



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:** October 29<sup>th</sup>, 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  
Sneha Patil, Health Program Planner, Office of Policy & Planning

**RE:** Health Care Services Master Plan: Jewish Home Consistency Determination Application

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On October 17<sup>th</sup>, Jewish Home submitted a Health Care Services Master Plan (HCSMP) Consistency Determination Application for review by the San Francisco Department of Public Health (SFDPH) and the Health Commission. Jewish Home's application has been scheduled for hearing and action at the Health Commission meetings on November 4<sup>th</sup> and December 2<sup>nd</sup>. SFDPH staff has reviewed Jewish Home's application and recommends a finding of "Consistent and Recommended for Incentives."

To assist the Health Commission in its review of Jewish Home's application this memo provides SFDPH's review of Jewish Home's Consistency Determination Application. For information regarding the HCSMP Consistency Determination process, please see Attachment A.

## **I. Jewish Home Consistency Determination Application**

### **A. About Jewish Home**

Jewish Home of San Francisco is a residential care facility, established in 1871, specializing in programs, services and care for older adults. Jewish Home is operated by a 501(c)(3) non-profit corporation, and its mission is to enhance the quality of life for seniors. As a CMS five star rated nursing facility<sup>1</sup>, Jewish Home has distinguished itself as a national leader in residential geriatric care. Jewish Home is dedicated to providing access to many different populations with multiple and unique care and services needs at various income levels. Jewish Home relies on substantial philanthropy to support its operations. Existing facilities house a mix of uses,

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<sup>1</sup> Centers for Medicare & Medicaid Service created the Five-Star Quality Rating System as a resource for consumers, and five stars is the highest rating, meaning much above average.

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**The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.**

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~  
~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

including skilled nursing facilities (short-term stay/rehabilitation and long-term skilled nursing), acute care psychiatric, and support facilities, including clinic space.

## *B. Operating Environment*

Jewish Home notes that the Bay Area is changing dramatically as more Baby Boomers reach retirement age, bringing new demands, expectations, and concerns about the rest of their lives. With this change comes challenges:

- Thanks to modern medicine, people are living longer — but often with multiple chronic illnesses, including dementia and Alzheimer’s, which can take a devastating toll on individual lives, families, and communities.
- Far too many adults are ill-prepared financially for retirement and wonder how they will afford the longer lives medicine makes possible.
- Older adults today prefer independence to the traditional institutional living approaches of the past. But staying at home longer can lead to isolation, premature illness, depression, and poor access to life-enhancing resources. Often couples must separate when one’s need for care outpaces the others. Seniors fortunate enough to have a support system risk draining the financial, emotional, and physical resources of their caregivers.
- With no infrastructure to support a growing, aging population, the impacts will be felt economically, as we struggle with costs, and morally, as we face the reality in which our oldest citizens live.
- Public resources for residential care facilities are dwindling, and recent state cuts to Medi-Cal reimbursement created substantial liabilities for facilities like Jewish Home.
- Many residential care facilities, including Jewish Home, are aging and outdated, and it will be a major undertaking at a substantial cost to renovate and rebuild the facilities to contemporary residential care, life safety and seismic standards.

## *C. The Proposed Project*

### *1. Changes to Existing Services*

Building on its long history of service, Jewish Home is preparing to serve older adults across a spectrum of needs and capabilities. The project will retain skilled nursing facilities, and will add two assisted living and/or memory care buildings, plus a potential third assisted living and/or independent living building. All would be residential care facility buildings, licensed as a Residential Care Facility for the Elderly.

The project also includes the expansion of the existing acute care psychiatric facilities by approximately 5,000 to 6,000 square feet. Jewish Home currently has approximately 355 skilled nursing beds and 12 acute psychiatric beds. It is anticipated that the project will double Jewish Home’s acute psychiatric beds, bringing the total to 24, and retain approximately the same number of skilled nursing beds.

### *2. “The Square”*

Jewish Home will also partner with other service providers to develop and operate “The Square,” a central location for service, support and community for a wide range of older adults and their caregivers. The Square will expand on the scope of existing clinic and support services at Jewish Home and will make them available to the broader community. The Square will use approximately 30,000 gross square feet (gsf) plus of space to provide medical care and wellness programs. It will also include services such as adult day care, social programs, education and entertainment, a café, potentially a site-serving pharmacy, and other resources and retail uses.

*D. Applicability of HCSMP Consistency Determination to Proposed Project*

Medical use projects are subject to a HCSMP consistency determination for: 1) projects that require a change of use from non-medical to medical occupying more than 10,000 gsf; or 2) projects that expand an existing medical use by more than 5,000 gsf.

The majority of the uses proposed in Jewish Home's proposed project are not medical uses. The only medical uses in the proposed project are the acute psychiatric care and a subset of The Square. The acute psychiatric care space is expected to include approximately 5,000 to 6,000 square feet of net new medical use space, depending on the final configuration. The proposed medical/clinical component of The Square is expected to be housed principally in existing clinic space and may or may not result in a net increase of medical use space. The amount of any net new clinic/medical space would be up to approximately 7,000 gsf. As such, it is possible that the project will not exceed the threshold for a HCSMP consistency determination. Jewish Home is conservatively seeking a consistency determination to allow flexibility to address the evolving needs of older adults and their caregivers over time, and because the sponsor welcomes an open and ongoing dialogue with the Department of Public Health regarding the project's Medical Uses and alignment with the HCSMP.

**II. SFDPH Review of Jewish Home's Consistency Determination Application**

Below is a summary of Jewish Home's Consistency Determination Application (included as Attachment B to this memo) and SFDPH's review of the application.

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.

**SFDPH Staff Assessment: Jewish Home meets guideline 3.1.2.** Jewish Home currently provides primary care services to a vulnerable, low-income, and aging population. The proposed expansion of services at Jewish Home will increase the availability of primary care services for seniors in San Francisco.

Jewish Home provides 5,000 primary care visits annually for residents at the bedside, using between 12 and 15 primary care providers. Using their existing underutilized clinic space, Jewish Home will significantly expand primary care services, adding 7,000 additional primary care visits to serve members of The Square and residents in the new assisted living and memory care centers. They anticipate offering close to 12,000 primary care appointments annually. The Square will add four physicians and one nurse practitioner for primary care services.

Jewish Home cares for a largely older adult, low-income, limited English speaking population. Specifically, 77 percent of Jewish Home's residents are between the ages of 76 and 100, and 95 percent of Jewish Home's long-term care residents are low-income, Medi-Cal beneficiaries.

Approximately 43 percent of Jewish Home's residents speak Russian as their primary language. Jewish Home has over 80 employees who are designated as capable translators to the elderly. If a specific translator is not available when needed, Jewish Home staff use a language telephone company, a communications board which visually displays the basic 24 ADL's, and family members to communicate with patients.

**Guideline 3.1.6:** Increase the availability and accessibility of dental care among vulnerable sub-populations including, but not limited to, Medi-Cal beneficiaries, uninsured residents, limited English speakers, and populations with documented high rates of health disparities.

**SFDPH Staff Assessment: Jewish Home meets guideline 3.1.6.** Jewish Home's proposed project will increase dental services for the senior population.

Jewish Home's 270 long-term care residents use an in-house dental clinic and access approximately 700 dental appointments annually. In the future, Jewish Home plans to greatly increase the use of their three-suite dental clinic for members of The Square as well as assisted living and memory care residents. Jewish Home estimates that dental services will double to 1,400 visits annually.

**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).

**SFDPH Staff Assessment: Jewish Home meets guideline 3.1.10.** Jewish Home's proposed project will continue to facilitate access to specialty care for underserved populations

Jewish Home's 270 long-term care residents use specialty care on and off campus. In 2013, campus clinic visits totaled 3,140 and off campus visits totaled 864. Jewish Home has a van and employs a driver, providing 900 trips annually free of charge. In addition, Jewish Home contracts with an outside transportation provider for an additional 150 rides a year. In the future, Jewish Home plans to have a transportation coordinator(s) for all residents, patients and members of The Square that have transportation needs and will coordinate with Para transit, their own shuttle service, taxi, taxi alternatives, caregivers and MUNI.

**Guideline 3.2.4:** Support expansion of community-based behavioral health services

**SFDPH Staff Assessment: Jewish Home meets guideline 3.2.4 -** Jewish Home's proposed project will expand community-based behavioral health services for the senior population.

Jewish Home is located in the southeast sector where fewer behavioral health services exist compared to other sectors of San Francisco. Jewish Home's long-term care residents are supported by an assigned social worker and additional behavioral health services are available to them when needed. Jewish Home's short stay rehabilitation unit utilizes two social workers that focus on transitioning patients successfully to home. Social workers handle care at home, helping to determine necessary home improvements, alternative living situations, therapies, social services, and community-based services. Jewish Home's Acute Psychiatric Unit is staffed two psychiatrists and serves 10 to 12 acute psychiatric patients daily.

In addition to care for its residents, Jewish Home plans to provide new behavioral health services to members of The Square. At a minimum, a case manager will be assigned to each member of The Square. In addition, Jewish Home will employ at least one mental health professional who will be able to offer an estimated 750 appointments each year. Further, Jewish Home anticipates providing more than 650 support groups annually, facilitated by either a case manager or mental health professional.

**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.

**SFDPH Staff Assessment: Jewish Home meets guideline 3.3.2.** Jewish Home’s proposed project promotes a continuum of community-based long-term supports and services to meet seniors’ daily needs and reduce social isolation.

Jewish Home will be using their existing underutilized resident clinic space on the first floor of their Rosenberg building for all medical services. Jewish Home will also repurpose the second floor of Rosenberg, and/or other space on site, for non-medical purposes for The Square. Those purposes may include professional services such as case management, patient advocacy, and financial planning, and other wellness services. The remainder of the space will be in and around the core of Jewish Home and all spaces will be shared with residents and patients.

The Square is envisioned to be a place that will engage a wide range of partners to deliver a continuum of programs, services, and resources that provide older adults, families, and caregivers with the innovative age-in-place alternatives they need and demand. Utilizing approximately 30,000 plus square feet of space in a combination of existing and new buildings on the Jewish Home campus, Jewish Home will provide services for older adults under one roof: medical care and wellness programs in their existing clinic; counseling and support groups; adult day care; a café; a site-serving pharmacy; social programs, education, and entertainment; other retail offerings; and additional resources – potentially legal, case management, advocacy. It is intended to be a bustling site of service, support, and community, with the centerpiece being preventative care and care management.

Home-dwelling seniors are just one community segment The Square will serve. Family members and caregivers will also find a support system at The Square: adult day care for their loved one, memory care and mental health services, counselors, professionals to provide advice and respite, and ease the pressures of caregiving.

**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.

**SFDPH Staff Assessment: Jewish Home meets guideline 3.5.4 -** Jewish Home will provide transportation options to its campus for Square members.

As stated earlier, Jewish Home has a van and employs a driver, providing 900 trips annually to and from its facility free of charge. In addition, Jewish Home contracts with an outside transportation provider for an additional 150 rides a year. Jewish Home has committed to coordinating transportation to their campus for Square members via para-transit, shuttle service, taxi, alternative taxi services and MUNI from many parts of the city, including those with low-income and documented high rates of health disparities and transportation barriers. Jewish Home is currently undertaking extensive

transportation research to determine how best to meet the needs of their future residents, patients, and clients.

