



# SAN FRANCISCO PLANNING DEPARTMENT

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## Memo to the Planning Commission

HEARING DATE: JULY 18, 2013

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*Date:* July 18, 2013  
*Case No.:* 2013.0360EU  
*Project Name:* **Health Care Services Master Plan**  
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*Recommendation:* **Informational Only**

### BACKGROUND

Sponsored by Supervisor David Campos and effective January 2, 2011, San Francisco Ordinance No. 300-10 required the creation of a Health Care Services Master Plan (HCSMP) to guide land use decisions for health care-related projects in San Francisco. Specifically, it required the San Francisco Department of Public Health (SFDPH) and the Planning Department to prepare a HCSMP for adoption by the Board of Supervisors that:

- Identifies the current and projected need for, and locations of, health care services in San Francisco, through a number of assessments, and
- Contains recommendations on how to achieve and maintain appropriate distribution of, and access to, such services.

This memo summarizes the attached draft HCSMP, and provides an overview of the public process that advised its creation over the past two years.

### HCSMP REQUIREMENTS

The Ordinance mandates the following two requirements: 1) development of the HCSMP; and 2) creation of a Consistency Determination process, where certain “medical use” projects that meet specified size thresholds as defined by the Planning Code and specified in the Ordinance, are analyzed against the recommendations and guidelines of the HCSMP to determine their consistency with the Plan.

The HCSMP is required to include the following components:

- Health System Trends Assessment
- Capacity Assessment
- Land Use Assessment
- Gap Assessment
- Historical Role Assessment
- Policy Recommendations to promote and equitable and efficient distribution of services

## PUBLIC OUTREACH & ENGAGEMENT

Starting in July 2011, SFDPH and Planning partnered to develop the draft HCSMP informed by:

- A **41-member HCSMP Task Force** that served as an advisory body and was charged with focusing on health care access among San Francisco's vulnerable populations. The Task Force developed preliminary HCSMP recommendations that reflected both relevant data and community feedback and held six full meetings – four of them in different San Francisco neighborhoods – and four issue-based meetings between July 2011 and May 2012.
- **More than 100 San Francisco residents** who gave their time to infuse the HCSMP with community perspective. Through public comment at HCSMP Task Force meetings and participation in focus groups, community members shared their vision of what equitable health care access might look like in San Francisco.
- **Quantitative data and policy analysis** reflected in the both the Community Health Status Assessment and the five additional assessments required of the HCSMP.

The resulting HCSMP is a community- and data-driven document that sets forth a series of recommendations and related guidelines designed to guide land use decisions and inform the siting and scope of health care facilities and services throughout the City. The HCSMP is also intended to be used by SFDPH for other purposes, such as additional health planning and leveraging funding from local, state, or federal agencies.

## ASSESSMENTS OVERVIEW

Key findings from the HCSMP assessments are as follows:

### **Community Health Status Assessment** (not required by the ordinance)

- San Francisco is a culturally diverse and changing city and county.
- Data show that there are many health care resources available to San Franciscans; however, certain neighborhoods and subpopulations experience significant health disparities and inequities.
- Mirroring the nation, cardiovascular diseases are among the leading causes of death in San Francisco overall.
- San Francisco offers a rich array of health care resources to residents.

### **Health System Trends Assessment**

- Health Reform will place greater demand on San Francisco's health care resources.
- Health care finance trends – including provider reimbursement mechanisms – impact the provision, cost, and outcomes of patient care.
- Innovations in health information technology and health care delivery are shaping San Francisco's health care future and offer the potential to improve access to care for all San Franciscans, including the city/county's more vulnerable residents.
- San Francisco is becoming increasingly prepared for emergencies through planned, coordinated response.

### **Capacity & Gap Assessments**

- Overall, San Franciscans have better geographic access to health care services than other populations.

- San Francisco's emergency medical system capacity may be sufficient to meet resident needs; however, a more standardized definition of surge bed capacity would help San Francisco better assess its preparedness.
- San Francisco offers many health care resources to residents; however, availability does not equal accessibility, and Medi-Cal beneficiaries and the uninsured often struggle to access care.
- San Francisco likely lacks sufficient long-term care capacity to accommodate its growing aging population.
- San Francisco's behavioral health services system is likely to be strained under Health Reform. Service gaps also exist for children and youth in need of substance use treatment.
- Despite geographic proximity to health care services, some San Francisco residents struggle to access care because of transportation issues, limited health literacy, and patient/provider gaps in culture and language.

