



SAN FRANCISCO PLANNING DEPARTMENT

Executive Summary General Plan Amendment Initiation HEARING DATE: MARCH 12, 2010

Project Name: Health Care Services Master Plan Update
Case Number: 2016-003164GPA
Staff Contact: Sheila Nickolopoulos, Citywide Division
Sheila.Nickolopoulos@sfgov.org, 415-575-9089
Reviewed by: Susan Exline, Principal Planner
Susan.Exline@sfgov.org, 415-558-6332
Recommendation: **Initiate and Schedule for Adoption on or After April 23, 2020**

1650 Mission St.
Suite 400
San Francisco,
CA 94103-2479

Reception:
415.558.6378

Fax:
415.558.6409

Planning
Information:
415.558.6377

The action before this Commission is initiation of the General Plan amendment described below. Initiation does not involve a decision on the substance of the amendment; it merely begins the required 20-day notice period, after which the Commission may hold a hearing and take action on the proposed General Plan amendment.

GENERAL PLAN AMENDMENT

The proposed ordinance would amend the General Plan to revise the Commerce And Industry Element in order to update it and incorporate the Health Care Services Master Plan; affirming the Planning Department's determination under the California Environmental Quality Act; and making findings under Planning Code Section 340 and findings of consistency with the General Plan and the eight priority policies of Planning Code Section 101.1.

The Way It Is Now:

Policy 7.3 of the Commerce and Industry Element of the General Plan is "Promote the provision of adequate health and educational services in all geographical districts and cultural groups in the city." The Policy states:

San Francisco has a well developed public health care delivery system with well staffed and equipped public and private hospitals. Unfortunately, the clustering of many of these major facilities in relatively few areas creates problems in the adjacent residential neighborhoods. This clustering also serves to limit access of residents in other parts of the City to the health care and employment opportunities which these large institutions offer. Similar distribution and accessibility problems exist with respect to educational and job training institutions.

The city should actively encourage the decentralization of major institutional facilities to other areas of San Francisco, particularly those presently without adequate services. Vacated school sites and facilities should be examined as a potential expansion resource. There also exist areas of underused land in the city in which the physical impact of institutional development would be acceptable and might even provide the necessary impetus for desired new community development.

The Way It Would Be:

The proposed changes to the language of Policy 7.3 of the Commerce and Industry Element of the General Plan would align health care policy goals with the findings and recommendations of the 2019 Health Care Services Master Plan. Specifically, the changes would:

- Create separate policies for the provision of health care and education, because the delivery of these services is fundamentally different.
- Update the language regarding health care to emphasize that local land use controls should respond to the complexity of the provision of health care; and that decisions regarding the location of health services should emphasize access to care.

The amended Policy 7.3 of the Commerce and Industry Element of the General Plan, related to health care specifically, would be to "Promote the provision of adequate health care in all geographical districts and cultural populations in the city. The Policy would state:

San Francisco is a hub of exceptional health care services and supporting research, which includes public and private entities. Health care is a dynamic industry, highly regulated and influenced by federal, state, and local policies. Local land use controls should be as flexible as possible to support evolving best practices in the provision and delivery of preventative and treatment care.

Proximity to health care does not equate to access for all geographical and cultural groups. Adequate health care access also includes access to electronic health records, access to preventive care, transit accessibility, insurance coverage, and culturally/linguistically appropriate care. To promote health equity and reduce health care disparities, needs and barriers to access should be assessed for underserved populations. Policies and programs should focus on improving access based on specific community needs. Where services are needed, the City should actively encourage health care services to locate in those areas.

A new policy 7.4 would include the unchanged policy related to education.

BACKGROUND

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 Department to collaboratively prepare a HCSMP for adoption by the Board of Supervisors. The first version of the Health Care Services Master Plan (2013 HCSMP¹) was adopted and came into effect on December 26, 2013.

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.