### **III. Conclusion**

SFDPH staff recommends a finding of “Consistent and Recommended for Incentives” for Jewish Home’s application for The Square. A draft resolution is included for your consideration as Attachment C.

Jewish Home’s Application for Consistency Determination has demonstrated a long history of providing health services to San Francisco’s aging population. Jewish Home’s proposed project would expand these services within their existing facility, consistent with the guidelines and recommendations of the HCSMP.

## **ATTACHMENT A**

Overview of the HCSMP and Consistency Determination Process

**ATTACHMENT B**  
Jewish Home Consistency Determination Application

**ATTACHMENT C**

Draft Resolution Recommending that Jewish Home's Health Care Services Master Plan Consistency Determination Be Considered Consistent and Recommended for Incentives

## 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 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
<b>SAN FRANCISCO HEALTH PRIORITY 1: ENSURE SAFE + HEALTHY LIVING ENVIRONMENTS</b>	
<b><u>HCSMP Recommendation 1.1:</u> Address identified social and environmental factors that impede and prevent access to optimal care, including but not limited to violence and safety issues, transportation barriers, environmental hazards, and other built environment issues.</b>	
	<b><u>Guideline 1.1.1:</u> Advance an actionable “Health in All Policies” (HiAP) policy for the City.</b>

Eligible for Incentives	HCSMP Guideline
	<b>Guideline 1.1.2:</b> 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).
	<b>Guideline 1.1.3:</b> 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).
	<b>Guideline 1.1.4:</b> 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.
	<b>Guideline 1.1.5:</b> Advance the efforts of the Mayor’s Office of Violence Prevention Services, including recommendations of San Francisco’s current and future Violence Prevention Plan.
<b>SAN FRANCISCO HEALTH PRIORITY 2: INCREASE HEALTHY EATING + PHYSICAL ACTIVITY</b>	
<b>HCSMP Recommendation 2.1: Support “healthy” urban growth.</b>	
	<b>Guideline 2.1.1:</b> Support the expansion of networks of open spaces, small urban agriculture, and physical recreation facilities, including the network of safe walking and biking facilities.
	<b>Guideline 2.1.2:</b> 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.
	<b>Guideline 2.1.3:</b> Encourage residential and mixed-use projects to incorporate healthy design – design encouraging walking and safe pedestrian environments.
<b>SAN FRANCISCO HEALTH PRIORITY 3: INCREASE ACCESS TO HIGH QUALITY HEALTH CARE + SERVICES</b>	
<b>HCSMP Recommendation 3.1: Increase access to appropriate care for San Francisco’s vulnerable populations.</b>	
	<b>Guideline 3.1.1:</b> 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
	<b>Guideline 3.1.2:</b> 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.
	<b>Guideline 3.1.3:</b> Increase the availability and accessibility of prenatal care within neighborhoods with documented high rates of related health disparities.
	<b>Guideline 3.1.4:</b> 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.
	<b>Guideline 3.1.5:</b> 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).
	<b>Guideline 3.1.6:</b> 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.
	<b>Guideline 3.1.7:</b> Complete the rezoning of the Bayview Health Node, as envisioned by community residents in the adopted Bayview Redevelopment Plan.

Eligible for Incentives	HCSMP Guideline
	<b>Guideline 3.1.8:</b> 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.
	<b>Guideline 3.1.9:</b> 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.
	<b>Guideline 3.1.10:</b> 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).
	<b>Guideline 3.1.11:</b> Support innovative education and outreach efforts that: <ul style="list-style-type: none"> <li>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.</li> <li>b. Help low-income, publicly insured, and/or uninsured persons identify health care facilities where they may access care.</li> </ul>
	<b>Guideline 3.1.12:</b> 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).
	<b>Guideline 3.1.13:</b> Support clinics and support services that offer non-traditional facility hours to accommodate patients who work during traditional business hours.
	<b>Guideline 3.1.14:</b> Preserve the Healthy San Francisco program.
	<b>Guideline 3.1.15:</b> Support mobile enrollment efforts to expand opportunities for people to enroll in health insurance or other health care programs.
<b>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.</b>	
	<b>Guideline 3.2.1:</b> 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.
	<b>Guideline 3.2.2:</b> Research the connection between specialty mental health services and Medi-Cal managed care for Medi-Cal beneficiaries.
	<b>Guideline 3.2.3:</b> 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).
	<b>Guideline 3.2.4:</b> Support expansion of community-based behavioral health services.
<b>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.</b>	
	<b>Guideline 3.3.1:</b> Support affordable and supportive housing options for seniors and persons with disabilities, enabling them to live independently in the community.
	<b>Guideline 3.3.2:</b> 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.
	<b>Guideline 3.3.3:</b> 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.
<b>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.</b>	

Eligible for Incentives	HCSMP Guideline
	<b>Guideline 3.4.1:</b> 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.
	<b>Guideline 3.4.2:</b> 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.
	<b>Guideline 3.4.3:</b> Encourage the assessment of patients' health literacy and cultural/linguistic needs, so providers can better tailor care to each patient's needs.
<b>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.</b>	
	<b>Guideline 3.5.1:</b> 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.
	<b>Guideline 3.5.2:</b> Ensure that the MTA continues to consider the needs of seniors and persons with disabilities in its transportation planning efforts.
	<b>Guideline 3.5.3:</b> 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.
	<b>Guideline 3.5.4:</b> 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.
	<b>Guideline 3.5.5:</b> 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.
	<b>Guideline 3.5.6:</b> 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.
	<b>Guideline 3.5.7:</b> 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.
	<b>Guideline 3.5.8:</b> 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.
<b>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.</b>	
	<b>Guideline 3.6.1:</b> Support collaborations between medical service providers and existing community-based organizations with expertise in serving San Francisco's diverse populations.
	<b>Guideline 3.6.2:</b> 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.
	<b>Guideline 3.6.3:</b> 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.
	<b>Guideline 3.6.4:</b> 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.
	<b>Guideline 3.6.5:</b> Showcase collaboration outcomes to illustrate the potential impact of community partnerships.

Eligible for Incentives	HCSMP Guideline
<b>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.</b>	
	<b>Guideline 3.7.1:</b> 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.
	<b>Guideline 3.7.2:</b> 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.
	<b>Guideline 3.7.3:</b> 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.
<b>HCSMP Recommendation 3.8: Improve local health data collection and dissemination efforts.</b>	
	<b>Guideline 3.8.1:</b> 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).
	<b>Guideline 3.8.2:</b> Gather and disseminate more data about the connection between safety and public health.
	<b>Guideline 3.8.3:</b> 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.
<b>HCSMP Recommendation 3.9: Promote the development of cost-effective health care delivery models that address patient needs.</b>	
	<b>Guideline 3.9.1:</b> Use nurse practitioners and physician assistants to the full extent of their training.
	<b>Guideline 3.9.2:</b> 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"> <li>a. Allowing specialists with a history of treating patients with certain conditions to serve as those patients' primary care provider;</li> <li>b. Better equipping primary care providers to manage chronic conditions to maximize the appropriate use of specialists; and/or</li> <li>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.</li> </ul>
	<b>Guideline 3.9.3:</b> 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,”<sup>1</sup> 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.”<sup>2</sup>

<sup>1</sup> San Francisco Ordinance 300-10, page 9, lines 12-13.

<sup>2</sup> San Francisco Ordinance 300-10, page 10, lines 2-5.

**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.
- 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.

<b>Consistent and Recommended for Incentives</b>	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.
<b>Consistent</b>	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.”
<b>Inconsistent</b>	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.



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:** October 29<sup>th</sup>, 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  
Sneha Patil, Health Program Planner, Office of Policy & Planning

**RE:** Health Care Services Master Plan: Jewish Home Consistency Determination Application

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On October 17<sup>th</sup>, Jewish Home submitted a Health Care Services Master Plan (HCSMP) Consistency Determination Application for review by the San Francisco Department of Public Health (SFDPH) and the Health Commission. Jewish Home's application has been scheduled for hearing and action at the Health Commission meetings on November 4<sup>th</sup> and December 2<sup>nd</sup>. SFDPH staff has reviewed Jewish Home's application and recommends a finding of "Consistent and Recommended for Incentives."

To assist the Health Commission in its review of Jewish Home's application this memo provides SFDPH's review of Jewish Home's Consistency Determination Application. For information regarding the HCSMP Consistency Determination process, please see Attachment A.

## **I. Jewish Home Consistency Determination Application**

### **A. About Jewish Home**

Jewish Home of San Francisco is a residential care facility, established in 1871, specializing in programs, services and care for older adults. Jewish Home is operated by a 501(c)(3) non-profit corporation, and its mission is to enhance the quality of life for seniors. As a CMS five star rated nursing facility<sup>1</sup>, Jewish Home has distinguished itself as a national leader in residential geriatric care. Jewish Home is dedicated to providing access to many different populations with multiple and unique care and services needs at various income levels. Jewish Home relies on substantial philanthropy to support its operations. Existing facilities house a mix of uses,

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<sup>1</sup> Centers for Medicare & Medicaid Service created the Five-Star Quality Rating System as a resource for consumers, and five stars is the highest rating, meaning much above average.

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We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~  
~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

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including skilled nursing facilities (short-term stay/rehabilitation and long-term skilled nursing), acute care psychiatric, and support facilities, including clinic space.

## *B. Operating Environment*

Jewish Home notes that the Bay Area is changing dramatically as more Baby Boomers reach retirement age, bringing new demands, expectations, and concerns about the rest of their lives. With this change comes challenges:

- Thanks to modern medicine, people are living longer — but often with multiple chronic illnesses, including dementia and Alzheimer’s, which can take a devastating toll on individual lives, families, and communities.
- Far too many adults are ill-prepared financially for retirement and wonder how they will afford the longer lives medicine makes possible.
- Older adults today prefer independence to the traditional institutional living approaches of the past. But staying at home longer can lead to isolation, premature illness, depression, and poor access to life-enhancing resources. Often couples must separate when one’s need for care outpaces the others. Seniors fortunate enough to have a support system risk draining the financial, emotional, and physical resources of their caregivers.
- With no infrastructure to support a growing, aging population, the impacts will be felt economically, as we struggle with costs, and morally, as we face the reality in which our oldest citizens live.
- Public resources for residential care facilities are dwindling, and recent state cuts to Medi-Cal reimbursement created substantial liabilities for facilities like Jewish Home.
- Many residential care facilities, including Jewish Home, are aging and outdated, and it will be a major undertaking at a substantial cost to renovate and rebuild the facilities to contemporary residential care, life safety and seismic standards.

## *C. The Proposed Project*

### *1. Changes to Existing Services*

Building on its long history of service, Jewish Home is preparing to serve older adults across a spectrum of needs and capabilities. The project will retain skilled nursing facilities, and will add two assisted living and/or memory care buildings, plus a potential third assisted living and/or independent living building. All would be residential care facility buildings, licensed as a Residential Care Facility for the Elderly.

The project also includes the expansion of the existing acute care psychiatric facilities by approximately 5,000 to 6,000 square feet. Jewish Home currently has approximately 355 skilled nursing beds and 12 acute psychiatric beds. It is anticipated that the project will double Jewish Home’s acute psychiatric beds, bringing the total to 24, and retain approximately the same number of skilled nursing beds.

### *2. “The Square”*

Jewish Home will also partner with other service providers to develop and operate “The Square,” a central location for service, support and community for a wide range of older adults and their caregivers. The Square will expand on the scope of existing clinic and support services at Jewish Home and will make them available to the broader community. The Square will use approximately 30,000 gross square feet (gsf) plus of space to provide medical care and wellness programs. It will also include services such as adult day care, social programs, education and entertainment, a café, potentially a site-serving pharmacy, and other resources and retail uses.

