

Meeting Date: 12/10/2013

Report Type: Public Hearing

Report ID: 2013-00575

Title: Expo Parkway Behavioral Healthcare Hospital (Passed for Publication 09/03/2013; Published 08/29/2013, 10/18/2013 and 10/23/2013) [Continued from 10/29/2013, 11/12/2013 and 12/03/2013]

Location: District 3

Issue: A request to allow the development of a 70,860 square foot acute care psychiatric hospital on approximately 6.78 acres in the General Commercial (C-2-LI-PC) zone located on Expo Parkway south of Slobe Avenue. This request required the City Council approval of a Rezone, Special Permit, Design Review for a new psychiatric hospital, and an Addendum to a Previously Approved Negative Declaration.

Recommendation: Conduct a Public Hearing and upon conclusion pass 1) a Resolution adopting the Mitigated Negative Declaration Addendum and the Mitigation Monitoring Plan for the Expo Parkway Behavioral Healthcare Hospital Project; 2) a Resolution approving the Expo Parkway Behavioral Healthcare Hospital; and 3) an Ordinance rezoning 6.78 gross acres from General Commercial Labor Intensive Parkway Corridor (C-2-LI-PC) Zone to the Hospital Parkway Corridor (H-PC) Zone.

Contact: Gregory Bitter, AICP, Principal Planner, (916) 808-7816; Lindsey Alagozian, Senior Planner (916) 808-2659, Antonio Ablog, Associate Planner, (916) 808-7702, Community Development Department

Presenter: Antonio Ablog, Associate Planner, (916) 808-7702, Community Development Department

Department: Community Development Dept

Division: Planning

Dept ID: 21001221

Attachments:

- 01-Description/Analysis
- 02-Background
- 03-Planning Commission Record of Decision
- 04-Land Use Map
- 05-Public Comments
- 06-Comments and Recommended Conditions from County of Sacramento Department of Community Development
- 07-Community Development Department response to County of Sacramento
- 08-Specific Project Related Impacts
- 09-Environmental Response to Specific Comments
- 10-Traffic Study Assessment
- 11-Letters Submitted by the Applicant/Signature Healthcare
- 12-Resolution-CEQA
- 13-Exhibit A - Mitigation Monitoring Plan
- 14-Ordinance - Rezone
- 15-Exhibit A - Rezone Map
- 16-Project Entitlements Resolution
- 17-Exhibit A - Site Plan
- 18-Exhibit B - Floor Plan
- 19-Exhibit C - Elevations
- 20-Exhibit D - Aerial Renderings
- 21-Exhibit E - Streetscape Exhibit
- 22-Exhibit F - Perimeter Fencing
- 23-Expo Behavioral Hosp Addendum Revised

City Attorney Review

Approved as to Form
Jeffrey Heeren
10/24/2013 10:43:02 AM

City Treasurer Review

Reviewed for Impact on Cash and Debt
Russell Fehr
10/11/2013 11:55:07 AM

Approvals/Acknowledgements

Department Director or Designee: Max Fernandez - 10/17/2013 11:22:41 AM

Description/Analysis

Issue: The applicant is requesting approval of a single-story, 70,860 square foot acute care psychiatric hospital. The facility will provide approximately 120 patient beds and will operate as a 24-hour a day, seven-day a week secured inpatient facility. The hospital will primarily serve as a transitional care facility for the short-term treatment of psychiatric illness. Patient visits will typically last between three days and two weeks. The facility will also provide outpatient services for patients who have transitioned out of direct care. This request requires a Rezone of approximately 6.78 acres from the General Commercial, Labor Intensive, Parkway Corridor (C-2-LI-PC) Zone to the Hospital Parkway Corridor (H-PC) Zone, a Special Permit to construct a new 70,860 square foot hospital, and a Design Review for new development in the North Sacramento Design Review District.

On June 27, 2013, the Planning and Design Commission voted unanimously to forward the requested entitlements to the City Council with a recommendation for approval. On August 29, 2013, a community meeting to discuss the project was held at the Woodlake Clubhouse. Approximately 80-100 residents were in attendance at the meeting. Most of those who spoke at the meeting had concerns about the project and were opposed to the proposed psychiatric hospital. Among the concerns were:

- A lack of outreach to the Woodlake community regarding the project
- Concerns related to security and patients walking through the Woodlake neighborhood.
- Lack of nearby public transportation
- Impact of traffic created by the proposed facility
- Proximity of the facility to railroad tracks
- Proximity of the facility to American River Parkway access and Utilities drainage facilities.

Due to the concerns voiced at the community meeting, the City Council Hearing, originally scheduled for September 10, 2013, was continued to October 29, 2013. On October 23, 2013, a second community was held at the Woodlake Clubhouse. Approximately 50-60 community members were in attendance. Similar to the initial community meeting, the discussion focused on the security and operations of the proposed facility. After this community meeting the October 29th City Council hearing was continued to November 12, 2013 to allow for additional community feedback and outreach. The City Council hearing was subsequently continued to December 3, 2013. In addition to the comments made at the community meetings, staff has received a number of letters with questions regarding the project or stating opposition to the development request. These letters have been attached to this report (Attachment 5). Staff also received a comment letter from the County of Sacramento Department of Community Development recommending additional conditions of approval. This letter, dated November 19, 2013, has been attached to this report as Attachment 6. The City's Community Development Department staff has reviewed this letter and has provided a response. The response has been attached to this report as Attachment 7.

Policy Considerations: General Plan: The subject site is designated as Suburban Center on the General Plan Land Use and Urban Form Diagram. The Suburban Center designation is reserved for primarily non-residential, lower-intensity single-use commercial development at an FAR between 0.25 and 2.0. The proposed acute care psychiatric hospital is classified as a public/quasi-public use that is allowed within the Suburban Center designation and the proposed FAR of 0.35 is consistent with the target FAR for the site. Additionally, the proposed project is consistent with the following General Plan Goals:

Design Review. *The City shall require design review that focuses on achieving appropriate form and function for new and redevelopment projects to promote creativity, innovation, and design quality. (LU 2.7.1)*

Development Review. *The City shall continue to include the Police Department in the review of development projects to adequately address crime and safety, and promote the implementation of Crime Prevention through Environmental Design principles. (PHS 1.1.7)*

Adequate Community Supporting Uses. *The City shall seek to ensure that all manner of public and private community-supportive facilities and services are located throughout the city to provide places that serve the varied needs of the community, provide for community meeting places, and provide community and neighborhood landmark buildings and places (LU 8.1.2).*

Expanded Emergency Care Facilities. *The City shall support the efforts of the health care sector to provide expanded emergency health services throughout Sacramento, especially north of the American River (LU 8.2.6).*

Environmental Considerations:

California Environmental Quality Act (CEQA): The Community Development Department, Environmental Planning Services has reviewed the project and modification of development of a 70,860 square feet, 120 beds, single-story acute care psychiatric inpatient hospital facility, which will primarily serve as a transitional care facility for the treatment of short term psychiatric illnesses and has prepared an Addendum to the previously adopted Expo Parkway Offices Mitigated Negative Declaration in accordance with the CEQA Guidelines Section 15164. On March 10, 2005, the City Planning Commission adopted the Expo Parkway Offices (P04-133) Mitigated Negative Declaration and Mitigation Monitoring Plan. No substantial changes have occurred that would require the preparation of a subsequent mitigated negative declaration (MND) and, therefore, this report recommends adopting a mitigated negative declaration addendum and the mitigation monitoring plan for the Expo Behavioral Healthcare Hospital (P13-011).

Since the recommendation made by the Planning and Design Commission on June 27, 2013, Staff has been provided with a number of neighborhood issues and comments relating to the environmental documentation prepared for the project. Staff has reviewed the issues raised and has revised the addendum to provide responses to comments received. Information in response to early comments is also shown in Attachment 9.

The adopted mitigated negative declaration for the Expo Parkway Offices Project and the revised addendum to the adopted mitigated negative declaration are available at the Community Development Department's webpage located at the following link:

<http://portal.cityofsacramento.org/Community-Development/Planning/Environmental/Impact-Reports.aspx>

Commission/Committee Action: The project request was heard by the Planning and Design Commission on June 27, 2013. The Commission voted unanimously (9 ayes, 4 absent) to forward the requested project entitlements to the City Council with a recommendation for approval. No members of the public were in attendance at the hearing to comment on the project.

Rationale for Recommendation: The applicant is requesting entitlement to allow the establishment of a single-story, 70,860 square foot, acute care psychiatric hospital. The facility will provide approximately 120 patient beds and will operate as a 24-hour a day, seven day a week secured inpatient facility. Staff recognizes that there are concerns related to the project. However, staff continues to believe that the proposed hospital is compatible with the surrounding commercial development and that the proposed facility is consistent with the General Plan goal to provide expanded emergency health services throughout Sacramento, especially north of the American River. Furthermore, the building's design is consistent with the North Sacramento Design Guidelines. Staff supports this request as it is compatible with the surrounding commercial and light industrial uses and the applicant has modified the building's design to be consistent with the North Sacramento Design Guidelines and the Parkway Corridor Overlay. Furthermore, the project proponent has proposed additional security conditions based on community concerns related to the security of the proposed facility as well security of the immediate vicinity.

Financial Considerations: The applicant is incurring all costs for the proposed hospital project.

Emerging Small Business Development (ESBD): No goods or services are being purchased under this report.

Attachment 2 – Background

The subject site is currently vacant and zoned for commercial uses (C-2-LI-PC). There are street improvements along Expo Parkway. Paved access to the American River Bike Trail and a drainage channel run the length of the western property line. There is a mix of office and light industrial uses to the east and west, and a hotel to the north. The American River Parkway is to the south of the project site on the opposite side of the levee.

On March 10, 2005, the Planning Commission approved a Tentative Map and Special Permit for the Expo Parkway Office project (P04-133). The project consisted of the current subject site and a parcel on the north side of Expo Parkway that is still vacant. The project proposed five office buildings that totaled approximately 60,000 square feet on the subject site. This project was never completed and the project site remains undeveloped.

Land Use

The applicant is proposing to construct and operate an acute care psychiatric hospital at the subject location. The subject site is currently vacant and is surrounded by a mix of commercial and light industrial uses. There are no residential uses adjacent to the proposed facility and the nearest residential use is approximately a quarter mile to the north. The site is currently zoned General Commercial (C-2) with Labor Intensive (LI) and Parkway Corridor (PC) overlays.

The proposed hospital will be a 120 bed acute care psychiatric facility that will serve those in need of alcohol and substance abuse treatment, as well as treatment for other mental and behavioral illnesses. This facility will be a private hospital and not operate as a “walk-in” clinic. Patients who are being treated at the facility will have their own health insurance. The typical patient would stay at the facility between three days and two weeks. Invasive medical procedures would not occur at the facility, and no bio hazardous materials would be produced. Though the hospital will operate 24-hours a day, seven days a week, the facility also incorporates an outpatient therapy and counseling component that will serve 20-30 people a day during normal business hours. Patients will generally arrive by friends and family, but a 24-hour-a-day ambulance drop off is provided. Patients will generally not have their own vehicles. The facility will provide transportation services for the outpatient and counseling component of the operations.

The facility will have approximately 210 employees who will work in three shifts. The day shift will have 90 employees while the night shift will have 70 employees. There will be 50 employees for the overnight shift.

Section 17.24.030 of the zoning code permits major medical facilities (hospitals) only in the Hospital (H) zone with the issuance of a Special Permit. The applicant will be rezoning the subject site to the H zone to accept the proposed facility. With this Rezone, the Parkway Corridor overlay will remain, but the Labor Intensive (LI) overlay will be

removed. The LI overlay will be removed as the newly adopted Zoning Code no longer sets forth specific development standards for development within the overlay zone (Section 17.320). The Parkway Corridor has been retained in the new Zoning code and the overlay will remain on the subject. The resulting zone for the site will be H-PC. The Parkway Corridor Overlay Zone provides development standards that include height and setback requirements related to the parkway levee. The overlay does not prohibit the proposed hospital land use. The rezoning of the site is consistent with the General Plan goal to provide expanded emergency health services throughout Sacramento, especially north of the American River.

Public Comments

On June 27, 2013, the Planning and Design Commission voted unanimously to forward the requested entitlements to the City Council with a recommendation for approval with no opposition recorded. On August 29, 2013, a community meeting to discuss the project was held at the Woodlake Clubhouse. Approximately 80-100 residents were in attendance at the meeting. Most of those who spoke at the meeting had concerns about the project and were opposed to the proposed psychiatric hospital. Among the concerns were:

- Impact of traffic created by the proposed facility
- A lack of outreach to the Woodlake community regarding the project
- Concerns related to security and patients walking through the Woodlake neighborhood to access light rail.
- Lack of nearby public transportation.
- Proximity of the facility to railroad tracks
- Proximity of the facility to American River Parkway access and Utilities drainage facilities.

With regards to traffic impacts, a Traffic Study Assessment was performed by the Public Works Department to determine the expected traffic volume of the proposed hospital (Attachment 10). It was concluded that the proposed hospital produced fewer peak hour vehicle trips than the previously approved office development. Since hospital produced fewer trips than the previously analyzed project, it was determined that a Traffic Impact Analysis was not required for the project. Though a Traffic Impact Analysis was not required of the project, the proposed hospital is still be required to construct all frontage improvements on Expo Parkway, and to make a fair share contribution toward a future signalized intersection at Slobe Avenue and Expo parkway intersection.

In terms of project noticing, early notices were sent to the Point West Area Transportations Management Association, Woodlake Community Association, North Sacramento Chamber of Commerce, and the Del Paso Boulevard Partnership. No comments were received in response to the early notice. Public hearing notices were

mailed to property owners within 500 feet of the subject site and to the neighborhood groups that received early project notifications. Staff did not begin receiving public comments on the project until after the Planning Commission had made a recommendation on the project and voted to forward it to the City Council for a decision.

Staff has received a number of letters from concerned citizens (Attachment 5). Many of the concerns echo the safety and security concerns heard at the community meetings. The project has been reviewed by the Police Department with respect to public safety. The project proponent has agreed to the conditions of approval that have been put in place to provide for a secure facility (Attachment 16). The facility will be a private facility with a majority of the patients arriving with family/friends by private vehicle. The nearest light rail stop is nearly three-quarters of a mile to the north at Arden Way. Staff does not believe that patients will make regular use of light rail to get to the facility, or upon discharge. Additionally, the proposed operator, Signature Healthcare Services, has submitted a statement related patient admissions and discharges, and patient care which has been included in Attachment 11 of this report.

In addition to the letters citing safety and security concerns, an original letter was submitted listing specific concerns related to the original project's Mitigated Negative Declaration and the Addendum to the Mitigated Negative Declaration (Attachment 8). Some of these specific concerns were:

- Fire Department access to the Parkway and access to Sump 151;
- The existence of a Union Pacific railroad spur line adjacent to the site; and
- The impact of storm water runoff from the site;

The full list of specific concerns had been reviewed by City Staff. The response to these items can be found in Attachment 9. Subsequent correspondence has been received reiterating these concerns as well as stating additional concerns related to hospital operations and the history of Signature Healthcare. Both staff and the applicant have provided information that responds to some of these concerns. This information can be found in the letters submitted by the applicant (Attachment 11) and also the addendum to the previously adopted Mitigated Negative Declaration (Attachment 23).

On October 23, 2013, a second community was held at the Woodlake Clubhouse. Approximately 50-60 community members were in attendance. Similar to the initial community meeting, the discussion focused on the security and operations of the proposed facility. The project applicant was not in attendance at this meeting, but security conditions, as proposed by the applicant, were presented to those in attendance. The additional conditions, forwarded to staff by the applicant for inclusion in the Special Permit conditions of approval are as follows:

- 1) Applicant shall provide onsite security 24-hours per day, seven days per week at the project site, as well as offsite security patrols twice daily between 6:00a.m. and 6:00p.m.

At the end of two years from the date of commencement of operations, the Planning Director shall evaluate the need for continued offsite security patrols and may determine that continued offsite security patrols are unnecessary. The Planning Director's determination shall be based on the following standards:

- (a) the nature of any security related incidents that occurred offsite during the prior two year period, which involved patients of the facility;
- (b) the number of any security related incidents that occurred offsite during the prior two year period, which involved patients of the facility; and
- (c) the location of any security related incidents that occurred offsite during the prior two year period, which involved patients of the facility.

Based on the factors above, the Planning Director shall determine whether there is a continuing need for offsite security patrols. In the event that the Planning Director determines that continued offsite security patrols are necessary, the Applicant shall continue to provide offsite security patrols for an additional two year period. The Planning Director shall make a determination as to the continued need for offsite security patrols every two years consistent with the standards provided for above.

- 2) Applicant shall provide up to one thousand dollars (\$1,000) of funding to the Woodlake Neighborhood Association on an annual basis for purposes of obtaining the necessary City permits that are required to allow security patrol service providers the ability to carry firearms into Woodlake Park.
- 3) On an annual basis, Applicant shall participate in volunteer efforts to assist with periodic clean-up along the portion of the American River Parkway near the project site.

These conditions were prepared by the applicant for review and acceptance as conditions of approval for the requested Special Permit. These conditions are meant address the concerns voiced by the residents of the Woodlake neighborhood as they relate to security, project operations and impacts to the adjacent American River Parkway. These conditions can be found in the Special Permit Conditions of Approval (Attachment 16).

Site Plan/Design

Site Plan: The subject site is currently vacant. There are street improvements along Expo Parkway. Paved access to the American River Bike Trail and a drainage channel

run the length of the western property line. The hospital facility will be located in the center of the site surrounding by a surface parking lot. Development of the site will not affect the existing American River trail access.

The subject site is located within the Suburban Parking district. This district requires that the facility provide a minimum of one space per patient bed. The 127 space parking lot meets this requirement. The parking lot and associated driveways and maneuvering areas ring the facility. Most of the parking is located on the north and east sides of the building, but there will be an area with a limited number of parking stalls at the southwest corner of the site.

Vehicular access to the site will be via two driveways that will provide access to Expo Parkway. Both driveways will allow full access to the public street. The main entrance to the facility will be along the north side of the building. There will be a main entry with an adjacent intake/entry area that can accommodate ambulances. There will be a secondary entry towards at the west side of the building that will accommodate outpatient services. The loading dock and central plant area will be located on the back side of the building away from view from the public street.

An ample landscaping buffer surrounding the building and parking lot will be provided. Portions of the landscaped area will be used as vegetated swales to assist in site drainage. Patients will have only have access to exterior areas that are protected by a secondary seven-foot tall privacy wall adjacent to the hospital building.

Building Plan: The applicant is proposing a 70,860 square foot psychiatric hospital with 120 beds. The facility will be divided into six nursing units, each with approximately 20 beds. Most rooms will be semi-private with two beds per room. Each room will have its own toilet and shower area. Each of the nursing units will have its own accessible private room. In addition to the nursing units, the hospital will feature an administration area and a 24-hour patient intake department. The facility will also provide several patient service areas including a gymnasium, classrooms, pharmacy, outdoor dining courtyards, and a full commercial kitchen and dining room that will also serve staff and visitors.

Aside from the nursing units, the northwest portion of the building will house an outpatient component. This component is expected to serve between 20-30 persons per day though ongoing group therapy and treatment for patients who have been discharged and no longer require acute care.

Height/Setbacks: The PC overlay does not affect the setback requirements of the underlying C-2 Zone, which the proposed project is consistent with. The maximum height of any portions of a structure in the PC Overlay may not exceed the height of the adjacent levee with the exception that the maximum height of any portion of the building may be increased by one foot for every five foot difference from those portions of the building farther than 25 feet away from the reference line with the reference line being a line 10 feet from the landside toe of the levee. This height restriction creates a scenario where portions of a building within 25 feet of the reference line cannot exceed the height

of the levee (approximately 15 feet). Beyond 25 feet of the reference line, the building height may be increased an additional foot for every additional five feet.

For the subject site, the rear property line is roughly equivalent to the reference line meaning that any portion of the building within 25-feet of the rear property line must not exceed 15 feet. The portion of the building nearest the property line is set back approximately 56 feet from the property line. This setback allows an additional six feet in building height for a total building height allowance of 21 feet. The proposed building height meets this requirement as the height of the building is 18 feet at the rear. The highest point of the building is 29 feet (roof of the gym), but this high point is set back far enough that it meets the height increase allowance.

In addition to the height requirements, the PC overlay defines a maximum width of 250 feet for building faces that run either parallel or perpendicular to the reference line (rear property line). The building has been designed to not present any long uninterrupted building faces. The building has been oriented at an axis that angles toward the reference line, as well as the to the front property line. The building also provides multiple breaks and articulation points to break up the mass of the building. There are no uninterrupted building faces of more than 250 feet that are parallel, or perpendicular to the reference line.

Architectural Design: The project site is located within the North Sacramento Design Review area. Design Review has determined that the office building design complies with the intent of the North Sacramento Design Guidelines. The original project submittal was generally consistent with the design guidelines in terms of massing, articulation, and glazing. The original elevations proposed the use of a mix of stucco, metal panels, and smooth and rough faced concrete masonry. Staff recommended that the applicant consider replacing the concrete masonry with a material that was comparable to a brick finish. The applicant complied with this recommendation by changing the exterior to a Quick-Brik masonry material that will have the look of traditional brick.

In addition to the change of materials, the applicant has broken up the upper, stucco finished portion of the building. The upper parapet has been reduced to what is needed to adequately screen the rooftop mechanical equipment, and reveal/score lines have been added to break up the vertical and horizontal mass of the upper wall.

The amendments made to the building elevations have resulted in a design that is supported by staff. The new Quick-Brik material provides for a high quality finish and the modifications to the upper parapet improve the overall massing of the structure. The proposed building is consistent with the North Sacramento Design Guidelines and compliments the existing development surrounding the site. The final material also meets the PC Overlay requirement for exterior materials to be composed mainly of natural earth-toned, stone, rock, masonry, or other material.

Fencing/Landscaping: The PC overlay requires a wall or fence at least six feet tall to be constructed where the property is either adjacent to, or includes the reference line

that is defined as a line that is offset 10 feet from the toe of the levee. This situation occurs at the rear property line. The applicant had originally proposed a 10 foot solid masonry wall at the east, west, and south property lines to fulfill this requirement and to provide a secure site. While staff did not object to the wall, staff recommended including a change of materials to break up the height and bulk of the wall. The applicant responded by redesigning the wall to have a solid lower portion and an upper portion of wrought iron. Masonry pilasters would also be included every 15 feet. Staff believes the redesigned fence is more aesthetically appealing than the original approval while still providing security for the facility.

The PC Overlay also requires a landscape planter of at least 10 feet wide be provided adjacent to the landward side of the fence or wall. The 10 foot landscape planter has been provided per this requirement.

Conclusion

Staff recommends that the City Council approve the request to establish a 120-bed acute care psychiatric facility. The building's design has been modified to be consistent with the North Sacramento Design Guidelines and the Parkway Corridor Overlay zone and will complement the architecture of the surrounding development. The project is consistent with the General Plan Suburban Center Designation and is compatible with the surrounding commercial and light industrial uses. The project has also been conditioned to provide the appropriate security measures to ensure the ongoing safety of the project operations and the applicant has offered additional security measures, to be included as conditions of approval, to mitigate concerns related to security.

Attachment 3 – Planning Commission Record of Decision



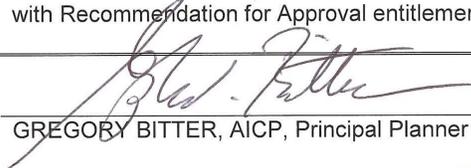
CITY OF SACRAMENTO PLANNING AND DESIGN COMMISSION RECORD OF DECISION

300 Richards Boulevard, Sacramento, CA 95811

Project Name:	Expo Parkway Behavioral Healthcare Hospital	
Project Number:	P13-011	
Project Location:	1400 Expo Parkway	
Assessor's Parcel No.:	275-0310-022	
Applicant:	Signature Healthcare Services, LLC., c/o Ryan Hooper, Law Offices of Gregory D. Thatch, 1730 I Street, Ste. 220 Sacramento, CA 95811.	
Action Status:	Forwarded to City Council with Recommendation for Approval	Action Date: 6/27/2013

REQUESTED ENTITLEMENT(S): **Item A:** Addendum To Mitigated Negative Declaration; **Item B:** Mitigation Monitoring Plan; **Item C:** Rezone of approximately 6.78 acres from the General Commercial, Labor Intensive, Parkway Corridor (C-2-LI-PC) Zone to the Hospital Parkway Corridor (H-PC) Zone; **Item D:** Special Permit to construct a 70,860 square-foot acute care psychiatric hospital; **Item E:** Design Review for a new 70,860 square-foot commercial building.

ACTIONS TAKEN: On June 27th, 2013, the Planning and Design Commission took the following actions based on the attached findings of fact and subject to the attached conditions of approval: Forwarded to City Council with Recommendation for Approval entitlements A through E.

Action certified by: 
GREGORY BITTER, AICP, Principal Planner

Sent to Applicant: July 2, 2013

By: 
ANTONIO ABLOG, Associate Planner

NOTICE OF PROTEST RIGHTS

The above conditions include the imposition of fees, dedications, reservations, or other exactions. Pursuant to California Government Code section 66020, this Notice of Decision serves as written notice to the project applicant of (1) the amount of any fees and a description of any dedications, reservations, or exactions imposed, and (2) that the applicant may file a protest against the imposition of those fees, dedications, reservations, or other exactions within 90 days of the date of this approval, which is deemed to be the date that the fees, dedications, reservations, or other exactions are imposed. If the payment of a fee is imposed as a condition of approval, but the amount of the fee is not stated in this Notice of Decision and is not otherwise available to the applicant on a fee schedule or otherwise, the 90 days protest period will begin to run when the applicant is notified of the amount of the fee.

For purposes of this notice, the following fees are deemed to be imposed upon approval of the first discretionary

entitlement for the subject development project and are subject to the protest procedures set forth in Title 18 of the Sacramento City Code as indicated: North Natomas Public Facilities Fee, Transit Fee, and Drainage Fee (SCC 18.24.160); North Natomas Land Acquisition Fee (SCC 18.24.340); North Natomas School Facilities Fee (SCC18.24.710); Jacinto Creek Planning Area Facilities Fee (SCC18.28.150); Willow Creek Project Area Development Fee (SCC 18.32.150); Development Impact Fees for the Railyards, Richards Boulevard, and Downtown Areas (SCC 18.36.150); Habitat Conservation Fee for the North and South Natomas Community Plan Areas (18.40.090); and Park Development Impact Fee (18.44.140).

The time within which to challenge a condition of approval of a tentative subdivision map, including the imposition of fees, dedication, reservation, or other exaction, is governed by Government Code section 66499.37

EXPIRATION

TENTATIVE MAP: Failure to record a final map within three years of the date of approval or conditional approval of a tentative map shall terminate all proceedings.

SPECIAL PERMIT: A use for which a Special Permit is granted must be established within three years after such permit is issued. If such use is not so established, the Special Permit shall be deemed to have expired.

VARIANCE: Any variance involving an action which requires a building permit shall expire at the end of three years unless a building permit is obtained within the variance term.

PLAN REVIEW: Any plan review shall expire at the end of three years unless a building permit is obtained within the plan review term.

NOTE: Violation of any of the foregoing conditions will constitute grounds for revocation of this permit. Building permits are required in the event any building construction is planned. The County Assessor is notified of actions taken on rezoning, special permits and variances.

APPEALS

Appeals of the Planning And Design Commission decision of this item to the City Council must be filed at 300 Richards Boulevard, 3rd Floor, within 10 calendar days of this meeting, on or before July 8, 2013. If the 10th day falls on a Sunday or holiday, the appeal may be filed on the following business day.

**Findings of Fact
For Expo Parkway Behavioral Healthcare Hospital (P13-011)
1400 Expo Parkway**

- A. The Planning and Design Commission has reviewed and considered the information contained in the Mitigated Negative Declaration and Addendum for the Project in making the recommendations set forth below.
- B. The Planning and Design Commission has reviewed and considered the information contained in the Mitigation Monitoring Plan for the Project in making the recommendations set forth below

- C. The Planning and Design Commission recommends approval and forwards to the City Council the **Rezone** for the Project as set forth in Attachment 3.
- D. The Planning and Design Commission recommends approval and forwards to the City Council the **Special Permit** to construct a 70,860 square foot acute care psychiatric hospital as set forth in Attachment 4.
- E. The Planning and Design Commission recommends approval and forwards to the City Council the **Design Review** for a new 70,860 square foot acute care psychiatric hospital in the North Sacramento Design Review District as set forth in Attachment 4.

Attachment 4 – Land Use Map



Antonio Ablog

From: Ed Hight <edhight@yahoo.com>
Sent: Friday, October 04, 2013 9:56 AM
To: Antonio Ablog; Mayor Johnson; Angelique Ashby; Allen Warren; Steve Cohn; Steve Hansen; Jay Schenirer; Kevin McCarty; Darrell Fong; Bonnie Pannell
Cc: rhmacaulay@aol.com; dotlem44@yahoo.com; dutch@DutchFalconi.com; epitome@surewest.net; egaffney@hotmail.com; eloise@lanset.com; huckaby@surewest.net; fvacosta06@hotmail.com; gmiller7701@yahoo.com; twirtz@surewest.net; unfinityorbust@gmail.com; slewis6346@gmail.com; nebtrees@gmail.com; lanak@surewest.net
Subject: The Expo Parkway Behavioral Healthcare Hospital, aka Signature Healthcare Services, LLC, aka 120-Bed Psychiatric Hospital

Dear Sir's and Madam's,

I am here by stating for the record my vehement opposition for the construction and institution of the above mentioned [120-Bed Psychiatric Hospital] being considered at or near Expo Parkway, Sacramento, California, adjacent to the Woodlake neighborhood.

As I believe the arguments are multiple and many I have heard are well articulated expressing a similar opposing sentiment as I believe to be resonating with sound reasoning, I will therefore herein merely provide bullet points consisting in large part what I believe, for myself, to be hard and fast points of unresolved contention:

- Safety - There is more evidence indicating the introduction of unsafe and unstable elements than to the contrary. This project represents unnecessary elements of risk.
- Equity - There is nothing about this proposed project that will add to the diminished equity to-which I desperately cling, and many aspects that will compromise, challenge or otherwise cause real and sustained damage to my current equity.

I urge and challenge you to hear the voice of the people and strike this project from the currently proposed location.

Sincerely

Ed Hight
588 Southgate Road
Sacramento, CA 95815-3849
(916) 752-6288
edhight@yahoo.com

Antonio Ablog

From: Ed Hight <edhight@yahoo.com>
Sent: Friday, October 25, 2013 10:24 AM
To: Steve Cohn
Cc: Sue Brown; Mayor Johnson; Council-Members; John F. Shirey; Daniel Conway; Council_DD-ALL; David Kwong; Antonio Ablog; Lindsey Alagozian; Gregory Bitter; gmiller7701@yahoo.com
Subject: Proposed Behavioral Healthcare Hospital - STOP THE MADNESS

To those whom it concerns,

In review of the evidence it has become glaringly evident that the monetary benefits to local government outweigh the viable concerns of and impact to the constituents and residents of the "Woodlake" neighborhood. In short local government appears to be more concerned with the anticipated taxable corporate revenue than doing the right thing, otherwise there is simply no justifiable reason for the dialog to persist.

I have not heard one good argument why the proposed facility is perceivably a good idea, yet I have heard multiple, sound and reasonable arguments why this facility does not belong in Woodlakes' back yard. There is no reason for the debate to continue except that the decision has already been made and the current attempts are merely to appease.

These tactics come as no surprise, it would just be something new to hear an admission of the truth rather than to be falsely manipulated yet again.

Get ready to swallow hard Woodlake, if you think you can stop this revenue stream you are kidding yourself.

In my humble opinion.

Ed Hight
Sacramento, CA
(916) 752-6288
edhight@yahoo.com

Antonio Ablog

From: csm3@surewest.net
Sent: Thursday, October 03, 2013 8:13 PM
To: Allen Warren; Steve Cohn
Cc: Steve Hansen; Jay Schenirer; Kevin McCarty; Bonnie Pannell; Antonio Ablog; Angelique Ashby
Subject: Proposed Signature Healthcare Psychiatric Hospital

Sacramento City Council,

As a Woodlake neighborhood resident I would like to voice my opposition to the Signature Healthcare Psychiatric Hospital proposed near our neighbor. After initially being neutral on it I am now opposed due to further research into the discharge policy, bike trail access, and reputation of company which all have a negative affect on our neighborhood. I urge you to give our neighborhood a break.

Charles Metzinger

Antonio Ablog

From: Barbara Hopper <bhop70@hotmail.com>
Sent: Thursday, October 03, 2013 2:29 PM
To: Allen Warren
Cc: ashby@cityofsacramento.org; Antonio Ablog; Steve Hansen; Jay Schenirer; Steve Cohn
Subject: Psychiatric hospital near Woodlake

Sent from Windows Mail

I was not opposed to the psychiatric hospital at first because I know we need many such places for people with mental problems and addictions, but I am not in favor of this particular company being considered.

After reading all the reports about safety violations and lawsuits for Medicare fraud against this company (Signature Healthcare Services) planning a new facility near my home in Woodlake, I am appalled to think they are even being considered for this prime piece of real estate... someone getting a money advantage must be the reason, as it certainly won't enhance our area to have a facility that can potentially cause a lot of trouble for us and for regulators. Please give us a rest from another trouble for our area.. the homeless and the crime and the casino we didn't want are enough for now. There must be a fine, legitimate business that would like to move into that beautiful spot that is one of our last wild meadows home to purple thistle and red-winged blackbirds.

Antonio Ablog

From: lolaa@winfirst.com
Sent: Thursday, September 26, 2013 6:01 PM
To: Steve Cohn; Sue Brown
Cc: rhooper@thatchlaw.com; Daniel Savala; Antonio Ablog; Allen Warren; rhmacaulay@aol.com; unfinityorbust@gmail.com; wdfarrell@hotmail.com
Subject: Re: Proposed Psychiatric Hospital

Mr. Cohn, thank you for conveying the invitation to Sta Rosa.

Most neighbors in our network are already familiar with Signature Healthcare business and patient care practices from a series of articles in the Los Angeles Times.

You and Mr. Warren knew of this planned hospital in the Woodlake area as early as February but waited seven months before deciding to respond to community protests with a meeting in late August. Your silence during this half a year has contributed to a sharp divide in our community where neighbors do not know whom to believe. Even the president of our neighborhood association knew about this planned hospital project in February; and he too kept this information from our neighborhood.

And even if this hospital is built nearby, it is unclear whether the divide in our community will soon heal. All I know is the first time an incident of patient rape, suicide, patient abuse, attempted escape, or burglary by a drug rehab out-patient occurs, our community will never be the same again, always waiting for next incident of this kind to occur.

Costco and Apria Health Care are businesses that help unite our community; the Signature Healthcare psychiatric hospital, on the other hand, is the type of business enterprise that is dividing our community. Our neighbors at the corner of Forrest and Woodlake Drive already lost a sale for their home because a buyer discovered that this hospital was being planned nearby. Even our neighborhood association newsletter is censoring all comments it prints from using the term "psychiatric hospital" for fear it might frighten neighbors and deter interested home buyers.

In closing, I look forward to receiving the revised Planning Commission report addressing the Negative Declaration issues identified by our neighbor Tom Powell as well as other issues.

Lola Acosta

---- Original message ----

>Date: Thu, 26 Sep 2013 23:34:53 +0000
>From: Steve Cohn <SCohn@cityofsacramento.org>
>Subject: Proposed Behavioral Healthcare Hospital
>To: Sue Brown <SBrown@cityofsacramento.org>
>Cc: "rhooper@thatchlaw.com" <rhooper@thatchlaw.com>, Daniel Savala <DSavala@cityofsacramento.org>, Antonio Ablog <AAblog@cityofsacramento.org>, Allen Warren <AWarren@cityofsacramento.org>

>
> Thank you for participating in the community meeting
> hosted by Councilmember Warren and me on Thursday,
> August 29, 2013, regarding the Behavioral Healthcare
> Hospital proposed by Signature Healthcare at Expo
> Parkway and Slobe Avenue.

>
> In response to concerns voiced at the meeting about
> the lack of adequate notice and time to prepare
> comments for the City Council meeting previously
> scheduled for September 10, 2013, Councilmember

> Warren and I arranged for the item to be postponed
> for several weeks. We will send you an email update
> once a date is set.
>
> Attached is a letter from Signature Healthcare that
> is being mailed to the neighborhood with information
> inviting you to visit a similar facility in Santa
> Rosa on October 8, 2013. Also attached is the June
> 27, 2013 Planning Commission staff report referenced
> in the letter.
>
> Thank you for your interest in this important
> community issue. If you have any questions or
> comments, feel free to contact me at
> scohn@cityofsacramento.org or 916-808-7003.
>
> Steve Cohn
>
> Councilmember, District 3
>
> City Hall 915 "I" Street | Sacramento, CA 95814 |
>
> Phone 916.808.7003 | fax 916.264-7680
>
> scohn@cityofsacramento.org |
> www.cityofsacramento.org/council
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>SignatureLetter 9,23.13.pdf (1777k bytes) _____
>P13-
011_Behavioral_Healthcare_Hospital_Expo_Parkway_6920_KB.pdf
(9469k bytes)

Antonio Ablog

From: Tree <riverparkmsn@earthlink.net>
Sent: Wednesday, October 09, 2013 3:54 PM
To: Allen Warren
Cc: Antonio Ablog
Subject: EXPO PKWY PSYCH HOSPITAL THREAT

Dear Sirs:

I want to make it known that our family is horrified at the idea of the possibility of that psych hospital which is attempting to get permission to be built near our wonderful Woodlake area.

There is a whole host of ills that is part and parcel to the 'Psych/Pharma - Industry', which needs reform on a far larger level than just Woodlake.

But as a resident of Woodlake - it makes the potential proximity of this one hit home. Thus I am speaking out to you in hopes you will halt it in its tracks by voting NO on allowing it.

To make it short - this "industry" and this particular hospital chain is rife with corruption and malpractice. I am sure you can look into their records and see what I am referring to.

The biggest threat I see is they push people out onto the street who have been treated with psychiatric drugs that are KNOWN and DOCUMENTED to be connected to VIOLENCE.

I am sure you can do your own homework on this - but one very good link is www.cchrint.org. You can find much documentation there on the connection between every single random incidence of violence of mass shootings - connected to schools, malls, now the Naval Yard etc. and the PSYCH DRUGS they were on.

It gives me chills to walk past our elementary school on Southgate on my morning walk and imagine some poor patient, made crazed by these horrible drugs, walking right on it and shooting those kids and teachers up.

I am not being "dramatic" - I can imagine many possible additional scenarios that perhaps are not as 'headline making', but horrifying nonetheless that are not far stretches of the imagination which could endanger our neighborhood.

I would say that I would feel this way about ANY psych hospital - but it is even more clear that this particular chain of hospitals is very far from ethical and thus it underscores why it needs to be stopped.

If you want any links or documentation about this hospital chain I can provide - but I bet you are already on it.

Thanks for hearing me.

*Sincerely -
Teresa Nebeker and family
170 Baxter Ave.
Sacramento - 95815*

Antonio Ablog

From: Bill L <wcl99@yahoo.com>
Sent: Sunday, October 13, 2013 6:56 PM
To: Mayor Johnson; Angelique Ashby; Allen Warren; Steve Cohn; Sharon Hanson; Jay Schenirer; Kevin McCarty; Darrell Fong; Bonnie Pannell; Antonio Ablog
Subject: Signature Healthcare Psychiatric Facility

Mr, Mayor, Council members, Associate Planner

My concerns about the proposed building of a Psychiatric Facility on the border of District 1 and District 2 in Sacramento:

1. Since there will be individuals checked into the facility who have various levels of psychiatric problems, it is my understanding that there will be a 10 foot high wall on three sides of the perimeter of the facility. I've been told that there may also be another inside seven foot chain-link fence. To me it is obvious that you are concerned about patients going absent without proper authorization. Should this occur:

- a. Do you have detailed plans on how to find and return these individuals?
- b. Do you have sufficient personnel to immediately go into the surrounding neighborhoods and search for that person?
- c. Do you have an agreement with the city of Sacramento to obtain their help in finding this person?
- d. If this person was deemed dangerous when admitted to your facility, what plans do you have to protect the surrounding community?

