



City and County of San Francisco

Edwin M. Lee, Mayor

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

MEMORANDUM

DATE: February 11, 2011

TO: Steven Tierney, Ed.D., Health Commission President, and Members of the Health Commission

FROM: Colleen Chawla, Interim Director of Planning and Administration

RE: **February 15, 2011 Health Commission Meeting - Health Care Services Master Plan**

This memo summarizes San Francisco's recently-enacted Ordinance 300-10, which provides for the creation of a Health Care Services Master Plan, and will be presented to you at your February 15, 2011 meeting.

I. OVERVIEW OF THE ORDINANCE

A. Summary

San Francisco Ordinance No. 300-10, which was sponsored by Supervisor David Campos and became effective January 2, 2011, requires the creation of a Health Care Services Master Plan to identify the current and projected needs for health care services within San Francisco and to guide land use decisions for health care-related projects. The Ordinance's provisions fall largely into two categories: 1) development of the Health Care Services Master Plan; and 2) consistency of certain land use projects with the Health Care Services Master Plan.

Specifically, the Ordinance requires the Department of Public Health and the Planning Department to prepare a Health Care Services Master Plan (HCSMP) for adoption by the Board of Supervisors. Beginning January 2, 2013, or upon the Board of Supervisors' adoption of the HCSMP, whichever is later, any land use application that proposes or expands a "medical use" and meets certain size thresholds requires a determination by the Planning Department as to the application's consistency with the HCSMP. An application that is determined to be consistent with the HCSMP may move forward. Applications found to be inconsistent will have an opportunity to receive and accept recommendations to achieve consistency. If an application remains inconsistent with the HCSMP, the Planning Department must withhold approval of any entitlement or permit for that application unless countervailing public policy considerations justify its approval.

B. Development of the HCSMP

1. Required Elements

The Ordinance requires the Department of Public Health and the Planning Department to prepare a HCSMP that includes the following specific components:

- **Health System Trends Assessment:** to analyze trends in health care services with respect to the City, including disease and population health status, governmental policy, disaster planning, clinical and communications technology, reimbursement and funding, organization and delivery of services, workforce, and community obligations of providers;
- **Capacity Assessment:** to quantify the current and projected capacities of existing medical institutions in San Francisco, including emergency services, hospital services, primary and specialty care, behavioral health, and long-term care;
- **Land Use Assessment:** to assess the supply, need and demand for Medical Uses in the different neighborhoods of the City;
- **Gap Assessment:** to identify medical service gaps across the City and medically underserved areas for particular services;
- **Historical Role Assessment:** to take into consideration the historical role played, if any, by medical uses in the City to provide medical services to historically underserved groups; and
- **Recommendations:** policy recommendations to promote an equitable and efficient distribution of healthcare services in the City.

2. Public Process

The Department of Public Health must hold at least two publicly-noticed informational hearings during the course of the preparation of the draft HCSMP. Upon completion of the draft, there shall be a public written comment period of 30 days. Within 30 days of the close of the comment period, the Health Commission and the Planning Commission shall hold a joint public hearing on the draft HCSMP. The Health Commission and the Planning Commission shall hold additional public hearings, as necessary either jointly or separately, to consider material changes to the draft HCSMP. The Health Commission and the Planning Commission may recommend approval or disapproval of the HCSMP. Following these recommendations, the Board of Supervisors shall consider adoption of the HCSMP.

3. Timeline

A draft of the HCSMP is to be completed by January 2, 2012. The Ordinance does not specify a deadline for final HCSMP approval, however, the effective date of the land use provisions of the ordinance is January 2, 2013 or upon adoption of the HCSMP by the Board of Supervisors, whichever is later. The HCSMP must be updated every three years or more frequently if necessary. These deadlines may be extended by the Board of Supervisors.

C. Consistency of Land Use Projects with the HCSMP

1. Consistency Determination Application

Medical use projects that meet certain size and medical use criteria must file a Consistency Determination Application with the Planning Department to determine whether the project is consistent with the HCSMP. The Planning Department may charge a fee to recover costs incurred in the processing of a Consistency Determination Application.

a) *Project Size Threshold*

Medical use projects that meet or exceed the following size thresholds must file a Consistency Determination Application:

- Any change of use to a medical use that would occupy 10,000 gross square feet of floor area; or
- Any expansion of an existing medical use that would add 5,000 gross square feet of floor area.

b) Definition of Medical Use

The Ordinance defines medical use to include:

- Services by physicians, surgeons, dentists, podiatrists, psychologists, psychiatrists, acupuncturists, chiropractors, or any other health-care professionals licensed by a State Board overseeing the provision of medically oriented services (excluding massage therapists);
- Clinics, primarily providing outpatient care in medical, psychiatric or other health services, and not part of a hospital or medical center; and
- Public or private hospitals, medical centers, or other medical institutions that provide medical facilities for inpatient care, medical offices, clinics, and laboratories (excluding student housing).

2. Consistent Applications

An application that is determined by the Planning Department to be consistent with the HCSMP shall be issued a Consistency Determination, which shall be posted on the Planning Department's website for public comment. If there are no written objections within 15 days of posting, the Consistency Determination is final. If there are substantive written objections, the application shall be treated as an inconsistent application.