*D. Applicability of HCSMP Consistency Determination to Proposed Project*

Medical use projects are subject to a HCSMP consistency determination for: 1) projects that require a change of use from non-medical to medical occupying more than 10,000 gsf; or 2) projects that expand an existing medical use by more than 5,000 gsf.

The majority of the uses proposed in Jewish Home's proposed project are not medical uses. The only medical uses in the proposed project are the acute psychiatric care and a subset of The Square. The acute psychiatric care space is expected to include approximately 5,000 to 6,000 square feet of net new medical use space, depending on the final configuration. The proposed medical/clinical component of The Square is expected to be housed principally in existing clinic space and may or may not result in a net increase of medical use space. The amount of any net new clinic/medical space would be up to approximately 7,000 gsf. As such, it is possible that the project will not exceed the threshold for a HCSMP consistency determination. Jewish Home is conservatively seeking a consistency determination to allow flexibility to address the evolving needs of older adults and their caregivers over time, and because the sponsor welcomes an open and ongoing dialogue with the Department of Public Health regarding the project's Medical Uses and alignment with the HCSMP.

**II. SFDPH Review of Jewish Home's Consistency Determination Application**

Below is a summary of Jewish Home's Consistency Determination Application (included as Attachment B to this memo) and SFDPH's review of the application.

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.

**SFDPH Staff Assessment: Jewish Home meets guideline 3.1.2.** Jewish Home currently provides primary care services to a vulnerable, low-income, and aging population. The proposed expansion of services at Jewish Home will increase the availability of primary care services for seniors in San Francisco.

Jewish Home provides 5,000 primary care visits annually for residents at the bedside, using between 12 and 15 primary care providers. Using their existing underutilized clinic space, Jewish Home will significantly expand primary care services, adding 7,000 additional primary care visits to serve members of The Square and residents in the new assisted living and memory care centers. They anticipate offering close to 12,000 primary care appointments annually. The Square will add four physicians and one nurse practitioner for primary care services.

Jewish Home cares for a largely older adult, low-income, limited English speaking population. Specifically, 77 percent of Jewish Home's residents are between the ages of 76 and 100, and 95 percent of Jewish Home's long-term care residents are low-income, Medi-Cal beneficiaries.

Approximately 43 percent of Jewish Home's residents speak Russian as their primary language. Jewish Home has over 80 employees who are designated as capable translators to the elderly. If a specific translator is not available when needed, Jewish Home staff use a language telephone company, a communications board which visually displays the basic 24 ADL's, and family members to communicate with patients.

**Guideline 3.1.6:** Increase the availability and accessibility of dental care among vulnerable sub-populations including, but not limited to, Medi-Cal beneficiaries, uninsured residents, limited English speakers, and populations with documented high rates of health disparities.

**SFDPH Staff Assessment: Jewish Home meets guideline 3.1.6.** Jewish Home's proposed project will increase dental services for the senior population.

Jewish Home's 270 long-term care residents use an in-house dental clinic and access approximately 700 dental appointments annually. In the future, Jewish Home plans to greatly increase the use of their three-suite dental clinic for members of The Square as well as assisted living and memory care residents. Jewish Home estimates that dental services will double to 1,400 visits annually.

**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).

**SFDPH Staff Assessment: Jewish Home meets guideline 3.1.10.** Jewish Home's proposed project will continue to facilitate access to specialty care for underserved populations

Jewish Home's 270 long-term care residents use specialty care on and off campus. In 2013, campus clinic visits totaled 3,140 and off campus visits totaled 864. Jewish Home has a van and employs a driver, providing 900 trips annually free of charge. In addition, Jewish Home contracts with an outside transportation provider for an additional 150 rides a year. In the future, Jewish Home plans to have a transportation coordinator(s) for all residents, patients and members of The Square that have transportation needs and will coordinate with Para transit, their own shuttle service, taxi, taxi alternatives, caregivers and MUNI.

**Guideline 3.2.4:** Support expansion of community-based behavioral health services

**SFDPH Staff Assessment: Jewish Home meets guideline 3.2.4 -** Jewish Home's proposed project will expand community-based behavioral health services for the senior population.

Jewish Home is located in the southeast sector where fewer behavioral health services exist compared to other sectors of San Francisco. Jewish Home's long-term care residents are supported by an assigned social worker and additional behavioral health services are available to them when needed. Jewish Home's short stay rehabilitation unit utilizes two social workers that focus on transitioning patients successfully to home. Social workers handle care at home, helping to determine necessary home improvements, alternative living situations, therapies, social services, and community-based services. Jewish Home's Acute Psychiatric Unit is staffed two psychiatrists and serves 10 to 12 acute psychiatric patients daily.

In addition to care for its residents, Jewish Home plans to provide new behavioral health services to members of The Square. At a minimum, a case manager will be assigned to each member of The Square. In addition, Jewish Home will employ at least one mental health professional who will be able to offer an estimated 750 appointments each year. Further, Jewish Home anticipates providing more than 650 support groups annually, facilitated by either a case manager or mental health professional.

**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.

**SFDPH Staff Assessment: Jewish Home meets guideline 3.3.2.** Jewish Home’s proposed project promotes a continuum of community-based long-term supports and services to meet seniors’ daily needs and reduce social isolation.

Jewish Home will be using their existing underutilized resident clinic space on the first floor of their Rosenberg building for all medical services. Jewish Home will also repurpose the second floor of Rosenberg, and/or other space on site, for non-medical purposes for The Square. Those purposes may include professional services such as case management, patient advocacy, and financial planning, and other wellness services. The remainder of the space will be in and around the core of Jewish Home and all spaces will be shared with residents and patients.

The Square is envisioned to be a place that will engage a wide range of partners to deliver a continuum of programs, services, and resources that provide older adults, families, and caregivers with the innovative age-in-place alternatives they need and demand. Utilizing approximately 30,000 plus square feet of space in a combination of existing and new buildings on the Jewish Home campus, Jewish Home will provide services for older adults under one roof: medical care and wellness programs in their existing clinic; counseling and support groups; adult day care; a café; a site-serving pharmacy; social programs, education, and entertainment; other retail offerings; and additional resources – potentially legal, case management, advocacy. It is intended to be a bustling site of service, support, and community, with the centerpiece being preventative care and care management.

Home-dwelling seniors are just one community segment The Square will serve. Family members and caregivers will also find a support system at The Square: adult day care for their loved one, memory care and mental health services, counselors, professionals to provide advice and respite, and ease the pressures of caregiving.

**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.

**SFDPH Staff Assessment: Jewish Home meets guideline 3.5.4 -** Jewish Home will provide transportation options to its campus for Square members.

As stated earlier, Jewish Home has a van and employs a driver, providing 900 trips annually to and from its facility free of charge. In addition, Jewish Home contracts with an outside transportation provider for an additional 150 rides a year. Jewish Home has committed to coordinating transportation to their campus for Square members via para-transit, shuttle service, taxi, alternative taxi services and MUNI from many parts of the city, including those with low-income and documented high rates of health disparities and transportation barriers. Jewish Home is currently undertaking extensive

transportation research to determine how best to meet the needs of their future residents, patients, and clients.

### **III. Conclusion**

SFDPH staff recommends a finding of “Consistent and Recommended for Incentives” for Jewish Home’s application for The Square. A draft resolution is included for your consideration as Attachment C.

Jewish Home’s Application for Consistency Determination has demonstrated a long history of providing health services to San Francisco’s aging population. Jewish Home’s proposed project would expand these services within their existing facility, consistent with the guidelines and recommendations of the HCSMP.

## **ATTACHMENT A**

Overview of the HCSMP and Consistency Determination Process

**ATTACHMENT B**  
Jewish Home Consistency Determination Application

**ATTACHMENT C**

Draft Resolution Recommending that Jewish Home's Health Care Services Master Plan Consistency Determination Be Considered Consistent and Recommended for Incentives

# JEWISH HOME

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## **Attachment B: The San Francisco Health Care Services Master Plan (HCSMP) Alignment**

The Jewish Home of San Francisco and the  
San Francisco Health Care Master Plan Alignment

June 18, 2014

REVISED: October 17, 2014

As described in Attachment A, the Jewish Home of San Francisco (JHSF) is undertaking a major new project that will transform the existing campus to meet the growing need for care for the San Francisco older adult population and their caregivers. We believe that JHSF's plan is extremely well aligned with the October 2013 San Francisco Health Care Master Plan (HCSMP). Based on the priorities and guidelines outlined in the HCSMP, JHSF currently aligns, will align, or is exploring aligning with the majority of priorities, recommendations, and guidelines. We did not identify any conflicts with the HCSMP, and where we did not align with a priority, it is merely because some of the guidelines are not relevant to the Home's proposal. In fact, the HCSMP was helpful in informing some of our current thinking on plans and operations.

Since its creation in 1871, the cornerstone of JHSF has been its commitment to the highest Jewish values: reverence for life; the intrinsic worth, dignity, and equality of all human beings; the active pursuit of justice; the belief that a life of holiness requires social responsibility; and – as an organization that serves the aged – a deeply-felt obligation to honor all elders in tangible ways that improve their quality of life. We learn these guiding principles from our faith and tradition; they come to full fruition when they guide our relationships with all people. Our residents come from many faiths and traditions; the Jewish Home is proud to serve the entire Bay Area community by protecting the well-being of the vulnerable in our midst.

We also realize the needs of the elderly, especially those most vulnerable and frail, are only increasing. People are living longer and the trend is to "age in place" or stay at home longer versus looking to "beds" in the community. While seniors want to remain at home, the fact remains they often become socially isolated and lonely, and, as a result, poor health is directly linked to a much greater risk for early death. JHSF plans to serve and support the elderly and frail to enable them to remain safely in their homes and communities if they choose to, and we plan to break out of our own "four walls" to do so.

While JHSF plans to continue serving the most vulnerable and frail as residents and expand its residential footprint with residential care units licensed as Residential Care Facilities for the Elderly (RCFE), we also plan to serve thousands of seniors annually in their homes and on campus through our innovative, and among the first in the USA, The Square model.

The Square will be a place that will engage a wide range of partners to deliver a continuum of programs, services, and resources that provide older adults, families, and caregivers with the innovative age-in-place alternatives they need and demand. (See additional detail regarding the proposed GSF Attachment A, Exhibits 1 and 2.) Utilizing approximately 30,000 plus square feet of space in a combination of the Rosenberg building and other buildings on the JHSF campus. Our goal is to provide services for older adults under one roof: medical care and wellness programs in our existing state-of-the-art clinic; counseling and support groups; adult day care; a café, a site-serving pharmacy and other retail offerings; social programs, education, and entertainment; and additional resources – potentially legal, case management, advocacy. It will be a bustling site of service, support, and community. We plan for the cornerstone of the program to be preventative care and case management utilizing technology to track our member's well-being every visit from every touch point and even from home.

Imagine a single location where older adults from across the city – arriving via a variety of ways such as shuttle, MUNI, walking, car and taxi service – can:

- Come for a doctor's appointment, stay for tea or lunch with friends, sit in on an afternoon lecture, and stop at the site-serving pharmacy before returning home.
- Explore wellness programs in Healing Touch or mindfulness, receive acupuncture as part of a regular healthcare regimen, or get in on a game of bridge or mahjong.
- Find a robust volunteer community ready to escort them between appointments, connect them with services, even partner on an oral history.
- Consult with counselors, advocates, and legal aid providers for help planning the future and ensuring their rights.
- Enjoy a vital, caring, dynamic community in which people of all ages and capabilities are respected, valued, and cultivated.