Please do not provide a verbal answer such as "We have sufficient personnel", and "We do have plans". Please present those statistics and plans to the council and to the community for review.

My second concern is whether you will try to house some patients outside your facility in group homes in the neighborhood. If you do, I strongly object to their being housed in the Woodlake community. Woodlake is an older community with many elderly residents, many of whom live alone. If you do plan to house them in Woodlake, I would request you provide answers to these questions:

- a. What plans do you have to ensure those in group homes are highly supervised and will not be a problem in the neighborhood.
- b. Do you have detailed plans on how to find and return these individuals should they walk away from the group home?
- c. Do you have sufficient personnel to immediately go into the neighborhood and search for that person?
- d. Do you have an agreement with the city of Sacramento to obtain their help in finding this person?
- e. If this person was deemed dangerous when admitted to your facility, what plans do you have to protect the neighborhood?

If you say you will not house patients in group homes in the community, would you provide that in writing in the contract between the facility and the city. A simple statement such as "Signature

Healthcare nor any subcontractor companies SHALL NOT house patients in the Woodlake neighborhood” should suffice.

How do you plan to handle indigent patients? After you have treated them, will you let them walk out the front door? If so, they will go to the nearest neighborhood. Totally unacceptable! Will you provide them with transportation to somewhere? Where will that be? I hope you will not dump them in some neighborhood or street corner.

Looking forward to your written answers.

Thank you,

A Concerned Woodlake Resident

"Don't find fault, find a remedy"

Henry Ford (1863 - 1947), American businessman, founder of the Ford Motor Company



Save the American River Association

4441 Auburn Blvd., Suite H • Sacramento, CA 95841-4139

916-482-2551 • E-mail: info@SARAriverwatch.org • www.SARAriverwatch.org

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November 26, 2013

Mayor Kevin Johnson

City of Sacramento

915 I Street

Sacramento, California 95814

Subject: **Expo Parkway Behavioral Healthcare Hospital (P13-011)**

Dear Mayor Johnson,

Save the American River Association appreciates the opportunity to comment on the subject project. SARA was founded in 1961 to establish the American River Parkway and we have continued in the role of lead advocate for the River and Parkway for the past 52 years.

The Addendum to an adopted Mitigated Negative Declaration does not satisfy CEQA requirements in this instance. The original project, an office complex of approximately 60,000 square feet, is sufficiently different in size and purpose from the newly proposed project, a 70,860 square feet, 120 bed acute care psychiatric facility, operating 24 hours, 7 days, to trigger a new environmental review based on the potentially significant impacts from a facility that will not only care for psychiatric patients in residence but will provide outpatient services, as well as operate a 24-hour patient intake department.

The subject project is located adjacent to the American River Parkway in the Woodlake area. The Project Location fails to accurately describe its location by neglecting to state that the project is adjacent to the American River Parkway, and the project description also fails to name the Jedediah Smith Bicycle Trail, recognized as an important commuter route by Sacramento County voters in the passage of Measure A in November of 2004. The proposed project also fails to analyze the project in light of the American River Parkway Plan 2008 which governs development and activities within the Parkway as well as adjacent to the Parkway. The Plan, locally adopted by the County of Sacramento and the Cities of Sacramento and Rancho Cordova, is state law through the Urban American River Parkway Preservation Act, Public Resources Code &5840. The Plan states:

7.19 Jurisdictions shall use their authority to reduce, eliminate, and/or mitigate potential adverse impacts upon the Parkway caused by adjacent land uses and activities.

7.19.1 Structures shall be located so that neither they, nor activities associated with them, cause damage to Parkway plants and wildlife.

7.19.2 Structures shall be located so that neither they, nor activities associated with them, impede the recreational use of the Parkway and such structures shall be consistent with the goals and policies of this Plan.

Although the Mitigated Negative Declaration for the original project, an office complex, was designed for compliance with the Parkway Corridor overlay zone, it failed to review the project in light of the requirements of the American River Parkway Plan as required by law.

As examples, the Initial Study checklist did not address intrusive lighting and commercial advertising as potentially significant impacts. The Addendum fails in the same way. The Findings of Fact make reference to “exterior lighting at levels to allow adequate visibility of the presence of persons on or about the site during hours of darkness.” This description is so vague as to be meaningless. Does this include the lighting necessary for a 24 hours, 7 days Main Entrance with adjacent intake/entry area that can accommodate ambulances? What kind of lighted signage is anticipated to direct traffic to the hospital, as well as guide the traffic such as police and emergency vehicles to entrances and exits? How will the lighting be directed and shielded from spilling over into the Parkway, especially since the police department requires that lighting must meet IESNA minimum standards and mature landscape trees and shrubs cannot impact lighting plan/security camera visibility? The acute care psychiatric hospital, a high security, 24 hours, 7 days operation has the potential to create significant artificial light impacts on the adjacent Parkway’s wildlife and bicyclists. Glare from bright lights affect the safety of bicyclers using the Jedediah Smith Memorial Bicycle Trail, an important recreation and commuter route, and further detract from the aesthetics of the Parkway and devalue the users’ nature experience.

The relevant area of the Parkway is rich in bird life. Directly over the levee from the proposed project site is, as already noted, is the American River Parkway Jedediah Smith Memorial Bicycle Trail, and adjacent to the bike trail is a borrow area heavily used by egrets, wood ducks, river otters, and many other birds and mammals. “As documented in the River Corridor Management Plan, 2002, more than 220 birds and 30 mammal species have been observed in the Parkway, including 45 species of nesting birds. Habitats in the Parkway support resident and migratory wildlife and fish and are used as migration and travel corridors. The Parkway also supports habitat for several special-status species that have some form of legal protection. Special status species known to occur on the Parkway include...Bald Eagle (*Haliaeetus leucocephalus*), Swainson’s Hawk (*Buteo swainsoni*), ..., and nesting raptors such as White-tailed Kite, Great Horned Owl, American Kestrel, and Red-Shouldered Hawk.” (American River Parkway Plan 2008, Page 53)

Equally, the Addendum to the Mitigated Negative Declaration does not analyze the potential for significant impacts from the activities of the proposed psychiatric hospital on the American River Parkway as required by the American River Parkway Plan. It is well known and well documented that the Discovery Park/Woodlake/Cal Expo areas of the American River Parkway are disproportionately impacted by illegal campers and their attendant behaviors and trash. The Woodlake Area, in particular, suffers extremely from a concentration of such Parkway users. The Addendum does not identify provisions for monitoring, controlling and fixing any problems occurring on the American River Parkway from the psychiatric hospital’s day use patients and patients accepted from the 24-hour-a-day ambulance drop-off service. Sacramento County Regional Parks Department continues to invest considerable resources in managing the problems in this area of the Parkway. The Sacramento Valley Conservancy is making substantial investments, in both

November 26, 2013

Subject: **Expo Parkway Behavioral Healthcare Hospital (P13-011)**

time and money, to Camp Pollack, immediately upstream of the proposed acute care psychiatric hospital. Any new development being proposed adjacent to the Parkway cannot add to the already significant impacts the Parkway resources, facilities, personnel and visitors already endure from illegal and dangerous uses. The City must ensure that not only will the facility's uses not add significant impacts to the Parkway, but that the facility's operator is responsible and capable of running an operation that has the potential to create danger.

Please confirm that the design and construction of the proposed acute care psychiatric hospital will not in any way impede access to the Parkway, either by visitors, emergency vehicles, in particular fire trucks, and maintenance vehicles.

In closing, the proposed Expo Parkway Behavioral Healthcare Hospital's CEQA document fails to include an analysis of potentially significant impacts to the American River Parkway as required by the American River Parkway Plan 2008, a state law. Furthermore, not only does the Plan serve as the local operations and management plan for the American River and Parkway but it also "continues to serve as the management plan for the lower American River under the Wild and Scenic Rivers Act, providing management and guidance and direction for state departments and agencies, as well as local governments, in carrying out their responsibilities under the State Wild and Scenic Rivers Act..."

(American River Parkway Plan 2008, Page 91)

Save the American River Association knows that the City of Sacramento values the American River Parkway as an extraordinary asset in our urban core. We are assured that you will seriously consider the approval of this project in light of its potential to damage the Parkway.

Sincerely,



Save the American River Association

By: Betsy Weiland, Land Use Chairperson

cc: Sacramento City Council Members
SARA Board of Directors
Jeffrey R. Leatherman, Sacramento County Regional Parks Director
Aimee Rutledge, Executive Director, Sacramento Valley Conservancy
Jim Van Hill
Antonio Ablog



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Leo Winternitz

EXPO HOSPITAL BEHAVIORAL HEALTHCARE HOSPITAL

Public Testimony, December 3, 2013

Good evening Mayor Johnson and City Council Members. My name is Betsy Weiland and I am speaking tonight on behalf of Save the American River Association.

SARA believes you should not adopt the Mitigated Negative Declaration Addendum and the Mitigation Monitoring Plan for this project for the following reasons:

THE PROPOSED PROJECT is within 500 feet of the American River Parkway and the Jedediah Smith Bicycle Trail. It does not identify its obligations under the American River Parkway Plan 2008, as referenced in Sacramento City's General Plan and as required by state law through the Urban American River Parkway Preservation Act, Public Resources Code &5840.

THE PROJECT IS WITHIN 500 feet of the American River Parkway and the Jedediah Smith Bicycle Trail. The MND Addendum failed to identify the environmental setting and analyze, as required by CEQA, potentially significant impacts from light and glare when the proposed project changed from an office complex to a high security hospital operating 24 hours, 7 days.

The PROJECT IS WITHIN 500 feet of the American River Parkway and the MND Addendum failed to identify the environmental setting and analyze, as required by CEQA, potentially significant impacts to Biological Resources, in particular Raptors, Migratory Birds, and Birds that may forage in the vicinity of the project study area. No survey of birds, in particular special-status species was conducted. For example, an active Swainson's Hawk nest has been identified within a mile at the Camp Pollack site. (Sacramento Valley Conservancy Summer 2013 newsletter)

When determining the adequacy of the environmental review, in light of the fact that this project is within 500 feet of the American River Parkway and the Jedediah Smith Bicycle Trail, you only need to look at the Guy West Bridge restoration and the solar array project at Sutter's Landing Park for guidance. In particular, the biological resources study and mitigation plan for the solar array project, which is located 1,500 feet outside of the American River Parkway, is an example of an adequate study of biological resources, potential impacts, and mitigation measures when planning a project adjacent to the American River Parkway. (Initial Study/MND Checklist for Biological Resources, Conenergy Solar Project, Pages 24-34)

Save the American River Association continues to have concerns about potential impacts to the American River Parkway if hospital patients are released or treated on an outpatient basis without necessary supervision and support. Under the Conditions of Approval, Police Department, B23 and B24, Page 25, there is an attempt to recognize and regulate potential problems. How are these policies to be implemented? Has the police department identified adequate resources to respond and find an answer to failures of the release policy or for police response for non-criminal incidents? I know the City Council appreciates that our County Parks Rangers and Maintenance Staff, and the Sacramento Valley Conservancy are investing considerable dollars and sweat-equity into re-habilitating this area of the Parkway for the benefit of neighbors, Sacramento's greater community, and visitors to the City. The Sacramento Valley Conservancy is in the process right now of a \$300,000 capital campaign to restore the historic lodge at Camp Pollack. The lodge and grounds have the potential to become a signature amenity for the City. (Sacramento Valley Conservancy Fall 2013 newsletter)

Please guarantee that you are not making an already difficult task even more difficult through poor land use planning. Please protect one of the best natural areas any city has to offer.

Thank you for your time and consideration this evening.

Betsy Weiland
Land Use Chairperson
Save the American River Association

November 12, 2013

#Expo Parkway Behavioral Healthcare Hospital P13-011

Argument in Opposition to Zone Change Request

**Argument in Opposition to Special Permit Application by
Signature Health Care Service**

**Argument in Opposition to Design Review
To construct and operate a 120-bed, acute care psychiatric hospital.**

Table of Contents:

Summary of Neighborhood Concerns

Planning Documents	page 1
Signature Healthcare Services LLC	1
Sacramento Mental Health	2
Public Safety	2
Environmental Concerns.....	3
Legal Concerns	4
Footnotes to the MND for Expo Office Development Project ..	5
Footnotes to the Addendum to an Adopted MND	7
Footnotes to Report to Planning & Design Commission	8
References and Documents.....	9

**WOODLAKE NEIGHBORS CREATING TRANSPARENCY
Contact Jane Macaulay, rhmacaulay@aol.com**

**SUMMARY OF
NEIGHBORHOOD CONCERNS REGARDING EXPO PARKWAY BEHAVIORAL
HOSPITAL & COMMERCIAL DEVELOPMENT OF THIS PARCEL**

Planning Documents

- 1.▶ There are numerous and serious errors of fact and omissions of environmental data in the original MND for the Expo Office Development Project. Most obvious are the denial of SP railroad tracks along the southern property boundary, and the existence of a 60' wide utility easement along the entire western property boundary which contains a concrete drainage channel which is, in fact, Woodlake Creek. (footnotes 1,7,12)
- 2.▶ These errors and omissions of fact are repeated in the Addendum to an Approved Mitigated Negative Declaration, and new errors are compounded. (21,22,23)
- 3.▶ The recycling of the original MND data into the Addendum violates CEQA Guidelines Section 15162 which specify only "minor technical changes" are permissible through this substitution process.(19)
- 4.▶ The office complex and the psyche hospital are not similar development projects. The office complex is five buildings designed for workday use totaling 60,000 sq ft. The hospital will be one building of 70,680 sq ft occupied 24/7 for residential and outpatient use.
- 5.▶ The Zone Change Request & the Special Permit should have triggered a new MND.
- 6.▶ The Report to Planning & Design is highly flawed and draws many erroneous conclusions based on the faulty MND and Addendum. (30,31,32)
- 7.▶ Police, Fire, and Utility Depts. project review are not adequate for hospital use.(14,15)
- 8.▶ The site has no public transportation available except by traversing ½ mile through Woodlake Neighborhood on foot to light rail stops along Del Paso Blvd and Arden Way. The Report ignores this impact. (11)
- 9.▶ The MND for the Expo Office Development Project is signed by Puyan Suzanne Cook. However, the Addendum which recycles this MND and is the key environmental document for this development does not bare the name of the author. It is anonymously signed. (18, and see photocopy in reference)

Signature Healthcare Services LLC

- 10.▶ Signature Healthcare Services LLC is one entity in a chain of mental hospitals and pharmacies owned by Dr. Soon K. Kim operating under more than twenty interlocking LLC business structures. (see reference)
- 11.▶ Three of Dr. Kim's hospitals were shuttered by federal regulators in Michigan in 2008. Dr. Kim paid \$1.73M to settle Medicaid and Medicare fraud charges. (see reference)
- 12.▶ Several of Dr. Kim's LLC's are named in a federal indictment in District Court in Los Angeles on precisely the same charges of Medicaid and Medicare fraud. A trial date has been set for April 2014. (see reference)

- 13.▶ The private mental hospital industry is rife with complaints of patient abuse, drug overdoses and patient deaths. Dr. Kim's hospital chain is the absolute worse offender with numerous lawsuits by patients and families alleging patient abuse and wrongful deaths. There have been serious staff whistleblower lawsuits alleging understaffing, patient abuse, unnecessary drug dispensing, work place harassment, filing of false reports, and over billing. State regulators have cited health and safety code violations and have threatened to revoke license and certification. (see reference)
- 14.▶ The Signature model of mental health is based upon patient detention and extensive drug therapy. There has been a significant criticism of both the long-term effectiveness and the cascading social costs of this drug and detention therapy model.
- 15.▶ The proposed hospital is designed as a medium security prison. Security features include 24/7 video surveillance and patient monitoring, two perimeter walls (7 ft inner masonry wall, & 10 ft outer masonry with bars), electronic locking cell doors, and interior "pod design" compartmentalization. Patients are confined to 20-bed wards and day room. The only common space for all 120 patients is the indoor ½ court gymnasium and the dining hall. Outdoor recreation areas consist of one concrete courtyard (approx 16' X 20') per 20-bed ward. This human warehousing is inhumane.

Sacramento Mental Health

- 16.▶ Sherri Heller, Director of Sacramento County Health and Human Services Dept., spoke at the Woodlake Neighborhood Association meeting on 10/23/13. She stated that 36% of mental health beds in Sacramento are filled by out of county patients.
- 17.▶ Local private mental health hospitals are becoming regional hospitals by filling beds with out of county patients.
- 18.▶ Ms. Heller further testified that patients treated in hospitals far from family, friends and familiar surroundings do not show improvement rates comparable to patients with strong family support, and . .
- 19.▶ . . . "patient dumping" is a common occurrence when private insurance and/or Medicare coverage expires.
- 20.▶ Private mental hospitals are a net drain on county social services. Sacramento should not be subsidizing mental health costs of other counties. This is not an industry to boost our local economy.
- 21.▶ There are viable alternative therapies which emphasize keeping patients in their homes and improving support services. With Affordable Health Care funding, Sacramento can take a leadership role in providing mental health care that serves our local needs. We should have learned by now in California that we cannot solve social ills by building prison facilities.

Public Safety

- 22.▶ At the southwest corner of the proposed development parcel adjacent to the levee is Sump 151. This pumping station drains a floodplain which includes the Woodlake

residential subdivision, Commerce Industrial Park and the Expo-Parkway commercial corridor. Commercial infill has roofed and paved approximately 150 acres of this flood zone greatly increasing demand on Sump 151 during a storm surge. Woodlake Neighborhood, founded in 1923, is the senior user of Sump 151, and we are experiencing street flooding issues already in Woodlake 2. (Baxter and Globe) We insist that Sump 151 must be tested and re-certified for a 100 year flood before any new commercial infill is permitted. (For example, the proposed hospital will roof and pave 5 acres of former farmland. For every 2.4 in. of rainfall, this site will shed 1 acre ft of storm runoff.) The MND is not reassuring on this topic.

23.▶ Adjacent to Sump 151 is the only paved road over the levee providing direct access into the American River Parkway between the two north/south rail crossings (approx 2 miles.) This access road is used by fire trucks, SMUD utility vehicles, PG&E, service and mowing crews for the radio transmission towers, Park Rangers, the honeywagon to service the latrine, and public recreation use. The proposed hospital development with its 10 ft perimeter wall will restrict emergency and service vehicle access to Sump 151 and the levee crossing to a narrow and winding bicycle path.

24.▶ We are very concerned about patient safety. A recent Parkway fire almost jumped the levee into Commerce Industrial Park. We want to know what plans have been made for patient evacuation in the event of a comparable Parkway fire should it occur behind this walled facility.

25.▶ We are very concerned about the increased foot traffic through our neighborhood by employees, outpatients, and discharged patients to and from public transportation.

Environment Concerns

26.▶ We are concerned about environmental contamination from pharmaceutical drugs. Signature would be a pipeline distributor of pharmaceutical narcotics and psychoactive drugs. These chemical compounds pass through the patient's body and are excreted into our local wastewater treatment system. The new multibillion dollar RegionalSan treatment facility (which will double the cost of our sewage rates) does not have the technology to sequester this toxicity which will result in a growing plume of pharmaceutical chemical toxicity in our groundwater and increased demands from down river counties for compliance with EPA waste water discharge standards. (see attachments)

27.▶ Sump 151 is the terminus of Woodlake Creek which has its source in two artesian springs. The north fork well lies under the ice rink on Del Paso Blvd. while the east fork well surfaces under the lake of the Woodlake Red Lion Hotel. This creek has the dubious distinction of surfacing and flowing entirely on private property (except where it passes through culverts under public road beds.) There are many species of wildlife which use this riparian habitat that has been degraded through negligence and poor land management practices by the private property owners. The recent dredging of the creek bottom (10/15/13) has created standing water, stagnant and polluted ponds, and dangerous mosquito breeding grounds. We believe that significant habitat restoration needs to occur along the entire length of this watershed which includes the concrete drainage channel easement along the west property boundary. We want a full environmental impact report undertaken for this parcel.

Legal Issues

28. ► Woodlake Neighbors Creating Transparency has notified City Council members and the City Attorney's Office that should it become necessary we are prepared to go to court to stop this development proposal. There will likely be repercussions for the Planning Dept. given its remarkably slipshod processing of this application.

29. ► Dr Kim's mental hospitals have generated a broad wake of civil litigation. This proposed hospital will very likely create future litigation and caseload on our courts.

30. ► From Planning Dept. documentation, it is not clear who owns the entitlements that have been drawn on this parcel. The seller of record, Fortress Investment Group LLC of Irving, TX may not own the entitlements, and therefore cannot transfer them in the land sale. This could result in future litigation.

31. ► The issues surrounding Sump 151 could bring FEMA involvement.

32. ► The environmental issues involving riparian habitat degradation could force compliance under the federal Wild & Scenic Rivers Act.

33. ► The issues of ground water and down stream contamination from increased pharmaceutical drug contamination could result in litigation and costly mitigation.

34. ► As the MND for the Expo Office Development Project has been called into question because of systemic errors of fact, the legal status of the earlier Zone Change from M-LI-PC to C-2-LI-PC is called into question as are the entitlements based upon this MND. The current Zone Change Request from C-2-LI-PC to H-PC is premature.

Footnotes to the MND for Expo Office Development Project

1. ► Surrounding Land Use, p3 No mention of Sump 151, the concrete channel containing Woodlake Creek, and the Utility easement on parcel along western property line.
2. ► 3. Site Circulation/Traffic This traffic analysis is seriously flawed because it fails to consider the volume of commuter traffic which will be dumped onto eastbound SR 160 from the Leisure Lane onramp. This onramp is too short to allow traffic metering. The merge lane onto SR 160 is also too short to allow multiple vehicles to merge safely into freeway traffic with a 65 mph speed limit. Both the eastbound exit at Leisure Lane and the westbound Canterbury exit have short exit lanes and require rapid braking to negotiate abrupt 90° and 180° turns respectively. Increased traffic will create hazards at Canterbury and Leisure exit and onramp on SR 160, may require future re-engineering and construction. This issue is not addressed.
3. ► Conditions of Approval p15,
C/D 4 & 12 Show all contingent/proposed/required easements- no mention of utility easement for Woodlake Creek.
C/D 8 & 14 Regarding proposed intersection expansion and traffic signal at the intersection of Canterbury Overpass, Leisure Lane, Slobe Ave, and Expo-Parkway will greatly impact traffic flow southbound from Woodlake Neighborhood. Issue not considered.
4. ► Advisory Notes, Utilities B. p22 “The proposed project is located in the 100 year flood plain, designated as an A99 Zone.” (by FEMA) Can a hospital be built in an A99 flood zone without requirements to elevate or flood proof?
5. ► Initial Study, Mitigated Negative Declaration, Question D regarding unique geological features in proximity to the development area is answered in the negative. However, the two artesian springs of Woodlake which comprise the headwaters of Woodlake Creek are unique. The site geology described under “Topography” and “Regional Geology” as surface sediments deposits of the Holocene flood plain above a subsurface deep strata of Columbia-Consumnes deposits which abut the granitic uplift of the Sierra Nevada Mountains is precisely the geologic formation which produces artesian wells. A fissure under the river bed of the American River from an elevation of perhaps 4-5,000 ft. flows underground beneath the Columbia-Consumnes deposit to re-emerge as springs in the river delta. This gift of water flows across the parcel in question and is completely ignored and demeaned by this report.
6. ► Initial Study, MND, Chart 4. Water p13, Items A,B,C,D, are erroneously checked insignificant given what has been discovered regarding the artesian headwaters of Woodlake Creek. Items F,G are also erroneously checked insignificant in regards to what we have learned about pharmaceutical drug contamination of local aquifers.
7. ► Initial Study, MND, Environmental Setting, p13, states, “There is no surface water on the project site.” The drainage channel which contains Woodlake Creek is on this parcel. It is sited on a utility easement behind a chain link fence, but it is on this property, and it flows year round.
8. ► Initial Study, MND, Transportation/Circulation, Chart p22, Items A- vehicle trips, B- Sharp curves/dangerous intersections, and C- emergency vehicle access are erroneously

checked insignificant; they should be checked potentially significant. F- alternative transportation (bus) should also be checked potentially significant.

9.▶ Initial Study, MND Transportation, Question A. p23 The proposed mitigation strategy for the increased traffic anticipated by the development is to place traffic signals at three intersections: 1)on the north end of Canterbury overpass, 2)at the south end of Canterbury overpass, and 3)at the freeway onramp at Leisure Lane. The distance between traffic light one and two is about 300 ft., between 2 and 3 about 800 ft. A resident of Woodlake attempting to drive to Exposition Blvd. would have to pass through three traffic lights where now there is only one stop sign at intersection 2.

10.▶ Question C. p25-26, States that emergency vehicle access to site is adequate, but fails to notice that emergency vehicle access to Sump 151 and the levee crossing is reduced to the bike trail.

11.▶ Question F. p26 states, "No alternative forms of transportation are proposed for the project site or area."

12.▶ Question G. p26 states, "There are no railroads within or adjacent to the project site, so impacts to rail traffic are not anticipated. There are also no surface waters on the project site." Both these statements are false.

13.▶ Initial Study, MND, 9. Hazards, B- A ten foot perimeter wall would create interference with an emergency evacuation plan. p35

14.▶ Initial Study, MND, 11. Public Services, A- fire protection, B- police protection, D- maintenance, E- other government services are checked less than significant impact when they should be checked potentially significant impact. p39

15.▶ Initial Study, MND, 12. Utilities, C- regional water treatment, D- storm water drainage, F- solid waste disposal are checked less than significant impact when they should be checked potentially significant impact.

16.▶ Initial Study, MND, 16. Mandatory Findings of Significance, B- short term goals vs. long term environmental disadvantages should be checked yes, C- cumulative impacts should be yes, D- harmful environmental effects direct or indirect should be checked yes.

17.▶ Section V. Determination, signed by Puyuan Susanne Cook, 1/25/05 states that because of the project mitigation measures have been adopted a Negative Declaration will be prepared. Given the above laundry list of errors in this report, it is hard to imagine that Ms. Cook ever visited the site.

Footnotes to the Addendum to an Adopted Mitigated Negative Declaration

18.▶ This Document does not bare the name of the Environmental Services Manager who approved it. It is anonymously signed. p1

19.▶ Discussion, p2, “An Addendum to a mitigated negative declaration may be prepared if only minor technical changes are required, and none of the conditions identified in CEQA Guidelines Section 15162 are present.”

20.▶ Discussion, 1. “No substantial changes are proposed in the project which would require major revisions of the previous MND due to the involvement of new significant environmental effects or a substantial increase in the severity of the previous identified significant effects.” This is a false conclusion and amounts to a rubber stamp.

21.▶ Discussion, 2. “No substantial changes have occurred with respect to circumstances under which the project is undertaken that would require major revisions of the previous Mitigated Negative Declaration due to the involvement of new significant environmental effect or substantial increase in the severity of previous identified significant effects.” This is a false conclusion and amounts to a rubber stamp.

22.▶ Discussion, 3. “ No new information of substantial importance, which was not known and could not have been known with the exercise of reasonable diligence at the time of the previous EIR was certified as complete or adopted. . .” This is a false conclusion and amounts to a rubber stamp. The hospital development is 118% larger in sq. ft than the office complex!

Footnotes on Report to Planning and Design Commission

- 23.▶ Subject: C. Rezone of approximately 6.78 acres, p1 and Property area: 6.78 acres gross (5.37 acres net. p3. The difference in these two number is the 1.41 acres of utility easement for the concrete drainage channel which diverts Woodlake Creek.
- 24.▶ Background and Entitlement History, p3, This history is cursory and does not mention the earlier rezone from M to C to allow for the special permit for the Expo Office Development.
- 25.▶ Environmental Considerations, p4, The URL address to the original environment assessment and MND is not accurate.
- 26.▶ Site Plan/Zoning, Land Use, p5 “Though the facility will not be associated with the criminal justice system, it will be able to assist local law enforcement agencies in emergency situations.” This brief sentence is the only mention of this proposed role of the hospital in any planning dept docs.
- 27.▶ Land Use, p5, “The facility will have approximately 210 employees. . .but the Labor Intensive overlay will be removed.” The explanation for this shenanigan, the deletion of the labor intensive LI designation in the Zone Change Request is not clearly explained and appears arbitrary as a by-product of the change, itself.
- 28.▶ Land Use, b. Non Injurious, p6, “The proposed psychiatric hospital will not be detrimental to public health, safety or welfare as the facility has been conditioned to meet security measures as deemed necessary by the Police Department.” There are many injurious causes to public health besides security.
- 29.▶ Site Plan, p6, “Development of the site will not affect the existing American River trail access.” The 10 ft perimeter wall will restrict emergency vehicle and service vehicle access into the American River Parkway to a narrow bike path along the western property boundary.
- 30.▶ Adopting the Mitigated Negative Declaration Addendum, C. p13, “The analysis conducted for the Project Modification determined that the proposed changes to the original project did not require preparation of a subsequent mitigated negative declaration.” The analysis was cursory. This is a blatant rubber stamp.
- 31.▶ Adopting, Section 2, A. and 2, B. p13, “No substantial changes are proposed by the Project Modification that will require major revisions of the previously adopted MND. . .” Here the criteria for a new MND is changed from “minor technical changes” to “major revisions.”
- 32.▶ Adopting, Section C. 1, 2, 3, 4, “No new information of substantial importance has been found that shows any of the following:” No new information was sought. It is highly unlikely that a site visit was performed in preparation of this document or the railroad tracks at the very least would have been discovered.

REFERENCES & DOCUMENTATION

City of
SACRAMENTO

Community Development Department

300 Richards Boulevard
Sacramento, CA
95811

Environmental Planning Services
916-808-5842

ADDENDUM TO AN ADOPTED MITIGATED NEGATIVE DECLARATION

The City of Sacramento, California, a municipal corporation, does hereby prepare, make declare, and publish the Addendum to an adopted mitigated negative declaration (MND) for the following described project:

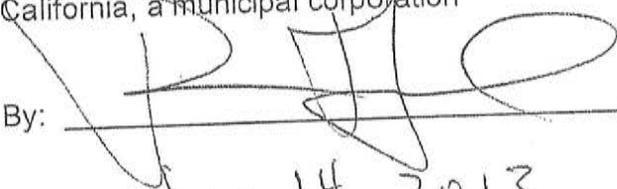
Expo Parkway Behavioral Healthcare Hospital (P13-011): The project consists of development of a 70,860 square feet, approximate 120 beds, single-story acute care psychiatric inpatient hospital facility, which will primarily serve as a transitional care facility for the treatment of short term psychiatric illnesses with typical visits lasting between 3 days and 2 weeks. The project would be developed on approximately 6.78 acres located at Expo Parkway, south of Slobe Avenue at Assessor's Parcel Number (APN): 275-0310-022.

The City of Sacramento, Community Development Department, has reviewed the proposed project and on the basis of the whole record before it, has determined that there is no substantial evidence that the project, as identified in the attached Addendum, would have a significant effect on the environment beyond that which was evaluated in the MND. A Subsequent MND is not required pursuant to the California Environmental Quality Act of 1970 (Sections 21000, et. Seq., Public Resources Code of the State of California).

This Addendum to an adopted mitigated negative declaration has been prepared pursuant to Title 14, Section 15164 of the California Code of Regulations; the Sacramento Local Environmental Regulations (Resolution 91-892) adopted by the City of Sacramento.

A copy of this document and all supportive documentation may be reviewed or obtained at the City of Sacramento, Community Development Department, Planning Division, 300 Richards Boulevard, Sacramento, California 95811.

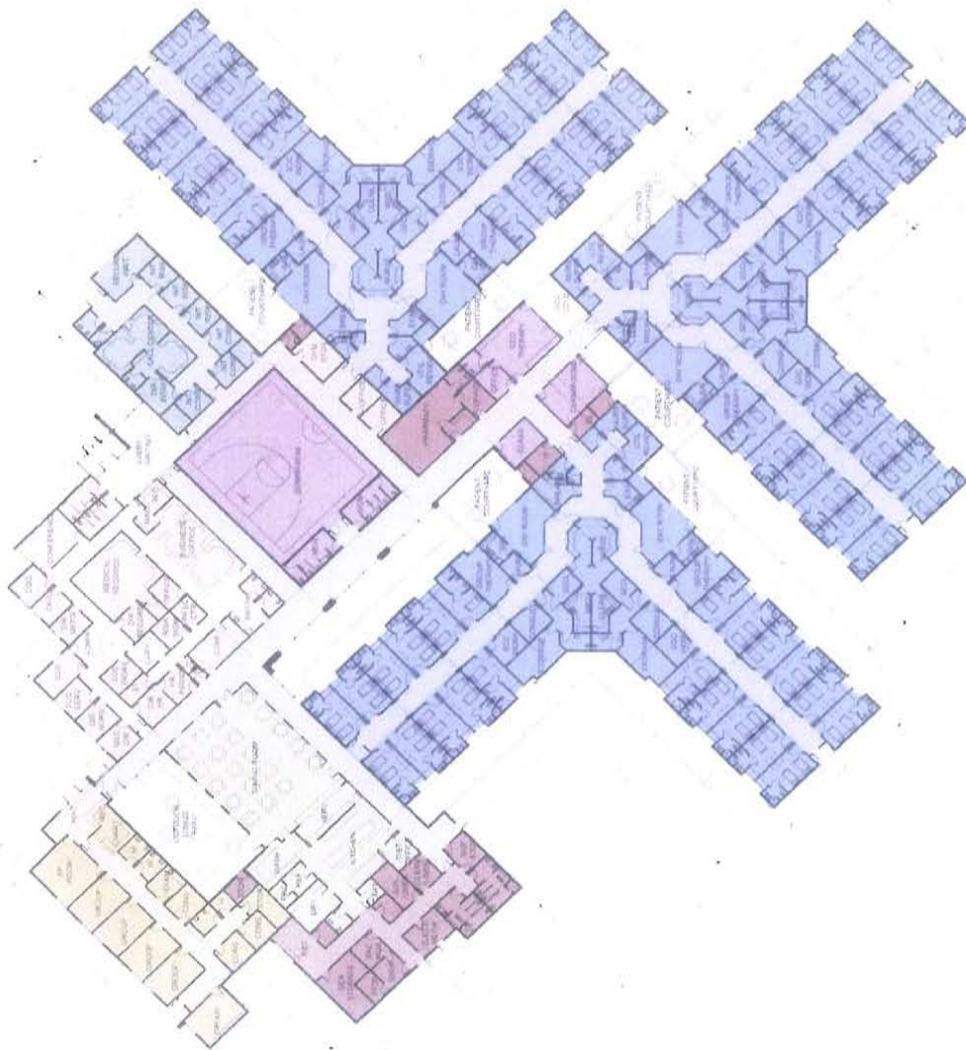
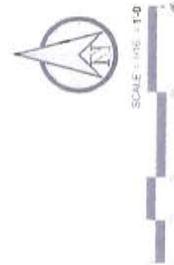
Environmental Services Manager, City of Sacramento,
California, a municipal corporation

By: 

Date: June 14, 2013

Exhibit B – Floor Plan

BUILDING DATA	
OFFICE	70,880 SF
RETAIL	
RESTAURANT	
ENTERTAINMENT	
RESIDENTIAL	
INDUSTRIAL	
TOTAL BUILDING AREA	70,880 SF



FLOOR PLAN

Site Map



gross
6.78 ac
net
5.37 ac



P13-011
Land Use Map
Expo Parkway Behavioral Health

A. Ablog | 3.8.13

Kim's Companies

1. Arborview Hospital of Detroit
2. Aurora Behavioral Health
3. Aurora Healthcare Inc.
4. Aurora Hospital Detroit
5. Aurora Las Encinas LLC
6. Aurora Las Encinas Pharmacy Inc.
7. California Mental Health Network LLC
8. Evergreen Counseling Centers
9. First Sterling Management
10. Greater Detroit Hospital
11. Greater Detroit Hospital Medical Centers
12. Marbella Management
13. Michigan Health Care Network LLC
14. Michigan Mental Health Care Network
15. Pasadena Las Encinas Healthcare LLC
16. Pasadena Life Properties LLC
17. Pasadena Mental Health Network
18. Pasadena Oaks LLC
19. Pasadena Oaks Properties LLC
20. Promed Management
21. Salem Hospital Pharmacy
22. Salem Pharmaceutical
23. Salem Services
24. Salem Transportation
25. Signature Health Services LLC
26. Vista Life Properties LLC

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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA, WESTERN DIVISION

UNITED STATES OF AMERICA and the
STATE OF CALIFORNIA, *ex rel.*,
SHELBY EIDSON,

Plaintiffs,

vs.

AURORA LAS ENCINAS, LLC, LINDA
PARKS, SIGNATURE HEALTHCARE
SERVICES, LLC, AND DOES 1
THROUGH 10, jointly and severally,

Defendants.

Case No. 2:10-cv-1031 JAK (RZ)
Maj. Judge Ralph Zarefsky

**ORDER GRANTING DEFENDANTS
AURORA LAS ENCINAS, LLC &
SIGNATURE HEALTHCARE
SERVICES, LLC'S EX PARTE
APPLICATION FOR A
CONTINUANCE OF ALL DATES
(Dkt. 604)**

1 The Court, after considering Defendants Aurora Las Encinas, LLC and Signature
2 Healthcare Services, LLC's Ex Parte Application for a Continuance of All Dates, and the
3 supporting documents, hereby finds that good cause exists for a continuance and hereby
4 orders:

5 That Defendants' Ex Parte Application for a Continuance of All Dates is
6 GRANTED and the following dates are continued:

7 April 29, 2014 at 9:00 a.m.:	Jury Trial
8 April 25, 2014 at 3:00 p.m.:	Exhibit Conference
9 April 7, 2014 at 3:00 p.m.:	Final Pretrial Conference / Motions in 10 Limine
11 March 10, 2014 at 1:30 p.m.:	Status Conference

13 Counsel shall file a joint report by February 28, 2014, regarding whether the
14 parties are prepared to go forward with the trial on April 29, 2014, and whether the
15 parties believe a further settlement conference would be productive prior to the April 7,
16 2014 Final Pretrial Conference and, if so, the proposed settlement method and anticipated
17 date of its completion.
18

19 DATED: October 15, 2013



22 _____
23 Hon. John A. Kronstadt

1 McNULTY LAW FIRM
2 827 Moraga Drive
3 Los Angeles, CA 90049
4 Phone: (310) 471-2707
5 Fax: (310) 472-7014
6 Peter J. McNulty, Esq./SBN: 89660

2010 FEB 11 PM 2:57
CENTRAL DISTRICT COURT
LOS ANGELES

FILED

7
8 UNITED STATES DISTRICT COURT
9 CENTRAL DISTRICT COURT OF CALIFORNIA
10 WESTERN DIVISION

11
12 UNITED STATES OF AMERICA, *ex*
13 *rel.*, SHELBY EIDSON

14 *Plaintiffs,*

15 vs.

