shall submit a proposal for development at the Mission Bernal 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 Mission Bernal Campus Hospital.	Refer to Section 6b(i)	10/08/2023	In compliance. Within the 5 year window of time for the proosal of the Mission Bernal Campus Medical Office Building.	
Integration of Mission BernalMedical Staff and Patient Quality Outcomes	7	CPMC shall continue its good faith efforts at the clinical integration of medical staffs at the Mission Bernal Campus, with the medical staffs at its other campuses, and on quality improvement initiatives for the purpose of improving patient quality of care at all of the CPMC Campuses.	10/08/2013	10/08/2023	Commitment completed. Since 2016 CPMC has had a single medical staff at all four campuses, including Mission Bernal. The integration of medical staff was complete following votes in 2016 of the St. Luke's and CPMC medical staffs, and approval of the hospital's Board. CPMC's quality improvement inititiatives are also run across the four campuses.	
Participation in the Community Benefits Partnership	8	CPMC shall continue to actively participate in the Community Benefits Partnership, or its successor, to prepare a community benefit plan for submittal to OSHPD.	10/08/2013	10/08/2023	In compliance. CPMC actively participated in the Building a Healthier San Francisco (BHSF) Task Force and needs assessment process for submission to OSHPD. CPMC also actively participates in BHSF's successor, San Francisco Health Improvement Partnership (SFHIP) and the needs assessment process.	
Service Agreements with Chinese Hospital	9	CPMC shall continue to provide pediatric, obstetric, and certain tertiary services to Chinese Hospital patients in a manner generally consistent with existing service agreements.	08/10/2013	08/10/2023	In compliance. During the period covered by this report, CPMC has continued to provide services generally consistent with existing service agreements. CPMC maintained its agreement with Chinese Community Health Plan (CCHP) for their Commercial HMO population and added a new contract in 2014 for their Covered California population. CPMC also maintained its longstanding Transfer Agreement and contract for high risk OB/GYN care with Chinese Hospital. The contract with Chinese Hospital was renewed in early 2020.	
Culturally and Linguistically Appropriate Services	10	CPMC shall deliver at all campuses culturally and linguistically appropriate services that are representative of San Francisco's diverse communities and are in accordance with the mandates, guidelines and recommendations of the National Standards on Culturally and Linguistically Appropriate Services (CLAS).	08/10/2013	08/10/2023	In compliance. CPMC delivers services at all campuses that are culturally and linguistically appropriate and in accordance with the mandates, guidelines, and recommendations of the National Standards on Culturally and Linguistically Appropriate Services (CLAS). In 2015 CPMC conducted a CLAS Assessment and provided the assessment to DPH in September 2015. CPMC continued efforts to implement assessment recommendations and improve cultural and linguistic access to services across our four campuses.	2020 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 2020 are at or below the Medical Rate of Inflation plus 1.5% as compared to 2019. The independent actuary report verified the 2015 compiance with this provision. The City formally requested independent actuary verification for the period between 2015 and 2017 and this review has been completed. We have not received a request for 2020.	

[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.

Sutter Health

EXHIBIT A

Deloitte.

Deloitte & Touche LLP
695 Town Center Dr.
Costa Mesa CA 92626
USA

Tel: +1 714 436 7100

www.deloitte.com

May 26, 2020

Mr. Henry Yu
Chief Financial Officer
California Pacific Medical Center (CPMC)
1101 Van Ness Street
San Francisco, CA 94109

Dear Mr. Yu:

In accordance with our statement of work ("SOW") effective March 22, 2021, this report summarizes the results of the assessment of unduplicated patients performed by Deloitte & Touche LLP ("Advisor" or "we" or "us") as requested by Sutter Health for its subsidiary California Pacific Medical Center (collectively "Company" or "Sutter" or "CPMC").

At your request, we performed an assessment between March 31 and May 21, 2020, of the unduplicated patients to be reported by CPMC to the City of San Francisco related to the entitlement CPMC has with 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: Van Ness, California, Davies, Pacific and Mission Bernal (formerly St. Luke's), from the period of January 1st, 2020 to December 31st, 2020, reasonably represents and are supported by CPMC's Patient Accounting records.

Our procedures included the following:

- Advisor conducted interviews with business managers to understand the process and calculations of unduplicated patients to identify Medi-Cal and Charity Care patients and consider whether the process is consistent with the prior year and as previously understood by Advisor.
- Advisor obtained from CPMC the patient details from the period for Medi-Cal and Charity Care patients and performed data analytics on the received data to determine the number of unduplicated Medi-Cal and Charity Care patients.
- Advisor performed data analysis on the unduplicated patient listings, starting with raw data extracted from the patient accounting system, to evaluate whether duplicate patients are included in the listings for calendar year 2020.
- Advisor selected a random sample of 25 patients from calendar year 2020 and evaluated supporting documentation provided by CPMC that supports CPMC's classification of the patient as a Medi-Cal or Charity Care recipient.
- Advisor's methodology used in the procedures were consistent with those used in the review of the periods for calendar years 2009 through 2019.

This letter is intended solely for the information and internal use of Sutter Health, and is not intended to be and should not be used by any other person or entity. No other person or entity is entitled to rely, in any manner, or for any purpose, on this letter.

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

Based on the procedures performed above, the total unduplicated patient count is 29,737. With the subtraction of the agreed 837 unduplicated patients, the allowable number of unduplicated patients for 2020 is 28,900, representing a deficit of 1,549 for 2020. This net unduplicated patient count developed by CPMC appears reasonable based upon the procedures performed and reflects the number of Medi-Cal and Charity Care patients treated the period of January 1, 2020 to December 31, 2020 at the Van Ness, California, Davies, Pacific and Mission Bernal campuses of CPMC as reflected in the CPMC Patient Accounting records.

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

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

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

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

CPMC acknowledges that neither the services nor the Deliverable express or will express an opinion or any other form of assurance. The engagement is limited in nature and does not comprehend all matters relating to CPMC that might be pertinent or necessary to CPMC or the Recipient. CPMC acknowledges that it is solely responsible for providing accurate and complete information requested by Advisor for its services under the 5th amendment (effective December 21, 2018) for the MSA dated November 22, 2013 and the corresponding Statement of Work effective March 22, 2021. 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

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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: Karolyn A. Woo-Miles

Karolyn Woo
Principal

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Sutter Health

EXHIBIT B

Deloitte.

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Costa Mesa CA 92626
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Tel: +1 714 436 7100

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May 26, 2020

Mr. Henry Yu
Chief Financial Officer
California Pacific Medical Center (CPMC)
1101 Van Ness Street
San Francisco, CA 94109

Dear Mr. Yu:

In accordance with our statement of work ("SOW") effective March 22, 2021, this report summarizes the results of the assessment of community benefits expenses performed by Deloitte & Touche LLP ("Advisor" or "we" or "us") as requested by Sutter Health for its subsidiary California Pacific Medical Center (collectively "Company" or "Sutter" or "CPMC").

At your request, we performed an assessment of the processes and internal controls over the recording of "community benefit" Category 3 costs, including a reconciliation of incurred costs from the period of January 1st, 2020 to December 31st, 2020 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 sampled expense items and their categories align to community health benefits category guidelines from the City of San Francisco.

Our procedures were performed between March 31 and May 21, 2021 and included the following:

- Advisor reviewed the Community Healthcare Program contract to understand the contractual requirements between CPMC and the City of San Francisco. Advisor also reviewed the city guidelines charter to determine what expenses can and should be considered Category 3 expenses as defined in the Catholic Health Association of the United States publication, A Guideline for Planning and Reporting Community Benefits, (CBISA).

- Advisor obtained the list of expenses from CPMC under the Community Health Benefits expense categories and gained an understanding of the process for recording costs. We evaluated the data for reasonableness through walkthroughs and assessment of written processes of accounting for program funding and costs.

- Leveraging the list of gross community benefit expenses, reported as $15,165,750, Advisor selected a sample based upon the population of expenses that excluded restricted contributions of $415,960 and 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

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procedures:

- 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 correct Category 3 CBISA expenses.

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 correct community health benefits program as required by the City of San Francisco.

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

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

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

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

CPMC acknowledges that neither the services nor the Deliverable express or will express an opinion or any other form of assurance. The engagement is limited in nature and does not comprehend all matters relating to CPMC that might be pertinent or necessary to CPMC or the Recipient. CPMC acknowledges that it is solely responsible for providing accurate and complete information requested by Advisor for its services under the 5th amendment (effective December 21, 2018) for the MSA dated November 22, 2013 and the corresponding Statement of Work effective March 22, 2021. 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.

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Very truly yours,

Deloitte & Touche LLP

By: Karolyn A. Woo-Miles

Karolyn Woo
Principal

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Sutter Health

EXHIBIT C

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

POLICY ON FINANCIAL ASSISTANCE (CHARITY CARE)

PURPOSE

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

POLICY

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

SCOPE

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

DEFINITIONS

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

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

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

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

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

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

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

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

PROCEDURES

A. ELIGIBILITY

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

Financial Assistance Category	Patient Eligibility Criteria	Available Discount
FULL CHARITY CARE	Patient is an Uninsured Patient with a Family Income (as defined below) at or below 400% of the most recent FPL	Full write off of all charges for Hospital Services
HIGH MEDICAL COST CHARITY CARE (for Insured Patients)	1. Patient is an Insured Patient with a Family Income (as defined below) at or below 400% of the most recent FPL; **and** 2. Medical expenses for themselves or their family (incurred at the Hospital or paid to other providers in the past 12 months) exceed 10% of the patient's Family Income.	A write off of the Patient Responsibility amount for Hospital Services

2. Calculating Family Income: To determine a patient's eligibility for Financial Assistance, the Hospital shall first calculate the patient's Family Income, as follows:

   a) Patient Family: The Patient Family shall be determined as follows:

      (i) Adult Patients: For patients over 18 years of age, the Patient Family includes their spouse, domestic partner, and dependent children less than 21 years of age, whether living at home or not.

      (ii) Minor Patients: For patients under 18 years of age, the Patient Family includes their parents, caretaker relatives, and other children less than 21 years of age of the parent(s) or caretaker relatives.

   b) Proof of Family Income: Patient shall only be required to provide recent pay stubs or tax returns as proof of income. Family Income is annual earnings of all members of the Patient Family from the prior 12 months or prior tax year as shown by the recent pay stubs or income tax returns, less payments made for alimony and child support. Income included in this calculation is every form of income, e.g., salaries and wages, retirement income, near cash government transfers like food stamps, and investment gains. Annual income may be determined by annualizing year-to-date Family Income. Sutter may validate income by using external presumptive eligibility service providers. provided that such service only determines eligibility using only information permitted by this policy.

   c) Calculating Family Income for Expired Patients: Expired patients, with no surviving spouse, may be deemed to have no income for purposes of calculation of Family Income. Documentation of income is not required for expired patients; however, documentation of estate assets may be required. The surviving spouse of an expired patient may apply for Financial Assistance

3. Calculating Family Income as a Percentage of FPL: After determining Family Income, Hospital shall calculate the Family Income level in comparison to the FPL, expressed as a percentage of the FPL. For example, if the federal poverty level for a family of three is $20,000, and a patient's Family Income is $60,000, the Hospital shall calculate the patient's Family Income to be 300% of the FPL. Hospitals shall use this calculation during the application process to determine whether a patient meets the income criteria for Financial Assistance.

4. Special Circumstance – Benefits Exhausted During Inpatient Stay: When an Insured Patient's third-party coverage pays only a portion of the expected reimbursement for the patient's stay because the patient exhausted their benefits during the stay, the Hospital should collect from the patient the balance of the expected reimbursement that would have been due from the third-party coverage if the benefits were not exhausted. A Hospital shall not pursue from the patient any amount in excess of the amount that would have been due from the third-party coverage if the benefits were not exhausted, plus the patient's share of cost or co-insurance. A patient who exceeded their benefit cap during a stay is eligible to apply for Financial Assistance. If the patient is eligible for Financial Assistance, the Hospital shall write off all charges for services that the Hospital provided after the patient exceeded the benefit cap.

5. Financial Assistance Exclusions/Disqualification: The following are circumstances in which Financial Assistance is not available under this policy:

a) Uninsured Patient seeks Complex/Specialized Services: Generally, Uninsured Patients who seek Complex/Specialized services (e.g. transplants, experimental or investigational procedures), and seek to receive Financial Assistance for such services, must receive administrative approval from the individual responsible for finance at the Hospital (or designee) prior to the provision of such services in order to be eligible for Financial Assistance. Hospitals shall develop a process for patients to seek prior administrative approval for services that require such approval. Elective services that are normally exclusions from coverage under health plan coverage agreements (e.g., cosmetic procedures) are not eligible for Financial Assistance.

b) Medi-Cal Patients with Share of Cost: Medi-Cal patients who are responsible to pay share of cost are not eligible to apply for Financial Assistance to reduce the amount of Share of Cost owed. Hospitals shall seek to collect these amounts from the patients.

c) Patient declines covered services: An Insured Patient who elects to seek services that are not covered under the patient's benefit agreement (such as an HMO patient who seeks out-of-network services from Sutter, or a patient refuses to transfer from a Sutter hospital to an in-network facility) is not eligible for Financial Assistance

d) Insured Patient does not cooperate with third-party payer: An Insured Patient who is insured by a third-party payer that refuses to pay for services because the patient failed to provide information to the third-party payer necessary to determine the third-party payer's liability is not eligible for Financial Assistance.

e) Payer pays patient directly: If a patient receives payment for services directly from an indemnity, Medicare Supplement, or other payer, the patient is not eligible for Financial Assistance for the services.

f) Information falsification: Hospitals may refuse to award Financial Assistance to patients who falsify information regarding Family Income, household size or other information in their eligibility application.

g) Third party recoveries: If the patient receives a financial settlement or judgment from a third-party tortfeasor that caused the patient's injury, the patient must use the settlement or judgment amount to satisfy any patient account balances, and is not eligible for Financial Assistance.

h) Professional (physician) Services: Services of physicians such as anesthesiologists, radiologists, hospitalists, pathologists, etc. are not covered under this policy. Any exceptions are set forth in Exhibit A. Many physicians have charity care policies that allow patients to apply for free or discounted care. Patients should obtain information about a physician's charity care policy directly from their physician.

B. APPLICATION PROCESS

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

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

2. Patients who wish to apply for Financial Assistance shall use the Sutter Health standardized application form, the "Application for Financial Assistance", Exhibit B.

3. Patients may request assistance with completing the Application for Financial Assistance in person at the Sutter Health Hospitals listed on Exhibit A, over the phone at 855-398-1633, through the mail, or via the Sutter Health website (www.sutterhealth.org).

4. Patients should mail Applications for Financial Assistance to Sutter Health, P. O. Box 619010, Roseville, CA 95661-9998 Attn: Charity Care Application.

5. Patients should complete the Application for Financial Assistance as soon as possible after receiving Hospital Services. Failure to complete and return the application within 240 days of the date the Hospital first sent a post-discharge bill to the patient may result in the denial of Financial Assistance.

C. FINANCIAL ASSISTANCE DETERMINATION

1. The Hospital will consider each applicant's Application for Financial Assistance and grant Financial Assistance when the patient meets the eligibility criteria set forth in section A.1 and has received (or will receive) Hospital Service(s).

2. Patients also may apply for governmental program assistance, which may be prudent if the particular patient requires ongoing services.

    a) The Hospital should assist patients in determining if they are eligible for any governmental or other assistance, or if a patient is eligible to enroll with plans in the California Health Benefit Exchange (i.e. Covered California).

    b) If a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for Financial Assistance, the application for coverage under another health coverage program shall not preclude the patient's eligibility for Financial Assistance.

3. Once a Full Charity Care or High Medical Cost Charity Care determination has been made, a "Notification Form" (Exhibit D) will be sent to each applicant advising them of the Hospital's decision.

4. Patients are presumed to be eligible for Financial Assistance for a period of one year after the Hospital issues the Notification Form to the patient. After one year, patients must re-apply for Financial Assistance.

5. If the Financial Assistance determination creates a credit balance in favor of a patient, the refund of the credit balance shall include interest on the amount of the overpayment from the date of the patient's payment at the statutory rate (10% per annum) pursuant to Health and Safety Code section 127440, provided that Hospitals are not required to refund a credit balance that is, together with interest, less than five dollars ($5).

D. DISPUTES

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

E. AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION

1. **Languages**: This Policy shall be available in the Primary Language(s) of Hospital's Service Area. In addition, all notices/communications provided in this section shall be available in Primary Language(s) of Hospital's Service Area and in a manner consistent with all applicable federal and state laws and regulations.

2. **Information Provided to Patients During the Provision of Hospital Services**:

   a) Preadmission or Registration: During preadmission or registration (or as soon thereafter as practicable) Hospitals shall provide all patients with a copy of Exhibit E, which includes a plain language summary of the Financial Assistance policy and also contains information regarding their right to request an estimate of their financial responsibility for services. Hospitals shall identify the department that Patients can visit to receive information about, and assistance with applying for, Financial Assistance.

   b) Financial Assistance Counselors: Patients who may be Uninsured Patients shall be assigned Financial Counselors, who shall visit with the patients in person at the hospital. Financial Counselors shall give such patients a Financial Assistance application, as well as contact information for hospital personnel who can provide additional information about this Financial Assistance policy, and assist with the application process.

   c) Emergency Services: In the case of emergency services, Hospitals shall provide all patients a plain language summary of the Financial Assistance policy as soon as practicable after stabilization of the patient's emergency medical condition or upon discharge.

   d) Applications Provided at Discharge: At the time of discharge, Hospitals shall provide all Patients with a copy of Exhibit E, which includes a plain language summary of the Financial Assistance policy and all Uninsured Patients with applications for Medi-Cal and California Children's Services or any other potentially applicable government program.

3. **Information Provide to Patients at Other Times**:

   a) Contact Information: Patients may call 1-855-398-1633 or contact the Hospital department listed on Exhibit G to obtain additional information about Financial Assistance and assistance with the application process.

   b) Billing Statements: Hospitals shall bill patients in accordance with the Sutter Health Hospital Billing and Collections Policy. Billing statements to patients shall include Exhibit E, which contains a plain language summary of the Financial Assistance policy, a phone number for patients to call with questions about Financial Assistance, and the website address where patients can obtain

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

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

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

a) Public Posting: Hospitals shall post copies of the Financial Assistance Policy, the Application for Financial Assistance, and the plain language summary of the Financial Assistance Policy in a prominent location in the emergency room, admissions area, and any other location in the hospital where there is a high volume of patient traffic, including but not limited to the waiting rooms, billing offices, and hospital outpatient service settings. These public notices shall include information about the right to request an estimate of financial responsibility for services.

b) Website: The Financial Assistance Policy, Application for Financial Assistance and plain language summary shall be available in a prominent place on the Sutter Health website (www.sutterhealth.org) and on each individual Hospital's website. Persons seeking information about Financial Assistance shall not be required to create an account or provide any personal information before receiving information about Financial Assistance.

c) Mail: Patients may request a copy of the Financial Assistance Policy, Application for Financial Assistance and plain language summary be sent by mail, at no cost to the Patient.

d) Advertisements/Press Releases: As necessary, and as least on an annual basis Sutter Health will place an advertisement regarding of the availability of Financial Assistance at Hospitals in the principal newspaper(s) in the communities served by Sutter Health, or when doing so is not practical, Sutter will issue a Press Release containing this information, or use other means that Sutter Health concludes will widely publicize the availability of the policy to affected patients in our communities.

e) Community Awareness: Sutter Health will work with affiliated organizations, physicians, community clinics and other health care providers to notify members of the community (especially those who are most likely to require Financial Assistance) about the availability of Financial Assistance.

F. MISCELLANEOUS

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

2. **Payment Plans**:

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

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

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

5. **Amounts Generally Billed:**
In accordance with Internal Revenue Code Section1. 501(r)-5, Sutter adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for financial assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

REFERENCE

Internal Revenue Code section 501(r)

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

California Health and Safety Code section 124700 through 127446

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

ATTACHMENTS

Exhibit A – Providers Covered and Not Covered by Policy
Exhibit B – Application for Financial Assistance
Exhibit C – Financial Assistance Calculation Worksheet
Exhibit D – Notification Form Sutter Health Eligibility Determination for Charity Care
Exhibit E – Important Billing Information for Patients
Exhibit F – Notice of Rights
Exhibit G – Sutter Health Affiliate Hospitals, Physical Address and Website Address for Financial Assistance

Exhibit A

Providers Covered and Not Covered by Policy

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

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

Exhibit B
APPLICATION FOR FINANCIAL ASSISTANCE

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

(PATIENT) (SPOUSE)

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

Name	Age	Relationship

EMPLOYMENT AND OCCUPATION

Employer: _____ Position: _____

Contact Person & Telephone: _____

If Self-Employed, Name of Business: _____

Spouse Employer: _____ Position: _____

Contact Person & Telephone: _____

If Self-Employed, Name of Business: _____

CURRENT MONTHLY INCOME

		Patient	Other Family
	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, parents (for minor patients), spouse and children from above)

	Yes	No
Do you have health insurance?	☐	☐
Do you have other Insurance that may apply (such as an auto policy)?	☐	☐
Were your injuries caused by a third party (such as during a car accident or slip and fall)?	☐	☐

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

_____ _____
(Signature of Patient or Guarantor) (Date)

_____ _____
(Signature of Spouse) (Date)

Exhibit C
FINANCIAL ASSSISTANCE CALCULATION WORKSHEET

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

Special Considerations/Circumstances: _____
_____
_____
_____

	Yes	No
Does Patient have Health Insurance?	☐	☐
Is Patient Eligible for Medicare?	☐	☐
Is Patient Eligible for Medi-Cal?	☐	☐
Is Patient Eligible for Other Government Programs (i.e. Crime Victims, etc.)?	☐	☐

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

Does Patient have other insurance (i.e. auto medpay)?	☐	☐
Was Patient inured by a third party?	☐	☐
Is Patient Self-Pay??	☐	☐

Financial Assistance Calculation:

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

Family Size (From Application for Financial Assistance) _____

Qualification for Financial Assistance Met ☐ Yes ☐ No

Exhibit D

NOTIFICATION FORM
SUTTER HEALTH
ELIGIBILITY DETERMINATION FOR FINANCIAL ASSISTANCE

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

_____	_____	_____
PATIENTS NAME	ACCOUNT NUMBER	DATE(S) OF SERVICE

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

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

Your request for financial assistance has been approved for services rendered on_____.
After applying the financial assistance reduction, the amount owed is $_____.

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

_____
_____
_____
_____
_____

Your request for financial assistance has been denied because:

REASON: _____
_____
_____
_____
_____

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

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

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

_____
Patient Financial Services
855-398-1633

Exhibit E

Important Billing Information for Patients
Financial Assistance Plain Language Summary

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

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

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

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

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

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

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

- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses **and** have a family income at or below 400% of the federal poverty level.

- Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; **and** (ii) medical expenses for themselves or their family (incurred at

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

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

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

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

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

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

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

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

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

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

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

Exhibit F

Notice of Rights

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

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

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

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

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

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

- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses **and** have a family income at or below 400% of the federal poverty level.

- Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; **and** (ii) medical expenses for themselves or their family (incurred at the hospital affiliate or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.

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

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

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

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

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

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

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

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

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

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

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

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

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

Exhibit G

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

Alta Bates Summit Medical Center

Patient Access/Registration

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

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

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

http://www.altabatessummit.org

California Pacific Medical Center

Patient Access/Registration

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

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

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

St. Luke's Campus
3555 Cesar Chavez St.
San Francisco, CA 94110
415-647-8600

http://www.cpmc.org

Eden Medical Center

Patient Access/Registration

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

http://www.edenmedicalcenter.org

Kahi Mohala, A Behavioral Healthcare System

Patient Access/Registration

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

http://www.kahimohala.org

Memorial Medical Center

Patient Access/Registration

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

http://www.memorialmedicalcenter.org

Memorial Hospital, Los Banos

Patient Access/Registration

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

http://www.memoriallosbanos.org

Menlo Park Surgical Hospital

Patient Access/Registration

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

http://www.pamf.org/mpsh

Mills-Peninsula Health Services

Patient Access/Registration

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

http://www.mills-peninsula.org

Novato Community Hospital

Patient Access/Registration

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

http://www.novatocommunity.org

Sutter Amador Hospital

Patient Access/Registration

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

http://www.sutteramador.org

Sutter Auburn Faith Hospital

Patient Access/Registration

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

http://www.sutterauburnfaith.org

Sutter Coast Hospital

Patient Access/Registration

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

http://www.suttercoast.org

Sutter Davis Hospital

Patient Access/Registration

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

http://www.sutterdavis.org

Sutter Delta Medical Center

Patient Access/Registration

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

http://www.sutterdelta.org

Sutter Lakeside Hospital and Center for Health

Patient Access/Registration

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

http://www.sutterlakeside.org

Sutter Maternity & Surgery Center of Santa Cruz

Patient Access/Registration

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

http://www.suttersantacruz.org

Sutter Medical Center, Sacramento

Patient Access/Registration

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

Sutter Memorial Hospital
5151 F Street
Sacramento, CA 95819
916-454-3333

Sutter Center for Psychiatry
7700 Folsom Blvd.
Sacramento, CA 95826
916-386-3000

http://www.suttermedicalcenter.org

Sutter Roseville Medical Center

Patient Access/Registration

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

http://www.sutterroseville.org

Sutter Santa Rosa Regional Hospital

Patient Access/Registration

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

http://www.suttersantarosa.org

Sutter Solano Medical Center

Patient Access/Registration

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

http://www.suttersolano.org

Sutter Tracy Community Hospital

Patient Access/Registration

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

http://www.suttertracy.org

Sutter Health

EXHIBIT D

Capitation Support - Medi - Cal

Dec-20

CPMC (CAL)NEM

	Cap less Stop Loss	Cap Rate Eff 7/1/20	Cap Rate Eff 1/1/20	Cap Rate Eff 1/1/19	Cap Rate	Total Member Months	Retro	Retro 2019	Retro Jan-Jun 2020	Retro Jul-Dec 2020	Dec-20
Family/Foster/Refugee	0.00	$ -	$ -	$ -		-					
Aged M02	273,233.88	$ 206.37	$ 206.37	$ 206.37		1,324			-2	9	1,317
Disabled / Blind M03	231,134.40	$ 206.37	$ 206.37	$ 206.37		1,120		1	6	12	1,101
BCCTP M11	989.94	$ 329.98	$ 329.98	$ 329.98		3					3
Aged - Dual C02	112,723.44	$ 30.40	$ 38.06	$ 38.06		3,707			4	3	3,700
Blind/Disabled - Dual C03	18,544.00	$ 30.40	$ 38.06	$ 38.06		610					610
Child Converting from HF M21	105,962.48	$ 29.32	$ 29.32	$ 29.32		3,614			1	1	3,612
Child 18 M22/C22	254,028.48	$ 29.32	$ 29.32	$ 29.32		8,664				(4)	8,668
MCE M31	1,398,993.16	$ 101.96	$ 101.96	$ 101.96		13,721		-1	-6	(33)	13,761
MCE - Dual C31	3,032.58	$ 30.40	$ 38.06	$ 38.06		99			3	12	84
Adult19 M32/C32	415,616.25	$ 78.05	$ 78.05	$ 78.05		5,325			3	2	5,320
	$ 2,814,258.61					38,187	-	-	9	2	38,176
						OK		Total Net Retro		11	
Retro MCE rate change	$ -										
	$ 2,814,258.61										

Sutter Health

EXHIBIT E

San Francisco Foundation
One Embarcadero Center, Suite 1400 | San Francisco, CA 94111 | T: (415) 733-8500 | F: (415) 477-2783 | sff.org

May 2021

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

COMMUNITY HEALTH INNOVATION FUND

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

2013 Grants

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

2013 Outcomes

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

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

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

2014 Grants

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

2014 Outcomes

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

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

In general, the grant reports reflect significant improvements from prior years of operation. The clinics continue to work towards achieving "clean and updated" data as cost efficiently as possible and also continue their efforts to reconcile the limitations of the Lifetime Clinical Report (software platform utilized by SF General and some hospital systems) to receive timely notification on hospitalization and emergency room visits of clinic patients. The majority of clinics have hired Referral and Care Coordinators or Nurse Case Managers who can provide the "high-touch" needed to insure clinic patients adhere to their appointments. One clinic reported that of the 1,483 referrals initiated between January-March, only 4% were no-shows, a dramatic improvement from prior reports. Funding has allowed clinics to utilize technology and pioneer innovative strategies. Two clinics (St. Anthony's Foundation and North East Medical Services) have instituted a Home Visitation program for patients identified as high risk and who face logistical and social barriers to meeting their appointments. St. Anthony's Foundation is employing virtual consultations with their physician using Apple's FaceTime. In addition, St. Anthony's has instituted Care Messaging to all of its patients. A consistent challenge cited by the majority of clinics is in the recruitment, hiring and retention of qualified staff to provide Care Coordination largely due to the low salary structure and high cost of living in the Bay Area. The final reports for this set of grants will be submitted by the clinics in early July, 2017.

2015 Grants

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

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

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

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

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

violence, racism, and trauma. ($90,000)

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

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

2015 Outcomes

Over the course of their grant, **Bayview-Hunters Point Multipurpose Senior Services** and **Stepping Stone Senior Services** each identified 10-15 seniors, targeting formerly homeless with mental health diagnosis or living alone without existing social support. The target population utilized the Emergency Room as their primary source of care. Both organizations hired a RN Navigator who addressed immediate crises, provided health/mental health assessment and education, medication management, accompaniment to health appointments, follow-up care and referral for specialty services. Results point to improved health, mental health, and reduction in ER visits and hospitalizations when compared with the baseline data that was collected. Of 17 seniors enrolled in the Bayview-Hunters Point MSSP project, eight participated in weekly professional counseling sessions resulting in improvement in their quality of life and decreased depression and isolation. The funding also supported participation by both agencies in a State cohort of senior service organizations working to design an Adult Day Healthcare/Community-Based Health Home model. Continued funding support for both projects was a major challenge. Both organizations cited the passage of the City's Prop I (Dignity Fund), would provide a funding stream to sustain the service, however, in the case of **Stepping Stone**, funds were not available to continue the program.

Bayview-Hunters Point Multipurpose Senior Services also received funds to strengthen their Senior Ex-Offender Program. Funds for dedicated staff time allowed them to purchase 1768 Newcomb for $1.6 million and to raise $80,000 from new funding sources. The building (old police station) will allow them to provide transitional housing for14 formerly incarcerated and homeless residents. This project will be supported by funds from the SF Department of Probation.

Central City Hospitality House exceeded their goal of providing 16 community events (goal was four) focused on violence prevention, increasing community cohesion and ability to respond to and recover from trauma. The events engaged 345 community members (goal was 150). In addition, 80 participants were assessed and referred to behavioral health services. "Talking Tech in the Tenderloin" provided a discussion series between tech company representatives and community members addressing displacement and workforce needs. CCHH also provided two 17-week sessions on Healing, Organizing and Leadership Development for 16 interns (Peer Advocates). Training graduates stated that the sessions reduced isolation, helped them develop new leadership

skills, and increased social connection to the Tenderloin community. Through the Harm Reduction Therapy Center, therapists provided services to 84 participants of which 77% maintained sufficient engagement to achieve at least one Wellness goal. For CCHH staff who experienced an increased level of crisis and trauma over the prior year, funds were used to engage Blooming Willow Coaching which brought together a team of over 30 Bay Area coaches, therapists and trainers to provide individual wellness coaching and skills building workshops. The evaluation survey found that 92% reported having built new skills to support their navigation of unsafe and stressful environments at the workplace and 92% increased skills in supporting their peers. Blooming Willow established a Culture Keepers Committee, a peer-based wellness support group within the agency to sustain the gains made in improving staff cohesion and morale. Having built staff cohesion, the agency was able to move forward on the implementation of their new theory of change and commitment to their mission.

Westside Community Services provided 196 culturally-based healing circles to over 164 community residents who were suffering from trauma-inflicted depression and other psychoses. Though falling short of their goal of engaging 400 participants, the project cited success in bringing first responder survivors of violence to address their own self-care. The grant also supported training of Healing Circle Facilitators (community leaders/residents) trained by the Bay Area Association of Black Psychologists and the Copeland Center's Wellness Recovery Action Planning. Facilitators received the Community Inclusion Peer Facilitator Certification. Healing Circles were provided to targeted populations: Women in Recovery, People Living with HIV, Ajani Youth, Westside Man Up Project (formerly incarcerated African American men), and parents of murdered children. Eighty-seven percent (87%) reported positive outcomes and improvement in their mental health and a decrease of negative impacts of trauma. The grant allowed Westside Community Services to provide the rationale for culturally based healing circles as a valid treatment protocol. The services have continued with a grant from the Office of Children, Youth and their Families. The healing circles have been built in as a component of a larger collaborative of nine African American partner agencies working to provide comprehensive care for high-risk African American youth and their families.

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

Funding to keep the **Progress Foundation's** Dore Urgent Care Clinic open everyday for 24 hours increased referrals from SFPD by 56% and reduced referrals to SFGH Psychiatric Emergency Services (PES) resulting in a 50% drop in "Red Alert Days"

where PES was challenged with the large number of incoming patients and limited medical staff. There was also a significant reduction in the number of individuals transported to private hospital emergency rooms. The Progress Foundation Urgent Care Clinic was instrumental as a model and in providing data in the passage of SB 82 establishing a funding source for community-based psychiatric clinics in other counties.

2016 Grants

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

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

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

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

2016 Outcomes

Drug Policy Alliance has completed the planning and implementation of a multi-departmental pre-booking diversion program to reduce the recidivism rate for drug and alcohol offenders and strengthened collaboration across city departments with community-based organizations. An MOU was established delineating shared principles and identified roles and responsibilities of each of the participating organizations (Department of Public Health, Police Department, District Attorney, Public Defender, Sheriff's Department, BART Police, Sentencing Commission, Adult Probation, Glide Foundation, Fenton Institute and the Drug Policy Alliance). To date, the Law Enforcement Assisted Diversion or LEAD is operating in the Tenderloin/Civic Center and Mission neighborhoods. For each neighborhood, a team of law enforcement officers and a complementary team of social service providers, including outreach workers and case managers, work to provide assistance to high-risk individuals referred by SFPD and BART Police. As of March 2018, 62 individuals have been referred for services. The goal of the program is to serve 250 individuals over the next 2 years. This grant also provided support to submit a proposal for $5.9million to the California Board of State

and Community Corrections on behalf of the City. The City was awarded the full $5.9 million and scored the highest of all applications received.

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

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

Public Health Foundation Enterprises – Sobering Center
This grant provided critical transportation services to divert individuals from hospital emergency rooms to the Sobering Center where they are offered additional services to promote medical detoxification, recovery and case management. Funds allowed the Center and its services to be open 24 hours a day. During the 2016-17 fiscal year, the

Center received 1,125 total calls for transport, 981calls were made from emergency rooms and 144 from shelters, clinics, treatment programs. The Center anticipates the numbers will increase in FY 2017-18.

2017 Grants

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

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

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

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

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

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

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

2017 Grant Outcomes

St. Anthony's Foundation (SAMC) - $35,000 to support outreach and care coordination.
Funding supported part-time staff to provide outreach to increase patient enrollment and establish protocol and a system for follow-up care. Of their goal to provide contact within 7 days of discharge from an inpatient hospital stay, SAMC was able to reach 65% percent of patients, short of their 100% target. However, they were able to determine that their patient records were incomplete or incorrect for the 35% who did not receive contact. To address this, they worked in partnership with the ER nurses at discharge to insure patient information was updated and correct. They also allocated staff time to scrub existing data and update PCP and LCR data. Their efforts to reduce 30-day re-hospitalization rates realized higher outcomes (80%). One hundred percent of non-

scheduled referrals to SAMC were opened and reviewed within 10 days due primarily to the new Referral Care Coordinator and increased use of the "e-referral". SAMC is piloting expanded weekday-afternoon office hours and evaluating the benefit/cost of providing Saturday service. SAMC has expanded patient-visit reviews to include orientation/education regarding services appropriate for SAMC versus hospitals, the use of the After-Hours Pager System and use of SF Health Plan's/Blue Cross 24-Hour Advice Nurse Hotline. SAMC has decreased its appointment no-show rate from 25% to 10% over the grant period. Funding supported improvements in workflow processes, better use of EMR, and new technologies such as the "Call Point" appointment reminder system thus increasing efficiencies in both administrative and medical care.

Central City Hospitality House - $167,000 to support housing placement, case management and leadership development of Tenderloin residents to advocate for improved living conditions and access to services.
CCHH exceeded all of their grant goals to provide services to formerly homeless individuals in the Tenderloin. Of their original goal of assessing 80 CCHH participants, 92 individuals were assessed by Community Building Program case managers (many of whom were formerly homeless) for improved housing opportunities, eligibility for public benefits and referrals to behavioral and physical health resources. In addition, their goal of maintaining housing placement for 75 participants was exceeded by serving a total of 110 individuals. Of these, 100% maintained or improved their housing without re-experiencing homelessness during the course of the year. Eighty-two participants were referred for behavioral or physical health needs, and 80 residents completed a case plan identifying goals, time frame for completion, and documented accomplishment of agreed-upon goals. For their Healing, Organizing, Leadership Development (HOLD) training project, 21 community residents enrolled (goal was 8) and 14 demonstrated improved leadership skills through a civic engagement activity (goal was 4). Graduates of the program return to lead one or more information workshops focused on effects of psychological trauma all of who have had direct experience with trauma. Close to 300 community residents participated in at least 1 of 13 community events which included Poetry and Spoken Word nights, monthly sidewalk activation events, neighborhood forums on community issues and a workshop on "City Hall Works For You" co-hosted by the Clerk of the Board of Supervisors and held in the Board Chamber at City Hall. For many, this was their first exposure to City procedures and first time in City Hall. These series of events reduced isolation and further strengthened connection between community residents. The HOLD (leadership development) model of trauma-informed leadership is regarded as an innovative model and has been adopted by several of their partner organizations. The HOLD training project resulted in an organizational transformation as well. Four members of CCHH's Board of Directors are graduates of HOLD, thus furthering their vision for a truly community-led organization.