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

The principle goals of the 2019 HCSMP are to:

- Provide the most current and available data describing the type, capacity, utilization, and distribution of health care services.
- Highlight health inequities and critical health care issues.
- Conduct an assessment of trends in medical facility development and needs.
- Assess HCSMP Consistency Determination Guidelines for potential revision.
- Develop recommendations that support the HCSMP goals of improving access to health care, particularly for vulnerable populations

The five principle goals of the Health Care Services Master Plan have been met in the following ways:

1. The 2019 Plan provides the most current and available data describing the type, capacity, utilization, and distribution of health care services. The Plan utilizes the most up to date publicly available data from sources like the United States Census Bureau, the California Office of Statewide Health Planning and Development, and the California Health Interview Survey.
2. The Plan highlights the health inequities and critical health care issues. Since the 2013 Plan, two distinct public health issues have come to the forefront. (1) Behavioral health challenges are increasing, especially within San Francisco's homeless population. (2) A loss of long-term care (skilled nursing facilities (SNFs), subacute, and board and care homes) is creating a gap in needed care.
3. The Plan assessment of trends in medical facility development and needs shows that medical jobs are growing, and that the city has added 2.1 million square feet of hospital space since 2013. World class research and patient care facilities expanded, notably in Mission Bay. Delivery of health care continues to change rapidly, and since 2013, the city has seen the emergence of urgent care facilities in neighborhoods as providers look to improve patient access and decrease costs. As described in the Needs Assessment, geographic proximity is not the only barrier facing at-risk populations needing to access to health care. In some cases, such as the Bayview, lack of geographic access correlates with insufficient health care, but for at-risk populations in the Mission, Chinatown, or Tenderloin, which are close to health care facilities, the barriers to access may be cultural, linguistic, or other.
4. The 2019 Plan includes several changes to the HCSMP Consistency Determination Guidelines, which will simplify the review process for applicants and City agencies.
5. The 2019 Plan includes broad recommendations for health care services throughout San Francisco, by way of the streamlined Consistency Determination Guidelines.

ISSUES AND CONSIDERATIONS

Health care is a complex and dynamic, highly regulated by local, State, and Federal policies. Health care is provided through the private market and via the public sector. The existing language in the General Plan regarding health care is narrow in scope, focusing on clustering of services in neighborhoods. The proposed amendment would be broader, structured around patient populations rather than geographic location. The proposed change would align the General Plan objective regarding health care with the findings and recommendations of the 2019 Health Care Services Master Plan.

The Commerce and Industry Element is the City's comprehensive guide for both the public and private sectors when making decisions related to economic growth and change. Updating the objectives for health care in this Element would provide decision makers with a framework that values both economic development and social equity.

RECOMMENDATION

The Department recommends that the Commission recommend approval of the resolution to initiate the General Plan amendments for consideration on or after April 23, 2020.

BASIS FOR RECOMMENDATION

The Department recommends that the Commission initiate the proposed General Plan amendment because it will codify the findings and recommendation of the 2019 Health Care Services Master Plan. Initiation at this time will move the General Plan amendment forward in tandem with the Plan approval and other proposed supporting legislation.

A joint hearing with of the Planning Commission and the Health Commission is scheduled for March 12, 2020 to consider and recommend approval of the 2019 Health Care Services Master Plan. The initiation of this General Plan Amendment is being considered by the Planning Commission following that joint hearing.

REQUIRED COMMISSION ACTION

The proposed Ordinance is before the Commission so that it may initiate the proposed Ordinance and schedule a time for the ordinance to be heard for adoption.

ENVIRONMENTAL REVIEW

The proposed General Plan amendments are not defined as a project under CEQA Guidelines Sections 15378 and 15060(c)(2) because it would not result in a direct or indirect physical change in the environment.

PUBLIC COMMENT

As of the date of this report, the Planning Department has not received any public comment regarding the proposed Ordinance.