16 AURORA LAS ENCINAS, LLC.
17 CALIFORNIA MENTAL HEALTH
18 CARE NETWORK - LOS ANGELES,
19 LLC, SIGNATURE HEALTHCARE
20 SERVICES, LLC, PASADENA OAKS,
21 LLC, PASADENA OAKS
22 PROPERTIES, LLC, PASADENA LAS
23 ENCINAS HEALTHCARE, LLC,
24 PASADENA LIFE PROPERTIES, LLC,
25 VISTA LIFE PROPERTIES, LLC,
26 AURORA LAS ENCINAS
27 PHARMACY, INC., SOON K. KIM,
28 M.D., ERIC KIM, LINDA PARKS, and
P.BLAIR STAM, jointly and severally,

Defendants

CV10 1031

CASE NO.:

MMMM (RZx)

FALSE CLAIMS COMPLAINT
PURSUANT TO 31 U.S.C. §3729 ET
SEQ; FILED UNDER SEAL

JURY TRIAL DEMANDED

27 COMES NOW Plaintiff United States of America ("USA") and Qui Tam
28 Plaintiff Shelby Eidson ("Ms. Eidson") and file this complaint under the False

LINKS

UNIVERSITY OF ILLINOIS STUDY OF SIGNATURE'S LAKESHORE HOSPITAL

<http://s3.documentcloud.org/documents/96482/aurora-chicago-lakeshore-hospital-review-by.pdf>

CURRENT LAS ENCINAS LAWSUIT IN CA FEDERAL COURT

<http://www.documentcloud.org/documents/29187-whistleblower-lawsuit-against-aurora-las-encinas-hospital-alleging-medicare-fraud.html>

October 25, 2013

Dear Councilman Cohn,

Thank you for notifying us of the continuance. On behalf of Woodlake Neighbors Creating Transparency, we respectfully decline the offer of private security that you bare from Signature Healthcare LLC.

In our opinion, this psyche-prison-hospital-development-proposal is dead. Public opposition to this facility is growing every day as more people have become informed. We believe in the democratic process of redress, and we are convinced that when we share our research findings regarding the Planning Dept.'s slipshod environmental review process, the reprobate history of Dr. Kim's mental hospitals, and the environmental sensitivity of this parcel with your colleagues on the City Council, the votes to approve the zone change request will evaporate, especially in light of our willingness to take this matter to court.

Further, we will oppose any new business ventures by Signature and/or its affiliate LLC's in Sacramento County. This is not a good neighbor company. This industry model of private mental hospitals siphoning off Obamacare dollars is not our idea of prudent public spending.

We have been investigating green healthcare models as the viable alternative to the drug and detention model of this industry. The City of Milwaukee, Wisconsin has embarked on innovative mental health delivery programs that can be studied and adopted for Sacramento needs. Clients receive care in their homes and retain their autonomy. Non-profit, innovative services to homeless and indigent populations can be provided. Delivery costs of green mental health are lower than private industry. Sacramento should show leadership and innovation in mental health care reform. This is the vision of mental health care we feel you should be championing, not this reprehensible prison facility from Signature.

We would like the opportunity to share our research with you. We are holding a public information rally and press conference tomorrow, Saturday, from 1-3 pm, at the proposed hospital site on Expo Parkway. We invite you and your colleagues on City Council to attend.

Cordially,

Thomas Powell

sexual assaults, escapes, suicides, and drug overdose deaths while under treatment in Signature hospitals from court records, reliable staff whistle-blower accounts, local newspaper reports, and patient and family formal complaints. The court-ordered University of Illinois professional review of Dr. Kim's Chicago Lakeshore Hospital in a stunning rebuke denounced the for-profit corporate culture of this company as responsible for the numerous documented instances of patient mistreatment.

7. In 2006, Dr. Kim paid federal regulators \$1.73 million in fines to settle Medicare fraud charges at three Michigan hospitals. In February of 2010, Dr. Kim, Mr. Stam, and the half-dozen LLC's which were set up to run the various hospital business operations were charged in a False Claims Complaint in the District Court of Los Angeles by the United States Government. This federal indictment lists dozens of cases of Medicaid and Medicare fraud which are still pending resolution. This is not a good neighbor company.

We hope that you will understand our position. We want real Affordable Care mental health service in Sacramento on the north side, but not at this site, and not this industry proposal which will generate a toxic plume of pharmaceutical drugs in our community. We do not oppose private investment in mental health care. But a company like Signature is going to have to provide a very different product and a great deal of corporate reform before we should automatically agree to their business. We invite you to meet with us, hear our concerns and discuss with us our vision of real Obamacare mental health care for our community.

Cordially Yours,

Thomas Powell

(916) 549 9110

unfinityorbust@gmail.com

November 1, 2013

Dear Councilman Cohn,

Thank you for inviting us to meet with you Thursday afternoon. It was disconcerting to hear that you had not read my two earlier correspondences. The first letter of 10/12/13 summarized our research in regards to the planning and entitlement process of the various Expo Parkway proposals and also the checkered history of Dr. Kim's mental hospitals. Everything summarized in that letter on both topics is documented in our research, and we can certainly provide that documentation upon request. Many additional concerns have come to light through our subsequent analysis of the documents. I have written to Mr. Ablog regarding additional planning and environmental issues, and I am writing to Mr. Sanchez in regards our legal concerns. We will draft a summary of all our concerns with documentation to present to each City Council member very shortly. The second letter of 10/25 states clearly our adamant opposition as neighbors to the Signature psyche hospital proposal. I am including the text of both letters at the bottom of this letter.

I would also like to reiterate the four additional concerns we raised in your office. The first issue was whether another acute care psyche hospital is actually needed in Sacramento. Sherri Heller from Health and Human Services who attended the Woodlake neighborhood meeting on 10/23 informed us that Sacramento already has a 36% surplus of mental health beds for local needs. Instead, city hospitals are becoming regional hospitals by importing patients from other northern California counties at a net cost to Sacramento County taxpayers. Patients treated far from home, family, and familiar surroundings in acute care detention facilities do not show comparable improvement to those with strong family support. Patients are dumped when their insurance and benefits expire to end up on the street or in shelters with cascading problems and social costs. We are opposed to Sacramento becoming a regional destination for mental health service.

The second issue is our very real concern about our flood safety and Sump 151. Woodlake neighborhood is the senior user of this pump station, and Woodlake Creek is the primary and year-round source of water to the pump station. The commercial developments of Commerce Industrial Park and the Parkway corridor have roofed and paved over 150 acres of former farmland. Storm runoff from this commercial infill drains to Sump 151. We believe Sump 151 must be re-certified for a 100-year flood before any new commercial development is permitted in its drainage plain. (For example, the Expo-Parkway Behavioral Hospital footprint of roof and asphalt covers 5 acres. For every 2.4 inches of rain, this site will shed 1 acre foot of water.)

Third, we are very concerned for safety and public health reasons about the degradation and pollution of Woodlake Creek. There are many species of wildlife which use this riparian habitat that has been degraded through negligence and poor land management practices by private property owners. The recent dredging of the creek bottom has created standing water, stagnant and polluted ponds, and dangerous mosquito

breeding grounds. We believe that significant habitat restoration needs to occur the entire length of this watershed from its fountainhead at Woodlake swimming pool to Sump 151.

Fourth, we are also very alarmed about the environmental pollution of pharmaceutical drugs. Private mental hospitals are pipeline distributors of pharmaceutical narcotics and other prescription psychotropic drugs into our communities. The pharmaceutical drug industry is a multi-billion dollar industry. There are now many studies which demonstrate how a very large percentage of prescription drugs pass right through the human body un-metabolized and into the wastewater treatment system. The new RegionalSan treatment plant for which we taxpayers will pay billions of dollars in rate hikes does not include expensive filtration systems to remove this toxicity. This mental hospital will create a toxic plume of pharmaceutical contamination into our watershed and our local water table. It will create additional issues of water quality for Sacramento County with Sonoma County and Contra Costa County and other down stream constituencies.

Lastly, I would like to touch upon the issue you raised about the opportunities for expanded mental health coverage under the Affordable Care Act. We agree with you that before Sacramento jumps to embrace this industry model of drugs and detention, it would be prudent and wise to study what mental health care models would best serve our local needs. This proposed psyche hospital is a prison design. We have learned the very expensive lesson in California that attacking social ills by building prisons is not effective problem solving. Sacramento does not need new beds; what we need is a new vision of mental health care embracing a new philosophy of treatment. This is the role of leadership we would like you to embrace.

I hope this letter and the two below clarify the topics and concerns we have raised regarding the psyche hospital. We are preparing a full summary of our concerns with accompanying documentation which we will provide to you prior to our next meeting. We appreciate the time you made available for us this week, and we look forward to meeting with you next week after you have had the opportunity to fully review all our concerns.

Yours Cordially,

Thomas Powell

October 12, 2013

Dear Councilman Cohn,

I am writing to you in regards to the Expo Parkway Behavioral Hospital. Please be informed that Woodlake Neighbors Creating Transparency (WNCT), having exhausted administrative remedies, is filing a lawsuit to stop the zone change request from being heard at the October 29, 2013 City Council meeting.

We would like you to understand and to appreciate our position in this matter. We are certainly not opposed to mental health service in our community or to private mental health hospitals, but Expo Parkway is the wrong project, the wrong model of mental health care, and it is in the wrong place. We want real Affordable Healthcare mental health service in north Sacramento, not this reprehensible industry proposal from Signature. We have carefully researched both the Planning Dept.'s shoddy vetting practice, and the checkered history of Signature-Aurora.

We did not want to litigate, but we feel that we have been given no choice but to take this before a judge and to the local press. The facts are overwhelmingly on our side to shut this project down indefinitely. Below is a summary of our research. The first three items are Planning Dept. failures, the last four deal directly with Signature/Aurora's mental health "model" and its corporate history.

1. The Planning Commission has approved this project based on an MND for a completely different development project at this site. They maintain that Environmental Services approved one dozen apples on two parcels eight years ago, therefore, ten oranges on one parcel today is comparable. This fiction is so egregious its causes must lie in gross incompetence, willful negligence, or malfeasance. The list of ten failures of the Planning review which was emailed to you immediately following the public meeting at the Woodlake Clubhouse is only a partial list. The open letter to Mr. Ablog of 10/01/13 and copied to you further expands on this topic, while additional failures in the planning process will come to light in the Court review. The Planning Commission, Planning Dept., and Environmental Services, each need to be taken to the woodshed on this project. This business-as-usual-pro-development-at-any-cost mentality erodes public faith in the integrity of local government.

2. The southwest corner of this parcel is the confluence of many essential public services and forces of nature that impact Woodlake neighborhood: a) the Union Pacific railroad parcel and spur to Commerce Industrial Park, b) the creeks that drain the year-round springs of Woodlake, c) Sump 151, the pumping station which prevents flooding in Woodlake, d) the levee, itself, e) the access road over the levee for fire fighting equipment, f) this same access road is used by SMUD for transmission tower service, g) this access road is the driveway to the radio towers, h) this access road is used for honey-wagon service to the public latrine immediately across the levee, i) Parkway rangers may also need this access occasionally, and h) the bicycle path. It is highly unusual that one relatively isolated location in the rear of a privately held parcel should be the crossroads

to so many critical uses, a fact that was never analyzed in environmental planning documents. It is foolhardy from any perspective to box in this critical confluence with a walled structure.

3. The zone change of the parcel from commercial day use C-2-L1-PC to around-the-clock H-PC should have mandated new Police Dept. and Fire Dept. project reviews for a commercial/residential hospital. For example, the Red Lion Hotel adjacent to this parcel which also houses overnight guests has much stricter fire code enforcement than does Costco or any surrounding office structure.

4. Please look carefully at Exhibit B - Floor Plan of this hospital which is the color-code design on page 29 of the Report to Planning and Design Commission, City of Sacramento. There are three blue areas in the shape of V's. Each leg of a V is a twenty-bed ward capable of being locked-down. The only common space for all 120 patients is the ½ court gymnasium (purple) and the cafeteria (light green.) The outdoor space for patient's recreation are six concrete courtyards (tan, one per ward) measuring approximately 16' X 20' ft. There is a ten foot outside surrounding wall. There is 24/7 exterior and interior video surveillance. The interior of this facility is further partitioned into locked compartments through which patients and staff must transition. This is called "pod design." This facility is a de facto medium-security prison masquerading as a psychiatric hospital.

5. The conditions of incarceration in this hospital are inhumane. The type of psychiatric medicine practiced by Signature Healthcare Service is called "behavior modification" in the professional literature. What this treatment entails is keeping patients movements tightly curtailed and monitored while doctors experiment with dosages of various psychoactive drugs in order to stabilize the patient's brain chemistry. Drug therapy can be very effective in many cases helping people with their private demons, but not in the wholesale manner Signature proposes with this 120-bed hospital. The for-profit psyche hospital industry has a long history of patient abuse, of harmful and fatal drug dosages, of under-staffed and poorly trained personnel, and there are many academic articles and studies which denounce this form of intense drug therapy. The civil rights of mental patients are routinely abridged in this type of incarceration. Few of these patients have been remanded by a judge. Many will be the elderly brought in by concerned children. Behavior modification hospitals are pipeline dispensaries for pharmaceutical drugs which is a multi-billion dollar industry in America. Individuals placed on drug regimes usually become drug dependent for life. Individual drug dependency also increases demand on other social services in a cascading effect. Behavior modification should be only one small part of an overall community mental health care service.

6. Signature Health Care Services LLC and its various affiliates including Aurora Las Encinas LLC is owned by Dr. Soon K. Kim, a naturalized American citizen from South Korea. Dr. Kim and his associate, Mr. Blair Stam have opened several for-profit behavioral health hospitals in Michigan, Illinois, Arizona and California, all built on the same model of incarceration and extensive drug therapy. We have collected many pages of documentation of reports of poor staffing practices, poor patient care, patient abuse,

OPEN LETTER TO MR. ANTONIO ABLOG, SACRAMENTO PLANNING & DESIGN DEPT.
REGARDING THE EXPO PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL

October 1, 2013

Mr. Antonio Ablog
Associate Planner
Sacramento Planning & Design
300 Richards Blvd.
Sacramento, CA 95811

Dear Mr. Ablog,

I am writing to you on behalf of Woodlake Neighbors Creating Transparency in regards to the proposed Expo Parkway Behavioral Hospital.

Following the public meeting of August 29, 2013, we submitted a list to Councilmen Cohn and Warren of ten safety and infrastructure issues that were not sufficiently addressed in the 2005 Mitigated Negative Declaration that the Planning Commission relied upon in its decision to forward the zone change request to the City Council. Councilman Warren forwarded our ten concerns to you, but if for some reason you did not receive them, they are included again below.

The Addendum To An Adopted Mitigated Negative Declaration (Addendum) dated June 14, 2013 is a particularly problematic document. The graph on page 15, Items 4-A and 4-B, Changes in absorption rates of surface water and Flooding are both checked as "less than significant." If 90% of the 5.34 ac. of developable land is covered by roof and parking lot asphalt, that statement of fact is completely ludicrous. On page 25, Question C it states, "Existing road infrastructure provides adequate emergency access to the proposed project site. The project proposes new driveways to provide emergency access. The project site will be designed to the appropriate City standards. Therefore potential emergency access impacts are considered to be less-than-significant." In regards to the ten safety issues we have raised, especially #7 Fire Department access to the Parkway and #4 emergency vehicle access to Sump 151 for flood control, this statement is also unbelievable. Access to the hospital site, itself, will be hindered by the 10 foot wall enclosing it which is not considered in either the MND or the Addendum, but more critically, emergency access to the pump station and the Parkway will be greatly restricted by this development. The enclosure of this critical access point to emergency services by the proposed development greatly impacts the safety of the Woodlake neighborhood which Planning Dept. documents completely ignore.

Furthermore, at the bottom of page 26 the report states, "There are no railroads within or adjacent to the project site..." This is not merely an error; it is a factual lie. A Union Pacific railroad spur to Commerce Industrial Park passes along the entire southern property boundary. The landlocked southwest corner of this parcel is the convergence of many potential and catastrophic problems—fire, flooding, railroad, and utility. In the event of an emergency, how are the 120 patients (many of whom will be heavily drugged) and the 90 staff to be evacuated from this facility? Surely this concern should be addressed at the planning level?

The Mitigated Negative Declaration (MND) of 2005 is for a completely different development project. Claiming that a lock-down, mental health hospital which in its actual design very much resembles a medium security prison within its enclosing wall, its heavy video surveillance, and its internal pod floor plan will have a comparable environmental impact as an office complex is simply not believable. If it were that similar, why would it require a zone change? The 2013 Addendum is an attempt to whitewash the true nature of this facility. It is a document replete with errors, misstatements and glaring omissions, and it is a document ripe for litigation. There is no reason for the Planning Department to be rushing to expedite this development proposal from Signature Health Care. There needs to be a great deal more careful consideration given to this "behavior hospital" than the Planning Department has so far produced.

There is the additional issue of a lack of public transportation to this site. At the August 29 public meeting, Mr. Stam of Signature Healthcare acknowledged that this lock-down psychiatric facility, in addition to private patients, will accept Medicare and Medicaid patients, emergency drop off patients from the Police Department (presumably homeless and county jail detainees) and will provide counseling and outpatient therapy. Many of the clients will need to use public transportation, as will many of the facilities 200 employees. This particular site has no public transportation available. The closest public transportation is the regional light rail service one-half mile away which is only accessible by traversing Woodlake neighborhood. Where is the mitigation strategy for this transportation issue?

This project needs its own MND. The problems we have pointed out cannot be patched up in the stale 2005 MND, or through a whitewashed Addendum. We expect the Planning Department to do proper due diligence in regards to this development proposal. Please respond to this letter and inform us of the Planning Department's intentions.

Sincerely Yours,

Thomas Powell
(916) 549-9110
unfinityorbust@gmail.com

cc

Included below are ten additional flaws neighbors at Thursday's August 29 Clubhouse meeting identified in the City Planning Commission (CPC) Report regarding the construction of an acute care psychiatric hospital in the Woodlake area. The Mitigated Negative Declaration (MND) that the Planning Commission relied upon in its approval was developed for a completely different project, and it does not address the serious flaws listed below.

1. The Mitigated Negative Declaration (MND) of 2005 submitted for this project is eight years stale. Six office buildings, 60,000 sq ft on two parcels, is not the same animal as one - 70,850 sq ft psychiatric hospital on one parcel.
2. The factual errors of the MND are significant, especially the denial of the Union Pacific Railroad track and parcel along the South property line. What is the status of this spur and can a hospital be zoned alongside a rail spur to an industrial park where chemicals and solvents could be delivered?
3. The zone change request, of itself, should have triggered a new MND automatically. Planning Department has not done proper due diligence.
4. What about the future access of service vehicles to Sump 151 and the pumping station at the SW corner of this parcel? This sump drains the many year-round springs and creeks of the Woodlake neighborhood and pumps the water over the levee which is critical to our flood control.
5. Another flooding concern not adequately addressed by either the Planning Commission Report or the MND is the impact of storm run-off water as 90% of the 5.37 ac net developable land will be roofed or paved.
6. Given the recent fire in the Parkway which almost jumped the levee into Commerce Industrial Park, if that fire had burned behind this hospital, what evacuation plan would there be for the hospital to ensure safety of the 120 patients and to prevent patients in lock-down conditions not to wander away in the commotion?
7. The ramp across the levee from the pump station leads to the only access road into the Parkway for fire vehicles between the two north-south railroad crossings over the American River (almost 2 miles.)
8. This levee crossing is also the driveway to the radio towers. SMUD uses this access for electricity transmission tower service.
9. The configuration of this parcel restricts the levee access for all emergency and service vehicles to the bike trail along the west side easement.
10. The legal status of the bike trail is not spelled out in the MND. Can this public access be revoked? The bike trail is not adequate to serve as emergency access and service vehicle access. A separate vehicle access to the levee crossing may be required.

E-Mail to Captain Maccoun

10-16-13

Dear Captain, I was told by my neighbor today that the Police Department is supporting the construction of a psychiatric hospital near Woodlake. If it is true, I am surprised as to why considering a Police Sergeant representing Chief Somers at a Planning Commission meeting on September 12th testified against granting a liquor license at the Shell station on Arden Way/Royal Oaks that crime in the Woodlake sector is unmanageable.

The psychiatric hospital, as you may know, would contain a drug and alcohol addiction out patient clinic. Individuals living in a large swath of the north area can only access this clinic by walking or driving through Woodlake. This has created a large crime and security concern among neighbors. As a matter of fact, over 100 neighbors attended a meeting at the Woodlake clubhouse on August 29th to express concerns about the proximity of this hospital to Woodlake, and one of the major issues expressed was crime and security.

Can you explain to me why the police would not see this hospital as generating additional workload, or are the police bucking this one to Paladin?

I look forward to your reply.

Lola Acosta

Woodlake Neighbors Creating Transparency

Captain Maccoun Reply

From: Maccoun, Jim

Sent: Thursday, October 17, 2013 07:45

To: James Van Hill; <lolaa@winfirst.com>

Cc: Thomas Powell; Tree Nebeker

Subject: RE: Police Position Regarding Woodlake Psychiatric Hospital

The role of the SPD during the planning process is to determine if a project has an adverse impact or not. If there is an adverse impact then next question/issue relates to efforts/design which would mitigate the adverse impact and allow the project to proceed. A vacant lot or empty storefront clearly has no direct adverse impact to SPD and generate no calls for service. Clearly a vacant lot or empty storefront produces no benefit to the local economic vitality, employment, public services ect and our role is to see if we can recommend measures which mitigate adverse safety impacts and allow projects to proceed.

On the Shell Station we made recommendations for strict conditions which would allow alcohol sales. The applicant did not accept the conditions and chose to appeal. Thus, the Chief chose to oppose the application because of the concerns of an unrestricted permit and license.

From my understanding our Sgt. who reviews projects and is trained in crime prevention through environmental design made requests of the psychiatric hospital applicants and they have agreed to those conditions/measures which mitigate the concerns SPD had. Because we are not opposing does not mean we are "advocating" or "supporting" an applicant. That is why there is a process for public comment, Planning Commission approval, and City Council review. The public, the City Code, and your representatives determine what is approved and our positions are recommendations to that process.-Jim

E-Mails with Assistant Fire Chief Bartley-

--- Original message ----

>Date: **Tue, 29 Oct 2013 21:48:25 +0000**

>From: "Bartley, Michael" <mbartley@sfd.cityofsacramento.org>

>Subject: **Re: Potential Fire Safety Issue Near Woodlake**

>To: Lola Acosta

>Good afternoon, Ms. Acosta

>Thank you for your patience as I researched your inquiry.

>I can confirm that the fire prevention staff analyst, responsible for land use/entitlements evaluations, did review the submittal drawings for the proposed psychiatric hospital during the planning/zoning process. Fire's conclusion was that the planned hospital did not violate any fire and life safety codes and ordinances pertaining to water supply and emergency access.

>Usually, and in this case, fire land use reviews are handled at the program analyst level and is not automatically directed to the Fire Marshal.

>Please keep in mind that the Fire Department evaluates land use plans within the strict parameters of codes and ordinances. In other words, during this specific process, any objection or concern we have with a planned development must be based on the project's compliance with applicable codes, standards, and requirements. In this case, the project meets all fire-related mandates.

>Final approval of this project (before submission of building plans and the cycle of formal plan review and verification inspections) is in the purview of the city council, with input from staff from various departments.

>I respectfully recommend that you check with your council member or with the City of Sacramento website as soon as possible to see when this project goes before council. The website address is:

>www.cityofsacramento.org

>If you have any additional questions, or would like more details about Fire's land use/entitlements review protocol, please don't hesitate to call my cell phone, (916) 216-0320.

>I truly appreciate your interest in this case. Thank you very much for your question!

>Sincerely,

>MCB

>Sent from my iPhone.

Michael Bartley, Assistant Chief
Fire Marshal

Sacramento Fire Department
5770 Freeport Boulevard, #200
Sacramento, California 95822

>(916) 808-1620

>On Oct 24, 2013, at 4:00 PM, Lola Acosta wrote:

>> Asst. Chief Bartley, at last night's community meeting at the Woodlake Clubhouse, with Councilman Warren present, Antonio Ablog of the Planning Commission insisted a representative of the Fire Department had already reviewed and okayed the planning documents. You may want to contact Mr. Ablog to find out who that person as who represented the fire department.

>> Thanks again.

>> Lola Acosta

(Reply from Sacramento Regional County Sanitation District & Sacramento Area Sewer District)
Dear Mr. Powell:

Thanks for your message, and your patience waiting for a reply.

The good news is that our new EchoWater project will result in better removal of constituents such as pharmaceuticals. However, even the most sophisticated advanced treatment technologies are designed to treat domestic waste and are not primarily intended to remove pharmaceutical compounds. Unfortunately, to date, there is not a single "magic-bullet" treatment technology that will remove all pharmaceutical chemical compounds, especially with the thousands of drugs on the market. Studies indicate that advanced treatment technologies, including filters, will remove more of the chemicals in pharmaceutical waste than secondary treatment (the current process we use), but not all.

As a result, we work hard to get the message out that people should not dispose of unwanted medications down the drain/toilet (see our Don't Flush Your Meds website at <http://www.dontflushyourmeds.com>) and we partner with like-minded organizations and efforts to promote safe disposal of unused meds. While it is impossible for us to prevent these chemicals from entering our bodies in the first place, and that end up in the sewer system after they are excreted, we can at least try to keep people from exacerbating the problem with unsafe disposal of their medications. Learn more about our pollution prevention efforts here: <http://www.srcsd.com/wscs-pol-prev.php>

Regarding your second question, our treatment plant does not discharge to groundwater (only the river), thus our discharge is not expected to impact groundwater. If people dispose of unused meds in the garbage, there is a slight risk for polluted leachate to reach groundwater from the landfill. Therefore proper disposal will mitigate those potential risks.

If there's anything else we can answer for you, please feel free to contact us. Thanks!

Peter Castles
Public Affairs Office
Sacramento Regional County Sanitation District &
Sacramento Area Sewer District
10060 Goethe Road
Sacramento, CA 95827
Ph: (916) 876-6291
E-mail: castlesp@sacsewer.com

-----Original Message-----

From: unfinityorbust@gmail.com [mailto:unfinityorbust@gmail.com]
Sent: Tuesday, October 29, 2013 11:49 AM
To: Goss. Claudia (SDA); Castles. Peter (SDA); terrill@abcinternet.com
Subject: Questions from EchoWater Project

The following was submitted via the EchoWater Project Web Site:

I recently received your brochure in the mail notifying customers about the proposed rate increases. I do not see any information about how the EchoWaterProject intends to remove dangerous pharmaceutical drug particulate in the waste water treatment process. How do you propose to mitigate toxic groundwater contamination from pharmaceutical drugs?

Psychiatric hospital comes to north Sacramento

Mental-health services get an upgrade

By [Raheem F. Hosseini](#)
raheemh@newsreview.com

This article was published on [07.04.13](#).

A north Sacramento neighborhood that raised all kinds of fuss when a **card room** moved to town in November 2012 is keeping mum about a 120-bed **psychiatric hospital** racing through the city's approval process.

During a brief hearing on June 27, the **Sacramento Planning and Design Commission** unanimously recommended approval of the 70,860 square-foot inpatient facility to the city council. The roughly 7-acre project site sits in a vacant suburban center at 1400 Expo Parkway, just south of the Red Lion Woodlake Hotel, where a contentious card room took root late last year.

Unlike that effort, which drew community outcry and claims of political favoritism, no one from the nearby **Woodlake neighborhood** registered opposition to this project, a fenced-in transitional-care hospital that will run 24 hours a day and treat alcohol and substance abuse, as well as mental and behavioral illnesses.

A typical patient's stay would last from three days to two weeks, a city staff report states. An outpatient therapy component would serve an additional 20 to 30 clients a day during normal business hours. The hospital would beef up mental-health services in a county with a marked need.

Woodlake resident and noted businessman **Bob Slobe** said the project applicant, Signature Healthcare Services LLC, "did a good job" reaching out to people in his neighborhood.

The eight commission members in attendance last Thursday noted they had also met with the applicant, with Commissioner Edmonds Chandler crediting Signature Healthcare with taking "positive" city input on the proposal.

Project planner Antonio Ablog explained that since the proposal involves a zoning amendment to allow hospital development, final approval of the one-story facility rests with the city council.

Contact City Councilman Allen Warren at (916) 916-808-7002 or e-mail awarren@cityofsacramento.org

North Sacramento residents campaign against a mental-health chain with a troubled past

10-24-13

City council will vote on the last regulatory hurdle facing Signature Healthcare Services LLC this Tuesday

By Raheem F. Hosseini

Woodlake neighborhood homeowners display protest signs against a psychiatric hospital proposed in north Sacramento.

In less than a week, a psychiatric-hospital chain with a spotty record and a north Sacramento neighborhood with a NIMBY reputation will clash over the fate of a 120-bed mental-health facility.

This Tuesday, the Sacramento City Council will vote on the last regulatory hurdle facing Signature Healthcare Services LLC, which wants to build a 71,000 square-foot hospital on a 7-acre plot of grass south of Expo Parkway.

The 24-hour facility for acute psychiatric care would lie roughly 1,500 feet beyond the edge of Woodlake, a middle-class neighborhood with a somewhat fraught history of its own. Residents have long complained they're ignored by political representatives and blighted by accumulating liquor stores and social-service facilities. Last year, a nasty public debate ignited when a card room relocated to a nearby hotel following little public input.

Despite the tetchy relationship with residents, city officials say they recorded no objections to the inpatient operation in June, when planning commissioners swiftly blessed the applicant's rezoning request.

"We had no opposition at that time," senior planner Lindsey Alagozian told SN&R.

That's probably because few residents actually knew about the project or the franchise behind it.

Founded by retired Michigan psychiatrist Dr. Soon K. Kim in 2000, Signature Healthcare Services, which does business as Aurora Behavioral Health Care, has scattered eight psychiatric hospitals across Arizona, California, Illinois and Texas, amassing both fortune and fines.

In 2010, the U.S. Department of Health & Human Services collected a \$104,747 fine from Signature for employing someone who "was excluded from participation in Federal health care programs," a release states.

In 2009, Kim agreed to pay a \$350,000 settlement to Michigan state health officials regarding a patient-privacy lawsuit. Then-Attorney General Mike Cox asserted that patient records were being burned at three of Kim's hospitals, possibly as far back as 2006.

According to a Detroit Metro Times investigation in 2003, IRS and state health-care regulators, internal lawsuits and Kim's own financial straits forced the doctor to shutter his two Detroit-area hospitals in 2000 and 2002. The Metro Times documented allegations that Kim's practices inflated Medicare payments by extending patient stays and hospitalizing those without proper documentation.

That's essentially what's being argued in a whistle-blower lawsuit much closer to home.

In 2010, the United States government and a mental-health worker sued Aurora's hospital in Pasadena for fraudulent Medicaid and Medicare billings. The complaint depicts a poorly run and sparsely staffed enterprise that contributed to eight patient deaths and "several rapes," dating back to 2003.

"Defendants realize huge profits by billing for care and treatment never rendered," the complaint states.

The lawsuit, being heard in the Central District of California court, is scheduled for a jury trial next spring.

The company's real-estate attorney, Ryan Hooper, told SN&R he was prohibited from commenting on ongoing litigation, but defended the company's track record and said the planned hospital would fill both mental-health and economic needs.

"A lot of the allegations are just that—allegations that don't go anywhere," he said.

The proof of that, Hooper added, is that the company's accreditation hasn't been threatened in its 13 years of existence. "This is one of the most highly regulated areas of business," he asserted.

And business is "booming," thanks to the Affordable Care Act, said Hooper. Parity laws in the act require insurance companies to provide equal access to mental-health care. Signature's business model serves a clientele that is 80 to 90 percent insured, providing services for which the company is reimbursed.

Plaintiffs in the Pasadena lawsuit say this is how defendants were able to collect roughly \$50 million in federal and state contracts, then siphon this money out of the hospital until it was "unable to meet operating costs."

Similar allegations were made at the Detroit hospitals a decade earlier.

"The unusual part of this story is this trail of defrauding the government ... goes way back in time," said Woodlake resident Mike Acosta, a former administrative assistant at a state psychiatric hospital in Southern California, who began researching Aurora after reading about the project in SN&R. "If not for your story, we would never have even known about this."

He and wife, Lola, have played Paul Revere in the weeks since, unearthing legal documents and unflattering media coverage, and sharing the information with their neighborhood and local elected officials.

These residents promise to be out in force on Tuesday, when the council considers the request to take a grassy commercial grid and rezone it for hospital construction.

Councilmen Steve Cohn and Allen Warren, who represent the lot and the concerned constituents, respectively, didn't answer requests for comment before deadline.

<http://www.newsreview.com/sacramento/north-sacramento-residents-campaign-against/content?oid=11840363>

Medi-Cal, environmental concerns dog north Sacramento psychiatric hospital project

Feeling a full-court press from their constituents, Sacramento City Council members Steve Cohn and Allen Warren booted a contentious land use vote initially set for Tuesday on a psychiatric hospital proposed in north Sacramento.

Rather than make the call on whether Signature Healthcare Services LLC should be able to add a ninth mental health facility to its nationwide portfolio, Cohn said in an email to his third-district residents that significant community input and the applicant's desire to add conditions necessitated a delay to November 12.

"I wanted to inform you that I have requested a continuance of the Council hearing date for the proposed Behavioral Healthcare Hospital for two weeks in order to allow further time for community feedback and outreach," Cohn wrote in the email.

He added that Signature, a mental health hospital chain with multiple California locations, was also seeking to allay the fears of a nearby neighborhood that there wouldn't be enough security at the proposed facility, a 120-bed acute care hospital.

While residents of the middle-class neighborhood, Woodlake, may be concerned about escaped patients, other questions loom about what kind of operation Signature runs.

Company representatives were a surprising no-show at a neighborhood forum Wednesday evening, when they were expected to defend plans to construct a private facility that would cater mostly to the fully insured.

More than 50 Woodlake residents attended the meeting at their clubhouse, organized by Warren, who represents their district.

Resident Mike Acosta said boos met the announcement that the mental health franchise made a last-minute cancellation. Officials with the city's planning and police departments filled in as best they could, but were unable to answer some of the thornier questions regarding Signature's track record, Acosta added.

The company, which operates as Aurora Behavioral Health Care, has eight in-patient psychiatric hospitals scattered throughout California, Arizona and Illinois. It used to have two more a decade ago in Michigan, but shuttered them due to financial and regulatory issues.

Lawsuits and fines have also dogged several of the facilities here in California, primarily a Pasadena hospital where eight patients died and several rapes occurred, according to a legal complaint filed by the United States government. A trial is tentatively set for April.

The California Department of Public Health's licensing and certification division issued the company's San Diego facility an administrative penalty last year, although the nature of the violation was sealed.

The company wants to build a ninth facility on a 7-acre commercial lot south buffering Expo Parkway, about 1,500 feet south of the Woodlake neighborhood.

The company's real estate attorney, Ryan Hooper, said the project's construction would "dump" \$25 million into the local economy, and add nearly 200 well-paying jobs that could help sop up some of the community's residential vacancies.

But nervous residents aren't the only ones who are doubtful.

The county's public health and human services director appeared Wednesday night to outline multiple concerns with the project. Sherri Heller said this part of Sacramento was already over-crowded with inpatient psychiatric beds for the fully insured, and that the real need was for beds that could admit lower-income Medi-Cal recipients, a population Signature doesn't serve.

According to the California Hospital Association, Signature's brand of care is needed in the rural perimeter areas of northern California, where few if any mental health resources exist.

As for the acute care beds that already exist locally, Heller said they're serving an increasingly out-of-county population that ends up staying once released. Success rates drop for patients when their families aren't nearby and participating in their care, Heller added.

Resident Thomas Powell cited other concerns.

The parcel is one of the few undeveloped tracts left in the city that abuts the American Rive Parkway, connecting to the riparian habitat of Woodlake Creek, he said.

"This hospital will create a plume of toxic pharmaceutical drug contamination in our water table and that likelihood is completely ignored by [the city's environmental services department]," he added.

None of this may factor into an upcoming Sacramento City Council hearing on November 12, when elected officials are expected to decide a rezoning request that stands as the last regulatory hurdle facing Signature Healthcare Services.

Officials said basing a decision on issues not tied to land use entitlements could open the city up to legal challenges.

"We do not get into background, history, that kind of thing," said senior planner Lindsey Alagozian.

The overriding question is this: Is a particular land use appropriate given its surroundings? If it is, the project gets approved, no matter the reputation of the company pitching it.

The very last piece of the puzzle belongs to the county, which has to sign off on the hospital's authority to evaluate patients for involuntary commitments. But even with Heller's concerns, it could prove difficult for the county to upend the project at that far point.

posted by Raheem Hosseini @ 2013-10-25 4:52 PM

Upscale SoCal psychiatric center sees 3 deaths

ASSOCIATED PRESS

August 21, 2008

<http://legacy.utsandiego.com/news/state/20080821-1318-ca-troubledrehab.html>

LOS ANGELES – An upscale Pasadena psychiatric hospital where celebrity rehab specialist Dr. Drew Pinsky is a director has had three patients die in the last five months, health officials said.

Aurora Las Encinas Hospital, which boasts of giving “the finest care in the finest setting” on its Web site and is popular with actors and rock stars, saw two patients die of overdoses and another hang himself, the Los Angeles Times reported Thursday.

Pinsky, host of radio's “Love Line” and VH1's “Celebrity Rehab” is co-medical director of the chemical dependency department.

Pinsky said he had no direct role in any of the patients' care.

“I had no direct knowledge and no direct participation in the recent care of the patients in question,” Pinsky said in a written statement. “Patient confidentiality laws prevent me from discussing these or any other patients who may have been admitted to the facility.”

The hospital declined comment on the deaths, citing patient confidentiality.

The first two deaths in consecutive days in April brought an investigation from state health inspectors.

The patients were being treated for chemical dependency and both died of apparent drug overdoses, according to reports from the county coroner and the state Department of Public Health.

Jeffrey Hearn, 29, was found unresponsive in his room on April 11 and was declared dead a day later after a transfer to Huntington Memorial Hospital, the coroner said.

The state investigation found that another patient had given Hearn the prescription muscle relaxer Soma and the pain reliever Norco, which in combination killed him.

The next day Alex Clyburn, 23, was checked in by his family after taking large doses of the painkiller OxyContin and the anti-anxiety medication Xanax.

The hospital gave him other medications, the state report said, and assigned a mental health worker to check on him every 15 minutes. But the worker did not conduct the required checks and falsified reports to suggest otherwise, the report said.

Clyburn was found dead the next morning lying face up on the floor.

The worker was fired, the hospital said in a report responding to the investigation. The center also created new rules to increase the monitoring of patients and visitors.

Earlier this month, Timur Otus, 43, another patient being treated for substance abuse, hanged himself in a shed on the hospital's campus.

“Not a very good track record, especially at an expensive hospital like that,” said Otus' brother Taras Otus. “I don't understand what's going on there exactly.”

The facility features a swimming pool and tennis court, and private rooms that cost \$1,400 a night.

Hospital Bigwigs Off Hook In Medicare Fraud Suit

By Jonathan Randles

Law360, Los Angeles (September 08, 2011, 7:36 PM ET) -- A California federal judge on Thursday stripped several defendants from a suit in which an ex-employee is accusing a psychiatric hospital of defrauding the government by falsely billing Medicaid and Medicare while dangerously neglecting patients and safety conditions.

The lawsuit accuses Aurora Las Encinas LLC of noncompliance with Medicare conditions and negligent care practices that jeopardized the health and safety of some of its patients, sometimes resulting in deaths. U.S. District Judge John A. Kronstadt said the lawsuit didn't link specific False Claims Act violations to the bulk of the named defendants.

The judge removed from the case the hospital's former board chairman P. Blair Stam; hospital owner Soon Kim and his son Eric Kim; and entities owned by Soon Kim that were allegedly used to funnel large sums of hospital money obtained by submitting false claims.

Those entities are Pasadena Life Properties LLC, Vista Life Properties LLC, Aurora Las Encinas Pharmacy Inc., Pasadena Oaks Properties LLC and Pasadena La Encinas Healthcare LLC.

Judge Kronstadt, however, did say the underlying fraud claims against Aurora Las Encinas could proceed, as well as individual claims leveled against Linda Parks, the hospital's former CEO. Parks is alleged to have directed hospital staff to cover up the fraudulent billing practices after the practice was brought to her attention, the lawsuit said.

Aurora Las Encinas, based in Pasadena, Calif., was struck with mental health worker Shelby Edison's sealed qui tam action in February 2010. Edison claims that while the hospital was overbilling the government, officials were implementing a host of cost-cutting measures that jeopardized patients' safety.

After Soon Kim purchased the hospital in 2003, a total of nine patient deaths and several rapes occurred in connection with the facility, including the rape of a 14-year-old, the lawsuit claims.