From Garden to Table (FGTT) - $125,000 to establish a safer cooking system and cooking instruction to promote better health outcomes for SRO residents in the Tenderloin.
FGTT's goal is to promote recovery from substance abuse and the trauma of homelessness by providing cooking lessons promoting healthy foods and providing

access to in-home cooking equipment designed to promote safety for SRO residents in the Tenderloin community. FGTT partnered with the Auburn Hotel, a 70-unit permanent supportive housing site for previously homeless veterans. Each unit was only equipped with a mini-refrigerator and microwave. The units did not include cooking facilities though the residents requested safe and clean cooking facilities for meal preparation. FGTT provided a fully equipped, environmentally safe cooking system to 13 participants who completed the onsite 6-week class. The Auburn graduates prepared food for 31 managers of other SROs and community representatives. In addition to classes at the Auburn, FGTT completed a total of 122 health, cooking and physical activity classes, 3 Safety and Prevention Exchange Project graduations, and 10 community events. Participation totaled 1,295 Tenderloin residents, managers and community organizers. FGTT in partnership with the San Francisco Recovery Theatre met with 6 Tenderloin SRO managers (Auburn, Cova Cadillac, Camelot, Windsor, and Jefferson hotels) to develop collaborative relationships. In total, FGTT met, networked and participated in meetings with 120 stakeholders and SRO managers. FGTT staff also participated in the San Francisco Food Security Task Force and partnered with the Saint Francis Foundation to strategize reaching more Tenderloin SROs to provide safe and healthy cooking systems. To address concerns regarding sustainability of the project, FGTT has submitted proposals to 11 foundations and created a crowd-funding platform.

Women's Community Clinic - $50,000 to support completion of the merger with HealthRIGHT360.

The determination whether to move forward with the merger was completed on time with both agencies providing documentation and conducting due diligence. The two organizations' Board of Directors and Leadership teams entered into agreement in April 2017. High Board and staff satisfaction remained a priority throughout the merger process and board and staff retreats have fostered a stronger sense of unity and commitment to the Clinic's mission. A gap analysis review for FQHC compliance was completed and a remediation plan to address gaps was put in place. However, WCC did not get approval for their own FQHC status. HealthRIGHT 360 was recently awarded FQHC-lookalike status that fully complies with the requirements of Section 330. To address sustainability, a business plan and financial model was completed in June 2017 that highlighted the need to increase patient enrollment, convert offices to clinic space, and increase clinic staff time to see more patients. To insure continuity of care and to hold to WCC's value for patient-centered care, the leadership team solicited regular feedback from patients and staff as well. A regular monthly all-staff meeting has been instituted to create space for information exchange and feedback.

Public Health Foundation/Sobering Center - $150,000

The purpose of this grant is to reduce unnecessary use of emergency room department services and to increase access to services and support for clients to participate in recovery and wellness from their substance abuse. Receipt of a final report on this grant is pending.

Neighborhood Empowerment Network - $150,000

The grant project will end in June 2019 that will generate a final report on NEN's activities.

2018 Grants

From the Garden to Table - $125,000
To promote recovery for SRO residents living in the Tenderloin community through healthy and safe cooking instruction.

Public Health Foundation/Sobering Center - $189,000
To reduce unnecessary use of emergency room department services and to increase access to services and support for clients to participate in recovery and wellness from their substance abuse.

Institute on Aging/Swindells Adult Social Day Center - $200,000
To support the Institute on Aging/Swindells Adult Social Day Center's relocation to a new site and necessary renovations required to provide services for vulnerable seniors.

SisterWeb Doula Project - $465,650 over 24 months
To build, grow and evaluate an innovative community-based doula program that will serve African American and Pacific Islander communities in San Francisco.

Elder Care Alliance - $256,000
To support the Dementia-Inclusive Accelerator Project to reduce stigma and social distance for persons living with dementia and their care partners.

2018 Outcomes

From the Garden to Table (G2T) successfully delivered 116 monthly and quarterly health education and cooking demonstrations, theatre and music events and physical exercise opportunities for residents of the Tenderloin's SRO's including the Cadillac Hotel and Salvation Army buildings. They reached a total of 1,736 residents, far exceeding their goal of 150. Participants reported improved range of motion, balance, emotional well-being and increased cooking skills using fresh organic ingredients. The organization was able to complete a sustainability plan based on the production and marketing of organic products. G2T enriched the Tenderloin community with celebratory events that brought residents together using healthy food, physical exercise and music to improve resident mental and physical health. They also participated in over 52 meetings to coordinate delivery of services with other Tenderloin service providers, SRO hotel managers and residents.

Public Health Foundation/Sobering Center used their grant to continue to provide transport of intoxicated clients to the Sobering Center. During FY18/19, the Sobering Center received 850 total calls for transport, and completed 816 transports. There was a noted increase in number of clients transported and provided quality services to individuals regardless of their race or economic situation.

Institute on Aging/Swindells Center for Adult Day Services was able to secure a lease with the Presidio Trust for a 7,034 square foot historic building in San Francisco. The acquisition of the new site allowed them to expand services from 53 clients to 96 clients and hire 16 additional staff due to a doubling of service space. The grant also funded the ADA required renovations to the building and supported their fundraising efforts. They have successfully raised $2.1 million to date. The new Swindells Enrichment Center will also house a 24-hour mobile response team and specialized homecare and caregiver training. Their goal is to reduce the number of Emergency Department visits by elderly clients who have no true medical reason for the visit.

SisterWeb Doula Project has completed 12 months of their 24-month grant. The purpose of the grant is to create a new culturally-based model to reduce high infant mortality rates of African American and Pacific Islanders in San Francisco. In their first year of operation, they have established a number of successful partnerships. One is with Health Connect One (HCO) which is the only accrediting body for doulas. HCO is responsible for doula training. They have also conducted outreach to 100 hospitals and have partnerships with 4 out of 5 delivery hospitals. At the time of the report, 13 women reported healthy births with another 20 in the pipeline. They are working with UC Berkeley on an evaluation of quality of care. They are also working at the State legislative level to craft language for a bill on doula care and a service reimbursement process. Seventy percent of their project budget for the next 3 years has been raised. The project is already being recognized as a national model with requests for technical assistance to recreate it in other cities.

Elder Care Alliance/Dementia Inclusive Communities Initiative successfully developed new tools for family members, caregivers, and aging professionals using arts and cultural events to foster greater connection and relationships with individuals with dementia. Materials developed were translated into Spanish, Chinese, Russian and Tagalog. The project also focused on strengthening cross-agency connection of senior service providers by hosting a series of workshops and meetings on promoting inclusive communities utilizing various forms of technology. The project forged partnerships with the College of Alameda, Alameda Healthcare and Wellness Center, SF Institute on Aging, Campus for Jewish Living, Contemporary Jewish Museum, St. James Episcopal Church, Visitation Valley Community Center and SOMArts. They reached families and senior serving agencies in the Excelsior, Richmond/Laurel Heights, Civic Center/Downtown, Visitation Valley and SOMA. In total, they engaged 525 people of color and collaborated with over 20 key stakeholders in the field of dementia services. For their innovative work, they received the Mather Lifeways Promising Practices Award.

2019 Grants

Regional Pacific Islander Task Force - $20,000

To continue to raise awareness of the health needs of Pacific Islanders in San Francisco/ Bay Area and to align Bay Area Public Health Department efforts to better address social, economic and health disparities in Pacific Islander communities.

2019 Outcomes

Regional Pacific Islander Task Force – due to the COVID-19 pandemic, the final report from the Task Force was extended for one year.

2020 Grants

Mission Language and Vocational Services - $839,143

The purpose of this grant is to support a city-wide effort to conduct street outreach, conduct wellness calls and connect members of the Latinx community who have been disproportionately impacted by the COVID-19 pandemic to services including access to financial assistance, food, personal protective equipment and supplies.

COMMUNITY HEALTH INNOVATION FUND

	2014	2015	2016	2017	2018	2019	Grand Total
Beginning Balance		6,760,566	4,044,950	3,634,051	2,654,976	1,799,841	842,383
Grant Revenue - Contributions	8,600,000						
Realized/unrealized on investments	5,376	12,461	3,213	3,424	5,722	(1,724)	
Interest and Dividends	(15,426)	(22,878)	(14,725)	(18,636)	(36,989)	(21,991)	
Grants Made - Current Year	1,244,700	2,722,292	420,000	985,000	883,000	979,650	839,143
Donor/Project Fee Expense	602,000						
Consultants				7,000	0		
Investment Management Fees	2,783	3,743	2,412	2,287	3,402	1,524	3,240
Ending Blance	6,760,566	4,044,950	3,634,051	2,654,976	1,799,841	842,383	0

WORKFORCE DEVELOPMENT FUND

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

To manage the Workforce Fund, a committee of fund advisors (Workforce Development Committee) was created and consists of a representative from the Office of Economic and Workforce Development (OEWD) on behalf of the City, a representative from CPMC, and a representative from The San Francisco Foundation (TSFF). TSFF received its first payment of

$2,000,000 towards the Workforce Fund on November 26, 2013, and a second payment of $1,000,000 on November 25, 2014, completing the $3,000,000 pledge. As part of the Development Agreement, TSFF took a combined seven percent management fee of $210,000.

Since the last report in May 2018, the committee granted funds to five Barrier Reduction grantees, Jewish Vocation Services (JVS), Code Tenderloin/ Downtown Streets Team (DST), Self-Help for the Elderly (SHE), Success Centers SF (SCSF), and FACES SF. Throughout the 2018 grant year, the Workforce Development Committee continued to meet quarterly. On April 30, 2019, the original two grantees, JVS and SHE, completed their fourth year of funding, SCSF and FACES SF completed their third year of funding, and DST completed their first year of funding of a committed two-year agreement.

FY 2015 & FY 2016 Grants

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

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

1. **Jewish Vocational Services:** To provide program support for job readiness training supported paid work experience, and placement assistance into living wage jobs to low-income San Franciscan residents at CPMC, and/or other health care facilities in San Francisco. ($150,000)
2. **Mission Hiring Hall:** To provide program support for job readiness training and placement services designed to overcome barriers to employment for low income, minority, and underserved San Francisco residents. ($150,000)
3. **Positive Resource Center:** To provide program support for job readiness training and placement in employment for disabled, low-income job seekers in San Francisco County. ($90,000)
4. **Self-Help for the Elderly:** To provide program support to ensure employment barrier reduction, job preparedness and placement for immigrant, Limited English Proficient, Asian Pacific Islander older adults and high needs youth in the City and County of San Francisco. ($150,000)

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

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

Goals

Short-term goals:

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

Intermediate goals:

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

Long-term goals:

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

FY 2015 & FY 2016 Outcomes

Through the collaborative effort between the four grantees and the Committee over two fiscal years (July 1, 2014 – June 30, 2016), 519 San Francisco residents received either paid work experience, demonstrated gains in workplace competencies (i.e. computer/administrative training, academic skills and language skills), job readiness training or on-the-job training. 347 clients from the targeted neighborhoods have been placed in entry-level positions either at CPMC or other healthcare employers in San Francisco and the Bay Area. Of the 347 clients, 53 have been placed directly at CPMC medical facilities.

FY 2017 Grants

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

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

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

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

FY 2017 Goals

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

Short-term goals:

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

require different types and levels of training, as well as to prevent duplicative efforts.

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

Intermediate goals:

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

Long-term goals:

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

FY 2017 Outcomes

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

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

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

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

FY 2019 Grants

In 2019, the committee decided to (a) renew four of the six FY 2018 grantees, and (b) add one new organization. Young Community Developers that was funded in the fiscal year 2018 was removed from the cohort due to the committee's decision to fund the capacity building of a new organization focused on workforce development in the Tenderloin of San Francisco.

The resulting five grantees were renewed for an interim period through June 30, 2019 for funding totaling $557,500:

1. **Jewish Vocational Services:** To provide program support for job readiness training, supported paid work experience, and placement assistance into living wage jobs to low-income San Franciscan residents at CPMC, and/or other health care facilities in San Francisco. ($85,000)

2. **Self-Help for the Elderly:** To provide program support to ensure employment barrier reduction, job preparedness and placement for immigrant, Limited English Proficient, Asian Pacific Islander, older adults and high needs youth in the City and County of San Francisco. ($85,000)

3. **Success Center San Francisco:** To create a Healthcare Pathway for low-income residents in the Western Addition neighborhood of San Francisco, who face multiple barriers to employment to obtain and retain jobs in healthcare. ($65,000)

4. **FACES SF:** To provide job readiness and placement assistance services for low-income residents of the Southeast Sector of San Francisco to attain clinical or non-clinical employment at CPMC and/or other health care facilities in San Francisco. ($65,000)

The committee added Downtown Streets Team to the list of grantees with $75,000 in interim funding:

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

FY 2019 Outcomes

In terms of the financial report, funds from the San Francisco Foundation were disbursed in FY 2018 beginning the grant period on July 1st.

As of March 31, 2019, the cohort collectively provided some form of workforce training to 295 San Francisco residents. 102 residents from the targeted neighborhoods as well as other San Francisco neighborhoods were placed in entry-level jobs in the healthcare sector. Of the 102 placements, 14 of those were placed directly at CPMC facilities.

The report above is representative of the grant's first three quarters (July 1, 2018 – March 31, 2019).

Four Year Outcomes

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

Through this collaborative effort between a total of seven grantees and the Committee over the last four years (FY 2015 – FY19), 1053 clients from the targeted neighborhoods and from other neighborhoods have been placed in entry-level positions either at CPMC or other healthcare employers in San Francisco and the Bay Area. Of the 1053 clients, 111 have been placed directly with CPMC.

FY 2020 Grants

In reaching the end of the 5-year Workforce Fund Grant Agreement between the San Francisco Foundation and CPMC, the committee decided on how best to allocate the remaining grantmaking funds of $962,107 to help reduce barriers to accessing jobs at CPMC. The Workforce Committee decided to distribute the remaining funds over three years to four of the five Barrier Reduction grantees, and to complete the last of the two-year agreement with the fifth organization (DST). Over this past year, grantees met with the committee as a larger group one last time in the summer of 2019 to discuss the distribution of the remaining funds as exit grants for these organizations.

In April 2020, the following five grantees were renewed, four of which renewed for multi-year funding, and all totaling $962,106,51:

1. **Jewish Vocational Services:** To provide program support for job readiness training, supported paid work experience, and placement assistance into living wage jobs to low-income San Franciscan residents at CPMC, and/or other health care facilities in San Francisco. Grant Obligation: Annual data reports will be submitted via email throughout the grant period to CPMC. ($240,000 over 36 mos.)

2. **Self-Help for the Elderly:** To provide program support to ensure employment barrier reduction, job preparedness and placement for immigrants, Limited English Proficient, Asian Pacific Islander older adults and high needs youth in the City and County of San Francisco. Grant Obligations: Annual data reports will be submitted via email throughout the grant period to CPMC. ($240,000 over 36 mos.)

3. **Success Center San Francisco:** To create a Healthcare Pathway for low-income residents in the Western Addition neighborhood of San Francisco, who face multiple barriers to employment to obtain and retain jobs in healthcare. ($195,000 over 36 mos.)

4. **FACES SF:** To provide job readiness and placement assistance services for low-income residents of the Southeast Sector of San Francisco to attain clinical or non-clinical employment at CPMC and/or other health care facilities in San Francisco. ($195,000 over 36 mos.)

5. **Downtown Streets Team:** To provide core operating support for the partnership between Downtown Streets Team and Code Tenderloin. The grant will primarily be to build the capacity of Code Tenderloin through the Downtown Streets Team for this last year in the CPMC cohort. ($92,105.51 over 12 mos.)

Three Year Outcomes

Self-Help for the Elderly

Outcome 1: Place 72 participants in Job Readiness Training (JRT) and/or On-the-Job-Training (OJT) over 3 years.

Activity 1: Provide training to 72 participants in personal effectiveness, academic and workplace competencies.

Activity 2: Ensure gains in literacy and numeracy and job-related English proficiency for 72 participants.

Activity 3: Ensure gains in work readiness knowledge and skills including soft skills, strong customer service ethic, and professionalism to 72 participants.

Outcome 2: Place 57 participants who complete JRT and/or OJT in employment at a minimum wage of $15.66 per hour or higher over 3 years.

Activity 1: 66 participants will complete JRT and/or OJT.

Outcome 3: Of the 57 placements, 18 will be placed in employment with CPMC at a minimum wage of $15.66 per hour or higher over 3 years.

Jewish Vocational Services:

Outcome 1: Ensure placement of at least 24 program participants in employment at a wage of $15.66 per hour or higher, with CPMC over 3 years.

Activity 1: Twice a year, JVS will send resumes of at least 5 candidates to the CPMC recruiter and will set up a time for the CPMC recruiter to speak with the identified candidates who meet their qualifications for a total of 30 candidates over the 3 years of the grant.

Activity 2: In conjunction with a CPMC recruiter, develop a system for the CPMC recruiter to share feedback about clients referred from JVS. JVS incorporate this feedback as we prepare additional candidates to apply for jobs at CPMC.

FACES SF:

Outcome 1: Residents of the Southeast sector of San Francisco will receive job training, placements and readiness services in clinical or non-clinical employment opportunities.

Activity 1: Enroll 150 participants in job readiness services to prepare them for clinical or non-clinical employment opportunities at CPMC and other health care employers.

Activity 2: Placement of 36 participants in employment at other health care employers at a minimum wage of $15.66 per hour.

Activity 3: Place 18 participants in employment with CPMC in clinical or non-clinical employment

Success Center SF:

Outcome 1: Place forty-five (45) participants in Job Readiness Training (JRT) and/or On-the-Job Training (OJT).

Activity 1: Ensure gains in literacy and numeracy and job-related English proficiency for fifteen (45) participants.

Activity 2: Ensure gains in work readiness knowledge and skills including soft skills, strong customer service ethic, and professionalism to fifteen (45) participants.

Outcome 2: Place thirty (30) program participants in employment at a wage of $15.66 per hour or higher.

Activity 1: Forty-five (45) participants will complete JRT and/or OJT.

Activity 2: Provide training to forty-five (45) participants in personal effectiveness, academic and workplace competencies.

Outcome 3: Of the thirty (30) employment placements, eighteen (18) will be placed directly with CPMC.

One Year Outcomes

Downtown Streets Team:

Outcome 1: Stabilize Code Tenderloin and strengthen program impact

Activity 1: Provide Code Tenderloin with executive and operational coaching by supporting Executive Director, Donna Hilliard's role and strategizing with her on operational needs.

Activity 2: Code Tenderloin Systems Analysis through evaluating and documenting data collection, reporting, assessing tools in use, paperwork/ templates.

Outcome 2: Align Code Tenderloin and Downtown Streets Team programs

Activity 1: Assess joint processes recruiting participants, training opportunities, and placing graduates while developing a joint strategic plan.

Activity 3: Code Tenderloin organizational design through clarifying needed roles and developing descriptions while developing organizational charts that clarify current and future operations.

Outcome 3: Establish a neighborhood outreach/ambassador training program.

Activity 1: Explore ways to cultivate & expand Calming Corners into a sustainable ambassador program.

Activity 2: Creating external partnerships to solidify job placement in Ambassador & social services fields.

All data and narrative reports will be submitted directly to CPMC throughout the grant period for each of the grants. Please note grant outcomes and funds for the Workforce Development Fund are on a fiscal calendar rather than a calendar year.

WORKFORCE DEVELOPMENT

Beginning Balance	2014	2015	2016	2017	2018	2019	Grand Total
Grant Revenue - Contributions		**2,793,912**	**2,250,347**	**1,465,352**	**1,475,319**	**936,528**	
Realized/unrealized on investments	3,000,000						**3,000,000**
Interest and Dividends	3,927	12,058	6,320	3,422	3,891	12,264	**41,882**
Grants Made - Current Year	(9,456)	(22,092)	(21,804)	(17,901)	(25,063)	(15,123)	**(111,439)**
Donor/Project Fee Expense		550,000	788,000		557,500	934,986	**2,830,486**
Consultants	210,000						**210,000**
Telephone		0	8,000	**1,120**		3,000	**12,120**
Travel - Ground Transportation			192	52			**244**
Catering and Food - Convenings and Special Events			(11)	(110)			**(121)**
Investment Management Fees			722	943	147	365	**2,177**
A/P - Clearing (General)	1,617	3,599	3,554	2,287	2,316	1,036	**14,409**
Ending Balance					0	0	**0**
	2,793,912	**2,250,347**	**1,465,352**	**1,475,319**	**936,528**	**0**	**0**

Sutter Health

EXHIBIT F

CPMC: Culturally and Linguistically Appropriate Services Action Plan

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Organizational Values and Principles	***ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and spread best practices.***		
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.	a) The CLAS Action Planning committee continues to develop implementation strategies in the support, improvement, monitoring, and development of culturally and linguistically appropriate services. b) Continued partnership with Emergency Services, Care Coordination, Communications, Ethics and St. Luke's Community Clinic. Continued partnership between the CLAS Action Planning Team and the following hospital departments: Nursing Education, Quality and Safety, Interpreter Services, Volunteer Services, Community Benefit, Data and Management, Human Resources, Patient Relations, Spiritual Care Services, HealthFirst, and Nursing. Note: Standards 2 through 15 represent the practices and policies intended to be the fundamental building blocks of culturally and linguistically appropriate services that are necessary to achieve Standard 1. Therefore, the strategies in which CLAS care is addressed will be further discussed in the following standards. This includes the result components and action steps of the CLAS assessment as well.	**KEY INDICATORS:** a) Establish safe and welcoming environment at every point of contact that both fosters appreciation of the diversity of individuals and provides patient- and family-centered care 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	1. Held regular meetings with the CLAS Action Planning committee, to support the improvement, monitoring, and development of culturally and linguistically appropriate services. 2. Continued review of policy, procedures and programs through CLAS Action Planning. 3. Continued review of Continued Medical Education (CME) course offerings to ensure educational activities addressed health disparities and/or cultural/language barriers.

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Governance, Leadership and Workforce:	***ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and spread best practices.***		
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	a) CLAS committee's Senior leadership continues to support and promote CLAS through policies, practices and allocated resources. Continually reevaluated with the senior leadership the ways in which CLAS standards could be further integrated into the systems and structures of CPMC and better communicated with staff. b) Reviewed the Interpreter Services departmental budgets which document financial contributions to the provision of systems that support culturally and linguistically appropriate services for patients and community partners. c) Delivered annual presentation to general management to inform the ways in which the organization has increased capacity to provide CLAS care and provide updates on upcoming CLAS implementations, including CLAS screensavers. d) Continued relationships at the Sutter System level to support the following areas: • Patient Family Advisory committees • Participation in the system level inclusion resource groups including the Multicultural Resource Group, LGBTQ Resource Group, and ADA Resource Group • Participation in local Inclusion Council Committee e) Executive leadership participation in the System level diversity & Inclusion course, Inclusive Leaders. Utilized training materials and concepts from the leadership course to inform additional management training. f) Continued communications for senior management and general management on CLAS and Interpreter Services. Included updated training on the use of Remote Video Interpreters and the importance of language services for patient safety. g) Initiated or continued partnership between the CLAS Action Planning Team and the following hospital departments: Nursing Education, Quality and Safety, Interpreter Services, Volunteer Services, Community Benefit, Data and Management, Human Resources, Patient Relations, Spiritual Care Services, and Nursing Administration, Emergency Services, Care Coordination, Communications, Ethics and St. Luke's Community Clinic and HealthFirst.	**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	1. Continued to have a process in place in which policies and procedures are routinely reviewed. 2. Updated senior management on CLAS implementations and progress by way of regular General Management meeting. 3. Budgeted resources to support CLAS related services in the Interpreter Services, Nursing Education and Community Benefit Departments.
CLAS Standards	**Strategies/Tactics**	**Reference/Key Indicator**	**Internal Monitoring/Metric(s)**

Governance, Leadership and Workforce:	***ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and spread best practices.***		
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	a) Reviewed policies on Equal Employment and Employee Relations in the Health Equality Index survey, documenting CPMC's intent to respect diversity within gender, gender identity, and sexual orientation and to recognize and value each employee's uniqueness and contributions to a productive workforce. b) Continued promoting workforce recruitment in diverse populations with the LGBT community via "Out&Equal" job site. CPMC recruiters and staff participated in San Francisco's annual LGBT job fair and Pride parade.- *Cancelled due to COVID-19.* c) Engaged staff in various trainings and development opportunities surrounding CLAS including: 1. Annual CNA Trainings - Cultural Sensitivity & Spiritual Care: 1 hour trainings to all CNAs 2. Spiritual Care Week - Cultivating Inclusivity 3. BiWeekly Interfaith Services - Davies Rehab & SNF Units 4. Tea for the Soul - Specific Nursing Units 5. Nurses Week Blessing of Hands *In-person trainings and events cancelled due to COVID-19, however maintained CLAS presence at virtual events.* d) Continued to offer support and educational training to staff through the Employee Assistance Program: • Managing stress • Increasing productivity and motivation • Building communication skills • Developing effective relationships • Overcoming loss • Managing life/career changes • Handling personal problems • Improving the quality of your life f) Human Resources continued to developing goals for the internal Inclusion Council to address the ways in which CPMC can increase the capacity to create a supportive environment for diverse staff. Various member of the CLAS committee also serve on the inclusion council and act as liaisons between inclusion and CLAS planning. g) Continued to participate in Sutter system level Inclusion Resource Groups for staff who support or identify with LGBTQ, ADA, Multicultural or Veteran Communities. h) Continued to partner with Human resources to generate report on overall staff diversity overall and throughout the various management levels for Affirmative Action planning.	**KEY INDICATORS:** a) Environment in which culturally diverse individuals feel welcomed and valuedb) Trust and engagement with the communities and populations servedc) Workforce reflects populations served	1. Documented and monitored demographics across the various levels of senior leadership and management staff to assess diversity representation. 2. Reviewed policies on Equal Employment and Employee Relations documenting CPMC's intent to respect cultural diversity and to recognize and value each employee's uniqueness and contributions to a productive workforce. 3. Continued to monitor the bi-lingual staff program and follow set guidelines for conversationally competent bi-lingual staff, to encourage informal conversation in a patient's primary language.

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
EDUCATION & TRAINING	***ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and speed spread best practices.***		
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	a) Completed annual cultural competence, diversity and inclusion training for all staff via online learning portal (Healthstream) to ensure knowledge/adoption of organizational cultural competency, including why it is important to our patients, visitors and staff. b) Continued to integrate cultural and linguistic sensitive specific criteria in staff registration training to capture patient religion, race/ethnicity/ancestry, primary language, spiritual preference, geographic data, insurance coverage, preferred name, and interpreter need at patient admission. c) Continued to develop on online learning course for nursing and staff on the importance of utilizing interpreters for Limited English-Speaking patient care and safety. e) Continued to develop additional training opportunities for staff and senior leadership in the areas of cultural competency, diversity and inclusion. CLAS training provided in list below, most held virtually in 2020: 1. General management education on CLAS and Interpreter Services 2. Internal Medicine grand rounds and Continuing Medical Education focusing on issues related to cultural sensitivity and cultural competency (2020) 3. Interactive, online LGBTQ training made available to all staff free of cost (2020) 4. Safety training to 140 frontline staff on the importance of using interpreter services (2020) 5. CNA Trainings - Cultural Sensitivity & Spiritual Care: 1 hour trainings to all CNAs Spiritual Care Week - Cultivating Inclusivity 6. Inclusive Leader course for executive management 2020 7. Annual Cultural Competency Healthstream Course (2020) 8. Appreciating Differences course to managers (2014-2020) f) *On hold due to COVID-19* - Continued to develop online course for all staff (~5,000) regarding language barriers and the importance of utilizing language services. Based course information on the LEP Patient Safety training materials developed by the Office of Minority Health. Continued to partner with e-learning vendor to complete the development of an interactive e-learning course. g) Spiritual Care Services reviewed/updated student handbook to reflect sensitivity for patient diversity and the impacts of differential care on health disparities of minority populations.	**KEY INDICATORS:** a) Workforce demonstrates the attitudes, knowledge, and skills necessary to provide care to diverse populations b) Capacity of staff to provide services that are culturally and linguistic and supports health literacy c) Education and training programs that address the impact of culture on health and health care	1. Monitored and tracked percentage of Nursing Education and Continuing Medical Education training opportunities that involve topics related to cultural competency, diversity and inclusion. 2. CLAS continued to: a) Review and evaluate existing educational programs and materials that support cultural competence, diversity and inclusion. b) Research, evaluate and identify new educational programs and materials based on identified gaps within existing programs/materials. c) Increase promotion of cultural competence education and training resources available to all staff and volunteers. d) Enhance education for senior management and leadership. e) Note- most activities not related to COVID-19 were on hold in 2020.

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.***		
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.	a) Provided interpreter services at no cost to patients with Limited English Proficiency (LEP) patients or who are deaf or hard-of-hearing, in order to enhance effective communication and ensure access to health care information and services in accordance with Federal, State and Local regulations. b) Offered language assistance at different points of service and levels of care e.g. emergency area, outpatient and inpatient. Interpretation methods include in person interpreting, over-the-phone interpreting and remote video interpreting. c) Continued to educate all staff on how to use the electronic health record system to record patient's need for interpreters and use of the institution's interpreter services to offer language assistance as needed. d) Reviewed Interpreter Services program and process to ensure quality, access and efficiency. Continued system wide Tiered System for increased efficiency and service fulfillment & access. e) Continued to provide certified medical interpreter vendor services with ability to deliver language assistance in over 200 languages to complement internal staff interpreters. f) Continued to provide internal certified medical staff interpreters for the following languages: Chinese dialects, Spanish, Russian, Vietnamese, Japanese and Korean. g) Deployed 6 additional interpreting devices (VRI carts) to various areas. Educated staff on the appropriateness of Video Remote Interpreting (VRI) in addition to over-the-phone and in-person interpreting. Updated a modality tip sheet and guide to choosing which type of interpretation for the situation.	**KEY INDICATORS:** a) Individuals with limited English proficiency and/or other communication needs have equitable access to health services b) Individuals understand their care and service options and participate in decisions regarding their health and health care c) Improved patient safety and reduce medical error related to miscommunication	1. Monitored and tracked both pre-scheduled and same day scheduled interpreting activities by language groups & interpreting modalities (i.e. in person, telephonic, remote video) 2. Monitored LEP census by campus for common languages. 3. Identified incorrect LEP needs in the Sutter Electronic Health Record are reported for correction on regular basis. 4. Reviewed industry best practices for interpreter services including remote video interpreting and telephonic interpreting. 5. Maintained practices and policies compliant with Health and Safety Code Section 1259. 6.Continued to review quality ratings data on Video Remote Interpreting and over the phone interpreting.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	a) Continued to identify language needs at registration and inform patents of the availability of language assistance resources at no cost. b) Continued to audit and refine the multilingual signage and interpreter notification postings in new facilities. As existing locations continued to closed and new locations opened, reviewed patient facing area to ensure multilingual information was posted notifying patients of their right to free interpreter services in accordance with Health and Safety Code Section 1259. c) Continued to communicate with staff the availability of telephonic and VRI interpreter services and their ability to utilize the services to communicate with patients in over 200 languages 24 hours 7 days a week via audio and over 30 languages via video. d) Provided and updated written notices in all outpatient locations to advise patients and their families of the availability of interpreters in accordance with Health and Safety Code Section 1259.	**KEY INDICATORS:** a) Individuals with limited English proficiency are informed, in their preferred language, that language services are readily available at no cost to them b) Coordinated and facilitated access to language services	1. Notified patients of the availability of language assistance services at no cost to them and continued regular audits of posted language notifications. Posted multilingual signage in all outpatient facilities to notify patients of free interpretation services. 2. Continued to monitor and maintain policies and procedures related to informing patients of language/ interpretation services. 3. Continued to do monthly reports on interpreter service usage to monitor, variation or frequency of use.

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.***		
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) Continued to have a process to evaluate the language competency of qualified bilingual staff for language assistance. b) Continued to audit and monitor vendor interpreters for quality; periodically screened interpreters as needed. *c)* Continued to offer educational opportunities to staff medical interpreters to maintain and enhance their skill levels. *Virtually in 2020.* d) Continued process for identifying bi-lingual staff and expanded the process to recognize and evaluate the competencies of bi-lingual staff. e) Refined internal competency assessment for staff to become qualified at the medical level to interpret for their own patients. f) Followed-up and reported any concerns or issues with the telephonic or VRI interpreter system to our vendor. g) Continued to educate staff on the necessity of utilizing certified interpreters and the prohibition of using untrained individuals or minors as interpreters. h) Continued to develop online course for all staff regarding language barriers and the importance of utilizing language services and the importance of using certified interpreters. Partnered with external vendor to build interactive e-course material. *– on hold due to COVID-19, will resume in 2021.*	**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. Maintained and publicized up-to-date information about Qualified Bilingual Staff (certified at Medical/Basic level by external independent agency) on the institutional intranet 2. Continued to utalize quality assurance program to ensure and validate the competency of our vendor interpreters. 3. Monitored our certified interpreter's activities as related to their efficiency and competency. 4. Hosted an Education day for interpreters, staff and outside interpreters, in conjunction with CHIA (California Healthcare Interpreter Association). *– cancelled due to COVID-19* 5. Reviewed and monitored vendor translation process for quality control. 6. Continued to review quality ratings data on Video Remote Interpreting program.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	a) Continued to provide materials in our common languages: Chinese, Spanish, Russian and Tagalog (including the Mission Bernal Campus). Reminded staff of the importance of utilizing interpreters when signing procedure consent forms and providing consent form in patient's written language when possible. b) Continued to make available translation resources to staff. The hospital departments and care providers determine which translated documents and languages are needed based on patient population. c) Continued to review/refine digital wayfinding signage at the hospitals including the Chinese, Spanish, and Russian languages. d) Translated appropriate patient education materials and intake documents. Including, but not limited to: 1. Patient welcome video and welcome packet 2. Physical Medicine and Rehabilitation class materials 3. Pulmonary rehabilitation program documents 4. Transplant procedure materials	**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. Renewed periodic reviews by Staff interpreters to audit the accuracy and adequacy of multi-lingual signs 2. Continued to audit multilingual signage and interpreter notification postings. 3. Ensured that all posting related to COVID-19 were in multiple languages.

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Continuous Improvement and Evaluation:	***ORGANIZATIONAL FOCUS – FUTURE: Continually reimagine the way we deliver care to best serve the needs of our patients.***		
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.	a) Reviewed department level goals & policies for Interpreter Services and Patient Relations to support management accountability and infuse cultural & linguistic elements in planning/operations. b) Again, integrated questions on diversity and inclusion in the hospital wide employee feedback Experience of Work survey. c) Completed 2020 Health Equality Index to review CPMC policies and practices that surround the LGBTQ community including community outreach, staff education, signage and patient rights. c) Continued work with CPMC Inclusion Council facilitated to engage employee feedback on issues of Diversity and Inclusion. d) Participated in the Sutter level inclusion resource groups focusing on creating an inclusive environment for staff who support or identify with LGBTQ and ADA issues and/or community. The goals of the committees are to: •Raise awareness •Provide opportunities for employees to share experiences and get involved •Build a culture that embraces access and promotes professional development and opportunity •share knowledge and experiences •participate in personal and professional development •enhance leadership skills •inform strategic decisions •provide consultation when needed. e) Renewed Senior leadership to support and promote CLAS through policies, practices and allocated resources. Discussed with the senior leadership the ways in which CLAS standards could be further integrated into the systems and structures of CPMC.	**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	1. Continued to have a process in place in which policies and procedures are routinely reviewed. 2. Monitored departmental level goals and success indicators through the Performance Success and Development Process (PSDP). 3. Continued monthly meetings of the CLAS Action planning committee to review the structural framework surrounding CLAS and the organizational capacity to deliver CLAS. *Held virtually* 4. Revisited Human Resources policies and programming on Equal Employment, Employee Relations and Employee Benefits documenting CPMC's intent to respect cultural diversity and value each employee's uniqueness and contributions to a productive workforce. Continual review of Interpreter services policy, patient rights and responsibility policy, chaplaincy policy, HR policy, CME procedure

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	a) Utilized the CLAS Action planning committee to ensure that CLAS standards were reflected and infused in services provided to the diverse patient population. b) Continued to monitor the in-person and over-the-phone interpretation data in the Interpreter Services Quality to make interpretation services more efficient and improve the quality of service for patients. Identified strengths and areas for improvement. c) Continued tracking the percentage of staff educational opportunities that integrate components of cultural competency into training via partnership with Nursing Education. d) Renewed partnership with the Quality and Safety teams to assess the impact of CLAS related implementations and programs on patient safety and health outcomes. e) Identified and monitored the various areas of the hospital practices that fulfill the CLAS standards.	**KEY INDICATORS:** a) Assessment of performance and progress in implementing CLAS Standards b) Assess the value of CLAS-related activities relative to the fulfillment of governance, leadership, and workforce responsibilities	1. Continued development in the CLAS Action Planning focus areas (Framework Development, Education/Staff Development, Data Collection/ Measurement, Communication Engagement) for quality improvement and data collection.

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Continuous Improvement and Evaluation:	***ORGANIZATIONAL FOCUS – FUTURE: Continually reimagine the way we deliver care to best serve the needs of our patients.***		
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.	a) Used Electronic Health Record system to collect/record demographic data and language needs of patients. Interpreter department level assessment was completed to validate language services provided as indicated. b) Generated Sutter Electronic Health Record LEP Census Reports by campus to analyze interpreter usage frequency. c) Continued to collect demographic data, spiritual preferences and educational needs at intake by entering information into the electronic health record system during Pre-registration. d) Continued to provide LEP patient census tool for staff interpreters to locate LEP patients by language as needed. e) Aligned CPMC efforts with the Sutter System Advancing Health Equity initiative analyzing patient health outcomes by demographics to inform potential racial disparities in care outcomes. f) Continued to work with Data Management team to generate demographic reports on staff and patient diversity and health outcomes. Made reports available to staff via Intranet. 1. Patient REAL Demographics 2. Patient Readmission by Race & Primary Language 3. ED visit by Patient Race and Primary Language 4. Bi-lingual staff report 5. Staff REAL Demographics g) Continued to partner with Human resources to generate report on overall staff diversity and diversity throughout the various management levels for Affirmative Action planning.	**KEY INDICATORS:** a) Accurately identify population groups within a service area monitor individual needs, access, utilization, quality of care, and outcome patterns b) Improved service planning that enhances access and coordination of care c) Measurement to what extent health care services are provided equitably	1. LEP Census Reports generated by staff interpreters to locate LEP patients and provide appropriate services. 2. Generated weekly/monthly dashboard reports that monitor request volume, cancellation, and vendor dependency. 3. Conducted monthly analysis of over the phone interpretation. 4. Generated monthly patient demographic reports. 5. Continued to capture patient religion, race/ethnicity/ancestry, primary language, spiritual preference, geographic data, insurance coverage, and interpreter need at patient admission.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	a) Community Benefit department continued the advancement the annual implementation plan to respond to needs identified in 2019 SF Community Health Needs Assessment. b) Reviewed Interpreter Services geographic language demographics & needs data as well as CPMC's LEP census reports and planned the provision of language assistance accordingly. c) Continued to work with the Advancing Health Equity team and the new Institute for Health Equity at the system level. The team identified root causes for disparities among select conditions and teamed up with community partners begin making an impact on health inequities among target populations. d) Identified communities hardest hit by the COVID-19 pandemic and worked with community partners to provide information about testing.	**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. Participated in SFHIP on an ongoing basis through Community Benefit. 2. Continued partnership with SFHIP to address needs identified in the needs assessment. 3. Ensured community health programs investments align with needs assessment and SFHIP priorities.