RECOMMENDATION: Initiate and Consider Adoption on or after April 23, 2020

Attachments:

- Exhibit A: Draft Planning Commission Resolution
- Exhibit B: Proposed Ordinance



SAN FRANCISCO PLANNING DEPARTMENT

Planning Commission Draft Resolution HEARING DATE MARCH 12, 2020

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Initiated by: Planning Commission
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Sheila.Nickolopoulos@sfgov.org, 415-575-9089
Reviewed by: Aaron D Starr, Manager of Legislative Affairs
aaron.starr@sfgov.org, 415-558-6362
Recommendation: Initiate and Schedule for Adoption on or After April 23, 2020

INITIATING AMENDMENTS TO THE GENERAL PLAN'S COMMERCE AND INDUSTRY ELEMENT TO ALIGN POLICY 7.3 WITH THE FINDINGS AND RECOMMENDATIONS OF THE 2019 HEALTH CARE SERVICES MASTER PLAN.

WHEREAS, The Planning Commission (hereinafter "Commission") conducted a duly noticed public hearing at a regularly scheduled meeting to consider initiation of the proposed Ordinance on March 12, 2020; and,

WHEREAS, The proposed amendment would amend the Commerce and Industry Element of the General Plan align policy 7.3 with the findings and recommendations of the 2019 Health Care Services Master Plan; and

WHEREAS, The proposed amendments are intended to support both economic development and social equity; and

WHEREAS, The Commission has heard and considered the testimony presented to it at the public hearing and has further considered written materials and oral testimony presented on behalf of Department staff and other interested parties; and

WHEREAS, All pertinent documents may be found in the files of the Department, as the custodian of records, at 1650 Mission Street, Suite 400, San Francisco; and

WHEREAS, The Commission has reviewed the proposed Ordinance; and

MOVED, That pursuant to Planning Code Section 340, the Commission adopts a Resolution to initiate amendments to the General Plan;

AND BE IT FURTHER RESOLVED, That pursuant to Planning Code Section 340, the Commission authorizes the Department to provide appropriate notice for a public hearing to consider the above

referenced General Plan amendment contained in the draft ordinance, approved as to form by the City Attorney in Exhibit A, to be considered at a publicly noticed hearing on or after **April 23, 2020**.

I hereby certify that the foregoing Resolution was adopted by the Commission at its meeting on March 12, 2020.

Jonas P. Ionin
Commission Secretary

AYES:

NOES:

ABSENT:

ADOPTED:

1 [General Plan - Updating the Commerce and Industry Element to Incorporate the Health Care
2 Services Master Plan]

3 **Ordinance amending the General Plan to revise the Commerce and Industry Element,**
4 **to update it and incorporate the Health Care Services Master Plan; affirming the**
5 **Planning Department's determination under the California Environmental Quality Act;**
6 **and making findings under Planning Code Section 340 and findings of consistency**
7 **with the General Plan and the eight priority policies of Planning Code Section 101.1.**

8
9 **NOTE:** **Unchanged Code text and uncodified text** are in plain Arial font.
10 **Additions to Codes** are in *single-underline italics Times New Roman font*.
11 **Deletions to Codes** are in ~~*italics Times New Roman font*~~.
12 **Board amendment additions** are in double-underlined Arial font.
13 **Board amendment deletions** are in ~~Arial font~~.
14 **Asterisks (* * * *)** indicate the omission of unchanged Code
15 subsections or parts of tables.

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

17 Section 1. Environmental and Planning Code Findings.

18 (a) California Environmental Quality Act. The Planning Department has determined
19 that the actions contemplated in this ordinance comply with the California Environmental
20 Quality Act (California Public Resources Code Section 21000 et seq.). Said determination is
21 on file with the Clerk of the Board of Supervisors in File No. _____ and is incorporated herein
22 by reference. The Board affirms this determination.

23 (b) Planning Code Findings.

