City and County of San Francisco
London N. Breed
Mayor

San Francisco Department of Public Health
Grant Colfax, MD
Director of Health

Office of Policy and Planning

MEMORANDUM

TO: Dan Bernal, Health Commission Vice President, and Members of the Health Commission

THROUGH: Grant Colfax MD, Director of Health
Naveena Bobba MD, Deputy Director of Health/Deputy Health Officer

THROUGH: Sneha Patil, Director, Office of Policy and Planning

FROM: Claire Lindsay, Senior Health Program Planner, Office of Policy and Planning

DATE: February 4, 2020

RE: 2019 Health Care Services Master Plan Draft

The 2019 Health Care Services Master Plan (HCSMP) is a long-range policy document intended to provide the Health Commission, the Planning Commission and the Board of Supervisors with information and recommendations to guide the City's land use and policy goals related to distribution and access to health care services. The HCSMP accomplishes this by identifying the current and projected need for, and locations of, health care services in San Francisco, and by providing recommendations on how to achieve and maintain appropriate distribution of, and access to, such health care services.

The following memorandum provides information to supplement the February 4, 2020 presentation of the draft 2019 Health Care Services Master Plan (HCSMP) to the Health Commission. The memorandum is split into the following two sections:

1. **Health Care Services Master Plan Background**: this section describes the required components of the HCSMP document and also describes the process of Consistency Determination.
2. **2019 Health Care Services Master Plan**: this section summarizes the process taken to update the Health Care Services Master Plan as well as lists the 2019 HCSMP recommendations and updated Consistency Determination Guidelines.

Key findings and data to support the 2019 HCSMP recommendations and updated guidelines are available in the Executive Summary of the 2019 HCSMP, beginning on page six.

I. Background (Ordinance 300-10)

San Francisco ordinance 300-10, effective January 2, 2011, required the creation of a Health Care Services Master Plan (HCSMP) intended to guide land use decisions for health care-related projects in the City of San Francisco. Specifically, the Ordinance required the San Francisco Department of Public Health (SFDPH) and Planning to collaboratively prepare a HCSMP for adoption by the Board of Supervisors. The first version of the Health Care Services Master Plan (2013 HCSMP[1]) was adopted and came into effect on December 26, 2013.

[1] The first plan can be accessed by following this link: https://www.sfdph.org/dph/files/HCSMP/Final/FINAL-HCSMP-October2013.pdf

Required Components

The ordinance requires the following components to the extent feasible:

1. **Health System Trends Assessment:** A review and analysis of trends in health care services, related to disease and population health status; local, state, and federal health policy; clinical technology innovations; workforce trends; and any other policies within San Francisco that may impact health care service delivery.
2. **Capacity Assessment:** An assessment that quantifies the current and projected capacities of existing health care facilities in San Francisco; including but not limited to emergency services, acute hospital services, primary care services, long-term and behavioral health services.
3. **Land Use Assessment:** An analysis of San Francisco's current supply of Medical Uses, demand and need for new medical space, and potential land use impacts of new medical facilities.
4. **Gap Assessment:** An assessment that identifies health care service gaps across the City and medically underserved areas.
5. **Historical Role:** The Plan should take into consideration the historical role played, if any, by medical uses in the City to provide medical services to historically underserved groups, such as minority or low-income communities.
6. **Recommendations:** A set of recommendations to promote an equitable and efficient distribution of health care service gaps and medically underserved areas; and the placement of Medical Uses within the City in a manner that is consistent with the character, needs and infrastructure of different neighborhoods, and that promotes and protects the public health, safety, convenience, and general welfare.

Consistency Determination

The Health Care Services Master Plan (HCSMP) ordinance also set up the process of Consistency Determination, which is used by the Planning Department and SFDPH to review and evaluate new Medical Use developments in San Francisco. The intent of the Consistency Determination process is to verify that a proposed Medical Use development supports the recommendations and findings of the HCSMP, and therefore reflect the health care goals of the City.