CLAS Standards	Strategies/Tactics	Reference/Key Indicator	Internal Monitoring/Metric(s)
Community Engagement:	***ORGANIZATIONAL FOCUS – MARKET: Develop an integrated approach to serving our patients and other customers through partnerships with providers and payers.***		
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	a) Community Benefit participated in the San Francisco Health Improvement Partnership and implemented programs and grants to address the health needs identified in the 2019 Community Health Needs assessment. b) Continued to partner with diverse community organizations: Many of the organizations represent racial/ethnic/gender minority groups which focus on increasing access to care and preventative services for diverse groups in the Bay area. c) Continued receiving input from the patient population via the Patient Family Advisory Committee. CPMC instituted Patient Family Advisory Councils (PFAC) in 2016 to help strengthen quality, safety, and patient experience. The key objective of the council was to obtain input from community stakeholders to enhance and improve services for patients served. The committee is run by internal staff and meets monthly to engage patients and family in process improvement projects, document review and feedback in regard to service delivery improvement. d) Utilized outside vendor to conduct HCAHPS patient satisfaction surveys for in-patient and emergency services. The HCAHPS survey includes questions on nursing communication, physician communication, discharge planning, pain management, and overall rating. Each category also includes an opened ended section for comments. Results of the survey and comment summary are analyzed and reported to executive and nursing management for quality and process improvement. e) Provided avenue for patients to submit issues and grievances. Solutions from issues and patient concerns are incorporated into future provision of care by the Patient Relations department to best serve patients. All issues regarding care and services provided by Medical Center employees that are not resolved promptly by staff present are considered grievances and will require a review by the Grievance Committee and a written response in seven (7) days to the patient/family. All patients are informed prior to receiving care of their right to voice a complaint or grievance through the "Patient Rights and Responsibilities" brochure and signage posted in the patient care areas.	**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. Participated in SFHIP on an ongoing basis through the Steering Committee. 2. Ensured CPMC's community health programs investments align with needs assessment and SFHIP priorities, including priority neighborhoods and communities with identified health disparities.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	a) Continued to process complaints & grievances of all nature with commitment to service excellence and quality personalized care by Patient & Customer Relations Department. Process ensures that patient is contacted within 7 days with resolutions and next steps and or need for mediation and final response is given within 30 days. b) Continued to track cultural/diversity complaints as an Event Type in our Online Occurrence Report system. Additionally, began to review patient complaint information via primary language. All complaints and grievances are investigated. c) Continued process to track Language and ADA access complaints as an Event Type in our Online Occurrence Report system.	**KEY INDICATORS:** a) Facilitate open and transparent two-way communication/feedback that meets federal and/or state level regulations that address topics such as grievance procedures, the use of ombudspersons, and discrimination policies and procedures	1. Continued to track cultural/diversity complaints as an Event Type in our Online Occurrence Report system. 2. Investigated all complaints and grievances. In compliance with CMS, grievances are acknowledged within 7 days and final response given within 30 days.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.	a) Continued to inform the city with up to date information on the hiring in accordance with the development agreement b) Reviewed/refined internal CLAS communications plan, including periodic communications to staff on the CLAS standards c) Created CLAS screen savers to communicate to staff about CLAS. (Ongoing) d) Maintained an internal intranet site where staff can locate and learn about CLAS standards, and way in which they can help facilitate a more inclusive culturally sensitive environment for their staff and patients.	**KEY INDICATORS:** a) Information conveyed to intended audiences about efforts and accomplishments in meeting the National CLAS Standards to meet community benefits and other reporting requirements, including accountability for meeting health care objectives in addressing the needs of diverse individuals or groups	1. Communicate CLAS related community benefits and language assistance to Senior Management 2. Broadcast updates through internal and external channels. 3. Continued internal and external CLAS communications including internal notices and external Community Benefit communications.

ATTACHMENT 2
Development Agreement Payments Schedule/CPMC Payments

PAYMENT SCHEDULE[1]

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

1 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.

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SAN FRANCISCO
Office of Economic and Workforce Development

City and County of San Francisco: Office of Mayor London N. Breed
Economic and Workforce Development : Joaquin Torres, Director

May 27, 2020

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

Dear Mr. Massehian:

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

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

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

Department	Invoice Number	Invoice Period	Total
OEWD	OEWDCPMC11_37	January 1, 2020 - March 31, 2020	$ 37,765.00
SF Planning	2016-004775MCM	January 1, 2020 - March 31, 2020	$ 2,141.67
SFMTA	FY19-20, Q3	January 1, 2020 - March 31, 2020	$ 1,617.17
Total Amount Due:			**$ 41,523.84**

Sincerely,

DocuSigned by:
8687E129144B45D...
Merrick Pascual
Chief Financial Officer
Office of Economic and Workforce Development

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SAN FRANCISCO
Office of Economic and Workforce Development

City and County of San Francisco: Office of Mayor London N. Breed
Economic and Workforce Development : Joaquin Torres, Director

October 7, 2020

Invoice Number: OEWDCPMC11_38

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

Dear Mr. Massehian:

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

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

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

Department	Invoice Number	Invoice Period	Total
OEWD	OEWDCPMC11_38	April 1, 2020 - June 30, 2020	$ 41,148.00
City Attorney	File No.1100299	January 1, 2020 - June 30, 2020	$ 26,183.75
SF Planning	2016-004775MCM	April 1, 2020 - June 30, 2020	$ 3,020.42
SFMTA	FY19-20, Q4	April 1, 2020 - June 30, 2020	$ 5,715.66
Total Amount Due:			**$ 76,067.83**

Sincerely,

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Merrick Pascual
Chief Financial Officer
Office of Economic and Workforce Development

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SAN FRANCISCO
Office of Economic and Workforce Development

City and County of San Francisco: Office of Mayor London N. Breed
Economic and Workforce Development : Joaquin Torres, Director

December 22, 2020

Invoice Number: OEWDCPMC11_39

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

Dear Mr. Massehian:

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

One (1) consolidated payment should be made out directly to the Office of Economic and Workforce Development. We would greatly appreciate if you can make your payment through our online payment portal:
https://services.paysf.co/service/economic-development

If your organization is unable to make e-Payment through the above payment portal, we can also help you pay via ACH, Wire Payment or check. See next page for payment options.

Department	Invoice Number	Invoice Period	Total
OEWD	OEWDCPMC11_39	July 1, 2020 - September 30, 2020	$ 37,187.00
OEWD	FY19-20 Q3 Duplicate Payment	July 1, 2020 - September 30, 2020	$ (41,523.84)
City Attorney	File No. 1100299	July 1, 2020 - September 30, 2020	$ 2,337.50
SF Planning	SFP CPMC FY20-21 Q1	July 1, 2020 - September 30, 2020	$ 1,258.66
Total Amount Due:			**$ (740.68)**

Sincerely,

DocuSigned by:
8687E129144B45D...

Merrick Pascual
Chief Financial Officer
Office of Economic and Workforce Development

1 Dr. Carlton B. Goodlett Place, Room 448 San Francisco, CA 94102 | www.oewd.org
p: 415.554.6969 f: 415.554.6018

DocuSign Envelope ID: 0BA04842-506B-4274-A4D6-BCFB0D0068E7

SAN FRANCISCO
Office of Economic and Workforce Development

City and County of San Francisco: Office of Mayor London N. Breed
Economic and Workforce Development: Anne Taupier, Acting Director

March 8, 2021

Invoice Number: OEWDCPMC11_40

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

Dear Mr. Massehian:

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

One (1) consolidated payment should be made out directly to the Office of Economic and Workforce Development. We would greatly appreciate if you can make your payment through our online payment portal:
https://services.paysf.co/service/economic-development

If your organization is unable to make e-Payment through the above payment portal, we can also help you pay via ACH, Wire Payment or check. See next page for payment options.

Department	Invoice Number	Invoice Period	Total
OEWD	OEWDCPMC11_40	October 1, 2020 - December 31, 2020	$ 41,498.50
City Attorney	File No. 1100299	October 1, 2020 - December 31, 2020	$ 250.00
SF Planning	FY20-21 Q2	October 1, 2020 - December 31, 2020	$ 829.38
SFMTA	FY20-21 Q1	July 1, 2020 - September 30, 2020	$ 2,194.85
Total Amount Due:			**$ 44,772.73**

Sincerely,

DocuSigned by:
8687E129144B45D...
Merrick Pascual
Chief Financial Officer
Office of Economic and Workforce Development

ATTACHMENT 3
Entry Level Operational Hiring

Sutter Health
CPMC

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 2019 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	• CPMC made 64 entry level hires in 2020. To reach the 40% goal, 26 FS hires were needed. CPMC hired 32 FS candidates in 2020. • 72% of FS hires came from targeted neighborhoods in 2020. • Thru the first four months of 2021 CPMC has a 29% FS hiring rate, 6 FS hires out of 21 total hires. • Thru the first four months of 2021, 67% of FS hires came from targeted neighborhoods. • CPMC is actively referring every San Francisco candidate to OEWD to improve their chances for employment, whether at CPMC or elsewhere. • Exhibit A charts the local hiring percentage for 2020. • Exhibit B charts the percentage of those hires from targeted neighborhoods in 2020. • Exhibit C charts the local hiring percentage for the first four months in 2021. • Exhibit D charts the percentage of those hires from targeted neighborhoods in the first four months of 2021.
Active Engagement and Resource Allocation	• Weekly meetings with hiring managers with constant reminders on the importance of the workforce agreement. • Engaged in approx. 45 job fairs, employer spotlights, meetings/workshops in 2020. At the time of this submittal CPMC has participated in an additional 7 engagements in 2021, 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	• Detailed Hiring Projections for Aug. 2020 thru July 2021 were provided to OEWD, see Exhibit F. • Detailed Hiring Projections for Aug. 2021 thru July 2022 will be provided to OEWD in August 2021.

Priorities for 2020

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

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

Challenges

- The COVID pandemic has created negative impacts on both clinical and non-clinical hiring at CPMC.
- Strain on our CPMC workforce due to the limited pipeline of qualified San Francisco candidates.
- Escalating cost of living and lack of affordable housing within San Francisco.

EXHIBIT A

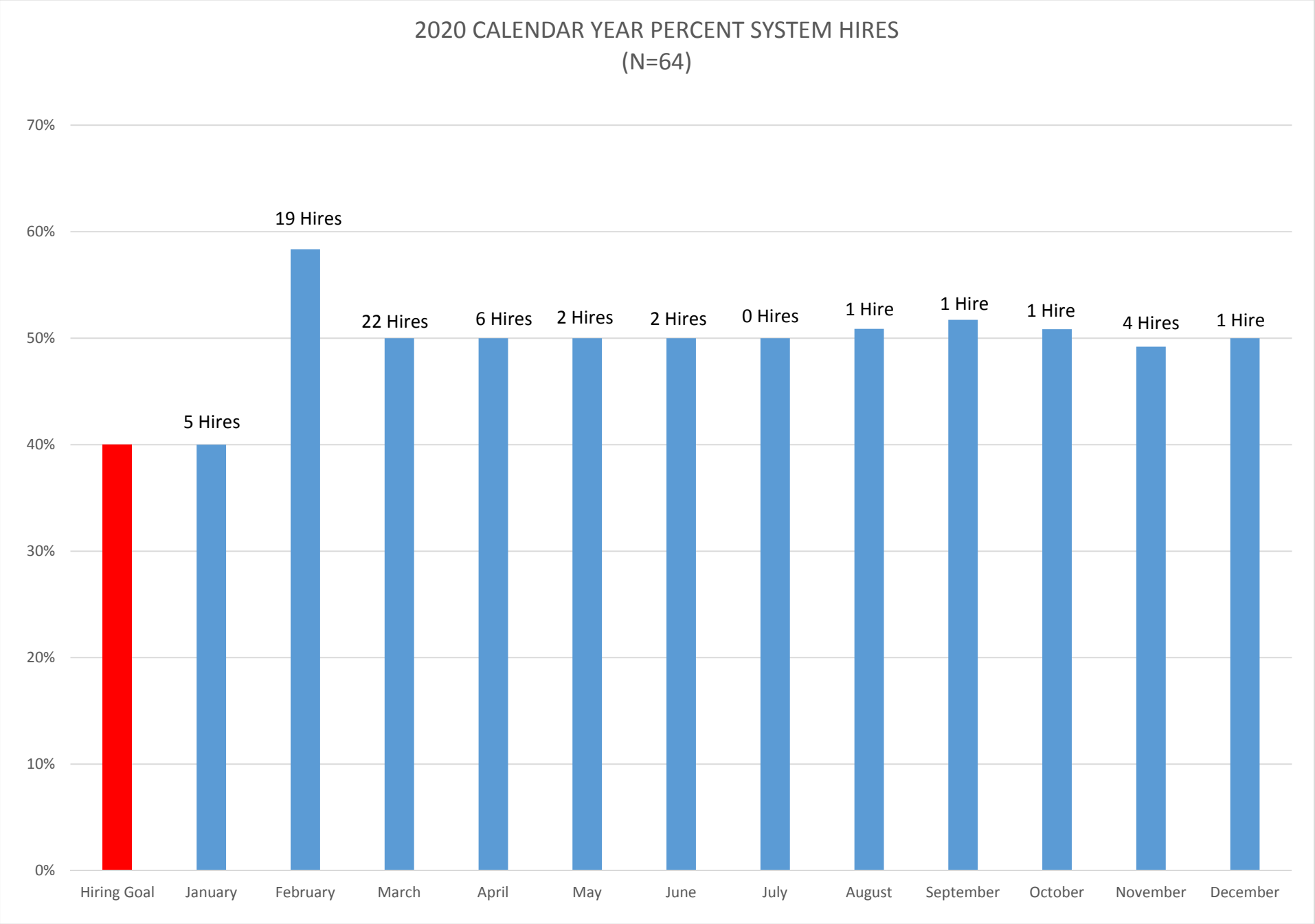
2020 CALENDAR YEAR PERCENT SYSTEM HIRES
(N=64)
70%
60%
50%
40%
30%
20%
10%
0%
5 Hires
19 Hires
22 Hires
6 Hires
2 Hires
2 Hires
0 Hires
1 Hire
1 Hire
1 Hire
4 Hires
1 Hire
Hiring Goal
January
February
March
April
May
June
July
August
September
October
November
December

EXHIBIT B

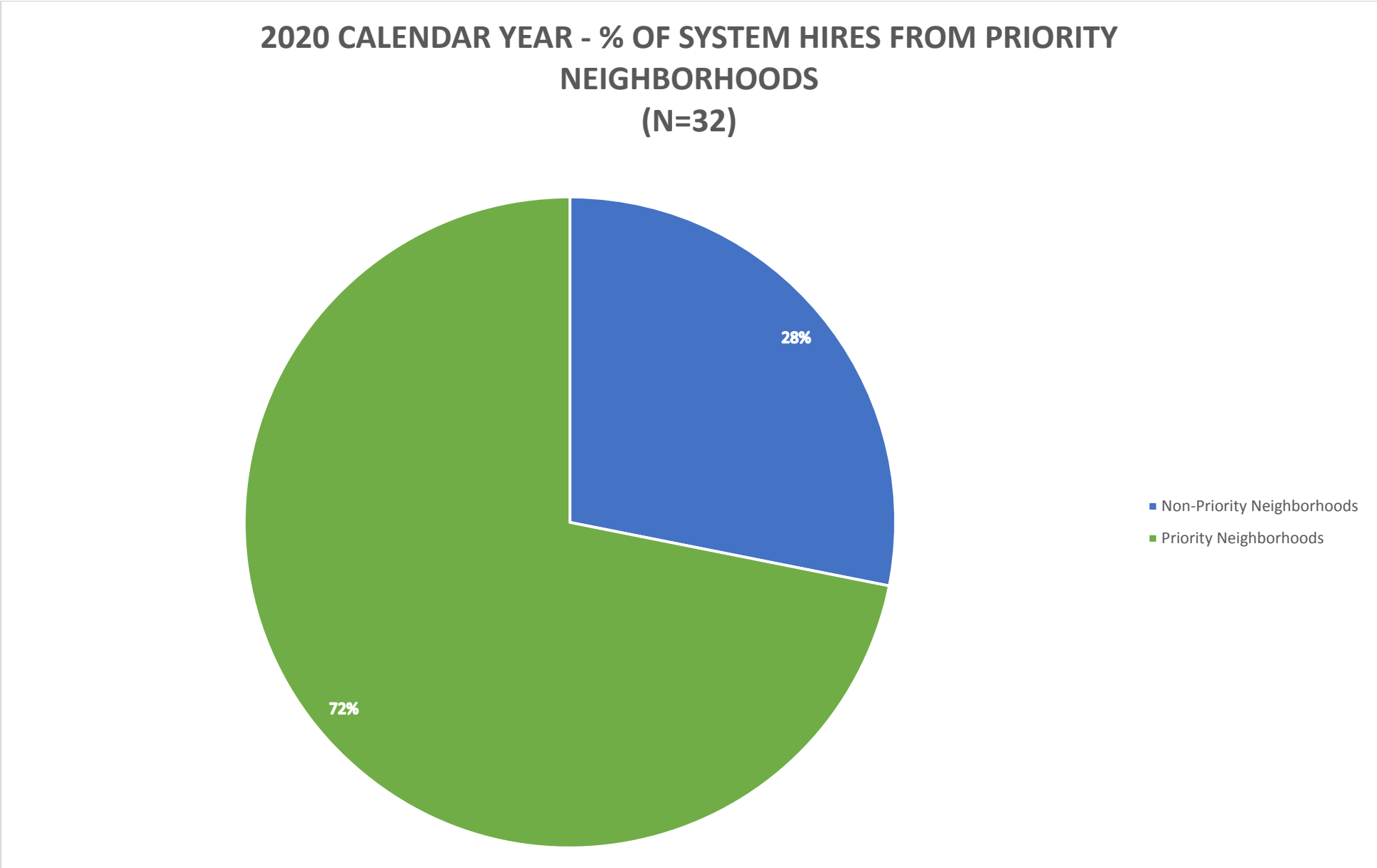
2020 CALENDAR YEAR - % OF SYSTEM HIRES FROM PRIORITY NEIGHBORHOODS
(N=32)
28%
72%
Non-Priority Neighborhoods
Priority Neighborhoods

EXHIBIT C

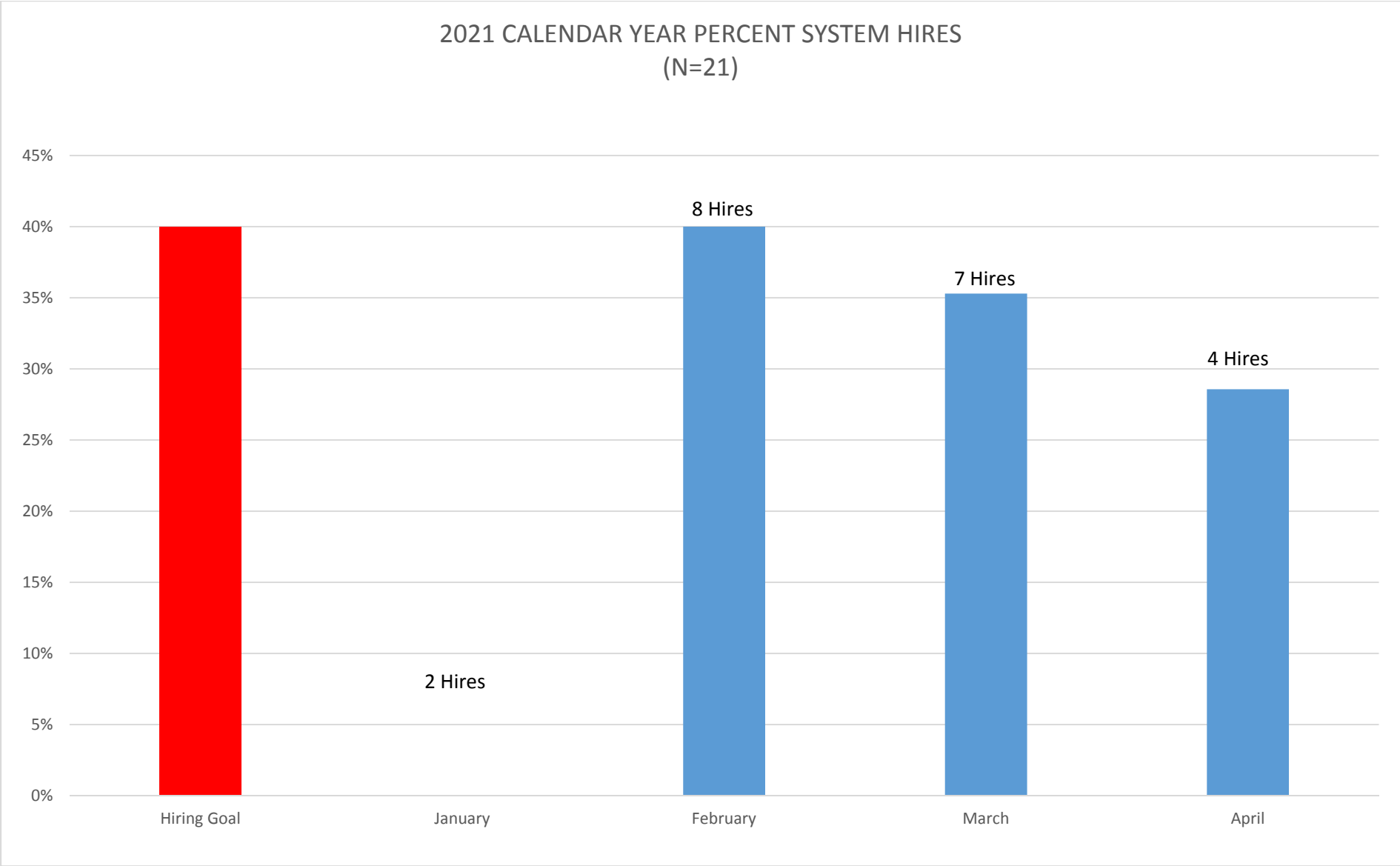
2021 CALENDAR YEAR PERCENT SYSTEM HIRES
(N=21)
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
8 Hires
7 Hires
4 Hires
2 Hires
Hiring Goal
January
February
March
April

EXHIBIT D

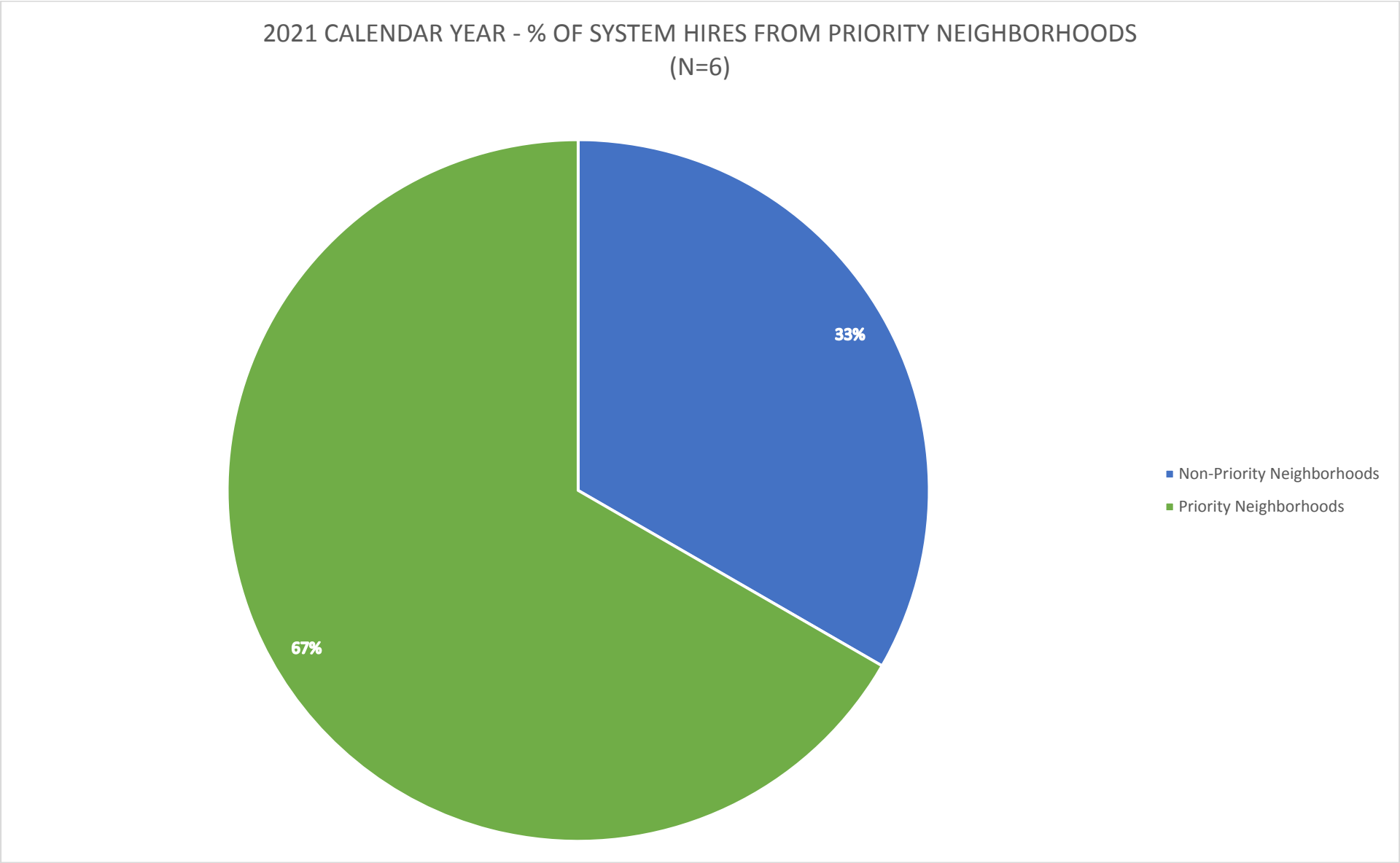
2021 CALENDAR YEAR - % OF SYSTEM HIRES FROM PRIORITY NEIGHBORHOODS
(N=6)
33%
67%
Non-Priority Neighborhoods
Priority Neighborhoods

EXHIBIT E

Date	Meeting	CPMC Participants
5/6/2021	Workforce Grant Reporting Check-In	Vahram Massehian Jana Fernandez Janelle Bertelson Lauren Park
5/4/2021	JVS Monthly Skype Meeting	Lauren Park
4/6/2021	JVS Monthly Skype Meeting	Lauren Park
3/18/2021	JVS Healthcare Heroes Bootcamp	Lauren Park
3/10/2021	WISF Board Meeting	Ed Battista
3/2/2021	JVS Monthly Skype Meeting	Lauren Park
1/12/2021	WISF Board Meeting	Ed Battista
12/23/2020	OEWD Meeting	Vahram Massehian Laura Van
12/9/2020	WISF Board Meeting	Ed Battista
11/19/2020	OEWD Meeting	Vahram Massehian, Janelle Bertelson
10/28/2020	SFOEWD Healthcare Sector Employer Roundtable	Vahram Massehian, Janelle Bertelson, Pragna Dave, Laura Van
10/8/2020	Workforce Grant Reporting Check-In	Vahram Massehian Jana Fernandez Janelle Bertelson Pragna Dave
9/9/2020	WISF Board Meeting	Ed Battista
9/2/2020	JVS Monthly Skype Meeting	Jennifer Dela Rosa
9/2/2020	Codetenderloin Monthly Skype Meeting	Jennifer Dela Rosa

9/2/2020	CNAP Monthly Skype Meeting	Jennifer Dela Rosa
8/11/2020	Codetenderloin Spotlight Event	Jennifer Dela Rosa
8/4/2020	JVS Monthly Skype Meeting	Jennifer Dela Rosa
8/4/2020	Goodwill Industries Spotlight Event	Jennifer Dela Rosa
8/4/2020	Codetenderloin Monthly Skype Meeting	Jennifer Dela Rosa
8/4/2020	CNAP Monthly Skype Meeting	Jennifer Dela Rosa
8/3/2020	FACES SF and CPMC Monthly Skype Meeting	Jennifer Dela Rosa
7/7/2020	Codetenderloin Monthly Skype Meeting	Jennifer Dela Rosa
7/7/2020	JVS Monthly Skype Meeting	Jennifer Dela Rosa
7/6/2020	Monthly SF Success Center Call	Jennifer Dela Rosa
7/6/2020	FACES SF and CPMC Monthly Skype Meeting	Jennifer Dela Rosa
6/11/2020	Virtual Multi Employer Recruitment (MER)	Jennifer Dela Rosa
6/2/2020	JVS Monthly Skype Meeting	Jennifer Dela Rosa
6/2/2020	Codetenderloin Monthly Skype Meeting	Jennifer Dela Rosa
6/2/2020	CNAP Monthly Skype Meeting	Jennifer Dela Rosa
6/2/2020	Monthly SF Success Center Call	Jennifer Dela Rosa
6/1/2020	FACES SF and CPMC Monthly Skype Meeting	Jennifer Dela Rosa

5/13/2020	CPMC Workforce Grant Call	Vahram Massehian Edward Battista Keiani Emmons Jennifer Dela Rosa
5/5/2020	Monthly SF Success Center Call	Jennifer Dela Rosa
5/5/2020	CNAP Monthly Skype Meeting	Jennifer Dela Rosa
4/7/2020	CNAP Monthly Skype Meeting	Jennifer Dela Rosa
4/7/2020	JVS Monthly Skype Meeting	Jennifer Dela Rosa
4/6/2020	Monthly SF Success Center Call	Jennifer Dela Rosa
3/3/2020	CNAP Spotlight Event	Jennifer Dela Rosa
3/3/2020	JVS Monthly Skype Meeting	Jennifer Dela Rosa
3/2/2020	Monthly SF Success Center Call	Jennifer Dela Rosa
2/26/2020	Healthcare Orientation - MEDA	Jennifer Dela Rosa
2/11/2020	Healthcare Orientation - Tenderloin	Jennifer Dela Rosa
2/6/2020	CNAP Spotlight Event	Jennifer Dela Rosa
2/5/2020	JVS Monthly Skype Meeting	Jennifer Dela Rosa
2/5/2020	CNAP Monthly Skype Meeting	Jennifer Dela Rosa
1/27/2020	Healthcare Orientation Visitacion Valley - FacesSF	Jennifer Dela Rosa
1/13/2020	Healthcare Orientation Goodwill Industies	Jennifer Dela Rosa
1/7/2020	JVS Monthly Skype Meeting	Jennifer Dela Rosa
1/7/2020	CNAP Monthly Skype Meeting	Jennifer Dela Rosa

City and County of San Francisco *First Source Hiring Program*

London Breed, Mayor

Office of Economic and Workforce Development
Workforce Development Division

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

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

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

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

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

Type of Employer (check one):

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

Identify Project or Construction Project (if applicable):
City Department (if Contract or Lease):
Name of Employer: California Pacific Medical Center
Contact Person: Edward Battista, Director of CPMC HR
Street Address: P.O. Box 7999
City: San Francisco
State: CA
Zip: 94120
Telephone: 415-600-4088
Fax:
Email: BattisE@sutterhealth.org

Edward Battista
Signature of authorized employer representative

7/31/20
Date

Entry-Level Position Title	Number Currently Filled	Number Currently Available (as of 07/16/2020)	Number Projected to Become Available in the next 12 Months	Estimated Date of Next Available Position	Subject to Collective Bargaining? (Yes/No)
Housekeeping Aide	5	0	2	Ongoing-based on facility needs	Yes
Food Service Aide	25	0	8	Ongoing-based on facility needs	Yes
Cook	7	0	2	Ongoing-based on facility needs	Yes
Security Officer	52	0	10	Ongoing-based on facility needs	No

Transporter/Transport Aide	2	0	1	Ongoing-based on facility needs	No
Sales Gift Shop	0	0	0	Ongoing-based on facility needs	No
Phlebotomy/Specimen Handling Lab Aide	4	0	1	Ongoing-based on facility needs	No
EKG Technician	0	0	0	Ongoing-based on facility needs	No
Medical Assistant	11	0	4	Ongoing-based on facility needs	No
Rehabilitation Aide	0	0	0	Ongoing-based on facility needs	No
Aquatic Instructor	0	0	0	Ongoing-based on facility needs	No
Speech Therapy Aide	0	0	0	Ongoing-based on facility needs	No
Pathology Accessioner	3	0	1	Ongoing-based on facility needs	No
Client Services Representative	3	0	1	Ongoing-based on facility needs	No
Patient Services Representative	10	0	3	Ongoing-based on facility needs	No
Patient Support Representative	0	0	0	Ongoing-based on facility needs	No
Patient Access Representative	12	0	4	Ongoing-based on facility needs	No
Point of Service Specialist	0	0	0	Ongoing-based on facility needs	No
Medical Administrative Assistant	0	0	0	Ongoing-based on facility needs	No
Health Information Technology/Billing	0	0	1	Ongoing-based on facility needs	No
PBX Operator	4	0	1	Ongoing-based on facility needs	No
Home Health Aide	4	0	1	Ongoing-based on facility needs	Yes
Certified Nursing Assistant	15	0	2	Ongoing-based on facility needs	Yes
Hospital Attendant	51	4	10	Ongoing-based on facility needs	Yes
Unit Coordinator/Unit Clerk	20	0	3	Ongoing-based on facility needs	No
Emergency Dept. Technician	13	0	1	Ongoing-based on facility needs	No

Please fax, email, or mail this form SIGNED to:
Attn: Business Services
Tel: 415-701-4848
Fax: 415-701-4897

FIRST SOURCE HIRING
CITY & COUNTY OF SAN FRANCISCO

ATTACHMENT 4
Transportation Demand Management

Transportation Demand Management 2020 Program Summary

The Transportation Demand Management Program at California Pacific Medical Center is comprised of the following elements: parking management, shuttle connection services (inter-campus and last mile connections to transit), alternative commute program (ridesharing, biking and walking), program support and communications and performance evaluation. The summary below describes the activities undertaken in 2020 for each area.

Parking Management Program

- Due to COVID guideline restrictions CPMC did not make any rate increase changes
- Maintain inventory of all employee onsite/offsite parking and current utilization
- Continue to forge strong working relationship with SFMTA traffic enforcement to mitigate pedestrian and vehicle congestion
- Monday-Friday service to the Ferry Building. Dedicated Shuttle 24th St. Bart Station to Mission Bernal Campus from 6am to 8:30am and from 3pm to 5pm Monday through Friday
- The shuttle central hub is the Van Ness hospital on Post Street
- Mission Bernal and Van Ness hospitals have in-house secured bicycle storage with changing room/lockers and showers

Shuttle Connection Services

- Ongoing review of current shuttle operations for both last mile solutions and inter-campus to improve operation efficiencies, service standards and meet increasing BART ridership demands
- Maintain dedicated white zones at Van Ness and Mission Bernal campuses to better accommodate CPMC shuttles and San Francisco Paratransit services

Alternative Commute Services

- Carpool dedicated reserved spaces currently at Van Ness, Davies and Mission Bernal campuses
- Maintain and enhance bike racks and security in and around the campuses

Program Support & Communications

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

- Employ a full-time TDM Manager and maintain an experienced TDM consultant under contract
- Due to COVID guideline restrictions, CPMC did not conduct transit fairs in 2020. Transit fairs will resume once COVID guideline restrictions are lifted.

Performance Evaluation

- Conducted employee/physician commute survey. A total of 4,413 employees competed the survey, resulting in an 88% return rate.

2020 CPMC ON-SITE PARKING, CARPOOL AND BICYCLE FACILITIES

CAMPUS	ON-SITE PARKING SPACES	EMPLOYEES REGISTERED CARPOOL	BIKE PARKING SPOTS
PAC	**477**	4	30
VNC	**411**	38	130
VNC-MOB	**383**	0	
CAL	**282**	3	34
DAV	**431**	3	38
MBC	**212**	1	18

VISITORS PARKING RATE	**$ 8.00**	**PER HOUR (w/increment of $4 per 1/2 hr) Up to a maximum of $35.00 per day**
PATIENT PARKING RATE	**$ 14.00**	**FLAT RATE - ALL DAY - Except VNC (Requires coupon issued by Department)**
VNC PATIENT PARKING RATE	**$ 22.00**	**FLAT RATE - ALL DAY (Requires coupon issued by Department)**
EMPLOYEE DAILY RATE	**$ 24.00**	**FLAT RATE - ALL DAY - Except VNC**
EMPLOYEE MONTHLY RATE	**$ 180.00**	**MONTHLY**

The on-site parking rate structure is the same for Visitors/Patients/Employees across all CPMC owned facilities

The percentage of employees who participate in the commuter benefits program is approx. 18% (861 employees)

2020 CPMC OFF-SITE PARKING SUBSIDIES

CAMPUS	OFF-SITE PARKING LOCATION	OFF-SITE CONTRACTED SPACES 2020	EMPLOYEES WITH PARKING SPOTS
PAC	**Japan Center** 1610 Geary Boulevard San Francisco 94114	**400** Terminated 11/30/2020	**350**
CAL	**No current employee parking leases**	**N/A**	
475 Brannan	**475 Brannan Street** **San Francisco 94107**	**15**	**15**
1825 Sac	**Staples Garage** San Francisco 94109	**23** Terminated 09/30/2020	**23**
DAV	**No current employee parking leases**	**N/A**	**N/A**
MBC	**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.