One patient chronicled in the complaint died in 2004 after being restrained for three days. Another drowned in his bathtub in 2006. One patient fatally overdosed on contraband prescription medication that was smuggled into the hospital.

During that time, the hospital was understaffed with nurses, housekeepers and engineers, according to the complaint. Sanitation problems also plagued the hospital.

Problems with sewer lines caused raw sewage to leak into nursing stations, patient medication and hospital supplies.

A nurse's bathroom had a toilet but no sink, and hospital equipment that was given to staff sometimes was broken or substandard, the suit said. In one instance, a nurse was exposed to the HIV virus after puncturing himself with a needle that did not have a safety lock on it.

The hospital is also alleged to have billed Medicare and Medicaid for unnecessary treatments.

One patient was housed at the hospital for approximately 300 days at a cost of \$600,000, the lawsuit said. Staff were aware that the patient had sex at the hospital with male visitors, was not attending therapy groups and was seen drinking alcohol on the unit several times, the complaint said.

Edison claims she and her mother were both terminated from the hospital after alerting multiple government agencies and media outlets about the unsafe conditions there.

Aurora Las Encinas Hospital again under scrutiny

A whistleblower lawsuit has been filed against the Pasadena mental health hospital, alleging 'minimal, substandard care' to patients.

<http://articles.latimes.com/print/2011/jan/24/local/la-me-las-encinas-20110124>

January 24, 2011 | Rong-Gong Lin II, Los Angeles Times

An Aurora Las Encinas Hospital employee has filed a whistleblower lawsuit against the owners of the Pasadena mental hospital, alleging that top company officials have defrauded the federal government by providing "minimal, substandard care" to patients.

The lawsuit, filed last year under seal in U.S. District Court, recently was made public. The suit marks the latest in a series of complaints about care at the psychiatric hospital known for decades as a destination for wealthy and famous patients seeking mental health help and treatment for alcohol and drug abuse.

The hospital came under scrutiny after reports in The Times of the unexpected deaths of three patients, as well as the alleged rape of a teenage patient by another patient, all within a five-month period in 2008.

Since then, the 118-bed facility has been warned twice that it could lose federal funding. In addition, California officials have accused two nurses and a physician of negligence in connection with the deaths of two patients.

The 34-page whistleblower lawsuit was filed on behalf of Shelby Eidson, who has been a mental health worker at the facility since 2005. Eidson's suit names the hospital, parent company Signature Healthcare Services, which has offices in Michigan and Corona, Calif., and owner Dr. Soon K. Kim, among other defendants.

The suit alleges that the hospital's treatment of patients failed to meet federal standards, violating its agreement with Medicare and Medicaid to provide quality care.

Eric Rose, a spokesman for Las Encinas, called the claims false, saying he had "every confidence that we will prevail in this meritless lawsuit. We stand proudly behind our patient care."

Many of the allegations cited in the lawsuit have been previously reported in The Times and documented in government investigations of the hospital.

Among them:

- The deaths of 26-year-old Leo Grassini in 2006 and 23-year-old Alex Clyburn in 2008. Both patients were being treated for substance abuse, and in both cases workers falsified logs to show they had been checked every 15 minutes, government inspection reports said.
- The death of 28-year-old Jeffrey Hearn in 2008, who fatally overdosed on contraband prescription medication smuggled into the facility.
- The suicide of Timur Otus, 43, a bipolar patient who hanged himself at the hospital in 2008.
- The alleged rape of a 14-year-old girl in 2008 by a 16-year-old patient, which occurred while hospital staffers slept nearby, according to two sources. Jonathan Aguilar was charged by the

Grassini's father, Lawrence, said no one should die from entering a hospital for depression and detoxification. He said he was troubled by the whistleblower's allegations, adding that if negligent acts were proved due to greed, "that makes it twice as bad."

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Hospitals affiliated with Las Encinas also have been investigated

<http://articles.latimes.com/2009/mar/03/local/me-lasencinasside3>

March 03, 2009 | Rong-Gong Lin II

Aurora Las Encinas Hospital is not the only psychiatric hospital under the Aurora brand name that has had problems flagged by government officials.

The 29-acre private psychiatric facility in Pasadena is run by Signature Healthcare Services, which has offices in Allen Park, Mich., and Corona, according to public records. In addition to Las Encinas, which it purchased in 2003 from HCA, a healthcare giant based in Nashville, Tenn., the company runs psychiatric facilities under the Aurora name in Covina, Ventura, San Diego, Chicago and Glendale, Ariz.

Aurora San Diego also has been investigated for failing to provide appropriate care. Medicare officials said they found "serious deficiencies" during a 2006 recertification inspection.

Among patients not receiving care was a deaf man who remained isolated because the hospital failed to hire a sign language interpreter. The deaf patient told inspectors that he did not know his diagnosis or, according to the government inspection report, "why he has been in the hospital for more than 80 days." Staffers could not explain why the hospital canceled the interpreter. A doctor said the patient was "bored and depressed a little bit because he is confined in a place where he can't communicate."

The hospital was also faulted for failing to encourage three patients to attend treatment groups.

In a plan of correction submitted to regulators, Aurora San Diego officials said that patients "will be encouraged to attend all groups and actively participate in their treatment plan." The hospital also said that interpretive services would be made available to anyone with language or hearing barriers.

Regulators ultimately deemed the San Diego hospital to be in compliance with Medicare rules in 2007.

The owner of Signature Healthcare Services, Dr. Soon Kuyn Kim, has also been under scrutiny for alleged irregularities in his business practices.

In 2006, Kim and several other parties agreed to pay the U.S. government \$1.73 million to settle accusations of Medicare fraud in connection with his ownership of three firms that operated mental health facilities in Michigan, according to the settlement agreement.

The payment came after a whistle-blower lawsuit, filed by a former chief executive officer at one of Kim's companies, accused Kim and his firms of overstating expenses in reports to the U.S. government that are required in order to seek reimbursement for Medicare and Medicaid expenses. The U.S. attorney's office in Detroit later joined the lawsuit.

Linda Parks, Las Encinas' chief executive, said in a statement that the \$1.7-million settlement concerned "technical issues unrelated to patient care and companies associated with Dr. Kim, but not Dr. Kim directly."

A copy of the settlement agreement shows that Kim was one of the defendants named in the case. Kim's signature is on the settlement agreement as an individual and as the head of his firms.

In a separate case in 2008, Kim agreed to pay the state of Michigan a \$40,000 fine for negligence after old medical records were found in the streets near a hospital Kim had closed in 2002 and, later, at Kim's property in a suburb of Detroit.

Parks, in a statement, said the fine was "unrelated to patient care" and involved an issue where "there was no harm to any patient."

According to state records, government officials had taken photographs of medical records containing Social Security numbers, X-rays and test results blowing around Kim's property and on a trail his neighbors used.

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Inspectors found problems persisted at Pasadena psychiatric hospital

March 03, 2009 | Rong-Gong Lin II

<http://articles.latimes.com/print/2009/mar/03/local/me-lasencinas3>

Those seeking treatment at Aurora Las Encinas Hospital pass through manicured gardens on their way to a facility that costs as much as \$1,400 a night. For the money, the private Pasadena psychiatric hospital promises world-renowned care and privacy, with a decades-long reputation for service to the rich and famous.

In the last year, however, Las Encinas has been inspected at least six times by government regulators who have documented numerous failures in patient care, The Times has found. Despite hospital officials' promises to fix deficiencies, many of the same problems were found by inspectors when they went back late last year to check on progress at the facility.

Among significant problems reported in documents newly released to The Times:

- * A 26-year-old patient died in 2006 after staffers failed to check on him for 24 hours, despite a doctor's orders that he be monitored "very closely." The circumstances are very similar to a death reported last year by The Times. In both cases, Las Encinas mental health workers falsified logs to show that the patients had been checked every 15 minutes, according to government inspection reports.
- * An internal memo indicates that hospital administrators knew last May that they had a problem with people sleeping at work. Diane Hobbs, the facility's nursing director, warned staffers they could be fired if caught. Three months later, law enforcement officials told The Times that a 14-year-old female patient had been raped by a 16-year-old patient while hospital workers and the suspect's probation officer slept nearby. Prosecutors have charged the boy with rape, and he will be tried as an adult.
- * A 10-year-old boy was exposed to "cursing language as well as sexually explicit language" in a group session after he was placed in a program intended for 12- to 17-year-olds. He had been admitted for treatment after attacking his brother and threatening to jump out of a second-story window. Hospital officials admitted they erred in the placement.
- * Doctors allowed a patient to remain at the hospital's expensive and exclusive Two South unit -- which offered concierge service and a personal attendant -- even though she was no longer receiving psychiatric care. A doctor told inspectors in October that the patient, who began treatment 10 months earlier for depression and alcohol abuse, "was not acutely mentally ill" but "had the resources" to continue staying at the hospital in order to meet the terms of a court order.
- * No translator was provided for a 79-year-old Vietnamese-speaking woman during group sessions and numerous other assessments, meaning that the woman, who had hallucinations, had never been fully evaluated and went without treatment.

"I stay in my room. I haven't gone to any groups because I don't understand English," she told inspectors. Her son reported that at one point, a nurse called him by phone so he could "ask my mother why she was lying on the floor."

Her case was documented by regulators after a surprise inspection of Las Encinas in late October. The inspection was done after the deaths of three patients in five months and after the reported rape of the teenage patient. The Times reported those incidents last summer.

Inspectors also faulted the hospital for using pre-printed generic treatment plans for some patients and failing to document neurological testing in others.

Regulators put Las Encinas officials on notice that the facility was in danger of losing Medicaid and Medicare funding if the problems continued.

In a plan of correction filed Dec. 11, Linda Parks, the hospital's chief executive, promised to correct the deficiencies. Among the steps she said had already been taken: "The facility posted a notice in their lobby informing the public that interpretive services will be arranged for patients free of charge."

Little progress

Four days after Parks filed her plan, government inspectors were back at the facility, which has 118 licensed beds. They found little progress at the 29-acre campus, according to reports obtained last week by The Times.

Despite Parks' assurances that the hospital had been offering free translation services since late November, inspectors found an Arabic-speaking patient who had been without a translator for two weeks after his insurance company stopped paying for the service.

By then, hospital records indicate, his doctor had described the man, considered potentially homicidal and suicidal, as increasingly angry and upset. The patient could not easily express his feelings to therapists in English and was "becoming very paranoid with a lot of persecutory ideas" and was "losing a lot of hope," according to a doctor's note.

Inspectors who interviewed the doctor reported that no one had told him about the hospital's promise to provide free translators. Las Encinas' medical director later acknowledged that he had not told the staff about the change in the hospital's policy, according to the report.

In addition, inspectors found that the hospital had continued to use pre-printed generic treatment plans despite being warned that it was a violation. Staffers were also still failing to document neurological testing.

Steve Jennings, director of business development for the hospital, said late last week that Las Encinas "was found to be in full compliance" when inspectors returned Feb. 17.

Federal regulators, however, have not yet received the newest report from state inspectors.

"Our top priority is to protect the health and safety of Medicare and Medicaid beneficiaries," said Jack Cheevers, Medicare and Medicaid Services spokesman, who also said that "most hospitals do come into compliance" when faced with the loss of federal funds.

Parks declined to discuss patient care issues with The Times, citing patient confidentiality. But in a statement, she defended the hospital.

"It is unfortunate that the many thousands of patients and their families who have been successfully treated at Las Encinas do not have an opportunity to tell their stories to the press," Parks wrote. "It is disappointing to realize that the only stories the media wishes to carry ignore the outstanding care we provide year after year."

But the families of two men who died while in Las Encinas' care said they still have many questions about what went wrong at a hospital they believed would provide world-class treatment.

Both young men wanted to be treated at Las Encinas because of its affiliation with Dr. Drew Pinsky, co-medical director of its chemical dependency unit, their families said.

Pinsky, best-known for his nationally syndicated "Loveline" radio program and his reality TV show on VH1, "Celebrity Rehab With Dr. Drew," has been affiliated with the hospital for more than 20 years. He did not treat either man and did not respond to multiple requests for comment about the latest findings.

Last summer, Pinsky told The Times his heart was broken over the deaths there and defended the facility as an "excellent hospital." But he seemed to distance himself from the hospital, calling it a "bizarre misconception" that people associated him with the facility.

At that time, he was the only physician whose picture was featured on the Las Encinas website. Currently, the hospital's home page features links to two news articles that refer to Pinsky's role at the hospital. His affiliation with Las Encinas is included in his biographical information that appears on Loveline's website and in numerous VH1 press releases.

Pinsky's reputation drew Alex Clyburn's family to the private hospital, his mother said. Clyburn, a 23-year old Cal State Northridge student, sought substance abuse treatment at Las Encinas last April.

Just before he was admitted, Clyburn took a large dose of OxyContin, a painkiller, and Xanax, an anti-anxiety drug. After admission, hospital staffers gave him a mix of medications intended to ease his withdrawal. His mother, a nurse, later said she expressed concern to hospital staffers that the drugs would cause respiratory distress. She said a nurse assured her that they would check on her son through the night.

Clyburn was found dead in his room the next morning.

A mental health worker had falsified patient records showing that Clyburn was checked on every 15 minutes, investigators found. Logs filed by the worker even reported Clyburn as sleeping just five minutes before a nurse discovered his body "cold & stiff to touch with a blue face," an indication he had been dead for some time.

The hospital said it fired the worker and promised to monitor patients undergoing detoxification closely.

What Clyburn's family did not know was that 16 months earlier, another young man had died after going unmonitored overnight by Las Encinas staff.

Leo Grassini, 26, was found dead in his room five days after he sought treatment for addiction at the hospital shortly after Thanksgiving 2006. Like Clyburn, he had specifically told his parents he wanted to go to Las Encinas.

"He listened to 'Loveline' when he grew up, and Drew Pinsky worked there, and he felt that Drew Pinsky could help him with any problems he had," said his father, Lawrence Grassini, an attorney in the San Fernando Valley.

According to medical records, Leo Grassini had been prescribed narcotic medication intended to help wean him off opiates. He was later found lethargic and with depressed breathing and was rushed to the emergency room at San Gabriel Valley Medical Center, according to records. After emergency room doctors stabilized Grassini and sent him back to the private psychiatric hospital, a Las Encinas doctor ordered that his vital signs be monitored "very closely for the next 24 hours."

Instead, his therapist found Grassini dead in his bed the next morning. His body was discovered only after he failed to show up for a morning session. According to medical records, there were signs he had been dead for some time; his face and chest had turned purple and were cool.

Just as in Clyburn's later death, a hospital investigation found that a mental health worker had falsified patient records to indicate that she had checked on him every 15 minutes. In Grassini's case, hospital records showed that the worker even reported having checked on him after he had been found dead.

In reality, government inspectors said, they found no evidence that anyone ever checked to see whether Grassini was breathing that night.

In a plan of correction filed to the state nearly two years after Grassini's death -- and five months after Clyburn's -- hospital officials said they would place patients with "significant medical risk" undergoing detoxification in a unit "specific to their needs." The mental health worker accused of falsifying records in Grassini's case, the hospital reported, had been fired shortly after the incident.

By then, Lawrence Grassini had long since hired independent medical experts to review his son's medical records. All four experts identified problems with the hospital's handling of his son's treatment and concluded in separate reports reviewed by The Times that Leo Grassini's death could have been avoided.

"The failure to monitor Leo's vital signs is an egregious departure from basic standard of care and resulted in the death of this 26-year-old man," San Bernardino County chief medical examiner Frank Sheridan wrote in an opinion dated Oct. 27, 2007. Sheridan called for an investigation as "definitely necessary so that others may be protected from such appalling care in the future."

'I was shocked'

After getting the expert opinions, Lawrence Grassini, who has not sued Las Encinas, had one of his law partners send letters to state and federal regulators in November 2007 and again in

March 2008, urging them to investigate Las Encinas "so that further and future predictable deaths and injuries could be avoided."

In August, Grassini read the Times report of the deaths of Clyburn and two other patients.

"I was shocked, and mad, and so sad," he said.

A week later, he received the results of a state investigation into his son's case, nearly 21 months after his son died. Government inspectors faulted Las Encinas for failing to monitor the young man. Of the worker who was supposed to be checking Leo's vital signs, they reported: "There was no documentation or other evidence that she had been directly observed or had otherwise demonstrated competency" in performing her job.

Until Arline Clyburn was contacted by The Times, no one had told her about Grassini's death.

In December, she and her husband sued Las Encinas for wrongful death and negligence. The hospital has not yet responded, her lawyer said.

"When this happened in 2006, why didn't they initiate careful and appropriate vital signs checks?" Clyburn asked. "Why are they against doing what they need to do to ensure patient safety?"

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Deaths at rehab hospital in Pasadena draw scrutiny

*** Las Encinas, where 'Loveline' doctor has a key role, is faulted by the state in two fatal overdoses in April.**

By Rong-Gong Lin II and Andrew Blankstein

Los Angeles Times Staff Writer

August 21, 2008

Three adult patients died unexpectedly and a teenage patient was raped after entering a Pasadena psychiatric hospital known for its association with celebrity physician Drew Pinsky, records show.

The incidents occurred in the last five months at Aurora Las Encinas Hospital, which advertises itself as a "world-renowned" haven where patients with acute mental illness and substance abuse problems can recover in safety and comfort. It is a favored destination for rock musicians and actors, among others.

Pinsky, who co-hosts the syndicated radio show "Loveline" and anchors the VH1 reality TV series "Celebrity Rehab With Dr. Drew," is co-medical director of the chemical dependency department and is prominently featured on the hospital's website. He has said he played no direct role in any of the patients' care.

Experts say it is rare to see so many patients at a psychiatric hospital die or be harmed in such a short period. State health inspectors have investigated and faulted the hospital's care in the first two deaths, which occurred within two days in April.

The patients, who were being treated for drug abuse in the chemical dependency unit, both died of apparent drug overdoses, according to coroner's records and the report by inspectors for the state Department of Public Health.

This month, a patient in the NASH House, which treats substance abusers on the hospital grounds, hanged himself from a wooden beam, the Los Angeles County coroner found.

One day after his body was found, a 14-year-old girl was raped by a 16-year-old patient as hospital staffers and the suspect's probation officer slept nearby, according to two sources familiar with the matter. "Not a very good track record, especially at an expensive hospital like that," said Taras Otus, the brother of Timur Otus, the 43-year-old bipolar patient who hanged himself. "I don't understand what's going on there exactly."

The hospital declined to comment on the incidents, citing patient confidentiality.

Pinsky issued a written statement: "I had no direct knowledge and no direct participation in the recent care of the patients in question. Patient confidentiality laws prevent me from

discussing these or any other patients who may have been admitted to the facility."

Run by Aurora Behavioral Health Care, the hospital advertises on its website such amenities as a tennis court, swimming pool and manicured garden. Shared rooms cost \$840 a night, while private rooms are \$1,400 a night. It recently created a deluxe treatment center, offering concierge service, a "personal healthcare attendant" and access to a flat-screen high-definition TV.

In January, the cable network VH1 began airing the first season of a reality show featuring Pinsky and two other Las Encinas employees, which is filmed at Pasadena Recovery Center not far from the hospital.

According to the VH1 website, the show "chronicles the dramatic, unscripted real life experiences of a group of celebrities as they make the life-changing decision to enter a treatment program."

Las Encinas' recent troubles began when Jeffrey Hearn, 28, who was admitted for drug addiction in March, was found unresponsive after 7 a.m. April 11, records show. He was transferred to Huntington Hospital in Pasadena, where he died a day later, according to the coroner's office.

The state investigation, quoting police and hospital staff, found that another patient had "somehow supplied or facilitated contraband prescription medications, Soma and Norco . . . resulting in a medication overdose."

The alleged supplier of the painkillers was a former pharmaceutical representative who knew how to obtain medications, according to the state report.

The day after Hearn died, 23-year-old Alex Clyburn, was admitted to Las Encinas for drug addiction. Clyburn, who was a student at Cal State Northridge, had taken a large dose of OxyContin, a painkiller, and Xanax, an anti-anxiety medication, just before his family brought him in, according to the state and coroner's reports.

The hospital gave him several medications, including those intended to relax muscles, relieve pain, decrease heart rate and lower anxiety, the coroner's office wrote.

Clyburn's mother, Arline, a nurse, was concerned about the mix of prescriptions because of the possibility it would cause respiratory distress, said Sean Burke, a lawyer for Clyburn's parents.

A hospital nurse assured his mother that "they would check on Alex through the course of the night," Burke said. A mental health worker was ordered to check on him every 15 minutes, the state report said.

According to the coroner's report, Clyburn appeared "heavily intoxicated" to other patients and they observed him "staggering to his room."

The next morning, April 14, Clyburn was found dead.. According to the coroner's report, his body was lying face up on a hardwood floor, with vomit trailing from his mouth.

The coroner's report said his death was caused by an overdose of multiple drugs.

According to a state report, a mental health worker did not conduct the 15-minute checks and falsified the patient's record to suggest otherwise. Although the worker wrote that Clyburn was sleeping at 7:15 a.m., a nurse reported at 7:20 a.m. that Clyburn was "unarousable, cold & stiff to touch with a blue face," suggesting that he had been dead for some time.

In a plan submitted to the state on the April deaths, Las Encinas said it fired the mental health worker involved.

The hospital also issued new rules to enhance monitoring of patients and visitors. For example, it mandated frequent checks of routine vital signs and searches of visitors' bags. Las Encinas has had similar problems in the past, state records show. In October 2004, an 18-year-old patient died after being placed in leg restraints for two days, instead of 3 1/2 hours as ordered. Two weeks later, a patient was found dead after drowning himself in a bathtub. The incidents caused the federal government to threaten to pull funding, but the issues were deemed resolved.

The most recent events have already affected the hospital's relationship with an insurer. The mental health subsidiary of UnitedHealth Group, the nation's second largest health insurer, has suspended referrals there until it completes its own probe, said spokesman Brad Lotterman.

Some family members remain distraught and outraged.

Taras Otus said the hospital has not followed up with his family since they were informed of his brother's death. He described Otus as a gregarious struggling actor who worked as an extra and on the set of the television show "Ripley's Believe It or Not." Among his possessions was a note from host Dean Cain, thanking him for ensuring Cain was well-lighted during filming.

Otus, a UCLA graduate, had his first manic episode about seven or eight years ago, his brother said. He was stable for a while, but last summer he started to use Ecstasy and crack, then became suicidal.

At the hospital he had been in a unit where he was on suicide watch, then was transferred into a unit that treats substance abuse, the brother said.

On July 31, the hospital called the family, saying Otus was missing, the brother said. The next morning, hospital employees found his body hanging from the beam of a dilapidated shed on the hospital campus, the brother said.

Otus hanged himself using a white plastic bag, a coroner's report said.

The shed "really should've been torn down 50 years ago," Taras Otus said.

"You'd think there is some kind of moral responsibility to call the family, reach out and say, 'I'm sorry.' But apparently they don't do that at this hospital," the brother said. "They gave us two garbage bags of his stuff, which I guess is what happens."

The parents of Alex Clyburn say they are pursuing legal action.

As a teenager, Clyburn was an Eagle Scout and two-time pitcher of the year at Thousand Oaks High School.

He was recruited to play baseball at Chapman University in Orange County and later transferred to Cal State Northridge, where he studied communications.

In 2006, after Clyburn suffered painful injuries in an auto accident, he became addicted to the painkiller OxyContin, said Burke, the Clyburns' lawyer.

"He was already in rigor mortis when he was found," Burke said. "He had gone for several hours without being checked . . . so it looks like they certainly weren't doing what they said they were going to do."

Contacted last week, Greg Hearn, the father of Jeffrey Hearn, said he had seen no reason to fault the hospital's care. He knew Dr. Pinsky, and had given the hospital a donation "because they took care of my son."

Then he learned from a reporter about the inspection report stating that another patient apparently gave his son the drugs on which he overdosed.

"Wow. I didn't know. It's stuff I didn't know. . . .

"It's so sad . . . I lost my only son."

<http://www.latimes.com/news/local/la-me-lasencinas-august%2C0%2C4242886.story>

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North Detroit General Hospital, a 200-bed complex located in the Detroit suburb of Hamtramck was established in December of 1968. Consisting of two buildings on Carpenter Street, the hospital catered to local patients with a variety of ailments.

By 1993, however, there was a surplus of available hospital beds in the Detroit area, and the hospital went bankrupt in May of that year. After sitting dormant for a short time, two physicians – Soon K. Kim and Orekonde Ganesh – purchased the hospital in February of 1994 for \$2 million dollars and renamed it Greater Detroit Hospital. Dr. Ganesh had worked at NDGH for 17 years as family practice doctor and would oversee the medical side of the hospital; Dr. Kim owned several psychiatric clinics around Detroit and would handle the business side.

Though there were serious doubts at the time about the viability of another hospital in an already crowded market, GDH quickly became a profitable facility. Dr. Ganesh was a well-respected physician, and the hospital maintained a high standard of quality under his watch.

Unfortunately, the prosperity was short-lived. Orekonde Ganesh died in car accident in 1996 when his car plunged into a pond. His sudden started a chain of events that quickly brought the hospital down.

What happened afterwards is better documented by the Metro Times. Allegedly, Dr. Kim moved quickly to buy out Dr. Ganesh's share of the hospital; when the estate refused to sell, Kim began to siphon money out of GDH and into his own psychiatric business through a series of complex deals and arrangements. Millions of dollars in funds and equipment flowed out of GDH and into the Kim-owned Aurora Hospital, while local and federal taxes went unpaid. Amidst a flurry of lawsuits and investigations, the hospital closed for good in 1999.

The story does not end there, though.

In 2006, The Hamtramck Star began reporting that the once-secure hospital had been broken into, and was being looted by scrappers. The severity of the situation increased when confidential patient records that had been stored in the hospital were found scattered throughout the neighborhood, blowing in the wind. After a story appeared in the Detroit News, Kim was required by the state to dispose of the documents properly, and claimed a few weeks later that he had.

Shortly after he confirmed the destruction of the patient records, state investigators found still more records inside the building, and again compelled Kim to dispose of them. Again, he claimed that he would and did.

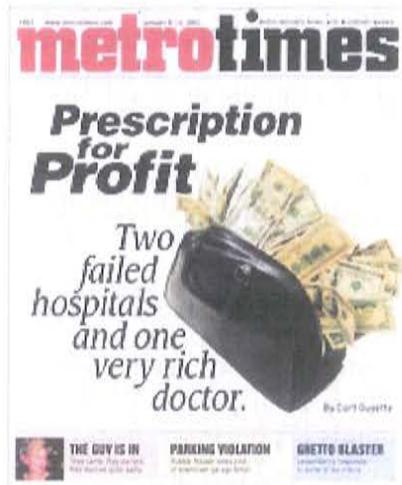
In August of 2007, another story appeared in the Detroit News detailing how the records from DGH that were supposed to have been destroyed were instead moved to a vacant car dealership. Again, Kim was directed to destroy them, and again he claimed that he had.

Two weeks later, firefighters responding to a call in rural Salem Township found three piles of hospital records and x-rays burning in the backyard of a farm owned by Dr. Kim. Footage from news helicopters showed additional piles of records, over eight feet tall in some cases, scattered around the farm. The state filed a \$1M lawsuit against Kim for improper disposal of patient records. The case was settled in 2009 for \$350,000.

In the meantime, things might be looking up for the former hospital complex. The property was sold in 2006, and work is underway at one of the two vacant hospital buildings, which is being converted into a charter public school. The company, which purchased the hospital buildings and the medical complex across the street, intends to convert the remaining building into senior living.

A tale of two hospitals

The first of a two-part series.



<http://www2.metrotimes.com/editorial/story.asp?id=4462>

BY CURT GUYETTE

Published 1/8/2003

The pitch was impressive.

With an offer on the table to purchase the Chicago Lakeshore psychiatric hospital, the State of Illinois required a public hearing as part of its approval process, allowing mental health advocates and residents to question and evaluate the potential buyer.

Which is why, in August of 2001, three top executives from the Salem Service Co. of California ventured to the Windy City. Their mission: assure folks that the company would provide quality care and, as a good corporate citizen, contribute to the well-being of the entire community. Salem's vice president of operations, P. Blair Stam, handled most of the presentation, taking care to limn the character and qualifications of the man engineering the whole deal — a metro Detroit psychiatrist and businessman named Soon K. Kim.

"A few years back he decided to retire," began Stam. "If you know Dr. Kim, retirement generally did not work for him. He's too active. And he came out of retirement a few months later for two reasons. One, I think he was bored. But two, he had a heart for what was happening in behavioral health care. And in the Detroit area at that time, it was falling apart. The main hospital ... had gone into bankruptcy. And he felt that unless someone stepped to the plate, that knew what good care was, that knew the business, and was willing to step in and take some responsibility and not be greedy, that, as a high likelihood, they would continue to go down.

"He did step in at that time and purchased the facility, this first facility in Detroit in the mid-'90s out of bankruptcy, and has been very successful in turning it around, and it's going strong to this day."

Although never mentioned by name, the Detroit facility referred to is the Aurora mental hospital on the city's west side. Stam hit the mark when he talked about Kim stepping in to retrieve from bankruptcy the one-time pride of Detroit's mental health network; it's difficult to overstate Aurora's importance to the community. Established as a nonprofit corporation in the 1980s, Aurora's primary mission became the delivery of care to troubled children and teens. Consisting of two buildings with a total of 140 beds, the hospital treated adults as well, including mentally ill inmates transferred from the county jail.

There were, however, a few details not covered in Stam's presentation.

As he and his colleagues were touting Kim's virtues in Chicago, Aurora was far from "going strong."

Besieged by government health care regulators and facing dire financial straits, it circled a fast track to oblivion in August 2001. Within six months its lifeblood contract with the local mental health board would be canceled and its doors closed, leaving Detroit without a mental hospital. The mentally ill who relied upon Aurora for two decades were forced to scramble in search of care outside Wayne County, further burdening already troubled lives.

As for Kim himself, a Metro Times investigation found evidence of a man much different from Stam's depiction of a bored retiree motivated by altruism. Instead, his critics, financial records and court documents portray a shrewd and rapacious businessman.

According to our analysis, a web of for-profit companies affiliated with Kim collected at least \$23 million from the hospital in a span of four years. That windfall came at a heavy cost, say critics, who point to government reports that show patients at Aurora suffered from inadequate care while an undermanned staff struggled to do its job. An attorney for Kim disputes our financial analysis, saying the figure "sounds inflated." The doctor defends his business dealings, saying his for-profit companies provided services at or below market rates, and that an independent board running the nonprofit hospital approved the contracts.

Moreover, says Kim, Aurora's fate was part of a pattern.

"Media reports over the past few years have detailed the closure, and pending closure, of several mental health facilities/hospital units," asserts Kim, who declined requests to be interviewed for this article but did respond to written questions. "Importantly, most, if not all, of these facilities serviced a predominantly Medicaid population. Cuts in Medicaid funding, among other factors, have played a significant role in the closure of hospitals throughout this county, state and country."

That is indisputable.

There is also the matter of \$4 million Aurora officials claim is owed them by the Detroit-Wayne County Community Mental Health Agency. William Stone, the former chair of Aurora's board of directors, maintains that the county's refusal to pay that debt is ultimately what led to the hospital's downfall. The county agency claims that, rather than owing the hospital money, Aurora owes it more than \$1 million.

That issue is being fought out in Wayne County Circuit Court.

But critics of Kim claim Aurora struggled under an additional burden.

"Dr. Kim milked Aurora for all he could," says Mel Ravitz, a former Detroit city councilman who served on the Aurora board for more than a year before resigning in protest. "What happened there is scandalous."

It was also, in key respects, a repeat performance. That's another piece of information absent from Stam's presentation: Aurora wasn't the first Detroit hospital to sink while a company of Kim's manned the helm. And it wasn't the first to spark accusations that avarice on the part of Kim resulted in a shuttered hospital and lost jobs.

Before Aurora came Greater Detroit Hospital, which closed in 2000. Kim contends that the blame for that hospital's failure, like Aurora's, belongs to cuts in Medicaid funding and the failure of Wayne County to pay its bills.

But, in a bitter lawsuit that has dragged on for more than four years, a former business partner of Kim's claims that he drained Greater Detroit to financially benefit Aurora and other companies he controlled, and that those actions financially crippled Greater Detroit.

PARTNERSHIP SPLINTERED

At 60, Dr. Soon K. Kim has lived the American dream. The immigrant from South Korea and his wife, Bouh, who's also a psychiatrist, have amassed a net worth of \$40 million, according to an

unaudited financial statement submitted to Illinois regulators. There's a \$1 million home in Bloomfield Hills, and a farm in Salem Township worth \$6.2 million. There's a second home, valued at \$1.3 million, in the exclusive seaside community of Dana Point in Southern California. Kim's share in seven health-care companies is worth \$18 million, according to his financial statement.

There's another \$7.5 million in cash and investments, and millions more in retirement accounts. Born and educated in Seoul, he immigrated to the United States in 1966 at the age of 24, arriving here with a medical degree, boundless energy and a head for business. After serving an internship in Buffalo, he moved to the Detroit area and began a residency in psychiatry at Wayne County General Hospital. He served at various local hospitals, rising into management before venturing out on his own. By the early 1990s, he owned a string of outpatient clinics operated under the name Evergreen Counseling.

In 1994, he bought his first hospital. Working with a fellow physician named Orekonde Ganesh, he purchased the bankrupt North Detroit General Hospital and an adjacent medical office complex on the border of Hamtramck for \$2.2 million.

It was a risky venture. Southeast Michigan had an abundance of hospital beds at the time, and some saw the attempt to bring an empty facility back on line as foolish.

But Kim and Ganesh, with the help of administrator Linda Carroll, had a plan. First they created a nonprofit corporation they called Greater Detroit Hospital. The nonprofit, on paper at least, had control over running the reborn facility. With Kim, Ganesh and Carroll serving as the nonprofit's initial board members, it leased the hospital and its equipment from Greater Detroit Hospital-Medical Centers, a new for-profit company they jointly owned. According to court records, Kim controlled 50 percent of the corporation, Ganesh, 43 percent and Carroll, 7 percent.

A second company with the same ownership structure was created to provide the hospital's management team. According to the contract, that second company, First Sterling Management, would furnish a chief executive officer, financial officer and other top personnel responsible for day-to-day operations and long-term planning.

Carroll, a longtime family friend and business associate of Ganesh's, was selected to be the CEO. Once everything was put in place, Ganesh and Kim recruited board members and stepped down from the board. The new trustees then ratified Carroll as the hospital's CEO.

Restarting a bankrupt hospital proved every bit as daunting as the skeptics predicted. Because of the prior bankruptcy, credit was impossible to come by. Medical certification had to be acquired anew. Staff needed to be hired. Cash was chronically short. In retrospect, Kim would admit the venture was underfunded from the outset.

But Carroll persevered, and business began to build. According to her, she kept in constant touch with Kim, talking with him several times each day and sending him financial reports weekly. By 1997, according to an Internal Revenue Service filing, the 225-bed hospital had revenue of more than \$8 million per year.

While Carroll handled finances and bureaucratic matters, Ganesh concentrated on medical operations. Kim's role was to build up psychiatric services. To that end, a company named Promed Management, which had Kim as its president, signed a contract with Greater Detroit Hospital Medical Centers in April 1994 to provide a "partial hospitalization" program for mentally ill patients at Greater Detroit. More intense than outpatient services but less costly than full hospital stays, such programs provide daylong treatment over short periods.

Along with continuing to run the Evergreen Counseling Centers, Kim and a group of investors paid a reported \$5.5 million for another hospital — a psychiatric facility in Warren known then as the Carlyle Center for Mental Health. It too had gone into bankruptcy. In addition to serving the general public, part of the facility, renamed Arborview, was leased to the Children's Home of Detroit, a charity that provides an array of services to troubled children.

POWER STRUGGLE

The partnership between Kim and Ganesh came to an abrupt end in July 1996 when Ganesh died in an accident. He drowned after his car plunged into a pond. He left a widow and three daughters.

Carroll refused repeated requests to be interviewed for this story, saying a confidentiality agreement and an ongoing lawsuit she has filed against Kim prohibit her from talking. The Ganesh family, which also sued Kim in a fight over how assets owned by the two doctors would be divided, declined to be interviewed as well.

But the accounts of what played out at Greater Detroit Hospital unfold in voluminous depositions taken as part of those lawsuits. According to Carroll's sworn deposition, this is what happened following Ganesh's death:

Kim wasted no time moving to fill the void created by his partner's demise. At the funeral home, while the viewing was under way, Kim pulled Carroll aside and demanded that he replace Ganesh as president of Greater Detroit Hospital-Medical Centers, the for-profit company leasing the hospital to the nonprofit.

But assuming the presidency of the company wasn't enough; he wanted control of both the hospital and First Sterling, the for-profit management company, and to do that he needed more than 50 percent of the stock.

In September 1997, Kim issued a letter of intent stating he would buy out his partners' interest in the hospital and adjacent office complex, known as Carpenter Plaza, for \$400,000. Because of her long friendship with Ganesh, Carroll was designated by his family to be the estate's personal representative. She insisted on obtaining an appraisal of all the property before considering any offer.

Kim, seeking to gain her assistance in persuading the family to sell, attempted to "bribe" her, she testified.

"Dr. Kim demanded that I sell my stock to him or use my influence to induce the Ganeshes to sell stock to him. When I refused, Dr. Kim threatened to bankrupt the hospital and run them out."

Kim says that accusation is "a complete and total fabrication."

If so, it is well-embellished.

"He wanted to buy them out and he wanted to buy it at a low price without an appraisal," Carroll testified. "He wanted me to convince the Ganeshes to sell their shares to him. And if I would do that, he would pay me. One number for sure was 5 percent of all the laboratory work that came through his Salem organization."

"Do you have any idea, based on all the depositions we've been through, how much money we're talking about?" Carroll asked, addressing the attorney who had been questioning her for hours. She answered her own question: "Probably millions of dollars. And for someone to say no to that, which I did, and protect the widow and three kids, which was the right thing to do, and I did that. Do you see why I have such a bad taste in my mouth about what went on at this hospital?"

By the fall of 1997, more than control of the company was shredding the business relationship between Kim and Carroll. She claims that's when Kim began plundering Greater Detroit to the benefit of Aurora.

AURORA RISES

In the spring of 1997, a for-profit limited liability partnership, called Michigan Health Care Network and controlled by Kim, purchased the Aurora mental hospital in Detroit out of bankruptcy for \$4.2 million to keep it operating.

Almost immediately, Kim set up a deal that was supposed to benefit both the new acquisition and Greater Detroit Hospital. Because of a state law in existence at the time, Aurora needed to be

affiliated with a hospital that performed medical and surgical procedures. In addition, Greater Detroit would lease 40 beds at Aurora at a rate of \$56,000 per month. Carroll testified that Kim promised her that the income associated with those beds would generate profits of 15 percent to 25 percent for Greater Detroit. Also, Aurora and Arborview began using Greater Detroit's pharmacy, paying a 15 percent markup in return for being able to acquire the drugs without having to pay up front, according to Carroll. Aurora and Arborview were also cash-strapped and having credit problems because of their respective bankruptcies.

But the deals didn't pan out.

By October 1997, Greater Detroit was in financial crisis. According to court documents filed by Carroll, a Medicare audit of the Promed psychiatric program found major problems. In essence, the government alleged that some patients who could have been controlled with medication and did not require acute care were needlessly being admitted to Greater Detroit, according to Carroll's deposition. Another former hospital administrator agreed, stating in a deposition that the deal had indeed come under the scrutiny of regulators who alleged that required documentation showing the need for hospitalization was missing, and that the length of time many patients were staying in the program couldn't be justified.

An investigator in Detroit's Medicare office also confirmed that a probe had been conducted, but refused to provide details.

According to Carroll, the government demanded repayment of \$786,000. She negotiated the amount down to less than \$300,000.

TAXING PROBLEMS

Even more pressing was an issue with the Internal Revenue Service. Court documents indicate the IRS demanded back payroll taxes totaling at least \$600,000. The state and City of Detroit were also owed payroll taxes.

