



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: July 31, 2014

TO: Dr. Edward Chow, Health Commission President, and Members of the Health Commission

THROUGH: Barbara A. Garcia, MPA, Director of Health

FROM: Colleen Chawla, Deputy Director of Health and Director of Policy & Planning

RE: Health Care Services Master Plan: HealthRIGHT360 Consistency Determination Application

On June 16, 2014, HealthRIGHT360 (HR360) submitted a Health Care Services Master Plan Consistency Determination Application for review by the Department of Public Health and the Health Commission. HR360's application has been scheduled for hearing and action at the Health Commission meetings on August 5th and September 2nd. SFDPH staff has reviewed HR360's application and recommends a finding of "Consistent and Recommended for Incentives."

To assist the Health Commission in its review of HR360's application and the SFDPH staff recommendation, this memo provides:

- an overview of the Health Care Services Master Plan;
- a review of the process for Consistency Determination Applications; and
- SFDPH's review of HR360's Consistency Determination Application.

I. Overview of the Health Care Services Master Plan

Sponsored by Supervisor David Campos and effective January 2, 2011, San Francisco Ordinance No. 300-10 (Ordinance) required the creation of a Health Care Services Master Plan (HCSMP), which can be viewed online at <http://www.sfdph.org/dph/files/HCSMP/Final/FINAL-HCSMP-October2013.pdf>. The HCSMP was created to "provide the Health Commission, the Planning Commission and Board of Supervisors with information and public policy recommendations to guide their decisions to promote the City's land use and policy goals developed in such Plan, such as distribution and access to health care services." (A copy of the Ordinance is included as Attachment A.) The Ordinance additionally requires that certain proposed land use projects that fall under the "medical use" sections of the Planning Code and meet certain size thresholds be compared for consistency against the HCSMP. With significant stakeholder input, the San Francisco Department of Public Health (SFDPH) and the San Francisco Planning Department (Planning) prepared a HCSMP, which was endorsed by the

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We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~
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Health Commission on September 19, 2013 and adopted by the Board of Supervisors on December 17, 2013.

The HCSMP:

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

The HCSMP is a community- and data-driven document that sets forth a series of recommendations and related guidelines intended to provide a dynamic and inspiring roadmap for bettering health and health services, focus on improving access to care, particularly for San Francisco’s vulnerable populations, including low-income areas and geographic areas with high rates of health disparities (e.g., Bayview-Hunters Point, Tenderloin, Western Addition, Excelsior). The recommendations and guidelines not only guide land use decisions and inform the siting and scope of health care facilities and services, but also reach far beyond bricks and mortar to acknowledge that health and wellness result from the complex integration of services, community partnerships, and neighborhood characteristics.

All recommendations and guidelines in the HCSMP address important health policy goals for San Francisco. Certain guidelines are designated by the green highlights in the table below as “Eligible for Incentives.” Guidelines with this designation are those that can be addressed by individual development projects that will be subject to a Consistency Determination and will address specific HCSMP-identified unmet health care needs. Development projects that choose to address these designated guidelines would be recommended for incentives, such as expedited project review.

A summary of HCSMP recommendations as they align with San Francisco’s citywide community health priorities appears below.

Eligible for Incentives	HCSMP Guideline
SAN FRANCISCO HEALTH PRIORITY 1: ENSURE SAFE + HEALTHY LIVING ENVIRONMENTS	
HCSMP Recommendation 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.	
	<u>Guideline 1.1.1:</u> Advance an actionable “Health in All Policies” (HiAP) policy for the City.
	<u>Guideline 1.1.2:</u> Advance health promotion, disease prevention, and overall community wellness (e.g., publicly accessible open space, gyms that provide and facilitate access to underserved populations, exercise areas with equipment and classes/wellness programs that are included as part of development proposals).
	<u>Guideline 1.1.3:</u> Establish “health safety zones” (i.e., areas surrounding facilities that deter violence and improve feelings of safety, health, and wellbeing through streetscaping or other means).
	<u>Guideline 1.1.4:</u> Continue to support the expansion of permanent supportive housing and other affordable, safe housing options that have robust connections to health care facilities and services and to wellness opportunities.
	<u>Guideline 1.1.5:</u> Advance the efforts of the Mayor’s Office of Violence Prevention Services, including recommendations of San Francisco’s current and future Violence Prevention Plan.
SAN FRANCISCO HEALTH PRIORITY 2: INCREASE HEALTHY EATING + PHYSICAL ACTIVITY	
HCSMP Recommendation 2.1: Support “healthy” urban growth.	
	<u>Guideline 2.1.1:</u> Support the expansion of networks of open spaces, small urban agriculture, and physical recreation facilities, including the network of safe walking and biking facilities.

Eligible for Incentives	HCSMP Guideline
	Guideline 2.1.2: Review the impact of large-scale residential and mixed-use development projects – and/or expected areas of new growth – on the potential impact on neighborhood residents’ future health care needs and, when feasible, such projects should address service connectivity. Projects serving seniors, persons with disabilities, or other populations with limited mobility options, for example, should employ a range of transportation demand management strategies (e.g., shuttle service, gurney service) to address the project’s impact and utility for the community.
	Guideline 2.1.3: Encourage residential and mixed-use projects to incorporate healthy design – design encouraging walking and safe pedestrian environments.
SAN FRANCISCO HEALTH PRIORITY 3: INCREASE ACCESS TO HIGH QUALITY HEALTH CARE + SERVICES	
HCSMP Recommendation 3.1: Increase access to appropriate care for San Francisco’s vulnerable populations.	
	Guideline 3.1.1: Increase the availability and accessibility of primary care in low-income areas (i.e., areas where the percentage of low-income residents – defined as individuals living below 200% of the Census Poverty Threshold – is greater than the San Francisco average), areas with documented high rates of health disparities (e.g., areas in which residents face the highest rates of morbidity or premature mortality) and/or areas with limited existing health care resources
	Guideline 3.1.2: Increase the availability and accessibility of culturally competent primary care among vulnerable subpopulations including but not limited to Medi-Cal beneficiaries, uninsured residents, limited English speakers, and populations with documented high rates of health disparities.
	Guideline 3.1.3: Increase the availability and accessibility of prenatal care within neighborhoods with documented high rates of related health disparities.
	Guideline 3.1.4: Increase the availability and accessibility of prenatal care for subpopulations with documented high rates of related health disparities including but not limited to Black/African American residents.
	Guideline 3.1.5: Increase the availability and accessibility of dental care in low-income areas (i.e., areas where the percentage of low-income residents – defined as individuals living below 200% of the Census Poverty Threshold – is greater than the San Francisco average) and areas with documented high rates of health disparities (e.g., areas in which residents face the highest rates of morbidity or premature mortality).
	Guideline 3.1.6: Increase the availability and accessibility of dental care among vulnerable subpopulations including but not limited to Medi-Cal beneficiaries, uninsured residents, limited English speakers, and populations with documented high rates of health disparities.
	Guideline 3.1.7: Complete the rezoning of the Bayview Health Node, as envisioned by community residents in the adopted Bayview Redevelopment Plan.
	Guideline 3.1.8: Increase the supply of culturally competent providers serving low-income and uninsured populations, which may include but is not limited to supporting projects that can demonstrate through metrics that they have served and/or plan to serve a significant proportion of existing/new Medi-Cal and/or uninsured patients, particularly in underserved neighborhoods.
	Guideline 3.1.9: Advocate for the extension of the Medicaid primary care physician reimbursement rate established under Health Reform beyond 2014 to attract and retain physician participation in the Medi-Cal program.
	Guideline 3.1.10: Promote projects that demonstrate the ability and commitment to deliver and facilitate access to specialty care for underserved populations (e.g., through transportation assistance, mobile services, and/or other innovative mechanisms).
	Guideline 3.1.11: Support innovative education and outreach efforts that: <ul style="list-style-type: none"> a. Target youth and other hard-to-reach populations, such as homeless people and those with behavioral health problems that inhibit them from seeking medical care and other health services, as well as “invisible” populations that are often overlooked due to their legal status. b. Help low-income, publicly insured, and/or uninsured persons identify health care facilities where they may access care.

Eligible for Incentives	HCSMP Guideline
	Guideline 3.1.12: Promote support services (e.g., escorting patients to medical appointments, using case managers to help patients navigate the health care system) for patients likely to have difficulty accessing or understanding health care services (e.g., multiply diagnosed or homeless persons).
	Guideline 3.1.13: Support clinics and support services that offer non-traditional facility hours to accommodate patients who work during traditional business hours.
	Guideline 3.1.14: Preserve the Healthy San Francisco program.
	Guideline 3.1.15: Support mobile enrollment efforts to expand opportunities for people to enroll in health insurance or other health care programs.
HCSMP Recommendation 3.2: Promote new, innovative, or integrative models of care for health care delivery – such as the integration of behavioral health (mental health and substance abuse) services and medical services – that improves access for vulnerable populations.	
	Guideline 3.2.1: Research the feasibility of implementing a patient-centered medical home model for the severely mentally ill in which a mental health care provider leads an integrated team of service providers, including primary care practitioners; and conversely, for patients who are not severely mentally ill, support integration of behavioral health into primary care medical homes.
	Guideline 3.2.2: Research the connection between specialty mental health services and Medi-Cal managed care for Medi-Cal beneficiaries.
	Guideline 3.2.3: Increase the availability of behavioral health and trauma-related services – including school-based services – in neighborhoods with documented high rates of violence (i.e., neighborhoods exceeding citywide violence rates per San Francisco Police Department data).
	Guideline 3.2.4: Support expansion of community-based behavioral health services.
HCSMP Recommendation 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.	
	Guideline 3.3.1: Support affordable and supportive housing options for seniors and persons with disabilities, enabling them to live independently in the community.
	Guideline 3.3.2: Work in collaboration with the Department of Aging and Adult Services – and in alignment with the Long-Term Care Integration Plan – to promote a continuum of community-based long-term supports and services, such as home care to assist with activities of daily living, home-delivered meals, and day centers. Such services should address issues of isolation as well as seniors' basic daily needs.
	Guideline 3.3.3: Advocate for California to expand community-based Medi-Cal long-term care services, including through the Home- and Community-Based Services 1915(i) state plan option.
HCSMP Recommendation 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.	
	Guideline 3.4.1: Ensure that electronic health records capture key patient demographic data, consistent with patient privacy preferences, that facilitate the provision of culturally and linguistically competent care.
	Guideline 3.4.2: Support workforce development and diversity efforts to develop a health care and home-based services workforce that reflects community characteristics (e.g., race/ethnicity, cultural and linguistic background, etc.), which is expected to increase provider supply and patient satisfaction in underserved areas.
	Guideline 3.4.3: Encourage the assessment of patients' health literacy and cultural/linguistic needs, so providers can better tailor care to each patient's needs.
HCSMP Recommendation 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.	
	Guideline 3.5.1: Support the recommendations of the Municipal Transportation Agency's (MTA) Transit Effectiveness Project, which is expected to positively impact passenger travel times on high ridership routes, including those that service San Francisco's major health care facilities.