2020 Employee/Physician Commute Survey Summary of Key Results

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

CPMC's overall 2020 employee population in San Francisco was approximately 5,000 staff. The survey was administered to eligible staff through our intranet HealthStream platform with 4,413 staff completing the survey, for a response rate of 88%. Thus, exceeding the minimum 30% response rate requirement established by SFMTA for statistical validity of the survey.

Given the unprecedented impacts caused by the pandemic, there were significant shifts in the ways staff traveled to work. Based on the 2020 survey results, CPMC's single-occupant vehicle mode share went up 8 percent points as compared to the 2019 mode split. Use of public transit went down 10 percent point, and use of ride-hailing services (taxi, Uber or Lyft) remained constant. A new category of working entirely from home accounted for approximately 5 percent of staff:

- SOV (drive alone) 62%
- Public Transit 14%
- Bicycle/Walk 7%
- Carpooling 6%
- Other 6% (includes Uber/Lyft at 5% and motorcycles at 1%)
- Work from home 5%

When asked if given a choice, whether staff would like to maintain their 2020 commute pattern, after the pandemic was over:

- Very Likely 68%
- Somewhat Likely 12%
- Somewhat unlikely 4%
- Not Likely at all 5%
- Don't Know 12%

Since the opening of the Van Ness Hospital, more than 53 percent of staff work at the Van Ness Campus.

- Van Ness 53%
- Davies 18%
- Mission Bernal 12%
- Other 11% (Downtown, Civic Center, California, other)
- Pacific 6%

Given hospitals are a 24-hour operation and the majority of staff work in the hospitals, the start time for staff varied:

- Early AM (4:00-6:30AM) 9%
- AM Peak (6:30-9:30AM) 54%
- Late AM (9:30AM-12:00PM) 6%
- 2nd shift (afternoon 12:00-2:30PM) 6%
- 3rd shift (evening and night 2:30-10:30PM) 26%

Over 40% of CPMC staff reside within San Francisco County, or within approximately 6 miles from their workplace.

- San Francisco 45% (San Francisco County)
- East Bay 22% (Alameda, Contra Costa and Solano Counties)
- Daly City/South Bay 23% (San Mateo and Santa Clara Counties)
- North Bay 10% (Marin, Napa and Sonoma Counties)

ANNUAL CITY REPORT

(JANUARY 1 – DECEMBER 31, 2020)

on the

CALIFORNIA PACIFIC MEDICAL CENTER LONG RANGE DEVELOPMENT PLAN DEVELOPMENT AGREEMENT

PUBLISHED:
November 17, 2021

SAN FRANCISCO
Office of Economic and Workforce Development

San Francisco Planning

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Introduction

Background. California Pacific Medical Center (CPMC) is made up of five campuses in San Francisco: Van Ness Campus, California Campus, Pacific Campus, Davies Campus, and Mission Bernal (formerly St. Luke's) Campus. The new Van Ness Campus was developed as part of the approved Development Agreement; the Van Ness hospital opened in March 2019. Through its operations of these medical facilities, CPMC provides a broad range of inpatient and outpatient health services, as well as direct and indirect economic benefits to the City. CPMC is owned by Sutter Health and is one of San Francisco's largest non-public employers, with over 6,000 employees.

Sutter Health undertook renovation or reconstruction of its acute-care hospitals to comply with State law (SB 1953), which requires that all acute-care hospitals be seismically upgraded so that they are operational after a major earthquake. Three of CPMC's four acute-care hospitals - the California, Pacific, and St. Luke's campuses - did not meet seismic standards and needed to be rebuilt or de-licensed in order to comply with this law. The Davies Campus was retrofitted in 2008, enabling this campus to accommodate acute-care hospital services until 2030; no construction is presently planned at that campus.

To meet state law, CPMC consolidated acute-care services from the Pacific and California campuses into the new Van Ness Campus (formerly called the Cathedral Hill Campus). The Van Ness Hospital opened in March 2019 and the associated Medical Office Building was completed in 2019. The project also provided a new, seismically safe hospital, which opened in August 2018, to replace the old St. Luke's Hospital at the Mission Bernal Campus in the Mission District. Related construction, including renovation and reconfiguration of the Mission Bernal Campus, is ongoing. These construction projects have created approximately 1,500 construction jobs and involve the expenditure of over $2 billion in total development costs. They have increased the number of earthquake-safe hospital beds in San Francisco and are intended to improve healthcare access for all San Franciscans.

The CPMC project also provides Community Benefits in addition to the commitment to rebuild St. Luke's Hospital, including a community health care program, a transportation and transit program, a workforce development program, a public improvement program, and payments to provide for specific services, programs, and infrastructure.

To guarantee these Community Benefits, CPMC and the City entered into a Development Agreement (DA), which was approved by the Board of Supervisors in July 2013 and became effective on August 10, 2013.[1]

Annual Review Process. The DA requires an annual review to ensure that both the City and CPMC are in compliance with their respective obligations and that Community Benefits are

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[1] The DA is available on the Planning Department's website at http://default.sfplanning.org/publications_reports/cpmc/cpmc_DevAgrmtFinal_exhibits.pdf.

being delivered.[2] As described in Section 8.2 of the DA, CPMC is required to submit an Annual Compliance Statement to the City no later than 150 days after the end of its fiscal year (currently, the calendar year). The City is then required to post CPMC's statement and receive public comment for 30 days. At the conclusion of the public comment period, the City has 45 days to publish a report on whether CPMC is in compliance with the Development Agreement. Both the Health and Planning Commissions will then hold public hearings on CPMC's compliance with a 60-day notice to the public. After these hearings, the Planning and Health Directors will forward their findings on to an independent third-party monitor. The monitor will have 30 days to review the findings and evidence of CPMC's compliance with the DA before sending a letter to the Board of Supervisors stating whether he or she concurs with the Directors' findings.

The annual reviews for 2019 and 2020 were affected by the public health emergency caused by the coronavirus pandemic. All of the reporting and review milestones outlined in the DA were delayed, and further delays may occur during the upcoming steps in the review process.

The projected timeline for review of the 2019 and 2020 Annual Compliance Statements is as follows:

May 28, 2021	City receives copy of CPMC's 2020 Compliance Statement
June 1, 2021	Compliance Statement posted on Planning and Public Health Departments' websites
June 1, 2021	Planning Department sends notice to interested parties soliciting public comment
July 1, 2021	Public comment period closes
October 7, 2021	City's Annual Report for 2019 Published
October 15, 2021	Planning Department sends Notice of Combined 2019 and 2020 Public Hearing to interested parties

*** Future Dates Projected, Subject to Change***

November 17, 2021	City's Annual Report for 2020 Published
December 16, 2021	Joint Health Commission and Planning Commission Hearing for 2019 and 2020 (following receipt of 2020 Compliance Statement and preparation of 2020 City Report)
December 2021	Directors' findings forwarded to third party monitor
January 2022	Third party monitor issues letter to Board of Supervisors

[2] CPMC DA Section 8.

City Report. This document is the City's eighth Annual Report on CPMC's compliance; it contains findings of compliance on each of CPMC's and the City's obligations under the DA. Major obligations, including Sutter's performance of its healthcare and hiring commitments, are summarized below.

Healthcare Commitments

Reconstruction of St. Luke's Hospital. The DA required CPMC to construct a new hospital to replace St. Luke's and to open the new hospital within 24 months after the opening of the Van Ness Campus hospital. With the completion of the new Mission Bernal Hospital, which opened on August 24, 2018, earlier than required, this obligation has been met.

Baseline Commitment: Medi-Cal and Charity Care. Under the DA, CPMC is required to serve at least 30,445 unduplicated Medi-Cal or Charity Care patients in San Francisco each year. CPMC served 28,900 unduplicated patients during 2020, however, the DA stipulates that CPMC may use a 2-year rolling average and apply the excess from the prior or succeeding year to meet this commitment. CPMC served a total of 35,456 unduplicated patients in 2019; therefore, CPMC's 2-year rolling average for 2020 was 32,178 unduplicated patients.

Baseline Commitment: Expenditures. CPMC is required to spend at least $8 million for community benefits each year. CPMC exceeded this commitment in 2020, providing $15.2 million in community benefits including support for the Bayview Child Health Center.

Medi-Cal Beneficiaries. Beginning with the August 2013 Effective Date of the DA, CPMC must provide hospital services for an additional 5,400 Medi-Cal beneficiaries each year. CPMC has consistently exceeded this goal and, as of the end of 2020, covered 38,187 Medi-Cal managed care beneficiaries.

Mission Bernal Campus. With the opening of the Mission Bernal Campus Hospital in 2018, CPMC is required to operate the Mission Bernal Hospital as a general acute care hospital with comprehensive emergency services and provide certain inpatient, outpatient, and urgent care services. Due to the COVID-19 pandemic, CPMC temporarily moved labor and delivery services to the Van Ness Campus to utilize the space for COVID surge planning. CPMC does not have a specific timeline to restore inpatient labor and delivery services at the Mission Bernal Campus. In addition, the DA requires CPMC to submit a proposal and begin construction for the development of the Mission Bernal Campus Medical Office Building within 5 years after the opening of the Mission Bernal Hospital. In June 2020, CPMC submitted permit applications to the San Francisco Departments of Planning and Building Inspection and is in process of developing a proposal for approval by the Sutter West Bay Board.

Innovation Fund. CPMC's DA funding obligations included total payments of $8.6 million to the San Francisco Foundation to support community clinics and community-based healthcare. CPMC made the final payment in November 2017, and its obligation is complete. The San Francisco Foundation continued to use the fund make grants to local health institutions and community organizations, consistent with its requirements under the DA.

Centers of Excellence in Community Health and Senior Health. CPMC is required to create Centers of Excellence at the St. Luke's Campus to assist patients with or at risk of chronic illnesses and to provide improved inpatient and post-hospitalization care to seniors. This obligation commenced with the opening of the new Mission Bernal hospital, and in 2018 Sutter established both required Centers of Excellence:

- The Center of Excellence in Community Health (HealthFirst) is a center for health education and disease prevention affiliated with St. Luke's Health Care Center. HealthFirst serves patients in chronic disease management by integrating community health workers into a multidisciplinary health care team to provide health education, assist patients to improve their self-management skills, and encourage them to receive timely and comprehensive care. HealthFirst saw 830 unique patients in 2020 and carried out 2,780 encounters. Due to the COVID-19 pandemic, the community advisory board did not meet in 2020 and was replaced by a series of phone interviews with providers and patients.

- The Center of Excellence in Senior Health is made up of the Acute Care for the Elderly (ACE) Unit, the Hospital Elder Life Program (HELP), and a pilot partnership with the non-profit organization San Francisco Village. The ACE Unit at Mission Bernal Campus has 34 beds providing interdisciplinary care to older adult patients; this unit saw 1,256 patients in 2020, exceeding the DA goal of 600 patients. In addition, Sutter continues to operate a community benefit-funded pilot partnership with San Francisco Village to provide eligible discharged patients with a care navigator to help patients manage their health, prepare for doctor's visits, and gain access to needed community services to ease the transition from hospital to home.

Hiring Commitments

The DA requires CPMC to participate in a workforce development program that includes local hiring goals for construction and certain operational activities, as well as a Local Business Enterprise contracting program.[3] Four major projects – the new Mission Bernal Hospital, Van Ness Hospital, and the Van Ness Garage and Medical Office Building, and Medical Office Building tenant improvements – were completed before or during 2019, and Herrero Boldt, Sutter's prime contractor for these projects, provided final cumulative construction hiring figures as part of the 2019 compliance report. No construction covered by the workforce agreement occurred during 2020.

Construction Hiring. The local construction hiring goals established by the DA include:

- 50 percent of total non-union entry-level administrative and engineering positions. The final cumulative total was reported by Herrero Boldt as 83 percent.

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[3] Hiring goals are reported on a fiscal year (July 1-June 30) basis and thus the updated 2018-2019 figures in this City Report do not match the figures provided in the CPMC Annual Compliance Report.

- 50 percent of total entry-level administrative and engineering internship positions. Herrero Boldt reported that the final cumulative total was 61 percent.

- 50 percent of total union entry-level apprentice positions. Herrero Boldt also reported that the final cumulative total was 30 percent. However, CPMC has met its good-faith obligation under the DA.

- 30 percent of total work hours by union journeymen and apprentices. Herrero Boldt reported that the final work hour total was 5,620,416 work hours, of which 1,325,455 work hours (24 percent) were performed by San Francisco residents. CPMC has met its good-faith obligation under the DA.

CPMC is generally in compliance with construction hiring goals. The DA requires good-faith efforts to meet these goals; CPMC's and its contractors' efforts to increase local hiring were described in greater detail previous annual reporting. Ongoing and future projects, including eventual construction of the new Mission Bernal Medical Office Building, will be subject to the same goals.

Operational Hiring. CPMC's First Source hiring goal for entry-level operational (non-construction-related Sutter employees) is 40 percent. For the hiring year from January through December 2020, 50 percent (32 of 64) entry-level hires were made through the City's First Source referral program.

Local Business Enterprise Contracting. Under this program, CPMC has made payments totaling 16 percent of construction expenditures to date to qualified contractors, exceeding the DA goal of 14 percent.

Payments and Funding Commitments

CPMC was required to make cash payments totaling over $70 million, including endowment of a health care innovation fund and payments for affordable housing, workforce training, transportation improvements (in lieu of other transportation impact fees), and public improvements, including streetscape and pedestrian safety improvements near the Van Ness Campus. The final payments were made on November 8, 2017, and CPMC has fulfilled this obligation.

Other Commitments

Transportation Demand Management (TDM) Measures. The DA includes a TDM plan, which commits CPMC to reducing the proportion of employees who drive to work alone and to increasing use of public transportation, carpooling, walking, cycling, and other transportation alternatives. CPMC has initiated the programs required to date, including a transit pass subsidy that began in January 2017. Approximately 15 percent of employees receive the transit subsidy as of the date of this report, and about 14 percent of employees used transit to get work. Sutter reported that the ongoing pandemic considerably altered commute patterns; the share of employees and physicians commuting in single-occupancy vehicles was 62 percent, an increase

of 8 percent, during the 2020 reporting period. Transit use declined by 10 percent, and approximately 5 percent of employees worked entirely from home. While CPMC has generally met this obligation to date, a further reduction in single-occupant vehicle trips by both employees and visitors is needed to meet the DA goal of reduction of such trips as a share of the total (compared to 2013) by 15 percent by 2024.

Mission Bernal Campus Area Improvements. The DA requires CPMC to build a number of street and pedestrian improvements around the Mission Bernal Campus, including traffic signals, street lighting, and permanent upgrades to the temporary plaza at the intersection of Guerrero Street and San Jose Avenue, south of the campus, to create a new Guerrero Park. The first set of these improvements is required to be completed at the time the plaza adjacent to the new hospital is complete, which is projected to be no sooner than 2022. CPMC has initiated detailed design of these improvements and coordination with City agencies and has applied for the necessary permits for the park. CPMC is coordinating closely with City agencies to finalize a complete set of streetscape designs that are integrated with the surrounding neighborhood context.

Rate Increase Limitations. Sutter Health is a provider under the City's Health Service System (HSS). In this role, it must limit annualized fee for service rate increases to no more than the Medical Rate of Inflation plus 1.5 percent (the "Annual Rate Increase") for each year through 2023. These increases are verified by an independent auditor. The City received the auditor's report for the 2018-to-2019 rate increases shortly before publication of this City Report and is reviewing it. Updated information on rate increases and compliance with this DA requirement will be presented at the public hearing of the Planning and Health Commissions to be held in December 2021.

Areas of Concern

2020 Baseline Medi-Cal/Charity Care Patient Commitment. CPMC served a total of 28,900 unduplicated patients between 1/1/2020 and 12/31/2020. This number falls 1,555 short of the 2020 obligation. However, the two-year rolling average provision in the DA allows CPMC to apply an excess from the prior or succeeding fiscal year to meet this baseline commitment. CPMC is compliant with this provision based on the two-year rolling average for fiscal years 2019 and 2020. CPMC reported that the decrease in unduplicated patients served was due to the COVID-19 pandemic. This trend was seen in other health care systems in San Francisco as some patients delayed or avoided medical care due to concerns about COVID-19 and health care facilities deferred elective visits and certain outpatient care for medical surge planning.

Labor and Delivery Services at the Mission Bernal Campus. The DA requires CPMC to provide certain inpatient, urgent care, and outpatient services at the Mission Bernal Campus. In 2020, CPMC moved labor and delivery services at the Mission Bernal Campus to the Van Ness Campus to use the space as a potential COVID-19 surge unit. As of September 2021, CPMC does not have a specific timeline to restore inpatient labor and delivery services at the Mission Bernal Campus.

Sub-Acute Care Services. The DA required CPMC to make good-faith efforts to address the continuing decline in the availability of sub-acute care beds in San Francisco, but provision of sub-acute beds is not required under the DA and thus is not evaluated in the annual reporting process. However, the Board of Supervisors, Health and Planning Commissions, and the public have expressed concerns about the loss of sub-acute care beds at Sutter's CPMC facilities at previous public hearings. Sutter closed all sub-acute care beds at St. Luke's in 2018 and transferred the remaining SNF patients formerly at St. Luke's to its Davies Campus. No new sub-acute patients have been accepted since that time and no sub-acute beds were included in the Mission Bernal hospital or the Van Ness Geary hospital.

In 2019, DPH convened meetings with private and public stakeholders to assess and develop strategies to address sub-acute services citywide. CPMC participated in these meetings and has been open to discussions on potential strategies to increase sub-acute care in the City but has not yet committed to supporting a specific strategy. Sub-acute care planning was delayed in 2020 due to the COVID-19 pandemic and no additional sub-acute beds were added in 2020. The City will resume this work in 2021.

Culturally and Linguistically Appropriate Services (CLAS). The DA requires CPMC to deliver culturally and linguistically appropriate services that are representative of San Francisco's diverse communities at all its campuses. In previous years, the City's annual review resulted in recommendations for substantial improvements in such services, particularly at the St. Luke's Diabetes Clinic, where the patient population has historically included many monolingual Spanish-speaking patients.

In the 2018 joint hearing, the Health Commission encouraged CPMC to provide supplemental information (i.e., campus-specific data on patient and staff demographics, languages, payor mix, zip code, and charity care) for the Mission and Van Ness Geary Hospitals to help the City have a deeper understanding of CPMC's compliance with CLAS standards and demonstrate that the new hospitals are truly serving the communities in which they are located.

CPMC reported supplemental information on patient race/ethnicity, preferred language, staff demographics, and interpreter requests/wait time. Additional details are included in the healthcare tables that follow this introductory section.

1,500 Medi-Cal Managed Care Enrollees in the Tenderloin. The DA requires CPMC to participate in a Medi-Cal managed care partnership with a Tenderloin-based primary care provider to serve up to 1,500 Medi-Cal beneficiaries. In June 2020, the North East Medical Services (NEMS) MSO opened a primary care clinic at 650 Polk Street, and there is now one available MSO with a primary care provider based in the Tenderloin. CPMC reports that it was the hospital partner for 4,351 unduplicated lives in the Tenderloin through the NEMS MSO during 2020.

Prior to June 2020, there was no available MSO with a primary care provider based in the Tenderloin and despite efforts by CPMC to support the creation of one, it was deemed

financially unfeasible by clinic partners. In 2015, CPMC initiated a partnership with the North East Medical Services (NEMS) Management Services Organization (MSO) and St. Anthony's Medical Clinic, a primary care clinic in the Tenderloin, to have St. Anthony's join the NEMS MSO, as a pathway for CPMC to meet this commitment.

Enrollment specifically through the St. Anthony's partnership has remained stagnant over the last several reporting periods, with a peak enrollment of 189 beneficiaries reported in September 2017. As of December 2020, the membership count was 173. In previous hearings, CPMC reported that barriers to increasing enrollment were primarily due to potential enrollees opting to receive care at other hospitals, challenges reaching individuals to complete enrollment due to outdated or incorrect contact information, and staffing shortages at St. Anthony's Clinic, which impact its ability to conduct outreach and promote the partnership.

Other ongoing areas of concern include community engagement in the development of CPMC's Centers for Excellence for Community Health and Senior Health. More information on these issues and progress since the 2019 compliance review is included in the detailed tables that follow this introductory section.

Guerrero Park Completion. As noted above, certain aspects of the Guerrero Park design and other streetscape improvements remain to be resolved. The City and CPMC are coordinating closely to finalize design decisions, including the details of the permanent closure of San Jose Avenue and the southern bulbout and crosswalk. Although this DA commitment is not due until 2022 at the earliest, the lack of resolution of these issues, together with the time needed for park construction once a permit is issued, indicate that the timeline in the DA may not be reached. Once the design of the streetscape improvements is finalized, the City and CPMC could mutually agree to a limited extension to the timeline specified in the DA for this community benefit project to allow an appropriate construction period.

The tables on pages 11 to 56 of this report describe each obligation that is due under the DA as follows:

- *Lead Department:* The City department responsible for implementing or overseeing the obligation.
- *Staff Contact:* The name and contact information for the member of City staff overseeing the implementation of the obligation.
- *Completion Date:* The date on which CPMC's obligation under the DA was completed.
- *Obligation Status:* An indication of whether the obligation is complete or still in progress. Many of the obligations are multi-year commitments which are still in process of being completed. This section also indicates whether CPMC is "in" or "not in" compliance with the obligation.
- *Description of Obligation:* A summary of the obligation defined in the DA or related document, such as the Transportation Demand Management (TDM) program.
- *Current Status:* A description of the progress made on implementing the obligation to date.

- *Next Steps:* Upcoming steps that will be taken either by CPMC or the City in implementing the obligation.
- *Opportunities for Community Engagement:* Information on additional public meetings or opportunities for the public to engage in the implementation of the obligation.
- *Funding (If Applicable):* For obligations that require funding to the City or to the San Francisco Foundation, information regarding the amount of funding received to date, and amount of funding required under the obligation.

Additional Information. Both the Planning and Public Health Departments maintain websites dedicated to the CPMC Long Range Development Plan and Development Agreement.

- Planning Department: http://cpmc.sf-planning.org
- Department of Public Health: http://www.sfdph.org

The Planning Department's website includes a "Document Downloads" page, which includes a comprehensive library of documents relating to the project, including the Development Agreement, Environmental Impact Report, Transportation Demand Management Program, and Milestone Notices. Documents relating to previous annual reviews are also located on the project website.

Sutter Health, the parent company of CPMC, also maintains a website with an overview of the construction program for each campus, as well as construction updates and schedules, at http://cpmc2020.org.

CPMC DEVELOPMENT AGREEMENT - COMPLIANCE OVERVIEW			
COMMUNITY BENEFIT	**DA SECTION**	**COMPLIANCE**	**REPORT PAGE NUMBERS**
ANNUAL REVIEW PROCESS	DA Section 8.2	In Compliance	13
CONSTRUCTION SCHEDULE	DA Section 4.2.3	In Compliance	14
MILESTONE COMPLETION NOTICE	DA Section 4.2.3	In Compliance	15
VISIONING PLANS	Exhibit I	In Compliance	16
WORKFORCE COMMITMENTS			
FIRST SOURCE/END USE JOBS	Exhibit E Section C	In Compliance	19
WORKFORCE FUND	Exhibit E Section D	In Compliance	21
CITY BUILD/CONSTRUCTION JOBS	Exhibit E Section A	In Compliance	22
LOCAL BUSINESS ENTERPRISES	Exhibit E Section B	In Compliance	26
HEALTHCARE COMMITMENTS			
BASELINE HEALTHCARE	Exhibit F Section 1	In Compliance	28
MEDI-CAL COMMITMENT	Exhibit F Section 2	In Compliance	34
HEALTHCARE INNOVATION FUND	Exhibit F Section 3	In Compliance	37
OTHER HEALTHCARE COMMITMENTS	Exhibit F	In Compliance	39
HEALTH SERVICE SYSTEMS	Exhibit F Section 11	In Compliance	50
HOUSING PROGRAM	Exhibit G	In Compliance	51
PUBLIC IMPROVEMENTS	Exhibit H	In Compliance	54
TRANSPORTATION	Exhibit K	In Compliance	57

CPMC Payment Schedule

Public Funding Recipient	Agency	Effective Date[1] Due: 9/9/2013 Completed: 9/4/2013	First Installment[2] Due: 12/7/2013 Completed: 11/25/2013	Second Installment Due: 12/7/2014 Completed: 11/25/2014	Third Installment Due: 12/7/2015 Completed: 11/25/2015	Fourth Installment Due: 12/7/2016 Completed: 11/14/2016	Fifth Installment Due: 12/7/2017 Completed: 11/8/2017	Total Payments	Payee
		Completed							
Workforce Agreement - Exhibit E									
Workforce Training Payment	OEWD	$ 1,000,000	$ -	$ -	$ -	$ -	$ -	**$ 1,000,000**	City & County of San Francisco
	SF Foundation	-	2,000,000	1,000,000	-	-	-	**3,000,000**	SF Foundation
Subtotal Workforce Agreement		*1,000,000*	*2,000,000*	*1,000,000*	-	-	-	*4,000,000*	
Community Healthcare program - Exhibit F									
Innovation Fund	SF Foundation	2,000,000	1,500,000	1,125,000	1,125,000	1,725,000	1,125,000	**8,600,000**	SF Foundation
Public Improvements - Exhibit H									
CH Pedestrian & Traffic Safety	SFMTA	200,000	200,000	-	575,000	575,000	-	**1,550,000**	City & County of San Francisco
Tenderloin Safe Passage Grant	OEWD	200,000	-	-	-	-	-	**200,000**	City & County of San Francisco
Tenderloin Lighting & Traffic Safety	OEWD	400,000	400,000	-	-	-	-	**800,000**	City & County of San Francisco
	PUC	-	800,000	1,275,000	1,275,000	100,000	-	**3,450,000**	
Pac/Cal Enforcement & Traffic Safety	SFMTA	300,000	300,000	700,000	700,000	1,000,000	-	**3,000,000**	City & County of San Francisco
Duboce Park Grant	RPD	-	25,000	-	-	-	-	**25,000**	City & County of San Francisco
Subtotal Public Improvements		*1,100,000*	*1,725,000*	*1,975,000*	*2,550,000*	*1,675,000*	-	*9,025,000*	
Housing Program - Exhibit G									
Residential Hotel Unit Replacement	MOHCD	2,684,800	-	-	-	-	-	**2,684,800**	City & County of San Francisco
Residential Unit Replacement	MOHCD	1,453,820	-	-	-	-	-	**1,453,820**	City & County of San Francisco
Affordable Housing Payment	MOHCD	2,400,000	6,700,000	7,000,000	8,825,000	8,100,000	3,475,000	**36,500,000**	City & County of San Francisco
Subtotal Housing Program		*6,538,620*	*6,700,000*	*7,000,000*	*8,825,000*	*8,100,000*	*3,475,000*	*40,638,620*	
Transportation Program - Exhibit K									
Transit Fee	SFMTA	-	-	-	1,500,000	2,500,000	2,500,000	**6,500,000**	City & County of San Francisco
BRT Funding	SFMTA	-	2,100,000	2,900,000	-	-	-	**5,000,000**	City & County of San Francisco
Bicycle Studies	SFMTA	400,000	-	-	-	-	-	**400,000**	City & County of San Francisco
Subtotal Transportation Program		*400,000*	*2,100,000*	*2,900,000*	*1,500,000*	*2,500,000*	*2,500,000*	*11,900,000*	
Total - all Public payments[3]		**$ 11,038,620**	**$ 14,025,000**	**$ 14,000,000**	**$ 14,000,000**	**$ 14,000,000**	**$ 7,100,000**	**$ 73,163,620**	

[1] Effective Date payments due within thirty (30) days of the Effective Date - August 10, 2013.

[2] First Installment due within thirty (30) days of the date when Approvals were Finally Granted - November 8, 2013. Each following Installment is due annually on each anniversary date thereafter - December 7.

[3] As of 11/8/2017, all payments due under the DA have been completed.

Planning

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Annual Compliance**

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
CPMC's Annual Compliance Statement & City Annual Report	**DA § 8.2.1**

LEAD DEPARTMENT:	Planning	**COMPLETION DATE:**		
STAFF CONTACT NAME:	Elizabeth Purl	**OBLIGATION STATUS:**	COMPLETE	☐
STAFF CONTACT TITLE:	Development Performance Coordinator		IN PROGRESS	☑
EMAIL:	elizabeth.purl@sfgov.org		IN COMPLIANCE	☑
PHONE:	(628) 652-7529		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

In conducting the required initial and annual reviews of CPMC's compliance with this Agreement, the Planning Director shall follow the process set forth in this Section 8.2. Within 150 days following the end of each fiscal year, CPMC shall provide a report to the Planning Director showing compliance. Promptly upon receipt, the Planning Director shall post the Compliance Statement on the Planning Department website and the DPH Director shall post the Healthcare Compliance Report portion thereof on the Department of Public Health's website. The Planning Department and the Public Health Department shall receive public comment for 30 days after posting of the Compliance Statement. After the 30 day comment period the Planning Director shall within 45 days thereafter, prepare a report as to whether CPMC is in compliance with this Agreement based upon all of the information received.

CURRENT STATUS:

The Planning Director received CPMC's 2020 Development Agreement Compliance Statement on May 28, 2021. The Compliance Statement was posted on the Planning Department's website on June 1, 2021. Also on June 1, 2021, the Department mailed a notice to interested parties soliciting public comment on the Compliance Statement through July 1, 2021. The Department received public comments from one organization: the University of California Hastings College of the Law, on behalf of San Franciscans for Healthcare, Housing, Jobs and Justice ("SFHHJJ"). Due to the pandemic-related public health emergency, no public hearing was held in 2020.

NEXT STEPS:

The City will schedule a joint hearing of the Planning Commission and Health Commission (tentatively scheduled for December 2021) to consider compliance for both 2019 and 2020. The City provided 60 days notice to interested parties prior to the scheduled hearing.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC, the City, and members of the public will continue to participate in visioning meetings that also contribute feedback on CPMC's implementation of its obligations under the DA.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Construction Schedule**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
Construction Schedule	**DA § 4.2.3**

LEAD DEPARTMENT:	Planning	**COMPLETION DATE:**		
STAFF CONTACT NAME:	Elizabeth Purl	**OBLIGATION STATUS:**	COMPLETE	☐
STAFF CONTACT TITLE:	Development Performance Coordinator		IN PROGRESS	☑
EMAIL:	elizabeth.purl@sfgov.org		IN COMPLIANCE	☑
PHONE:	(628) 652-7529		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

In order to keep the City reasonably informed of CPMC's progress in satisfying the Hospital Commitment, CPMC shall periodically report to the City on the timing and progress of the construction of the St. Luke's Campus Hospital and Cathedral Hill Campus Hospital...CPMC shall provide the City with reasonably detailed project schedules for the St. Luke's Campus Hospital and Cathedral Hill Campus Hospital before the start of construction... and shall update such project schedules on not less that a quarterly basis...

CURRENT STATUS:

CPMC provided the Department with updates on their construction schedule, including with its Annual Compliance Reports. During hospital construction, CPMC regularly updated the construction schedule for both Mission Bernal (formerly St. Luke's) and Van Ness (formerly Cathedral Hill) on the CPMC2020 website (http://cpmc2020.org/). CPMC has also been in frequent communication with the Planning Department about future construction planning at both campuses.

NEXT STEPS:

CPMC should continue to keep the Department abreast of any changes to the existing construction schedules as well as significant phases of construction.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC maintained the CPMC2020 website (http://cpmc2020.org/) with construction bulletins and project updates and schedules during construction. With the completion of the new hospitals, this website is no longer being updated. However, CPMC should continue the practice of notifying neighbors in advance of significant construction activities such as the proposed Medical Office Building at the Mission Bernal Campus and could reactivate the CPMC2020 website when major construction begins again at Mission Bernal or another campus.

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Milestone Completion

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Milestone Completion and Notice	DA § 4.2.3

LEAD DEPARTMENT:	Planning	COMPLETION DATE:		
STAFF CONTACT NAME:	Elizabeth Purl	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Development Performance Coordinator		IN PROGRESS	
EMAIL:	elizabeth.purl@sfgov.org		IN COMPLIANCE	✓
PHONE:	(628) 652-7529		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

Within 30 days following the completion of each milestone listed in the Schedule and Phasing Plan, CPMC shall provide notice to the City (the "Milestone Completion Notice").

CURRENT STATUS:

CPMC has completed all the of milestones due under the DA, as described in its annual Compliance Statements and this 2018 City Report. The final milestones were completed in 2018:

1. A Notice of Completion of construction of the replacement hospital at the Mission Bernal campus. This milestone was completed on June 17, 2018.
2. A Notice of Opening of the replacement hospital at the Mission Bernal campus. This milestone was completed on August 25, 2018.

NEXT STEPS:

None.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC has opportunities to engage the Community in the construction and operational related activities that result from the Milestone Commitments. CPMC should continue to provide updates to the Community about construction activities at the Mission Bernal Campus, including the Medical Office Building.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:
$0.00

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Visioning Plans

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
California Campus	Exhibit I-3.2.a

LEAD DEPARTMENT:	Planning	COMPLETION DATE:		
STAFF CONTACT NAME:	Elizabeth Purl	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Development Performance Coordinator		IN PROGRESS	☑
EMAIL:	elizabeth.purl@sfgov.org		IN COMPLIANCE	☑
PHONE:	(628) 652-7529		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

Community Visioning Plans were required in the Development Agreement (Exhibit I-1 through I-3) for the Long-Term Projects for the Davies, California and Pacific Campuses, as set forth below:

Davies Campus Community Advisory Group (CAG): To facilitate community input regarding planning for the Long-Term Project at the Davies Campus, CPMC is required to establish a Davies Campus Community Advisory Group within six (6) months after Approvals and any Subsequent Approvals for CPMC's Near-Term Projects have been Finally Granted.

Pacific Campus Community Advisory Group: To facilitate community input regarding planning for the Long-Term Projects at the Pacific Campus, CPMC is required to convene an initial meeting of parties who have previously expressed interest in the planning process for the Pacific Campus to discuss interest in and the composition of the Pacific Campus Community Advisory Group ("Pac CAG") within six (6) months after Approvals and any Subsequent Approvals for CPMC's Near-Term Projects have been Finally Granted. CPMC is required to promptly thereafter, appoint the Pac CAG.

California Campus Visioning Advisory Committee (VAC): The California VAC is the community advisory group that will assist CPMC with community outreach, information dissemination and public education efforts regarding the visioning process for eventual reuse of the California Campus. On the date that is the later of (i) six (6) months after Approvals and any Subsequent Approvals for CPMC's Near-Term Projects have been Finally Granted; and (ii) completion of the Phase II work described in Section 3b-Research and Stakeholder Interviews, CPMC will appoint the Cal VAC.

CURRENT STATUS:

Davies Campus: this obligation is not yet required, as the Long-Term Project at the Davies Campus is not currently being pursued.

Pacific Campus: CPMC held a community meeting at the Pacific Campus in November 2018 to inform neighbors of the outpatient services that would be moving there after transfer of inpatient services to the Van Ness Campus and continued use as the Pacific Heights Outpatient Center. No other Long-Term Project is being pursued at the Pacific Campus, and this obligation is complete.

California Campus: CPMC began the Visioning Plan process for the California Campus, including formation of a VAC, in 2014. The committee consists of neighborhood group leaders, residents, and supervisor office representatives. The VAC met regularly throughout the project approval process for the proposed redevelopment of the California Campus by TMG Partners. Sutter announced in October 2021 that TMG will not proceed with redevelopment of the California Campus. Continuing meetings of the VAC would be required for alternative redevelopment plans.

NEXT STEPS:

CPMC will continue the Community Visioning Plan process for the California Campus and will begin the Community Visioning Plan process for other Campuses no later than the time that Approvals/Subsequent Approvals have been finally granted.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC could voluntarily begin this process sooner than required for the remaining campuses.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:
$0.00

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**MMRP**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
Non-Traffic/Transit MMRP Measures	**DA § 4.5.2; Exhibit D**

LEAD DEPARTMENT:	Planning	**COMPLETION DATE:**		
STAFF CONTACT NAME:	Elizabeth Purl	**OBLIGATION STATUS:**	COMPLETE	☐
STAFF CONTACT TITLE:	Development Performance Coordinator		IN PROGRESS	☑
EMAIL:	elizabeth.purl@sfgov.org		IN COMPLIANCE	☑
PHONE:	(628) 652-7529		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall comply with all Mitigation Measures imposed as applicable to each Project component, except for any Mitigation Measures that are expressly identified as the responsibility of a different party or entity. Without limiting the foregoing, CPMC shall be responsible for the completion of all Mitigation Measures identified as the responsibility of CPMC or the "project sponsor."

CURRENT STATUS:

CPMC has completed pre-construction Mitigation Measures related to Cultural and Paleontological Resources, Biological Resources, Geology and Soils, Hydrology and Water Quality, and Hazards and Hazardous Materials (M-CP-N2, M-CP-N3, M-CP-N4, M-BI-N1, M-GE-N6, M-HY-N2, M-HZ-N1a, and M-HZ-N1b). CPMC has made all payments due under the DA and is in compliance with Mitigation Measures related to mitigation fee payments (M-TR-29, M-CR-30, M-TR-31, M-TR-134, and M-TR-137). CPMC has completed or is performing mitigation activities related to project construction and operation (M-TR-44, M-TR-55, M-NO-N1, M-NO-N1a, M-NO-N1b, M-NO-N1c, M-NO-N3b, M-NO-N3c, M-NO-N3d, M-NO-N3e, M-NO-N4, M-NO-N5, M-AQ-N1a, M-AQ-N1b, M-AQ-N2, M-AQ-N9, and M-HY-N3).

NEXT STEPS:

Mitigation Measures related to project operation, such as stationary equipment noise, loading, and traffic control, are in effect with the opening of the new hospitals and medical office building. CPMC will resume construction-related Mitigation Measures when construction begins on the Mission Bernal Medical Office Building and other future projects as needed.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

Not applicable.

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**
$6,500,000.00	$6,500,000.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded. See "MMRP: Transportation and Circulation" pages for detailed information.

ADDITIONAL FUNDS REQUIRED:

None.