Home-dwelling seniors are just one community segment The Square will serve. Family members and caregivers will find a much-needed support system: adult day care for their loved one, memory care and mental health services, counselors, professionals to provide advice and respite, and ease the pressures of caregiving.

- Visitors to The Square will find welcoming resources: a café, a beauty salon, wellness services, education and entertainment, site-serving pharmacy, and the like. These offerings will bring energy and vitality to the Jewish Home. Jewish Home residents will have access to The Square, as will non-resident seniors, including those who live nearby. Seniors who meet the Jewish Home's requirements will be eligible to buy memberships for The Square services and amenities.
- Jewish Home residents – fragile older adults who need fulltime care and call the Silver Avenue facility "home" – will thrive in a more diverse community, visited by people of all ages and capabilities, and enriched with new activities and resources.
- Businesses seeking to serve older adults will be able to establish a "storefront" or share space in which to provide services and programs geared to The Square's population.
- Healthcare and wellness organizations, educational programs, arts and culture institutions, volunteer groups, nonprofits, enterprises of all kinds will find a diverse senior population open to engagement – and a strong partner in the Jewish Home, which is already known for the high-quality care and services it provides.

We will be utilizing our existing resident clinic space on the first floor of our Rosenberg building for all medical services. This clinic is currently under-utilized by the Home. We will also be repurposing the second floor of Rosenberg, and/or other space on site, for non-medical purposes for The Square. Those purposes may include professional services such as case management, patient advocacy, and financial planning, and other wellness services.

The Square is just one aspect of an ambitious plan that will take the Jewish Home, already rooted on Silver Avenue and in the hearts of those it serves, deeper into the Bay Area community. In the process, together we will address urgent challenges that are on the agenda of many Bay Area institutions: the challenges of a community and a social infrastructure that, for better or worse, will soon be transformed by the inevitable force of an aging population.

We can work together to ensure that change is for the better. This plan provides an opportunity to be proactive, innovative, and compassionate – qualities that have long defined San Francisco – in response to challenges every community shares. Partners brought together by this revolutionary solution, sharing the Jewish Home’s mission to enrich the lives of older adults, will help make San Francisco a model of creative problem-solving, demonstrating for communities everywhere that quality of life is our right at every age and stage of life.

As discussed in Attachment A, it is not currently known when and whether the extent of acute care expansion and/or additional space for clinics will exceed the GSF threshold for a HCSMP consistency determination. However, in the interest of being conservative, providing for flexibility for the future for expansion of clinic and medical office space, and working in a collaborative and transparent way with DPH, we are requesting this determination for the Medical Uses (expansion of acute care psychiatric, clinic and other uses) that may require a HCSMP consistency determination. For informational purposes, we discuss how our existing operations are aligned, and then analyze consistency of the proposed changes under the project.

As noted in multiple places in the HCSMP our neighborhood, the Excelsior, is located in the southeast corridor and represents a more vulnerable population in which residents face high rates of health disparities; barriers to health care (transportation travel time), access to culturally and linguistically competent service, and large population per clinic to site a few. Please see the attached HCSMP pages 16, 30-33, 42, 65, 112-113, 131, 135-136, 153, 158, 169 and Appendix D: Neighborhood-Specific Health Profiles.

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.**

Currently, 94.6% of JFSF long-term care residents are on Medi-Cal and can have no more than \$2,000 to their bank account\*. In addition, a large percentage of these residents do not speak English as their first language.

JHSF has over 80 employees designated as capable of being translators to the elderly in particular and many additional bi-lingual employees. If a particular translator is not available when needed, JHSF staff use the language line through the telephone company, a communications board with the basic 24 ADL's and family members. In the future, JHSF plans to use the current structure that is in place and anticipates adding additional employees with multiple language capabilities to act as translators.

JHSF residents and patients currently receive primary care at bedside. With the development of The Square we will be adding primary care that will be utilized by Square members, residents in the new assisted living and memory care. We are planning to utilize 4 exam rooms for primary care. We are targeting to have 144 appointments available per week, 4 days per week for primary care once The Square ramps up. Given holidays and weekends we plan to be open 48 weeks a year which generates 6,912 appointments per year. As a result, there would be 5 positions working in primary care on any given day.

Following are several charts outlining demographics of our resident and patient population.