Eligible for Incentives	HCSMP Guideline
	Guideline 3.5.2: Ensure that the MTA continues to consider the needs of seniors and persons with disabilities in its transportation planning efforts.
	Guideline 3.5.3: As part of transit demand management efforts for patients, develop safe health care transit options beyond the public transportation system (e.g., bike storage, health care facility shuttle service, etc.) to increase health care access for those without regular car access.
	Guideline 3.5.4: Provide transportation options (e.g., taxi vouchers, shuttles, other innovative transportation options, etc.) from low-income areas and areas with documented high rates of health disparities – particularly those with transportation access barriers – to health care facilities.
	Guideline 3.5.5: Support mobility training programs for older adults to help them retain independence, access to health care, and other opportunities, especially important as San Francisco's aging population grows.
	Guideline 3.5.6: Ensure that special consideration is given to how the consolidation or retention of transit stops could impact access to health care services from sensitive uses such as housing for seniors and persons with disabilities who may regularly need health care services.
	Guideline 3.5.7: Promote ongoing collaboration with MTA and San Francisco County Transportation Authority staff to consider pedestrian safety near health care facilities as well as how safety may be impacted by ongoing transportation planning and projects.
	Guideline 3.5.8: Increase awareness of transportation options to health care facilities during facility hours. This may include but not be limited to providing relevant transit information in providers' offices.
HCSMP Recommendation 3.6: Ensure collaboration between San Francisco's existing health and social services networks and the community to maximize service effectiveness and cost-effectiveness.	
	Guideline 3.6.1: Support collaborations between medical service providers and existing community-based organizations with expertise in serving San Francisco's diverse populations.
	Guideline 3.6.2: Support inter-health system collaboration (e.g., via provider consultation hotlines, systems support for electronic health records adoption and implementation) that offers potential for improving care access, the patient experience, and health outcomes, and leverage the expertise of San Francisco's diverse providers.
	Guideline 3.6.3: Support partnerships between medical service providers and entities not specifically focused on health or social services (e.g., schools, private business, faith community, etc.) to leverage expertise and resources and expand access to health services and promote wellness.
	Guideline 3.6.4: Support collaboration between San Francisco providers and the United Way to ensure that the 2-1-1 system reflects information on all available health services.
	Guideline 3.6.5: Showcase collaboration outcomes to illustrate the potential impact of community partnerships.
HCSMP Recommendation 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.	
	Guideline 3.7.1: Promote health care provider participation in HealthShare Bay Area, a health information exchange that will provide a secure, controlled, and interoperable method for exchanging and aggregating patient health information.
	Guideline 3.7.2: Support technology-based solutions that expand access to health services, such as telehealth (e.g., video medical interpretation, remote health monitoring, etc.) and coverage of such by health insurance. Such technology must be provided in a culturally and linguistically competent way, tailored to the needs of the target population, and accessible to San Francisco's vulnerable populations.
	Guideline 3.7.3: Integrate support service information (e.g., receipt and source of case management services) in electronic health records to paint a more complete picture of each patient's health.

Eligible for Incentives	HCSMP Guideline
HCSMP Recommendation 3.8: Improve local health data collection and dissemination efforts.	
	Guideline 3.8.1: Improve collection, coordination of collection, availability, and understandability of data on San Francisco’s existing health care resources (e.g., the physical location of health care providers by type and population served).
	Guideline 3.8.2: Gather and disseminate more data about the connection between safety and public health.
	Guideline 3.8.3: Disseminate relevant health status data to health care providers so they can better affect key indicators of population health through their institutional and clinical decisions.
HCSMP Recommendation 3.9: Promote the development of cost-effective health care delivery models that address patient needs.	
	Guideline 3.9.1: Use nurse practitioners and physician assistants to the full extent of their training.
	Guideline 3.9.2: Increase flexibility between primary care and specialty care (e.g., specialty mental health) provider roles. Such flexibility might include but not be limited to: <ul style="list-style-type: none"> a. Allowing specialists with a history of treating patients with certain conditions to serve as those patients’ primary care provider; b. Better equipping primary care providers to manage chronic conditions to maximize the appropriate use of specialists; and/or c. Creating a health care delivery framework that allows for a shared scope of responsibilities between primary care providers and specialists that best supports the patient care experience.
	Guideline 3.9.3: Advance the patient-centered medical home model for all San Franciscans.

II. HCSMP Consistency Determination

A Consistency Determination describes whether certain medical use development projects promote the recommendations and guidelines of the HCSMP. The Ordinance requires that the Planning Department determine, “after consultation with the Health Department,”¹ whether certain medical use projects are in compliance with the HCSMP by making a “Consistency Determination.” In the case of applications deemed Inconsistent, “[t]he Health Commission shall review the application at a public hearing and issue written recommendations concerning whether the applicant’s proposal is consistent with the recommendations of the Health Care Services Master Plan.”²

A. Projects Subject to a Consistency Determination

The Consistency Determination process is required for all medical use projects meeting specified size thresholds that have not yet received their first permit. Medical use is defined as follows:

- A retail use that provides medical and allied health services to the individual by physicians (e.g., surgeons, psychiatrists, podiatrists, etc.), dentists, psychologists, acupuncturists, chiropractors, or any other health care professional when licensed by a State-sanctioned Board overseeing the provision of medically oriented services.
- A clinic, primarily providing outpatient care in medical, psychiatric or other health services, and not part of a hospital or medical center.

¹ San Francisco Ordinance 300-10, page 9, lines 12-13.

² San Francisco Ordinance 300-10, page 10, lines 2-5.

- A hospital or medical center, which provides inpatient or outpatient medical care, medical offices, clinics, and laboratories.
- Medical use excludes providers of massage and housing operated by a medical provider (e.g., employee or student dormitories adjacent to medical facilities when the dormitories are operated by and affiliated with a medical institution).

Following are the size thresholds for medical use projects that are subject to a HCSMP Consistency Determination:

- Any of change of use from a non-medical use (e.g., retail) to a medical use that would occupy 10,000 gross square feet or more.
- Any expansion of an existing medical use by 5,000 gross square feet or more.

Any medical use project falling short of these size thresholds would not be subject to a Consistency Determination and would not be analyzed for general conformity with the HCSMP.

B. Possible Consistency Determination Outcomes

There are three possible outcomes of the Consistency Determination review, as outlined in the table below.

Consistent and Recommended for Incentives	Qualified medical use projects that, on balance, meet the guidelines identified as “Eligible for Incentives” by providing services or serving a target population in a manner that specifically addresses those guidelines. Projects that meet this designation may be favorably considered for expedited review and/or other incentives, depending on the project’s health care benefits.
Consistent	Those qualified medical use projects that, on balance, positively impact health or health care access and may address one or more of the HCSMP Recommendations and/or Guidelines not identified as “Eligible for Incentives.”
Inconsistent	Any qualified medical use project that addresses none of the HCSMP Recommendations or Guidelines, or adversely effects a service identified in the HCSMP Recommendations or Guidelines

C. Consistency Determination Review Process

The Consistency Determination application review process is as follows:

1. Applicants proposing projects that include a Medical Use must complete and submit a HCSMP Consistency Determination Application as part of any entitlement or building permit application. The applicant bears full responsibility for justifying (e.g., through the provision of Office of Statewide Health Planning and Development and other data) how and to what extent the project responds to HCSMP Recommendations and Guidelines. This Application should contain sufficient information to determine compliance with the HCSMP.
2. Planning staff conducts an initial review of the Consistency Determination Application to ensure that the project scope meets the requirements for a Consistency Determination per San Francisco Ordinance No. 300-10. If Planning staff confirms that the project is subject to a Consistency Determination, Planning staff will then forward the Consistency Determination Application to SFDPH for an initial review.
3. SFDPH staff reviews the Application and accompanying justification to determine whether the project is consistent with HCSMP Recommendations and Guidelines. SFDPH will recommend that the project be assigned one of three possible

HCSMP Consistency Determination outcomes: Consistent, Consistent and Recommended for Incentives, or Inconsistent.

a) Consistent Applications: Applications that SFDPH staff recommends as “Consistent” with the HCSMP will be presented to the Health Commission as an informational item and forwarded to the Planning Department. The Consistency Determination will be issued by the Planning Department and 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 by the Planning Director, the Consistency Determination will become final. If, however, the Planning Department receives substantive written objections, the application will be treated as an inconsistent application, in terms of process (see below).

b) Consistent and Recommended for Incentives: Applications that SFDPH staff recommends as “Consistent and Recommended for Incentives” will be presented to the Health Commission for review at a public hearing. If the Health Commission finds the application to be “Consistent and Recommended for Incentives,” the application will undergo a similar review process as described for Consistent Applications. In addition, these applications will be reviewed by Planning and SFDPH to determine appropriate project incentives, based on the project’s health care benefits to the City’s vulnerable populations.

c) Inconsistent Applications: Applications found to be inconsistent with the HCSMP will be presented 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 and the application will undergo the review process described for Consistent Applications. 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 from the Health Commission unless there is an associated entitlement, in which case it will be heard concurrently.