24 (1) Under San Francisco Charter Section 4.105 and Planning Code Section
25 340, any amendments to the General Plan shall first be considered by the Planning
Commission (Commission) and thereafter recommended for approval or rejection by the
Board of Supervisors. On _____, by Resolution No. _____, the Commission

1 conducted a duly noticed public hearing on the General Plan Amendments pursuant to
2 Planning Code Section 340, and found that the public necessity, convenience and general
3 welfare required the proposed General Plan Amendments, adopted General Plan
4 Amendments, and recommended them for approval to the Board of Supervisors. A copy of the
5 Planning Commission Resolution No. _____, is on file with the Clerk of the Board of
6 Supervisors in File. No. _____, and incorporated by reference herein.

7 (2) On _____, the Commission, in Resolution No. _____, adopted
8 findings that the actions contemplated in this ordinance are consistent, on balance, with the
9 City's General Plan and eight priority policies of Planning Code Section 101.1. The Board
10 adopts these findings as its own. A copy of said Resolution is on file with the Clerk of the
11 Board of Supervisors in File No. _____, and is incorporated herein by reference.

12
13 Section 2. The General Plan is amended by revising the Commerce and Industry
14 Element, as follows:

15 * * * *

16 **POLICY 7.3**

17 **Promote the provision of adequate health care and educational services to all**
18 **geographical districts and cultural groups populations in the city.**

19 *San Francisco has a well developed public health care delivery system with well staffed and*
20 *equipped public and private hospitals. Unfortunately, the clustering of many of these major facilities in*
21 *relatively few areas creates problems in the adjacent residential neighborhoods. This clustering also*
22 *serves to limit access of residents in other parts of the City to the health care and employment*
23 *opportunities which these large institutions offer. Similar distribution and accessibility problems exist*
24 *with respect to educational and job training institutions.*

1 San Francisco is a hub of exceptional health care services and supporting research, which
2 includes public and private entities. Health care is a dynamic industry, highly regulated and influenced
3 by federal, state, and local policies. Local land use controls should be as flexible as possible to support
4 evolving best practices in the provision and delivery of preventative and treatment care.

5 Proximity to health care does not equate to access for all populations. Adequate health care
6 access also includes access to electronic health records, access to preventive care, transit accessibility,
7 insurance coverage, and culturally/linguistically appropriate care. To promote health equity and
8 reduce health care disparities, needs and barriers to access should be assessed for underserved
9 populations. Policies and programs should focus on improving access based on specific community
10 needs. Where services are needed, the City should actively encourage health care facilities to locate in
11 these areas.

12
13 **POLICY 7.4**

14 **Promote the provision of adequate educational services to all geographical districts and**
15 **cultural groups in the city.**

16 The city should actively encourage the ~~decentralization~~ distribution of major educational
17 ~~institutional~~ facilities to ~~other~~ all areas of San Francisco, particularly those presently without
18 adequate services. Vacated public school sites and facilities should be examined as a
19 potential expansion resource. There also exist areas of underused land in the city in which the
20 physical impact of institutional development would be acceptable and might even provide the
21 necessary impetus for desired new community development.

22
23 Section 3. Effective Date. This ordinance shall become effective 30 days after
24 enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the
25

1 ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board
2 of Supervisors overrides the Mayor's veto of the ordinance.

3
4 Section 4. Scope of Ordinance. In enacting this ordinance, the Board of Supervisors
5 intends to amend only those words, phrases, paragraphs, subsections, sections, articles,
6 numbers, punctuation marks, charts, diagrams, or any other constituent parts of the Municipal
7 Code that are explicitly shown in this ordinance as additions, deletions, Board amendment
8 additions, and Board amendment deletions in accordance with the "Note" that appears under
9 the official title of the ordinance.

10
11 APPROVED AS TO FORM:
12 DENNIS J. HERRERA, City Attorney

13 By:


14 ANDREA RUIZ-ESQUIDE
Deputy City Attorney

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