WORKFORCE

CPMC CITY AGENCY COMPLIANCE REPORT		
SUBJECT:		
DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**	
40% Entry Level System Referrals	**Exhibit E § C.3**	
LEAD DEPARTMENT: OEWD	**COMPLETION DATE:**	
STAFF CONTACT NAME: Lowell Rice	**OBLIGATION STATUS:**	COMPLETE ☐
STAFF CONTACT TITLE: First Source Program Manager		IN PROGRESS ☑
EMAIL: lowell.rice@sfgov.org		IN COMPLIANCE ☑
PHONE: 415-701-6578		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

As long as this Agreement remains in full force and effect, CPMC's hiring goals shall be to fill at least forty percent (40%) of Available Entry Level Positions with System Referrals ("Annual Hiring Target") in each consecutive 12-month period following the Effective Date (each, a "Hiring Year"). Notwithstanding the foregoing, if CPMC does not meet its Annual Hiring Target in any Hiring Year (a "Hiring Deficiency"), the number of Entry Level Positions constituting the Hiring Deficiency will roll over and be added to the Annual Hiring Target for the following Hiring Year....If a Hiring Deficiency exists at the end of the term of this Agreement, then the term will be automatically extended ("Automatic Extension") until such time as CPMC achieves the full Annual Hiring Target for each Hiring Year.

CURRENT STATUS:

For the 2020-2021 Project Year (August 2020 - June 2021), CPMC made 11 hires through the workforce system. This represents 55% of total entry-level hires during the Project Year, which exceeds the 40% requirement per the Development Agreement. Additionally, CPMC does not have a hiring deficit from prior years.

# Hired from Workforce System	Total # of Hires	% of hires from Workforce system
11	20	55%

For the 2020-21 Project Year, the following requisitions have been filled by Workforce System referrals:

Requisition	Zip Code	Start Date
Unit Coordinator	94110	8/3/20
Certified Hospital Attendant	94118	9/6/20
Patient Service Representative	94122	11/9/20
Patient Service Representative	94124	12/7/20
Certified Hospital Attendant	94109	2/1/21
Certified Hospital Attendant	94117	2/16/21
Certified Hospital Attendant	94112	2/16/21
Certified Hospital Attendant	94122	2/16/21
Certified Hospital Attendant	94122	3/1/21
Certified Hospital Attendant	941110	3/1/21
Certified Hospital Attendant	94112	8/2/21

Of the 11 system referral hires made during the Project Year, 5 (50%) were from impacted communities specified in the Development Agreement, specifically: Mission, Excelsior Western Addition and Southeastern neighborhoods.

Requisition	2020-21 Program Year
Administrative Coordinator	0
Aquatic Instructor	0
Central Distribution Aide	0
Certified Home Health Aide	2
Certified Hospital Attendant/Nursing Assistant	28
Clerk/Receptionist	0
Client Services Representative	0
Cook	1
Dietary Clerk-Nutrition Services	0
EKG Technician	0
Emergency Department Technician	4
Food Service Aide-Food and Nutrition	0
Hospital Attendant*	0
Housekeeping Aide	1
Laboratory Assistant-Clinical Laboratory	0
Medical Assistant	3

Pathology Lab Accessioner	2
Patient Access Representative-Patient Registration Services	0
Patient Registration Representative	0
Patient Service Representative	2
Patient Support Representative	0
PBX Operator	0
Point of Service Specialist	0
Rehabilitation Aide	0
Sales Gift Shop	0
Security Officer	11
Specimen Handling Lab Aide/Phlebotomy-Clinical Laboratory	0
Speech Therapy Aide	0
Transporter/Transport Aide	0
Unit Coordinator	4
Total	58

NEXT STEPS:

OEWD will continue to work closely with CPMC, community partners, and the San Francisco Foundation to build upon positive gains made in the 2020-21 Program Year to ensure CPMC meets or exceeds its 40% hiring goal. Strategies identified in the prior annual report have been put in to place and will continue, including:

·Employer spotlight events in priority neighborhoods to increase awareness of CPMC employment opportunities and how to apply for the positions
·Group interviews in partnership with OEWD's Neighborhood Access Points in priority neighborhoods; prior to each event, Neighborhood Access Points conduct prescreening events in order to ensure a match with CPMC employment opportunities
·Citywide distribution of CPMC job announcements
·Early involvement of CPMC hiring managers
·Weekly check-ins between OEWD & CPMC
·Quarterly meetings of OEWD, CPMC, and Neighborhood Access Points and San Francisco Foundation grantees

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

As described above, OEWD continues to hold regular community events in partnership with CPMC and OEWD's Neighborhood Access Points.

CPMC CITY AGENCY COMPLIANCE REPORT			
SUBJECT:	**Workforce (Workforce Fund)**		
DEVELOPMENT AGREEMENT OBLIGATION:		**DEVELOPMENT AGREEMENT SECTION:**	
Workforce Fund Agreement		**Exhibit E § D**	
LEAD DEPARTMENT:	OEWD - Workforce	**COMPLETION DATE:**	
STAFF CONTACT NAME:	Ryan Young	**OBLIGATION STATUS:**	COMPLETE ☐
STAFF CONTACT TITLE:	Policy Analyst		IN PROGRESS √
EMAIL:	ryan.young@sfgov.org		IN COMPLIANCE √
PHONE:	(415) 701-4831		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

The remainder of the $3 million shall be paid to the San Francisco Foundation in accordance with Exhibit N… until the total sum is paid, and managed by the San Francisco Foundation in accordance with the Workforce Fund Agreement… The funds paid by CPMC shall be used for workforce training purposes only...

CURRENT STATUS:

Brief History: The San Francisco Foundation received $2,000,000 of the Workforce Fund in December 2013 and spent the rest of 2014 planning, writing and issuing an RFP for funding. In March, 2015, four grantees received grant awards from the San Francisco Foundation: Jewish Vocational Service, Mission Hiring Hall, Positive Resource Center, and Self Help for the Elderly; with grant awards beginning in April 2015. OnAugust 17, 2015 The San Francisco Foundation released a duplicate RFP with a focus on Bayview and Western Addition communities, in which the Success Center and Young Community Developers were awarded funding to provide training and workforce services to prepare residents from their respective communities for employment at CPMC. During PY 16-17 it was decided that Mission Hiring Hall and Positive Resource Center would not continue as part of the portfolio due to continuous struggles with performance measures, and FACES SF would be awarded funding due to their high placement rates and successful collaborative efforts with CPMC. During this time the contract cycles were adjusted to mirror OEWD's fiscal year (July 1-June 30) in an effort to provide better program and outcome alignment. Beginning in PY17-18 contract outcomes focused on qualitative services to properly prepare residents for both clinical and non-clinical employment opportunities.

Current Status: The Workforce Committee continues to meet and work with grantees to achieve our collective goals. Committee meetings occurred on a bi-annual basis: October 8, 2020 and May 6, 2021 to do a thorough review of performance outcomes, discuss challenges and successes with workforce programming, and strategize on how best to connect SF residents to employment at CPMC. The total amount of funding allocated to the 4 non-profit workforce partners (Jewish Vocational Services, Self-Help for the Elderly, Success Center, and FACES SF) for the remaining two program years of the grant term (PY21-22 & PY22-23) is a cumulative of $870,000. During PY20-21 our non-profit workforce partners continued to provide employment barrier reduction, job preparedness, and placement services to low-income residents in San Francisco. InMay, 2021, the Workforce Committee had preliminary discussions about year-end performance and discussed funding allocations. Contracts for PY20-21 focused on job readiness training, placement assistance, paid work experience and/or barrier reduction to properly prepare residents for both clinical and non-clinical employment opportunities with competitive wages in the healthcare industry. Contracts for PY20-21 thru PY22-23 effectively started on April 2, 2020, and scopes of work include language re: CPMC outreach and employment services to City residents for the 4 SF Foundation workforce programming partners.

NEXT STEPS:

• Continue meetings with the Workforce Committee and with grantees in Program Year 2021-2022
• Focus on job readiness training, placement assistance, paid work experience and/or barrier reduction that leads to employment opportunities with CPMC or comparable employers with competitive wages
•The Workforce Committee will convene in the Fall of 2021 to provide input on contractual deliverables and discuss strategies for continued program success.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Workforce Committee will continue to support grantees to ensure that training and employment services are meeting the workforce needs of San Franciscans. Grantees will continue to provide services such as employment barrier reduction, job preparedness, and placement services to support low-income residents in San Francisco. CPMC, in coordination with OEWD's Business Services Team will continue to schedule virtual and in-person based Employer Spotlights and Hiring Events citywide.

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Workforce (CityBuild)**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
50% Non-union Entry Level Admin/Engineering Positions	**Exhibit E § A.5.b**

LEAD DEPARTMENT:	OEWD - Workforce	**COMPLETION DATE:**		
STAFF CONTACT NAME:	Ryan Young	**OBLIGATION STATUS:**	COMPLETE	☑
STAFF CONTACT TITLE:	Policy Analyst		IN PROGRESS	☐
EMAIL:	ryan.young@sfgov.org		IN COMPLIANCE	☑
PHONE:	(415) 701-4831		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

So long as this Agreement remains in full force and effect, CPMC's Contractors shall make good faith efforts in accordance with Section 9 to ensure the following hiring goals with respect to each Contract:...With respect to new Entry-Level Positions for non-union administrative and engineering candidates, a Contractor and its Subcontractors will work to fill a minimum of fifty percent (50%) of such new Entry-Level Positions with San Francisco resident System Referrals....OEWD, through its network of Community Based Organizations and the City's One-Stop System, shall be designated as the referral source for San Francisco residents.

CURRENT STATUS:

CPMC's Contractors have filled thirty-two (32) of the thirty-eight (38) new Entry Level Positions for non-union administrative and engineering candidates with System Referrals. This represents 82% of new Entry-Level positions being filled with San Francisco resident System Referrals, above the minimum 50% hiring goal.

Many of the administrative and engineering hires have become part of the contractors' core employees and are expected to move on to the next project with the contractor.

The thirty-two System Referrals were participants of OEWD's Construction Administrative and Professional Services Academy (CAPSA). The program is administered by Mission Hiring Hall in collaboration with City College of San Francisco and a network of workforce service providers.

NEXT STEPS:

CityBuild will work with any candidates who have been laid off from the completion of these project. With their skills gained from these projects, CityBuild will be able to place them on other projects throughout the City.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Workforce (CityBuild)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
50% Entry Level Admin/Engineering Internship Positions	Exhibit E § A.5.b

LEAD DEPARTMENT:	OEWD - Workforce	COMPLETION DATE:		
STAFF CONTACT NAME:	Ryan Young	OBLIGATION STATUS:	COMPLETE	☑
STAFF CONTACT TITLE:	Policy Analyst		IN PROGRESS	☐
EMAIL:	ryan.young@sfgov.org		IN COMPLIANCE	☑
PHONE:	(415) 701-4831		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

So long as this Agreement remains in full force and effect, CPMC's Contractors shall make good faith efforts in accordance with Section 9 to ensure the following hiring goals with respect to each Contract:...With respect to new Entry-Level Positions for administrative and engineering internship candidates, a Contractor and its Subcontractors will work to fill a minimum of fifty percent (50%) of such new Entry-Level Positions with San Francisco resident System Referrals....OEWD, through its network of Community Based Organizations and the City's One-Stop System, shall be designated as the referral source for San Francisco residents.

CURRENT STATUS:

CPMC's Contractors have filled thirty (30) of the fifty-three (53) new Entry Level Positions for administrative and engineering internship candidates with System Referrals. This represents 57% of new Entry Level positions being filled with San Francisco resident System Referrals, above the minimum 50% hiring goal. The System Referrals include students from San Francisco Unified School District High School Seniors and San Francisco State University civil engineering majors partnering with the MESA (mathematics engineering science achievement) program focusing on economically disadvantaged students.

Of the thirty interns, ten were hired on as full-time employees with a contractor on the project and were expected to move onto the next project with the contractor.

NEXT STEPS:

CityBuild will continue working with the intern candidates not hired permanently to build on their skill sets for permanent placement on other projects throughout San Francisco.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

Continued CityBuild community outreach.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Workforce (CityBuild)**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
50% Entry Level Apprentice Positions	**Exhibit E § A.5.c**

LEAD DEPARTMENT:	OEWD - Workforce	**COMPLETION DATE:**		
STAFF CONTACT NAME:	Ryan Young	**OBLIGATION STATUS:**	COMPLETE	✓
STAFF CONTACT TITLE:	Policy Analyst		IN PROGRESS	
EMAIL:	ryan.young@sfgov.org		IN COMPLIANCE	✓
PHONE:	(415) 701-4831		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

So long as this Agreement remains in full force and effect, CPMC's Contractors shall make good faith efforts in accordance with Section 9 to ensure the following hiring goals with respect to each Contract:…With respect to new Entry-Level Positions for union apprentice candidates, the Contractor, its Subcontractors, and OEWD will work together to fill a minimum of fifty percent (50%) of such new Entry-Level Positions with San Francisco resident System Referrals who must also be graduates of CityBuild Academy. The Contractor along with its Subcontractors and their applicable unions will confirm the number of new union apprentices that will be required for the Contract and the annual variability of that demand throughout the course of the Contract. The methodology to be used to estimate the number of new union apprentices shall be 21% of the projected number of apprentice hours overall.

CURRENT STATUS:

As of July 1, 2020, CPMC's Contractors have filled 30% of new Entry Level Positions for union apprentice candidates with System Referrals. Although that is below the 50% Entry-Level union apprentice hiring goal, HerreroBOLDT and their contractors have made ongoing efforts to hire System Referrals when possible and demonstrated their good-faith by notifying CityBuild of all new hiring opportunities. When System Referrals were hired for Entry Level Positions, many were successful in maintaining work for the duration of the contractors' scopes of work. This resulted in 35% of total apprentice work hours being performed by local San Francisco residents.

NEXT STEPS:

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Workforce (CityBuild)**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
30% of Trade Hours for Journeymen and Apprentices	**Exhibit E § A.5.d**

LEAD DEPARTMENT:	OEWD - Workforce	**COMPLETION DATE:**		
STAFF CONTACT NAME:	Ryan Young	**OBLIGATION STATUS:**	COMPLETE	✓
STAFF CONTACT TITLE:	Policy Analyst		IN PROGRESS	☐
EMAIL:	ryan.young@sfgov.org		IN COMPLIANCE	✓
PHONE:	(415) 701-4831		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

With respect to new and core opportunities for union journeymen and apprentices, so long as this Agreement remains in full force and effect, CPMC's Contractors shall make good faith efforts in accordance with Section 9 to ensure the following hiring goals with respect to each Contract:…Contractor and its Subcontractors will work to achieve a minimum of thirty percent (30%) of trade hours (i.e., 30% of journeymen and apprentice trade hours combined, and not 30% in each category) to be performed by San Francisco residents. This goal will be measured based upon (1) trade hours for the overall Contract, (2) trade partners, regardless of tier, and (3) hours by craft. A Contractor's obligation to hire new union entry-level apprentice candidates set forth in Section 5(c) above shall be credited towards the Contractor's obligation to hire San Francisco residents under this Section 5(d).

CURRENT STATUS:

As of July 1, 2020, CPMC has completed and reported all work hours for all projects. A total of 5,620,416 work hours were reported across 4 projects (Mission/Bernal Campus, Van Ness and Geary Hospital Campus, Van Ness Garage and Medical Office Building, and Medical Office Tenant Improvement). Of that, 1,325,455 work hours were performed by San Francisco residents, resulting in 24% local hiring. While this is below the 30% overall local hiring goal, contractors worked collaboratively with CityBuild to maximize hiring of local workers for both apprentice and journey positions.

These data are collected through an electronic payroll system, Elations Systems.

NEXT STEPS:

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Workforce (LBE Requirement) - CY2019

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
14% Local Business Enterprise Goal	Exhibit E § B.4

LEAD DEPARTMENT:	Contract Monitoring Division	COMPLETION DATE:		
STAFF CONTACT NAME:	Selormey Dzikunu	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Contract Compliance Officer I		IN PROGRESS	
EMAIL:	Selormey.Dzikunu@sfgov.org		IN COMPLIANCE	✓
PHONE:	(415) 554-8369		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

As long as this Agreement remains in full force and effect, CPMC shall make a good faith effort to ensure that at least fourteen percent (14%) of the cost of all Contracts for the Workforce Projects are awarded to Contractors or Subcontractors that qualify as certified LBEs under this Agreement. CPMC and City acknowledge and agree that CPMC's efforts to award Contracts to LBEs are voluntary, and that CPMC and its Contractors shall have the sole discretion to confirm certification of, or otherwise screen, hire or not hire LBEs.

CURRENT STATUS:

As of: 6/15/20
LBE Report for the Van Ness Campus and Mission Bernal Campus projects:

The following report is for the reporting period from start of projects through completion of the two hospital projects:
For the Van Ness and Geary Campus the project has a 14.9% utilization of Local Business Enterprise (LBE), which represents $148,135,079 of the $991,524,144 spent on construction to date. For the St. Luke's Campus the project achieved 21.9% utilization of LBEs, which represents $62,434,686 of the $285,037,087 spent on construction to date. For the Van Ness Campus Medical Office Building and Garage, Pankow achieved 12.8% utilization of LBEs, representing $ $16,764,697 of the $130,576,843 spent on construction to date. For the Van Ness Campus Medical Office Building Tenant Improvements (TI), Rudolf and Sletten achieved 0.39% utilization of LBEs, which represents $534,873 of the $133,718,279 spent on construction to date. All Campus combined achieved 16% LBE utilization, which represents $227,862,265 of the $1,540,856,354 spent on construction.

San Francisco-based businesses that are working or have worked on the projects include the following: AJS Painting, Becker Electric, BergDavis Public Affairs, Big Mouth Productions, City Source Rental & Supply, Clipper International, CMC Traffic Control, DLD Lumber, David Schmitt Drywall, Frontline Steel, Giron Construction, H & M Fire Protection, Harrison Drywall, Ireland Interiors, Kwan Wo, Lawson Roofing, Linoleum Larry's, Inc., Liquidyn, Martin Ron, Merriweather & Williams, Mike O'Brien Trucking, Muller Construction Supply, Municon, Phoenix Electric, Progress Glass, Rubecon Builders, The M-Line, The Supply Closet, United CA Glass & Door, YCAT-C and Your All Day Everyday Janitorial Services. CPMC continues to utilize other LBEs such as Merriweather and Williams, The M Line, and BergDavis Public Affairs.

NEXT STEPS:

These hospital construction projects are now complete and this is the final report that includes these two projects. HerreroBoldt will continue to help with the coordination between the CMD and the general contractors on the Van Ness Campus Medical Office Building, the Mission Bernal Campus Office Building, and related projects.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

HerreroBoldt projects are now complete and no further opportunities are available. For the construction of the hospitals, HerreroBoldt worked with CMD to identify LBEs in the RFP process and included in all RFPs the LBE goals which were in all contracts. Additionally, HerreroBoldt purchased supplies, material and meals from local businesses and worked with merchant associations to identify vendors. HerreroBoldt worked with CMD and the general contractors on the medical office buildings, as needed for identification and outreach for LBEs to bid and perform scope on the projects.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

Health Care

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Healthcare (Baseline Commitment)**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
Unduplicated Patient Commitment	**Exhibit F § 1.a**

LEAD DEPARTMENT:	Department of Public Health	**COMPLETION DATE:**	
STAFF CONTACT NAME:	Gretchen Paule	**OBLIGATION STATUS:**	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

Commencing on the date the Approvals are Finally Granted [11/8/2013], CPMC shall in each fiscal year [January 1 through December 31]...care for a total of not less than 30,445 Unduplicated Patients in San Francisco (the "Unduplicated Patient Commitment")..."Unduplicated Patient" means a patient who receives a service from any CPMC facility or clinic in the City during the calendar year as a Medi-Cal or Charity Care patient, who has not previously received a service as a Medi-Cal or Charity Care patient from a CPMC facility or clinic in San Francisco during that calendar year.

CURRENT STATUS:

CPMC served a total of 28,900 unduplicated patients between 1/1/2020 and 12/31/2020. This figure is verified by a third party audit performed by Deloitte & Touche.

The DA requires CPMC to care for no less than 30,445 unduplicated patients each fiscal year, however, the DA stipulates that CPMC may use a 2-year rolling average and apply an excess from the prior or succeeding fiscal year to meet this baseline commitment. CPMC served a total of 35,456 unduplicated patients in in 2019. CPMC's 2-year rolling average for 2020 was 32,178 unduplicated patients.

CPMC reports that the 2020 number of unduplicated patients was lower due to the COVID-19 pandemic, as CPMC experienced an overall decline in patients numbers.

NEXT STEPS:

This annual obligation continues until 11/8/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Baseline Commitment)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Baseline Expenditure Commitment	Exhibit F § 1.b

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

Commencing on the date the Approvals are Finally Granted, CPMC shall in each fiscal year...spend at least Eight Million Dollars ($8,000,000) for Community Benefits in San Francisco (the "Baseline Expenditure Commitment"....As part of the Baseline Expenditure Commitment, CPMC shall provide financial and other services or operational support for comprehensive primary pediatric care to residents of the Bayview area through the Bayview Child Health Center in a manner and amount generally consistent with CPMC's level of support for the Bayview Child Health Center in fiscal year 2011-12, including comprehensive primary pediatric care to residences of the Bayview area.

CURRENT STATUS:

CPMC exceeded this requirement by providing $15,165,750 in Community Benefits in San Francisco. CPMC's compliance with this provision was verified by a third party audit performed by Deloitte & Touche. The audit methodology, which was established at the time the DA was negotiated, included: review of the contractual requirements and the eligible expense definitions; review of the list of expenses CPMC included in their calculation; from that list, a selection of projects totaling more than $8 million; and evaluation of a random sample of 45 transactions.

NEXT STEPS:

This annual obligation continues until 11/8/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Healthcare (Baseline Commitment)**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
Hiring 3rd Party Auditor	**Exhibit F § 1.a; DA § 8.2.2**

LEAD DEPARTMENT:	Department of Public Health	**COMPLETION DATE:**	
STAFF CONTACT NAME:	Gretchen Paule	**OBLIGATION STATUS:**	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

Exhibit F: [The Unduplicated Patient Commitment] shall be verified by an independent third party auditor… no later than 3 months following execution of this Agreement.

Development Agreement: The Planning Director and Director of Public Health shall… post on their websites the independent third party audit verifying the number of Unduplicated Patients cared for and the costs incurred for the Baseline Expenditure Commitment.

CURRENT STATUS:

CPMC's performance on the Unduplicated Patient Commitment and the Baseline Expenditure Commitment were verified by a third party audit performed by Deloitte & Touche. The audit methodology, which was established at the time the DA was negotiated, included: interviews with managers to understand their process for calculating the unduplicated patient commitment; direct data analytics to determine the number of unduplicated patients; direct data analysis on the unduplicated patients identified; and evaluation of a random sample of 25 patients identified in the analysis.

NEXT STEPS:

This annual obligation continues until 11/8/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Baseline Commitment)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Charity Care Policies and Affordable Care Act	Exhibit F § 1.d

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	12/31/15
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☒
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☐
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC will maintain through the end of calendar year 2015 Charity Care policies that are no more restrictive than current Charity Care policies set forth in the CPMC Fiscal Year 2011 Charity Report…

CURRENT STATUS:

This obligation is complete.

NEXT STEPS:

N/A

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Baseline Commitment)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Charity Care Policies and Affordable Care Act	Exhibit F § 1.d

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall maintain Charity Care policies that are in compliance with applicable California law, and CPMC will not deny Charity Care patients access to inpatient service.

CURRENT STATUS:

CPMC maintained Charity Care policies that comply with California law and ensured Charity Care patients had access to inpatient services.

NEXT STEPS:

This annual obligation began on 1/1/2016 and continues until 11/8/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Healthcare (Baseline Commitment)**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
Bayview Child Health Center	**Exhibit F § 1.e**

LEAD DEPARTMENT:	Department of Public Health	**COMPLETION DATE:**	
STAFF CONTACT NAME:	Gretchen Paule	**OBLIGATION STATUS:**	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall provide financial and other services or operational support for comprehensive primary pediatric care to residents of the Bayview area through the Bayview Child Health Center…

CURRENT STATUS:

CPMC provided financial and operational support for the Bayview Child Health Center consistent with 2011-2012 levels. In November 2013, South of Market Health Center (SMHC), in collaboration with CPMC and the Sutter Pacific Medical Foundation, received funding from the federal Health Resources and Services Administration to transfer ownership of the Bayview Child Health Center to SMHC. The transfer was effective 9/1/14. The DA provides that CPMC may "sell, lease or transfer programs, services or service lines to meet evolving community needs, operational cost-effectiveness, or quality standards." CPMC provided the following support to the SMHC and the clinic as part of the Baseline Commitment in the DA:

1. Financial support through an operations grant each year for five years as the clinic becomes sustainable under the Federally Qualified Health Center model;
2. Leased the former BCHC Medical Director to SMHC through the end of 2015 to promote continuity of care;
3. Transferred all assets to SMHC at no cost;
4. Invested over $1,000,000 in tenant improvements to bring the clinic to OSHPD 3 compliance; and,
5. Remains the clinic's specialty and hospital partner-- providing Bayview children with comprehensive services across the care continuum.

As part of CPMC's ongoing 5-year commitment to support BCHC's general operations, CPMC provided a grant of $227,000 in 2020. CPMC also worked with BCHC to offer CPMC's lab services to help process COVID tests, as needed.

NEXT STEPS:

This obligation continues until 11/8/2023. As mentioned in the "Current Status," CPMC will provide an operations grant each year for the 5 years to ensure sustainability of the clinic, and will remain the clinic's specialty and hospital partner to ensure comprehensive services to Bayview children.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health meets quarterly with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (New Medi-Cal Beneficiaries)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
San Francisco Health Plan Medi-Cal Managed Care Program	Exhibit F § 2.a

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall continue to participate with a standard services agreement in the San Francisco Health Plan Medi-Cal managed care program ("Program") in accordance with the provisions below.

CURRENT STATUS:

CPMC continues to have a standard services agreement with the San Francisco Health Plan.

NEXT STEPS:

This annual obligation continues until 8/10/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (New Medi-Cal Beneficiaries)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
New Medi-Cal Beneficiaries Commitment	Exhibit F § 2.b

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

Commencing on the Effective Date, and annually thereafter, CPMC shall accept responsibility for providing hospital services… for no less than 5,400 additional Medi-Cal managed care beneficiaries…CPMC would therefore accept responsibility for providing hospital services to a cumulative total of 22,728 Medi-Cal managed care beneficiaries to satisfy the New Medi-Cal Beneficiaries Commitment.

CURRENT STATUS:

CPMC met the obligation of 5,400 additional Medi-Cal beneficiaries in 2014. As of December 2020, CPMC had a total of 38,187 Medi-Cal managed care beneficiaries enrolled in its partnership, which exceeds the development agreement commitment by 15,459 beneficiaries.

NEXT STEPS:

This annual obligation continues until 8/10/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (New Medi-Cal Beneficiaries)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Contracting with MSO Providers	Exhibit F § 2.f

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall contract with at least two (2) Management Services Organizations (MSO) to care for New Enrollees, and, when available with a new MSO where the primary care provider base is located in the Tenderloin to care for 1,500 New Enrollees if and when available from the Effective Date through December 31, 2015.

CURRENT STATUS:

Prior to June 2020, there was no available MSO with a primary care provider based in the Tenderloin and despite efforts by CPMC to support the creation of one, it was deemed financially unfeasible by clinic partners. In June 2020, the North East Medical Services (NEMS) MSO opened a primary care clinic at 650 Polk Street, and there is now one available MSO with a primary care provider based in the Tenderloin. CPMC reports that it is the hospital partner for 4,351 unduplicated lives in the Tenderloin through the NEMS MSO.

Prior to the opening of the NEMS 650 Polk Street clinic, CPMC contracted with the NEMS MSO in 2015 and worked with NEMS and St. Anthony's Clinic, a primary care provider in the Tenderloin, to have St. Anthony's join the NEMS MSO. Through this partnership, CPMC is the hospital partner for St. Anthony's participating medical groups. As of Dec 31, 2020, St. Anthony's has 172 members that enrolled in the NEMS/CPMC partnership. As of August 31, 2021, the membership count is 173.

CPMC continues to work with St. Anthony's leadership to develop a path to sustainability and support outreach efforts. To date, St. Anthony's conducts ongoing outreach events to Tenderloin residents through the St. Anthony's Dining Room, Tenderloin family serving providers, Project Homeless Connect and enhanced Medi-Cal eligibility screening and enrollment at the clinic. In addition, CPMC reports that it provided St. Anthony's with a $10,000 grant in 2020 to support their overall work in the pandemic.

NEXT STEPS:

CPMC will continue to provide care for up to 1,500 Medi-cal beneficiaries in the Tenderloin and work with St. Anthony's to increase enrollment in this partnership.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Innovation Fund)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Innovation Fund Agreement	Exhibit F § 3.c

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	10/7/17
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☒
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☐
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall enter into the Innovation Fund Grant Agreement (the "Innovation Fund Agreement") substantially in the form attached hereto as Attachment 1 to this Exhibit F, and City shall agree to and accept same as indicated, with only such changes as are approved by the DPH Director, the City Attorney and the Innovation Fund Foundation that do not decrease CPMC's payment obligations or otherwise materially reduce the benefits provided under the Innovation Fund Agreement as determined by the DPH Director. The Innovation Fund Agreement shall include and implement the provisions applicable to the Innovation Fund Foundation as set forth in this Section 3.

CURRENT STATUS:

CPMC entered into the Innovation Fund Agreement with The San Francisco Foundation. In 2017, CPMC paid the fifth installment into the Innovation Fund ($1.125 million), for a total of $8.6 million since the inception of the fund, thus, completing its payment obligation to the Innovation Fund Foundation.

NEXT STEPS:

N/A

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$8,600,000.00	$8,600,000.00

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Innovation Fund)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Innovation Fund Funding & Disbursements	Exhibit F § 3.c

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

The Innovation Fund Foundation shall annually distribute a portion of the principal balance of the Innovation Fund to third-party recipients under a grant application process approved by CPMC and the DPH Director….Prior to any disbursements or commitments for distribution of the Innovation Fund, the Innovation Fund Foundation shall consult with, obtain disbursement advice from the Committee and, if possible, obtain a consensus for distributions with the Committee, as provided in Section 3.a(iii) above, provided that final determinations shall be made by the Innovation Fund Foundation.

CURRENT STATUS:

The following is a list of grants awarded in 2020 made by the Innovation Fund, with a total amount of $839,143.

Mission Language and Vocational Services - The purpose of this grant is to support a city-wide effort to conduct street outreach, conduct wellness calls and connect, members of the Latinx community who have been disproportionately impacted by the COVID-19 pandemic to services including access to financial assistance, food, personal protective equipment, and supplies. ($839,143)

NEXT STEPS:

The Innovation Fund Foundation will continue to provide grants, in accordance to the DA, to third-party recipients until depletion of funds.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Healthcare (Sub-Acute Services)**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
Sub-Acute Services	**Exhibit F § 4**

LEAD DEPARTMENT:	Department of Public Health	**COMPLETION DATE:**	2/12/16
STAFF CONTACT NAME:	In 2019, the San Francisco Department of Public convened a work group of private and	**OBLIGATION STATUS:**	COMPLETE ☒
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☐
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall work with SFDPH and other hospital operators in good faith, but without assuming any obligation to expend funds or other resources, to develop specific proposals for providing sub-acute care services in San Francisco, and to present such proposals to the Health Commission by June 30, 2014, or such date as the participating hospitals and the Health Commission determine.

CURRENT STATUS:

In 2019, the San Francisco Department of Public convened meetings with private and public stakeholders to assess and develop strategies to address citywide sub-acute services. CPMC participated in these meetings and has been open to city-wide discussions on potential strategies to increase sub-acute care in the City.

Sub-acute care planning was delayed in 2020 due to the COVID-19 pandemic. The City will resume this work in 2021. CPMC reports that it will continue to be responsive to the City's ongoing sub-acute care planning discussions with all health care providers.

NEXT STEPS:

N/A

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Healthcare (Mission Bernal and Van Ness Campuses)**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
Hospitals at the Mission Bernal and Van Ness Campuses	**Exhibit F § 5.a**

LEAD DEPARTMENT:	Department of Public Health	**COMPLETION DATE:**	
STAFF CONTACT NAME:	Gretchen Paule	**OBLIGATION STATUS:**	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

Mission Bernal Campus Hospital will be a 120-bed General Acute Care Hospital with comprehensive emergency services, and will open within 24 months of the opening of the Van Ness Hospital.

CURRENT STATUS:

CPMC opened its Mission Bernal campus on 8/25/18 and the Van Ness campus opened on 3/2/2019. The Mission Bernal Campus continued to operate as a 120-bed General Acute Care Hospital with comprehensive emergency services during 2020.

NEXT STEPS:

This obligation continues until 8/25/2028.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Mission Bernal and Van Ness Campuses)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Hospitals at the Mission Bernal and Van Ness Campuses	Exhibit F § 5.b

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

The "shelled" space at Van Ness Campus Hospital shall not be built-out for and placed into operation 30 licensed acute care beds until after the Mission Bernal Campus Hospital is opened and has an average Monday through Friday (excluding weekends and holidays) daily census of at least ninety (90) patients (i.e., 75% of 120 beds) for a full fiscal year.

CURRENT STATUS:

Not yet applicable - Subject to Mission Bernal Campus Hospital utilization.

NEXT STEPS:

This obligation continues until 8/25/2028.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Mission Bernal Campus)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mission Bernal Campus	Exhibit F § 6.a(i)

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall provide the following services on-site at the Mission Bernal Campus:

Inpatient services, including cancer, cardiology, endocrinology, respiratory, neurology, gastroenterology, orthopedics, infectious disease, urology, general and vascular surgery, intensive care unit, labor & delivery, gynecology, special care nursery, telemedicine;
Urgent care; and
Outpatient services, including internal medicine, ambulatory surgery, cardiology, diagnostic imaging, gastroenterology, laboratory services, obstetrics, orthopedics, hepatology, neurology, oncology, orthopedics, respiratory therapy, child development, retail pharmacy, lab services.

CURRENT STATUS:

CPMC reports that labor and delivery services at the Mission Bernal Campus have been temporarily moved to the Van Ness Campus to accommodate COVID patient care planning and therefore currently has no staff or census. The service was relocated in order for the space to be used for COVID surge planning. CPMC reports that due to the unknowns presented by the ongoing COVID-19 pandemic, CPMC does not have a specific timeline to restore inpatient labor and delivery services at the Mission Bernal campus.

NEXT STEPS:

This obligation continues until 8/25/2028.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Healthcare (Mission Bernal Campus)**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
Mission Bernal Campus	**Exhibit F § 6.a(ii)**

LEAD DEPARTMENT:	Department of Public Health	**COMPLETION DATE:**	
STAFF CONTACT NAME:	Gretchen Paule	**OBLIGATION STATUS:**	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall establish, operate, and maintain a Center of Excellence in Community Health at the Mission Bernal Campus. This Center of Excellence shall screen and manage individuals with or at risk for developing chronic diseases, building on CPMC's existing HealthFirst Program. This Center of Excellence shall annually offer approximately 800 patients access to a primary care medical home to support self-management of chronic illness. The Center will recruit and train health workers from the community to work in an interdisciplinary care team setting, providing culturally competent and linguistically appropriate services (as set forth in Exhibit F, Section 10). CPMC shall create a community advisory board to provide input into the operation of the Center.

CURRENT STATUS:

The Center of Excellence in Community Health is named HealthFirst at the Mission Bernal Campus. HealthFirst, a center for health education and disease prevention affiliated with St. Luke's Health Care Center, serves patients in chronic disease management by integrating community health workers (CHWs) into the multidisciplinary health care team. CHWs are culturally and linguistically competent as they are recruited from the same community as the patients that HealthFirst serves. CHWs provide health education, assist patients to improve their self-management skills, and encourage them to receive timely and comprehensive care.

CPMC reported the following for the HealthFirst Program in 2020:
- Provided care to 830 unique patients and carried out 2,780 encounters
- Staffing includes 3 CHWs bilingual in Spanish and English
- Demographic breakdown by payor mix (47% Medi-Cal; 31% Private insurance; 22% Medicare; 0% Self-pay); chronic conditions (51% diabetes or cardiovascular disease and 49% asthma); languages (57% Spanish, 40% English, and 3% Other); and ethnicity (Hispanic - 71%)
- Due to the COVID-19 pandemic, the community advisory board meeting was replaced by a series of phone interviews with key community members. The community advisory board meeting consisted of 4 patients, 9 providers, 3 CHWs.

NEXT STEPS:

This obligation continues until 8/25/2028. CPMC should consider broadening community advisory board membership to include other community stakeholders, such as community-based organizations; convening community advisory group meetings more than once annually; and reporting on advisory group goals, feedback, and results.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Mission Bernal Campus)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mission Bernal Campus	Exhibit F § 6.a(iii)

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall establish, operate, and maintain a Center of Excellence in Senior Health at the Mission Bernal Campus. This Center of Excellence would be based upon the Hospital Elder Life Program ("HELP") and annually provide care to approximately 600 seniors over age 70. This Center of Excellence shall provide services designed to enable seniors to live successfully in the community and reduce unnecessary hospitalizations. These services may include health, education, resource referrals, case management, dementia care, services to reduce isolation, and caregiver support.

CURRENT STATUS:

The Center of Excellence in Senior Health is made up of the Acute Care for the Elderly (ACE) Unit, the Hospital Elder Life Program (HELP) and a pilot partnership with San Francisco Village. The ACE Unit was established at Mission Bernal Campus with 34 beds, providing interdisciplinary care to older adult patients. The ACE Unit provides: physical and occupational therapy; group activity therapy, including music therapy, guided imagery and other activities that encourage socialization and mobility; rehabilitation with a focus on exercise, socialization and better sleep; HELP, which develops a personalized care plan to help each patient stay mobile, social and prevent functional decline. The ACE Unit saw 1,256 patients in 2020, exceeding the target of 600, as set forth in the Development Agreement.

In 2018, a community benefit-funded pilot partnership was developed with the non-profit organization, SF Village, to provide eligible discharged patients with a care navigator to help patients manage their health, prepare for doctor's visits, and access needed community services, easing their transition from hospital to home. The goal of this program is to support patients in continuing to age in place by meeting the post-hospitalization needs, assisting with activities of daily living, and reducing isolation through community connection. This project has continued for a third year. In 2020, 29 patients accepted enrollment in the program and no enrolled patients were readmitted within 30 days.