A Medical Use is a categorical term used in the Planning Code to group certain types of health care facilities. These facilities are defined as:

- **Hospitals "Institutional Uses"** – public or private facilities which provide inpatient or outpatient medical care and may also include medical offices, clinics, or laboratories. Examples include Kaiser Foundation Hospital and St. Mary's Medical Center.
- **Health Service / Medical Service "Retail Sales or Office Uses"** – a facility which provides medical and allied health services to an individual by physicians, surgeons, dentists, podiatrists, psychologists, psychiatrists, acupuncturists, chiropractors, or any other health care professionals when licensed by a State-sanctioned Board. It usually includes a clinic, primarily providing outpatient care in medical, psychiatric or other health services and not part of a hospital or medical center. Examples of this include community clinics, physician offices, optometrists, and chiropractors.

Consistency Determination is required for Medical Use projects meeting the following size thresholds:

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

Consistency Determination Process

Any proposed Medical Use that meets the size thresholds must complete and submit a Consistency Determination Application as part of any applicable entitlement or building permit application.

The steps of Consistency Determination are described:

1. The Planning Department conducts an initial review of the Consistency Determination Application to ensure that the project scope triggers the need for Consistency Determination. If the project is subject to a Consistency Determination, Planning then forwards the Application to SFDPH for review.
2. SFDPH staff review the Application and accompanying justification/data to determine whether the project is consistent with HCSMP recommendations and Consistency Determination Guidelines. Based on the review, SFDPH staff presents the recommendation to the Health Commission (either as an informational item, or as an item for discussion). SFDPH then assigns the proposed project one of two outcomes: consistent or inconsistent.
3. SFDPH staff forward their final recommendation regarding a project's Consistency back to the Planning Department.
4. Planning posts the final determination on its website for a 15-day public comment period.

Neither the Planning Commission nor the Planning Department may act on any related entitlement until a Consistency Determination for a proposed Medical Use is made.

Consistency Determination Outcomes

Applications found to be “consistent” with the HCSMP are posted on the Planning Department's website for 15 days. If the Planning Department receives no substantive arguments, as determined by the Planning Director, the Consistency Determination will become final and the project permits move forward. If, however, the Planning Department receives substantive written objections, the application will be processed as an inconsistent application.

Applications that DPH staff recommends as "inconsistent" will be forwarded to the Health Commission for review at a public hearing. If the Health Commission disagrees with DPH staff and finds the application to be consistent with the HCSMP, it will issue findings to this effect. If the Health Commission agrees with DPH staff and finds the application to be inconsistent, it will make recommendations to the applicant for how to achieve consistency.

II. 2019 Health Care Services Master Plan Update

Overview

The following section briefly summarizes the process taken to update the HCSMP. It also presents the 2019 HCSMP recommendations and proposed Consistency Determination Guidelines.

To update the HCSMP, SFDPH and Planning staff followed a set of guiding objectives:

1. provide the most current and available data describing the type, capacity, utilization and distribution of health care services;
2. highlight health inequities and critical health care issues;
3. conduct an assessment of trends in medical facility development and needs;
4. assess the current Consistency Determination Guidelines for potential revision;
5. and finally, develop recommendations that support the HCSMP goals of improving access to care, particularly for vulnerable populations.

SFDPH and Planning staff relied on both primary data (outreach) and secondary data (publicly reported health data) to complete the 2019 HCSMP. The bulk of the 2019 HCSMP document is comprised of the data-driven assessments, which are compiled using secondary data. In addition to the assessments, the 2019 HCSMP update was guided by primary data collected as a part of outreach efforts. Outreach for the 2019 HCSMP included key informant interviews with subject matter experts and health provider organizations, briefings with community stakeholders and development organizations, a public workshop, and multiple hearings.

The result of the assessments and outreach are a set of key findings that are used to develop the 2019 HCSMP recommendations. Many of the key findings from the 2013 HCSMP have held true through the update

process. As such, the 2019 HCSMP recommendations represent a consolidated and updated version of the original 2013 HCSMP recommendations. The 2019 HCSMP recommendations are as follows:

1. Increase access to appropriate care for San Francisco's vulnerable populations,
2. Increase access to behavioral health services for vulnerable patients,
3. Increase access to and capacity of long-term care options for San Francisco's growing senior population and for persons with disabilities to support their ability to live independently in the community,
4. Utilize health information technology systems that increase access to high-quality health care and improve care coordination,
5. Ensure that San Francisco residents – particularly those without regular care 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, and
6. Ensure that the facility contributes positively to neighborhood character and promotes health and safety throughout the design of its site and buildings.

A list of the key findings can be found in the Executive Summary of the 2019 HCSMP beginning on page six.