Conditional Use or other entitlement requiring Planning Commission action cannot be heard or approved by the Planning Commission until a Consistency Determination for the proposed Medical Use is made. Similarly, the Planning Department will not approve any building permit application for development of any Medical Use subject to a Consistency Determination until such Consistency Determination is made.

D. Consistency Determination Incentives

Projects which are seeking incentives must address at least one of the guidelines identified in the HCSMP as “Eligible for Incentives.” Planning, at its discretion and in conjunction with SFDPH, will have the ability to determine appropriate incentives consistent with basic legal requirements at the time a project is deemed “Consistent and Recommended for Incentives.” Incentives may vary by project but will be based on the following factors:

- The degree to which a project meets one or more of the HCSMP guidelines identified as “Eligible for Incentives”; and
- The types of incentives that would most benefit the particular project.

III. HR360's Consistency Determination Application

A. Summary of the HR360's Proposed Project

HR360 has applied for entitlements to relocate from 1735 Mission Street (33,811 sf) and 1885 Mission (24,600 sf), two and three blocks away, respectively, from the proposed new location at 1563 Mission Street. The entitlements will include adaptive reuse of an existing building at 1563 Mission Street, which will consolidate a primary care medical clinic, dental services, outpatient mental health services, substance use disorder services, job and housing resources, and education classes (e.g., GED), in one building.

The gross square footage of the building at 1563 Mission is 50,000 square feet. HR360 will perform interior alterations and build-out of a mezzanine to a full floor, and minor façade improvements. With build-out of the mezzanine, the facility will be five-stories. The approximate allocation of uses in the building will be as follows:

- 30,000 square feet medical services;
- 10,000 square feet social services; and
- 10,000 square feet administration.

A substantial number of the clients served will be under 133% of the federal poverty level, and the financial model for the services offered in the 1563 Mission building will be based on Medi-Cal eligibility, medical necessity, and subsequent Medi-Cal Reimbursement, as they are in the existing facilities.

B. SFDPH Review of HR360's Consistency Determination Application

The table below provides a summary of HR360's Consistency Determination Application (included as Attachment B to this memo) and SFDPH's review of the application. As indicated by the green highlighting, each of the guidelines HR360 has indicated that it will meet is eligible for incentives.

HCSMP Guideline	HR360 Justification	SFDPH Review
<p>Guideline 3.1.1: Increase the availability and accessibility of primary care in low-income areas (i.e., areas where the percentage of low-income residents – defined as individuals living below 200% of the Census Poverty Threshold – is greater than the San Francisco average), areas with documented high rates of health disparities (e.g., areas in which residents face the highest rates of morbidity or premature mortality) and/or areas with limited existing health care resources</p>	<p>The proposed project is anticipated to provide 18,500 medical visits to 7,400 unique patients on an annual basis. The new facility will be located in zip code 94103 and will primarily serve residents from two zip codes, 94103 and 94102. HR360 reports the following data:</p> <p><u>% Individuals living below 200% FPL</u></p> <ul style="list-style-type: none"> • 94103: 45.8% • 94102: 58.6% • San Francisco: 28.8% <p><u>% Individuals living below 125% FPL</u></p> <ul style="list-style-type: none"> • 94103: 30.5% • 94102: 38.8% • San Francisco: 17.4% <p><u>% With cash public assistance income</u></p> <ul style="list-style-type: none"> • 94103: 5.2% • 94102: 6.2% • San Francisco: 2.8% 	<p>SFDPH Staff Assessment: HR360 meets guideline 3.1.1.</p> <p>HR360 is proposing to relocate and expand its primary care services within its existing service area. Residents of 94103, where the new facility will be located, and 94102 currently comprise one-third of HR360's current patient population. Residents of these zip codes are more likely to be low-income and eligible for public benefit programs.</p> <p>These zip codes are home to a higher population of low-income individuals than the city overall. In 94103, the proportion of individuals living below 200% of the federal poverty level (FPL) is 59% greater than the citywide average and the proportion living below 125% FPL is 75% greater than the citywide average. Similarly, in 94102,</p>

HCSMP Guideline	HR360 Justification	SFDPH Review
	<p><u>% With food stamp/SNAP benefits in last 12 months</u></p> <ul style="list-style-type: none"> 94103: 6% 94102: 11.2% San Francisco: 4.1% <p>Additionally, HR360 cites higher than average preventable emergency room visits as well as higher emergency room utilization and hospitalization rates in the South of Market neighborhood (94103 and 94104) for the following conditions:</p> <ul style="list-style-type: none"> Long-term complications of diabetes Hypertension Hepatitis Diabetes Heart failure Chronic obstructive pulmonary disease Asthma Alcohol Abuse Adult Asthma 	<p>the proportion of individuals living below 200% FPL is 103% greater than the citywide average and the proportion living below 125% FPL is 123% greater than the citywide average.</p> <p>Consistent with the high population of low-income individuals, data provided by HR360 show that residents of these zip codes are significantly more likely to participate in cash assistance and food stamp programs. In 94103, the proportion of residents on cash assistance is 85% greater than the citywide average and the proportion with food stamps is 46% greater than the citywide average. Similarly, in 94102, the proportion of residents on cash assistance is 121% greater than the citywide average and the proportion with food stamps is 173% greater than the citywide average.</p> <p>The rate of preventable emergency room visits – a key indicator of access to primary care – is 77% higher in the South of Market neighborhood where HR360 will be located than the citywide rate.</p>
<p>Guideline 3.1.2: Increase the availability and accessibility of culturally competent primary care among vulnerable subpopulations including but not limited to Medi-Cal beneficiaries, uninsured residents, limited English speakers, and populations with documented high rates of health disparities.</p>	<p>The service area population has a higher rate of uninsured and higher rate public health coverage compared to rates seen for the overall city of San Francisco. HR360 has a long history providing services to this population at their current sites and recognizes the needs of the community in relation to ethnic specific, linguistic needs, and social economic dynamics.</p> <p><u>% with Public Health Insurance Coverage</u></p> <ul style="list-style-type: none"> 94103: 35.2% 94102: 44.2% San Francisco: 26.2% <p><u>% with No Health Insurance Coverage</u></p> <ul style="list-style-type: none"> 94103: 16.3% 94102: 17.4% San Francisco: 11.3% <p><u>Language other than English spoken at home</u></p> <ul style="list-style-type: none"> 94103: 47.3% 94102: 44.8% San Francisco: 45.2% 	<p>SFDPH Staff Assessment: HR360 meets guideline 3.1.2.</p> <p>HR360 has demonstrated that it will increase the availability and accessibility of culturally competent primary care among vulnerable sub-populations. HR360 currently serves and will continue to serve a community with high rates of uninsurance and public health insurance and also high rates of individuals who speak a language other than English at home.</p> <p>In 94103, the proportion of residents with public health insurance is 34% greater than the citywide average and the proportion with no health insurance is 44% greater than the citywide average. Similarly, in 94102, the proportion of residents with public health insurance is 69% greater than the citywide average and the proportion with no health insurance is 54% greater than the citywide average.</p> <p>The proportion of the population of foreign born residents and those that</p>

HCSMP Guideline	HR360 Justification	SFDPH Review
	<u>Foreign-born population</u> <ul style="list-style-type: none"> 94103: 38.9% 94102: 37.4% San Francisco: 35.7% 	speak a language other than English at home are similar in HR360's proposed service area as they are citywide.
<p>Guideline 3.1.5: Increase the availability and accessibility of dental care in low-income areas (i.e., areas where the percentage of low-income residents – defined as individuals living below 200% of the Census Poverty Threshold – is greater than the San Francisco average) and areas with documented high rates of health disparities (e.g., areas in which residents face the highest rates of morbidity or premature mortality).</p>	<p>HR360 is anticipated to provide 5,400 dental visits to 2,160 unique patients on an annual basis. The new facility will be located in zip code 94103 and will primarily serve residents from two zip codes, 94103 and 94102.</p> <p><u>% Individuals living below 200% FPL</u></p> <ul style="list-style-type: none"> 94103: 45.8% 94102: 58.6% San Francisco: 28.8% <p><u>% Individuals living below 125% FPL</u></p> <ul style="list-style-type: none"> 94103: 30.5% 94102: 38.8% San Francisco: 17.4% 	<p>SFDPH Staff Assessment: HR360 meets guideline 3.1.5.</p> <p>HR360's proposed project will increase dental services in an area with low income populations and vulnerable subpopulations as demonstrated by justification for Guideline 3.1.1.</p>
<p>Guideline 3.1.6: Increase the availability and accessibility of dental care among vulnerable subpopulations including but not limited to Medi-Cal beneficiaries, uninsured residents, limited English speakers, and populations with documented high rates of health disparities.</p>	<p>HR360 is anticipated to provide 5,400 dental visits to 2,160 unique patients on an annual basis. The new facility will be located in zip code 94103 and will primarily serve residents from two zip codes, 94103 and 94102.</p> <p><u>% with Health Insurance – Public Coverage</u></p> <ul style="list-style-type: none"> 94103: 35.2% 94102: 44.2% San Francisco: 26.2% <p><u>% with No Health Insurance Coverage</u></p> <ul style="list-style-type: none"> 94103: 16.3% 94102: 17.4% San Francisco: 11.3% <p><u>Language other than English spoken at home</u></p> <ul style="list-style-type: none"> 94103: 47.3% 94102: 44.8% San Francisco: 45.2% <p><u>Foreign-born population</u></p> <ul style="list-style-type: none"> 94103: 38.9% 94102: 37.4% San Francisco: 35.7% 	<p>SFDPH Staff Assessment: HR360 meets guideline 3.1.6.</p> <p>HR360's proposed project will increase dental services in an area with vulnerable subpopulations as demonstrated by justification for Guideline 3.1.2</p>
<p>Guideline 3.1.8: Increase the supply of culturally competent providers serving low-income and uninsured populations, which may include but is not limited to supporting projects that can demonstrate through</p>	<p>In 2013, HR360 provided medical care to 2,939 patients at its 1735 Mission Street Clinic. Of these patients:</p> <ul style="list-style-type: none"> Income <100% FPL: 68.7% Income <200% FPL: 86.7% Uninsured: 92.5% Residents of 94103 and 94102: 32.7% 	<p>SFDPH Staff Assessment: HR360 meets guideline 3.1.8.</p> <p>HR360's proposed project will increase culturally competent services to low income and uninsured patients. HR360 has a history of serving a significant proportion of low-income and uninsured</p>