The ACE Unit Medical Director has been conducting ongoing outreach to community partners to ensure the Unit is known as a resource. Meetings have taken place with: OnLok, Brown and Toland, 30th Street Senior Center, Centro Latino and Community Living Campaign. An open house was held in 2018 to launch the ACE unit; no open house was conducted in 2020.

NEXT STEPS:

This obligation continues until 8/25/2028.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Mission Bernal Campus)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mission Bernal Campus	Exhibit F § 6.b

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall submit a proposal for development at the Mission Bernal 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 Mission Bernal Campus Hospital.

CURRENT STATUS:

CPMC is within the 5 year window of time for the proposal of the Mission Bernal Campus Medical Office Building.

CPMC reports that it submitted a Site/Building Permit application to the San Francisco Planning Department and Department of Building Inspection for the development of the Mission Bernal MOB on 4/10/2020. CPMC reports it is in process of preparing a proposal for submission to the Sutter West Bay Board.

NEXT STEPS:

This obligation continues until 10/08/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Staff Integration)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Staff Integration	Exhibit F § 7

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall continue its good faith efforts at the clinical integration of medical staffs at the St. Luke's Campus, with the medical staff at its Pacific Campus, California Campus and Davies Campus (and, upon Completion of the Cathedral Hill Campus Hospital and the Cathedral Hill Campus), and on quality improvement initiatives for the purpose of improving patient quality of care at all of the CPMC Campuses.

CURRENT STATUS:

In 2016, the integration of medical staff across the CPMC campuses, including St. Luke's, was completed and approved by the hospital's Board. CPMC now has a single medical staff at all campuses. The quality improvement initiatives are also run across all campuses. Upon completion of the new Van Ness hospital campus, CPMC integrated Van Ness staff into a single medical staff across all the campuses.

NEXT STEPS:

This obligation continues until 10/8/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Community Benefits Partnership)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
CPMC participation in Community Benefits Partnership	Exhibit F § 8

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall continue to actively participate in the "Community Benefits Partnership" (an outgrowth of the Building a Healthier San Francisco needs assessment process and the Charity Care Project) or its successor, of San Francisco private non-profit hospitals, SFDPH, Human Services, community clinics, health plans, non-profit providers and advocacy groups, to prepare a community benefit plan, as defined in Health and Safety Code Section 127355, for submittal to OSHPD.

CURRENT STATUS:

CPMC participates in the San Francisco Health Improvement Partnership, successor to the Community Benefits Partnership, and the needs assessment process.

NEXT STEPS:

This obligation continues until 10/8/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Healthcare (Chinese Hospital)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Chinese Hospital Service Agreement	Exhibit F § 9

LEAD DEPARTMENT:	Department of Public Health	COMPLETION DATE:	
STAFF CONTACT NAME:	Gretchen Paule	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

Through existing service agreements, CPMC currently provides pediatric, obstetric, and certain tertiary services to Chinese Hospital patients. CPMC shall continue to provide such services in a manner generally consistent with existing services agreements with Chinese Hospital and its affiliates as of the Effective Date. Notwithstanding the foregoing, CPMC may adjust programs, services and service lines to meet evolving community needs and quality standards, as may be reflected in future service agreements with Chinese Hospital and its affiliates.

CURRENT STATUS:

CPMC has maintained its agreement with the Chinese Community Health Plan (CCHP) for their Commercial HMO population and their Covered CA population. CPMC has also maintained its longstanding Transfer Agreement and contract for high risk OB/GYN care with Chinese Hospital. Overall, CPMC continues to provide services generally consistent with existing service contracts.

The contract between CPMC and Chinese Hospital was renewed in early 2020.

NEXT STEPS:

This annual obligation continues until 8/10/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Healthcare (CLAS)**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
Culturally and Linguistically Appropriate Services	**Exhibit F § 10**

LEAD DEPARTMENT:	Department of Public Health	**COMPLETION DATE:**	
STAFF CONTACT NAME:	Gretchen Paule	**OBLIGATION STATUS:**	COMPLETE ☐
STAFF CONTACT TITLE:	Senior Health Program Planner		IN PROGRESS ☒
EMAIL:	gretchen.paule@sfdph.org		IN COMPLIANCE ☒
PHONE:	(415) 554-2820		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

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), as issued by the U.S. Department of Health and Human Services' Office of Minority Health in March 2001 and subsequently updated.

CURRENT STATUS:

CPMC delivers services at all campuses in accordance with the mandates, guidelines, and recommendations of the National Standards on CLAS. In 2015 CPMC conducted a CLAS Assessment and provided the assessment to DPH. CPMC continued efforts to implement assessment recommendations and improve cultural and linguistic access to services across the four campuses.

In past hearings, the Health Commission has requested that CPMC provide additional information to help the City have a deeper understanding of CPMC's compliance with CLAS standards. CPMC reported the following supplemental information:

Patient Race/Ethnicity and Preferred Language
- Race - 49.63% White/Caucasian; 59205% Asian/Pacific Islander; 5.59% Black/African American; 0.30% American Indian/Alaska Native 10.32% Other;7.08% Unknown; 0.83% Prefer Not to Answer
- Ethnicity - 79.55% Non Hispanic; 11.60% Hispanic; 7.72% Unknown; 1.10% Prefer Not to Answer; 0.03% Null
- Preferred Language - 86.6% English; 7.5% Chinese; 4.4% Spanish; 1.5% Other

Staff Demographics
- 40.08% Asian; 33.39% White; 8.07% Black/African American; 7.77% Hawaiian/Pacific Islander; 0.47% American Indian/Alaska Native; 3.80% Two or more races; 2.74% Did not disclose; 3.68% Not provided

Interpreter Requests and Wait Time
- Proportion of patient services for which interpretation was requested - 20.8% (105,549 interpretation requests)
- Average wait time for interpretation requests (by type of request and percent of total)
--- Pre-scheduled In-person Interpretation - 12.22%; 0-5 minutes
--- Same-day In-person Interpretation - <1%; 0-30 minutes (varies)
--- Over the Phone Interpretation - 47.69%; <60 seconds
--- Video Remote Interpretation - 39.79%; <60 seconds

Patient Feedback for Continuous Improvement Efforts
CPMC utilizes three primary avenues for patient feedback: Patient Family Advisory Councils (PFAC), patient grievance process, and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient satisfaction surveys. CPMC also engages the community in various ways though the Department of Community Benefit.

NEXT STEPS:

This obligation continues until 8/10/2023.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Department of Public Health will work with the coalition San Franciscans for Healthcare, Housing, Jobs and Justice to provide updates on the status of CPMC's compliance with the Development Agreement where possible.

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Health Service System**

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
CPMC Rate Increase Limitations	**Exhibit F § 11.c**

LEAD DEPARTMENT:	Health Service System	**COMPLETION DATE:**	
STAFF CONTACT NAME:	Larry Loo	**OBLIGATION STATUS:**	COMPLETE ☐
STAFF CONTACT TITLE:	Chief Financial Officer		IN PROGRESS ☑
EMAIL:	Larry.Loo@sfgov.org		IN COMPLIANCE ☑
PHONE:	(628) 652-4627		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

For the period from January 1, 2014 to December 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. In the following seven (7) years CPMC shall limit annualized increases to no more than the Medical Rate of Inflation plus 1.5% (the "Annual Rate Increase").

CURRENT STATUS:

In January 2019, Milliman, the independent consulting actuarial firm selected by both Sutter and HSS, confirmed Sutter was in compliance for the period of CY2015 to CY2016 and from CY2016 to CY2017.
In February 2021, Milliman completed their review of the CY2017 to CY2018 rate increase at Sutter Bay hospitals dba California Pacific Medical Center (CPMC). Milliman determined CPMC was in compliance with the annual rate increase commitment to be less than or equal to 3.5% (1.5% plus the Medical Rate of inflation) from CY2017 to CY2018.
In November 2021, Milliman completed their review of the CY2018 to CY2019 rate increase. There are two applicable insurers under this obligation of the DA: Blue Shield of California (BSC) and United Healthcare (UHC). Milliman determined that Sutter was in compliance for BSC but not UHC. The rate increase exceedance triggers liquidated damages of $249,513, which Sutter must pay HSS within 30 days of the report.

NEXT STEPS:

Milliman will continue to review annual rate increases.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

Not applicable.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Not applicable.

ADDITIONAL FUNDS REQUIRED:

None.

HOUSING PROGRAM

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Housing

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Replacement Housing Obligation	Exhibit G § 1.c

LEAD DEPARTMENT:	Mayor's Office of Housing and Community Development	COMPLETION DATE:	9/6/13	
STAFF CONTACT NAME:	Rally Catapang	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Finance Manager		IN PROGRESS	
EMAIL:	rally.catapang@sfgov.org		IN COMPLIANCE	✓
PHONE:	(415) 701-5562		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

MOHCD shall deposit the Residential Hotel Unit Replacement Fee payment into the Affordable Housing Fund and use the funds for affordable housing….MOHCD shall confirm to DBI receipt of the Residential Hotel Unit Replacement Fee.

CURRENT STATUS:

CPMC has paid this obligation totaling $4,138,620 in full as of September 2013.

MOHCD awarded the funds to the developer of the affordable apartments located at 1036 Mission. 1036 Mission includes 83 units, 40 of which are set aside for formerly homeless families. The loan for 1036 Mission closed in September 2016, and the building was completed in early 2019.

NEXT STEPS:

N/A

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$4,138,620.00	$4,138,620.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Housing

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Affordable Housing Obligation	Exhibit G § 2

LEAD DEPARTMENT:	Mayor's Office of Housing and Community Development	COMPLETION DATE:	11/8/17	
STAFF CONTACT NAME:	Rally Catapang	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Finance Manager		IN PROGRESS	
EMAIL:	rally.catapang@sfgov.org		IN COMPLIANCE	✓
PHONE:	(415) 701-5562		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

MOHCD shall deposit the payment into the Affordable Housing Fund and use the funds for affordable housing. CPMC shall provide evidence of payment to DBI upon request, and MOHCD shall confirm to DBI receipt of the Residential Unit Replacement Fee.

CURRENT STATUS:

CPMC provided all payments due to the Affordable Housing Fund. The first payment was received 9/4/2013, totaling $2,400,000. The second payment was received on 12/7/2013, totaling $6,700,000. The third payment was received on 11/24/14, totaling $7,000,000. The fourth payment was received on 12/8/15, totaling $8,825,000. The fifth payment was received on 11/30/16, totaling $8,100,000. The sixth and final payment was received on 11/8/17, totaling $3,475,000. Combined, MOHCD has received $36,500,000.

In FY18-19, MOHCD disbursed $1.3M to the project at 401 Rose Street, Hayes Valley South. To date through June 30, 2019, MOHCD has disbursed a total of $32.6M of CPMC funds toward rehabilitation of public housing in conjunction with HUD's Rental Assistance Demonstration (RAD) program and multifamily new construction at 2060 Folsom and 1950 Mission. Another $3.4M is encumbered to 401 Rose Street (public housing/RAD) and 1095 Connecticut (HOPE SF), with an unencumbered balance of $500k.

NEXT STEPS:

CPMC provided the final annual payment to the Affordable Housing Fund in late 2017, and the Housing obligation has been fulfilled.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$36,500,000.00	$36,500,000.00
CPMC's FUNDING OBLIGATION REMAINING:	
$0.00	

PUBLIC IMPROVEMENTS

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Public Improvements

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Tenderloin Public Improvements - Pedestrian Safety & Lighting	Exhibit H § 2.a

LEAD DEPARTMENT:	OEWD - Econ	COMPLETION DATE:		
STAFF CONTACT NAME:	Amy Cohen	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Director, Neighborhood Business Dev.		IN PROGRESS	
EMAIL:	amy.b.cohen@sfgov.org		IN COMPLIANCE	✓
PHONE:	(415) 554-6649		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

CPMC shall make the following payments (the "CCHAP Improvement Funds") to City for the purposes identified below: $4,250,000 to OEWD, DPW or PUC, including at least $3,450,000 for sidewalk widening and pedestrian improvements and up to $800,000 for economic development activities in the Tenderloin, as determined by the Director of OEWD following consultation with the PUC General Manager and the Director of DPW.

CURRENT STATUS:

Project was completed in late 2018, with a press event/dedication January 2, 2019. 97 new lights were installed on the following streets:

- Larkin between McAllister and O'Farrell
- Hyde between McAllister and O'Farrell
- Leavenworth between McAllister and O'Farrell
- Jones between McAllister and O'Farrell
- Eddy Street between Larkin and Mason

In addition to installing these new street lights, the SFPUC also upgraded existing lights on the current "cobra head" style poles to LED throughout the Tenderloin, which also enhances street lighting.

NEXT STEPS:

None - requirement is complete.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$4,250,000.00	$4,250,000.00
CPMC'S FUNDING OBLIGATION REMAINING:	
$0.00	

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Public Improvements

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Safe Passage Grant	Exhibit H § 2.a

LEAD DEPARTMENT:	OEWD - Econ	COMPLETION DATE:	12/7/13	
STAFF CONTACT NAME:	Amy Cohen		COMPLETE	✓
STAFF CONTACT TITLE:	Director, Neighborhood Business Dev.		IN PROGRESS	
EMAIL:	amy.b.cohen@sfgov.org		IN COMPLIANCE	✓
PHONE:	(415) 554-6649		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

CPMC shall pay the total sum of Two Hundred Thousand Dollars ($200,000) to OEWD (the "Safe Passage Grant") as described in Schedule A (Section I), in accordance with Exhibit N (Payment Schedule).

CURRENT STATUS:

The capital project has been tabled to allow the organization to focus on building organizational capacity with the $200,000 in seed funding. OEWD engaged the Saint Francis Foundation's Tenderloin Health Improvement Project in becoming a key funder of the effort, in addition to CPMC. They more than matched the contribution and helped Safe Passage make the determination to transition their organizational infrastructure to the Tenderloin Community Benefit District (CBD).

NEXT STEPS:

Safe Passage transitioned, as planned, to be housed under the Tenderloin CBD. OEWD made General Funds available to the CBD in FY16-17 ($100,000) and FY17-18 ($100,000) in order to help continue to build both Safe Passage's and the CBD's capacity.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

Many opportunities, ongoing, given that the program is a collaboration of Community-based Organizations in the Tenderloin and relies on volunteer recruitment to ensure safety of the path.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$200,000.00	$200,000.00
CPMC's FUNDING OBLIGATION REMAINING:	
$0.00	

TRANSPORTATION

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Bicycle Parking

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Bicycle Parking	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS ☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE ☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

The number and location of bicycle racks shall be monitored annually and increased as necessary to provide a sufficient number of parking spaces for cyclists. Both secure long-term parking as well as short-term parking shall be provided. CPMC shall install bicycle lockers in both new and existing parking garages.

CURRENT STATUS:

CPMC has installed secured badge access only bicycle cages at Van Ness Hospital, Pacific Campus, Davies Campus, and Mission Bernal Campus. Changing rooms, lockers, and showers provided at Van Ness Hospital and Mission Bernal Campus. CPMC security and parking attendants continue to monitor all bicycle parking stalls/racks and report and/or investigate any suspicious activity. Bicycle parking supply and demand continues to be monitored. With completion of Van Ness Campus, 130 additional bicycle parking spots were produced in 2019.

NEXT STEPS:

Continue to monitor number and location of bicycle parking and determine whether there are a sufficient number of parking spaces for bicycles; increase bicycle parking as necessary. Provide documentation of this monitoring and determination to the SFMTA.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00
CPMC'S FUNDING OBLIGATION REMAINING:	
$0.00	
FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:	
ADDITIONAL FUNDS REQUIRED:	

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Outreach, Marketing, and Information

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Design TDM Operations and Maintenance Budget	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall establish a fully funded budget for the TDM program and report the results on an annual basis.

CURRENT STATUS:

TDM budget of $10 million established for 2019-20, covering parking, shuttle, transit subsidy, and TDM coordinator/operations.

NEXT STEPS:

Continue to fulfill obligation by maintaining TDM budget and regularly reporting results, as described above.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC could report TDM budget and results to community.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT			
SUBJECT:	**TDM: Carsharing**		
DEVELOPMENT AGREEMENT OBLIGATION:		**DEVELOPMENT AGREEMENT SECTION:**	
Carsharing		**Exhibit K § 5; TDMP Page 7-9**	
LEAD DEPARTMENT:	SFMTA	**COMPLETION DATE:**	
STAFF CONTACT NAME:	Forrest Chamberlain	**OBLIGATION STATUS:**	COMPLETE ☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS ☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE ☐
PHONE:	(415) 646-2989		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall allot additional parking spaces to carsharing services in both new and existing buildings based on demand.

CURRENT STATUS:

Zipcar eliminated on-site parking leases in December 2018.

NEXT STEPS:

SFMTA and CPMC to discuss potential opportunities for on-site carsharing services.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC could invite members of the community to attend and participate in the Fair.

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Carpool and Vanpool Parking

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Carpool and Vanpool Parking	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

The number and location of reserved carpool and vanpool parking shall be monitored annually and increased as necessary to ensure there are a sufficient number of parking spaces for carpools and vanpools based on demand.

CURRENT STATUS:

Currently there are 33 carpool stalls in total:4 at California Campus, 4 at Pacific Campus, 1 at Mission Bernal Campus, 3 at Davies Campus, and 21 at Cathedral Hill Campus (Van Ness). Registered carpoolers get free monthly parking in the garage at their worksite. Vanpool spaces are available upon request.

NEXT STEPS:

CPMC to continue to monitor number and location of reserved carpool and vanpool parking spaces and determine whether there is a sufficient number of parking spaces for carpools and vanpools; increase carpool and vanpool parking as necessary. CPMC will encourage carpooling opportunities at the Mission Bernal and Van Ness campuses where parking will be limited (especially through transportation fairs). CPMC should provide documentation of this monitoring and determination to the SFMTA.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

subsi	
SUBJECT:	**Transportation Demand Management Program**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
Clipper Card Transit Subsidy	**Exhibit K § 5; TDMP Page 7-9**

LEAD DEPARTMENT:	SFMTA	**COMPLETION DATE:**		
STAFF CONTACT NAME:	Forrest Chamberlain	**OBLIGATION STATUS:**	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

TDM Component in the Mid-Term (2-5 years) Transit Subsidy. CPMC shall expand the transit subsidy program to include all campuses and increase the value of the monthly subsidy to be up to the equivalent of the cost of a MUNI Fast Pass, with the employee covering up to 50% of the subsidy.

CURRENT STATUS:

The Transportation Demand Management Plan specifies dates by which pieces of the plan should be in place. As described on page 9 of the TDM Plan, the transit subsidy commitment is a mid-term component to be implemented somewhere between August 10, 2015 and August 10, 2018. As of January 2017, CPMC has instituted a transit subsidy equivalent to 50% of a Muni monthly pass for any Sutter Health employees participating in Sutter Health's WageWorks commute program. Approximately 15% of employees are enrolled as of July 2019. Some employees use public transit, but are ineligible for the subsidy (e.g., due to part-time status).

NEXT STEPS:

CPMC will continue marketing efforts to increase adoption of the transit subsidy, particularly through transportation fairs, and will explore new marketing methods in partnership with SFMTA. SFMTA's TDM specialist will meet CPMC to discuss this in 2019.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Outreach, Marketing, and Information

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
TDM Communication Boards - Campus Cafeterias	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

Information on TDM programs, transit schedules and maps, bicycle routes, as well as upcoming events shall be posted on boards and periodically updated in each cafeteria.

CURRENT STATUS:

TDM information bulletin boards have been installed inside each CPMC Campus to market elements of the TDM program.

NEXT STEPS:

The SFMTA will continue to monitor implementation progress, meeting CPMC roughly quarterly to discuss details.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC could invite community participation and employee coordination regarding carpooling, rides home, bike trains, and other TDM-related items on the buleltin boards

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Coordinator

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
TDM Coordinator	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall retain a full-time experienced TDM coordinator to coordinate, monitor and publicize TDM activities for the campus including the following: Develop an information package of transportation services and benefits offered by CPMC, and participate in employee orientation training; Promote attendance at the Transportation Fair by providing incentives for employees to attend the Fair, such as free transit fast passes; Maintain and update the TDM communication boards; Monitor and update, as appropriate, the TDM Plan; Track participation rates in TDM programs (monthly & annually); Conduct employee travel surveys on an annual basis; Coordinate parking management and the shuttle program; Create a central database of shuttle utilization data; Oversee the rebranded transportation newsletter.

CURRENT STATUS:

New TDM Coordinator hired in 2016, currently employed full-time. TDM consultant maintained under contract. Parking attendant dedicated at the Pacific Campus to manage traffic control and direct patient drop off/pick up, including Lyft and Uber.

NEXT STEPS:

TDM Coordinator managing and implementing TDM Program.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Courtesy Ride Home Program

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Courtesy Ride Home Program	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall increase the boundaries of the program to cover major transit stops within a reasonable distance of each campus and also promote and market the Courtesy Ride Home program.

CURRENT STATUS:

CPMC continues to maintain the San Francisco Emergency Ride Home Program (ERH) benefit, and CPMC Security continues to provide employees with ride home services in the evening. CPMC is no longer in negotiations with Scoop rideshare service as a potential program provider. CPMC is currently exploring other potential rideshare service providers for a program that includes carpooling and courtesy rides home during extended business hours.

NEXT STEPS:

CPMC should complete negotiations with an appropriate provider. The SFMTA will monitor the program effectiveness and possible changes, meeting with CPMC occasionally to discuss details.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC may solicit input from employees/community regarding where they would like the program to go.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Outreach, Marketing, and Information

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Increase Marketing of Emergency Ride Home Program	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	3/31/18	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

Increase marketing of the City of San Francisco's Emergency Ride Home program.

CURRENT STATUS:

CPMC continues to participate in the San Francisco Emergency Ride Home Program (ERH) program, promoting weekly via posters and communications; ERH posters are posted in all CPMC shuttle vehicles and on selected campus bulletin boards at each campus.

NEXT STEPS:

To continue participation.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

NA

ADDITIONAL FUNDS REQUIRED:

NA

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Outreach, Marketing, and Information

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Enhance TDM Site on Intranet	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall update its employee intranet to emphasize TDM programs as well as provide enrollment forms for commuter checks, shuttle schedules and maps, links to WageWorks, Clipper, BART, MUNI, 511.org, and parking and carsharing information.

CURRENT STATUS:

CPMC currently providing TDM program and transportation information via employee intranet biweekly communications incl. transit subsidy. CPMC has collaborated with Human Resources and Communications Departments to further enhance educational TDM outreach via intranet. CPMC continues to update the site with new information about various elements of the TDM program.

NEXT STEPS:

CPMC will update intranet site as necessary. The SFMTA will monitor progress on this measure, meeting occasionally with CPMC.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC could invite employee coordination regarding carpooling, rides home, bike trains, and other TDM-related items on the intranet site

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Outreach, Marketing, and Information

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Design an Outreach Program	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

An outreach program shall be designed emphasizing the time savings, reduction in greenhouse gas emissions, health benefits, and other positive outcomes of adopting alternative transportation modes.

CURRENT STATUS:

CPMC worked with Sutter Health to design the TDM outreach program including branding and identity. All TDM-related information is being provided via employee intranet. CPMC will continue to conduct transportation fairs and events.

NEXT STEPS:

CPMC to increase frequency of transportation fairs. SFMTA and CPMC will meet occasionally to discuss details.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC could engage the community when designing the outreach program, conduct outreach to the community when program design completed.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**TDM: Outreach, Marketing, and Information**

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Reinstate Transportation Services Newsletter	**Exhibit K § 5; TDMP Page 7-9**

LEAD DEPARTMENT:	SFMTA	**COMPLETION DATE:**		
STAFF CONTACT NAME:	Forrest Chamberlain	**OBLIGATION STATUS:**	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

Reintroduce the Parking Services Newsletter and rebrand it as a transportation newsletter that markets the various TDM programs available.

CURRENT STATUS:

Transportation information is provided via employee intranet and biweekly email announcements. This has replaced a paper newsletter.

NEXT STEPS:

The SFMTA will monitor progress on this measure, meeting CPMC occasionally to discuss details.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

NA

ADDITIONAL FUNDS REQUIRED:

NA

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Parking Pricing

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Parking Pricing	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall evaluate and then increase employee parking prices as needed to achieve the trip and parking reduction goals.

CURRENT STATUS:

CPMC continues to maintain an inventory of all employee onsite/offsite parking, and evaluate for potential rate increases. CPMC did not increase parking rates in 2019.

NEXT STEPS:

SFMTA and CPMC will meet occasionally to discuss details.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Outreach, Marketing, and Information

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Enhance TDM Information on Public Website	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall review its existing public website and modify it to better publicize alternative transportation options to visitors and patients. The visitor and patient portion of the website shall be updated to provide information on biking to the campus as well as taking BART and Muni.

CURRENT STATUS:

CPMC has updated the public website to include additional information on alternative transportation options. Other updates are still in development.

NEXT STEPS:

Fulfill obligation by updating public website as described above. CPMC is developing "How to get to CPMC" page, which will include alternative transportation information regarding BART shuttles, bicycle parking and maps, MUNI, BART, ferries, 511.org, SF Paratransit, and private services. The SFMTA will monitor progress on this measure, meeting with CPMC occasionally.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC could publicize transportation information on public engagement, invite comment (via online or in-person surveys) regarding most helpful information and means of display on public website.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT			
SUBJECT:	**TDM: Real Time Transit Information**		
DEVELOPMENT AGREEMENT OBLIGATION:		**DEVELOPMENT AGREEMENT SECTION:**	
Real Time Transit Information		**Exhibit K § 5; TDMP Page 7-9**	
LEAD DEPARTMENT:	SFMTA	**COMPLETION DATE:**	
STAFF CONTACT NAME:	Forrest Chamberlain	**OBLIGATION STATUS:**	COMPLETE ☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS ☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE ☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE ☐
DESCRIPTION OF OBLIGATION:			
CPMC shall install real-time transit information signs in the lobbies of its existing facilities and shall provide links to real time transit information on the intranet as well as the public website.			
CURRENT STATUS:			
CPMC Intranet site contains 511 transit information. GPS installed on some shuttles especially those used for BART service, so employees can look on phone app and see real time location and seat availability. Electronic touch screen directories were installed in 2018 at Van Ness and Mission Bernal that display real time transit information for CPMC shuttles, BART, and MUNI.			
NEXT STEPS:			
SFMTA and CPMC will meet occasionally to discuss details. SFMTA to continue to monitor installation of real-time transit information signs.			
OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:			
The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.			
CPMC'S FULL FUNDING AMOUNT:		**FUNDING RECEIVED FROM CPMC TO DATE:**	
$0.00		$0.00	
CPMC'S FUNDING OBLIGATION REMAINING:			
$0.00			
FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:			
ADDITIONAL FUNDS REQUIRED:			

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Rideshare Program

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Rideshare Program	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE ☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS ☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE ☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE ☐

DESCRIPTION OF OBLIGATION:

CPMC shall create an internal rideshare program (e.g. RideSpring or a 511.org interface). CPMC shall also explore the feasibility of coordinating a rideshare program with other large institutions in order to increase the pool of carpoolers and vanpoolers.

CURRENT STATUS:

CPMC continues to maintain carshare vehicles and provide carshare parking stalls. CPMC to explore potential new opportunities with rideshare service providers to develop a carpooling and courtesy ride home program.

NEXT STEPS:

CPMC should complete negotiations with an appropriate rideshare service. Carpooling will be promoted at transportation fairs and outreach materials. New campuses with limited parking should provide opportunities to increase carpooling. The SFMTA and CPMC will meet occasionally to discuss details.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Shower Facilities

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Shower Facilities	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

Shower and changing facilities shall be included in all new buildings and facilities for employees who bike or walk to work.

CURRENT STATUS:

Shower and changing facilities with lockers for employees who bike or walk to work were constructed at the Van Ness Campus and Mission Bernal Campus.

NEXT STEPS:

Shower and changing facilities for employees who bike or walk to work should be included in the design of future buildings and facilities.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Outreach, Marketing, and Information

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Reinstate and Expand Annual Transportation Fair	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

The Fair shall include representatives from local and regional transportation agencies, the Bicycle Coalition, 511.org, and carshare companies, and provide information about transit, ridesharing and bicycling.

CURRENT STATUS:

A total of 4 transportation fairs were held at the four campuses in 2019: PAC December 18th, Mission Bernal Nov 22nd, Davies Nov 20th, Van Ness Nov 19th.

NEXT STEPS:

SFMTA will monitor progress on this measure, meeting with CPMC occasionally.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC could invite members of the community to attend and participate in the Fair.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**TDM: Transportation Surveys**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
Transportation Surveys	**Exhibit K § 5; TDMP Page 7-9**

LEAD DEPARTMENT:	SFMTA	**COMPLETION DATE:**		
STAFF CONTACT NAME:	Forrest Chamberlain	**OBLIGATION STATUS:**	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	☑
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	☑
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall conduct an employee transportation survey at all campuses, which will be used to establish a more current baseline commute mode split. CPMC shall achieve a minimum of 30% response rate at each campus. Furthermore, a patient/visitor transportation survey shall be collected from at least 200 patients and visitors at each campus to establish a baseline visitor mode split. The commuter survey shall be conducted annually, and the visitor survey shall be conducted every three years. The survey will be used to establish whether Cathedral Hill campus is meeting mode share goals after occupancy, with $75,000 payment if not met.

CURRENT STATUS:

CPMC conducted annual employee/physician commute survey and have tabulated/summarized results. A total of 4,413 employees completed survey resulting in a 88% return rate.

NEXT STEPS:

CPMC will continue to developer surveys each year as part of the implementation of the enhanced Transportation Demand Management (TDM) Plan.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Vanpool Program

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Vanpool Program	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall reinstate their vanpool program which included a $2,500 subsidy per year. CPMC shall aggressively market the vanpool program to employees via the monthly newsletter, website, and other appropriate channels.

CURRENT STATUS:

CPMC provides vanpool services upon request by employees. Information has been made available at transit fairs held in 2019. Vanpooling was 0.5% in 2019; due to the pandemic-related public health emergency, vanpool services and use were severely restricted in 2020.

NEXT STEPS:

Continue to market and provide personalized vanpooling assistance to all employees interested in sharing the ride. SFMTA will monitor implementation of this measure, and SFMTA and CPMC will meet roughly quarterly to discuss details.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	TDM: Wayfinding & Signage

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Wayfinding and Signage	Exhibit K § 5; TDMP Page 7-9

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall provide on-site signage for patients and visitors identifying the locations of bicycle parking, vehicular parking, and shuttle stops as well as full shuttle schedules with maps in the lobby of each hospital.

CURRENT STATUS:

Signage installed for vehicle parking, shuttle stops, and bicycle parking at all campuses. Shuttle maps and schedules posted in lobbies, and wayfinding signage has been updated with opening of Van Ness facilities in 2019. Wayfinding signage will be further updated as part of the Mission Campus development process.

NEXT STEPS:

Signage and wayfinding information will be integrated into a smart phone app.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The TDM Plan was briefly presented to the SFMTA Citizens Advisory Council on August 7, 2014 as part of a larger outreach effort covering all the transportation commitments in the Development Agreement. CPMC could solicit community input on sign designs and present options and final designs to SFMTA Citizens Advisory Council.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Transportation**

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Cathedral Hill Transit and Safety Improvements	**Exhibit H § 2.b**

LEAD DEPARTMENT:	SFMTA	**COMPLETION DATE:**	8/30/19	
STAFF CONTACT NAME:	Forrest Chamberlain	**OBLIGATION STATUS:**	COMPLETE	✓
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	415-646-2989		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

$1,550,000 to SFMTA for transit and safety improvements as part of the CCHAP Improvements (shown in Schedule A Section 1 of DA) focused on the neighborhoods around the Cathedral Hill Campus.

CURRENT STATUS:

Full funding has been received. Funding was agreed to be spent on transit signal priority (TSP) and related upgrades that improve transit travel times and reliability for MUNI lines serving the Van Ness Campus. TSP has been completed on 1-California, 2-Clement, and the 3-Jackson (vehicles and traffic signal equipment).

Streetscape and signal work on Polk Street has been completed. TSP on Polk Street and the 27-Bryant TSP have been completed.

NEXT STEPS:

None.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

SFMTA invited suggestions from key Supervisors' offices. The proposal was also presented to the SFMTA Citizens Advisory Council on August 7, 2014. Outreach has also been conducted for individual Muni improvement projects.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$1,550,000.00	$1,550,000.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded.

ADDITIONAL FUNDS REQUIRED:

NA

CPMC CITY AGENCY COMPLIANCE REPORT

SUBJECT:	**Transportation**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
California Campus Enforcement and Traffic Safety Measures	**Exhibit H § 2.c**

LEAD DEPARTMENT:	SFMTA	**COMPLETION DATE:**	9/30/20	
STAFF CONTACT NAME:	Forrest Chamberlain	**OBLIGATION STATUS:**	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall make the following payments (the "CCHAP Improvement Funds") to City for the purposes identified below….$3,000,000 to DPW or MTA, as applicable, for Public Improvement Costs for enforcement and traffic safety measures as part of the CCHAP Improvements (shown in Schedule A Section I), around the CPMC Pacific Campus and California Campus.

CURRENT STATUS:

Full funding has been received. The funds are being used as follows for enforcement, and pedestrian and traffic safety:

1. Approximately $1,000,000 for a 2-year Enhanced Parking Enforcement Pilot focused on loading zones and crosswalks within one block of Pacific campus. Completed in April 2017.

2. $80,000 for rectangular rapid flash beacons at California/Commonwealth intersection. Construction completed February 2017 .

3. About $1,920,000 for pedestrian safety improvements around the Pacific Campus at Webster/Clay and Buchanan/Clay intersections (high-injury network). Improvements include bulb-outs, signage, lighting, special paving, continental crosswalk and stop line striping, painted safety zones, and daylighting. Crosswalks, stop lines, and daylighting completed in March 2016; painted safety zones and loading changes installed Summer 2017; detailed design of the mid-term improvements finalized in Winter 2018; remaining improvements including permanent bulbouts have been constructed.

NEXT STEPS:

SFPW to close-out construction.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

SFMTA invited suggestions from key Supervisors' offices. The proposal was presented to the SFMTA Citizens Advisory Council on August 7, 2014. SFMTA and CPMC jointly held a community meeting in Fall 2016 to present preliminary Pacific Campus pedestrian safety improvements; feedback received from neighbors, hospital, and Supervisor's office and project modified accordingly. Subsequently, Pedestrian Safety Improvements were presented at formal Engineer's Public Hearing in Spring 2017 and approved in May 2017 by SFMTA Board of Directors. Outreach will have to be performed to identify improvements with remaining funding not yet allocated.

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**
$3,000,000.00	$3,000,000.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded.

ADDITIONAL FUNDS REQUIRED:

NA

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Public Improvements**

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
St. Luke's Campus Public Improvements Final Design Submission	**Exhibit H § 6.a**

LEAD DEPARTMENT:	SFMTA	**COMPLETION DATE:**	7/31/24	
STAFF CONTACT NAME:	Forrest Chamberlain	**OBLIGATION STATUS:**	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall prepare final design, specifications and construction plans for the STLD Improvements for submittal to City, and City shall have sole authority to review and approve improvement plans for the STLD Improvements consistent with the descriptions in Schedule A.

CURRENT STATUS:

SFMTA has completed the design of 27th/Guerrero traffic signal improvements, legislated in March 2019. CPMC has agreed to fund design/construction costs in substitution of several improvements that could not be completed due to an SFPUC conflict. CPMC has completed a draft design of permanent improvements to Guerrero Plaza and applied for a Major Encroachment Permit. SFMTA, SFPW, SF Planning, and OEWD are currently working to finalize the design, including for adjacent traffic calming/safety improvements that CPMC is not obligated to fund. Valencia/Duncan Pocket Park has been completed by San Francisco Public Utilities Commission as part of Mission Valencia Green Gateway Project. SFMTA has been working in coordination with CPMC and SFPW on a revised design for the segment of Valencia Street fronting the new medical facility.

NEXT STEPS:

City agencies and CPMC to finalize the detailed design and maintenance responsibilities of Guerrero Plaza. SFMTA to initiate construction of the 27th/Guerrero signal in coordination with construction of permanent improvements to Guerrero Plaza. City agencies and CPMC to finalize design and permitting of streetscape improvements on Valencia Street fronting the new medical facility.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The design concepts were reviewed during the public and Board of Supervisors review of the CPMC development project. Outreach for Guerrero Plaza has been led by the SF Planning Department, and additional outreach will be performed to finalize design.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$200,000.00	$70,000.00

CPMC'S FUNDING OBLIGATION REMAINING:

$130,000.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Associated conduits were constructed previously using Prop K funding that SFMTA secured.

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Public Improvements**

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Davies Campus Public Improvements Final Design Submission	**Exhibit H § 6.a**

LEAD DEPARTMENT:	SFMTA	**COMPLETION DATE:**	7/31/24	
STAFF CONTACT NAME:	Forrest Chamberlain	**OBLIGATION STATUS:**	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall prepare final design, specifications and construction plans for the STLD Improvements for submittal to City, and City shall have sole authority to review and approve improvement plans for the STLD Improvements consistent with the descriptions in Schedule A (Noe Street sidewalk widening and streetscape improvements along Noe, Duboce, 14th Street).

CURRENT STATUS:

Design and construction of these improvements is on hold indefinitely as they are required only prior to issuance of a temporary certificate of occupancy for the Neurosciences Building at the Davies campus.

NEXT STEPS:

CPMC will determine whether to pursue construction of the new Neurosciences Building, and if so, will undertake the public improvements final design.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

Community engagement opportunities will be determined as needed in conjunction with the San Francisco Planning Department.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$0.00	$0.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Funding estimates to be finalized.

ADDITIONAL FUNDS REQUIRED:

Funding estimates to be finalized.

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Transportation**

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
BRT Contribution	**§ 4.2.4(e); Exhibit K § 1; Exhibit N**

LEAD DEPARTMENT:	SFMTA	**COMPLETION DATE:**	12/1/21	
STAFF CONTACT NAME:	Forrest Chamberlain	**OBLIGATION STATUS:**	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

SFMTA shall use the BRT contributions for hard and soft costs of planning, administration and construction association with the BRT improvements to be constructed or installed in the Geary/Van Ness public rights of way adjacent to the Cathedral Hill Campus.

CURRENT STATUS:

Funding has been received in full by SFMTA. Portion of funds utilized for design of Van Ness BRT; remaining funds to be utilized for future construction.