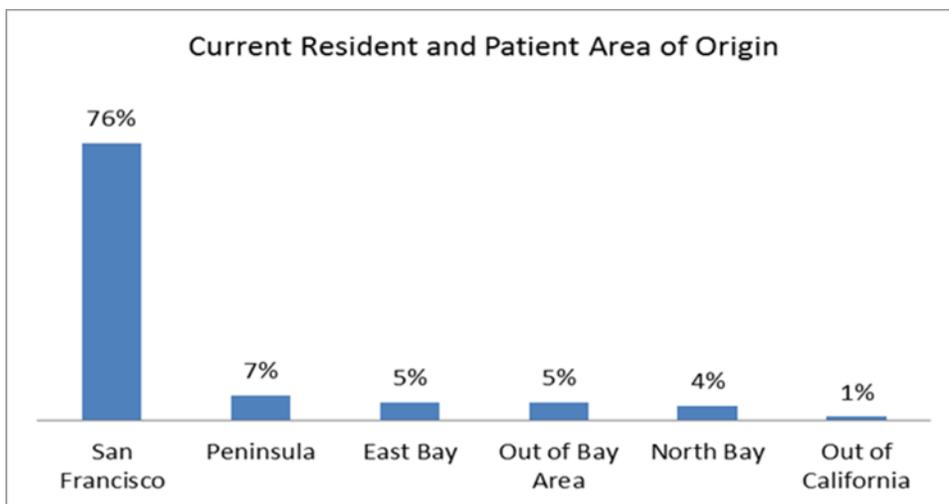


Chart 1

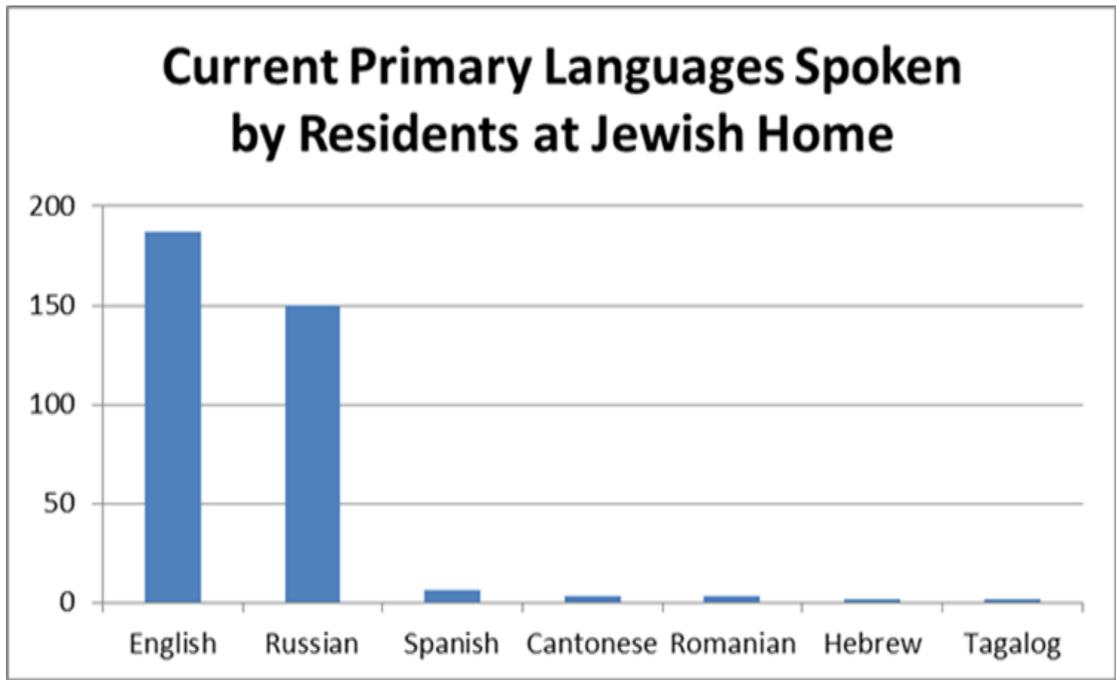


Chart 2

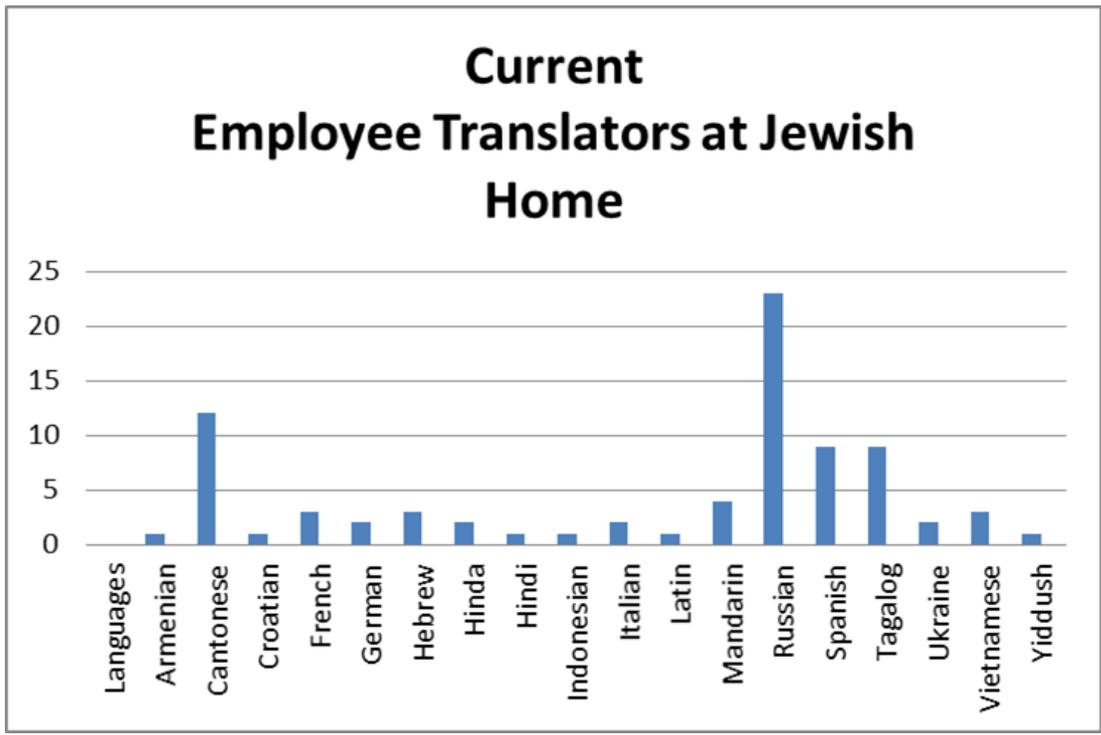


Chart 3

## Current Resident and Patient Age Distribution

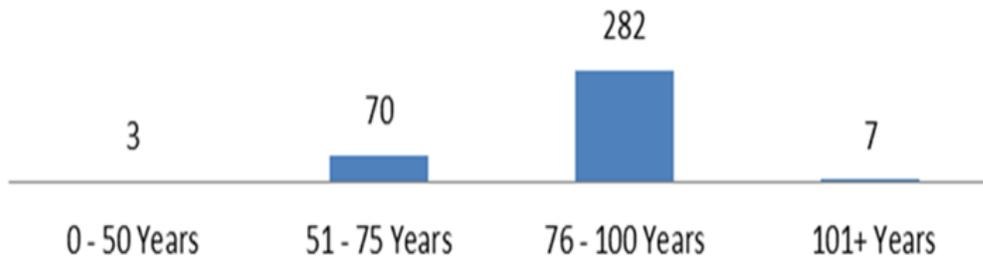


Chart 4

## Acute Psychiatric Unit: Race, Primary Language, Country of Origin

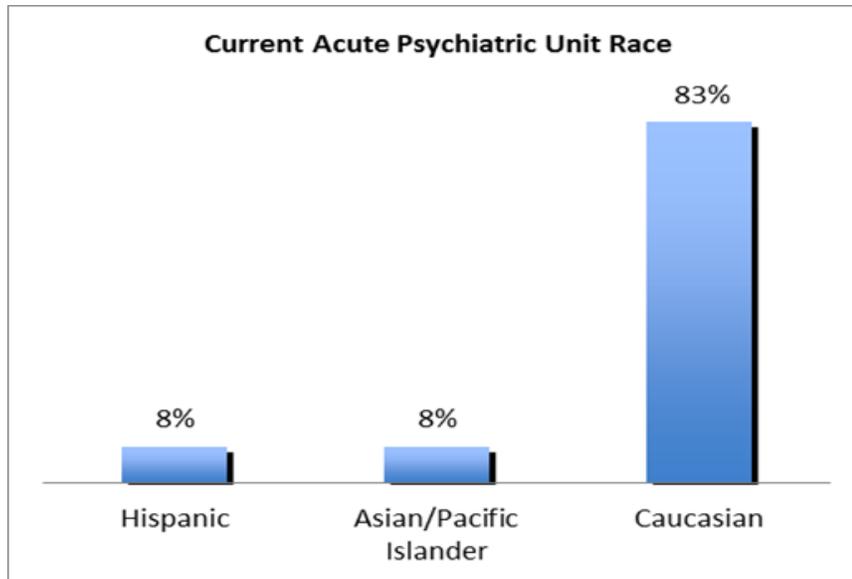


Chart 5

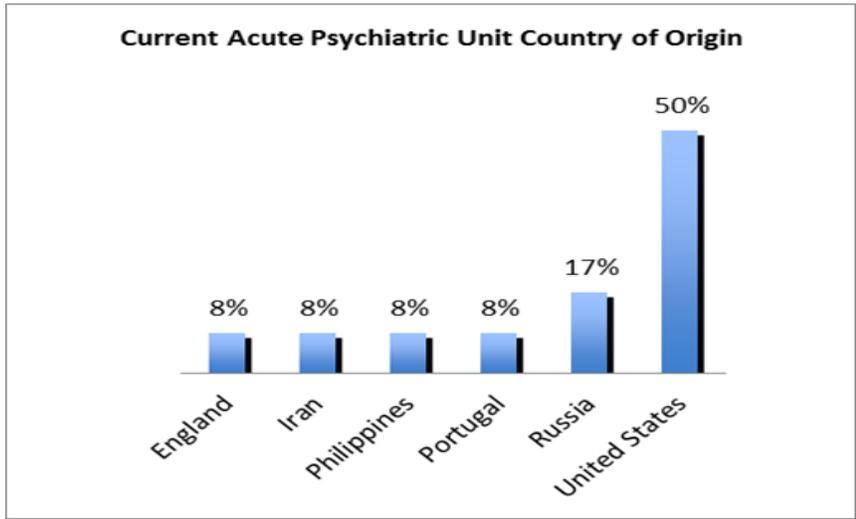


Chart 6

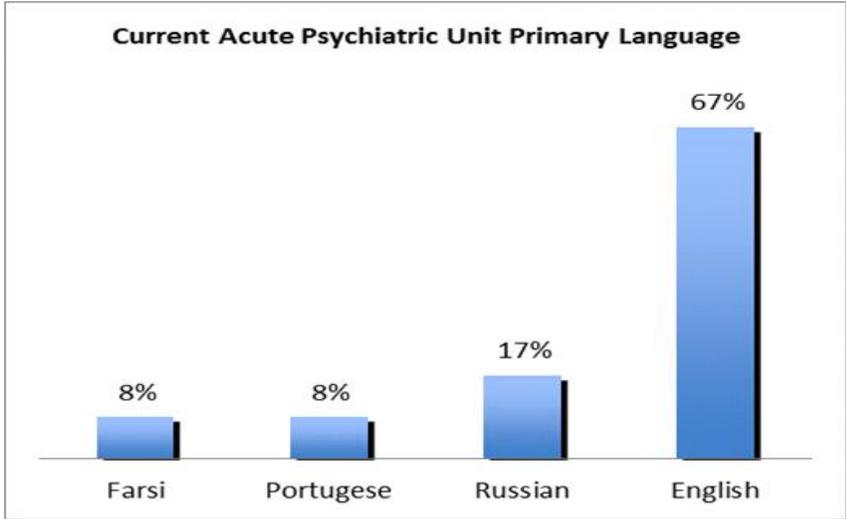


Chart 7

**Current Long Term Care and Short Stay Rehabilitation Race, Country of Origin and Primary Languages**

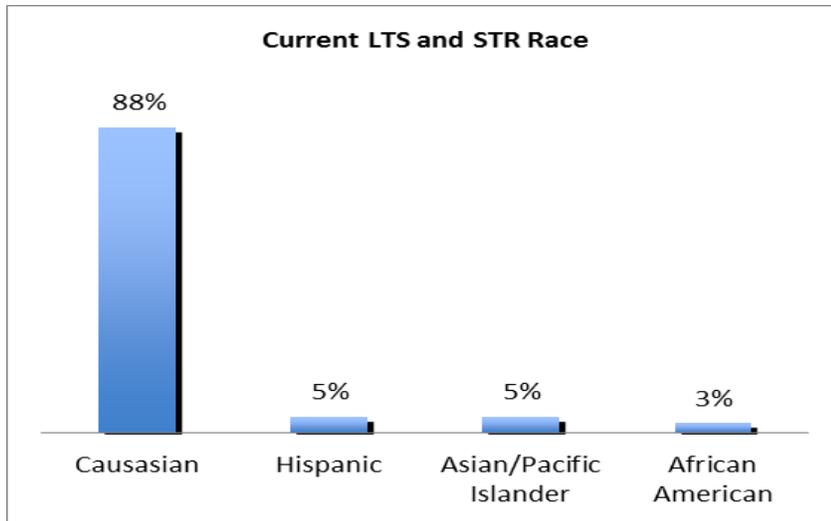


Chart 8

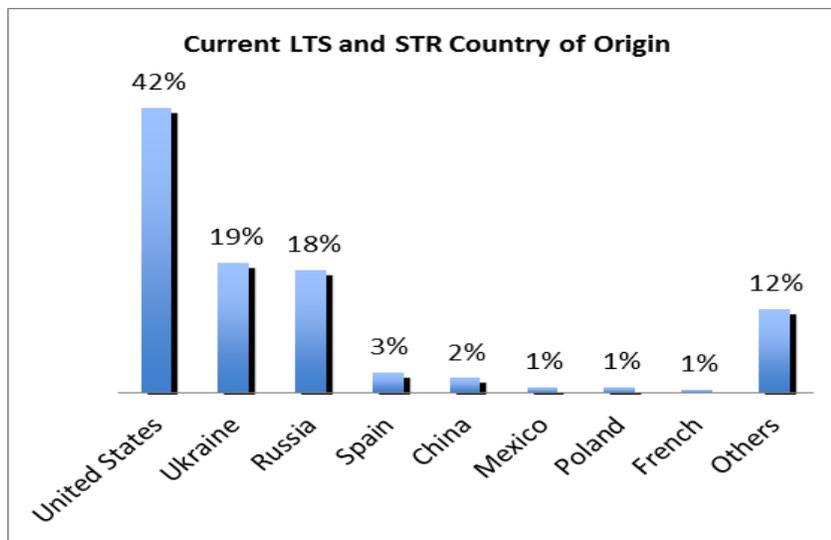


Chart 9

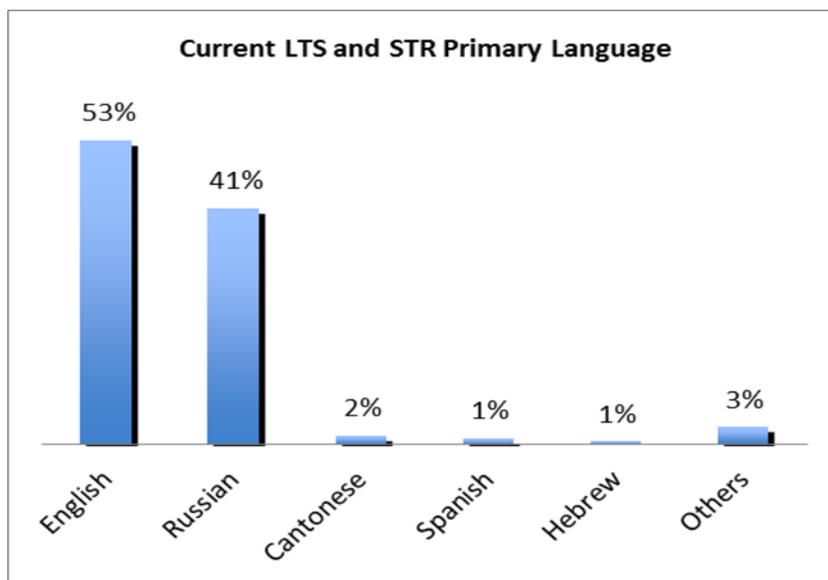


Chart 10

## Current Diagnosis for all units

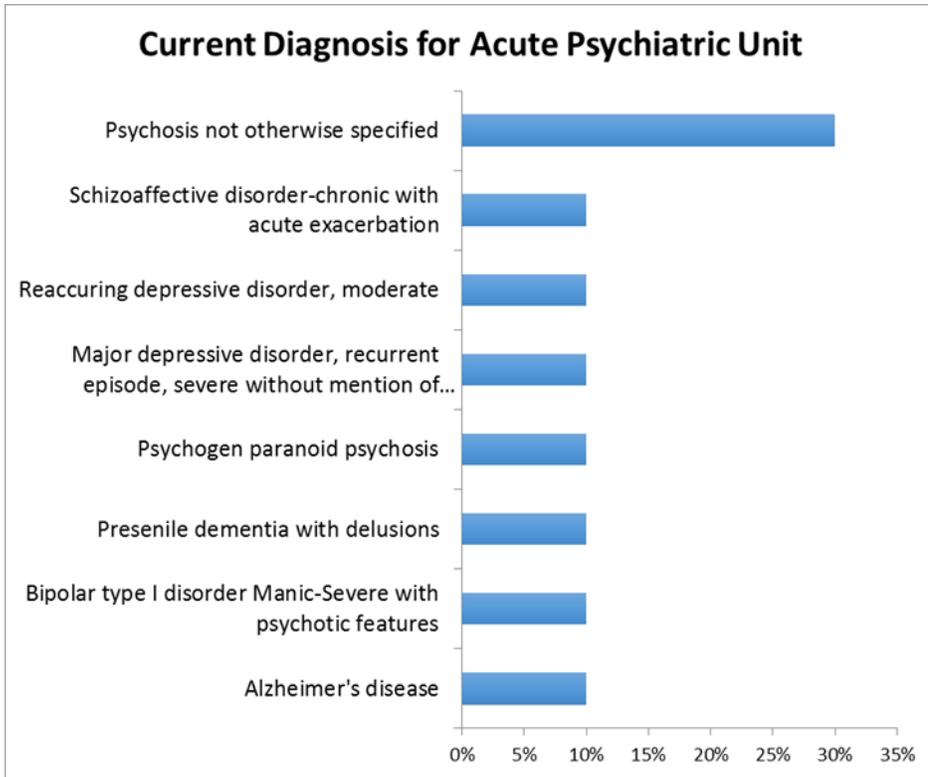


Chart 11

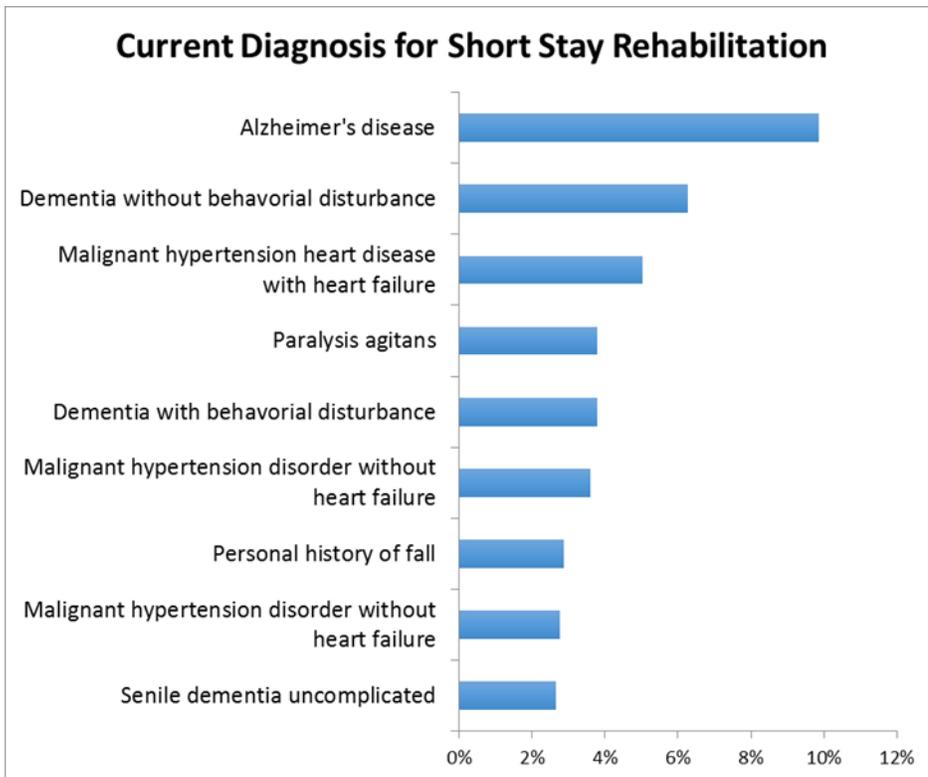


Chart 12

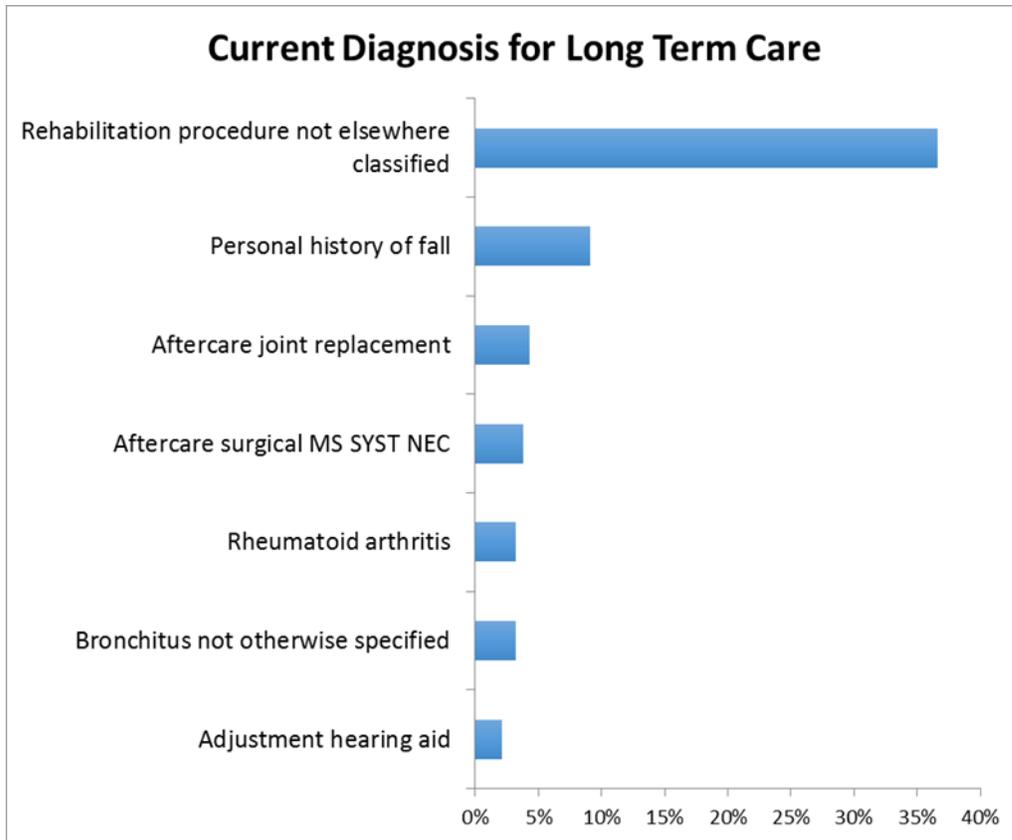


Chart 13

Guideline 3.1.6.

**Increase the availability and accessibility of dental care among vulnerable sub-populations including, but not limited to, Medi-Cal beneficiaries, uninsured residents, limited English speakers, and populations with documented high rates of health disparities.**

JHSF is located in the Excelsior district, which is considered a low-income area. All of our 270 long term care residents, 94.6% of whom are on Medi-Cal and can have no more than \$2,000 to their bank account\*, use our in-house dental clinic and 723 dental appointments are utilized annually. Our short-term rehabilitation patients are welcome to use our dental facility, but rarely do given their short stay on our campus.