On Oct. 17, 1997, Carroll told the board about the tax situation. She also presented a plan. According to minutes from the meeting, Carroll calculated that Aurora and Arborview owed Greater Detroit more than \$500,000. Collecting that money would enable it to pay most of the IRS debt. In addition, the hospital was expecting an infusion of cash because of new programs coming on line, with as much as \$400,000 due within months.

But Carroll never got the chance to put her plan into action. On Oct. 23, Kim summoned her to a meeting at Aurora and told her she was fired. Locks were changed at Greater Detroit; when she showed up there, armed security guards tried to force her out. When she refused to leave, the police were summoned.

Greater Detroit's board of directors sided with Carroll. They maintained she was their employee, and that Kim, as president of First Sterling Management, had no authority to fire her.

Board President Timmiah Ramesh responded to Kim's firing of Carroll by issuing her a letter saying the board was "pleased" with her performance and wanted her to remain as CEO.

Kim ignored their protests. They, in turn, refused to cooperate with Kim and the new executive officer he selected to succeed Carroll. The board filed a lawsuit to regain control of the hospital. Jerome Moore, the attorney who represented that first board, says he has no doubt that Kim acted improperly in firing Carroll.

"It was illegal," he says in response to a question about the lawsuit's basis. "It should not have happened."

But the lack of money to fight, coupled with the death of two board members and the steady decline in the hospital's viability, eroded motivation to pursue the case. A replacement board was eventually installed.

"Our purpose was to try and preserve the hospital," says Moore. "But at a certain point, it became apparent that wasn't going to be possible."

The Ganesh family, which along with Carroll still owned 50 percent of First Sterling, also went on record supporting Carroll.

But Kim prevailed. He appointed a new CEO, and brought in employees from his other companies to serve as officers of the nonprofit Greater Detroit.

Despite the IRS obligations, Kim directed that \$300,000 be paid from Greater Detroit to Aurora within two months of Carroll's firing, she testified.

She also alleged that Kim took the employees and inventory from Greater Detroit's pharmacy and, without compensation to the hospital, used them to create a for-profit enterprise, Salem Hospital Pharmaceutical Co. (Salem Hospital Pharmacy and Salem Transportation were subsidiaries of a new management company, Salem Services, controlled by Kim.) Kim denies the allegation.

According to Carroll, Greater Detroit, which had owned the pharmacy, suddenly was paying a 15 percent markup for drugs.

Kim then attempted to squeeze Greater Detroit even further. Immediately following Carroll's firing, he demanded payment of rent and management fees he claimed were owed. In a letter to the board, he stated that Greater Detroit Hospital-Medical Center was owed \$4.8 million in rent, and that First Sterling Management was due \$1 million.

"Kim made the demands to try to create a state of panic and crisis at the hospital so he could take over control," Carroll alleged.

SKELETAL COMPANY

The \$1 million bill from First Sterling is particularly interesting. During his deposition, Kim admitted that First Sterling had no offices, no phone, no stationery, no employees. Greater Detroit was its only client.

According to the deal First Sterling inked with Greater Detroit, the management company would provide a CEO, CFO, a risk analyst and a host of other management services. But, according to Carroll, during her tenure there was never a financial officer or risk analyst, and her CEO salary was paid by the hospital, not First Sterling.

Asked during a deposition whether the obligations outlined for First Sterling in its contract were fulfilled and the services actually provided, Kim, the company's president, replied, "I cannot say exactly whether it was provided or not."

Likewise, Laura Sanders, an attorney employed by Kim as an assistant in his various businesses, testified during a deposition that, to her knowledge, the only services provided by First Sterling involved supplying a CEO.

Asked to justify the \$1 million management bill, Kim responded, "I don't know the specifics."

According to Carroll, First Sterling was never paid because Medicare had "disallowed" the management company's charges, saying no work had been performed.

"I told Kim Greater Detroit Hospital was not going to pay because First Sterling Management didn't provide the services," Carroll testified.

Meeting minutes state that Greater Detroit's new board members asked whether there would be any questions about their legitimacy. James Brenner, an attorney who represented the nonprofit corporation yet served as Kim's personal attorney when he was sued by its board, responded: "It would appear that the purported board never were actually appointed."

In any case, he added, the old trustees "have abandoned the role of board members by refusing to meet."

The Rev. Jim Holley of Detroit's Little Rock Baptist Church was selected chairman of the new board. A year later, as Greater Detroit was rapidly failing, the replacement board cried foul regarding the relationship between Greater Detroit and Aurora.

In a letter to the Aurora board dated March 18, 1999, Holley wrote that "\$4,363,734.64 has been released to Aurora" without justifying documentation. In addition, Greater Detroit had provided Aurora more than \$1.1 million in "in-kind service."

"Pass through of dollars," declared Holley, "will discontinue."

According to Carroll, the motivation for Kim to funnel money into Aurora was a management contract that, in part, tied the for-profit Salem Services' fees to a percentage of nonprofit Aurora's revenue. At least four other for-profit companies affiliated with Kim relied on income from Aurora as well.

Eventually, Aurora no longer needed Greater Detroit. Because of a change in state law, it was no longer necessary for psychiatric hospitals to be affiliated with facilities providing medical and surgical procedures.

By late 1999, Greater Detroit was on its deathbed. Its staff had been reduced from a high of nearly 300 to a skeleton crew of 20.

At least two offers were made to purchase it, but according to Holley, no deal could be struck because of ongoing litigation between Kim, Carroll and the Ganeshes, who were fighting over ownership of the property and responsibility for paying back taxes.

"Our concern was to try and save that facility, and keep it operating as a hospital, because it performed a needed service for the people of that community," says Holley. "But by the time our board was established, it was all downhill. By that point, there wasn't much anyone could have done to save it."

ANOTHER VIEW

Kim cautions that sworn deposition testimony from Carroll, his former business partner, should be kept in perspective.

"We hope that in reading Ms. Carroll's deposition, you considered the possibility that Ms. Carroll was in the midst of litigation she hoped to financially benefit from," he wrote in response to questions from Metro Times.

Court documents provide a variety of reasons Kim gave justifying Carroll's firing.

In a sworn affidavit provided by Kim a month after the dismissal, he claims to have been completely unaware of nonpayment of payroll taxes. He said he learned of the situation when he inquired about a \$75,000 payment due Aurora.

"When I asked Ms. Carroll about the payment she said she could not pay Aurora because she had just sent \$100,000 to the IRS for payroll taxes. This aroused my suspicions. On further investigation, I found that Greater Detroit Hospital actually owed hundreds of thousands of dollars more in payroll taxes than Ms. Carroll had led me to believe."

An attorney for Kim offered the same explanation to the new Greater Detroit board.

Kim also claimed to have become concerned that Carroll had a conflict of interest — she was working for Greater Detroit while owning stock in First Sterling.

"In my opinion, to avoid related party transactions, the CEO of a nonprofit corporation should not hold any stock in a profit-making corporation ..." he wrote to her two weeks before her dismissal — and more than two years after he helped create the very situation he was complaining of.

Kim also accused Carroll of devoting an inordinate amount of time to issues related to the Ganesh estate, detracting from her Greater Detroit obligations. There were also allegations that Carroll was an incompetent administrator, and questions about her honesty were raised. Those allegations led her to add slander and libel to her lawsuit against Kim and his companies.

Ultimately, Kim testified: "I fired her because I thought that as president [of First Sterling] I could fire her without any cause."

Asked during a deposition to point out where in the agreement between First Sterling and Greater Detroit that power is granted, he could not. But, Kim protested, he was just a layman. Asking him to interpret a legal contract was unfair.

Under questioning during a deposition, Sanders, the attorney who served as Kim's right-hand assistant, agreed that Kim was extremely intelligent, extremely logical and very detail-oriented. But the person reflected in Kim's deposition sounds markedly different. He displayed a porous memory, a hands-off management style and an incomplete command of English.

For example, when asked about his role at Greater Detroit Hospital, Kim responded: "I was not involved in nothing, period, at Greater Detroit Hospital."

Asked when the hospital's board was created, Kim replied, "I have no idea."

Pressed to say whether Carroll was an employee of First Sterling or an independent contractor, Kim stated, "I don't know what I understand."

Typical of Kim's deposition testimony was this exchange between him and William Dobreff, the lawyer for Carroll.

Q: Dr. Kim, were you supervising the CEO? Were you?

A: Supervising?

Q: Yes.

A: I don't understand. I just as part of management contract First Sterling Corporation has obligation to provide qualified professional manager who work as chief executive officer for the nonprofit corporation. I don't supervise none because we have different expertise but that person I would expect to function as in chief executive officer which whatever that function is to make assure that hospital corporation runs without getting in trouble.

Q: Were you supervising her, sir?

A: I'm not supervising her.

Carroll's difficulty during her deposition was of a different sort. Transcripts of her testimony make it seem obvious she had trouble keeping her emotions from spilling over at times. She testified to sometimes forgoing pay so that checks to hospital staff wouldn't bounce, and to purchasing equipment with a personal credit card when hospital accounts were running low. She was particularly fervent when discussing the issue of greed with Kim attorney James Brenner.

"That's why we're still here today," she said. "And that's why that hospital's overgrown with weeds and no patients are being seen. You should be ashamed, and Dr. Kim. Greed, Mr. Brenner. Greed."

Last year, a part of that lawsuit was settled, with Kim agreeing to pay the IRS more than \$600,000, receiving control of the hospital and medical building in return.

Kim maintains that Greater Detroit proved to be a losing proposition. Kim says he and Salem "have lost a lot of money because of mismanagement by others."

That may be true. But if Linda Carroll's allegations are correct, while Greater Detroit was losing money, Kim and his companies reaped a fortune at Aurora.

"He benefited directly from money paid to Aurora," alleged Carroll, "and he left Greater Detroit with no means to stay afloat."

The hospital shut its doors permanently early in 2000. Because of the length of time it's been idle, the hospital's state license was formally revoked last month.

"I look at that hospital standing there empty," says the Rev. Holley, "and I just see so much waste."

Detroit Metro Times

Pieces of the puzzle

BY CURT GUYETTE

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GREATER DETROIT HOSPITAL

In May 1994, an attorney working for Drs. Soon K. Kim and Orekonde Ganesh establishes this nonprofit corporation.

GREATER DETROIT HOSPITAL-MEDICAL CENTERS (GDHMC)

Drs. Soon K. Kim and Orekonde Ganesh buy out of bankruptcy for \$2.2 million the former North Detroit General Hospital, which was closed for two years, and Carpenter Plaza, an adjacent medical office building, on the border between Detroit and Hamtramck. In May 1994, GDHMC — a for-profit controlled by Kim and Ganesh — leases the hospital and its equipment to the new nonprofit they created. The lease rate is \$160,000 per month. In September 1997, Dr. Kim claims that the nonprofit has paid only \$1.45 million of the \$6.2 million it should have paid.

FIRST STERLING MANAGEMENT

A for-profit company 50 percent owned by Dr. Kim, with Dr. Ganesh holding 43 percent and hospital administrator Linda Carroll owning 7 percent. It contracts with the nonprofit Greater Detroit Hospital to provide the hospital with a chief executive officer and a number of other executives who will oversee day-to-day operations at the hospital for \$25,000 per month. In September '97, Kim claims First Sterling is owed \$1 million in back fees. According to Carroll, who eventually sues Kim, First Sterling had no offices, no phone, no stationery and no other clients. Until that point, she claims, none of the executives other than the CEO was provided, and that position was paid for by the hospital, not First Sterling.

PROMED MANAGEMENT

A for-profit company controlled by Kim. Beginning in 1994, it contracts with GDHMC to run a psychiatric program at Greater Detroit Hospital. It is unclear how much money it generated. But, according to court documents, federal Medicare auditors claimed mismanagement of the program demanded reimbursement of more than \$780,000, saying there was no proof some patients needed to be in the program, and that others were treated longer than necessary. After negotiations, the reimbursement is reduced to \$300,000, according to Carroll.

AURORA HEALTHCARE

A nonprofit created by Kim in 1997, it oversees the Aurora mental hospital in Detroit. One for-profit company controlled by Kim owns the hospital building; another for-profit company controlled by Kim, Salem Services, provides management services to the nonprofit, with part of its fee tied to Aurora's income. Early in 1997, Greater Detroit Hospital leases 40 beds at Aurora for \$56,000 per month. Also, because of a state law in place at the time, Aurora must be affiliated with a hospital that provides medical and surgical services. Greater Detroit Hospital fills the role.

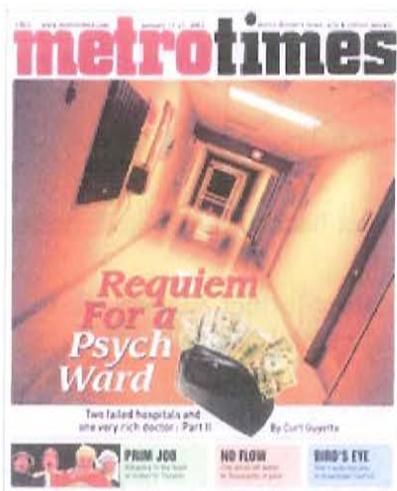
In 1999, the Rev. Jim Holley, chairman of Greater Detroit's board of directors, balks at financial dealings between Greater Detroit and Aurora. He writes a letter stating that Greater Detroit has released more than \$4 million to Aurora and provided an additional \$1.1 million in "in-kind" service. At that point, he shuts off the flow.

SALEM HOSPITAL PHARMACEUTICAL

A for-profit company controlled by Kim and created in 1998. Carroll claims it was started with staff and inventory acquired by closing the pharmacy at the nonprofit Greater Detroit Hospital. Kim denies the allegation. In either case, Greater Detroit Hospital becomes a customer of Salem Hospital Pharmaceutical, paying a 15 percent markup, Carroll says.

Aurora goes dark

Requiem for a psych ward



BY CURT GUYETTE

Published 1/15/2003

EDITOR'S NOTE: In Part I of this series, Metro Times relied on sworn testimony to report allegations that, after buying Greater Detroit Hospital with a partner in 1994, Dr. Soon K. Kim threatened to bankrupt the facility if he wasn't able to gain full control of it. Depositions taken in litigation against Kim also alleged that, after he bought the Aurora mental hospital on Detroit's west side, Kim began siphoning money from Greater Detroit into Aurora, propping up his new acquisition to the detriment of the first.

In a letter to Metro Times, an attorney representing Kim said Part I contained unspecified false statements and is libelous. He demanded that the entire article be retracted.

Metro Times declines to do so.

In Part II, some former members of Aurora's board accuse Kim of using a network of companies under his control to reap millions of dollars from a nonprofit corporation he created. At the same time, allege his critics, patients at Aurora were subjected to substandard care while an undermanned hospital staff struggled to do its job.

Mel Ravitz sounded the alarm loud and long.

As a member of Aurora Healthcare's board of directors, the former Detroit city councilman began issuing a series of increasingly urgent protests in January 1999. The nonprofit mental hospital needed to curtail its relationship with psychiatrist and businessman Soon K. Kim, Ravitz warned. Otherwise, its future would be in certain jeopardy.

None of his fellow board members paid heed.

Even now, with the hospital empty for more than a year, there are former board members who depict Ravitz as a curmudgeon and a crank.

"Mel Ravitz was the worst thing that ever happened to my board," said William Stone, chairman of the Aurora board for nearly five years. "You can discount everything he has to say."

What Ravitz has continued to say is this: So much money flowed from Aurora into Kim's for-profit companies, the nonprofit hospital could not survive.

The flow of cash was considerable indeed. A Metro Times analysis of the hospital's filings with the Internal Revenue Service and other documents found that for-profit companies affiliated with Kim were paid at least \$23 million by Aurora over the span of four years.

A representative for Kim disputed that figure, saying it is "inflated." Moreover, Kim said he bears no responsibility for Aurora's demise. In general, he blames government agencies for policies that led to the hospital's closure.

Stone, too, faults the government. He is critical of former Gov. John Engler's well-documented neglect of Michigan's mental health system. He is even more condemnatory of the Detroit-Wayne County Community Mental Health Agency, which Stone claims crippled Aurora by failing to pay the hospital \$4 million it allegedly owed the facility.

Instead of being criticized by the likes of Ravitz, said Stone, Kim is due kudos for his attempts to keep Aurora open and serving the mentally ill.

"Dr. Kim deserves an award for what he did," said Stone, who also disapproved of the way some critics depicted Kim in Part I of this series.

"In my opinion, all these people said things that aren't true just to get back at him," said Stone. "Something nice should be said about him. He's not a bad guy."

Somewhere between the polar opposites of Ravitz and Stone is another former Aurora board member, George Gaines Jr. Gaines agreed with Stone that the local mental health agency's failure to pay its bills played a part in Aurora's downfall.

But, admitted Gaines, he also realizes now that it was a mistake to have ignored Ravitz.

AURORA'S BEGINNINGS

From its inception, Mel Ravitz harbored a keen interest in Aurora. It was toward the end of his tenure as director of the Detroit-Wayne County Community Mental Health Board, which he headed from 1974-1981, that the "germ" of an idea to build a nonprofit mental hospital in Detroit took root. The board began working with Michigan Health Care, a nonprofit corporation, to build the facility, and then helped fund its operation. Ravitz continued to keep a protective eye on the hospital as he took a seat on the Detroit City Council. Consisting of two buildings, with a total of 140 beds, the hospital established what Ravitz describes as an excellent reputation over the years. Part of the facility was dedicated to serving children and teens. The hospital, located on the city's near west side at 3737 Lawton, also provided care to adults, including mentally ill inmates transferred from the Wayne County Jail.

The vast majority of patients were poor and without insurance.

"It was," said Ravitz, "a vital facility."

About that there is little doubt. All concerned describe Aurora as a critical link in the mental health system serving Detroit and Wayne County.

Built in two phases during the 1980s, Aurora became a subsidiary of a larger nonprofit organization called Michigan Health Care (MHC).

During the late '80s, MHC went on an expansion spree, accumulating debt exceeding \$200 million. In 1997, with the parent company declaring bankruptcy, Aurora, along with the rest of MHC, went on the sales block. That's when a for-profit limited liability corporation created by Kim stepped into the breach.

There is no denying Kim's skills as a businessman. He arrived in the United States as an immigrant from South Korea in 1966. Since then, he and his wife, Bouh, who is also a psychiatrist, have amassed the sort of wealth most people only dream of. According to an unaudited financial statement obtained by Metro Times, Kim estimates his holdings to be worth \$40 million. There's a \$1 million home in Bloomfield Hills and a \$6.2 million farm in Salem Township. The couple also owns a \$1.3 million home in the swank oceanside community of Dana Point, Calif. Various business interests are valued at \$18 million. Chief among those businesses is Michigan Mental Healthcare Network. With a net value of \$10 million, that company played a prominent role in events at Aurora.

Supporters of Kim, such as attorney Thomas Sweeney, hail him as a savior.

"There was a guy who wanted to buy it (Aurora) and turn it into a truck driving school," notes Sweeney, whom Kim selected to be secretary of the Aurora board.

Sweeney works for the prestigious Clark Hill law firm and served as the registered agent for several of Kim's businesses — including two that did business with Greater Detroit Hospital — beginning in 1994, according to records on file with the Michigan Department of Consumer and Industry Services. While Sweeney served as Aurora's secretary, another Clark Hill lawyer served

as Kim's personal attorney in a lawsuit filed against him by the board of directors at Greater Detroit Hospital and the estate of a former business partner.

While it is true that Aurora was purchased out of bankruptcy — for \$4.2 million by Michigan Mental Healthcare Network (MMHN), a limited liability for-profit corporation — the hospital itself was on relatively solid financial footing, according to several sources.

Ervin Johnson, a longtime employee who ran Aurora's outpatient clinics before becoming its chief executive officer in 1999, said the sale in 1997 was greeted with optimism. Freed from the burden of helping to carry the parent company's debt, it looked as though the facility "would be in pretty good shape," he said.

"We were three-quarters full when sold," recalled Johnson. "And we were a primary force for mental health care in Wayne County."

Johnson said staff at Aurora prided themselves on treating "the chronic patients nobody else wanted. We never rejected anybody."

Kim created the nonprofit Aurora Healthcare to oversee the facility, and, according to Ravitz, before an independent board of directors was installed, saw to it that the nonprofit entered into agreements with two of his for-profit companies.

Kim, who declined to be interviewed by Metro Times but did respond to written questions, first indicated the contracts were entered into by an "independent" board. When pressed, he subsequently conceded that the formal board ratified the contracts at a later date after business had already commenced.

Aurora began leasing the hospital and its equipment from MMHN for \$200,000 per month, according to Laura Sanders, an attorney who works for Kim.

A company called Salem Services, in which Kim holds controlling interest, was also formed. In return for providing Aurora with a chief executive officer, chief financial officer, risk manager, and an administrative assistant, as well as other management services, Salem would be paid \$100,000 per month plus an annual bonus based on Aurora's revenues, according to Salem's contract with Aurora.

That deal was particularly lucrative for Salem, asserted Ravitz, who said salaries for the four executives totaled no more than \$500,000 a year combined, yet Aurora paid Salem as much as \$1.5 million a year, according to the nonprofit's filings with the IRS.

In mid-1998, two subsidiaries of the management company, Salem Hospital Pharmaceutical and Salem Transportation, also began providing service to Aurora, according to Salem's Web site.

Another company affiliated with Kim, Marbella Management, leased at least two and possibly three outpatient clinics to the hospital. In addition to its hospital lease, Aurora was paying as much as \$580,000 per year to rent other facilities, according to IRS filings. The documents do not specify how much of that sum was paid to Marbella.

Kim defended the overall arrangement.

"The companies you mention provided much needed services to Aurora at market price or lower," he wrote.

"Most of the entities were created to assist Aurora at a time when, because of its financial history and credit problems, Aurora was having a hard time finding service providers. If the Salem-related entities did not agree to take the risks they did by entering into the contracts with Aurora, Aurora would not have been able to conduct its daily business activity."

Board chairman Stone also defended the practice of putting much of Aurora's business into companies associated with Kim; Stone said they provided vital services that might not have been available otherwise.

"He was providing us with services, and he's entitled to be paid for services rendered," said Stone.

"A HARBINGER"

Mel Ravitz wasn't among the original board members recruited after Aurora was created in April 1997. He came on board in '98, after he left the City Council, where he had gained a reputation as a reformer.

He had been recommended by Barbara Clark, a longtime employee of Michigan Health Care who had been hired by Kim to be Aurora's CEO. Clark and Ravitz were friends, having worked together during the 1970s when Ravitz chaired the Detroit-Wayne County Mental Health Board and Clark worked for the agency.

"Barbara is a dedicated social worker, a person dedicated to providing quality mental health programs," said Ravitz. "I have enormous regard for her and her integrity."

Ravitz said that upon joining the board he believed Kim was motivated to "maintain Aurora's high quality of care. But I slowly became disabused of that notion as I learned more and more about him and how his operation worked."

His concern spiked in 1999 as the nonprofit board discussed buying the hospital from MMHN. He worried about financial ties between Kim and some board members. As the owner of a Southfield insurance agency, board chairman Stone provided insurance coverage to Aurora as well as two other hospitals in which Kim had an ownership role: Greater Detroit Hospital, located on the border between Detroit and Hamtramck, and the Arborview mental facility in Warren.

Stone said he checked with the state to ensure there would be no conflict of interest problems before he joined the Aurora board, and that the nonprofit's bylaws allowed him to do business with Aurora as long as contracts he received were competitively bid, an obligation Stone said was fulfilled. Stone said he received about half of Aurora's insurance business; the nonprofit paid \$130,000 to \$200,000 per year for coverage, according to its IRS disclosures.

"I'll sue anybody who says I had a conflict of interest," Stone told Metro Times.

Another board member, Steve Plotnik, was Kim's longtime personal accountant. Attorney Sweeney, who did legal work for several companies affiliated with Kim, served as board secretary. Salem employee Carol Peart served as both Aurora's CFO and board treasurer.

Letters Ravitz wrote to his fellow board members starting in January 1999 reveal his trepidation about the sale process.

"How we proceed to buy out Dr. Kim is a matter of concern to the entire community; its citizens are our patients," he wrote.

The letters reflect Ravitz's view that the board was moving too quickly, and that his efforts to obtain separate advisers were consistently stymied.

Ravitz also complained that the Aurora board was essentially given only two options: Allow Kim to sell the hospital to the for-profit Universal Health Systems, or go into debt and buy the facility itself. Ravitz insisted that the board needed more time to explore other options.

"I have no desire to stand in the way of helping Dr. Kim receive a reasonable offer for his real estate, but it must be done appropriately and openly with every alternative professionally and objectively researched, then evaluated carefully by the entire board in the interest of the community we serve," he wrote in a March letter.

Then in April: "For its own ethical and fiduciary protection, the Aurora Board should postpone its decision and authorize adequate expenditures to engage appropriate professional consultants and extend the review period at least an additional sixty days for a complete investigation of suitable alternatives."

In April 1999, the board voted to buy the hospital from Kim. The appraised value of the facility was \$17 million to \$19 million. Ravitz thought the price outrageous. After all, MMHN had purchased Aurora less than three years before for \$4.2 million.

Kim wrote to Metro Times that the more than four-fold increase was justified because under Salem's management "the operation had turned itself around so that the business value of Aurora had improved and became more valuable."

According to Aurora's IRS filings, the nonprofit's revenues increased about 25 percent between 1997 and 2001, jumping from \$19.4 million to \$25.5 million.

Ravitz suggested that a 20 percent return on Kim's investment would be a fair price for the nonprofit to pay MMHN; it would provide Kim an \$800,000 profit on his \$4 million investment. By that point, Aurora's \$200,000 monthly lease payments to MMHN had already eclipsed the initial investment. Not to mention the \$100,000 monthly management fee that Aurora was paying to Kim's company, Salem.

Instead of taking on high-interest debt, Ravitz argued, a low-interest loan could be obtained from the Michigan State Health and Hospital Association.

Ravitz advised the board to borrow \$6 million from the association. Then, instead of taking on the higher interest rates associated with issuing bonds, Kim could be paid off, needed improvements to the aging buildings could be made, and Aurora would remain an independent, community-based nonprofit.

"I do not suggest anything sinister on anybody's part," Ravitz wrote. "Nor do I have a problem with an investor making a profit off his investment, but that profit should not saddle the agency with a crushing debt it may be unable to pay."

Shortly thereafter, Ravitz said, Stone asked him if he would "be more comfortable" resigning from the board since he was so often at odds with his fellow board members.

"Mel Ravitz was a disturbing person on the board," said Stone. "He was always against everything that was happening. He was an agitator who thought he knew everything, but he wound up making a lot of bad decisions. He was the worst thing that ever happened to the board." Stone verified that he suggested Ravitz might want to leave the board.

Ravitz didn't budge.

"I am not uncomfortable being a minority board member," he wrote to Stone. "I have been in that role before. Indeed, the purpose of all my letters has been to try to present what I believe are the cold facts to the other members in the hope they would eventually see matters as I do.

"As I told you, my ties to Aurora go back to its inception. ... it serves people who were my constituents for almost three decades. My sole interest is in seeing that Aurora Healthcare is able to continue to serve its patients and at the highest quality level possible. Unfortunately, that is not the case now. We have physical improvement needs. We have unusually high staff turnover. We are not paying our staff salary and benefits that will enable them to stay and develop loyalty to the agency."

Board member George Gaines Jr. said, "I think the rest of the board didn't go along with Ravitz because at the time, things were still going good. Cash flow was good, the number of patients was good."

In retrospect, he said, Ravitz was prophetic.

"Mel's warnings were a harbinger," said Gaines.

CEO AXED

Around that same time, Aurora's CEO, Clark, began raising red flags of her own.

Citing a confidentiality agreement, Clark refused to discuss any matters related to Aurora or Salem Services with Metro Times.

However, her position was laid out in a presentation to the board on May 26, 1999. A copy of that document has been obtained by Metro Times. A big part of the problem was staff pay. As Clark put it, "Aurora has not made market adjustments to pay scales since the change in ownership."

Consequently, the hospital had 17 nursing vacancies. That shortage, combined with what she described as "patient incidents," had aroused the interest of health care regulators.

Clark was caught in a tough spot. She drew her salary from Kim's for-profit company, Salem, but as president of Aurora's board owed it an ethical obligation.

“Since I have a fiduciary responsibility to the board,” she said, “it is important to inform you that Aurora must seek a balance between the current administrative overhead costs, rent, management services, other contracts and investment in the staff and facilities.”

She urged the board to follow Ravitz’s recommendation and create a committee to review financial reports, audits, the contracting process and expenditures. Doing so, she said, was “customary for board oversight.”

She also warned:

“Because Aurora is a non-profit service to indigent patients and families, most of Aurora’s income over expenses needs to go back into programs and facilities in order to provide a quality service and be competitive. We have successfully operated in this manner in the past and believe we can be successful in the future.”

Also:

“If Aurora’s financial obligations either through outside debt or current overhead are too high, Aurora will not be viable over time. This is evidenced by our current situation after two years.”

Within five weeks of making that report, Clark was fired. Kim would only say that she was let go because of “performance issues.”

She filed a wrongful dismissal action against Salem, but because that complaint was settled in mediation and not in court, there is no public record of what transpired. Clark was awarded a settlement, according to her attorney, but she cannot discuss the case because of a confidentiality agreement.

(The firing of Clark mirrors an action at Greater Detroit Hospital, where CEO Linda Carroll was fired after balking at what she described as Kim’s attempts to funnel money from Greater Detroit into Aurora. Carroll has a wrongful termination lawsuit pending against Kim and his companies. The board of the nonprofit Greater Detroit also sued Kim over the firing of Carroll and other issues. Kim said that like Clark, Carroll was fired due to poor performance.)

Upon learning of Clark’s dismissal, Ravitz resigned from the Aurora board.

In a July 8, 1999, letter to the board, he wrote, “Ms. Clark’s dismissal by Salem Management without even ... bringing the matter to the Aurora Board, emphasizes the basic structural deficiency of allowing another entity to control the personnel leadership of Aurora Healthcare.

“The Aurora Board should convene promptly to consult an independent attorney about severing its relationship with Salem Management. ... It is a major conflict for Aurora to be controlled by an agency that has interests other than assuring the continuity of leadership that has brought it to its current respected, certified state.

“Ms. Clark’s dismissal underscores the need for Aurora’s Board to run its own operation and decide its own future and not depend on any management company.”

The board did not follow Ravitz’s recommendations.

Six months later, in December 1999, the Detroit Hospital Finance Authority, a special “pass-through” agency convened only twice in the past decade, facilitated the financing of the hospital purchase by issuing \$11.8 million in bonds. Fortunately for the City of Detroit, taxpayers were not left on the hook in event of default. The company purchasing the bonds, Finova Public Finance, took that risk. To protect its investment the hospital was offered up as collateral. Aurora’s interest rate on the loan was one point above the prime interest rate.

MMHN would receive \$8.4 million. Most of the remainder was slated for improvements and repairs needed at the hospital.

In addition, the deal provided a second mortgage note of \$8.8 million to MMHN, bringing the total sales price to \$17.2 million and saddling the nonprofit with a debt of more than \$20 million.

Kim justified the profit made on the sale, saying the price was based on two independent appraisals and that the decision to purchase was made by a duly appointed independent board.

Ravitz had a different point of view: “There is no way that hospital could survive with a debt load like that.”

For Ravitz, the issue of money is crucial because of its effect on a different sort of bottom line: the care provided to the patients turning to Aurora for help.

People like Ted Jones.

“LIKE ... PRISON”

Ted Jones (not his real name) began experiencing emotional problems while in the fourth grade. Like most of the patients who ended up in Aurora, he’s an African-American from a low-income family. His mother is single, supporting Ted and four siblings with income from a disability check.

By the time Ted entered Aurora in the spring of 2001 at the age of 13, he’d been diagnosed with everything from depression to schizophrenia to attention deficit disorder. He’d been in and out of several mental hospitals, few of which garner much praise from Ted or his mother. But Aurora, they say, was the worst.

“It was like being in prison,” Ted recalled.

Patients who didn’t follow instructions would be “shot up with medications” and “made to stay in their room all day,” he claimed.

The practice is called using “chemical restraints.”

His mother said that at first she didn’t believe the things Ted told her about life inside Aurora.

“I thought they was just stories,” she said. “But then I started watching, paying close attention to see what was going on.”

At one point, said Ted, a confrontation with a staff member ended with Ted “getting hit up on the side of my head with a telephone.”

His mother filed a police report, and the staff person, she said, was fired.

Ted was in the facility for four months. When he was released, his mother said, “he was worse than when he went in.”

Skeptics might rightly doubt the veracity of a teenage mental patient who was hospitalized because he suffered hallucinations.

But the problem at Aurora wasn’t with just one patient, or even a few.

An inspection conducted by the federal Center for Medicare & Medicaid Services in January 2001 resulted in a report that cited multiple violations in three categories — nursing services, patient rights and quality assurance.

The fears expressed by Ravitz and Clark two years earlier were coming true, and people like Ted were suffering the consequences.

The problems were significant, according to Bob Daly, a manager in the Center for Medicare & Medicaid Services’ Chicago office, which oversaw the inspection.

“Staff was not properly carrying out its function, not providing adequate care, not monitoring patient behavior,” Daly said.

As for the lack of quality assurance, Daly explained, “Every hospital must have a system in place to review incidents, review procedures, improve operation, correct deficiencies, not wait for a survey to come along and point out problems.”

Daly said that when inspectors returned for a follow-up in August to see if the initial problems had been corrected, the situation at Aurora had deteriorated further.

“It’s not untypical to find problems at hospitals,” said Daly. “What is unusual is for there to be major issues and not have the problems fixed. ... But at Aurora, you had a situation where they were repeatedly failing to fix deficiencies. In fact, they had even more problems in August than they did in January. Then a state survey in October still found problems.”

The August report is eye-opening. Federal inspectors found a facility in disrepair and a staff that frequently failed to assure that patients were safe and receiving proper treatment. **There were not enough nurses.** On weekends, only one psychiatrist was on hand to provide treatment for up to 140 patients, according to the report. **At other times, psychiatrists were prescribing medications but not delivering the psychotherapy that should have accompanied the drugs.**

Chemical restraints were being improperly used. Patients were staying in their rooms instead of participating in treatment programs. **Patients were being released without knowing where they would go. Injuries among patients, whether inflicted by fellow patients or by staff, were on the rise.**

Aurora's once sterling reputation was obliterated.

Ervin Johnson, who worked at Aurora since the mid-'80s and served as its CEO for more than two years immediately prior to its closing, is still mystified by the regulators' zeal.

"It was like they were looking for reasons to close the program," he said.

Johnson noted that the state did not increase reimbursement rates for five years, and that Aurora was consistently paid less than other area hospitals for the same types of service.

"We were the cheapest game in town, and they were out there investigating us like it was a duck shoot," Johnson said. "We were working day and night to put in place a corrective plan, and that plan was accepted (by government regulators). I never thought that facility would close, with all the humanity that was being served there.

"But once the county machine decides you are going to go, you're going to go."

Like Johnson, Aurora board members interviewed by Metro Times contend that the extent of patient care problems was blown out of proportion.

"We were taking patients that nobody else wanted to take," said board member Gaines, a longtime health-care professional. "But the problems we had were run of the mill."

Susan McParland, a lawyer who heads the Michigan Association for Children with Emotional Disorders, has ambiguous feelings about Aurora's closure.

On one hand, she said, its absence creates a real hardship for Detroit's mentally ill and their families. Especially hard hit are children.

"There aren't beds for them in Detroit or Wayne County, period," she said. Consequently, they must find their way to facilities in Ferndale, Auburn Hills and New Baltimore to receive in-patient treatment.

The flip side is that, **the way it was being operated, Aurora was not fulfilling its obligation to provide proper treatment.**

"In my opinion, they were in gross violation of the rules," she said. "The children I know of who were in there were not receiving adequate services."

Ted Jones expressed no ambiguity when asked what he thought about Aurora's closure.

"It was the kind of place," he said, "that no one should have to be in."

LOST CONTRACT

Aurora's management and board members had a problem with more than health care inspectors swarming through the place like, as former CEO Johnson puts it, "they were on a drug raid."

According to board chairman Stone, the Detroit-Wayne County Community Mental Health Agency — which processed all government payments going to Aurora, accounting for about 98 percent of its budget — had been shortchanging the hospital for years.

"Every time they sent us a payment, they'd only be giving us 50, 60, 70 percent of what was actually owed," he said.

Some board members say they were caught unaware by the extent of the hospital's financial problems.

Said board member Bernard Moray: "We knew that the fiscal situation wasn't great, but had no idea there wasn't enough money to operate the facility."

"Obviously, we were not receiving all the information we should have been receiving, or we would not have been surprised the way we were at the end," added board member Edna Bell.

"We knew there were problems with funding, but we were being told those problems were being worked out."

The Detroit-Wayne County Community Mental Health Agency maintains it owes no money to Aurora. That dispute will be settled in a courtroom.

But some board members say they eventually concluded problems with the agency weren't the only factor creating financial havoc at Aurora.

"There's no doubt about the fact that monies for improving the hospital and keeping staff up to the required ratios were frustrated by all the capital going to Dr. Kim," said board member Gaines, himself the former CEO of a mental health agency in Detroit. "The board was aware of that. You can't have that amount of money going to an entity and still have a well-run hospital."

"I think he was greedy," concluded Gaines of Kim, adding, "but that's business."

Some contend that the local mental health agency used the patient care problems at Aurora as a pretext to justify withdrawing its contracts and avoid payment of its alleged \$4 million bill.

That is certainly the position held by board chairman Stone, who said he is extremely "bitter" over the mental health board's actions.

Gaines said there might be some truth to Stone's theory, but he also believes there was another factor motivating the mental health board that approved payments to Aurora.

"I think they became completely aware of Dr. Kim's lucrative arrangement with the hospital, and they didn't like it," said Gaines. "They won't admit to that, but I think that's what happened."

Board member Agustin Arbulu made a similar observation.

"The management style of Salem was that they developed excuses and reasons for the problems we were experiencing with patient care," he said. "... I think the board lost trust in them."

Mohammed Okdie, chair of the Detroit-Wayne County Community Mental Health Board, said the agency didn't need any ulterior motive to withdraw its contracts. The problems with patient care were so significant that no other reason was required to justify the action. But he admitted that, even though it was never a matter of formal discussion among board members, distrust of Aurora's management loomed like a shadow.

"It was there, in the back of your mind, that dirty dealings were going on," said Okdie.

The board withdrew its contracts with the hospital in December 2001.

EPILOGUE

As the situation at Aurora spiraled downward, members of its board finally concluded the hospital could no longer afford its relationship with Dr. Kim. The contract with Salem Services was terminated late in 2001, according to Stone.

Salem managers concealed problems with health care regulators when they first arose, according to Stone.

Board members weren't the only ones being kept in the dark. According to a September 2001 letter to Aurora and Dr. Kim, the bond holder Finova said it was "very troubled" that it had not been informed of the problems Aurora was having with Medicare regulators. The hospital and Salem had also failed to provide required financial information, Finova said.

The plan was for Aurora to hire its own managers, which was exactly what Ravitz had urged more than two years earlier.

But by the time the board finally decided to sever its ties with Salem, there was nothing left to manage. An estimated 90 percent of Aurora's patients were acquired through contracts with the local mental health agency; without those, Aurora could not survive.

At that point, the only options available to the board, said Stone, were to go bankrupt or reorganize. But to reorganize, he explained, the county would have to pay the money Aurora claimed was owed.

"I met with the county again in January (2002) and they refused to give us the money," said Stone. "And without that money, there was nothing we could do."

Rather than file for bankruptcy, the board disbanded. One member, lawyer and businessman Arbulu, stayed on, assuming the position of CEO. A new board has been created. Since then, he's commanded a skeleton crew overseeing an empty facility. Money has come from payments on delinquent accounts. It's with his direction that the lawsuit seeking reimbursement of the \$4 million from the county was filed.