HCSMP Guideline	HR360 Justification	SFDPH Review
<p>metrics that they have served and/or plan to serve a significant proportion of existing/new Medi-Cal and/or uninsured patients, particularly in underserved neighborhoods.</p>	<p>HR360's proposed site will increase the number of providers in the area who will serve the Medi-Cal, uninsured or underinsured populations. Projected staffing will include four medical providers, two dental providers, and a range of behavioral health staff. Current healthcare staff provides services in English, Spanish, and Portuguese. Additional language capacity among the support staff is available in Mandarin and Cantonese. In addition to current staff language capacity, HR360 contracts with the International Effectiveness Center for translation services that provides telephone interpretation services in the following languages: Arabic, Cambodian, Cantonese, Dari, Eritrean, Ethiopian, Farsi, Hindi, Hmong, Indonesian, Japanese, Korean, Laotian, Mam, Mandarin, Mien, Pashto, Punjabi, Russian, Spanish, Tagalog, Thai, Urdu, and Vietnamese.</p>	<p>patients in the neighborhood of the new facility. Additionally, HR360 offers direct services and/or translation services in a wide array of languages.</p>
<p><u>Guideline 3.1.10:</u> Promote projects that demonstrate the ability and commitment to deliver and facilitate access to specialty care for underserved populations (e.g., through transportation assistance, mobile services, and/or other innovative mechanisms).</p>	<p>HR360 maintains relationships with hospitals and specialty providers, predominately with San Francisco General Hospital and the San Francisco Department of Public Health.</p> <p>HR360 also continues to explore innovative ways to remove barriers to care, including operating a fleet of vans used to transport clients from various program sites, clinics, and other social service providers. In the current fiscal year the HR360's transportation department will have provided over 50,000 transport stops, each stop is defined as transporting a client from one location to another. The transportation department proposes to offer shuttle service for clinic patients to access identified specialty providers or hospitals.</p> <p>HR360 is also piloting various projects to communicate reminders to patients including electronic communication via an online portal and text messaging.</p>	<p>SFDPH Staff Assessment: HR360 meets guideline 3.1.10.</p> <p>HR360 has demonstrated its ability to deliver and facilitate access to medical care through transportation assistance (50,000 transport stops were provided in past fiscal year). HR360's transportation department is proposing to offer shuttle service for clinic patients to access identified specialty providers or hospitals.</p>
<p><u>Guideline 3.2.3:</u> Increase the availability of behavioral health and trauma-related services – including school-based services – in neighborhoods with documented high rates of</p>	<p>HR360's proposed project will increase the availability of behavioral health services by adding approximately 10,000 square feet of space that will be used for substance abuse treatment and mental health services. Staffing for</p>	<p>SFDPH Staff Assessment: HR360 meets guideline 3.2.3.</p> <p>Proposed project will increase behavioral health services in a service area population that has a violent crime</p>

HCSMP Guideline	HR360 Justification	SFDPH Review
<p>violence (i.e., neighborhoods exceeding citywide violence rates per San Francisco Police Department data).</p>	<p>these services will include licensed clinic staff, California Board of Behavioral Sciences registered interns, and alcohol and other drug (AOD) certified staff among others. HR360 projects to see approximately 1,000 unduplicated clients for AOD services annually and an additional 300 unduplicated clients for mental health counseling services annually.</p> <p>HR360's proposed project is located in the San Francisco Police Department's Southern District, which has a higher than rate of violent crime than the citywide average</p> <p><u>Violent crime rate per 1,000 population</u></p> <ul style="list-style-type: none"> • Southern District: 52.44 • San Francisco: 9.63 	<p>rate 400% higher than the citywide rate.</p>
<p>Guideline 3.2.4: Support expansion of community-based behavioral health services.</p>	<p>HR360 has demonstrated capacity serving a population with complex medical needs that typically utilize a range of services provided by both public agencies and community-based behavioral health providers. The project is designed to expand on HealthRIGHT360's capacity to provide such services but also to support other community-based behavioral health services in providing an often times missing primary care component.</p>	<p>SFDPH Staff Assessment: HR360 meets guideline 3.2.4.</p> <p>As noted in their response to Guideline 3.2.3, above, HR360 is proposing to increase community-based behavioral health services. Specifically, HR360's proposed project will expand on community behavioral health services in the city by adding 10,000 square feet for substance abuse and mental health services, providing approximately 1,000 individuals with substance use disorder services and 300 individuals with mental health counseling.</p>

IV. Conclusion

SFDPH staff recommends a finding of “Consistent and Recommended for Incentives” for HR360’s application for 1563 Mission Street. A draft resolution is included for your consideration as Attachment C.

HR360’s Application for Consistency Determination has demonstrated a long history of providing health and behavioral health services to San Francisco’s most vulnerable populations. HR360’s proposed project would expand these services within their existing service area, consistent with the guidelines and recommendations of the HCSMP.

ATTACHMENT A

Ordinance 300-10: Planning Code - Health Care Services Master Plan

1 [Planning Code - Health Care Services Master Plan]

2

3 Ordinance amending the San Francisco Planning Code by adding Sections 342 to

4 342.10 requiring the preparation of a Health Care Services Master Plan identifying the

5 current and projected needs for, and locations of, health care services within San

6 Francisco and recommending how to achieve and maintain appropriate distribution of,

7 and equitable access to, such services; requiring that ~~medical institutions applying for~~

8 any change of use to a Medical Use, as defined, that will occupy a space exceeding

9 10,000 gross square feet of floor area, or an expansion of any existing Medical Use by

10 at least 5,000 gross square feet of floor area land-use approvals obtain a ~~c~~Consistency

11 ~~d~~Determination from the Planning Commission or the Planning Department

12 determining that the proposed use or expansion promotes the goals recommended in

13 the Master Plan; providing fees for time and material costs incurred to prepare the

14 consistency determination, and making findings, including findings of consistency

15 with the General Plan and the eight priority policies of Planning Code Section 101.1 and

16 environmental findings.

17 NOTE: Additions are *single-underline italics Times New Roman*;

18 deletions are *strike-through italics Times New Roman*.

19 Board amendment additions are double-underlined;

Board amendment deletions are ~~strikethrough-normal~~.

20 Be it ordained by the People of the City and County of San Francisco:

21 Section 1. Findings. The Board of Supervisors of the City and County of San

22 Francisco hereby finds and determines that:

23 (a) Pursuant to Planning Code Section 302, the Board of Supervisors finds that this

24 ordinance will serve the public necessity, convenience and welfare, for the reasons set forth in

25 Planning Commission Resolution No. 18202, and incorporates such reasons by this reference

1 thereto. A copy of said resolution is on file with the Clerk of the Board of Supervisors in File
2 No. 101057.

3 (b) The Board of Supervisors finds that this ordinance is in conformity with the
4 Priority Policies of Section 101.1 of the Planning Code and with the General Plan, and hereby
5 adopts the findings set forth in Planning Commission Resolution No. 18202 and incorporates
6 such findings by reference as if fully set forth herein. A copy of said resolution is on file with
7 the Clerk of the Board of Supervisors in File No. 101057.

8 (c) The Planning Department concluded environmental review of this ordinance
9 pursuant to the California Environmental Quality Act, Public Resources Code Section 2100 et
10 seq. Documentation of that review is on file with the Clerk of the Board of Supervisors in File
11 No. 101057.

12 Section 2. The San Francisco Planning Code is hereby amended by adding Sections
13 342 to 342.10, to read as follows:

14 **SEC. 342. HEALTH CARE SERVICES MASTER PLAN FINDINGS.**

15 1. On March 23, 2010, President Barack Obama signed into law the "Patient Protection
16 and Affordable Care Act," thereby initiating the most significant change to the health care delivery
17 system that the United States has experienced in forty years. As the City and County of San Francisco
18 ("City") works to implement this monumental law, it is an opportune moment to engage in a
19 comprehensive planning effort for health care services in the City.

20 2. Section 4.110 of the City Charter ("Charter") provides that the Department of Public
21 Health and Health Commission shall provide for the preservation, promotion and protection of the
22 physical and mental health of the inhabitants of the City and County of San Francisco.

23 3. Section 4.105 of the Charter provides that the Planning Commission create and
24 maintain a General Plan consisting of goals, policies and programs for the future development of the
25 City and County that take into consideration social, economic and environmental factors.