In the future, JHSF plans to greatly increase the use of our 3 suite dental clinic for The Square “members” and our assisted living and memory care residents

We expect dental to be a heavy usage area for The Square members. Our best guesstimate is that dental usage doubles to 1400 visits annually which means an additional 13 appointments/week, 2-3/days a week.

\* : An individual can have \$2K in the bank and a couple can have approximately \$100K in the bank.

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).

Of the 94.6% of our JHSF 270 long term care residents on Medi-Cal and having no more than \$2,000 in their bank account\* all of them use specialty care on and off campus. On campus clinic visits totaled 3140 and off campus visits totaled 864. JHSF employs a driver and owns a van that provides free of charge 900 trips annually and contracts with an outside provider for an additional 150 rides a year. JHSF absorbs the cost for the outside vendor trips.

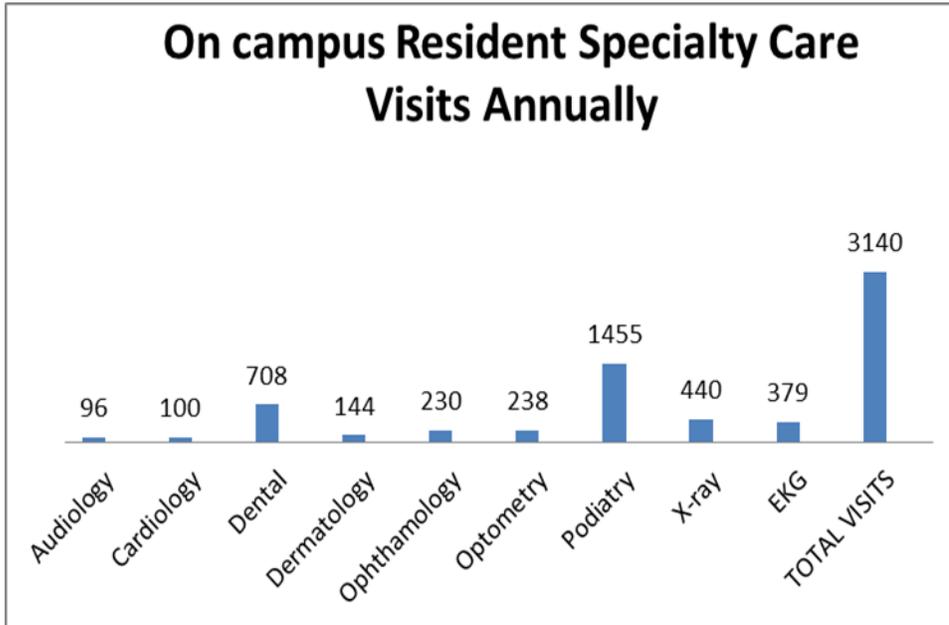


Chart 14

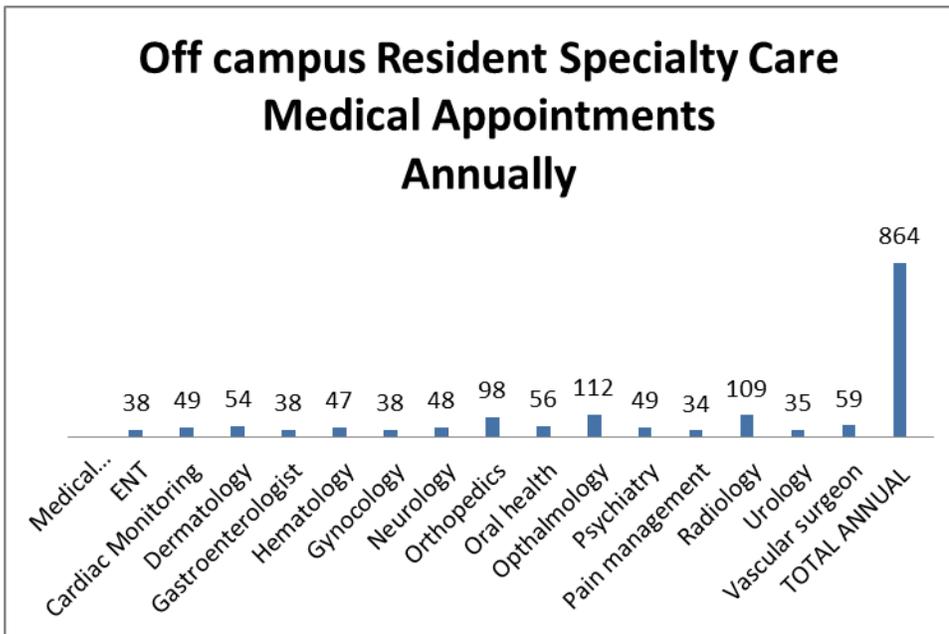


Chart 15

In the future, JHSF plans to have a transportation coordinator(s) for all residents, patients and “members” of The Square that have transportation needs. We plan to coordinate with Para transit, our own shuttle service, taxi, taxi alternatives, caregivers and MUNI.