For his trouble, Arbulu has collected a salary of \$12,500 a month, according to Eric Frankie, an attorney representing Aurora workers who claimed they were laid off without notice, as is required by law. The workers also claim they are owed vacation pay.

In an attempt to create a fresh start, Arbulu said, the nonprofit was renamed Horizon Healthcare. In October 2002, Finova, the institution that financed the purchase of Aurora from Kim, foreclosed. It is attempting to sell the facility to recover its investment. A source familiar with negotiations says a deal could be near.

In January 2002, Carol Peart was indicted in federal court on an embezzlement charge connected with her employment previous to working for Salem and Aurora. It is alleged that while she was head of accounting for Mercy Health Services Inc., Peart participated in a scheme to embezzle several million dollars.

Mel Ravitz takes no satisfaction in having predicted Aurora's demise.

"I would rather have been effective in stopping what I saw happening," said Ravitz. "Closing that hospital was an enormous loss to the people of Detroit and Wayne County."

Meanwhile, another Kim enterprise, the Greater Detroit Hospital, which Kim purchased with a partner in 1994, closed its doors in early 2000. It too remains shuttered.

Kim still has his counseling centers in Detroit. There also are at least two mental hospitals affiliated with Kim in Southern California that were purchased in 2000. And, in the fall of 2001, Illinois approved Salem's purchase of what is now called Aurora Chicago Lakeshore Hospital. The purchase was entirely financed by a \$4 million loan from Kim to Salem Service Company of California, a company solely owned by Kim, according to records obtained from Illinois regulators.

"Given the state of the economy and the health care services industry, business elsewhere is fine," Kim wrote to Metro Times. "In any case, my affairs in other states are unrelated to the closure of the Greater Detroit and Aurora hospitals."

And does he feel that he bears any responsibility for the closing of those two hospitals?

"No," Kim replied.

<http://www2.metrotimes.com/editorial/story.asp?id=4494>

Department of
Community Development
Lori A. Moss, Director



Divisions
Administrative Services
Building Permits & Inspection
Code Enforcement
County Engineering
Economic Development & Marketing
Planning & Environmental Review

November 19, 2013

Mr. Max Fernandez, Director
Community Development Department
City of Sacramento
300 Richards Boulevard, 3rd Floor
Sacramento, CA 95811

Subject: Expo Parkway Behavioral Healthcare Hospital (File Number P13-001)

Dear Mr. Fernandez:

This letter is the County of Sacramento's comments on the above mentioned project in advance of the City Council's meeting of December 3, 2013. I would like to express our appreciation to the City for meeting with Sacramento County Department of Health and Human Services Director Sherri Heller and Behavior Health Services Director Dorian Kittrell on two occasions regarding the project. I am told that the meetings were useful with informative dialogue and candid discussions. Sacramento is currently the home of three similar hospitals. It is our preference that the proposed project not be permitted here; however, if it is the County strongly recommends that the following conditions of approval be added to the Special Permit.

- 1) Signature Healthcare agrees to enter into a patient intake contract with the County on the same terms as the County's contracts with Heritage Oaks Hospital, Sierra Vista Hospital and Sutter Center for Psychiatry.
- 2) Signature Healthcare agrees to provide or cause to be provided transportation to all patients, who have been provided assessment or treatment at the Signature Health Psychiatric facility, to their residence or follow-up treatment facility and to ensure appropriate continuity of care, discharge planning, and aftercare services have been arranged for the individual.
- 3) Signature Healthcare will contribute to and/or participate in local education efforts or institutions that provide programming to expand the psychiatric and clinical workforce in Sacramento County (e.g., Licensed Clinical Social Work Programs, Psychiatric Residency Programs, Licensed Psychiatric Technician Program, and Psychiatric Nursing Programs).

Behavioral Healthcare Hospital
November 19, 2013
Page 2

- 4) Signature Healthcare shall reimburse County for all ancillary costs related to certification hearings and other legal proceedings related to inpatient psychiatric care. This includes, but is not limited to, certification hearing officers, Writs of Habeas Corpus and Riese Hearings and Patient's Rights oversight.
- 5) Signature Healthcare shall provide a minimum of \$25,000 annually to the American River Parkway Foundation to assist with parkway clean-up efforts in close proximity to the proposed facility.

We remain concerned about the need for a facility of this type in Sacramento County, where more than one-third of the inpatient psychiatric beds in private hospitals are already filled with out-of-county residents. For this reason, Sacramento County recommends that the City's consideration and approval, if granted, of the proposed rezone and special permit include the conditions of approval listed above.

If you have any questions regarding this matter, please contact me or Dorian Kittrell at (916) 875-9904.

Sincerely,



Lori A. Moss
Director

cc: Sacramento County Board of Supervisors
Bradley Hudson, County Executive, Sacramento County
Sherri Heller, Director, Sacramento County DHHS
Dorian Kittrell, Director, Sacramento County Behavior Health Services

City of
SACRAMENTO
Community Development

November 25, 2013

Lori A. Moss, Director
Department of Community Development
County of Sacramento
700 H Street, Sixth Floor
Sacramento, CA 95814

Subject: Expo Parkway Behavioral Healthcare Hospital (P13-001)

Dear Ms. Moss:

In your letter of November 19, 2013, regarding the proposed Expo Parkway Behavioral Healthcare Hospital (copy attached), the County strongly recommends that the City impose five conditions of approval. Having reviewed the relevant statutes and cases, we have determined that the recommended conditions fall outside the City's land-use authority over this project.

The County has certification authority for lockdown status and enters into intake contracts with such facilities. Perhaps the County could impose the desired conditions itself through its regulatory and contractual authority.

Feel free to contact me or David Kwong at (916) 808-2691, if you have any questions regarding this matter.

Sincerely,



Max Fernandez
Director, Community Development
City of Sacramento
916-808-7940

cc: City of Sacramento Mayor and Council
Sacramento County Board of Supervisors
John F. Shirey, City Manager

300 Richards Blvd., 3rd Floor
Sacramento, CA 95811

Help Line: 916-264-5011
CityofSacramento.org/dsd

Behavioral Healthcare Hospital (P13-001)

November 25, 2013

Page 2

James C. Sanchez, City Attorney

Samuel D. Somers Jr., Chief of Police

David Kwong, Planning Director

Bradley Hudson, County Executive, Sacramento County

Sherri Heller, Director, Sacramento County DHHS

Dorian Kittrell, Director, Sacramento County Behavioral Health Services

Attachments: November 19, 2013 Letter from Lori Moss.

300 Richards Blvd., 3rd Floor
Sacramento, CA 95811

Help Line: 916-264-5011
CityofSacramento.org/dsd **105 of 290**

Antonio Ablog

From: thomas powell <unfinityorbust@gmail.com>
Sent: Thursday, October 03, 2013 12:03 PM
To: Antonio Ablog
Cc: Mayor Johnson; Angelique Ashby; Allen Warren; Steve Cohn; Steve Hansen; jshenirer@cityofsacramento.org; Kevin McCarty; Darrell Fong; Bonnie Pannell; Ryan Hooper; metro@sacbee.com; raheem@newsreview.com
Subject: Expo Parkway Behavioral Hospital

OPEN LETTER TO MR. ANTONIO ABLOG, SACRAMENTO PLANNING & DESIGN DEPT.
REGARDING THE EXPO PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL

October 1, 2013

Mr. Antonio Ablog

Associate Planner

Sacramento Planning & Design

300 Richards Blvd.

Sacramento, CA 95811

Dear Mr. Ablog,

I am writing to you on behalf of Woodlake Neighbors Creating Transparency in regards to the proposed Expo Parkway Behavioral Hospital.

Following the public meeting of August 29, 2013, we submitted a list to Councilmen Cohn and Warren of ten safety and infrastructure issues that were not sufficiently addressed in the 2005 Mitigated Negative Declaration that the Planning Commission relied upon in its decision to forward the zone change request to the

City Council. Councilman Warren forwarded our ten concerns to you, but if for some reason you did not receive them, they are included again below.

The Addendum To An Adopted Mitigated Negative Declaration (Addendum) dated June 14, 2013 is a particularly problematic document. The graph on page 15, Items 4-A and 4-B, Changes in absorption rates of surface water and Flooding are both checked as “less than significant.” If 90% of the 5.34 ac. of developable land is covered by roof and parking lot asphalt, that statement of fact is completely ludicrous. On page 25, Question C it states, “Existing road infrastructure provides adequate emergency access to the proposed project site. The project proposes new driveways to provide emergency access. The project site will be designed to the appropriate City standards. Therefore potential emergency access impacts are considered to be less-than-significant.” In regards to the ten safety issues we have raised, especially #7 Fire Department access to the Parkway and #4 emergency vehicle access to Sump 151 for flood control, this statement is also unbelievable. Access to the hospital site, itself, will be hindered by the 10 foot wall enclosing it which is not considered in either the MND or the Addendum, but more critically, emergency access to the pump station and the Parkway will be greatly restricted by this development. The enclosure of this critical access point to emergency services by the proposed development greatly impacts the safety of the Woodlake neighborhood which Planning Dept. documents completely ignore.

Furthermore, at the bottom of page 26 the report states, “There are no railroads within or adjacent to the project site...” This is not merely an error; it is a factual lie. A Union Pacific railroad spur to Commerce Industrial Park passes along the entire southern property boundary. The landlocked southwest corner of this parcel is the convergence of many potential and catastrophic problems—fire, flooding, railroad, and utility. In the event of an emergency, how are the 120 patients (many of whom will be heavily drugged) and the 90 staff to be evacuated from this facility? Surely this concern should be addressed at the planning level?

The Mitigated Negative Declaration (MND) of 2005 is for a completely different development project. Claiming that a lock-down, mental health hospital which in its actual design very much resembles a medium security prison within its enclosing wall, its heavy video surveillance, and its internal pod floor plan will have a comparable environmental impact as an office complex is simply not believable. If it were that similar, why would it require a zone change? The 2013 Addendum is an attempt to whitewash the true nature of this facility. It is a document replete with errors, misstatements and glaring omissions, and it is a document ripe for litigation. There is no reason for the Planning Department to be rushing to expedite this development proposal from Signature Health Care. There needs to be a great deal more careful consideration given to this “behavior hospital” than the Planning Department has so far produced.

There is the additional issue of a lack of public transportation to this site. At the August 29 public meeting, Mr. Stam of Signature Healthcare acknowledged that this lock-down psychiatric facility, in addition to private patients, will accept Medicare and Medicaid patients, emergency drop off patients from the Police Department (presumably homeless and county jail detainees) and will provide counseling and outpatient therapy. Many of the clients will need to use public transportation, as will many of the facilities 200 employees. This particular site has no public transportation available. The closest public transportation is the regional light rail service one-half mile away which is only accessible by traversing Woodlake neighborhood. Where is the mitigation strategy for this transportation issue?

This project needs its own MND. The problems we have pointed out cannot be patched up in the stale 2005 MND, or through a whitewashed Addendum. We expect the Planning Department to do proper due diligence in regards to this development proposal. Please respond to this letter and inform us of the Planning Department's intentions.

Sincerely Yours,

Thomas Powell

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Included below are ten additional flaws neighbors at Thursday's August 29 Clubhouse meeting identified in the City Planning Commission (CPC) Report regarding the construction of an acute care psychiatric hospital in the Woodlake area. The Mitigated Negative Declaration (MND) that the Planning Commission relied upon in its approval was developed for a completely different project, and it does not address the serious flaws listed below.

1. The Mitigated Negative Declaration (MND) of 2005 submitted for this project is eight years stale. Six office buildings, 60,000 sq ft on two parcels, is not the same animal as one - 70,850 sq ft psychiatric hospital on one parcel.
2. The factual errors of the MND are significant, especially the denial of the Union Pacific Railroad track and parcel along the South property line. What is the status of this spur and can a hospital be zoned alongside a rail spur to an industrial park where chemicals and solvents could be delivered?
3. The zone change request, of itself, should have triggered a new MND automatically. Planning Department has not done proper due diligence.
4. What about the future access of service vehicles to Sump 151 and the pumping station at the SW corner of this parcel? This sump drains the many year-round springs and creeks of the Woodlake neighborhood and pumps the water over the levee which is critical to our flood control.
5. Another flooding concern not adequately addressed by either the Planning Commission Report or the MND is the impact of storm run-off water as 90% of the 5.37 ac net developable land will be roofed or paved.
6. Given the recent fire in the Parkway which almost jumped the levee into Commerce Industrial Park, if that fire had burned behind this hospital, what evacuation plan would there be for the hospital to ensure safety of the 120 patients and to prevent patients in lock-down conditions not to wander away in the commotion? The Fire Dept. and Police Dept. both need to produce new assessments based on locked-down residential occupation of this site which is very different from office use.

7. The ramp across the levee from the pump station leads to the only access road into the Parkway for fire vehicles between the two north-south railroad crossings over the American River (almost 2 miles.)

8. This levee crossing is also the driveway to the radio towers. SMUD uses this access for electricity transmission tower service.

9. The configuration of this parcel restricts the levee access for all emergency and service vehicles to the bike trail along the west side easement.

10. The legal status of the bike trail is not spelled out in the MND. Can this public access be revoked? The bike trail is not adequate to serve as emergency access and service vehicle access. A separate vehicle access to the levee crossing may be required.

Expo Parkway Behavioral Healthcare Hospital (P13-011) Staff Response to Neighbor Issues with the Environmental Documentation

The City Planning and Design Commission, following a public hearing on June 27, 2013, recommended that the City Council approve the application to construct and operate the Expo Parkway Behavioral Healthcare Hospital (P13-011).

Following the public hearing several community meetings have occurred regarding the project. As part of that process the City received an email from Mike Acosta (a follow-up email was received from Thomas Powell raising similar issues) that stated:

Council Members Warren and Cohn, attached are ten issues identified by WNA member Tom Powell, which he briefly presented at Thursday's [August 29, 2013] Clubhouse meeting. These issues were not addressed in the City Planning Commission (CPC) acute care psychiatric hospital report. The issues in question arise from the fact that the CPC Report was based on an old 2005 Mitigated Negative Declaration (MND), developed for an altogether different project. The final CPC report that goes to the City Council should be based on a new MND that addresses these issues.

The environmental document prepared for the proposed project is an Addendum to a Mitigated Negative Declaration adopted by the City Planning Commission for the Expo Parkway Offices (P04-133) on March 10, 2005. The proposed resolution prepared by Environmental Planning Services sets forth the required findings for an Addendum. In general, these include findings that there has been no significant change in circumstances that affect the project or its surroundings, and that there are no new significant environmental effects that would occur and that were not evaluated in the original environmental document. See proposed resolution attached to the City Council staff report and CEQA Guidelines section 15164 (Addendum) and 15162 (situations that would require new environmental review).

Use of existing information by lead agencies is encouraged by CEQA. (Public Resources Code section 21003(e))

The issues presented are set forth below in bold type. Staff input follow.

1. **The Mitigated Negative Declaration (MND) of 2005 submitted for this project is eight years stale. Six office buildings, 60,000 sq ft on two parcels, is not the same animal as one - 70,850 sq ft psychiatric hospital on one parcel; for example, there is now less land in this one parcel to absorb rain or other water.**

Staff input: In 2005 the City Planning Commission adopted a mitigated negative declaration (MND) for development of office uses on the subject site and the parcel to the north (across Expo Parkway). The entitlements included a Special Permit for development of five office buildings that totaled 60,000 square feet (sf). The MND adopted for the original project had evaluated the potential impacts that could result from the development of 84,734 sf of office space. The MND evaluated the direct and indirect physical effects on the environment as a result of the development of that project.

With exceptions not relevant here, CEQA does not establish specific time limits for the effectiveness of environmental documents. Rather, the inquiry by the lead agency is whether any of the conditions set forth in CEQA Guidelines section 15162 are present. These include (1) substantial changes in the project that result in new significant effects or an increase in the severity of impacts already identified; (2) substantial changes with regard to the circumstances under which the project is undertaken due to new significant effects or an increase in the severity of impacts already identified; (3) new information of

substantial importance shows new significant effects, or more severe effects, or new mitigation measures that could reduce impacts and which the applicant refuses to accept.

Staff reviewed the application and found none of these circumstances existed. Because only minor technical changes were needed, and none of the circumstances set forth in section 15162 were present, an Addendum was prepared. CEQA Guidelines section 15164

Environmental Planning Services staff reviewed the background materials for the subject property and conducted a site visit. The project site has been graded and infrastructure improvements have been installed onsite as implementation of the previous approved project. Those improvements had been halted as the office project did not proceed.

Staff reviewed the existing approved environmental analysis and coordinated with the Department of Public Works (DPW) to determine whether a new traffic impact analysis would be required based upon the change in uses. DPW conducted a trip generation analysis utilizing data published by the Institute for Transportation Engineers and compared the results to the previously approved project and determined that no additional traffic impact analysis would be required.

If approved, the project would be required to provide/pay a fair share contribution towards the construction of a future signal at the intersection of Expo Parkway/Slobe Avenue/Canterbury Lane/Leisure Lane. This condition was included in the original project, and remains as a condition of approval for the current project. The project was also reviewed for updated information with regards to air quality and the results were below the significance criteria levels.

Based upon staff's review of the current project against the approved evaluation of development at the site and the evaluation set forth in the previously-adopted MND, it was determined that additional environmental review was not warranted and an Addendum to the adopted MND was prepared.

2. **The factual errors of the MND are significant, especially the denial of the Southern Pacific Railroad track and parcel along the South property line. What is the status of this spur and can a hospital be zoned alongside a rail spur to an industrial park where chemicals and solvents could be delivered?**

Staff input: The Mitigated Negative Declaration omitted mention of the railroad tracks near the project site. These tracks are part of a spur that at one time served properties in an industrial area to the west of the site. The spur was at one time connected to the mainline approximately 1,900 feet east of the project site. The spur is no longer connected to the main line, and truncates in rock base. Structures that were part of safety controls have been marked as out of service. While it is possible that the spur could in the future be reconnected to the main line, the traffic on the spur would be limited to rail cars used by local businesses, and would not result in significant noise or vibration. The project would have no impact on the rail spur, and in the event of future operations on the spur there would be no significant effect. See Photo Legend, Photos 1a-c and, Photo 4.

3. **The zone change request, of itself, should have triggered a new mitigated negative declaration automatically. Planning Department needs to do due diligence.**

Staff input: The key issues reviewed by staff relate to new impacts, increase in severity of impacts or potential new mitigation. A zone change does not necessarily result in these changes, and that is the case here.

Development of the project would not result in additional impacts to the environment beyond what was previously evaluated and approved. See information above regarding the decision to prepare an addendum.

- 4. What about the future access of service vehicles to Sump 151 and the pumping station at the SW corner of this parcel? This sump drains the many year-round springs and creeks of the Woodlake neighborhood and pumps the water over the levee which is critical to our flood control.**

Staff input: As described in the addendum to the MND, the staff report prepared for the project, and the site plan, the existing bike path and access to Sump 151 and the levee will remain and would not be eliminated by the project. As conditioned, any modification to the project would be subject to review by City Staff prior to issuance of building permits. The project conditions also confirm that the site plan indicates an existing bike trail is located on the property and that no changes are proposed for the existing trail. There is an existing public access easement covering access from Expo Parkway along the existing bike trail to the base of the levee. This easement is in addition to easements for waterline and storm drainage. The condition requires proof that an easement exists for the bike trail and if one does not exist, to provide a 20-foot easement for a multi-use trail, encompassing the existing trail alignment. See Condition No. **B38**. In addition, the Department of Utilities (DOU), which operates and maintains Sump 151, has reviewed the project and has imposed no additional conditions. The bike trail and access to the levee will remain in place upon completion of the project. See Photo Legend and Photos 2 and 3.

- 5. Another flooding concern not adequately addressed by either the Planning Commission Report or the MND is the impact of storm run-off water as 90% of the 5.37 ac net developable land will be roofed or paved.**

Staff input: DOU staff reviews projects and provides conditions as necessary for project entitlements. DOU reviewed the project and indicated that the site is located immediately adjacent to the pump station and because of that, it is preferable to have flows on the site drain directly to the pump station without onsite detention. As described in the staff report, a landscape buffer area will surround the project site. The landscaped areas will be used as vegetative swales to assist in site drainage.

- 6. Given the recent fire in the Parkway which almost jumped the levee into Commerce Industrial Park, if that fire had burned behind this hospital, what evacuation plan would there be for the hospital to ensure safety of the patients and to prevent patients in lock-down conditions not to wander away in the commotion?**

Staff input: Fire evacuation plan safety and security of patients is not an environmental issue that would result in physical effects on the environment. As a planning issue, the Police Department has conditioned the project to develop an emergency preparedness plan.

- 7. The ramp across the levee from the pump station leads to the only access road into the Parkway for fire vehicles between the two north-south railroad crossings over the American River (almost 2 miles.)**

Staff input: As stated above, bike path (and access) to Sump 151 (and the levee) will remain and not be eliminated by the project. There is an existing public access easement covering access from Expo Parkway along the existing bike trail to the base of the levee. This easement is in addition to easements for waterline and storm drainage. As conditioned, any modification to the project shall be subject to review by City Staff prior to issuance of building permits. There is an existing public access easement covering access from Expo Parkway along the existing bike trail to the base of the levee. This easement is in addition to easements for waterline and storm drainage. There is also a levee access road located approximately one half mile (0.5 mi) to the west of the subject site on Lathrop Way. This access is a shorter distance from the paved road (Lathrop Way) to the levee. See Photo

Legend and Photos 2, 3, and 5. (Note: the Lathrop Way access is currently closed due to levee maintenance construction work.)

8. **This levee crossing is also the driveway to the radio towers. SMUD uses this access for electricity transmission tower service.**

Staff input: As stated above, bike path (and access) to Sump 151 (and the levee) will remain and not be eliminated by the project. There is an existing public access easement covering access from Expo Parkway along the existing bike trail to the base of the levee. This easement is in addition to easements for waterline and storm drainage. As conditioned, any modification to the project shall be subject to review by City Staff prior to issuance of building permits. There is also a levee access road located approximately a half mile (0.5 mi) to the west of the subject site on Lathrop Way. This access is a shorter distance from the paved road (Lathrop Way) to the levee. See Photo Legend and Photos 2, 3, and 5. (Note: the Lathrop Way access is currently closed due to levee maintenance construction work.)

9. **The configuration of this parcel restricts the levee access for all emergency and service vehicles to the bike trail along the west side easement.**

Staff input: Bike path and access to Sump 151 and the levee will remain and not be affected by the project. There is an existing public access easement covering access from Expo Parkway along the existing bike trail to the base of the levee. This easement is in addition to easements for waterline and storm drainage. As conditioned, any modification to the project would be subject to review by City staff prior to issuance of building permits. There is also a levee access road located approximately a half mile (0.5 mi) to the west of the subject site on Lathrop Way. This access is a shorter distance from the paved road (Lathrop Way) to the levee. See Photo Legend and Photos 2, 3, and 5. (Note: the Lathrop Way access is currently closed due to levee maintenance construction work.)

10. **The legal status of the bike trail is not spelled out in the MND. Can this public access be revoked? The bike trail is not adequate to serve as emergency access and service vehicle access. A separate vehicle access to the levee crossing may be required.**

Staff input: There is no additional access, emergency or otherwise, to the levee from the project site besides the existing bike trail. The project routing was provided to the various City departments (including Fire and Police) and other agencies (including SMUD, PG&E, and ARFCD). No comments were provided requesting additional access beyond what exists via the bike trail. Bike path and access to Sump 151 and the levee will not be affected by the project. There is an existing public access easement covering access from Expo Parkway along the existing bike trail to the base of the levee. This easement is in addition to easements for waterline and storm drainage. As conditioned, any modification to the project shall be subject to review by City Staff prior to issuance of building permits. There is also a levee access road located approximately a half mile (0.5 mi) to the west of the subject site on Lathrop Way. This access is a shorter distance from the paved road (Lathrop Way) to the levee. See Photo Legend and Photos 2, 3, and 5. (Note: the Lathrop Way access is currently closed due to levee maintenance construction work.)

Cc: P13-011

Attachment: Photo Legend/Photos



P13-011
Expo Behavioral
Healthcare Hospital
Staff Response to Neighborhood Issues
Photo Legend Attachment



Photo 1a – Disconnected Rail Spur

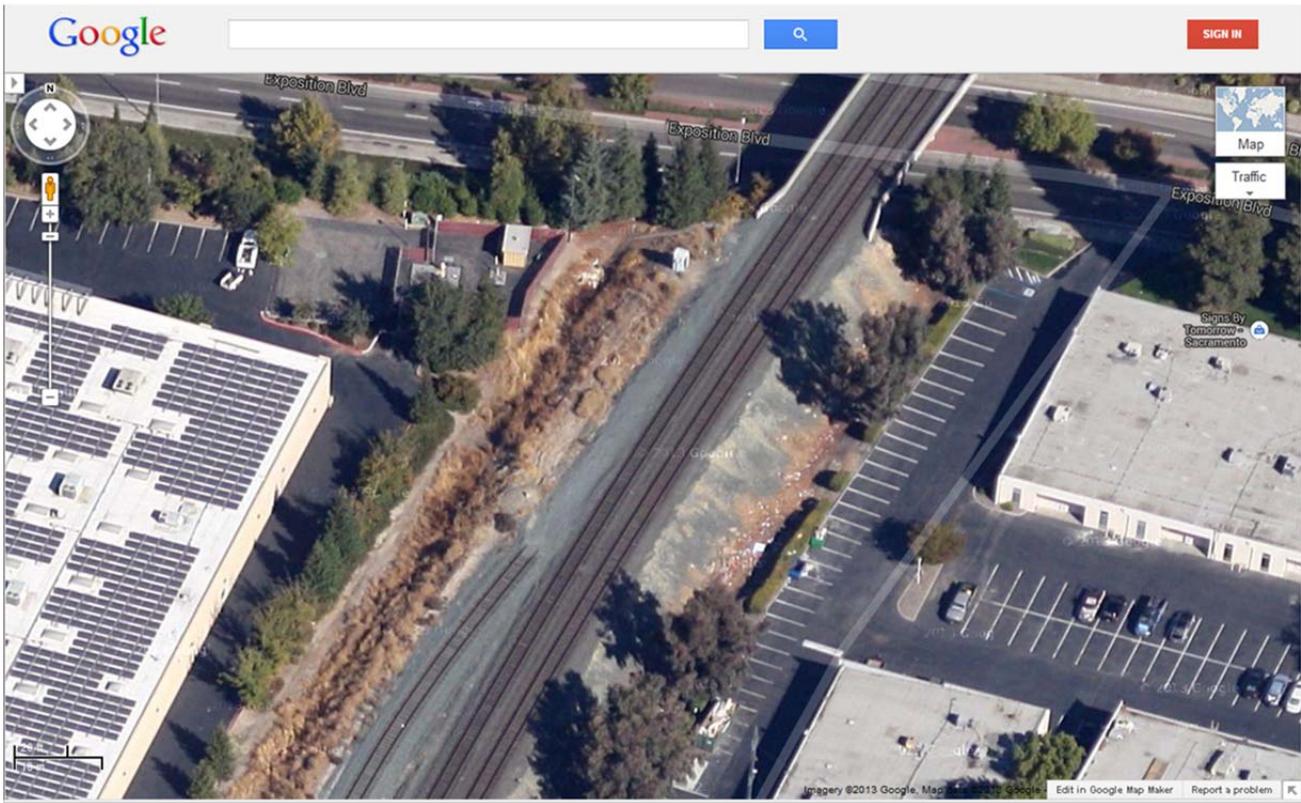


Photo 1b – Disconnected Rail Spur



Photo 1C – Disconnected Rail Spur



Photo 2 – Sump 151 Access/Easement Gate



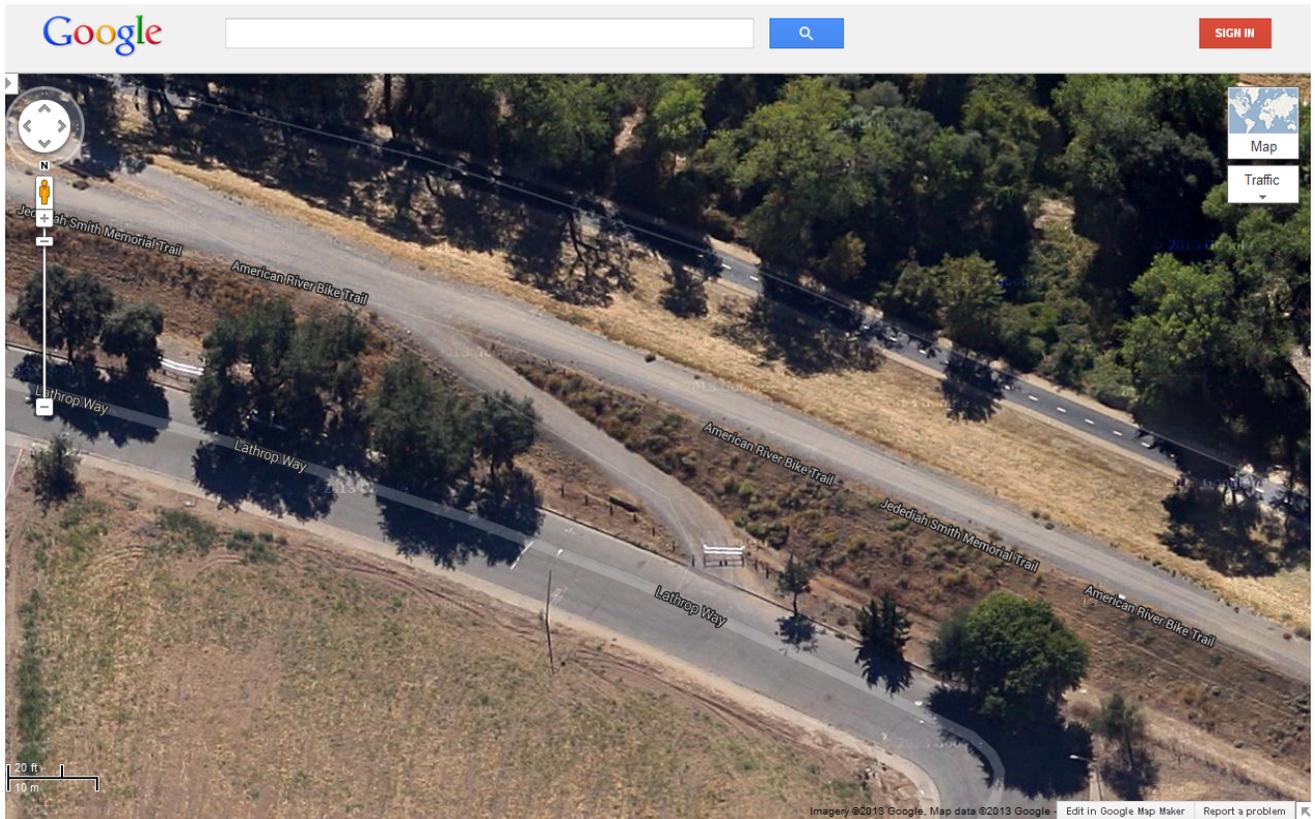
Photo 3 – Levee Access/Easement Gate behind subject site.



Photo 4 – “Tracks Out of Service” Sign on Rail Spur Crossing



Photo 5 – Lathrop Way Levee Access



Interoffice

M E M O R A N D U M

To: Tom Buford, Senior Planner
From: Samar Hajeer, Senior Engineer
Subject: Traffic Study Assessment for the proposed Expo Parkway Behavioral Healthcare Facility P13-011
Date: 4/12/2013

The proposed project site is a vacant parcel located on Expo Parkway, south of Slobe Avenue in the City of Sacramento. The proposed 6.78 acre lot s bounded by Expo Parkway on the north, the American River Parkway along the southern property line. A 2 story commercial building is located along the eastern property line and a drainage canal is located along the western property line. The proposed project will consist of a 70,860 square feet building which will be used as an acute care psychiatric hospital with approximately 120 beds and an outpatient facility.

The project site was previously approved to construct five office buildings for a total of 60,000 square feet of office space with 218 parking spaces (March 10, 2005). The project site was graded and many infrastructure improvements were constructed on site pursuant to the previous approved project. With the 2005 project approval, a Negative Declaration was prepared and the project was conditioned to pay fair share contribution for a new signal at Slobe Avenue/ Expo Parkway/Leisure Lane/ Canterbury Road.

Project Description

The proposed project is an acute care psychiatric hospital, which will consist of 120 beds and will serve as a transitional care facility for the treatment of short term psychiatric illnesses with typical visits lasting between 3 days and 2 weeks. According to the information provided by the applicant, patients will arrive at the facility by friends, family members or by emergency response vehicles therefore, it is not anticipated that patients will be able to drive and leave their vehicles in the facility.

The daily operation of the facility requires about 210 employees who will staff the facility around the clock in three separate shifts: 90 employees will work daily from 7:00 AM to 3:00 PM, 70 employees will work in the afternoon shift (3:00 PM to 11:00 PM) and 50 employees in the night shift (11:00 PM to 7:00 AM). The outpatient facility will accommodate 20- 30 patients per day. 80% of these patients are taken back and forth from the facility to their homes in a van operated by the facility.

Trip Generation

To project the volume of new vehicle traffic associated with the project, we examined daily operating schedules, the expected patient and visitor activity and compared this with national trip generation data published by the Institute of Transportation Engineers (ITE)

Based on the operating schedule described above, outside of employees traffic, patients generate a very limited number of trips, in the way of direct patients arriving and departing for care and patient representatives. Additionally, the employee work shift does not coincide

with the normal adjacent streets peak hour, but for conservative reason we assumed that employees trips will still partial affect the adjacent streets during normal traffic peak hours.

Because this type of facility and its operation is different than a regular hospital operation, *ITE Land Use 620 (Nursing Home) from the ITE Trip Generation, 9th edition* was used to estimate the trip generation for this project. Table 1 shows the trip generation estimate using two different variables: number of beds and size of the building.

Table 1- Proposed Expo Parkway Behavioral Facility							
Land Use	Daily and Peak Hour Trip Generation Summary						
	Daily Trips	AM Peak Hour Trips			PM Peak Hour Trips		
		In	Out	Total	In	Out	Total
120 beds	330	13	8	21	9	18	26
70,860 sq.ft	537	28	11	39	27	25	52

As shown in Table 1, the proposed project will generate between 21 and 39 trips in the AM peak hour, between 26 to 52 trips in the PM peak hour and a maximum of 537 new daily trips. As mentioned above, this trip generation estimate is conservative given the fact that the changes in the employees shifts does not coincide with the adjacent streets peak hours.

For a comparison purposes only, the estimated trip generation for the approved project is presented on Table 2. If the project site is constructed as approved (general offices), it will generate 127 tips in the AM peak hour, 146 trips in the PM peak hour and a total of 890 daily trips.

Table 2- Approved office Buildings							
Land Use	Daily and Peak Hour Trip Generation Summary						
	Daily Trips	AM Peak Hour Trips			PM Peak Hour Trips		
		In	Out	Total	In	Out	Total
60,000 sqft	890	112	15	127	25	121	146

Taking into consideration the low numbers of new trips expected to be generated by the project during AM and PM peak hours, and comparing the project with the approved project, a Traffic Impact Analysis is not required for this project. It is recommended to keep the condition of approval to pay the fair share contribution to the future signal at Slobe Avenue/ Expo Parkway/Leisure Lane/ Canterbury Road intersection and to condition the project to construct its frontage improvements consistent with the City Code.



SIGNATURE HEALTHCARE SERVICES, LLC

Summary Statement Regarding Patient Admissions and Discharges Signature Healthcare Services October 16, 2013

Signature Healthcare currently owns and operates eight private psychiatric hospitals in several locations in California and other parts of the country. We have made a long-term commitment to providing the best possible behavioral health care to the residents of our communities, ever since we opened our first facility over thirteen years ago. The majority of patients we admit are voluntary individuals seeking help for treatable mental health and/or alcohol or drug abuse problems. We do not own or operate state or county psychiatric hospitals. Signature Healthcare does not own or operate group homes.

The proposed facility in Sacramento will be a state-of-the-art private psychiatric hospital, providing short-term mental health and substance abuse care for children and adults. It will be licensed by the State of California, California Department of Public Health (CDPH) Licensing and Certification Program (L&C) and the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS). These agencies are responsible for ensuring that hospitals comply with state laws and regulations. Our hospital will also be accredited by the Joint Commission, an independent, not-for-profit organization. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance and safety standards. We will also be contracted with most of the private healthcare insurance companies serving the Sacramento market. These companies demand very high standards of patient care and safety in order for a hospital to remain contracted with them.

Our number one goal at each of our hospitals is patient safety. As part of our safety program, we do restrict patients to specific units within our hospital, and we use magnetic locking doors to keep these units secure. All patients have the right to receive visitors; however, there are very strict state and federal privacy regulations for patients receiving mental health or substance abuse treatment. The primary reason many of our facilities have walls or fences is to maintain patient privacy and to keep unauthorized individuals from entering the hospital.

No patients are admitted or discharged from Signature Healthcare hospitals without a doctor's order. Each patient admitted to one of our hospitals must meet specific medical necessity criteria approved by the medical staff of that hospital. Our policy is that each of our patients is seen every day, seven days a week, by the psychiatrist. The psychiatrist leads an interdisciplinary treatment team that includes RNs, Social Workers, therapists and other trained healthcare professionals. Every day, multiple times during each work shift, each patient is evaluated regarding his or her mental status and safety. It is our policy to discharge patients only when they have been determined not to represent a threat to themselves or others.

Discharge planning is a part of routine patient care and begins the day the patient is admitted. The majority of our patients are returned to their home environment with follow-up appointments already scheduled with primary care physicians, psychiatrists, therapists, or other healthcare professionals. Each patient is assigned a Case Manager who coordinates the discharge care plan with the patient, family, attending psychiatrist, and other members of the treatment team as well as aftercare providers. Our Case Managers meet with each patient to gather information about his or her current living situation. Our policy is that each patient's aftercare plans address the patient's individual preferences, family relationships, physical and psychiatric care needs, social needs and accessibility to community resources. We make arrangements if a patient needs to be transferred to another hospital or other facility. Our policy is that Case Managers communicate information about the patient's discharge time in advance to family, friends or caretakers in order to allow time for making appropriate transportation arrangements. If the patient is indigent or homeless, our policy is to find appropriate placement with relatives, friends, or if this is not available we will coordinate referrals and transportation to an alternative setting such as a licensed group home. Patients may not be "dropped off" or transported to street corners, directed to bus or light rail stops, or sent to unsafe, "unlicensed" residential care facilities.

It is the policy of Signature Healthcare that all patients be provided with appropriate referrals for follow-up treatment, whether they are indigent or have funding sources. Each patient must have an aftercare/discharge plan that documents items such as a suitable licensed placement, a specific appointment or time at which the patient is expected to appear at an outpatient site for mental health services, appropriate referrals to community agencies, and the transfer of necessary medical information to the agency providing post-hospital care for the patient. Not only do we have internal quality assurance procedures to make sure these policies are followed, but at each of our hospitals we are routinely audited and monitored by our local county Departments of Mental Health, state licensing, and the Joint Commission.

In summary, the hospital we are proposing to build in Sacramento will follow the same policies and procedures we have developed at each of our other private psychiatric facilities. These policies and procedures are designed to maximize patient safety, and maintain the safety of the local communities in which we provide our services. People with mental illnesses, or drug and alcohol addiction, are often subject to hostility, discrimination, and stigma, instead of compassion and understanding. People with mental health and substance abuse problems can recover and resume normal activities. Our doctors, nurses, social workers, therapists and other employees all work to make sure that we provide the best and safest opportunity for individuals to get successful treatment.