NEXT STEPS:

Remaining funds to be used for construction of the Van Ness BRT project. The project is expected to be completed and operating by late 2021.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The Van Ness BRT project has extensive community involvement opportunities, including its own Citizens Advisory Committee.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$5,000,000.00	$5,000,000.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

There is a full funding plan, and SFMTA grants staff have commitments for all needed funding.

ADDITIONAL FUNDS REQUIRED:

There is a full funding plan, and SFMTA grants staff have commitments for all needed funding.

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**Transportation (Bicycle Studies)**

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Bicycle Studies	**§ 4.2.4(e); Exhibit K.4**

LEAD DEPARTMENT:	SFMTA	**COMPLETION DATE:**	6/30/19	
STAFF CONTACT NAME:	Forrest Chamberlain	**OBLIGATION STATUS:**	COMPLETE	✓
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

CPMC shall pay to SFMTA the total sum of $400,000. SFMTA shall use the Bicycle Studies Contribution, in its discretion to:
a. Develop preferred bicycle routes between CPMC's campuses and recommend improvements;
b. Develop design alternatives for improved bicycle facilities on Polk Street;
c. Develop traffic calming and bicycle facility improvement proposals along the 'Wiggle'; and
d. Design traffic calming measures along 26th Street between Valencia Street and Potrero Avenue.

CURRENT STATUS:

Funding has been received in full by SFMTA. Funds have been used to complete five projects to improve bicycle safety and access near (1) Davies for Wiggle Improvements; (2) California Campus for Euclid Avenue Bike Lanes; (3) California campus for Presidio to Arguello sharrows, (4) Mission Bernal for Mission/Valencia Raised Cycletrack, (5) Van Ness for Turk Street Bicycle Improvements. Funds were also used to develop a report on CPMC bicycle routes and recommendations. Construction is complete for Polk Street Safety Improvements.

NEXT STEPS:

All projects have been completed.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

SFMTA invited suggestions from key Supervisors' offices and presented to the SFMTA Citizens Advisory Council prior to project development.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$400,000.00	$400,000.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded.

ADDITIONAL FUNDS REQUIRED:

NA

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Transportation (TDM)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
TDM Implementation	§ 4.2.4(e); Exhibit K

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall implement the Transportation Demand Management Plans dated March 24, 2011, as amended dated April 1, 2013 (each a "TDMP") for each of the St. Luke's, Cathedral Hill, Pacific and Davies Campuses, respectively.

CURRENT STATUS:

THIS OBLIGATION IS COVERED BY A SEPARATE WORKBOOK, WITH NUMEROUS SPREADSHEETS FOR SPECIFIC TDM MEASURES

NEXT STEPS:

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	Transportation (MMRP)

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Transit/Traffic related MMRP Measures	DA § 4.5.2; Exhibit D

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:		
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	☐
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	✓
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

CPMC shall comply with all Mitigation Measures imposed as applicable to each Project component, except for any Mitigation Measures that are expressly identified as the responsibility of a different party or entity. Without limiting the foregoing, CPMC shall be responsible for the completion of all Mitigation Measures identified as the responsibility of CPMC or the "project sponsor."

CURRENT STATUS:

THIS IS COVERED BY A SEPARATE WORKBOOK WITH NUMEROUS SPREADSHEETS FOR THE SPECIFIC MITIGATION MEASURES

NEXT STEPS:

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

ADDITIONAL FUNDS REQUIRED:

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	MMRP: Transportation and Circulation

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mitigation Measure 49 Van Ness/Mission	Exhibit D - MM-TR-29 (Cathedral Hill)

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	10/8/20	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION (Mitigation Measure):

CPMC shall financially compensate the SFMTA for the cost of providing the additional service needed to potentially mitigate the transit delay impacts on the 49-Van Ness Mission resulting from the Cathedral Hill Campus project. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs has been set forth in the Development Agreement between CPMC and SFMTA.

CURRENT STATUS:

SFMTA has received the entire $6.5 million Transit Fee (Development Agreement, Exhibit K, item 3). Entire sum of Transit Fee will be dedicated to the Van Ness Bus Rapid Transit (Muni Routes 47 and 49), which is under construction and expected to begin revenue service by 2020.

NEXT STEPS:

Complete construction of Van Ness BRT project. Expected to be in operation by late 2020.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The SFMTA will report through annual compliance report and its Citizens Advisory Council how funds are being applied, starting in 2016.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$6,500,000.00	$6,500,000.00

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded

ADDITIONAL FUNDS REQUIRED:

None

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	MMRP: Transportation and Circulation

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mitigation Measure - 38/38L Geary	Exhibit D MM-TR-30 (Cathedral Hill)

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	10/8/20	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION (Mitigation Measure):

CPMC shall financially compensate the SFMTA for the cost of providing the additional service needed to potentially mitigate the transit delay impacts on the 38/38L-Geary resulting from the Cathedral Hill Campus project. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs has been set forth in the Development Agreement between CPMC and SFMTA.

CURRENT STATUS:

SFMTA has received the entire $6.5 million Transit Fee (Development Agreement, Exhibit K, item 3). Entire sum of Transit Fee will be dedicated to the Van Ness Bus Rapid Transit (Muni Routes 47 and 49), which is under construction and expected to begin revenue service by 2020.

NEXT STEPS:

Complete construction of Van Ness BRT project.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The SFMTA will report through annual compliance report and its Citizens Advisory Council how funds are being applied, starting in 2016.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$6,500,000.00	$6,500,000.00

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded

ADDITIONAL FUNDS REQUIRED:

None

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	MMRP: Transportation and Circulation

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mitigation Measure - 19 Polk	Exhibit D - MM-TR-31 (Cathedral Hill)

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	10/8/20	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION (Mitigation Measure):

CPMC shall financially compensate the SFMTA for the cost of providing the additional service needed to potentially mitigate the transit delay impacts on the 19-Polk resulting from the Cathedral Hill Campus project. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs has been set forth in the Development Agreement between CPMC and SFMTA.

CURRENT STATUS:

SFMTA has received the entire $6.5 million Transit Fee (Development Agreement, Exhibit K, item 3). Entire sum of Transit Fee will be dedicated to the Van Ness Bus Rapid Transit (Muni Routes 47 and 49), which is under construction and expected to begin revenue service by 2020.

NEXT STEPS:

Complete construction of Van Ness BRT project.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The SFMTA will report through annual compliance report and its Citizens Advisory Council how funds are being applied, starting in 2016.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$6,500,000.00	$6,500,000.00

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded

ADDITIONAL FUNDS REQUIRED:

None

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**MMRP: Transportation and Circulation**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
Mitigation Measure - Construction Transportation Management	**Exhibit D - MM-TR-55 (Cathedral Hill)**

LEAD DEPARTMENT:	SFMTA	**COMPLETION DATE:**	10/8/20	
STAFF CONTACT NAME:	Forrest Chamberlain	**OBLIGATION STATUS:**	COMPLETE	✓
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION (Mitigation Measure):

CPMC shall develop and implement a Construction Transportation Management Plan (TMP) to anticipate and minimize impacts of various construction activities associated with the Proposed Project. The Plan would disseminate appropriate information to contractors and affected agencies with respect to coordinating construction activities to minimize overall disruptions and ensure that overall circulation is maintained to the extent possible, with particular focus on ensuring pedestrian, transit, and bicycle connectivity. The program would supplement and expand, rather than modify or supersede, any manual, regulations, or provisions set forth by Caltrans, SFMTA, DPW, or other City departments and agencies.

CURRENT STATUS:

CPMC submitted the Contractor Transportation and Parking Management Plan on July 3, 2014. The SFMTA reviewed and submitted comments on July 17, 2014. CPMC submitted a revised TMP on July 22, 2014. This was determined to be acceptable by the SFMTA and approved on July 23, 2014, subject to updating.

NEXT STEPS:

CPMC will monitor the contractor in fulfilling this TMP. CPMC will revise the Plan as needed based on construction crew demographics and travel patterns.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

Community engagement not needed. CPMC will provide contact information to neighbors who have concerns about the project's construction impacts.

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**
$0.00	$0.00

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

NA

ADDITIONAL FUNDS REQUIRED:

NA

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	MMRP: Transportation and Circulation

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mitigation Measure - 47 Van Ness	Exhibit D - MM-TR-134 (Cathedral Hill)

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	10/8/20	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION (Mitigation Measure):

CPMC shall financially compensate the SFMTA for the cost of providing the additional service needed to potentially mitigate the transit delay impacts on the 47-Van Ness resulting from the Cathedral Hill Campus project. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs has been set forth in the Development Agreement between CPMC and SFMTA.

CURRENT STATUS:

SFMTA has received the entire $6.5 million Transit Fee (Development Agreement, Exhibit K, item 3). Entire sum of Transit Fee will be dedicated to the Van Ness Bus Rapid Transit (Muni Routes 47 and 49), which is under construction and expected to begin revenue service by 2020.

NEXT STEPS:

Complete construction of Van Ness BRT project.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The SFMTA will report through annual compliance report and its Citizens Advisory Council how funds are being applied, starting in 2016.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$6,500,000.00	$6,500,000.00

CPMC's FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded

ADDITIONAL FUNDS REQUIRED:

None

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	MMRP: Transportation and Circulation

DEVELOPMENT AGREEMENT OBLIGATION:	DEVELOPMENT AGREEMENT SECTION:
Mitigation Measure - 3 Jackson	Exhibit D - MM-TR-137 (Cathedral Hill)

LEAD DEPARTMENT:	SFMTA	COMPLETION DATE:	10/8/20	
STAFF CONTACT NAME:	Forrest Chamberlain	OBLIGATION STATUS:	COMPLETE	✓
STAFF CONTACT TITLE:	Transportation Planner		IN PROGRESS	
EMAIL:	forrest.chamberlain@sfmta.com		IN COMPLIANCE	✓
PHONE:	(415) 646-2989		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION (Mitigation Measure):

CPMC shall financially compensate the SFMTA for the cost of providing the additional service needed to potentially mitigate the transit delay impacts on the 3-Jackson resulting from the Cathedral Hill Campus project. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs has been set forth in the Development Agreement between CPMC and SFMTA.

CURRENT STATUS:

SFMTA has received the entire $6.5 million Transit Fee (Development Agreement, Exhibit K, item 3). Entire sum of Transit Fee will be dedicated to the Van Ness Bus Rapid Transit (Muni Routes 47 and 49), which is under construction and expected to begin revenue service by 2020.

NEXT STEPS:

Complete construction of Van Ness BRT project.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

The SFMTA will report through annual compliance report and its Citizens Advisory Council how funds are being applied, starting in 2016.

CPMC'S FULL FUNDING AMOUNT:	FUNDING RECEIVED FROM CPMC TO DATE:
$6,500,000.00	$6,500,000.00

CPMC'S FUNDING OBLIGATION REMAINING:

$0.00

FULLY OR PARTIALLY FUNDED; IF PARTIALLY, LIST OTHER APPLICABLE SOURCES:

Fully funded

ADDITIONAL FUNDS REQUIRED:

None

OTHER OBLIGATIONS

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**San Jose Ave**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
San Jose Avenue City Project	**§ 3.3**

LEAD DEPARTMENT:	San Francisco Public Works	**COMPLETION DATE:**	1/29/14	
STAFF CONTACT NAME:	Patrick Rivera	**OBLIGATION STATUS:**	COMPLETE	☑
STAFF CONTACT TITLE:	Division Manager, Infrastructure Design & Construction		IN PROGRESS	☐
EMAIL:	patrick.rivera@sfdpw.org		IN COMPLIANCE	☑
PHONE:	(415) 554-8221		NOT IN COMPLIANCE	☐

DESCRIPTION OF OBLIGATION:

Completion of San Jose Avenue City Project. The failure to complete the San Jose Avenue City Project in accordance with the timing set forth in the Schedule and Phasing Plan may entitle CPMC to a period of Excusable Delay in connection with the Hospital Commitment as set forth in Section 10.6.2.

CURRENT STATUS:

Projects 1201J Cesar Chavez Street Sewer Improvement Project and 1068J Cesar Chavez Streetscape Improvements - 101 To Guerrero are complete. The pedestrian enhancements include three dozen bulb-outs that widen the sidewalk at intersections to shorten the crossing distance; widened medians where people can wait safely to cross the street if they can't make it in one traffic-signal cycle; and raised crosswalks at two intersections to increase driver awareness.

Other upgrades include new bike lanes, left-turn pockets for motorists, new and rehabilitated sewers and new paving along the entire stretch to make the ride safer and smoother for all users. Traffic lanes were reduced from three in each direction to two.

In addition, several environmentally smart design elements were incorporated. Among them: storm-water planters and pervious pavement to allow rainwater to percolate through the ground to put less burden on the sewer system; and 302 new street trees and 7,600 plants along the median and the sidewalks. In all, 38,620 sq. ft. of concrete and asphalt were converted to green space. Streetlights along the corridor also were upgraded to LED for energy efficiency.

NEXT STEPS:

None.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC CITY AGENCY COMPLIANCE REPORT	
SUBJECT:	**San Jose Ave Project**

DEVELOPMENT AGREEMENT OBLIGATION:	**DEVELOPMENT AGREEMENT SECTION:**
Vacation and Transfer of San Jose Ave to CPMC	**§ 3.2**

LEAD DEPARTMENT:	Real Estate Division	**COMPLETION DATE:**	10/29/14	
STAFF CONTACT NAME:	John Updike	**OBLIGATION STATUS:**	COMPLETE	✓
STAFF CONTACT TITLE:	Director		IN PROGRESS	
EMAIL:	john.updike@sfgov.org		IN COMPLIANCE	✓
PHONE:	(415) 554-9850		NOT IN COMPLIANCE	

DESCRIPTION OF OBLIGATION:

In connection with the Project, the City shall vacate and abandon all public rights in the Former Street Property..., each in connection with the completion of the San Jose Avenue CPMC Project and the San Jose Avenue City Project. The City shall transfer the Former Street Property to CPMC in accordance with the San Jose Avenue Transfer Agreement...

CURRENT STATUS:

The land transfer has been completed.

NEXT STEPS:

None.

OPPORTUNITIES FOR COMMUNITY ENGAGEMENT:

N/A

CPMC'S FULL FUNDING AMOUNT:	**FUNDING RECEIVED FROM CPMC TO DATE:**
$1,010,000.00	$1,010,000.00
CPMC's FUNDING OBLIGATION REMAINING:	
$0.00	

EXHIBIT A

Coblentz
Patch Duffy
& Bass LLP

One Ferry Building, Suite 200
San Francisco, CA 94111-4213
415 391 4800
coblentzlaw.com

November 19, 2013

John Rahaim
Director of Planning
San Francisco Planning Department
1650 Mission Street
San Francisco, CA 94103

Re: Confirmation of "Effective Date" and "Finally Granted" Date as Defined in the California Pacific Medical Center Development Agreement

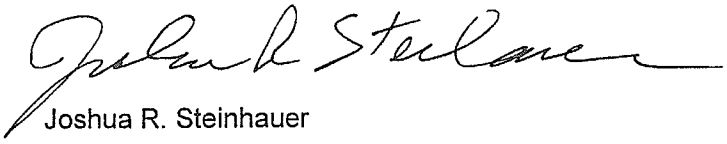
Dear Mr. Rahaim:

We are submitting this letter on behalf of our client, Sutter West Bay Hospitals, doing business as California Pacific Medical Center ("CPMC"), to confirm and memorialize the "Effective Date" and the date upon which the Approvals were "Finally Granted", as those terms are defined in the Development Agreement Relating to the Construction and Reconstruction of Healthcare Facilities in Furtherance of the California Pacific Medical Center Long Range Development Plan by and between the City and County of San Francisco and Sutter West Bay Hospitals dated August 8, 2013, and recorded in the Official Records of the City and County of San Francisco on August 12, 2013, as Instrument No. 2013J728647 (the "DA").

For purposes of the DA, the parties agree that the "Effective Date", as defined in Section 2.1 of the DA, is August 10, 2013, and the date upon which the Approvals were "Finally Granted", as defined in Section 1.55 of the DA, is November 8, 2013.

Please countersign below to confirm the City's concurrence that the "Effective Date" and "Finally Granted" date are the dates stated above.

Very truly yours,



Joshua R. Steinhauer

cc: Ken Rich
Charles Sullivan
Audrey Pearson

05235.020 2634429v6

AGREED AND ACCEPTED:
CITY AND COUNTY OF SAN FRANCISCO

By: _____
John Rahaim

Its: Director of Planning

Dated: 11·22-13

05235.020 2634429v6

EXHIBIT B

Workforce Fund Grant Agreement

This Workforce Fund Grant Agreement ("**Workforce Fund Agreement**") is entered into between Sutter West Bay Hospitals, a California nonprofit public benefit corporation, doing business as California Pacific Medical Center ("**CPMC**") and San Francisco Foundation ("**Grantee**"), and is further agreed to and accepted by the City and County of San Francisco. Capitalized terms have the meaning set forth in paragraph 1 or as otherwise indicated in this Workforce Fund Agreement.

1. Definitions.

(a) Allowable Costs: The costs of Grantee allocable to the Workforce Fund, as set forth in paragraph 9.

(b) City: The City and County of San Francisco, California, a municipal corporation organized and existing under the laws of the State of California.

(c) Committee: The committee of fund advisers described in paragraph 5 of this Workforce Fund Agreement.

(d) Workforce Fund: The amount contributed by CPMC pursuant to paragraph 3.

(e) Workforce Fund Balance: The amount equal to the Workforce Fund adjusted to reflect (i) increases by investment earnings, and (ii) decreases by investment losses, disbursements to recipients pursuant to this Workforce Fund Agreement ("**Disbursements**"), and Allowable Costs.

(f) Development Agreement: That certain Development Agreement Relating to the Construction and Reconstruction of Health Facilities in Furtherance of the California Pacific Medical Center Long Range Development Plan By and Between the City and Sutter West Bay Hospitals dated August 8, 2013.

(g) Workforce Projects: The Workforce Projects as described in the Workforce Agreement, Exhibit E to the Development Agreement.

2. Purpose. The contributions made to Grantee pursuant to this Workforce Fund Agreement shall be used as a designated fund for workforce training purposes and such funds shall be targeted to educational institutions and non-profit organizations with an existing track record of working in the impacted communities (such as Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods) and in providing barrier removal and job training for the employment opportunities created by the Project in accordance with the terms set forth in this Workforce Fund Agreement.

3. Workforce Fund. Subject to the conditions set forth below and provided that the Development Agreement has not previously been terminated, CPMC shall contribute to the Grantee the total amount of Three Million Dollars ($3,000,000) in installments to be held as a

designated fund by Grantee. The Workforce Fund contributions shall be made as follows: Two Million Dollars ($2,000,000) within thirty (30) days of the earlier of the date Approvals are Finally Granted or the date the Cathedral Hill Hospital Commences Construction, both as defined in the Development Agreement, and the remainder on the first anniversary of the first payment, in accordance with Exhibit N (Payment Schedule) to the Development Agreement. Notwithstanding the foregoing, nothing in this Workforce Fund Agreement shall be construed as a binding pledge to Grantee enforceable by Grantee.

4. Investment Instructions. The Workforce Fund and Workforce Fund Balance shall be invested with a five (5) year horizon for Disbursements as described in paragraph 6(b). Grantee shall exercise final control of the investment of the Workforce Fund Balance pursuant to Grantee's investment policy and the provisions of this paragraph 4.

5. Committee of Fund Advisors.

(a) There shall be a committee of Workforce Fund advisors (the "**Committee**"). The Committee shall consist of three members: (i) one representative of OEWD on behalf of the City, (ii) one representative of CPMC, and (iii) one representative of Grantee. The Committee shall have the duties specified in this Workforce Fund Agreement and shall provide advice regarding the Disbursements to be made from the Workforce Fund, including the rate, schedule and allocation of Disbursements and the terms, goals and purposes thereof, without liability of any kind or character to any person on account of such advice. Every effort will be made to reach a consensus on any such advice from the members of the Committee. If a consensus is not reached, the City and CPMC shall, through the Committee, provide a single report to Grantee conveying their views, and Grantee shall have the authority to make final Disbursement decisions after considering such report. Subject to the foregoing right of the Committee to provide advice regarding Disbursements, Grantee shall exercise final control of the Disbursement of the Workforce Fund Balance pursuant to the terms of this Workforce Fund Agreement. Except where in this Workforce Fund Agreement notice is specified to be provided by a specific party, Grantee may rely on a written instruction or notice from City or CPMC, as members of the Committee, and shall have no obligation to investigate whether any such written instruction or notice is agreed to by any other member of the Committee, or is consistent with the obligations of CPMC or the City to any party other than Grantee. All Disbursements must be approved by the Board of Trustees of the San Francisco Foundation.

(b) Each year, no later than ninety (90) days after the close of Grantee's annual accounting period, Grantee shall prepare and provide to each member of the Committee, a written accounting of the Workforce Fund Balance, principal and earnings of the Workforce Fund for the preceding year, and Workforce Fund Disbursements.

(c) Grantee shall maintain records as part of its accounting system to account for all Disbursements, costs and expenses for a period of not less than four (4) years following the date of such Disbursements, costs or other expenditures, and annually make records available to City and CPMC as provided herein and upon request.

6. Annual Disbursements.

(a) Grantee shall annually distribute a portion of the Designated Fund Balance to third-party educational institutions and non-profit recipients and others through a grant application process approved by the Committee, in an amount and for such purposes as are consistent with the purposes of the Workforce Fund as described herein.

(b) The annual grant Disbursements shall be scheduled and allocated in such manner so as to maintain sufficient Workforce Fund Balance so that Disbursements may be provided for five (5) years. The first Disbursements shall be made within one (1) year of the first contribution to the Workforce Fund, as determined by the Committee and Grantee as provided above.

(c) Grantee shall confer with the Committee and obtain Disbursement advice from CPMC and City through the Committee prior to making a Disbursement commitment in accordance with Section 5(a) above. Grantee shall impose restrictions and/or conditions on grant Disbursements as necessary to ensure accountability for use of funds and to monitor effectiveness.

(d) City and CPMC shall have no right to challenge the appropriateness or the amount of any Disbursement provided it is consistent with the procedures and purposes identified herein.

7. Initial Program Goals and Allocation. In implementation of the program purposes described in Section 2 above, the Committee shall consult with third-party subject matter experts, in workforce training delivery, as necessary, to evaluate the feasibility, cost-effectiveness, and sustainability of grant proposals. The program purposes and allocations may be adjusted as determined in accordance with Section 5 above.

8. Termination of This Workforce Fund Agreement.

(a) Termination by Grantee. If at any time Grantee (i) fails to qualify as an organization described in Internal Revenue Code Section 501(c)(3), (ii) ceases to exist, or (iii) determines, in its sole judgment, that any restriction or condition in this Workforce Fund Agreement has become unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community served, then Grantee shall provide notice to CPMC and City and then transfer the entire Workforce Fund Balance within forty-five (45) days to a successor nonprofit charitable trust, fund, foundation or corporation which has established its tax-exempt status under Internal Revenue Code Section 501(c)(3) and that meets with the approval of CPMC and City.

(b) Termination of Development Agreement. CPMC or City shall notify Grantee no later than ten (10) days after any termination of the Development Agreement between CPMC and City prior to the expiration of its Term. In such event, CPMC shall cease to be a member of the advising Committee, and Grantee shall continue to administer the Workforce Fund Balance in accordance with this Agreement.

9. Allowable Costs. The costs of establishing the Workforce Fund, investment expenses, management fees for professional managers and advisors (whether the Workforce Fund Balance is separately managed or co-mingled with an endowment pool containing other funds) plus 7% for overhead costs of Grantee, shall be charged against the Workforce Fund. If co-mingled, the Workforce Fund Balance shall bear not more than its proportionate share of the fees and costs.

10. Notice.

(a) Procedure. All formal notices to a party shall be in writing and given by delivering the same to such party in person or by sending the same by registered or certified mail, or Express Mail, return receipt requested, with postage prepaid, or by overnight courier delivery, to such party's mailing address. The respective mailing addresses of the parties are, until changed as hereinafter provided, the following:

GRANTOR:

Grant Davies
Executive Vice President
California Pacific Medical Center
2351 Clay Street, 7th Floor
San Francisco, CA 94115

with a copy to:

Michael Duncheon
VP & Regional Counsel
West Bay Region Office of the General Counsel
Sutter Health
633 Folsom Street, Seventh Floor
San Francisco, CA 94107

GRANTEE:

San Francisco Foundation
1 Embarcadero Center, Suite 1400
San Francisco, CA 94111
Attention: James W. Head

CITY:

Director
Office of Economic and Workforce Development
Workforce Development Division
One South Van Ness Avenue, Fifth Floor
San Francisco, CA 94102

(b) Notices and communications to members of the Committee shall be given in the manner provided herein at the addresses above, unless otherwise provided by each such member.

(c) Notices and communications with respect to technical matters in the routine performance and administration of this Workforce Fund Agreement shall be given by or to the appropriate representative of a party by such means as may be appropriate to ensure adequate communication of the information, including written confirmation of such communication where necessary or appropriate. All formal notices under this Workforce Fund Agreement shall be deemed given, received, made or communicated on the date personal delivery is effected or, if mailed or sent by courier, on the delivery date or attempted delivery date shown on the return receipt or courier records. Any notice which a party desires to be a formal notice hereunder and binding as such on the other party must be given in writing and served in accordance with this paragraph.

(d) Change of Notice Address. A party or member of the Committee may change its, his or her mailing address at any time by giving formal written notice of such change to the other party (or both parties in the case of a member of the Committee) and each member of the Committee in the manner provided in this paragraph at least ten (10) days prior to the date such change is effected.

11. Obligations of Grantee.

(a) In addition to any other reports or notices required by this Workforce Fund Agreement, and until otherwise notified by CPMC or City that the requirement has or will be satisfied by the accounting provided pursuant to Section 5(b) above, Grantee shall submit to CPMC and City full and complete annual reports on the manner in which the principal and income (if any) arising from the Workforce Fund Balance have been allocated or Disbursed, and such annual reports shall be due no later than ninety (90) days after the close of Grantee's annual accounting period.

(b) Grantee shall maintain records of receipts and expenditures and shall make its books and records relating to this Workforce Fund available to CPMC and City at reasonable times.

(c) Grantee shall not use any portion or proceeds from the Workforce Fund:

(1) to carry on propaganda, or otherwise to attempt to influence legislation (within the meaning of Internal Revenue Code Section 4945(d)(1)),

(2) to influence the outcome of any specific public election of any candidate for public office, or to carry on, directly or indirectly, any voter registration drive (within the meaning of Internal Revenue Code Section 4945(d)(2)),

(3) to make any grant to an individual or to another organization unless such grant shall be specifically described in paragraph 6, 7 or 8 hereof,

(4) to undertake any activity for any purpose other than one specified in Internal Revenue Code Section 170(c)(2)(B).

(d) Grantee shall notify CPMC and City of any organizational changes during the term of the grant, including, but not limited to, any changes in the office of President or CEO and Treasurer or CFO, changes in the Grantee's tax-exempt status, and any event that is a disqualification event described in Section 8(a).

12. Miscellaneous. This Workforce Fund Agreement shall be governed by and construed in accordance with the laws of the State of California applicable to contracts entered into between California residents and wholly to be performed in California. This Workforce Fund Agreement constitutes the entire agreement between the parties and supersedes any prior agreements between the parties. This Workforce Fund Agreement may not be modified, and no provision waived, without the prior written consent of the party against whom enforcement of the amendment or waiver is sought.

13. Time. Time is of the essence of this Workforce Fund Agreement and of each and every term and condition hereof. "Days" shall mean calendar days. In the event that any period of time to perform an obligation or notice period under this Workforce Fund Agreement ends on a Saturday, Sunday or state or national holiday, the applicable time period shall be extended to the next business day.

IN WITNESS WHEREOF, the undersigned have executed this Workforce Fund Agreement on the dates indicated.

CPMC

Sutter West Bay Hospitals,
a California nonprofit public benefit corporation, dba CPMC

By: _____

Its: President

Dated: 10/9/13

GRANTEE

San Francisco Foundation,
a California nonprofit public benefit corporation

By: _____

Its: 10.14.13

Dated: CFO

APPROVED AS TO FORM:

DENNIS J. HERRERA,
City Attorney

By: _____
Deputy City Attorney
City and County of San Francisco

AGREED AND ACCEPTED:

CITY AND COUNTY OF SAN FRANCISCO

By: _____

Its: DIRECTOR OF WORKFORCE DEVELOPMENT

Dated: October 10th, 2013

EXHIBIT C

Innovation Fund Grant Agreement

This Innovation Fund Grant Agreement ("**Innovation Fund Agreement**") is entered into between Sutter West Bay Hospitals, a California nonprofit public benefit corporation, doing business as California Pacific Medical Center ("**CPMC**") and [San Francisco Foundation] ("**Grantee**"), and is further agreed to and accepted by the City and County of San Francisco. Capitalized terms have the meaning set forth in paragraph 1 or as otherwise indicated in this Innovation Fund Agreement.

1. Definitions.

(a) Allowable Costs: The costs of Grantee allocable to the Innovation Fund, as set forth in paragraph 9.

(b) City: The City and County of San Francisco, California, a municipal corporation organized and existing under the laws of the State of California.

(c) Committee: The committee of fund advisers described in paragraph 5 of this Innovation Fund Agreement.

(d) Innovation Fund: The amount contributed by CPMC pursuant to paragraph 3.

(e) Innovation Fund Balance: The amount equal to the Innovation Fund adjusted to reflect (i) increases by investment earnings, and (ii) decreases by investment losses, disbursements to healthcare providers pursuant to this Innovation Fund Agreement ("**Disbursements**"), and Allowable Costs.

(f) Development Agreement: That certain Development Agreement Relating to the Construction and Reconstruction of Health Facilities in Furtherance of the California Pacific Medical Center Long Range Development Plan By and Between the City and Sutter West Bay Hospitals dated August 8, 2013.

(g) Project: The CPMC project as contemplated by the CPMC Long Range Development Plan and as generally described in Exhibits B-1 to B-5 of the Development Agreement.

2. Purpose. The contributions made to Grantee pursuant to this Innovation Fund Agreement shall be used as a designated fund to enhance the performance and improve the sustainability of community based service providers in the City, in accordance with the terms set forth in this Innovation Fund Agreement.

3. Innovation Fund. Subject to the conditions set forth below and provided that the Development Agreement has not previously been terminated, CPMC shall contribute to the

Grantee the total amount of Eight Million Six Hundred Thousand Dollars ($8,600,000) in installments to be held as a designated fund by Grantee. The Innovation Fund contributions shall be made as follows: Two Million Dollars ($2,000,000), within thirty (30) days of the Effective Date, as defined in the Development Agreement, and the remainder in accordance with Exhibit N (Payment Schedule) to the Development Agreement. Notwithstanding the foregoing, nothing in this Innovation Fund Agreement shall be construed as a binding pledge to Grantee enforceable by Grantee.

4. Investment Instructions. The Innovation Fund and Innovation Fund Balance shall be invested with a five (5) year horizon for Disbursements as described in paragraph 6(b). Grantee shall exercise final control of the investment of the Innovation Fund Balance pursuant to Grantee's investment policy and the provisions of this paragraph 4.

5. Committee of Fund Advisors.

(a) There shall be a committee of Innovation Fund advisors (the "**Committee**"). The Committee shall consist of three members: (i) one representative of the City, (ii) one representative of CPMC, and (iii) one representative of Grantee. The Committee shall have the duties specified in this Innovation Fund Agreement and shall provide to the Grantee advice regarding the Disbursements to be made from the Innovation Fund, including the rate, schedule and allocation of Disbursements and the terms, goals and purposes thereof, without liability of any kind or character to any person on account of such advice. Every effort will be made to reach a consensus on any such advice from the members of the Committee and Grantee. If a consensus is not reached, the City and CPMC shall, through the Committee, nevertheless provide a single report to the Grantee conveying the view of each of the Committee members, and Grantee shall have the authority to make final Disbursement decisions after considering such report. Subject to the foregoing right of the Committee to provide advice regarding Disbursements, Grantee shall exercise final control of the Disbursement of the Innovation Fund Balance pursuant to the terms of this Innovation Fund Agreement. Except where in this Innovation Fund Agreement notice is specified to be provided by a specific party, Grantee may rely on a written notice from City or CPMC, as members of the Committee, and shall have no obligation to investigate whether any such written instruction or notice is agreed to by any other member of the Committee, or is consistent with the obligations of CPMC or the City to any party other than Grantee. All Disbursements must be approved by the Board of Trustees of the San Francisco Foundation.

(b) Each year, no later than ninety (90) days after the close of Grantee's annual accounting period, Grantee shall prepare and provide to each member of the Committee, a written accounting of the Innovation Fund Balance, principal and earnings of the Innovation Fund for the preceding year, and Innovation Fund Disbursements.

(c) Grantee shall maintain records as part of its accounting system to account for all Disbursements, costs and expenses for a period of not less than four (4) years following

the date of such Disbursements, costs or other expenditures, and annually make records available to City and CPMC as provided herein and upon request.

6. Annual Disbursements.

(a) Grantee shall annually distribute a portion of the Designated Fund Balance to third-party health care providers/recipients and others through a grant application process approved by the Committee, in an amount and for such purposes as are consistent with the purposes of the Innovation Fund as described herein.

(b) The annual grant Disbursements shall be scheduled and allocated in such manner so as to maintain sufficient Innovation Fund Balance so that Disbursements may be provided for five (5) years. The first Disbursements shall be made within one (1) year of the contribution of the Innovation Fund, as determined by the Committee and Grantee as provided above.

(c) Grantee shall confer with the Committee and obtain Disbursement advice from CPMC and City through the Committee prior to making a Disbursement commitment in accordance with Section 5(a) above. Grantee shall impose restrictions and/or conditions on grant Disbursements as necessary to ensure accountability for use of funds and to monitor effectiveness.

(d) City and CPMC shall have no right to challenge the appropriateness or the amount of any Disbursement provided it is consistent with the procedures and purposes identified herein.

7. Initial Program Goals and Allocation. The initial program goals and Innovation Fund allocation guidelines for Disbursements are as follows:

(a) Support and improve the capacity of community clinics to increase their participation in managed Medi-Cal programs, including, but not exclusive to, the creation of a new MSO or expansion of current MSOs, development of care management capabilities, implementation and integration of evidence-based chronic disease management and team-based care models, investment in electronic medical records, participation in the San Francisco Health Information Exchange and developing organizational partnerships between CPMC and existing community clinics, and support for provision of specialty medical services;

(b) Support community-based health, human service and behavioral health service providers, with a specific focus on Tenderloin, Mission, Western Addition, South of Market, Bayview and Chinatown neighborhoods, including providers of community-based alternatives to inpatient psychiatric care that allows patients to receive services in the most appropriate and least restrictive setting and reduce unnecessary hospitalizations.

In implementation of the program goals related to MSOs, the Committee will consult with third-party subject matter experts, in health care delivery in a managed care environment, as necessary, to evaluate the feasibility, cost-effectiveness, and sustainability of grant proposals; and

These initial program goals and allocation guidelines are subject to change as determined in accordance with Section 5 above.

8. Termination of This Innovation Fund Agreement.

(a) Termination by Grantee. If at any time Grantee (i) fails to qualify as an organization described in Internal Revenue Code Section 501(c)(3), (ii) ceases to exist, or (iii) determines, in its sole judgment, that any restriction or condition in this Innovation Fund Agreement has become unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community served, then Grantee shall provide notice to CPMC and City and then transfer the entire Innovation Fund Balance within forty-five (45) days to a successor nonprofit charitable trust, fund, foundation or corporation which has established its tax-exempt status under Internal Revenue Code Section 501(c)(3) and that meets with the approval of CPMC and City.

(b) Termination of Development Agreement. CPMC or City shall notify Grantee no later than ten (10) days after any termination of the Development Agreement between CPMC and City prior to the expiration of its Term. In such event, CPMC shall cease to be a member of the advising Committee, and Grantee shall continue to administer the Innovation Fund Balance in accordance with this Agreement.

9. Allowable Costs. The costs of establishing the Innovation Fund, investment expenses, management fees for professional managers and advisors (whether the Innovation Fund Balance is separately managed or co-mingled with an endowment pool containing other funds) plus 7% for overhead costs of Grantee, shall be charged against the Innovation Fund. If co-mingled, the Innovation Fund Balance shall bear not more than its proportionate share of the fees and costs.

10. Notice.

(a) Procedure. All formal notices to a party shall be in writing and given by delivering the same to such party in person or by sending the same by registered or certified mail, or Express Mail, return receipt requested, with postage prepaid, or by overnight courier delivery, to such party's mailing address. The respective mailing addresses of the parties are, until changed as hereinafter provided, the following:

GRANTOR:

Grant Davies
Executive Vice President
California Pacific Medical Center
2351 Clay Street, 7th Floor
San Francisco, CA 94115

with a copy to:

Michael Duncheon
VP & Regional Counsel
West Bay Region Office of the General Counsel
Sutter Health
633 Folsom Street, Seventh Floor
San Francisco, CA 94107

GRANTEE:

San Francisco Foundation
1 Embarcadero Center, Suite 1400
San Francisco, CA 94111
Attention: James W. Head

CITY:

DPH Director
101 Grove Street
San Francisco, CA 94102-4593

(b) Notices and communications to members of the Committee shall be given in the manner provided herein at the addresses above, unless otherwise provided by each such member.

(c) Notices and communications with respect to technical matters in the routine performance and administration of this Innovation Fund Agreement shall be given by or to the appropriate representative of a party by such means as may be appropriate to ensure adequate communication of the information, including written confirmation of such communication where necessary or appropriate. All formal notices under this Innovation Fund Agreement shall be deemed given, received, made or communicated on the date personal delivery is effected or, if mailed or sent by courier, on the delivery date or attempted delivery date shown on the return receipt or courier records. Any notice which a party desires to be a

formal notice hereunder and binding as such on the other party must be given in writing and served in accordance with this paragraph.

(d) Change of Notice Address. A party or member of the Committee may change its, his or her mailing address at any time by giving formal written notice of such change to the other party (or both parties in the case of a member of the Committee) and each member of the Committee in the manner provided in this paragraph at least ten (10) days prior to the date such change is effected.