#### Guideline 3.2.4

##### **Support expansion of community-based behavioral health services.**

As per the HCSMP, page 124, “...behavioral health services are well-distributed throughout San Francisco. A higher concentration of services exists in the city/county’s northeast quadrant, where there is also significant client density. However, fewer services exist in the southeast sector, where there is also high client density.”

JHSF is located in the southeast sector.

All our long-term care residents, of which 94.6% are on Medi-Cal, are supported by an assigned social worker. When needed, additional behavioral health services are available to them. With our STARS unit, which is short stay rehabilitation, there are two social workers on the unit that focus on transitioning patients successfully to home. They handle care at home, helping to determine necessary home improvements, alternative living situations, therapies, social services, and community-based services.

In the future, through The Square, we plan to have 2-3 case managers assigned to each “member” and state-of-the-art technology that tracks every member’s well-being and flags any issues of abnormalities that may come up. We project having at least one psychiatric staff member on staff seeing 4-5 people daily, 4 days a week, 16 appointments a week and 768 appointments per year. We are assuming there will be 2 support groups occurring each day with a total of 12 members in attendance daily, 48 groups per week and 2304 groups per year. One staff member at each support group who will be either a case manager or psychologist on staff.

As per the San Francisco Health Improvement Partnership (SFHIP) community dashboard the statistics of citizens 65+ in the Excelsior that are *Adults Needing and Receiving Behavioral Health Care Services, Adults with Likely Psychological Distress and Depression (Medicare Population)* is 15.11% which is in the moderately higher range than many parts of the city. Charts attached.

#### 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.**

Please refer to pages 1-3 from JHSF original submission for full explanation. Below is a summary.

The Square will be a place that will engage a wide range of partners to deliver a continuum of programs, services, and resources that provide older adults, families, and caregivers with the innovative age-in-place alternatives they need and demand. (See additional detail regarding the proposed GSF Attachment A, Exhibits 1 and 2.) Utilizing approximately 30,000 plus square feet of space in a combination of existing and new buildings on the JHSF campus, we will provide services for older adults under one roof: medical care and wellness programs in our existing state-of-the-art clinic; counseling and support groups; adult day care; a café, a site-serving pharmacy and other retail offerings; social programs, education, and entertainment; and additional resources – potentially legal, case management, advocacy. It will be a bustling site of service, support, and community, with the centerpiece being preventative care and care management.

Home-dwelling seniors are just one community segment The Square will serve. Family members and caregivers will find a much-needed support system: adult day care for their loved one, memory care and mental health services, counselors, professionals to provide advice and respite, and ease the pressures of caregiving.

We will be utilizing our existing resident clinic space on the first floor of our Rosenberg building for all medical services. This clinic is currently under-utilized by the Home. We will also be repurposing the second floor of Rosenberg, and/or other space on site, for non-medical purposes for The Square. Those purposes may include professional services such as case management, patient advocacy, and financial planning, and other wellness services. The remainder of the space will be in and around the Core of the Jewish Home and all spaces will be shared with residents and patients to make the campus an exciting and vibrant community.

In the process, together we will address urgent challenges that are on the agenda of many Bay Area institutions: the challenges of a community and a social infrastructure that, for better or worse, will soon be transformed by the inevitable force of an aging population.

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.**

JHSF is committed to coordinating transportation to our campus for The Square “members” via para-transit, shuttle service, taxi, alternative taxi services and MUNI from many parts of the city, including those with low-income and documented high rates of health disparities and transportation barriers.

JHSF is current undertaking extensive transportation research.



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:** October 29<sup>th</sup>, 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  
Sneha Patil, Health Program Planner, Office of Policy & Planning

**RE:** Health Care Services Master Plan: Jewish Home Consistency Determination Application

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On October 17<sup>th</sup>, Jewish Home submitted a Health Care Services Master Plan (HCSMP) Consistency Determination Application for review by the San Francisco Department of Public Health (SFDPH) and the Health Commission. Jewish Home's application has been scheduled for hearing and action at the Health Commission meetings on November 4<sup>th</sup> and December 2<sup>nd</sup>. SFDPH staff has reviewed Jewish Home's application and recommends a finding of "Consistent and Recommended for Incentives."

To assist the Health Commission in its review of Jewish Home's application this memo provides SFDPH's review of Jewish Home's Consistency Determination Application. For information regarding the HCSMP Consistency Determination process, please see Attachment A.

## **I. Jewish Home Consistency Determination Application**

### **A. About Jewish Home**

Jewish Home of San Francisco is a residential care facility, established in 1871, specializing in programs, services and care for older adults. Jewish Home is operated by a 501(c)(3) non-profit corporation, and its mission is to enhance the quality of life for seniors. As a CMS five star rated nursing facility<sup>1</sup>, Jewish Home has distinguished itself as a national leader in residential geriatric care. Jewish Home is dedicated to providing access to many different populations with multiple and unique care and services needs at various income levels. Jewish Home relies on substantial philanthropy to support its operations. Existing facilities house a mix of uses,

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<sup>1</sup> Centers for Medicare & Medicaid Service created the Five-Star Quality Rating System as a resource for consumers, and five stars is the highest rating, meaning much above average.

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**The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.**

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~  
~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

including skilled nursing facilities (short-term stay/rehabilitation and long-term skilled nursing), acute care psychiatric, and support facilities, including clinic space.

## *B. Operating Environment*

Jewish Home notes that the Bay Area is changing dramatically as more Baby Boomers reach retirement age, bringing new demands, expectations, and concerns about the rest of their lives. With this change comes challenges:

- Thanks to modern medicine, people are living longer — but often with multiple chronic illnesses, including dementia and Alzheimer’s, which can take a devastating toll on individual lives, families, and communities.
- Far too many adults are ill-prepared financially for retirement and wonder how they will afford the longer lives medicine makes possible.
- Older adults today prefer independence to the traditional institutional living approaches of the past. But staying at home longer can lead to isolation, premature illness, depression, and poor access to life-enhancing resources. Often couples must separate when one’s need for care outpaces the others. Seniors fortunate enough to have a support system risk draining the financial, emotional, and physical resources of their caregivers.
- With no infrastructure to support a growing, aging population, the impacts will be felt economically, as we struggle with costs, and morally, as we face the reality in which our oldest citizens live.
- Public resources for residential care facilities are dwindling, and recent state cuts to Medi-Cal reimbursement created substantial liabilities for facilities like Jewish Home.
- Many residential care facilities, including Jewish Home, are aging and outdated, and it will be a major undertaking at a substantial cost to renovate and rebuild the facilities to contemporary residential care, life safety and seismic standards.

## *C. The Proposed Project*

### *1. Changes to Existing Services*

Building on its long history of service, Jewish Home is preparing to serve older adults across a spectrum of needs and capabilities. The project will retain skilled nursing facilities, and will add two assisted living and/or memory care buildings, plus a potential third assisted living and/or independent living building. All would be residential care facility buildings, licensed as a Residential Care Facility for the Elderly.

The project also includes the expansion of the existing acute care psychiatric facilities by approximately 5,000 to 6,000 square feet. Jewish Home currently has approximately 355 skilled nursing beds and 12 acute psychiatric beds. It is anticipated that the project will double Jewish Home’s acute psychiatric beds, bringing the total to 24, and retain approximately the same number of skilled nursing beds.

### *2. “The Square”*

Jewish Home will also partner with other service providers to develop and operate “The Square,” a central location for service, support and community for a wide range of older adults and their caregivers. The Square will expand on the scope of existing clinic and support services at Jewish Home and will make them available to the broader community. The Square will use approximately 30,000 gross square feet (gsf) plus of space to provide medical care and wellness programs. It will also include services such as adult day care, social programs, education and entertainment, a café, potentially a site-serving pharmacy, and other resources and retail uses.

*D. Applicability of HCSMP Consistency Determination to Proposed Project*

Medical use projects are subject to a HCSMP consistency determination for: 1) projects that require a change of use from non-medical to medical occupying more than 10,000 gsf; or 2) projects that expand an existing medical use by more than 5,000 gsf.

The majority of the uses proposed in Jewish Home's proposed project are not medical uses. The only medical uses in the proposed project are the acute psychiatric care and a subset of The Square. The acute psychiatric care space is expected to include approximately 5,000 to 6,000 square feet of net new medical use space, depending on the final configuration. The proposed medical/clinical component of The Square is expected to be housed principally in existing clinic space and may or may not result in a net increase of medical use space. The amount of any net new clinic/medical space would be up to approximately 7,000 gsf. As such, it is possible that the project will not exceed the threshold for a HCSMP consistency determination. Jewish Home is conservatively seeking a consistency determination to allow flexibility to address the evolving needs of older adults and their caregivers over time, and because the sponsor welcomes an open and ongoing dialogue with the Department of Public Health regarding the project's Medical Uses and alignment with the HCSMP.

**II. SFDPH Review of Jewish Home's Consistency Determination Application**

Below is a summary of Jewish Home's Consistency Determination Application (included as Attachment B to this memo) and SFDPH's review of the application.

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.

**SFDPH Staff Assessment: Jewish Home meets guideline 3.1.2.** Jewish Home currently provides primary care services to a vulnerable, low-income, and aging population. The proposed expansion of services at Jewish Home will increase the availability of primary care services for seniors in San Francisco.

Jewish Home provides 5,000 primary care visits annually for residents at the bedside, using between 12 and 15 primary care providers. Using their existing underutilized clinic space, Jewish Home will significantly expand primary care services, adding 7,000 additional primary care visits to serve members of The Square and residents in the new assisted living and memory care centers. They anticipate offering close to 12,000 primary care appointments annually. The Square will add four physicians and one nurse practitioner for primary care services.

Jewish Home cares for a largely older adult, low-income, limited English speaking population. Specifically, 77 percent of Jewish Home's residents are between the ages of 76 and 100, and 95 percent of Jewish Home's long-term care residents are low-income, Medi-Cal beneficiaries.

Approximately 43 percent of Jewish Home's residents speak Russian as their primary language. Jewish Home has over 80 employees who are designated as capable translators to the elderly. If a specific translator is not available when needed, Jewish Home staff use a language telephone company, a communications board which visually displays the basic 24 ADL's, and family members to communicate with patients.

**Guideline 3.1.6:** Increase the availability and accessibility of dental care among vulnerable sub-populations including, but not limited to, Medi-Cal beneficiaries, uninsured residents, limited English speakers, and populations with documented high rates of health disparities.

**SFDPH Staff Assessment: Jewish Home meets guideline 3.1.6.** Jewish Home's proposed project will increase dental services for the senior population.

Jewish Home's 270 long-term care residents use an in-house dental clinic and access approximately 700 dental appointments annually. In the future, Jewish Home plans to greatly increase the use of their three-suite dental clinic for members of The Square as well as assisted living and memory care residents. Jewish Home estimates that dental services will double to 1,400 visits annually.

**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).

**SFDPH Staff Assessment: Jewish Home meets guideline 3.1.10.** Jewish Home's proposed project will continue to facilitate access to specialty care for underserved populations

Jewish Home's 270 long-term care residents use specialty care on and off campus. In 2013, campus clinic visits totaled 3,140 and off campus visits totaled 864. Jewish Home has a van and employs a driver, providing 900 trips annually free of charge. In addition, Jewish Home contracts with an outside transportation provider for an additional 150 rides a year. In the future, Jewish Home plans to have a transportation coordinator(s) for all residents, patients and members of The Square that have transportation needs and will coordinate with Para transit, their own shuttle service, taxi, taxi alternatives, caregivers and MUNI.