Contact information:

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December 3, 2013

VIA HAND DELIVERY AND ELECTRONIC MAIL

Mayor Johnson and Honorable Members of the Sacramento City Council
City of Sacramento
915 I Street, 5th Floor
Sacramento, CA 95814

RE: Signature Healthcare – Expo Parkway Project

Dear Mayor Johnson and Honorable Members of the Sacramento City Council:

As you are aware, this firm represents Signature Healthcare Services, LLC with regard to its proposed Expo Parkway project. Recently, some have questioned the need for additional psychiatric care facilities in the Sacramento region, and more specifically, the County of Sacramento. We write to provide you with evidence demonstrating that the Sacramento region, and the County of Sacramento, are indeed significantly lacking in the availability of psychiatric care services. We offer the following support for this conclusion:

- **The Sacramento region ranks below the statewide average for psychiatric care services.** In 2011, the Sacramento region's availability of acute psychiatric inpatient beds was 16.2 beds per 100,000 population. That was below the statewide average of 17.0 beds per 100,000 population (California Hospital Council, based on OSHPD 2011 Public Patient Discharge Data). In short, our region has below average access to the type of psychiatric care to be provided by the new proposed facility.
- **Signature Healthcare determined that the Sacramento region has a significant need for additional psychiatric care services.** Signature Healthcare conducted its market need analysis based on 30-60 beds per 100,000 population, which translates into a regional need of 283-879 beds based on a population of approximately 1,988,927 people, and a County need of 112-537 beds based on a population of approximately 1,418,788 people. Thus, based on Signature Healthcare's analysis, the Sacramento region, including the County of Sacramento, is significantly underserved in terms of psychiatric care services. Signature Healthcare's analysis is attached as Exhibit A.

- **The Sacramento region is well below the minimum levels of psychiatric care service recommended by healthcare industry standards.** Signature Healthcare's market analysis formula is supported by an article from the November issue of Modern Healthcare Magazine that states a minimum of 50 beds per 100,000 population is a consensus target for providing treatment. With a current level of only 16.2 beds per 100,000 population, it is clear that the Sacramento region does not even meet the minimal levels of service recommended in the healthcare industry. The November 2013 issue of Modern Healthcare Magazine is attached as Exhibit B.
- **The need for increased psychiatric care is demonstrated by the proposed expansion of the Sierra Vista Hospital.** In October 2013, an application was filed with the City of Sacramento to expand the existing Sierra Vista Hospital by an additional 50 beds, which would result in a total of 170 beds at that facility. This represents a facility expansion of approximately 42%. Thus, the market place clearly indicates a significant need for additional psychiatric care services in the Sacramento region. The Sierra Vista Hospital application is attached as Exhibit C.
- **The County of Sacramento has confirmed the need for additional psychiatric care services.** In a November 29, 2013 Business Journal article, the County acknowledges that mental health services were drastically reduced in order to meet budget reductions over the past several years. The County also acknowledges the significant impact that these cuts have had on emergency rooms, which has resulted in tremendous impacts on those with non-psychiatric care needs. As such, the County of Sacramento has heralded the proposed new psychiatric facility located near the Sierra Oaks neighborhood on American River Drive. The November 29, 2013 Business Journal Article is attached as Exhibit D.
- **Numerous national studies and reports confirm the tremendous need for increased psychiatric care services.** Many reports concerning the insufficient levels of psychiatric care around the country confirm that even at the national level, there are simply not enough beds to serve those in need of psychiatric care services, which has significantly impacted hospital emergency room services. Attached as Exhibit E, is a summary of the reports along with citations to the various studies and reports relative to the lack of psychiatric care services.
- **Only a small percentage of those in need actually receive psychiatric care in Sacramento County.** Last year, in Sacramento County, only 5.46 percent of the Medical beneficiaries needing specialty mental health services actually received care

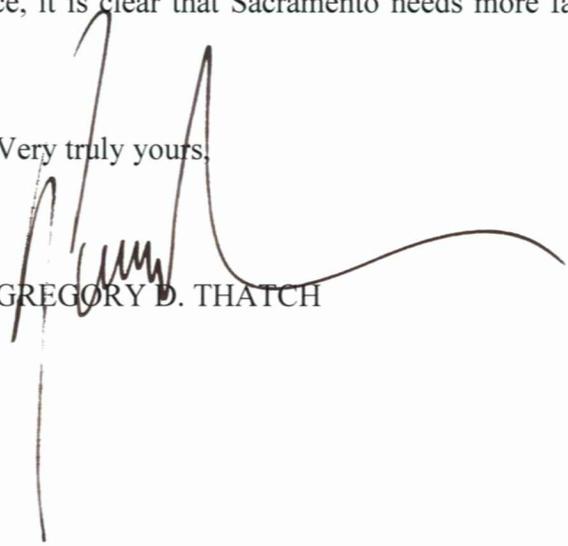
Mayor Johnson and Honorable Members of the Sacramento City Council
City of Sacramento
December 3, 2013
Page3

(California Healthcare Foundation, *A Complex Case: Public Mental Health Delivery and Financing in California*, p. 51). With the substantial expansion of the Medi-Cal population resulting from implementation of the Affordable Care Act beginning in January 2014, the rate of mental health care access will likely decrease, again indicating that need for more facilities.

- **Reports that the Sacramento region has the second highest suicide rate in the State of California confirm the significant need for increased levels of psychiatric care in the Sacramento region.** A 2013 report by the California Healthcare Foundation reveals that the Sacramento region has a suicide rate of 13.2 per 100,000 population, which is well above the statewide average of 10.2 per 100,000. As such, the Sacramento region has the second highest suicide rate in the state. The only area with a higher suicide rate, 20.4 per 100,000, is the Northern and Sierra Region that also depends on Sacramento County for mental health services (California Healthcare Foundation, p. 16).

Given this local and national evidence, it is clear that Sacramento needs more facilities now and in the years ahead.

Very truly yours,



GREGORY D. THATCH

GDT/rh
H0367.docx
enclosures

cc: David Kwong, City of Sacramento
Greg Bitter, City of Sacramento
Blair Stam, Signature Healthcare

EXHIBIT A

Sacramento Market Analysis for Psychiatric Bed Need

Freestanding	Beds	Competitive	Competitive				30 Miles	
			5 miles	10 miles	20 miles			
1 Heritage Oaks	125	125	0	125	125	125		
2 Sierra Vista	120	120	0	0	120	120		
3 Sutter Center for Psych	69	69	0	0	69	69		
Total Freestanding	314	314	0	125	314	314		1,418,788
	0	0	0	0	0	0		
4 Total Beds	314	314	0	125	314	314		
5 Population (2007)			276,783	757,316	1,588,421	1,988,927		
6 Current Bed Ratio (X/100k pop)			0	17	20	16		
7 Estimated Bed Need (30/100k pop)			83	227	477	597		
8 Existing Competitive Beds			0	125	314	314		
9 Excess Capacity			83	102	163	283		
10 Estimated Utilization			104	284	596	746		
11 Excess Capacity			104	159	282	432		

Sacramento Market Analysis for Psychiatric Bed Need

Freestanding	Sacramento County Beds
1 Heritage Oaks	125
2 Sierra Vista	120
3 Sutter Center for Psych	69
Total Freestanding	314
	<hr style="border: 0.5px solid black;"/>
	0
4 Total Beds	314 beds
5 Sacramento County Population (2010)	1,418,788
6 Current Bed Ratio (X/100k pop)	22 beds per 100,000
7 Estimated Bed Need (30/100k pop)	426 beds
8 Estimated Bed Need (50/100k pop)	709 beds
9 Estimated Bed Need (60/100k pop)	851 beds
10 Existing Beds	314 beds
11 Current Need @ 30/100,000	112 beds
12 Current Need @ 50/100,000	395 beds
13 Current Need @ 60/100,000	537 beds

EXHIBIT B



▶ 2014 Top 10 Health Technology Hazards

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Article published November 16, 2013

Bedding, not boarding

Psychiatric patients boarded in hospital EDs create crisis for patient care and hospital finances

By [Beth Kutscher](#)

Posted: November 16, 2013 - 12:01 am ET

Tags: [American Hospital Association \(AHA\)](#), [Behavioral Health](#), [Centers for Medicare & Medicaid Services \(CMS\)](#), [Cover Story](#), [Emergency Medicine](#), [Healthcare Reform](#), [Hospitals](#), [Insurance](#), [Mental Health](#), [Systems](#), [Top Stories](#)

With the total number of psychiatric inpatient beds plummeting nationally, hospitals are devising innovative ways of handling mentally ill patients who come to the emergency department as an alternative to "boarding" them in holding rooms and hallways while they await treatment.

These strategies include collaborating with other [hospitals](#) to place psychiatric patients in open beds, using separate psychiatric EDs, setting up crisis triage centers, and referring patients to residential treatment centers. They're striving to get mentally ill people help before they hit a crisis, including arranging appointments with [mental healthcare](#) providers and contacting patients regularly to help with medication compliance. A few health systems, such as HealthOne in Denver, are even adding psych beds, at least partly to reduce ED waiting times.

Health systems recognize that they need to address the psychiatric boarding problem because EDs bring in a lot of



Health systems recognize that they need to address the psychiatric boarding problem because EDs bring in a lot of paying patients, and delays in serving them because of the boarding of psychiatric patients can hurt revenue.

Photo credit: GETTY IMAGES

MH Takeaways

Hospitals are finding various ways to clear ED backlogs of psychiatric patients and speed patient flows. paying patients. Delays in serving them because of the boarding of psychiatric patients can hurt revenue.

Hospitals also are hoping that more mentally ill patients will gain insurance coverage for behavioral care through the federal healthcare reform law and the new federal mental health parity rule. In addition, many states are more closely integrating behavioral healthcare and substance-abuse treatment with physical healthcare in their revamped Medicaid managed-care programs, recognizing that better and more coordinated care for these expensive patients is key to reducing Medicaid costs.

Experts say the boarding problem arises in part from the political powerlessness of this patient population. "The mentally ill have the most limited self-advocacy because of the nature of the illness," said Dr. Martin Buxton, a psychiatrist at Chippenham Hospital in Richmond, Va. "It's been a perfect storm that's been brewing for the last 30 years."

In Ohio, which has one of the most critical bed shortages in the country, six hospitals have collaborated to create a Web-based "bed board," an online database that allows clinicians to find available psychiatric inpatient beds and transfer patients to those facilities on a first-come, first-served basis.

Hospitals also are investing in crisis-oriented outpatient care as another way to steer patients away from the emergency room. "A lot of the folks that are being seen may not need a hospital bed," said Dr. Larry Miller, a University of Arkansas psychiatrist who serves on the American Psychiatric Association's council on healthcare financing.

The deinstitutionalization of mentally ill patients starting in the 1960s and inadequate financing for community-based care has left many Americans without access to quality mental healthcare. In addition, hospitals across the country have sharply cut back on money-losing psychiatric beds. All of this has created a strain on hospital EDs, which are the last resort for patients, their families and public-safety officials dealing with people suffering from acute mental illness and substance-abuse problems.

Hospitals often resort to holding admitted psychiatric patients in hallways or other ED areas—sometimes in locked rooms—until inpatient beds are available. Patients may be admitted because of liability concerns related to the potential for suicide, but may not receive prompt and adequate assessment and treatment. Experts say the loud, hectic environment of the ED is bad for patients who are struggling with suicidal ideation, hallucinations or drug withdrawal. Staff and other patients may feel threatened by their behavior, requiring the presence of security officers and possibly the use of restraints. It's particularly hard to find psychiatric beds for patients with disabilities or special needs.

Disappearing beds

The number of state psychiatric beds decreased by 14% from 2005 to 2010. In 2005, there were 50,509 state psychiatric beds available nationwide. By 2010, the number had shrunk to 43,318.

Per capita state psychiatric bed populations by 2010 had plunged to 1850 levels.

In 1850, at the beginning of the movement to provide more humane care by treating seriously mentally ill persons in hospitals, there were

14 beds per 100,000 population. In 2010, the supply was virtually identical at 14.1.

Thirteen states closed 25% or more of their total state hospital beds from 2005 to 2010. New Mexico and Minnesota closed more than 50% of their beds; Michigan and North Carolina closed just less than 50%. Ten states increased their total hospital beds but continued to provide less than half the beds considered to be minimally adequate.

Nationwide, closures reduced the number of beds available in the combined 50 states to 28% of the number considered necessary for minimally adequate inpatient psychiatric services. A minimum of 50 beds per 100,000 population, nearly three times the current bed population, is a consensus target for providing minimally adequate treatment. (By way of comparison, the ratio in England in 2008 was 63.2 per 100,000.)

Many additional public psychiatric beds have been eliminated since 2010.

According to a congressional staff briefing provided by the National Association of State Mental Health Program Directors in March 2012, a total of 3,222 additional beds were closed between 2009 and 2012 in 29 states.

Additional plans to eliminate 1,249 more beds in 10 states have been announced.

These combined reductions suggest the current or imminent total number of public psychiatric beds to be 38,847, a 23% reduction since 2005.

—Treatment Advocacy Center

Some boarded for weeks

The National Association of State Mental Health Program Directors, in a survey of more than 6,000 EDs nationwide presented at a March 2012 congressional briefing, found that 70% reported boarding psychiatric patients for hours or days—and 10% boarded patients for several weeks. A 2008 American College of Emergency Physicians survey of 328 ED directors found that 61% of hospitals surveyed did not have psychiatric staff caring for ED patients while they waited.

A 2012 study in the journal *Emergency Medicine International* found that psychiatric patients requiring an inpatient bed at a large academic medical center remained in the ED more than three times longer than nonpsychiatric patients, costing the hospital about \$100 an hour based on the average hourly revenue it gets per bed. The researchers said the longer nonpsychiatric patients wait for treatment, the more likely the hospital is to suffer declines in quality of care, patient satisfaction and public reputation.

Doris Fuller, executive director of the Treatment Advocacy Center, an Arlington, Va.-based group that works to increase access to care for severely mentally ill patients, said the basic problem is that the country has reduced the number of psychiatric inpatient

beds in public and community hospitals that are accessible to all patients, including those on Medicaid and without insurance.

Twenty eight states and the District of Columbia slashed their mental health funding by a total of \$1.6 billion from 2009 to 2012, according to the National Alliance on Mental Illness.

'Public' beds trimmed

There were 43,318 "public" psychiatric beds in 2010—or just 14 per 100,000 people—compared with 50,509 in 2005 and 560,000 in 1955, according to a 2012 Treatment Advocacy Center report. Thirteen states closed 25% or more of their beds from 2005 to 2010, and some of those states closed nearly half their beds. Nationwide, closures reduced the number of beds available in all 50 states to 28% of the number considered necessary for minimally adequate inpatient psychiatric services, which is 50 beds per 100,000 population. And many additional beds have been eliminated since 2010, bringing the estimated current number to 38,847.

At the same time, 1 in 8 patients seen in EDs had a mental health or substance-abuse condition, and this problem has been on the rise for more than a decade, according to a 2007 survey from the Agency for Healthcare Research and Quality.

The American Hospital Association said hospitals have been closing psychiatric units because of low payments from public and private payers, uncompensated care for uninsured patients and a dearth of psychiatrists willing to work in hospitals. Meanwhile, community-based psychiatrists report that patients might wait months to get an appointment, often as their prescriptions run out. In addition, public mental health departments are overwhelmed by demand.

The emergency room is often the only option. In North Dakota, the number of patients coming into an ED with a primary psychiatric diagnosis more than doubled between 2011 and 2012, according to the Treatment Advocacy Center. In Arizona, requests for psychiatric consultations in the ED spiked 40% during the same period.

In Ohio, there are 23 psychiatric beds per 100,000 residents—less than half the ratio that mental health advocates believe is needed. So hospitals in central Ohio got together to take action. Before 2009, psychiatric patients in Franklin County, which includes Columbus, were languishing in EDs for as long as five days before admission, said Jeff Klingler, president and CEO of the Central Ohio Hospital Council. In May 2009, six hospitals established an online bed board, which includes information about the patient's gender, payer source and when they arrived at the ED. By July 2010, the average wait time for psych patients in the EDs of those hospitals dropped to 30 hours. By September 2013, it had fallen to 19.

While wait times in Franklin County have decreased, the number of psychiatric patients coming to EDs has continued to climb. In May 2009, the county's EDs saw 400 psychiatric patients. This past June, they saw 1,000. As a result, the participating hospitals implemented new procedures. When the number of psych patients reaches an

unsafe level at a hospital, the facility declares “surge status” and its psych patients move to the top of the waiting list.

Other states, including Maryland and Virginia, also are using a statewide bed tracking system.

In addition, there are efforts to get psychiatric patients into private freestanding psychiatric hospitals, which typically do not accept Medicaid patients or those without insurance.

The Patient Protection and Affordable Care Act established a Medicaid Emergency Psychiatric Demonstration under the CMS. The three-year pilot program provides \$75 million in funding to 11 states and the District of Columbia to create Medicaid reimbursement programs for emergency psychiatric care delivered at free-standing psychiatric hospitals.

Crisis-oriented outpatient care

Hospitals are investing in crisis-oriented outpatient care as another way to steer patients away from the emergency room. Chippenham Hospital in Richmond, Va., last month opened a crisis triage center to expedite services for mentally ill patients who are brought in for care under a mental health warrant or temporary detention order. The crisis center partnered with the local police department, which places officers trained in crisis intervention on-site. That frees the officers who bring in patients from having to wait until they are evaluated. Buxton, who serves as Chippenham's chief of psychiatry, said the new center screens patients for psychiatric and medical issues in about one-third of the time it would take if the patients were brought to the ED.

Experts say that while these various hospital innovations to address the crisis of psychiatric boarding will help, they won't solve the broader societal problem of the shortage of funding and resources to serve the mentally ill at inpatient facilities and in the community.

“The real innovation would be keeping people from getting this sick,” the Treatment Advocacy Center's Fuller said.

Follow Beth Kutscher on Twitter: [@MHbkutscher](#)

0

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EXHIBIT C



COMMUNITY DEVELOPMENT
DEPARTMENT

CITY OF SACRAMENTO
CALIFORNIA

300 RICHARDS BOULEVARD
3rd FLOOR
SACRAMENTO, CA
95811-0218

Planning Division - Zoning Administrator Development Project Routing Form

DATE: November 18, 2013

FILE NUMBER: Z13-130

TO: Building Inspections
 City Council District - 8
 Design Review
 DOT Traffic Studies - Zarah Bringas
 Environmental
 Fire - King Tunson #2528
 Long Range Planning
 Other: Sacramento County Mental
Health
 Neighborhood Groups

Geographic Senior
 Parks - MC #190000
 Police Plan Review
 Team Lead -
 Urban Forest Services
 Utilities
 Other:

FROM: Ellen Marshall, Community Development Department
Phone #: 916-808-5851

E-mail: emarshall@cityofsacramento.org

PLEASE RESPOND BY: 12/4/2013

PROJECT DETAILS:

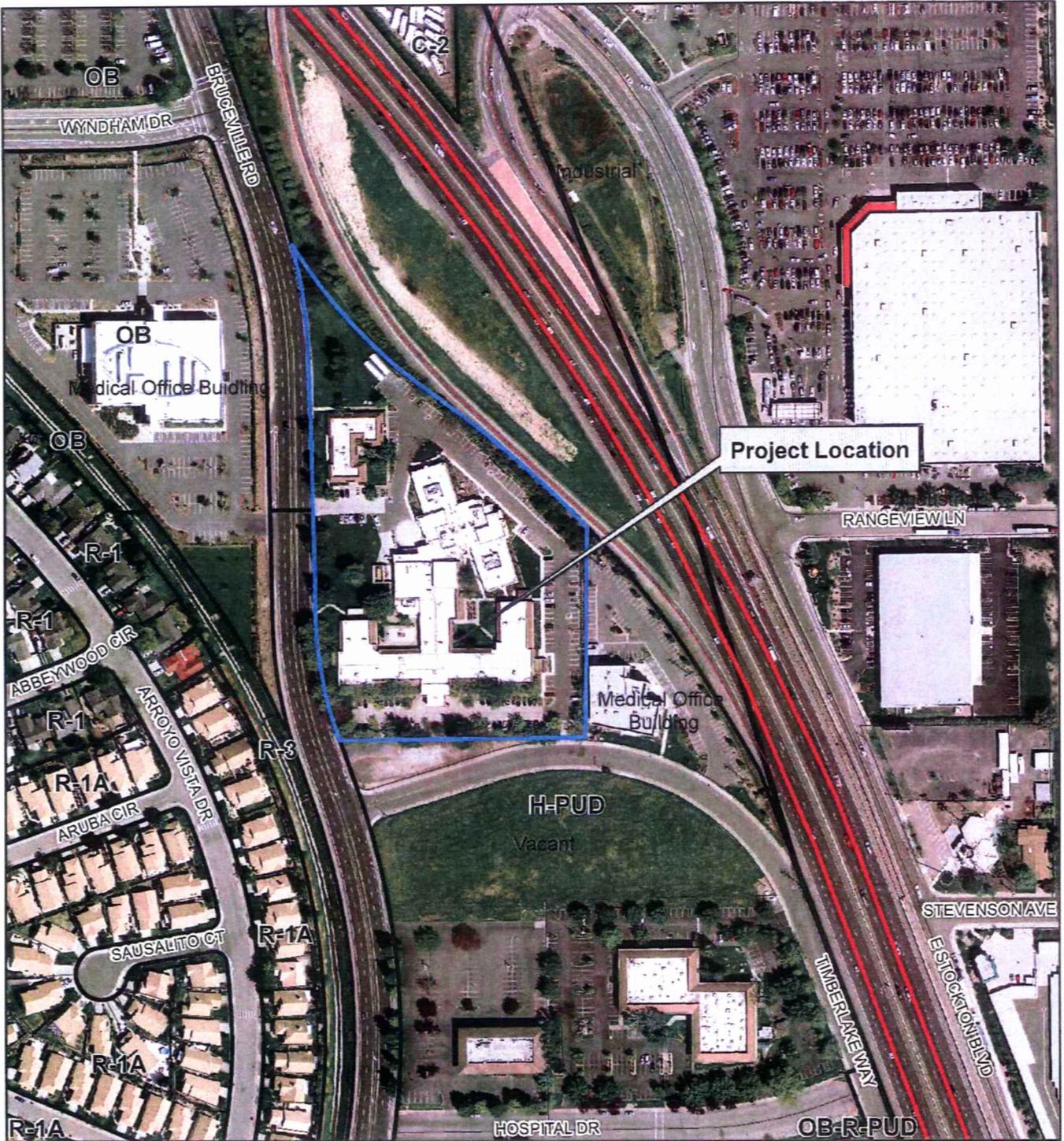
Project Name: Sierra Vista Hospital Expansion
Project Location: 8001 BRUCEVILLE RD
Assessor's Parcel Number: 117-0120-028-0000
Applicant's Name: Chad Gamble
Applicant's Phone Number: 916-772-7688

PROJECT DESCRIPTION:

A request to expand an existing psychiatric hospital located on 6 acres in the Hospital (H-PUD) zone at 8001 Bruceville Road. This request requires a Zoning Administrator Major Modification and Site Plan and Design Review.

Entitlements:

- * Conditional Use Permit - Major Modification A request to expand an existing psychiatric hospital located on 6 acres in the Hospital (H-PUD) zone at 8001 Bruceville Road.
- * SPDR - 20,000 to 100,000 sf A request to expand an existing psychiatric hospital by 92,835 sq.ft. located on 6 acres in the Hospital (H-PUD) zone at 8001 Bruceville Road.

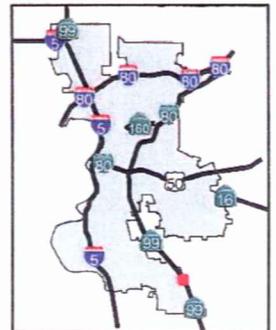


Community Development
Department

Geographic
Information
System

Land Use & Zoning

November 18, 2013



Z13-130

Planning Division Universal Application

The City of Sacramento Planning Division has designed this application in order to obtain important information about your proposed project that will help us in expediting the application process. Please complete all sections providing as much detail as possible regarding the scope of your proposal. Questions regarding this application can be emailed to planning@cityofsacramento.org or you can visit the public counter from 9:00 a.m. to 12:00 p.m., or from 1:00 p.m. to 4:00 p.m. at 300 Richards Boulevard 3rd Floor, Sacramento California to speak to a City Planner.

Subject Site Information

Site address or location of property: 8001 Bruceville Road, Sacramento CA 95823
Assessor's Parcel Number: 117-0120-028-0000
Total property size in acres (Gross/Net): 6 acres
Square feet if less than one (1) acre: _____
Lot dimensions: See Plan

Applicant Information

Contact name: Chad Gamble
Company name: KPFF Consulting Engineers
Mailing Address: 1508 Eureka Road, Suite 200
City: Roseville State: CA Zip: 95661
Phone: 916-772-7688 Ext: _____ Fax: _____
Email Address: cgamble@kpff-sacramento.com

Owner Information

Contact name: Alan Schulz
Company name: BHC Sierra Vista, Inc.
Mailing Address: 8001 Bruceville Road
City: Sacramento State: CA Zip: 95823
Phone: (760) 985-1670 Ext: _____ Fax: _____
Email Address: alan.schulz@husinc.com

Staff Use Only

Date Filed: 10/24/13 Received By: ABLOG
File number(s): P13-0061

Zoning Information

Zoning: H-PUD
 Overlay Zone: n/a
 Special Planning District: n/a
 Planned Unit Development: Yes - Methodist Hospital
 Design Review District: District 18 - City Wide Single Family, Alt. Design Area
 Historic District: n/a Landmark Structure: YES NO
 Community Plan Designation: _____
 General Plan Designation: _____

Zoning & Existing Land Use Adjacent To The Project Site

	Zone	Existing Land Use (i.e., residential, commercial, industrial)
North	<u>Highway 99</u>	<u>State Highway</u>
South	<u>H-PUD</u>	<u>Empty / Medical Office Buildings</u>
East	<u>Highway 99 / H-PUD</u>	<u>State Highway / Medical Office Buildings</u>
West	<u>OB - Office Building</u>	<u>Kaiser Permanente Medical</u>

Project Information

Name of your project: Sierra Vista Hospital Expansion
(Please enter a name you would like to give your project for future reference.)

Previous Land Use

List existing and previous land use(s) of site for the last 10 years. _____
Mental health hospital and medical office building

Has the project or project site received previous planning entitlements? YES NO
 If yes please identify the project number and date of approval: App # P84-095 April 1984, App #P91-015 July 1991, App P06-138 Jan 2007

Planning Entitlement Type

- | | | | | |
|---|---|--|--|---------------------------------------|
| <input checked="" type="checkbox"/> Planning Commission | <input type="checkbox"/> Zoning Administrator | <input type="checkbox"/> Planning Director | <input type="checkbox"/> Design Review | <input type="checkbox"/> Preservation |
| <input checked="" type="checkbox"/> Special Permit | <input type="checkbox"/> Tentative Map | | <input type="checkbox"/> Preliminary Review | |
| <input checked="" type="checkbox"/> Major Modification | <input type="checkbox"/> Subdivision Modification | | <input type="checkbox"/> General Plan Amendment | |
| <input type="checkbox"/> Minor Modification | <input type="checkbox"/> Variance | | <input type="checkbox"/> Community Plan Amendment | |
| <input type="checkbox"/> Plan Review | <input type="checkbox"/> Time Extension | | <input type="checkbox"/> Planned Unit Development | |
| <input type="checkbox"/> Major Modification | <input type="checkbox"/> (File Number) _____ | | <input type="checkbox"/> Schematic Plan Amendment | |
| <input type="checkbox"/> Minor Modification | <input type="checkbox"/> Special Permit | | <input type="checkbox"/> Guidelines Amendment | |
| <input type="checkbox"/> Rezone | <input type="checkbox"/> Plan Review | | <input type="checkbox"/> Preservation Staff | |
| <input type="checkbox"/> Design Review Staff | <input type="checkbox"/> Variance | | <input type="checkbox"/> Preservation Director | |
| <input type="checkbox"/> Design Director | <input type="checkbox"/> Tentative Map | | <input type="checkbox"/> Preservation Commission | |
| <input type="checkbox"/> Design Commission | | | <input type="checkbox"/> Reasonable Accommodation
(For Residential Projects Only) | |

*If you are unsure of the planning entitlement type you are applying for, please meet with a Planner-on-duty to review your project at our public counter.

Project Narrative

Sierra Vista Hospital, located at 8001 Bruceville Road in Sacramento, is moving forward with their long planned expansion project which is necessary to meet the growing need for mental health services in the Sacramento region. Sierra Vista Hospital has been a full-service mental health facility and a center of support for patients and their families since 1986. Professionals within the existing 120 bed facility offer much needed clinical expertise to those in the Sacramento and surrounding area suffering from emotional, behavioral and addiction problems.

The project is a two story expansion which will add 50 patient beds, increasing the facilities existing capacity by 33%. The addition will enable Sierra Vista to expand access to the community by 40%. The expanded access will be connected to the northwest corner of the existing hospital building. It will require a Major Modification to a Special Permit and is located in the H-PUD zoned area for Methodist Hospital dated April 12, 1984.

The facility's construction is planned to match the aesthetics of the existing hospital. The inside of the structure will contain semi-private patient rooms, the necessary nurses' station, staff offices, day room, quiet room and other ancillary spaces meeting all requirements for a State licensed facility. Sufficient dining and recreation spaces have already been planned for and included as part of the original hospital construction and therefore will not be necessary in this expansion. The addition is anticipated to increase the number of doctors and support staff from the current staff of 250 full-time employees to 350 full-time employees. Moreover, with this expansion, the facility will be able to serve monthly an additional 50-75 community members in need of care. To facilitate the expansion, seven pine trees will be removed on a vacant section of the parcel.

Parking to accommodate the additional patients, doctors, staff and visitors will be created by adding parking spaces on the existing parcel through new construction at the north end of the lot and the restriping of existing spaces. An additional 35 spaces will be created which includes 3 spaces dedicated to carpool/vanpool only, bringing the total number of spaces to 194. Per city ordinance 17.184.080, the addition of carpool/vanpool only spaces can allow for a 5% reduction in the required off-street parking for the hospital and adjacent medical office building. A parking analysis indicated that with this 5% reduction, the required number of spaces will be 194.

In order to treat the storm water runoff of the new building and parking area, swales will be included adjacent to both structures. Curb cuts in the parking area and small designed graded channels will be used to allow the runoff to reach the swales.

Also part of this project, in an effort to improve traffic flow at the intersection of Bruceville Road and Timberlake Way, the driveway access on the southwest corner of the property will be relocated as requested by Sacramento Department of Transportation.

Overall, it is the intent of this project to improve the level of service which Sierra Vista Hospital has been providing to the Sacramento region for over 25 years.

Neighborhood Contact

Please describe contact with property owners and/or neighbors adjacent to the subject site:

None

Please describe any contact you have had with Neighborhood Associations, Community Groups, and/or Business Associates in the area surrounding your project site:

None

Site Characteristics

Are there any structures on the project site? YES NO

If yes, how many? 2

If yes, are any 50 years old or older? No

Proposed use of existing structure(s) Mental Health Hospital & MOB - No change to current use

Are any structures to be demolished? YES NO

If yes, the age? _____

Are there any trees on the project site? YES NO

If yes, the age? ~18 years

Are there trees to be removed? YES NO

Are there any easements crossing the site? YES NO If yes, please show on site plan.

Residential Projects: Part 1

Fill in the next three sections if your project has residential units.
Complete both residential and non-residential sections if you are submitting a mixed-use project.

Total Number of Lots: _____ Gross Density/ Acre: _____

Total Dwelling Units: _____ Total Acreage: _____

Acreage gross and/ or net: _____ Square feet per Unit: _____

Number of Single Family Units: _____

Number of Two Family/ Duplex/ Halfplex Units: _____

Number of Multi-Family/ Apartments/ 3+ Units: _____

Number of Condominium Units: _____

Are any of these proposed units to be subsidized? YES NO

If yes, please state the number of units and describe the type and source of the subsidy. _____

Have the required number of low-income units been provided? YES NO Number _____

Residential Projects: Part 2

Structure Size

Size of all existing structures (Identify separately):

Residence Gross square footage: _____
Garage Gross square footage: _____
Other Gross square footage: _____
Size of new structure(s) or building addition(s): Gross square footage: _____
Total square footage: _____

Building Height

Existing building height (Measured from ground to highest point): _____ ft. _____ # of floors
Proposed building height (Measured from ground to highest point): _____ ft. _____ # of floors

Lot Coverage

Building Coverage Area* (sq. ft.): _____ Project Site Lot Area (sq. ft.): _____

Total lot coverage percentage: _____ %

Example: building area (2000')/ lot area (5000') = 40% total lot coverage

*Include all covered structures (patios, porches, sheds, detached garages, etc.)

Residential Projects: Part 3

Exterior Materials

Existing Exterior Building Materials: _____
Existing Roof Materials: _____
Proposed Exterior Building Materials: _____
Proposed Roof Materials: _____
Existing Exterior Building Colors: _____
Proposed Exterior Building Colors: _____

Parking Requirements

Total number of on-site parking spaces: Required _____ Proposed _____

Total number of off-site parking: _____
(Include a signed lease agreement or letter of agency)

Signage

Does this proposal include signs? YES NO

Non-Residential Projects: Part 1

Fill in the next three sections if your project has non-residential use components.
Complete both residential and non-residential sections if you are submitting a mixed-use project.

Type of use(s) proposed: Mental Health Hospital

Previous use(s) in the building: Mental Health Hospital

Hours of operation of the proposed use: 24 Hour in patient care

If your project includes fixed seats, how many are there? n/a

Gross Square Footage of:

Warehouse Area:	_____	Sales Area:	_____
Office Area:	_____	Medical Office Area:	7,200
Storage Area:	_____	Church Area:	_____
Restaurant/ Bar Area:	_____	Theater Area:	_____
Other Area:*	85,635	Other Area:*	_____

*Describe use type of "other" areas

Non-Residential Projects: Part 2

Structure Size

Size of all existing structures (Identify separately):

Commercial	Gross square footage:	_____
Other - <i>Mental Health Hospital</i>	Gross square footage:	65,001
Other	Gross square footage:	_____
Size of new structure(s) or building addition(s):	Gross square footage:	20,634
	Total square footage:	92,835

Building Height

Existing building height (Measured from ground to highest point): _____ ft. 1 # of floors
Proposed building height (Measured from ground to highest point): 36 ft. 2 # of floors

Lot Coverage

Building Coverage Area* (sq. ft.): 92,835 Project Site Lot Area (sq. ft.): 261,360
Total lot coverage percentage: 35.5 %
Example: building area (2000')/ lot area (5000') = 40% total lot coverage
*Include all covered structures (patios, porches, sheds, detached garages, etc.)

Non-Residential Projects: Part 3

Exterior Materials

Existing Exterior Building Materials:	Brick
Existing Roof Materials:	Concrete Tile (sloped), Built-up roofing
Proposed Exterior Building Materials:	Painted Textured Concrete, Glass Store Front & Brick
Proposed Roof Materials:	Single ply cool roof
Existing Exterior Building Colors:	Brown, light brown, reddish brown
Proposed Exterior building Colors:	Match Existing

Parking Requirements

Total number of on-site parking spaces: Required 206 Proposed 194
Total number of off-site parking: None
(Include a signed lease agreement or letter of agency)

Signage

Does this proposal include signs? Yes No

**City of Sacramento
Letter of Agency**

If the applicant is not the owner of record of the subject site, a Letter of Agency from the owner or the owner's authorized representative must be submitted which grants the applicant permission to submit an application for the requested entitlement(s).

Date: 10-23-13

To: City of Sacramento
Community Development Department
300 Richards Boulevard
Third Floor
Sacramento, CA 95811

Community Development Department:

I, the undersigned legal owner of record, hereby grant permission to:

Applicant: Chad Gamble Phone: 916-772-7688

Applicant's Address: 1508 Eureka Road, Suite 200, Roseville CA 95661

to apply for the following entitlement(s):

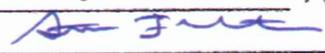
- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Special Permit | <input type="checkbox"/> Rezone | <input type="checkbox"/> Community Plan Amendment |
| <input checked="" type="checkbox"/> Major Modification | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Planned Unit Development |
| <input type="checkbox"/> Minor Modification | <input type="checkbox"/> Parcel Merge | <input type="checkbox"/> Schematic Plan Amendment |
| <input type="checkbox"/> Plan Review | <input type="checkbox"/> Time Extension | <input type="checkbox"/> Guidelines Amendment |
| <input type="checkbox"/> Major Modification | <input type="checkbox"/> File # _____ | <input type="checkbox"/> Design Review Staff |
| <input type="checkbox"/> Minor Modification | <input type="checkbox"/> Special Permit | <input type="checkbox"/> Design Director |
| <input type="checkbox"/> Variance | <input checked="" type="checkbox"/> Plan Review | <input type="checkbox"/> Design Commission |
| <input type="checkbox"/> Tentative Map | <input type="checkbox"/> Variance | <input type="checkbox"/> Preservation Staff |
| <input type="checkbox"/> Preliminary Review | <input type="checkbox"/> Tentative Map | <input type="checkbox"/> Preservation Director |
| <input type="checkbox"/> Subdivision Modification | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Preservation Commission |

The subject property located at: 8001 Bruceville Road

Assessor's Parcel Number: 117-0120-028-0000

Printed Name of Owner of Record: Steve Filton, Sr. Vice President, CFO

Address of Owner of Record: 367 So. Gulph Rd., King of Prussia, PA, 19406 Phone: (760) 985-1670

Signature of Owner of Record: 
(must be original signature)

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Environmental Questionnaire

Providing the following information regarding the environmental setting with your application is one the most effective ways to expedite your environmental review. If your site contains structures more than 49 years old, large trees, natural drainage ways, low lying areas where water pools during the rainy season, or wetland areas, supplemental information may be requested in order to conduct the environmental review of your project. If you are quite certain that your project includes the demolition of older structures, removal of trees or impacts wetlands you may wish to provide the appropriate information with your original submittal.

Environmental Questionnaire: Part 1

Describe the project site as it exists today, including information on topography, water features, soil stability, plants and animals and any cultural, historical or scenic aspects. Describe any existing structures on the site and the use of the structures. Attach photographs of the site.

See attached titled "Environmental Questionnaire: Part 1"

Environmental Questionnaire: Part 2

Describe the surrounding properties, including information on plants and animals, water features and any cultural, historical or scenic aspects. Indicate the type of land use (residential, commercial, etc.) intensity of land use (one-family, apartment houses, shops, department stores, etc.) and scale of development (height, frontage, setback, rear yard, etc.) Attach photographs of the vicinity.

See attached titled "Environmental Questionnaire: Part 2"

Certification

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial elevation to the best of my ability and that the facts, statements and information presented are true and correct to the best of my knowledge and belief.

Signature: Sam Just Date: 10-23-13

Environmental Questionnaire: Part 1

The site is bordered by State Highway 99 to the east northeast, Bruceville Road to the west, and Timberlake Way to the south. The site primarily contains manmade structures including asphalt and concrete parking, a medical office building, and a hospital all of which are lined with many types of trees, shrubs and grass. There are two buildings on the site, the Sierra Vista Professional Office Building – a medical office building – and the Sierra Vista Hospital. Both buildings were originally constructed in the 1980's and are surrounded by trees of various ages and sizes, the largest of which are pine trees. The trees on site vary in diameter from a few inches to 36 inches. It is estimated that the largest of these is approximately 18 years old. There are no water, cultural, or historical features on the site.