1 4. Section 127340(a) of the California Health and Safety Code provides that "private not-
2 for-profit hospitals meet certain needs of their communities through the provision of essential
3 healthcare and other services. Public recognition of their unique status has led to favorable tax
4 treatment by the government. In exchange, nonprofit hospitals assume a social obligation to provide
5 community benefits in the public interests."

6 5. ~~The elimination of the Bay Area Health Systems Agency in 1981 and the~~
7 ~~establishment of a competitive marketplace for health services as state policy through state~~
8 ~~legislation resulted in the loss of routine and comprehensive analysis of health service~~
9 ~~resources, needs, trends, local impacts and related information in the City to guide decisions~~
10 ~~by medical institutions and governmental land use decisions. This loss of information~~
11 ~~promoted decisions, both private and public, that could favor short term individual~~
12 ~~developments over long term, City wide public policy goals.~~

13 5. 6. ~~The attempt by the City to fill the policy gap by passing Ordinance Number 279-~~
14 ~~07, requiring Implementation of Ordinance 279-07, requiring the Department of Public Health~~
15 ~~to analyze the relationship between the City's long term health care needs and facility~~
16 ~~planning for medical institutions, has revealed the need for a City-wide Health Care Services~~
17 ~~Master Plan so that the Planning Department has a tool to analyze individual institutional~~
18 ~~planning against a more comprehensive City plan. submission of Institutional Master Plans,~~
19 ~~revealed the need to balance individual institutional planning with a city-wide plan within which~~
20 ~~plans of individual institutions can be assessed for their relation to city-wide public policy goals~~
21 ~~and the impacts in neighborhoods and the City as a whole.~~

22 6. 7. A Health Care Services Master Plan will provide the Health Commission, the Planning
23 Commission and Board of Supervisors with information and public policy recommendations to guide
24 their decisions to promote the City's land use and policy goals developed in such Plan, such as
25 distribution and access to health care services.

1 7 8. *A Health Care Services Master Plan will also provide the Health Commission, the*
2 *Planning Commission and Board of Supervisors with information essential to disaster planning for the*
3 *City.*

4 8 9. *The San Francisco Department of Public Health is particularly well situated to create a*
5 *Health Care Services Master Plan, as it can draw upon the innovative work of Building a Healthier*
6 *San Francisco, including "The Living Community Needs Assessment" which is an up-to-date, web-*
7 *based, compilation of data about community health in neighborhoods throughout the City.*

8 **SEC. 342.1. DEFINITIONS.**

9 *As used in these sections 342 to 342.10, the following terms shall have the following meanings:*

10 (a) ~~"Application" shall mean an application submitted by an owner or operator of a~~
11 ~~medical institution for any City land use approval, including but not limited to a conditional use~~
12 ~~permit, variance, or other entitlement requiring Planning Commission or Zoning Administrator~~
13 ~~action.~~

14 (b) ~~"Applicant" shall mean an owner or operator of a medical institution submitting~~
15 ~~an application for a land use approval described in section (a) above.~~

16 (c) ~~(a) "Medical Use Institution" shall mean a use as defined in Sections 790.114,~~
17 ~~790.44, 890.114, 890.44, 209.3(a), 217(a) and (c) of the Planning Code, excluding any~~
18 ~~housing operated by a medical provider or any massage use providers of healthcare services,~~
19 ~~such as hospitals, nursing homes, skilled nursing facilities, in-patient hospices, mental and~~
20 ~~behavioral health facilities, substance abuse and chemical dependency treatment centers,~~
21 ~~ambulatory care centers, rehabilitation facilities, free standing imaging centers, surgical~~
22 ~~centers, birthing centers, clinics, and medical office buildings.~~

23 **SEC. 342.2. HEALTH CARE SERVICES MASTER PLAN: COMPONENTS**

24 (a) ~~The Department of Public Health and the Planning Department shall prepare a Health~~
25 ~~Care Services Master Plan that displays and analyzes information concerning the geography~~

1 (including natural features of land, weather, and water supply), demography, epidemiology,
2 economics/finance, neighborhood characteristics, intensity of use, workforce, technology, and
3 governmental policy pertinent to distribution, access, quality and cost of health care services in the
4 City, including the use of the health care services by patients from outside the City, and referral of
5 patients from the City to medical institutions located outside the City limits. Based on this information,
6 the Health Care Services Master Plan will identify existing and anticipated future needs for health care
7 services compared to available and anticipated resources and potential impacts on neighborhoods, and
8 make recommendations for improving the match between needs and resources, as well as where health
9 care services may be located within an area of the City without a significant to minimize land use
10 burden on particular neighborhoods. The Health Care Services Master Plan shall consider
11 neighborhood density, uses, transit and infrastructure availability, traffic characteristics, including
12 mode split among cars, public transit, bicycles and pedestrians.

13 (b) The Health Care Services Master Plan shall, to the extent feasible, contain all of the
14 following components:

15 (1) Health System Trends Assessment: The Health Care Services Master Plan shall describe
16 and analyze trends in health care services with respect to the City, including but not limited to: disease
17 and population health status; governmental policy (at the national, state, regional levels); disaster
18 planning; clinical technology; communications technology; payment for services; sources and uses of
19 capital for investment in services; organization and delivery of services; workforce; community
20 obligations of providers, and any other trends that, in the discretion of the Department of Public
21 Health, may affect availability, location, access and use of services in the City.

22 (2) Capacity Assessment: The Health Care Services Master Plan shall quantify the current
23 and projected capacities of existing ~~Medical Uses~~ medical institutions in San Francisco, including
24 public and private facilities ~~and community-based~~ and for and non-profit organizations. The
25 capacity assessment shall describe, analyze, and project resources available for emergency services.

1 including trauma services; acute hospital services, including beds and services that require specialized
2 facility accommodations; ambulatory care services including primary care; specialty physician
3 services; hospital-based and free-standing urgent care services; rehabilitation, long term care and
4 home health services; and behavioral health services including psychiatric emergency, mental health
5 and substance abuse services. In addition, the capacity assessment shall quantify "surge capacity"
6 needs in the event of a disaster.

7 (3) Land Use Assessment: The Health Care Services Master Plan shall assess the supply,
8 need and demand for Medical Uses medical institutions in the different neighborhoods of the City;
9 the potential effects or land use burdens of locating such services in particular neighborhoods; and the
10 potential for displacement of other neighborhood-serving uses that may occur as a result of the
11 placement of Medical Uses medical institutions.

12 (4) Gap Assessment: The Health Care Services Master Plan shall identify medical service
13 gaps across the City and medically underserved areas for particular services with reference to
14 geography, transportation/communication options, and unique barriers to accessing care, including
15 but not limited to the absence of cultural competence, language, race, immigration status, gender
16 identity, substance abuse, and public assistance.

17 (5) Historical Role Assessment. The Health Care Services Master Plan shall take
18 into consideration the historical role played, if any, by medical uses in the City to provide
19 medical services to historically underserved groups, such as minority or low income
20 communities.

21 (56) Recommendations: The Health Care Services Master Plan shall include policy
22 recommendations to promote an equitable and efficient distribution of healthcare services in the City;
23 the elimination of healthcare service gaps and medically underserved areas; and the placement of
24 Medical Uses medical institutions within the City in a manner that is consistent with the character,
25

1 needs and infrastructure of the different neighborhoods, and that promotes and protects the public
2 health, safety, convenience and general welfare.

3 **SEC. 342.3. HEALTH CARE SERVICES MASTER PLAN PROCESS:**

4 (a) Timing for Health Care Services Master Plan Completion: The Department of Public
5 Health, or its designated consultant, shall work with the Planning Department to complete a draft
6 Health Care Services Master Plan within ~~twelve (12)~~ nine (9) months of the effective date of this
7 ordinance, which time may be extended upon request and by approval of the Board of Supervisors.

8 (b) Preparation of the Health Care Services Master Plan: The Department of Public Health
9 shall hold at least two publicly-noticed informational hearings and/or workshops during the course of
10 the preparation of the draft Health Care Services Master Plan. The Planning Department shall
11 participate in all hearings and/or workshops.

12 (c) Upon completion of a draft Health Care Services Master Plan, the Department of Public
13 Health shall provide public notice of the availability of the Health Care Services Master Plan draft for
14 public review. The notice shall specify a period of no less than thirty (30) days during which written
15 comments will be received by the Department of Public Health and the Planning Department on the
16 draft Health Care Services Master Plan.

17 (d) Public Hearing: After the close of the written public comment period, the Health
18 Commission and Planning Commission shall hold a joint public hearing on the draft Health Care
19 Services Master Plan. The Commissions shall set the time and date for the hearing within a reasonable
20 period, but in no event shall the hearing date be more than thirty (30) days after the close of the written
21 public comment period. The Commissions may recommend approval or may request additional
22 information or revisions in the Health Care Services Master Plan. If the Health Commission or
23 Planning Commission requests significant or material additional information or revisions for the
24 Health Care Services Master Plan, then the Health Commission and Planning Commission shall hold
25 additional public hearings to consider such changes, either jointly or separately.

1 (e) The Health Commission and the Planning Commission may recommend approval or
2 disapproval of the Health Care Services Master Plan. Following such recommendations, the Board of
3 Supervisors shall schedule a hearing to consider a resolution to adopt the adoption of the Health
4 Care Services Master Plan.

5 (f) Plan Update. The Department of Public Health and Planning Department shall update
6 the Health Care Services Master Plan every three (3) years including a summary of changes since the
7 prior Health Care Services Master Plan was approved. The Department of Public Health and the
8 Planning Department may update the Health Care Services Master Plan at any time if either
9 department believes an update is necessary. If the departments are unable to update the Health
10 Care Services Master Plan within three (3) years of the prior update, they must seek an extension of
11 time from the Board of Supervisors. The Health Commission, the Planning Commission, and the Board
12 of Supervisors shall consider and approve periodic Health Care Services Master Plan updates based
13 upon the same procedures described in sub sections (a)-(e) above.