Proposed 2019 Consistency Determination Guidelines

The table below presents the proposed 2019 HCSMP Consistency Determination Guidelines. The guidelines are derived from the key findings and recommendations of the HCSMP assessments and outreach process. The following guidelines will be used to review new Medical Use development projects as a part of the Consistency Determination process.

Recommendation 1. Increase access to appropriate care for San Francisco's vulnerable populations.

1.1	Increase the availability and accessibility of primary care in: • low-income areas (i.e., areas where the percentage of low-income residents – defined as individuals living below 200% of the Census Poverty Threshold[i] – 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
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.
1.3	Increase the availability and accessibility of prenatal care within neighborhoods with: • documented high rates of related health disparities. • for subpopulations with documented high rates of related health disparities including but not limited to Black/African American residents

1.4	Increase the availability and accessibility of dental care in/among:
	• low-income areas (i.e., areas where the percentage of low-income residents – defined as individuals living below 200% of the Census Poverty Threshold[i] – 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) 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.

1.5	Employ and train 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.
1.6	Deliver and facilitate access to specialty care for underserved populations (e.g., through transportation assistance, mobile services, and/or other innovative mechanisms).
1.7	Provide innovative education and outreach efforts that: • 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. • Help low-income, publicly insured, and/or uninsured persons identify health care facilities where they may access care.
1.8	Promote support services for patients likely to have difficulty accessing or understanding health care services (e.g., escorting patients to medical appointments, using case managers to help patients navigate the health care system, for e.g. multiply diagnosed or homeless persons).
1.9	Offer non-traditional facility hours to accommodate patients who work during traditional business hours.
1.10	Participate in Healthy SF
1.11	Support collaborations between medical service providers and existing community-based organizations with expertise in serving San Francisco's diverse populations.
1.12	Engage in 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.

Recommendation 2. Increase access to behavioral health services for vulnerable patients

2.1	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).
2.2	Expand the availability and accessibility of residential treatment beds for mental health and substance use, especially for people experiencing homelessness.
2.3	Support expansion of safe indoor spaces that provide low-threshold, harm reduction (ex. naloxone), and basic services, including drop-in centers, shelters and navigation centers.
2.4	Support behavioral health workforce development and recruitment through efforts like scholarship programs, loan forgiveness, and other financial incentives.
2.5	Improve care coordination through case management and navigation services, especially for high utilizers of the health care system.

Recommendation 3. Increase access to and capacity of long-term care options for San Francisco's growing senior population and for persons with disabilities to support their ability to live independently in the community

3.1	Increase availability and accessibility of post-acute and long-term care facilities, specifically: • Skilled Nursing Facilities (SNFs) • Subacute SNF • Board and Care Homes/Residential Care Facilities for the Elderly (RCFEs)
3.2	Increase availability and accessibility of home and community-based services for residents with short and long-term care needs, for example: • Adult Day Care Programs with memory care services (programs that serve adults with dementia and Alzheimer's)
3.3	Provide affordable and supportive housing options for seniors and persons with disabilities, enabling them to live independently in the community.
3.4	Support workforce development through job trainings and/or wage stipend programs especially for home-based services.

Recommendation 4. Utilize health information technology systems that increase access to high-quality health care and improve care coordination	
4.1	Support technology-based solutions that expand access to health services for San Francisco's vulnerable populations, such as telehealth (e.g., video medical interpretation, remote health monitoring, etc.).
4.2	Integrate support service information into electronic health records in order to have a more complete picture of a patient's health and improve care coordination.

Recommendation 5. Ensure that San Francisco residents – particularly those without regular care 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	
5.1	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
5.2	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.
5.3	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 provider offices or assisting with enrollment in programs like Paratransit.

Recommendation 6. Ensure that the facility contributes positively to neighborhood character and promotes health and safety throughout the design of its site and buildings	
6.1	Encourage site and building design that supports health and safety, through amenities such as restorative open spaces, environmental sustainability features, indoor air quality measures, and other health-promoting interior design (such as open stairwells).
6.2	Design medical facilities so that more "active uses" line the street (e.g. lobbies and waiting areas), particularly when located in predominantly retail and residential neighborhoods. Non-active uses (such as patient care areas, offices, other medical support functions) should ideally be sited at the building interior and/or on the second floor and above. Encourage the addition of ground floor uses that can also serve the broader public, such as retail and food service.