### **Land Use Assessment**

- San Francisco is on track to meet the residents' evolving health care needs: The need for development of additional medical facilities and hospital beds in the city is low given projected need for new medical space as well as existing plans to expand services in areas of high need.
- Displacement and land use effects of future medical uses are likely minimal but dependent on a variety of development project-specific factors.

### **Historical Role Assessment**

- San Francisco has developed many health care programs and facilities to respond to the needs of San Francisco's diverse population.

## **POLICY RECOMMENDATIONS**

In order to align the various complementary local health improvement initiatives led by SFDPH, the HCSMP recommendations are structured to be consistent with the three health priorities identified in San Francisco's Community Health Improvement Plan (CHIP), shown as "Health Priorities 1-3" in the chart below.

The [CHIP](http://sfdph.org) is a three-to-five year community-driven and action-oriented plan outlining our San Francisco community's health vision, values, and priority health issues (for more information, visit [sfdph.org](http://sfdph.org)).

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| <b>Health Priority 1: Ensure Safe + Healthy Living Environments</b>   |
| 1.1 Address identified social and environmental factors that impede and prevent access to optimal care, including but not limited to violence and safety issues, transportation barriers, environmental hazards, and other built environment issues.  |
| <b>Health Priority 2: Increase Healthy Eating + Physical Activity</b>   |
| 2.1 Support “healthy” urban growth.   |
| <b>Health Priority 3: Increase Access to High Quality Health Care + Services</b>  |
| 3.1 Increase access to appropriate care for San Francisco’s vulnerable populations.   |
| 3.2 Promote new, innovative, or integrative models of care for health care delivery – such as the integration of behavioral health and medical services – that improves access for vulnerable populations.  |
| 3.3 Ensure that San Francisco has a sufficient capacity of long-term care options for its growing senior population and for persons with disabilities to support their ability to live independently in the community.  |
| 3.4 Ensure that health care and support service providers have the cultural, linguistic, and physical capacity to meet the needs of San Francisco’s diverse population.   |
| 3.5 Ensure that San Francisco residents – particularly those without regular car access – have available a range of appropriate transportation options (e.g., public transportation, shuttle services, bike lanes, etc.) that enable them to reach their health care destinations safely, affordably, and in a timely manner. |
| 3.6 Ensure collaboration between San Francisco’s existing health and social services networks and the community to maximize service effectiveness and cost-effectiveness.   |
| 3.7 Facilitate sustainable health information technology systems that are interoperable, consumer-friendly, and that increase access to high-quality health care and wellness services.   |
| 3.8 Improve local health data collection and dissemination efforts.   |
| 3.9 Promote the development of cost-effective health care delivery models that address patient needs.   |

## **CONSISTENCY DETERMINATION PROCESS OVERVIEW**

Upon the effective date of the HCSMP, the Planning Department must determine whether certain medical use projects align with the HCSMP by making a “Consistency Determination” with the Plan. Medical use projects as defined by Planning Code Sections 790.114, 790.44, 890.114, 890.44, 209.3(a), 217(a), and 217(c) require a Consistency Determination if they include:

- A change of use to a Medical Use that occupies 10,000 gross square feet or greater; or
- An expansion of an existing Medical Use by 5,000 gross square feet or greater.

Since SFDPH has the technical expertise to review and analyze a project’s impact on the City’s health care system, Planning will refer all Consistency Determinations to SFDPH for an initial determination. Planning will then rely on SFDPH’s recommendation in issuing the final Consistency Determination. The Planning Department has the authority to charge a Consistency Determination Fee for such services.