14 **SEC. 342.4. CONSISTENCY DETERMINATION FEE.**

15 The Planning Department may charge and collect from the a Medical Use medical
16 institution requiring a Consistency Determination pursuant seeking a land use approval
17 subject to these sections 342 to 342.10 a fee for the preparation of the required Consistency
18 Determination, in an amount that does not exceed the actual cost of preparation. This fee shall
19 be sufficient to recover actual costs that the Department incurs and shall be charged on a time
20 and materials basis. The Department also may charge for any time and materials costs that
21 other agencies, boards, commissions, or departments of the City, including the City Attorney's
22 Office, incur in connection with the processing of the Consistency Determination. Upon
23 request of the Medical Use, the Department shall provide in writing an estimate of the fee to
24 be charged, and the basis for the fee. This fee shall be payable at the time the Consistency
25 Determination Application application for such land use approval is submitted.

1 **SEC. 342.5. CONSISTENCY DETERMINATION.**

2 (a) On January 2, 2013 or Upon adoption of the Health Care Services Master Plan,
3 whichever date is later, any change of use to a Medical Use, as defined in Section 342.1(a)
4 that would occupy 10,000 gross sf of floor area, or any expansion of an existing Medical Use
5 that would add at least 5,000 gross sf of floor area shall file a Consistency Determination
6 Application with the Planning Department. The Planning Department shall make findings that
7 the proposed or expanded Medical Use is consistent with the most recently updated Health
8 Care Master Plan recommendations. ~~the Planning Department shall review any application~~
9 ~~for or by a medical institution for a land use approval, in order to make findings that a~~
10 ~~proposed use is consistent with the most recently updated Health Care Services Master~~
11 ~~Plan's recommendations.~~

12 (b) (Consistent Applications. If the Planning Department finds, after consultation with the
13 Health Department, that an application appears to be on balance consistent with the
14 recommendations of the Health Care Services Master Plan, the Planning Department shall issue a
15 Consistency Determination to the applicant, and shall immediately post it on the department's website,
16 inviting interested persons to provide public comment on the Consistency Determination. The Planning
17 Department shall not take any action on the land use application for a minimum of fifteen (15) days
18 following the issuance and notice of the Consistency Determination. If the Planning Department
19 receives no written objections to the Consistency Determination within fifteen (15) days, the
20 Consistency Determination is final. If the Planning Department receives written objections setting forth
21 substantive arguments, as determined by the Planning Director and his or her designee, that the
22 application is not consistent with the recommendations of the Health Care Services Master Plan it shall
23 follow the procedures set forth below for inconsistent applications.

24 (c) Inconsistent Applications. If the Planning Department finds that an
25

1 application appears to be on balance inconsistent with the recommendations of the Health Care
2 Services Master Plan, it shall submit the application to the Health Commission. The Health
3 Commission shall review the application at a public hearing and issue written recommendations
4 concerning whether the applicant's proposal is consistent with the recommendations of the Health
5 Care Services Master Plan. If the Health Commission finds that the application is inconsistent with the
6 Health Care Services Master Plan, the Health Commission shall make recommendations to achieve
7 consistency. If the Health Commission finds that the application is consistent with the Health Care
8 Services Master Plan, it shall make written findings to this effect. The Health Commission shall submit
9 its recommendations or written findings to the Planning Commission within thirty (30) days after
10 receipt of the application. Prior to the Planning Commission's consideration of the Health
11 Commission's recommendation, the applicant may amend its application in an effort to achieve
12 consistency with the Health Care Services Master Plan.

13 (d) Public Hearing. The Planning Commission shall hold a public hearing to consider
14 public testimony regarding whether the application is consistent with the recommendations of the
15 Health Care Services Master Plan within 30 days after receiving the findings from the Health
16 Commission unless the proposed or expanded Medical Use includes other associated
17 entitlements. ~~at the same time that it considers the application as a whole. If the proposed or~~
18 expanded Medical Use includes other entitlements necessitating a Planning Commission
19 hearing, the Planning Commission shall hear the Application for Consistency Determination at
20 the same time it considers those other entitlements. The Planning Commission shall consider the
21 recommendations of the Health Commission when making a final decision whether or not to issue a
22 Consistency Determination, and shall make written findings to this effect. The Planning Commission
23 may only approve an entitlement application for which it did not issue a Consistency Determination if
24 countervailing public policy considerations justify its approval of the project.

1 (e) City Consideration of Consistency Determination. When a Consistency
2 Determination is required pursuant to Section 342.5(a), The the Planning Department, the
3 Zoning Administrator and all other involved city agencies shall not approve any permit or entitlements
4 for a medical institution Medical Use unless the Medical Use applicant obtained a Consistency
5 Determination from the Planning Department or the Planning Commission, or the Planning
6 Commission found that countervailing public policy considerations justify approval of the application
7 despite its inconsistency with the Health Care Services Master Plan.

8 **SEC. 342.6. APPEALS.**

9 (a) Within thirty (30) days of the issuance or denial of a Consistency Determination by the
10 Planning Commission, any person may file an appeal. If the Board of Supervisors has authority to
11 review the any associated underlying land use approval entitlements, the appeal of the
12 Consistency Determination shall be filed with the Board of Supervisors. If the Board of Supervisors
13 does not have authority to review any associated entitlement the underlying land use approval,
14 the appeal shall be filed with the Board of Appeals.

15 (b) Appeal to the Board of Supervisors: The Board of Supervisors shall hold a public
16 hearing on an appeal of a Consistency Determination. If the Board of Supervisors, based on all of the
17 information before it, disagrees with the Planning Commission's decision to grant or deny a
18 Consistency Determination, the Board of Supervisors may reverse such decision. The Board of
19 Supervisor's decision shall be final.

20 (c) Appeal to the Board of Appeals: The Board of Appeals shall hold a public hearing on
21 an appeal of a Consistency Determination. The Board of Appeals may, based on all of the information
22 before it and on the affirmative vote of four of its members (or, if a vacancy exists, by a vote of three
23 members), disagree with the Planning Commission's decision to grant or deny a Consistency
24 Determination. In such cases the Board of Appeals may overrule the Planning Commission's decision
25 and shall state in writing the reasons for its action. The Board of Appeals' decision shall be final.

1 (d) The Board of Supervisors or Board of Appeal, as applicable, shall act on the
2 appeal of the Consistency Determination at the same time it acts on other entitlements for the
3 proposed use. The Board of Supervisors or Board of Appeal, as applicable, may find that
4 countervailing public policy considerations justify approval of the entitlement despite any
5 inconsistency with the Health Care Services Master Plan.

6 **SEC. 342.7. AUTHORITY TO ADOPT RULES AND REGULATIONS.**

7 *The Planning Director, in consultation with the Department of Public Health, may prepare*
8 *rules, regulations, or guidelines to implement and enforce these sections 342 to 342.10. Rules or*
9 *regulations prepared pursuant to this Section shall be adopted at a regular meeting of the Planning*
10 *Commission, by a majority vote following a public hearing, provided that the amendment has been*
11 *calendared for hearing for at least ten days.*

12 **SEC. 342.8 PREEMPTION.**

13 *In adopting sections 342 to 342.10, the Board of Supervisors does not intend to regulate or*
14 *affect the rights or authority of the State to take any actions that are required, directed, or expressly*
15 *authorized by Federal or State law. This ordinance shall not apply to prohibit conduct that is*
16 *prohibited by Federal and State law. The ordinance does not intend to supplant or supersede any state*
17 *or local land use or environmental laws or regulations, including but not limited to the City's land use*
18 *planning and zoning ordinances and the California Environmental Quality Act.*

19 **SEC. 342.9. CITY UNDERTAKING LIMITED TO PROMOTION OF GENERAL**
20 **WELFARE.**

21 *In undertaking the adoption and enforcement of these sections 342 to 342.10, the City is*
22 *assuming an undertaking only to promote the general welfare. The City does not intend to impose the*
23 *type of obligation that would allow a person to sue for money damages for an injury that the person*
24 *claims to suffer as a result of a City officer or employee taking or failing to take an action with respect*
25 *to any matter covered by these sections.*

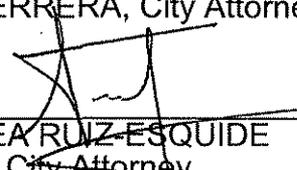
1 **SEC. 342.10. SEVERABILITY.**

2 If any of the provisions of these sections 342 to 342.10 or the application thereof to any person
3 or circumstance is held invalid, the remainder of these sections, including the application of such part
4 or provisions to persons or circumstances other than those to which it is held invalid, shall not be
5 affected thereby and shall continue in full force and effect. To this end, the provisions of these sections
6 are severable.

7 Section 3. This Section is uncodified.

8 The Board of Supervisors hereby urges the Planning Commission to initiate a General
9 Plan Amendment pursuant to Section 340 of the Planning Code, to bring the Health Care
10 Services Master Plan within the General Plan.

11 APPROVED AS TO FORM:
12 DENNIS J. HERRERA, City Attorney

13 By: 
14 ANDREA RUIZ-ESQUIDE
15 Deputy City Attorney



City and County of San Francisco

Tails Ordinance

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 101057

Date Passed: November 23, 2010

Ordinance amending the San Francisco Planning Code by adding Sections 342 to 342.10 requiring the preparation of a Health Care Services Master Plan identifying the current and projected needs for, and locations of, health care services within San Francisco and recommending how to achieve and maintain appropriate distribution of, and equitable access to, such services; requiring that any change of use to a Medical Use, as defined, that will occupy a space exceeding 10,000 gross square feet of floor area, or an expansion of any existing Medical Use by at least 5,000 gross square feet of floor area obtain a Consistency Determination from the Planning Commission or the Planning Department determining that the proposed use or expansion promotes the goals recommended in the Master Plan; providing fees for time and material costs incurred to prepare the Consistency Determination, and making findings, including findings of consistency with the General Plan and the eight priority policies of Planning Code Section 101.1 and environmental findings.