11. Obligations of Grantee.

(a) In addition to any other reports or notices required by this Innovation Fund Agreement, and until otherwise notified by CPMC or City that the requirement has or will be satisfied by the accounting provided pursuant to Section 5(b) above, Grantee shall submit to CPMC and City full and complete annual reports on the manner in which the principal and income (if any) arising from the Innovation Fund Balance have been allocated or Disbursed, and such annual reports shall be due no later than ninety (90) days after the close of Grantee's annual accounting period.

(b) Grantee shall maintain records of receipts and expenditures and shall make its books and records relating to this Innovation Fund available to CPMC and City at reasonable times.

(c) Grantee shall not use any portion or proceeds from the Innovation Fund:

(1) to carry on propaganda, or otherwise to attempt to influence legislation (within the meaning of Internal Revenue Code Section 4945(d)(1)),

(2) to influence the outcome of any specific public election of any candidate for public office, or to carry on, directly or indirectly, any voter registration drive (within the meaning of Internal Revenue Code Section 4945(d)(2)),

(3) to make any grant to an individual or to another organization unless such grant shall be specifically described in paragraph 6, 7 or 8 hereof,

(4) to undertake any activity for any purpose other than one specified in Internal Revenue Code Section 170(c)(2)(B).

(d) Grantee shall notify CPMC and City of any organizational changes during the term of the grant, including, but not limited to, any changes in the office of President or CEO and Treasurer or CFO, changes in the Grantee's tax-exempt status, and any event that is a disqualification event described in Section 8(a).

12. Miscellaneous. This Innovation Fund Agreement shall be governed by and construed in accordance with the laws of the State of California applicable to contracts entered into between California residents and wholly to be performed in California. This Innovation Fund Agreement constitutes the entire agreement between the parties and supersedes any prior agreements between the parties. This Innovation Fund Agreement may not be modified, and no provision waived, without the prior written consent of the party against whom enforcement of the amendment or waiver is sought.

13. Time. Time is of the essence of this Innovation Fund Agreement and of each and every term and condition hereof. "Days" shall mean calendar days. In the event that any period of time to perform an obligation or notice period under this Innovation Fund Agreement ends on a Saturday, Sunday or state or national holiday, the applicable time period shall be extended to the next business day.

IN WITNESS WHEREOF, the undersigned have executed this Innovation Fund Agreement on the dates indicated.

CPMC

Sutter West Bay Hospitals,
a California nonprofit public benefit corporation, dba CPMC

By: _____

Its: President

Dated: August 7, 2013

APPROVED AS TO FORM:

DENNIS J. HERRERA,
City Attorney

By: _____
Deputy City Attorney
City and County of San Francisco

GRANTEE

San Francisco Foundation,
a California nonprofit public benefit corporation

By: _____

Its: CFO

Dated: 8/30/13

AGREED AND ACCEPTED:

CITY AND COUNTY OF SAN FRANCISCO

By: _____

Its: Director of Public Health

Dated: 8/8/13

EXHIBIT D

Section 10: Culturally and Linguistically Appropriate Services

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).

CLAS Standards

Principal Standard:		Reference	Internal Monitoring/Metric(s)
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.	Multilingual health literacy sensitive patient educational materials made available in print and online. Our CME courses include the cultural and linguistic issues as appropriate.	Guideline: address culturally competent care	Regular audits of all patient education materials for consistency, currency and appropriate language translations. Corrections made as needed. Each CME offering has documentation of cultural and linguistic component.
Governance, Leadership and Workforce:			
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	Senior leadership roles support and promote CLAS through policies, practices and allocated resources.	Guideline: address culturally competent care	Administrative polices are updated/reviewed every three years and monitored by the Policy & Procedure Committee.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	CPMC is actively engaged in promoting workforce recruitment of population in the service area. Employees are required to participate in online education to remain responsive to our patient as well as service area population.	Guideline: address culturally competent care	1. Language capacity of staff and voluntary equal employment opportunity metrics collected and tracked through HR system. 2. CPMC engages in affirmative action planning and metrics are tracked annually. 3. HR works with specific departments to recruit and hire staff based on the cultural and linguistic needs of patients. Relevant data is pulled and analyzed from HR and patient care systems to inform these efforts.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	Sutter Health maintains online resources and communications on cultural & linguistic competency. 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. Additionally, CPMC Certified Interpreters will, on request, provide education/information on cultural beliefs and practices to further personalized care.	Title VI; mandated for agencies that receive federal funding	Completion of annual mandatory training for all employees is tracked and reported to managers; percentage of completed trainings are monitored.
Communication and Language Assistance:			
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.	The Medical Center provides 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.	Title VI; mandated for agencies that receive federal funding	1.Number of activities on interpreting by language groups & interpreting modalities (in person, telephonic, remote video). 2. LEP census by campus. 3. Accuracy of LEP needs in the Sutter Electronic Health Record. 4. Daily activities of on-site language interpreters taking non pre-scheduled requests
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	Individuals are informed regarding availability of language assistance services in their preferred language verbally as needed and in print. Print notices include those with our top 4 common languages(Chinese, Spanish, Russian & Tagalog), and Language Identifications instructions are in 20 common languages.	Title VI; mandated for agencies that receive federal funding	Regular review to ensure multi-language signage at key points throughout all campuses notifying patients of the availability of language assistance services.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	Individuals providing language assistance include Certified Medical Interpreters & Qualified Bilingual Staff. CPMC's Interpreter Services Department has programs that evaluate and ensure the language competency of our bilingual staff. 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. Use of minors, family members and untrained individuals are avoided.	Title VI; mandated for agencies that receive federal funding	1. Current information about Qualified Bilingual Staff (certified at Medical/Basic level by external independent agency) maintained and publicized on institutional intranet. 2. Quality assurance program in place to ensure competency of vendor in person interpreters. 3. Certified staff interpreters activities, efficiency and competency monitored regularly
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	Signage provided in our common languages: Chinese, Spanish, Russian and Tagalog (at St Luke's)	Guideline	1. Staff interpreters round and audit the accuracy and adequacy of multi-lingual signs. 2. Multi-lingual Patient Satisfaction Surveys. 3. Multi-lingual essential communications.

Principal Standard:		Reference	Internal Monitoring/Metric(s)
Engagement, Continuous Improvement, and Accountability:		Guideline	
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 and operations.	Guideline	Administrative polices are updated/reviewed every three years and monitored by the Policy & Procedure Committee.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	Appropriate department level evaluations and patient surveys of CLAS related activities/measures are performed.	Guideline	Patient Satisfaction surveys are provided in preferred languages. Results of appropriate department level assessments reported to Senior Management.
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.	Sutter EHR system collects/records demographic data and language needs of patients and department level assessments done as needed and care provided appropriately.	Guideline	Sutter Electronic Health Record generated LEP Census Reports made available by campus to all appropriate departments for assessment.
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.	CPMC conducts a tri-annual community health needs assessment in partnership with community based organizations, San Francisco Hospitals and the San Francisco Department of Public Heath. CPMC works with SFHIP and through an annual implementation plan to respond to needs identified in the assessment. Additionally 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.	Guideline	The tri-annual community health needs assessment and annual implementation plans are submitted to the IRS and OSHPD and published on the CPMC public website. CPMC participates in SFHIP on an ongoing basis through the Steering Committee. Sutter Electronic Health Record generated LEP Census Reports made available by campus to all appropriate departments for assessment.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	CPMC conducts a tri-annual community health needs assessment in partnership with community based organizations, San Francisco Hospitals and the San Francisco Department of Public Heath. CPMC works with SFHIP and through an annual implementation plan to respond to needs identified in the assessment.	Guideline	The tri-annual community health needs assessment and annual implementation plans are submitted to the IRS and OSHPD and published on the CPMC public website. CPMC participates in SFHIP on an ongoing basis through the Steering Committee.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	CPMC's Patient & Customer Relations Department has processes to handle complaints & grievances of all nature with commitment to service excellence and quality personalized care.	Recommendation	Cultural/diversity complaints tracked as an Event Type in our Online Occurrence Report system. All complaints and grievances are investigated. In compliance with CMS, grievances are acknowledge within 7 days and final response given within 30 days.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.	Communicated through website, staff meeting and city-wide partnerships.	Recommendation	Communications works with Senior Management to broadcast updates through internal and external channels.

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June 30, 2020

By electronic submission to elizabeth.purl@sfgov.org
Elizabeth Purl, Development Performance Coordinator
San Francisco Planning Department
1650 Mission Street, Suite 400
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Re: Comments of San Franciscans for Healthcare, Housing, Jobs & Justice (SFHHJJ) on CPMC's 2019 Compliance Statement

Dear Ms. Purl:

SFHHJJ is a community-labor coalition that has worked to ensure that Sutter Health/CPMC's reconfiguration of its San Francisco campuses serves the interests of patients, workers, neighboring communities, and the City as a whole. Although not a party to the Development Agreement (DA) signed by the City and CPMC, SFHHJJ played a key role in shaping its outline and garnering support on the Board of Supervisors for the community benefits package incorporated in it. SFHHJJ has closely monitored the City's and CPMC's implementation of the DA and has submitted written comments and public testimony throughout the compliance review process in all of the past six annual review cycles.

Over the past six cycles, SFHHJJ has urged the City to conduct this annual compliance review process as more than a formalistic, yes/no box-checking exercise. The process can and should be used to develop the information necessary to enable a public dialogue on progress and remaining impediments to meeting the full promise and spirit of the DA, particularly CPMC's pivotal role in addressing San Francisco healthcare needs. The devastating effects of the Covid-19 pandemic, which have been borne disproportionately by lower income and minority communities, underscore even more the need for a holistic assessment of CPMC's performance. Although it is too late to remedy the past, it is still timely to seek to affect CPMC's conduct now and in the near future.

Tracking Unduplicated Medi-Cal and Charity Care Patients Continues to be an Insufficient and Weak Measure for Determining CPMC's Performance in Meeting the Needs of Lower Income San Franciscans.

SFHHJJ's comments on CPMC's 2018 Compliance Statement emphasized a number of structural defects in the DA review process. The most troubling is the inadequacy of relying exclusively on unduplicated Medi-Cal and charity care patients as a measure for the extent to which CPMC serves Medi-Cal beneficiaries, specifically, and lower-income San Franciscans overall. Each year SFHHJJ has pointed out that the Deloitte accounting firm's use of a randomized 25-case sample is entirely too small to be reliable or valid to confirm statistically the figures provided by CPMC. For 2019, CPMC claims to have served 35,456 unduplicated patients, which is almost 3,600 fewer patients than in 2018. The 2019 claimed number has yet to be reviewed by Deloitte because of a performance extension granted in light of San Francisco's Shelter at Home order.

While Deloitte's confirmation test is grossly flawed, the main problem is that focusing only on unduplicated patients ignores the types and costs of services provided, which are better measures for determining the extensiveness of CPMC's services. Counting patients includes those who receive very brief attention, such as a routine lab test, as well as those hospitalized or receiving long-term treatment. It is the level of care received by patients that best indicates the commitments of hospitals to serving poorer individuals and families.

The most alarming data regarding a decline in CPMC meeting the needs of lower income San Franciscans comes from findings in the 2017 *S.F. Hospitals Charity Care Report*, still the latest edition of the report publicly available. This report reveals that among all S.F hospitals CPMC alone reported decreases in both traditional charity care costs and Medi-Cal shortfall amounts when comparing 2013, the year the DA was signed, and 2017, several years into the implementation of the Affordable Care Act (ACA). For all other hospitals, the relationships were inverse: Charity care costs went down because more individuals became eligible under the ACA for expanded Medi-Cal coverage, and as a result Medi-Cal shortfall amounts went up, two to three times for some hospitals.[1] Along with a two-third decrease in charity care costs in 2017 compared to 2013, CPMC reported for its Pacific, California and Davies campuses a combined Medi-Cal shortfall of $63.5 million in 2013 and $62.8 million in 2017 and for its St. Luke's campus a drop almost in half from $26.0 million in 2013 to $13.4 million in 2017.[2] The anomalous, dual, downward trends in CPMC's charity care and Medi-Cal shortfall amounts are highly suggestive that CPMC has been on a course of providing less overall services to lower income San Franciscans than it did in 2013. CPMC's technical compliance with a narrowly drawn DA standard should not be a shield from further inquiry into whether it is, in fact, living up to its DA promises to do more not less in meeting the healthcare needs of Medi-Cal and other lower income San Franciscans.

The San Francisco Foundation Report Is a Model for What the City Should Receive from CPMC in Reporting Its Service Performance Obligations under the Development Agreement.

In Exhibit E to Attachment 1 of the CPMC Compliance Statement, the San Francisco Foundation in a 22-page report specifically describes the allocations and outcomes of the grants made from the $8.6 million Community Health Innovation Fund and the $3.0 million Workforce

[1] May 2019 draft of *San Francisco Hospitals Charity Care Report 2017*, Figures 18-20, at pp. 22-24.
[2] *Id*.

Development Fund. Under the DA, the San Francisco Foundation is responsible for the administration of the funds. Its report comprehensively lists first the grants made each year and then brief but incisive assessments of the services provided by individual grant recipients in compliance with the terms of their respective awards. The report candidly includes information about a few organizational recipients whose performances were not satisfactory and were not funded for a subsequent year.

In 2019, the Foundation made final distributions from the Workforce Development Fund. The remaining balance in the Community Health Innovation Fund is $840,000. The funds have been successfully utilized by nonprofit organizations to meet healthcare and job development needs of lower income San Franciscans.

By contrast, when addressing in the Compliance Statement its own performance of services, CPMC provides in several instances no factual or detailed information, some responses that are totally lacking in candor, and in others partial and incomplete accounts. With respect to service obligations under the DA, CPMC continually avoids analyzing the effectiveness of the described activities and actions in meeting patient needs and public interest concerns.

CPMC's Compliance Statements regarding Its Charity Care and CLA S Programs either Are Devoid of Factual Information or Lack Specific Factual Support.

CPMC uses a two-page table to summarize its compliance with healthcare provisions of the DA. In a listing regarding transition to the ACA, a commitment column states: "Ensure Charity Care policies comply with California law and do not deny Charity Care patients access to inpatient services." The compliance statement column states: "CPMC maintained Charity Care policies that comply with California and ensured access to Charity Care patients to inpatient services." The supporting documentation column cites only "2019 Charity Care Policy," which is as described nothing but its written policy with application and other forms. The policy became effective on January 1, 2016, and was due to be revised in 2019, though there is no indication it has been revised. CPMC provides no factual information nor data regarding its implementation of the policy and its usage by patients. It simply asserts that access has been ensured.

CPMC adopts a formalistic approach in its compliance statement regarding the availability of Culturally and Linguistically Appropriate Services (CLAS). The DA provision to provide such services is mandatory. CPMC's supporting documentation is a 2018 CLAS Report, which matches national CLAS Standards with three columns of self-described goals, processes, reviews, surveys, and materials. The listings are long, but they lack references to specific and accessible documentation addressing the effectiveness of the methods undertaken. To facilitate a realistic assessment of its efforts, CPMC in separate supplemental filings should have provided relevant patient and services data as well as illustrative examples.

With the August 2018 opening of the Mission Bernal Campus and the March 2019 opening of the Van Ness Campus, CPMC cannot be allowed to skirt its responsibilities under the DA to provide a thorough and comprehensive assessment of the actual cultural and linguistic appropriateness of its new hospital campuses for all San Franciscans. For example, how much has CPMC spent on staffing of CLAS activities and for what kinds of positions in which units,

and what do surveys say about the comfort level of patients from diverse backgrounds who receive services at CPMC campuses? A compilation of various approaches for meeting CLAS standards put together before the openings of CPMC's new campuses is not responsive to the experiences of most CPMC patients during 2019. Moreover, the most important determinations concern CPMC's effectiveness or ineffectiveness in meeting the purposes of the CLAS standards, for which empirical evidence is necessary and which is not to be found in CPMC's 2019 Compliance Statement.

Previously, SFHHJJ had raised in its comments on CPMC's compliance statements issues concerning the availability and accessibility of bilingual services in the diabetes clinic at St. Luke's Hospital, none of which ever satisfactorily acknowledged or resolved. In 2015, CPMC conducted a partial CLAS Assessment that it submitted to the Department of Public Health. A rigorous factual assessment focused on the patient and services impacts of CPMC's CLAS approaches needs to be part of each year's DA compliance statement.

In Its Compliance Statement, CPMC Sidesteps Its Responsibilities for Meeting the Healthcare Needs of Tenderloin Residents and Addressing the Crisis in the Availability of Sub-Acute Care in San Francisco.

A major objective of the Development Agreement is to increase the availability and accessibility of CPMC's hospital and other healthcare services for Tenderloin residents. The requirement is to provide such services to at least 1,500 new Medi-Cal enrollees residing in the Tenderloin. Everyone anticipated that meeting this objective would not be easy, mainly because there was not a primary care clinic in the Tenderloin that qualified as a Medical Services Organization (MSO), which is a Medi-Cal managed care requirement. Other concerns were the distance of the old CPMC campuses to the Tenderloin and the appropriate cultural and linguistic receptivity of those campuses for the diverse low-income Tenderloin population.

The opening of the Van Ness Campus in March 2019 remedied any concern about proximity and provided new opportunities for CPMC to show the effectiveness of its CLAS policies. Yet, CPMC fails to present in the Compliance Statement any information about the extent to which the Van Ness Campus has provided services to Tenderloin residents, what measures it has taken to outreach to Tenderloin residents regarding the availability of services at the Van Ness Campus, and what specific design and operational decisions were made to further the development of the Van Ness Campus as a hospitable facility for a culturally and linguistically diverse population and how effective were those actions.

As is past compliance statements, CPMC does mention its working with St. Anthony's Medical Clinic in the Tenderloin, in particular, in facilitating a relationship between North East Medical Services (NEMS) as an MSO and St. Anthony's. CPMC also notes that it "is the hospital partner for one of St. Anthony's participating medical groups and will work with them to grow enrollment to 1,500 members." But, CPMC discloses nothing about how it is working with St. Anthony's to grow enrollment.

Furthermore, also following its past compliance statement practices, CPMC provides no data about the number of Tenderloin residents newly enrolled and receiving services from CPMC on

referral from St. Anthony's or any other Tenderloin-serving medical clinic. In past years, it has been the City in its review of CPMC's compliance with the DA that has provided such data. The data is highly disappointing. The City found that in May 2019, St. Anthony's had 174 members (2 Healthy Kids and 172 in Medi-Cal) enrolled in the NEMS/CPMC partnership.[3] This total number is two less than the number enrolled in May 2018.

For the last several years, CPMC merely repeats the same few sentences it used the year before to describe its performance of Tenderloin-targeted obligations. It is not forthcoming in preparing its annual compliance statements. Much more devastatingly, CPMC is not constructively engaged in providing the kind of financial, technical, and organizational support St. Anthony's or any other Tenderloin primary care clinic needs to be fully functional at a level capable of serving 1,500 Tenderloin residents.

CPMC now has a state-of-the-art hospital next to the Tenderloin. Yet it continues to shirk its promises and responsibilities to Tenderloin residents and San Franciscans generally. The commitment to serve 1,500 new Tenderloin Medi-Cal enrollees ends in three years and is in danger of becoming an empty promise. It was meant to be an ongoing responsibility. CPMC or another Sutter Health entity needs to step up and become an active and generous partner in the provision of primary care services in the Tenderloin. Similar expansions in Sutter Health services now exist in other City neighborhoods. The City must stop giving CPMC an unwarranted DA pass for its narrow, passive, and insufficient approach to meeting the healthcare needs of Tenderloin residents.

CPMC has been similarly negligent in meeting the needs of San Francisco residents for sub-acute care. Except for a single passage that CPMC work with DPH and other San Francisco hospitals on a report regarding good faith efforts to provide sub-acute care in San Francisco, the DA is silent on CPMC's responsibilities in this critical service area. CPMC initially, and at times afterwards, speciously argued that the DA absolved it from any obligation to provide sub-acute care services in San Francisco. Neither San Francisco public health officials nor members of the Board of Supervisors have accepted CPMC's preposterous argument and, throughout the DA monitoring period, have attempted to prevent CPMC from closing the last remaining hospital-based sub-acute care unit in San Francisco and to have CPMC engage instead in seriously planning for providing its fair share of San Francisco sub-acute services. CPMC's response has been a half-hearted measure to provide sub-acute care services at the Davies Campus for a declining number of existing CPMC patients until they die or otherwise leave, and to refuse to commit to or plan for the ongoing provision of such services at one or more of its campuses.

In 2019, several members of the Board of Supervisors made unannounced visits to the Davies sub-acute care unit and witnessed firsthand the inadequate staffing and lack of timely responses from staff to patient needs. At this time, there are 8 remaining patients in the Davies sub-acute care unit. Once sub-acute care beds are no longer occupied, CPMC allows the state licensing for maintaining those beds to lapse. CPMC makes no mention of these facts in its Compliance Statement which, unsurprisingly, totally avoids acknowledging the extent of its responsibility for the crisis in the availability of sub-acute care services in San Francisco.

[3] Annual City Report on CPMC LRDP Development Agreement (Sept. 9, 2019), at p. 35.

For most of the period since the signing of the Development Agreement, San Francisco residents needing long-term sub-acute care have had to rely on facilities in other counties, sometimes as far away as Los Angele, at great psychological cost for them and their families and friends as well as increased financial costs for their visitors. The tolls are also felt in the ability of family and friends to monitor sub-acute care treatment of loved ones and in the adverse impact on the quality of life of sub-acute care patients when visits from friends and family are infrequent.

The soon pending total demise of sub-acute care services in San Francisco needs to be reversed immediately and requires a major collective effort from San Francisco hospitals and governmental bodies. So far, CPMC has been a reluctant, minimal participant at best. Its refusal to provide permanent sub-acute services is a major part of the problem. The City in its annual DA report must not let CPMC escape and evade its responsibilities.

CPMC's Compliance Statement Presents Partial or Incomplete Information about Hiring Practices, Transportation Planning, and Healthcare Services System Impacts.

In 2019, CPMC improved its coordination with the Office of Economic and Workforce Development (OEWD) in utilizing the First Source (FS) entry level hiring program. The results were that 58 of the 102 entry level employees hired by CPMC in 2019 and 23 of the 46 total hires in the first three months of 2020 came through the FS program, which means that they were San Francisco residents. These numbers exceeded the 40% goal specified in the DA. CPMC further reported that 69% of the 2019 FS hires and 74% of the 2020 FS hires were from DA priority lower income neighborhoods. As in the past, CPMC offers no explanation of why its overall entry level hiring is much less than projections at the time of the DA's adoption and fails to provide any information regarding the retention rate of new hires.

In addition, CPMC ignores addressing the impact of the Covid-19 pandemic and the ensuing economic crisis on projections regarding available jobs. Instead, it submits as an exhibit a report prepared by OEWD and dated August 7, 2019, on CPMC positions currently filled, currently available, and projected to become available over the next 12 months. Such employment force projections should have been updated by CPMC before submitting its compliance statement. Further, CPMC did not even bother to qualify or delete its reference in the entry level hiring summary to a very low unemployment rate as a continuing major challenge to its hiring efforts. Although these points are relatively minor, they underscore the cavalier approach adopted by CPMC in meeting its DA obligations.

With the opening of CPMC's two new campuses, construction hiring information is now only historically relevant. In that regard, it is important to note that in 2019 as for the past few years, CPMC fell short in meeting its goals for total hours worked by San Francisco residents (24% overall rather than 30%) and entry level positions for union apprentice candidates (30% rather than 50%). For this reporting cycle, CPMC hides behind the DA's weak good faith standard to support its claim that it is in compliance with DA provisions.

The thrust of CPMC's response regarding the DA's emphasis on encouraging the use of public transportation and discouraging the use of single occupancy vehicles is to report on findings

from two 2019 surveys, one conducted of employee/physician commuters and the other of patient/visitors.

The employee/physician survey indicates little change in modes of transportation from the 2018 survey. Fifty-four percent of employees and physicians drive alone to and from work. A difference is that now close to 50 percent work at the Van Ness Campus. There also have been declines in the number of personnel residing in San Francisco and East Bay counties and increases in the number residing in South Bay and outlying areas. In 2019, 43 percent of CPMC staff lived in San Francisco. Although a DA requirement, the CPMC report contains no information regarding the use of Clipper Cards as subsidized by CPMC as a method of encouraging increased reliance on public transportation.

The previous patient/visitor survey was conducted in 2016. The key comparative findings with the 2019 survey are that use of ride-hailing services has gone up by 3.5 percent, driving alone has decreased by 4 percent, and use of public transportation has gone down by 1 percent. On an issue of note not covered by the survey, CPMC nowhere addresses the usage of the large parking garages on the Van Ness Campus by nighttime neighborhood restaurant and entertainment patrons and the impacts of this new parking option on the surrounding streets and on modes of transportation other than private vehicles used to visit neighboring nighttime destinations.

To limit health insurance rate increases for San Francisco government employees as part of the City Health Services System, the DA capped the rate of annual increases CPMC can impose on employee benefit plans providing such insurance coverage. CPMC represents that the rates of increases for 2019 were at or below the Medical Rate of Inflation plus 1.5% as compared to 2018. CPMC did not append an independent actuary report verifying its representation. It did note that it did provide at the City's request independent actuary verification for the period between 2015 and 2017. It is incumbent that the City request a similar report for 2018 and 2019. The City's expenditures on employee benefits are huge.

Time and again CPMC has shown that it is neither forthcoming nor candid in its compliance statements. The City must be ever vigilant and seek further explanations and obtain, whenever appropriate, independent verification of CPMC's representations.

Conclusion

With the Covid-19 pandemic, an economic crisis of unusual magnitude, and widespread re-awakened and new awareness of the vast inequality and the depth of institutional racism within American society, all public and private decisions are now much more complicated and challenging than they were a year ago. Public health and the accessibility of healthcare services are especially central during these extraordinary times. The top managers of CPMC and Sutter Health have not been trustworthy players in meeting the healthcare needs of lower income San Franciscans. Their attention is too much on the financial bottom line. The next year is going to be especially trying for hospitals, operationally and financially. If CPMC adheres to its prior behavior under the DA, it will try to cut back further on the services provided lower income San Franciscans, particularly Medi-Cal beneficiaries. Now is the time for the City to invigorate its oversight of CPMC and certainly not to be maneuvered or lulled into lessening it.

Respectfully submitted on behalf of SFHHJJ,

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July 1, 2021

By electronic submission to elizabeth.purl@sfgov.org
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Re: Comments of San Franciscans for Healthcare, Housing, Jobs & Justice (SFHHJJ) on CPMC's 2020 Compliance Statement

Dear Ms. Purl:

SFHHJJ is a community-labor coalition that has worked to ensure that Sutter Health/CPMC's reconfiguration of its San Francisco campuses serves the interests of patients, workers, neighboring communities, and the City as a whole. Although not a party to the Development Agreement (DA) signed by the City and CPMC, SFHHJJ played a key role in shaping its outline and garnering support on the Board of Supervisors for various mandated community benefits provisions. SFHHJJ has closely monitored the City's and CPMC's implementation of the DA and has participated in the compliance review process during all the past seven annual review cycles.

With respect to the 2019 Compliance Statement review process, the City has yet to produce its Annual City Report, has not scheduled a joint hearing before the Health and Planning Commissions, has not issued a Certificate of Compliance, and has not disseminated the Third-Party Monitoring Letter. The issues raised in SFHHJJ's Comment Letter dated June 30, 2020, an electronic copy of which is included with this submission, have remained unaddressed and are still distressingly pertinent. In addition to the comments noted below, SFHHJJ references and incorporates last year's comments as part of this Comment Letter.

CPMC Failed in 2020 to Meet the DA Mandated Medi-Cal and Charity Care Unduplicated Patients Baseline Commitment

CPMC represents that it served 28,900 unduplicated Medi-Cal and Charity Care patients in 2020. This number is significantly less than the baseline commitment of 30,446 unduplicated patients set in 2013 based on the number of Medi-Cal and Charity Care patients represented as receiving services at CPMC campuses at that time. The 28,900 number is an adjusted amount. It reflects

a calculation made to account for CPMC's additional obligation in the DA to serve 5,400 new Medi-Cal managed care enrollees beyond the number included in the baseline commitment.

Each year CPMC reports that it has provided services to a specific number of unduplicated Medi-Cal and Charity Care patients. For 2020, that number is 29,737. After the signing of the DA, to reflect CPMC's pledge to serve 5,400 new Medi-Cal patients, CPMC and the City agreed to subtracting annually 837 patients from the actual reported patient number to arrive at the number to be used for determining compliance with the baseline commitment (29,737-837=28,900). The reasoning in support of this methodological adjustment is not provided as part of each annual compliance statement, is publicly unknown, and remains obscure.

What is not obscure is that in 2020, CPMC served notably fewer unduplicated Medi-Cal and Charity Care patients than it did in 2013. Specifically, it fell short of meeting the DA's required baseline commitment by 1,546 unduplicated patients. (A mathematical or typographical error in the Deloitte audit report says 1,549.)

Its deficient performance in 2020 continues an alarming trend that began two years earlier. In 2019, CPMC represented that it served 35,456 unduplicated patients, which was almost 3,600 fewer patients than in 2018. This means that more than 10,000 fewer baseline countable patients were served in 2020 than 2018—a greater than 25 per cent drop-off. In reconfiguring its hospital campus structure in San Francisco, CPMC also has reconfigured its patient population so that contrary to the DA's very purpose, it now directly meets the hospital care needs of fewer and fewer Medi-Cal and Charity Care patients than it did before the openings of its two new hospitals.

CPMC seeks to avoid sanctioning for its serious failure in 2020 to meet the healthcare service needs of low-income San Franciscans by using a rolling two-year average for determining baseline commitment compliance. Though permissible under the DA, this rationale does not justify CPMC's poor performance in meeting a major community benefit provision of the DA. Nor does its backup rationale regarding the disruptive effects of the Covid-19 pandemic. If anything, CPMC should have been outreaching more to San Francisco's low-income population during a catastrophic public health crisis. Instead, CPMC invokes yet another assessment measure in the DA that is structurally flawed to escape being held accountable for not meeting its promises and obligations.

CPMC Continues Its Lackluster Performance in Meeting DA Obligations regarding Healthcare Needs of Tenderloin Residents and Entry Level Job Hires

In its 2020 Compliance Statement, as in the past, CPMC responds mechanically and unreflectively to its reporting obligations regarding DA provisions seeking to redress inadequate healthcare accessibility for Tenderloin residents and to further the hiring of San Francisco residents from low-income neighborhoods for entry level CPMC jobs. SFHHJJ's DA comments regarding these matters made last year are referenced here as they are still pertinent.

Especially disheartening is the lack of any reported progress in meeting the neighborhood clinic and hospital care needs of 1,500 new Tenderloin Medi-Cal beneficiaries. For each of the past

several years, including this one, CPMC has submitted on a summary compliance chart the same short written statement, the thrust of which is to excuse itself from any responsibility for the lack of progress in meeting this target. Most glaringly, CPMC provides no specific data about the number of new beneficiaries being served. Instead, such data has been made publicly available only in the City's Annual DA Report. Since no such Report regarding CPMC's 2019 Compliance Statement is yet forthcoming, the latest number available is from the City's Annual Report dated September 9, 2019. In that Report, the drafters noted that in May 2019, St. Anthony's Medical Clinic, the one DA authorized primary care clinic in the Tenderloin, had on its rolls only 174 Medi-Cal Managed Care patients, two less than the year before and far short of the 1,500-patient commitment. Updated Tenderloin patient numbers are likely to be similarly disappointing.

There is only a little more than two years left before CPMC's responsibilities under the DA for increasing and enhancing healthcare services for Tenderloin residents come to an end. It is time to come up with alternative arrangements for CPMC to meet fully its DA responsibilities for expanding healthcare services in the Tenderloin neighborhood. Those alternatives could include substantial new cash contributions from CPMC to upgrade the capacity of Tenderloin primary care clinics and establishing and promoting new, culturally and linguistically accessible, outpatient services at the Van Ness Campus targeting Tenderloin residents. Rather than passively accepting CPMC's excuses for not meeting the DA's Tenderloin healthcare service obligations, City officials need to obtain now from CPMC a substitute package of community benefits that would have a neighborhood impact equivalent to serving ongoingly 1,500 Tenderloin low-income patients.

With respect to entry level hiring, CPMC's performance remains significantly below representations made during the DA negotiations because it over-projected the number of positions that would need to be filled. While most years CPMC has met the DA's 40% local hire goal, the number of actual hires has been relatively small. In 2020, CPMC made 64 entry level hires, 32 of whom were referred by San Francisco's First Source program thereby satisfying the required goal. The projections are not as promising for 2021. For the first four months of this year, CPMC has made 21 entry level hires. Only 6, which is 29% of those employed, so far have been First Source candidates. To meet the target percentage, CPMC needs to intensify its local hire efforts during the remainder of the year. Even then, the results will be much less than originally anticipated at the time the DA was negotiated.

To place in perspective CPMC's under-performance regarding entry level local hires, the initial draft of the DA set as a target the hiring of 40 San Francisco residents. Based on CPMC's projections, which now can be seen as undeniably highly inflated, this absolute number was changed to 40%, the purpose being to increase, not reduce, the number of local entry level hires. This change made at the City's behest is in retrospect obviously a mistake but one that has resulted in significantly lessening CPMC's commitment to and performance in employing San Francisco residents.

Notwithstanding the Fundamental Purpose of the DA, CPMC since 2013 Has Retreated from and Not Expanded Its Healthcare Services for Low-Income San Franciscans

Not only has CPMC skirted or minimally complied with its healthcare service obligations under the DA, it also has used the rebuilding and restructuring of its hospital campuses authorized by the DA as opportunities to back out of service areas viewed as unprofitable or not sufficiently profitable.

The most publicly protested action has been its 2017 decision to close the 40-bed sub-acute care unit within the Skilled Nursing Facility (SNF) at the St. Luke's Hospital campus, now rebuilt and renamed the Mission Bernal Campus. As a result of organized community and patient family pressure and the intervention of the Board of Supervisors, CPMC agreed to maintain a temporary sub-acute care unit on the Davies Campus until the last transferred patient dies or otherwise leaves. CPMC ceased taking new long-term sub-acute care patients in late 2016. There are now fewer than 10 patients in the Davies sub-acute care unit. When it closes, there will be no sub-acute care facilities in San Francisco.

Long-term sub-acute care patients have severe disabilities and require 24-hour nursing attention and life-supporting equipment, such as ventilators. At this time, San Francisco residents requiring such care are placed in facilities in other counties, often far from supportive family members and friends. San Francisco Department of Health officials estimate that San Francisco should have licensed and operational approximately 65-70 sub-acute care beds to meet the likely demand for sub-acute care for San Francisco residents. Most long-term sub-acute care patients are on Medi-Cal, which most hospitals view as providing insufficient fee reimbursements for the services extended. This financial disincentive should not hold sway. CPMC as the largest private fee-for-services healthcare provider in San Francisco and as a tax-exempt charitable organization must be made, and has the resources, to do its fair share in providing permanent facilities in San Francisco for the provision of long-term sub-acute care.

CPMC's favored approach for ending its direct responsibilities for providing services largely utilized by low-income San Franciscans is to transfer management and operation of those services to other entities, usually with some short-term subsidies. These reductions in services have come before the Health Commission in Proposition Q hearings, which entail public notice and comment but involve no sanctions. The most the Health Commission can do is to issue a finding that a hospital's decisions to terminate or reduce services will have a "detrimental impact" on healthcare services in San Francisco. Proposition Q authorizes no further enforcement. While the DA Compliance Review process in practice has been toothless, the Proposition Q hearings are legally toothless. Since 2013, CPMC has initiated Proposition Q hearings four times.

The first was in 2014 less than a year after the signing of the DA and was a prelude to its decision to end providing sub-acute care at any of its campuses. The 2014 action involved a cutback in and reconfiguration of SNF services, the main results of which were an overall reduction of staffed, general SNF beds from 99 to 75 and the closure of the SNF unit on CPMC's then California Campus.

The second in the latter half of 2017 addressed the closure of the entire SNF unit at St. Luke's Hospital, which included the termination of the sub-acute care services described above and the closure of 39 staffed, general SNF beds. In 2013, CPMC had authorization for 212 licensed SNF beds, though less than half of which were staffed. Today it has only 38 SNF beds on the Davies Campus, some of which now temporarily serving as sub-acute care beds.

The third Proposition Q proceeding began in summer 2018 and covered CPMC's closure of the Swindells Alzheimer's Residential Care and Day Care programs on the California Campus and the transfer of management of five outpatient clinics from CPMC to Sutter Pacific Medical Foundation, another Sutter Health affiliate. The termination of the Residential Care program resulted in the loss of 10 residential care beds in San Francisco for individuals with dementia or Alzheimer's. The day care program served 70 unduplicated patients and found space elsewhere. It is now operated and funded exclusively by the Institute on Aging. The transferred outpatient clinics included the Diabetes Center, the Breast Health/Mammography Center, and the Non-Invasive Cardiology Clinic on the St. Luke's now Mission Bernal Campus. These transfers in management are a striking symbolic change in St. Luke's historical legacy and ethos of providing culturally supportive, highly integrated medical services.

The fourth invocation of the Proposition Q process by CPMC occurred earlier this year. It involved the closing of the Mission Bernal Adult and Pediatric Clinics. These clinics now are solely operated by the Mission Neighborhood Health Center.

What all these changes have in common is that they reduce CPMC's direct responsibilities for healthcare services that are not sufficiently financially remunerative. CPMC views itself as primarily providing tertiary and quaternary hospital care. Unlike those levels of care, which consist of financially lucrative medical specialties, providing community responsive primary and secondary care is financially taxing. CPMC wants to lessen as much as possible its provision of healthcare services that adversely affect its financial bottom line. Contrary to the underlying spirit of the DA, CPMC continually maneuvers to shift the direct and indirect financial burdens for meeting primary and secondary care services needs to others, including the City and County of San Francisco.

Conclusion

A major reason for the CPMC Development Agreement was to prevent the closure of St. Luke's Hospital. While it has been physically rebuilt, it also is being operationally reconstructed in the image of CPMC's other campuses. Each year the Mission Bernal Hospital drifts further from the role played by the old St. Luke's Hospital as a welcoming healthcare center for San Franciscans, especially low-income residents. At the same time, CPMC's Van Ness Campus has yet to live up to the DA's expectations regarding contributions to the much-needed enhancement of healthcare services in the adjacent Tenderloin neighborhood. CPMC's delivery of in-kind community benefits as stipulated in the DA continues to be abysmal.

Respectfully submitted on behalf of SFHHJJ,

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