3. Inconsistent Applications

Applications the Planning Department finds to be on balance inconsistent with the HCSMP will be submitted to the Health Commission for their review at a public hearing. An applicant may amend its application prior to the Health Commission's review. If the Health Commission finds the application to be consistent with the HCSMP, it shall issue findings to this effect. If the Health Commission finds the application to be inconsistent, it shall make recommendations to achieve consistency. The Health Commission must submit its findings or recommendations to the Planning Commission within 30 days of the 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 countervailing public policy considerations justify such approval despite the application's inconsistency with the HCSMP.

4. Appeals

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

II. PLANNING FRAMEWORK FOR THE DEVELOPMENT OF THE HCSMP

A. *HCSMP Task Force*

1. Role

The HCSMP process will be overseen by a Task Force. The HCSMP Task Force will provide feedback on the development of the plan and hold meetings in the community to solicit broader community participation into the final HCSMP.

2. Membership

It is anticipated that the HCSMP Task Force will comprise approximately 20 members. Members will include broad representation among San Francisco stakeholders including, but not limited to:

- San Francisco Department of Public Health
- San Francisco Planning Department
- San Francisco Human Services Agency
- San Francisco Municipal Transportation Agency
- Hospital Council of Northern and Central California
- San Francisco Community Clinic Consortium
- San Francisco Medical Society
- Coalition for Health Care Planning
- Long-Term Care Coordinating Council
- Consumer advocates
- Community-based Organizations
- Organized labor
- Other entities, to be determined

3. Community Engagement

The HCSMP Task Force will convene its first meeting in April 2011. It is anticipated that the Task Force will meet in the community approximately five times over the next year to obtain community feedback on the draft assessments and to develop recommendations. All meetings will be open to the public.

B. *Consultant*

The Department of Public Health will engage a consultant with expertise in health care systems and data analysis to assist with the research, data collection, and analysis that will be required to draft the assessments required as part of the HCSMP. The consultant will work closely with DPH staff to collect relevant local data internal to DPH. Additionally, the consultant will have a strong working knowledge of and access to various external population, population health, and health care data and have experience analyzing and interpreting these data. The Department will seek grant funding to support the retention of the consultant.

C. *Timeline*

It is anticipated that drafts of each of the five assessment components of the HCSMP will be completed by December 31, 2011. The HCSMP's recommendations will be developed through the community engagement process, which will conclude in April 2012. A draft HCSMP is expected in October 2012 with consideration by the Health Commission and the Planning Commission in November 2012 and final consideration by the Board of Supervisors in June 2013. A draft timeline is included as Attachment A.

ATTACHMENT A

**Health Care Services Master Plan (HCSMP)
Projected Project Timeline - DRAFT**

ID	Task Name	Start	Finish	Duration	2011												2012												2013					
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
1	Funding Development	1/3/2011	4/29/2011	17w	[Bar]																													
2	Retain Consultant	1/3/2011	6/30/2011	25.8w	[Bar]																													
3	RFP Development, Issuance	1/3/2011	3/31/2011	12.8w	[Bar]																													
4	Selection and Contract Approval	4/1/2011	6/30/2011	13w													[Bar]																	
5	HCSMP Development (SF Planning Code §342.2)	1/3/2011	12/30/2011	52w	[Bar]																													
6	Research and Data Collection	1/3/2011	12/30/2011	52w	[Bar]																													
7	Data Analysis	3/1/2011	12/30/2011	43.8w													[Bar]																	
8	Draft Assessments	7/1/2011	12/30/2011	26.2w													[Bar]																	
9	Community Engagement	3/1/2011	4/30/2012	61w													[Bar]																	
10	Set HCSMP Task Force Membership	3/1/2011	3/29/2011	4.2w	[Bar]																													
11	Initial Task Force Meeting	4/1/2011	5/2/2011	4.4w	[Bar]																													
12	Task Force Meetings to be Held in the Community (SF Planning Code §342.3(b))	7/1/2011	4/30/2012	43.4w													[Bar]																	
13	HCSMP Draft (SF Planning Code §342.3)	3/1/2012	1/30/2013	48w													[Bar]																	
14	Develop Recommendations	3/1/2012	5/30/2012	13w													[Bar]																	
15	Finalize Draft HCSMP for Public Review (SF Planning Code §342.3(a))	6/1/2012	9/28/2012	17.2w													[Bar]																	
16	Public Notice of Availability for Review (SF Planning Code §342.3(c))	10/1/2012	10/30/2012	4.4w																									[Bar]					
17	Joint Health and Planning Commission Hearing (SF Planning Code §342.3(d))	11/1/2012	11/30/2012	4.4w																									[Bar]					
18	Additional Health and Planning Commission Hearings (as needed) (SF Planning Code §342.3(d))	12/3/2012	1/30/2013	8.6w																									[Bar]					
19	Environmental Impact Report	12/5/2011	4/30/2013	73.4w													[Bar]																	
20	Approval of HCSMP (SF Planning Code §342.3(e))	5/1/2013	6/28/2013	8.6w																									[Bar]					
21	Health Commission and Planning Commission Approval	5/1/2013	5/31/2013	4.6w																									[Bar]					
22	Board of Supervisors Approval	6/3/2013	6/28/2013	4w																									[Bar]					