November 01, 2010 Land Use and Economic Development Committee - CONTINUED

November 15, 2010 Land Use and Economic Development Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING NEW TITLE

November 15, 2010 Land Use and Economic Development Committee - RECOMMENDED AS AMENDED AS A COMMITTEE REPORT

November 16, 2010 Board of Supervisors - PASSED ON FIRST READING AS AMENDED

Ayes: 8 - Avalos, Campos, Chiu, Daly, Dufty, Mar, Maxwell and Mirkarimi

Noes: 3 - Alioto-Pier, Chu and Elsbernd

November 16, 2010 Board of Supervisors - AMENDED

Ayes: 11 - Alioto-Pier, Avalos, Campos, Chiu, Chu, Daly, Dufty, Elsbernd, Mar, Maxwell and Mirkarimi

November 23, 2010 Board of Supervisors - FINALLY PASSED

Ayes: 8 - Avalos, Campos, Chiu, Daly, Dufty, Mar, Maxwell and Mirkarimi

Noes: 3 - Alioto-Pier, Chu and Elsbernd

File No. 101057

I hereby certify that the foregoing Ordinance was FINALLY PASSED on 11/23/2010 by the Board of Supervisors of the City and County of San Francisco.



Angela Calvillo
Clerk of the Board

UNSIGNED

Mayor Gavin Newsom

DECEMBER 3, 2010

Date Approved

Date: December 3, 2010

I hereby certify that the foregoing ordinance, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, became effective without his approval in accordance with the provision of said Section 3.103 of the Charter.



Angela Calvillo
Clerk of the Board

File No.
101057

ATTACHMENT B
HealthRight360 Consistency Determination Application

Attachment 2
Health Care Services Master Plan Consistency Determination Application
HealthRight360

INTRODUCTION

HealthRight360 has applied for entitlements to relocate from 1735 Mission Street (33,811 s.f.), two blocks away and 1885 Mission (24,600 s.f.), three blocks away, to 1563 Mission Street. The entitlements will include adaptive reuse of an existing building at 1563 Mission Street, which will consolidate a primary care medical clinic, dental services, outpatient mental health services, substance use disorder services, job and housing resources, and education classes (e.g., GED), in one building. The gross square footage of the building at 1563 Mission is 50,000 square feet. HealthRight360 will perform interior alterations and build-out of a mezzanine to a full floor, and minor façade improvements. With build-out of the mezzanine, the facility will be five-stories. The approximate allocation of uses in the building will be as follows:

- 30,000 square feet medical services;
- 10,000 square feet social services; and
- 10,000 square feet administration.

A substantial number of the clients served will be under 133% of the federal poverty level, and the financial model for the services offered in the 1563 Mission building will be based on Medi-Cal eligibility, medical necessity, and subsequent Medi-Cal Reimbursement, as they are in the existing facilities.

A. How HealthRight360’s Proposed Development Plans Address the San Francisco Health Care Services Master Plan Guidelines and Recommendations

HealthRight360’s proposed development plans at 1563 Mission Street promote the recommendations and guidelines of the San Francisco Healthcare Services Master Plan as follows (all references are to the final Healthcare Services Master Plan dated October 2013):

1. Health Priority 3.1, Page 174 –

- Increase access to appropriate care for San Francisco’s vulnerable populations.

The proposed development will increase access and availability to various primary care, dental care, and behavioral healthcare services in a neighborhood that has documented health disparities.

- Increase the availability and accessibility of primary care in low- income areas. (Guideline 3.1.1)

The area surrounding the corner of Mission Street and South Van Ness Avenue is comprised primarily of low-income residents residing in a commercial district, zoned C-

3-G (Downtown-General) along with a variety of commercial, office, and retail uses. The five corners of this intersection are occupied by a large self-storage facility, a car wash, the Planning Department, offices, several auto repair garages, a car rental agency, a carpet store, and a Goodwill outlet. There are a significant number of single-room occupancy hotels in the vicinity, which are low-income housing. There are no other significant healthcare services in the area.

The zip codes that will be primarily served by this project will be 94103 and 94102 which is generally defined as the South of Market and Tenderloin neighborhoods. According to US Census data for 2012, these two zip codes reported higher poverty rates, higher public assistance needs, and higher rates of public health insurance or no health insurance compared to same figures for the overall county.

Measure	Zip Code 94103	Zip Code 94102	San Francisco County
Total Population	27,170	31,176	805,235
% Individuals below 125% of FPL	30.5%	38.8%	17.4%
% Individuals below 200% of FPL	45.8%	58.6%	28.8%
% with cash public assistance income	5.2%	6.2%	2.8%
% with food stamp/SNAP benefits in last 12 months	6.0%	11.2%	4.1%
Data Source: US Census Bureau, 2008-2012 American Community Survey: S1701 Poverty Status in the Past 12 Months			

- Increase availability of healthcare services among vulnerable subpopulations including, but not limited to, Medi-Cal beneficiaries. (Guideline 3.1.2)

The proposed project will expand availability and accessibility of primary care services to vulnerable subpopulations. The project is anticipated to provide 18,500 medical visits to 7,400 unique patients on an annual basis.

The service area population has a higher rate of uninsured and higher rate public health coverage compared to rates seen for the overall city of San Francisco. HR360 has a long history providing services to this population at our current sites and recognizes the needs of the community in relation to ethnic specific, linguistic needs, and social economic dynamics.

Measure	Zip Code 94103	Zip Code 94102	San Francisco County
Total Population	27,170	31,176	805,235
% With Health Insurance – Public Coverage	35.2%	44.2%	26.2%
% With No Health Insurance Coverage	16.3%	17.4%	11.3%

Language spoken at Home other than English	47.3%	44.8%	45.2%
Foreign-born population	38.9%	37.4%	35.7%
Data Source: US Census Bureau, 2008-2012 American Community Survey: DP03 Selected Economic Characteristics US Census Bureau, 2008-2012 American Community Survey: DP02 Selected Social Characteristics in the United States			

In addition to the demographic data provided by the US Census, comparison reports available through the San Francisco Health Improvement Partnership using data from the California Office of Statewide Health Planning and Development demonstrated disparities across various measures for the South of Market neighborhood consisting of the 94103 and 94104 zip codes.

Measure	SOMA 94103 / 94104 *	San Francisco County *
Preventable Emergency Room Visits	417.0	235.1
Age Adjusted ER Rate due to Long Term Complications of Diabetes	9.2	7.5
Age Adjusted ER Rate due to Hypertension	26.2	15.0
Age-Adjusted ER Rate due to Hepatitis	1.4	0.8
Age-Adjusted ER Rate due to Diabetes	23.8	14.3
Age-Adjusted ER Rate due to Heart Failure	9.1	5.8
Age-Adjusted ER Rate due to COPD	28.8	12.1
Age-Adjusted ER Rate due to Asthma	72.4	37.6
Age-Adjusted ER Rate due to Alcohol Abuse	166.8	63.6
Age-Adjusted ER Rate due to Adult Asthma	58.6	28.3
Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes	8.8	4.0
Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	12.3	6.7
Age-Adjusted Hospitalization Rate due to Hypertension	5.0	2.6
Age-Adjusted Hospitalization Rate due to Hepatitis	5.3	2.3
Age-Adjusted Hospitalization Rate due to Diabetes	22.1	11.3
Age-Adjusted Hospitalization Rate due to Heart Failure	41.7	24.7
Age-Adjusted Hospitalization Rate due to COPD	31.1	11.6
Age-Adjusted Hospitalization Rate due to Asthma	12.5	8.8
Age-Adjusted Hospitalization Rate due to Alcohol Abuse	26.6	8.8
Age-Adjusted Hospitalization Rate due to Adult Asthma	13.0	7.4
*Figures as shown are frequency per 10,000 population 18+ years of age Data Source: 2011-2012 California Office of Statewide Health Planning and Development; as summarized by San Francisco Health Improvement Partnership; Indicator Comparison Report: http://www.sfhip.org/index.php?module=IndicatorCompare&func=main		

- Increase the availability and accessibility of dental care in low- income areas. (Guideline 3.1.5 and 3.1.6)

The proposed project will expand availability and accessibility of dental care services to vulnerable subpopulations. The project is anticipated to provide 5,400 dental visits to

2,160 unique patients on an annual basis. The project site is expected to serve the same population that is identified above which is predominantly low-income population.

- Increase the supply of culturally competent providers serving low income and uninsured populations (Guideline 3.1.8)

The proposed site will increase the number of providers in the area who will serve the Medi-Cal, uninsured or underinsured populations. Projected staffing will include four medical providers, two dental providers, and a range of behavioral health staff. Current healthcare staff provide services in English, Spanish, and Portuguese. Support staff have additional language capacity in Mandarin and Cantonese. In addition to current staff language capacity, HealthRIGHT 360 contracts with the International Effectiveness Center for translation services that provides telephone interpretation services in the following languages: Arabic, Cambodian, Cantonese, Dari, Eritrean, Ethiopian, Farsi, Hindi, Hmong, Indonesian, Japanese, Korean, Laotian, Mam, Mandarin, Mien, Pashto, Punjabi, Russian, Spanish, Tagalog, Thai, Urdu, and Vietnamese.

HealthRIGHT360 has a long standing history of providing culturally responsive services to a low income and uninsured population. In 2013, HealthRIGHT360 provided medical care to 2,939 patient of which 86.7% were below 200% of FPL and 92.5% were without healthcare insurance.