The Consistency Determination application review process would proceed as follows:

1. Relevant project applicants would complete and submit for Planning review all components of a required HCSMP Consistency Determination Application Checklist as part of any entitlement or building permit application. The applicant would bear full responsibility for justifying (e.g., through the provision of Office of Statewide Health Planning & Development [www.oshpd.ca.gov] and other data) how and to what extent the project responds to HCSMP recommendations and guidelines.
2. Planning would conduct an initial review of the Consistency Determination Application Checklist materials to ensure that the project meets HCSMP medical use and size thresholds per SF Ordinance No. 300-10. If the project is subject to a Consistency Determination, Planning would then forward the Consistency Determination Application Checklist materials to SFDPH for an initial review.
3. Qualified SFDPH staff would review the Consistency Determination Application Checklist and accompanying justification to determine if the project is consistent with HCSMP recommendations and guidelines. Based on its review, staff would recommend that the project be assigned one of three possible HCSMP Consistency Determination outcomes: Consistent and Highly Recommended for Addressing a Critical Need, Consistent, or Inconsistent. (Please see the "HCSMP Recommendations + Guidelines by San Francisco Health Priority" section of this HCSMP for a more detailed explanation of each possible outcome.) Staff would forward the recommended outcome to Planning to make the final determination.

### **Consistent Applications**

Applications found to be consistent with the HCSMP will be issued a "Consistency Determination" by the Planning Department (in consultation with DPH) that would be posted on the Planning Department's website for 15 days for public comment. If the Planning Department receives no "substantive arguments" and written objections, as determined but the Planning Director, to the application, the Consistency Determination will become final. However, if the Planning Department receives substantive written objections, the application will be treated as inconsistent.

### **Inconsistent Applications**

Applications found to be inconsistent with the HCSMP will be forwarded to the Health Commission for review at a public hearing. If the Health Commission finds the application to be consistent with the HCSMP, it will issue findings to this effect. If the Health Commission finds the application to be inconsistent, it will make recommendations to achieve consistency. The Health Commission must submit its findings or recommendations to the Planning Commission within 30 days of receipt of the application.

The Planning Commission must hold a public hearing within 30 days of receiving the findings or recommendations from the Health Commission (or at the same time as it considers other entitlements associated with the application) and make a determination as to whether or not to issue a Consistency Determination. The Planning Department may not approve any permit or entitlements for a medical use project that does not have a Consistency Determination unless the Planning Commission finds countervailing public policy considerations that justify such approval.

### **Appeals**

Any person may file an appeal within 30 days of the issuance or denial of a Consistency Determination. If the Board of Supervisors has appeal authority to review an associated entitlement, the appeal should be made to the Board of Supervisors. In all other cases, the appeal should be filed with the San Francisco Board of Appeals. The Board of Supervisors and the Board of Appeals have the authority to reverse the Planning Department's determination decision.

## **ENVIRONMENTAL REVIEW**

Planning Departments staff is currently working on the environmental review for the project, a Preliminary Negative Declaration, now that the draft Plan is available for public review and comment.

## **TIMELINE & PUBLIC COMMENT**

Approval of the HCSMP is expected to proceed as follows:

- Public comment review period starts July 11<sup>th</sup> and ends no earlier than August 22<sup>nd</sup> 2013.
  - Public comments on the HCSMP must be submitted by one of the following means (Note: In the interest of fairness and transparency, comments will only be accepted via the mechanisms noted below or on the HCSMP webpage; comment will not be accepted via email to staff nor via phone calls/conversations with staff.):
    - Verbally at the following hearings:
      - July 16, 2013 meeting of the [San Francisco Health Commission](#).
      - July 18, 2013 meeting of the [San Francisco Planning Commission](#).
    - In writing via email sent to [hcsmp.comment@sfdph.org](mailto:hcsmp.comment@sfdph.org) (preferred).
    - By submitting written comment in hard copy to:  
The San Francisco Department of Public Health  
Attn: Health Care Services Master Plan  
101 Grove Street, Room 308  
San Francisco, CA 94102
- The Preliminary Negative Declaration is expected to be published on July 24<sup>th</sup> 2013.
- Consideration of the HCSMP for approval by the Health Commission and the Planning Commission will be determined by the completion of the required environmental review but it is estimated to occur in fall 2013.

The HCSMP must be updated every three years or more frequently if necessary. These deadlines may be extended by the Board of Supervisors. Additional materials can be found on DPH's website:

<http://www.sfdph.org/dph/comupg/knowlcol/HCSMP/default.asp>

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| <b>RECOMMENDATION:</b> <b>Informational Only</b> |
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### **Attachments:**

Exhibit A: Draft Health Care Services Master Plan