**Guideline 3.2.4:** Support expansion of community-based behavioral health services

**SFDPH Staff Assessment: Jewish Home meets guideline 3.2.4 -** Jewish Home's proposed project will expand community-based behavioral health services for the senior population.

Jewish Home is located in the southeast sector where fewer behavioral health services exist compared to other sectors of San Francisco. Jewish Home's long-term care residents are supported by an assigned social worker and additional behavioral health services are available to them when needed. Jewish Home's short stay rehabilitation unit utilizes two social workers that focus on transitioning patients successfully to home. Social workers handle care at home, helping to determine necessary home improvements, alternative living situations, therapies, social services, and community-based services. Jewish Home's Acute Psychiatric Unit is staffed two psychiatrists and serves 10 to 12 acute psychiatric patients daily.

In addition to care for its residents, Jewish Home plans to provide new behavioral health services to members of The Square. At a minimum, a case manager will be assigned to each member of The Square. In addition, Jewish Home will employ at least one mental health professional who will be able to offer an estimated 750 appointments each year. Further, Jewish Home anticipates providing more than 650 support groups annually, facilitated by either a case manager or mental health professional.

**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.

**SFDPH Staff Assessment: Jewish Home meets guideline 3.3.2.** Jewish Home’s proposed project promotes a continuum of community-based long-term supports and services to meet seniors’ daily needs and reduce social isolation.

Jewish Home will be using their existing underutilized resident clinic space on the first floor of their Rosenberg building for all medical services. Jewish Home will also repurpose the second floor of Rosenberg, and/or other space on site, for non-medical purposes for The Square. Those purposes may include professional services such as case management, patient advocacy, and financial planning, and other wellness services. The remainder of the space will be in and around the core of Jewish Home and all spaces will be shared with residents and patients.

The Square is envisioned to be a place that will engage a wide range of partners to deliver a continuum of programs, services, and resources that provide older adults, families, and caregivers with the innovative age-in-place alternatives they need and demand. Utilizing approximately 30,000 plus square feet of space in a combination of existing and new buildings on the Jewish Home campus, Jewish Home will provide services for older adults under one roof: medical care and wellness programs in their existing clinic; counseling and support groups; adult day care; a café; a site-serving pharmacy; social programs, education, and entertainment; other retail offerings; and additional resources – potentially legal, case management, advocacy. It is intended to be a bustling site of service, support, and community, with the centerpiece being preventative care and care management.

Home-dwelling seniors are just one community segment The Square will serve. Family members and caregivers will also find a support system at The Square: adult day care for their loved one, memory care and mental health services, counselors, professionals to provide advice and respite, and ease the pressures of caregiving.

**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.

**SFDPH Staff Assessment: Jewish Home meets guideline 3.5.4 -** Jewish Home will provide transportation options to its campus for Square members.

As stated earlier, Jewish Home has a van and employs a driver, providing 900 trips annually to and from its facility free of charge. In addition, Jewish Home contracts with an outside transportation provider for an additional 150 rides a year. Jewish Home has committed to coordinating transportation to their campus for Square members via para-transit, shuttle service, taxi, alternative taxi services and MUNI from many parts of the city, including those with low-income and documented high rates of health disparities and transportation barriers. Jewish Home is currently undertaking extensive

transportation research to determine how best to meet the needs of their future residents, patients, and clients.

### **III. Conclusion**

SFDPH staff recommends a finding of “Consistent and Recommended for Incentives” for Jewish Home’s application for The Square. A draft resolution is included for your consideration as Attachment C.

Jewish Home’s Application for Consistency Determination has demonstrated a long history of providing health services to San Francisco’s aging population. Jewish Home’s proposed project would expand these services within their existing facility, consistent with the guidelines and recommendations of the HCSMP.

## **ATTACHMENT A**

Overview of the HCSMP and Consistency Determination Process

**ATTACHMENT B**  
Jewish Home Consistency Determination Application

**ATTACHMENT C**

Draft Resolution Recommending that Jewish Home's Health Care Services Master Plan Consistency Determination Be Considered Consistent and Recommended for Incentives

**HEALTH COMMISSION  
RESOLUTION NO. \_\_\_\_\_**

**RECOMMENDING THAT THE HEALTH CARE SERVICES MASTER PLAN CONSISTENCY DETERMINATION FOR JEWISH HOME’S PROPOSED PROJECT BE CONSIDERED CONSISTENT AND RECOMMENDED FOR INCENTIVES**

WHEREAS, San Francisco Ordinance No. 300-10 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 October 17, 2014, Jewish Home submitted a HCSMP Consistency Determination Application for their proposed project, which includes changes to their existing acute psychiatric and skilled nursing services, and the addition of a new community-based service hub, called The Square, that will provide support for a wide range of older adults and their caregivers; and

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

HCSMP Guideline	Jewish Home’s Proposed Project
<p><u>Guideline 3.1.2:</u> 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>Jewish Home currently provides primary care services to a vulnerable, low-income, and aging population. The proposed expansion of services at Jewish Home will increase the availability of primary care services for seniors in San Francisco.</p> <p>Jewish Home provides 5,000 primary care visits annually both at bedside and in their existing clinic space, using between 12 and 15 primary care providers. Jewish Home will expand primary care services using their existing underutilized clinic space. Primary care will be expanded to serve members of The Square and residents in the new assisted living and memory care centers. They anticipate offering close to 7,000 primary care appointments annually. The Square will add four physicians and one nurse practitioner for primary care services.</p> <p>Jewish Home cares for a largely older adult, low-income, limited English speaking population. Specifically, 77 percent of Jewish Home’s residents are between the ages of 76 and 100, and 95 percent of Jewish Home’s long-term care residents are low-income, Medi-Cal beneficiaries.</p> <p>Approximately 43 percent of Jewish Home’s residents speak Russian as their primary language. Jewish Home has over 80 employees who are designated as capable translators to the elderly. If a specific translator is not available when needed,</p>

HCSMP Guideline	Jewish Home's Proposed Project
	<p>Jewish Home staff use a language telephone company, a communications board which visually displays the basic 24 ADL's, and family members to communicate with patients.</p>
<p><u>Guideline 3.1.6:</u> Increase the availability and accessibility of dental care among vulnerable subpopulations.</p>	<p>Jewish Home's proposed project will increase dental services for the senior population.</p> <p>Jewish Home's 270 long-term care residents use an in-house dental clinic and access approximately 700 dental appointments annually. In the future, Jewish Home plans to greatly increase the use of their three-suite dental clinic for members of The Square as well as assisted living and memory care residents. Jewish Home estimates that dental services will double to 1,400 visits annually.</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.</p>	<p>Jewish Home's proposed project will continue to facilitate access to specialty care for underserved populations</p> <p>Jewish Home's 270 long-term care residents use specialty care on and off campus. In 2013, campus clinic visits totaled 3,140 and off campus visits totaled 864. Jewish Home has a van and employs a driver, providing 900 trips annually free of charge. In addition, Jewish Home contracts with an outside transportation provider for an additional 150 rides a year. In the future, Jewish Home plans to have a transportation coordinator(s) for all residents, patients and members of The Square that have transportation needs and will coordinate with Para transit, their own shuttle service, taxi, taxi alternatives, caregivers and MUNI.</p>
<p><u>Guideline 3.2.4:</u> Support expansion of community-based behavioral health services.</p>	<p>Jewish Home's proposed project will expand community-based behavioral health services for the senior population.</p> <p>Jewish Home is located in the southeast sector where fewer behavioral health services exist compared to other sectors of San Francisco. Jewish Home's long-term care residents are supported by an assigned social worker and additional behavioral health services are available to them when needed. Jewish Home's short stay rehabilitation unit utilizes two social workers that focus on transitioning patients successfully to home. Social workers handle care at home, helping to determine necessary home improvements, alternative living situations, therapies, social services, and community-based services. Jewish Home's Acute Psychiatric Unit is staffed 2 psychiatrists and serves 10 to 12 acute psychiatric patients daily.</p> <p>In addition to care for its residents, Jewish Home plans to provide new behavioral health services to members of The Square. At a minimum, a case manager will be assigned to each member of The Square. In addition, Jewish Home will employ at least one mental health professional who will be able to offer an estimated 750 appointments each year. Further, Jewish Home anticipates providing more than 650 support groups annually, facilitated by either a case manager or mental health professional.</p>

HCSMP Guideline	Jewish Home's Proposed Project
<p><u>Guideline 3.3.2</u> 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</p>	<p>Jewish Home's proposed project promotes a continuum of community-based long-term supports and services to meet seniors' daily needs and reduce social isolation.</p> <p>Jewish Home will be using their existing underutilized resident clinic space on the first floor of their Rosenberg building for all medical services. Jewish Home will also repurpose the second floor of Rosenberg, and/or other space on site, for non-medical purposes for The Square. Those purposes may include professional services such as case management, patient advocacy, and financial planning, and other wellness services. The remainder of the space will be in and around the core of Jewish Home and all spaces will be shared with residents and patients.</p> <p>The Square is envisioned to be a place that will engage a wide range of partners to deliver a continuum of programs, services, and resources that provide older adults, families, and caregivers with the innovative age-in-place alternatives they need and demand. Utilizing approximately 30,000 plus square feet of space in a combination of existing and new buildings on the Jewish Home campus, Jewish Home will provide services for older adults under one roof: medical care and wellness programs in their existing clinic; counseling and support groups; adult day care; a café; a site-serving pharmacy; social programs, education, and entertainment; other retail offerings; and additional resources – potentially legal, case management, advocacy. It is intended to be a bustling site of service, support, and community, with the centerpiece being preventative care and care management.</p> <p>Home-dwelling seniors are just one community segment The Square will serve. Family members and caregivers will also find a support system at The Square: adult day care for their loved one, memory care and mental health services, counselors, professionals to provide advice and respite, and ease the pressures of caregiving.</p>
<p><u>Guideline 3.5.4:</u> Provide transportation options from low-income areas and areas with documented high rates of health disparities to health care facilities</p>	<p>Jewish Home will provide transportation options to its campus for Square members.</p> <p>Jewish Home has a van and employs a driver, providing 900 trips annually to and from its facility free of charge. In addition, Jewish Home contracts with an outside transportation provider for an additional 150 rides a year. Jewish Home has committed to coordinating transportation to their campus for Square members via para-transit, shuttle service, taxi, alternative taxi services and MUNI from many parts of the city, including those with low-income and documented high rates of health disparities and transportation barriers. Jewish Home is currently undertaking extensive transportation research to determine how best to meet the needs of their future residents, patients, and clients.</p>

WHEREAS, SFDPH staff, upon review of Jewish Home's Consistency Determination Application, 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 Jewish Home's efforts to address the health and wellness needs of San Francisco's older adult population; and be it

FURTHER RESOLVED, That Jewish Home has demonstrated a long history of providing health and behavioral health services to San Francisco's vulnerable aging population; and be it

FURTHER RESOLVED, That the San Francisco Health Commission recommends to Planning that Jewish Home'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 Jewish Home 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 Jewish Home report back to the Health Commission one year following the completion of the project 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 December 2<sup>nd</sup>, 2014 adopted the foregoing resolution.

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Mark Morewitz  
Health Commission Secretary