Measure	UDP	Percentage
Total Unduplicated Patients	2,939	
% Individuals below 100% of FPL	2,019	68.7%
% Individuals below 200% of FPL	2,548	86.7%
% Individuals on Medi-Cal	97	3.3%
% Individuals with no healthcare coverage	2,719	92.5%
Data Source: 2013 OSHPD Report for HealthRIGHT360's 1735 Mission Street Clinic		

HealthRIGHT360 has demonstrated a history of serving the proposed population, in 2013 of 2,719 patients served, 32.7% resided in the 94103 and 94102 zip codes.

Patient Origin for 1735 Medical - Calendar year 2013	UDP	Percentage
Primary Service Area		
94103	668	24.6%
94102	220	8.1%
Total for Primary Service Area	888	32.7%
Secondary Service Area		
94110	331	12.2%
94117	260	9.6%
94112	231	8.5%
94124	112	4.1%
94109	107	3.9%

94115	100	3.7%
Less than 100	690	25.3%
Total for Secondary Service Area	1,956	67.3%
Total Patients	2,719	
Data Source: 2013 Unduplicated Patient Count by Zip Code for 1735 Mission Street clinic		

- Deliver and facilitate access to specialty care for underserved populations. (Guideline 3.1.10)

The proposed project will offer a wide range of services including primary medical care, dental care, onsite pharmacy, mild to moderate behavioral health services, specialty mental health, and specialty substance use disorder treatment services. Additionally, as part of the clinic operations, HealthRIGHT 360 maintains relationships with hospitals and specialty providers, predominately with San Francisco General Hospital and the San Francisco Department of Public Health.

HealthRIGHT360 also continues to explore innovative ways to remove barriers to care, including operating a fleet of vans used to transport clients from various program sites, clinics, and other social service providers. In the current fiscal year the HealthRIGHT360's transportation department will have provided over 50,000 transport stops, each stop is defined as transporting a client from one location to another. The shuttle service current transports clients from one of HealthRIGHT360's service sites to another site which can be appointments with social service providers, medical appointments, SF general hospital, etc. The transportation department proposes to offer shuttle service for clinic patients to access identified specialty providers or hospitals. HealthRIGHT360 is also piloting various projects to communicate reminders to patients including electronic communication via an online portal and text messaging.

2. Guideline 3.2.3, page 175 – Increase the availability of behavioral health and trauma related services.

The proposed site is located in San Francisco Police Department's Southern District. Per the 2013 COMPSTAT report, the Southern District reported disproportionately higher rates of violent crimes as follows:

Measure	Southern District	City Wide Profile
Total Population	26,145	843,402
Violent Crimes (per 1,000 of population)		
Homicide	0.27	0.06
Rape	1.49	0.34
Robbery	28.42	4.74
Aggravated Assault	22.26	4.48

Total Violent Crimes	52.44	9.63
Other Crimes (per 1,000 of population)		
Domestic Violence (DV) Abuse	8.72	1.96
Child Abuse	1.45	0.41
DV Related Order Violations	0.73	0.16
Stay Away/Court Order Violations (Non-DV)	3.94	0.76
Shot Fired	0.73	0.40
Shooting Victims	0.84	0.23
Total Other Crimes	16.41	3.92
Data Source: San Francisco Police Department – COMPSTAT Report for 12/2013 – YTD Totals		

The proposed site will increase the availability of behavioral health services by adding approximately 10,000 square feet of space that will be used for substance abuse treatment and mental health services. Staffing for these services will include licensed clinic staff, BBS registered interns, and AOD certified staff among others. We project to see approximately 1,000 unduplicated clients for AOD services annually and an additional 300 unduplicated clients for mental health counseling services annually.

3. Guideline 3.2.4, page 175 – Support expansion of community-based behavioral health services.

HealthRIGHT360 has demonstrated capacity serving a population with complex medical needs that typically utilize a range of services provided by both public agencies and community-based behavioral health providers. The project is designed to expand on HealthRIGHT360’s capacity to provide such services but also to support other community-based behavioral health services in providing an often times missing primary care component.

B. The Conformity of HealthRight360’s Development Plans with the Market-Octavia Area Plan

HealthRight360’s proposed development plans are consistent with and promote the Market-Octavia Area Plan’s goals and policies as follows:

Policy 7.1.1

Support the siting of new facilities to meet the needs of a growing community and to provide opportunities for residents of all age levels.

Healthcare is a critical component for the Eastern Neighborhoods, where many residents fall between the cracks of managed health care.

Policy 7.2.1

Promote the continued operation of existing human and health services that serve low-income and immigrant communities in the Eastern Neighborhoods.

The development plans for 1563 Mission Street will continue the human and health services currently operated by HealthRight360 at its 1735 Mission Street and 1885 Mission Street offices. The stated purpose of the organization is to serve low-income and no-income communities, as set forth in Section 1 of the Institutional Master Plan.

Policy 7.2.3

Explore a range of revenue-generating tools to support the ongoing operations and maintenance of public health and community facilities, including public funds and grants as well as private funding sources.

HealthRight360 operates almost entirely on public funds and grants, with some private donations.

ATTACHMENT C

Draft Resolution Recommending that Healthright360's Health Care Services Master Plan Consistency Determination for its Proposed Project at 1563 Mission Street Be Considered Consistent and Recommended for Incentives

**HEALTH COMMISSION
RESOLUTION NO. _____**

**RECOMMENDING THAT HEALTHRIGHT360'S HEALTH CARE SERVICES MASTER PLAN
CONSISTENCY DETERMINATION FOR ITS PROPOSED PROJECT AT 1563 MISSION
STREET BE CONSIDERED CONSISTENT AND RECOMMENDED FOR INCENTIVES**

WHEREAS, San Francisco Ordinance No. 300-10, sponsored by Supervisor David Campos and effective January 2, 2011, required the creation of a Health Care Services Master Plan (HCSMP) intended to identify the current and projected needs for – and locations of – health care services within San Francisco while setting forth recommendations on how to achieve and maintain an appropriate distribution of health care services with a focus on access; and

WHEREAS, The HCSMP, adopted by the Board of Supervisors and enacted December 17, 2013, requires that certain land use projects that fall under the Medical Use sections of the Planning Code and meet certain size thresholds be compared for consistency against the HCSMP; and

WHEREAS, On June 16, 2014, HealthRight 360 (HR360) submitted a HCSMP Consistency Determination Application for their proposed project at 1563 Mission Street; and

WHEREAS, the San Francisco Planning Department (Planning), after confirming that HR360's proposed project was subject to an HCSMP Consistency Determination, forwarded the Consistency Determination Application to the San Francisco Department of Public Health (SFDPH) for review; and

WHEREAS, SFDPH reviewed the Consistency Determination and determined that HR360's proposed project addresses the following HCSMP recommendations and/or guidelines:

- Guideline 3.1.1: Increase the availability and accessibility of primary care in low-income areas (i.e., areas where the percentage of low-income residents – defined as individuals living below 200% of the Census Poverty Threshold – is greater than the San Francisco average), areas with documented high rates of health disparities (e.g., areas in which residents face the highest rates of morbidity or premature mortality) and/or areas with limited existing health care resources
- Guideline 3.1.2: Increase the availability and accessibility of culturally competent primary care among vulnerable subpopulations including but not limited to Medi-Cal beneficiaries, uninsured residents, limited English speakers, and populations with documented high rates of health disparities.
- Guideline 3.1.5: Increase the availability and accessibility of dental care in low-income areas (i.e., areas where the percentage of low-income residents – defined as individuals living below 200% of the Census Poverty Threshold – is greater than the San Francisco average) and areas with documented high rates of health disparities (e.g., areas in which residents face the highest rates of morbidity or premature mortality).
- Guideline 3.1.6: Increase the availability and accessibility of dental care among vulnerable subpopulations including but not limited to Medi-Cal beneficiaries, uninsured residents, limited English speakers, and populations with documented high rates of health disparities.
- Guideline 3.1.8: Increase the supply of culturally competent providers serving low-income and uninsured populations, which may include but is not limited to supporting

projects that can demonstrate through metrics that they have served and/or plan to serve a significant proportion of existing/new Medi-Cal and/or uninsured patients, particularly in underserved neighborhoods.

- Guideline 3.1.10: Promote projects that demonstrate the ability and commitment to deliver and facilitate access to specialty care for underserved populations (e.g., through transportation assistance, mobile services, and/or other innovative mechanisms).
- Guideline 3.2.3: Increase the availability of behavioral health and trauma-related services – including school-based services – in neighborhoods with documented high rates of violence (i.e., neighborhoods exceeding citywide violence rates per San Francisco Police Department data).
- Guideline 3.2.4: Support expansion of community-based behavioral health services.

WHEREAS, SFDPH staff, upon completing review of HR360's Consistency Determination Application for 1563 Mission Street, recommended to the Health Commission a finding of "Consistent and Recommended for Incentives"; now

THEREFORE BE IT RESOLVED, That the San Francisco Health Commission commends HR360's efforts to address the health and wellness needs of San Francisco residents; and be it

FURTHER RESOLVED, That HR360 has demonstrated a long history of providing health and behavioral health services to San Francisco's most vulnerable populations; and be it

FURTHER RESOLVED, That the San Francisco Health Commission recommends to Planning that HR360's proposed project be considered Consistent and Recommended for Incentives; and be it

FURTHER RESOLVED, That the San Francisco Health Commission encourages Planning to partner with HR360 to determine what incentives are best suited to the proposed project based on its anticipated health care benefits to the community; and be it

FURTHER RESOLVED, That the Health Commission requests that HR360 report back to the Health Commission one year following the opening of the new facility to report on its progress in meeting the recommendations and guidelines outlined in their application.

I hereby certify that the San Francisco Health Commission at its meeting on September 2nd, 2014 adopted the foregoing resolution.

Mark Morewitz
Health Commission Secretary