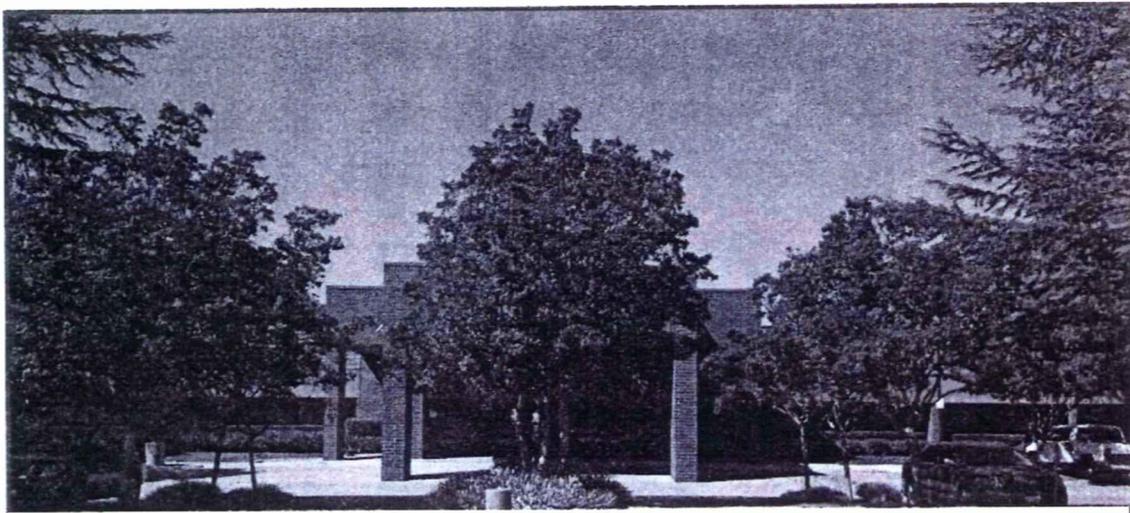


Figure 1: Sierra Vista Hospital Main Entrance – Looking North

The Sierra Vista Hospital (see Figure 1) is centrally located on the site. It is a 65,000 square foot hospital with 120 beds and 24/7 emergency access. It is a full service mental health facility supporting patients suffering from emotional, behavioral and addiction problems. The main building is a single story brick building with a south facing entrance.

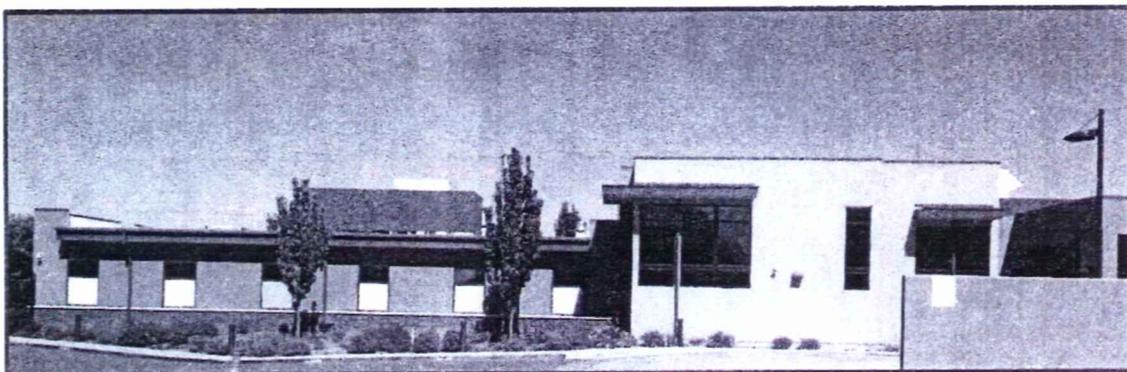


Figure 2: 2007 Hospital Expansion – Looking East

An expansion, which was added in 2006, is also a single story and has a painted/textured concrete and brick exterior (see Figure 2). The hospital is surrounded by grass, trees, shrubs and concrete walkways. On the north, south, and east of the structure lie concrete and asphalt parking lots which are shaded by many trees and shrubs located in the planting strips spread throughout the lots. To the west, the hospital is bordered by Bruceville Road.

The Sierra Vista Professional Office Building located on the north end of the property, is a 7,200 square foot medical office building. The building houses professionals supporting the needs of the adjacent hospital. It is a single story brick building with multiple entrances to individual offices. It is surrounded on the north, south and east by parking lots with a landscaping strip between them. The landscaping consists of medium to tall trees, shrubs, grass and walkways. To the west of the structure is a grassy area containing several trees before reaching the bordering Bruceville Road.



Figure 3: Medical Office Building – Looking North

Topography

The site is generally flat and slightly elevated above the surrounding adjacent properties. However, there are two low points to which the site drains. Approximately half of the site drains to an inlet located on the east side of the project and just north of the northern access drive along Bruceville Road. The remaining portion of the site drains to an inlet located on the south east corner of the site at the intersection of Timberlake Way and Bruceville Road



Figure 4: South Entrance – Looking North

The Main Entrance to the hospital faces south. Here are some of the largest trees on the site as well as flowering trees and shrubs (see Figure 4). Just past these features, the hospital faces an empty lot containing no vegetation which fronts Timberlake Way.

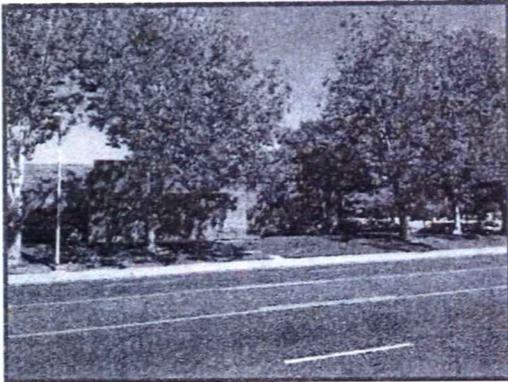


Figure 6: West Side of Hospital/Bruceville Road – Looking East

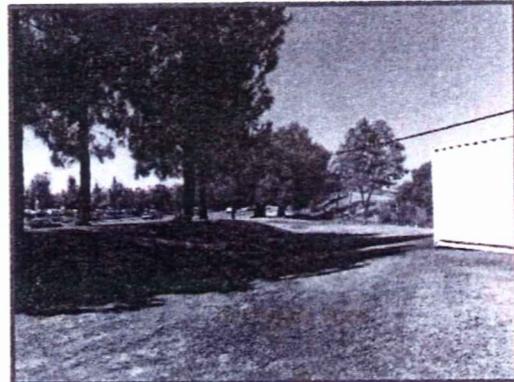


Figure 5: North Side of Medical Office Building – Looking North

The west side of the site is lined by Bruceville Road (see Figure 5). Between the building and roadway, there is a grassy area with small hills lined by shallow swales and topped by tall pine trees. There is a bus stop located on the east side of the hospital which generates some pedestrian traffic.

To the north of the hospital is the Sierra Vista Hospital Professional Office Building (see Figure 3) which contains medical office space. Like the hospital, it too has hills lined with swales and topped by trees (see Figure 6). North of the medical office building is an open grassy area containing pine trees and a walkway to access the rear of the medical office building.



Figure 7: East Side Parking Area – Looking West

The east side of the property contains the majority of the parking space (see Figure 7). It is a curb lined asphalt lot running the length of the two structures ending in a driveway to Timberlake Way. The lot contains 90 degree parking spaces on both sides of a two-way access drive. Curb lined planters containing small shade trees are spaced intermittently along the access drive.

Soil stability

According to a Geotechnical Engineering Report prepared on July 31, 2013 by Wallace-Kuhl & Associates, the upper three to five feet of soil beneath the upper six (6) inches of topsoil generally consist of stiff to very stiff silty clays. These are underlain by variably cemented layers of medium dense to very dense sandy silts, hard clayey silts, and medium dense to very dense silty sands down to the exploration depth of about 21 ½ feet. The permanent groundwater table is indicated to be at depths greater than 65 feet below existing ground surface.

In general, the Wallace-Kuhl report recommended at least two (2) feet of imported, non-expansive engineered fill placed below the building pad to reduce settlement and the effects of potential expansion/contraction of clay soils. If this recommendation is followed, the report indicated that all undisturbed/engineered fill soils have a very low potential for liquefaction during seismic events and are capable of supporting the proposed structure and pavements.

Environmental Questionnaire: Part 2

The site of the Sierra Vista Hospital Expansion is bordered on the east northeast by State Highway 99. The highway is a six (6) lane divided highway with exit/entrance ramps to Stockton Boulevard in the area of this site (see Figure 9).

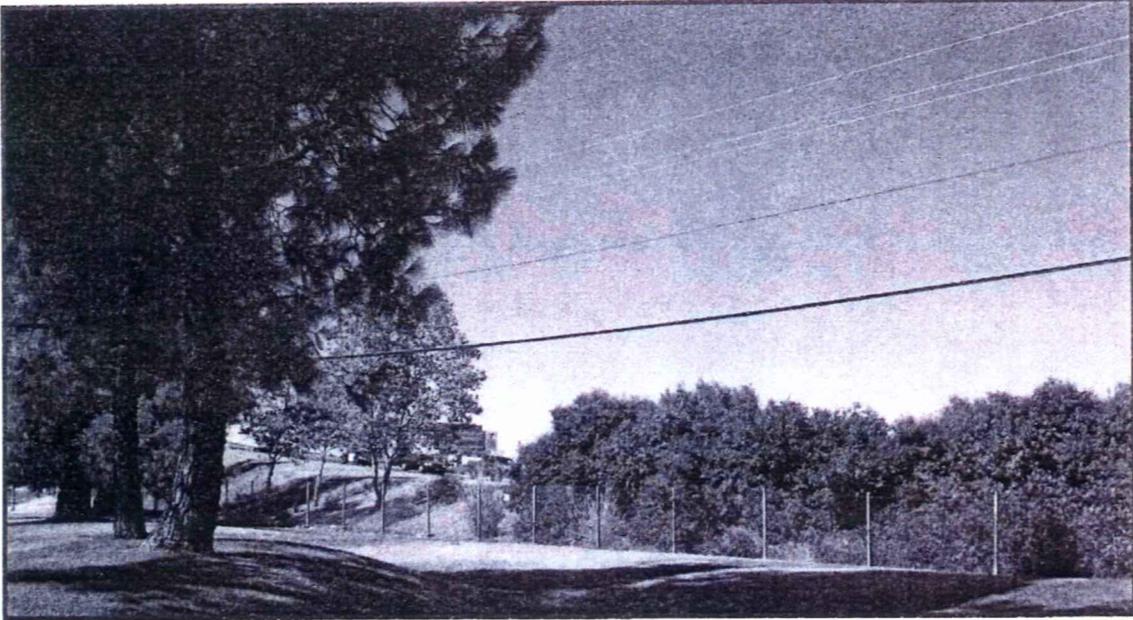


Figure 8: State Highway 99 – Looking Northeast

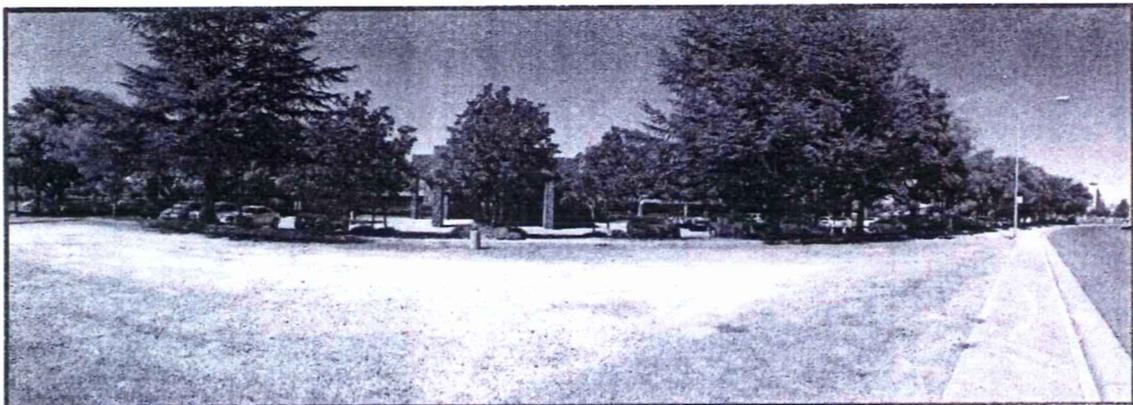


Figure 9: Adjacent Gravel Lot – Looking North

Directly adjacent to the property on the south lays a vacant gravel lot with little to no vegetation (see Figure 9). Also on the south, the property is bordered by Timberlake Way. On the south side of Timberlake Way is another vacant lot with light vegetation (see Figure 11). This entire area is zoned H-PUD and it is anticipated that it will be used for this purpose.

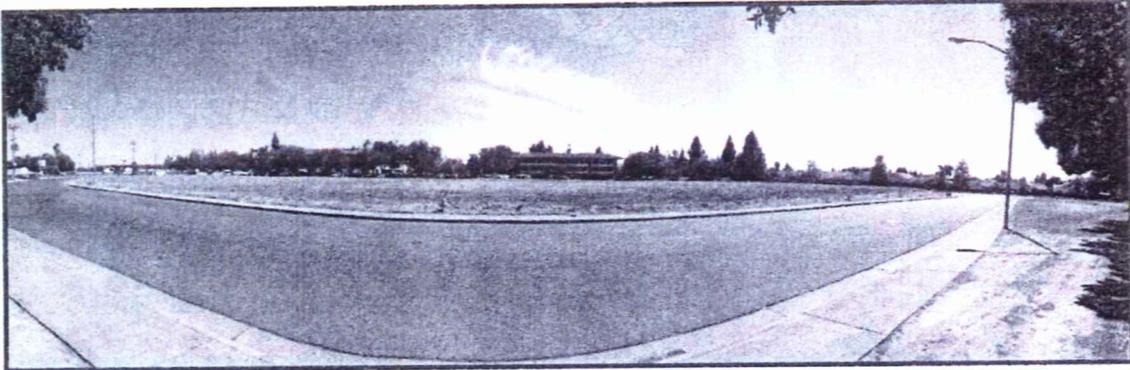


Figure 10: Timberlake Way & Vacant Lot – Looking South

The west side of the Sierra Vista Hospital site partially contains a residential development comprising of single story, single family homes. From the hospital, these homes are located across Bruceville Road and an adjacent irrigation canal (see Figure 10). The distance from the edge of hospital property to the back fence of these homes is greater than 120 feet.

The primary development to the west of the project is a Kaiser Permanente Medical Center and Medical Office Building and parking facility. The building is two stories high and contains a pharmacy, labs, imaging center, and primary care and specialty care physicians offices. It serves the general public. Both the residential and hospital areas to the west of Sierra Vista Hospital contain medium sized trees and shrubs as well as open grassy areas.

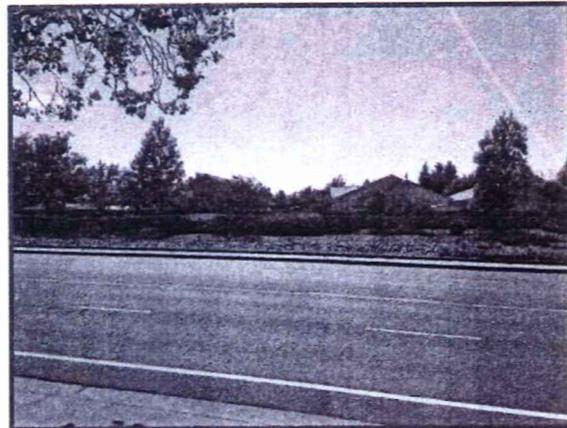


Figure 12: Bruceville Road, Irrigation Canal, Residential Area – Looking West



Figure 11: Kaiser Permanente Medical Services Building – Looking Northwest

Recycling Information

A Statement of Recycling Information is required for all new multi-family residential units of 5 or more and commercial, office, industrial and public/ quasi-public uses. New development is defined as the construction of a new building or an addition that is greater than 10% of the existing building. The statement shall include at least the following:

- A. **Information describing the flow of recyclable materials** through the building or operation including: the location of collection points, how materials are collected and transferred to the main trash/recycling enclosure, and what materials will be recycled initially by the project. (Attach information)
- B. **Site plan and elevations of the trash/recycling enclosure(s)** indicating the location and size of the enclosure(s), the types and sizes of dumpsters/receptacles, and the access and security measures planned for the enclosure(s). (Attach plans).
- C. **Construction Plan:** What recycled material(s) will be used in the construction of the new building(s) or addition(s) (e.g. reused brick, recycled steel beams)
- D. **Demolition Plan:** Are there any buildings to be demolished on the site? YES NO
If yes, what material(s) are proposed to be separated and collected for recycling (e.g. brick, steel beams, aluminum)
- E. **Education/Public Relations Information:**

Please indicate how users of the trash/recycling receptacles will be instructed about how to use the enclosure(s). (Attach information)

Please answer the following questions regarding recycling and solid waste disposal for the proposed project:

Number of Trash/ Recycling Enclosures: 1

Size of Trash/ Recycling Enclosures: 675 square feet

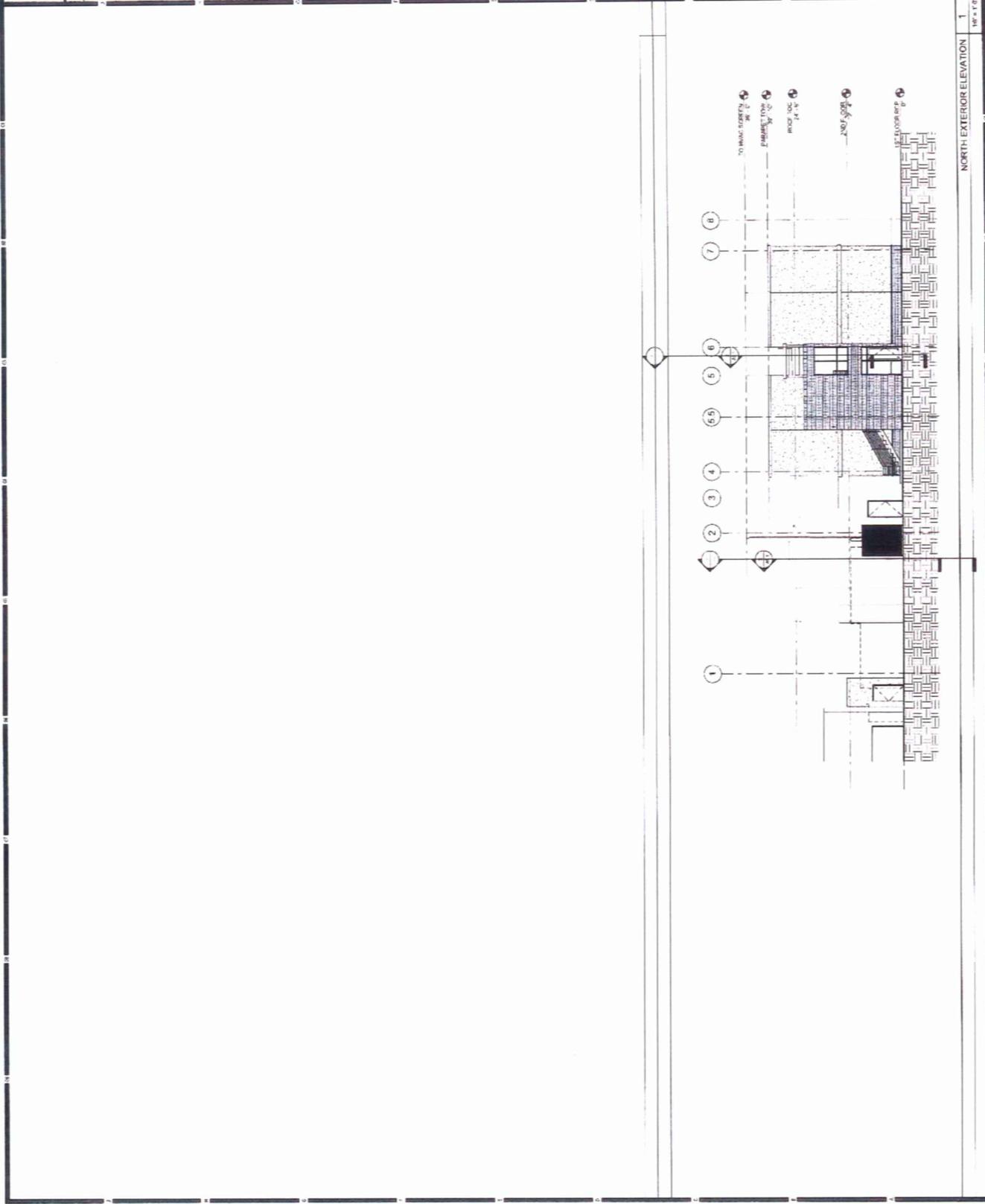
Total Number of Cubic Yards allocated for Recycling: Required: _____ Proposed: _____

Materials to be recycled during the operations of the business/ apartment complex: paper products

Please note that once this application is submitted to the City of Sacramento, your information may be subject to public record. However, please note that the City will not sell your data or information for any purposes.

Recycling Information

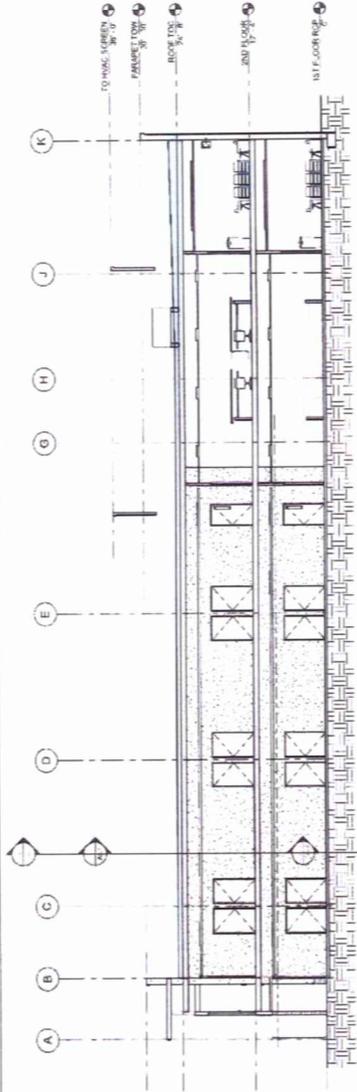
Recyclables are collected at points throughout the building (see attached Recycling Plan) and then transferred to the single 5 cubic yard collection container located in the northwest of the exterior of the hospital. From here, it is collected through the Sacramento City waste management system. Recyclables primarily include paper, plastic bottles and aluminum cans. In addition to these points, all staff are instructed to place confidential medical information into shredding machines which are then included by housekeeping into the recycled paper disposal process.



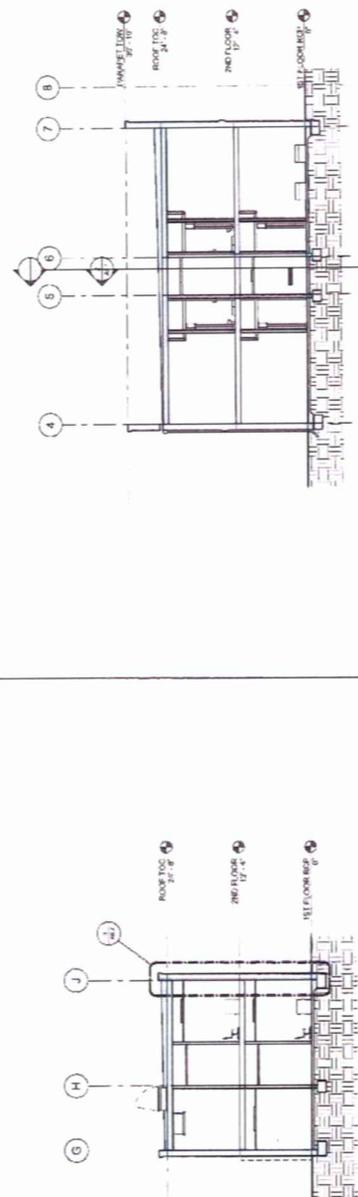
NOTES

REFER TO THE GENERAL NOTES FOR MORE INFORMATION

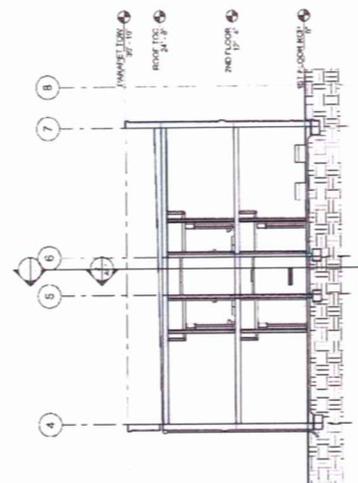
BUILDING LONGITUDINAL SECTION
 2
 1/8" = 1'-0"



BUILDING CROSS SECTION - STAFF / SERVICE
 3
 1/8" = 1'-0"



BUILDING CROSS SECTION - PATIENT ROOMS
 1
 1/8" = 1'-0"



GENERAL CONTRACTOR INFORMATION

UHS
 UNIVERSITY HEALTH SERVICES
 1001 UNIVERSITY AVENUE, SUITE 1000
 SAKALAMA, CA 94588 (916) 990-7700

DATE: 08-20-11

PROJECT: A6.1

OSHPD PRELIMINARY

KEYNOTES

- 1. 1/4" = 1/8" SCALE
- 2. 1/4" = 1/8" SCALE
- 3. 1/4" = 1/8" SCALE
- 4. 1/4" = 1/8" SCALE
- 5. 1/4" = 1/8" SCALE
- 6. 1/4" = 1/8" SCALE
- 7. 1/4" = 1/8" SCALE
- 8. 1/4" = 1/8" SCALE
- 9. 1/4" = 1/8" SCALE
- 10. 1/4" = 1/8" SCALE
- 11. 1/4" = 1/8" SCALE
- 12. 1/4" = 1/8" SCALE

NOTES

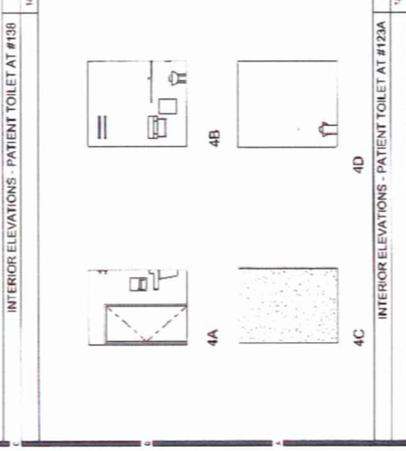
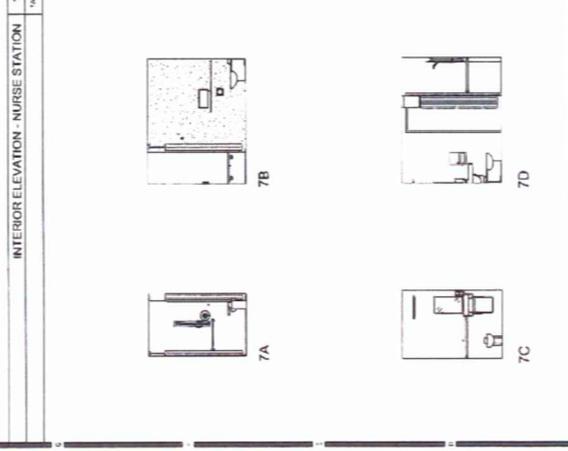
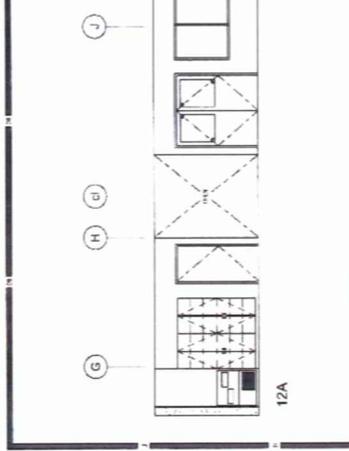
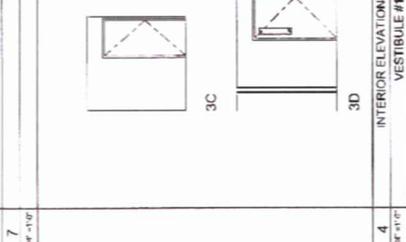
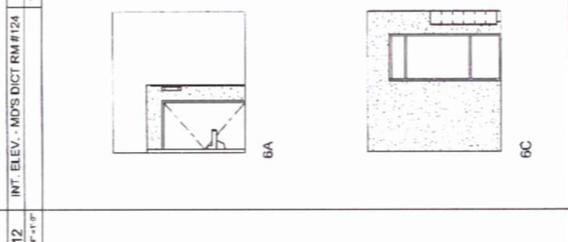
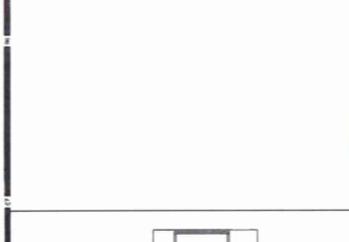
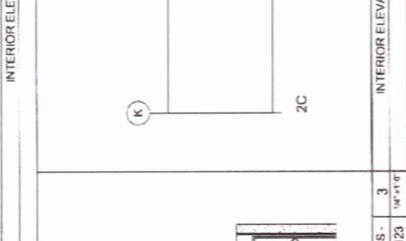
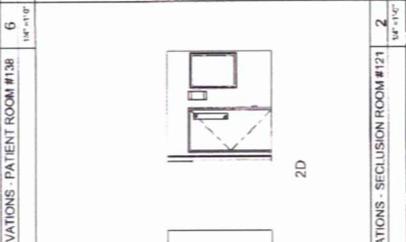
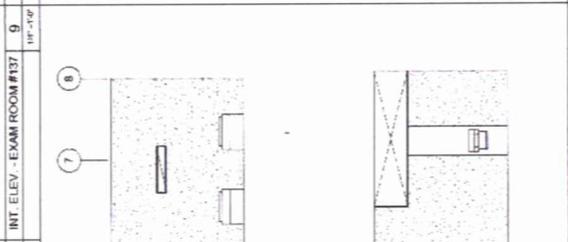
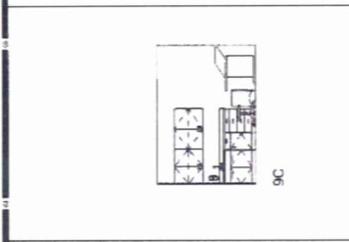
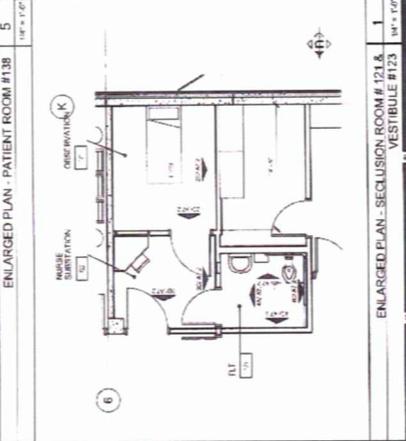
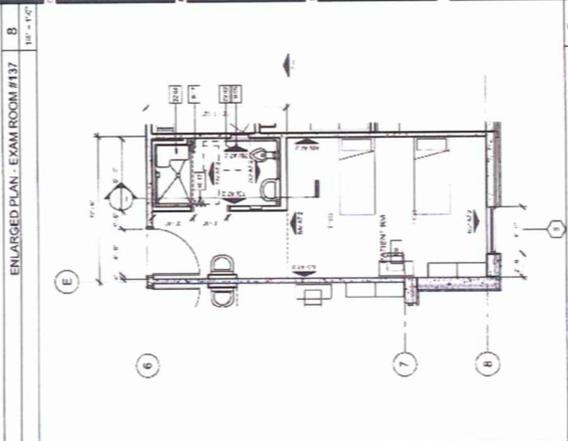
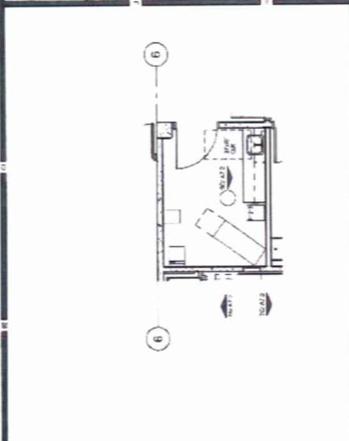
1. SEE OTHER SHEETS FOR FINISHES AND MATERIALS.



ENLARGED TOILET PLANS AND INTERIOR ELEVATIONS

Project No.	11110101
Client	UHS
Architect	HMC
Date	08.26.2015
Sheet No.	A7.2

OSHPD PRELIMINARY



PH: 602.441.1111

NO.	DATE	REVISIONS	APPROVED

Date: 10/Sept/13
Drawn: JOD
Checked: JOD NO. 213-070
Drawing No.

L1 OF 1



SCALE 1" = 30'-0"

- PROPOSED SCOPE OF LANDSCAPE IMPROVEMENTS**
1. REMOVAL OF EXISTING LAWN, SHRUBS, AND TREES WITHIN THE PROPOSED HOSPITAL EXPANSION AND NEW PARKING AREAS.
 2. PARKING LOT SHADE TREE PLANTING TO MEET THE PARKING LOT SHADE ORDINANCE.
 3. WATER CONSERVING TREES, SHRUBS, AND GRASS COVERED IN NEW PLANTING BEDS AROUND THE PROPOSED HOSPITAL EXPANSION AND NEW PARKING AREAS TO MEET CURRENT WATER USE RESTRICTIONS.
 4. ADJUSTMENT OF THE EXISTING IRRIGATION SYSTEM TO ACCOMMODATE THE NEW PLANTING.

PRELIMINARY SHADE CALCULATION

TREE NAME	Quantity @ Full (100%) F	Quantity @ 3/4 (75%) F	Quantity @ 1/2 (50%) F	Quantity @ 1/4 (25%) F	TOTAL S.F.
1- 30' SPREAD PLATANUS	0 x (882) = 0	3 x (722) = 2,166	1 x (481) = 481	0 x (240) = 0	2,647
2- 30' SPREAD PRISTIA	3 x (769) = 2,318	3 x (620) = 1,860	0 x (384) = 0	0 x (177) = 0	3,708
3- 25' SPREAD	0 x (681) = 0	0 x (368) = 0	0 x (242) = 0	0 x (123) = 0	0
4- 20' SPREAD	0 x (314) = 0	0 x (238) = 0	0 x (157) = 0	0 x (79) = 0	0
REQUIRED TOTAL					6,355
Area of Parking to be Shaded	6,864 S.F.				
Calculated Shade Provided	6,355 S.F.				
Percent Shade Provided	93 %				

SEE PLAN FOR TREE SHADE CREDIT. EXAMPLE 2" IS A 20' PERIMETER (50%) TREE.

PRELIMINARY PLANT SCHEDULE

USDA BOTANICAL	COMMON	ZONE	HT.	REMARKS
Aster sp.	October Glory Maple	15 gal	0	High Water Use
Leguminosae arbor.	Fountain's Crepe Myrtle	15 gal	3	Low Water Use
Perennial shrubs	Claret Peach	15 gal	0	Low Water Use
Flowering shrubs	Lamb's Ear	15 gal	45	Low Water Use
Vegetative shrubs	Ulm	15 gal	45	Low Water Use
Small trees	Small tree	5 gal	0	Low Water Use
Medium trees	Medium tree	5 gal	0	Low Water Use
Large trees	Large tree	5 gal	0	Low Water Use
Palms	Palms	5 gal	0	Low Water Use
Grasses	Grasses	5 gal	0	Low Water Use
Flowers	Flowers	5 gal	0	Low Water Use
Shrubs	Shrubs	5 gal	0	Low Water Use
Groundcover	Groundcover	5 gal	0	Low Water Use
Perennials	Perennials	5 gal	0	Low Water Use
Herbaceous	Herbaceous	5 gal	0	Low Water Use
Woody	Woody	5 gal	0	Low Water Use
Shrubs	Shrubs	5 gal	0	Low Water Use
Small trees	Small trees	5 gal	0	Low Water Use
Medium trees	Medium trees	5 gal	0	Low Water Use
Large trees	Large trees	5 gal	0	Low Water Use
Palms	Palms	5 gal	0	Low Water Use
Grasses	Grasses	5 gal	0	Low Water Use
Flowers	Flowers	5 gal	0	Low Water Use
Shrubs	Shrubs	5 gal	0	Low Water Use
Groundcover	Groundcover	5 gal	0	Low Water Use
Perennials	Perennials	5 gal	0	Low Water Use
Herbaceous	Herbaceous	5 gal	0	Low Water Use
Woody	Woody	5 gal	0	Low Water Use

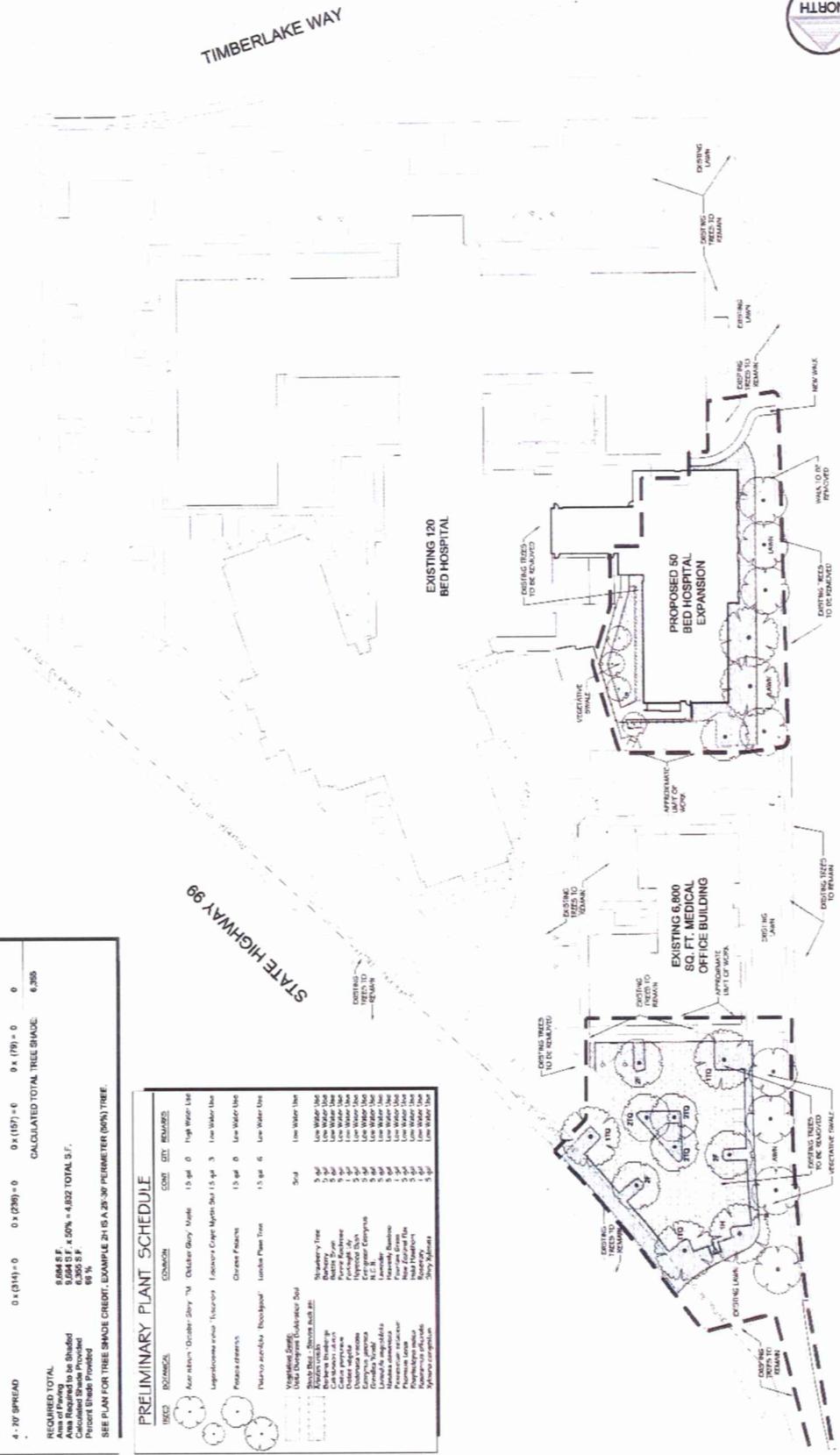


EXHIBIT D



CONNECTING THE DOTS



The center will open Dec. 19 at 3415 American River Drive, near Watt Avenue in Arden-Arcade.

DENNIS McCOY
SACRAMENTO BUSINESS JOURNAL

Mental-health crisis center could ease ER logjam

Center will provide patients a place to go for crisis care other than hospital

When a 24-hour mental-health center opens in Sacramento next month, local hospital ERs may be first to feel the change.

Hundreds of mental-health patients seek crisis care at area emergency rooms each month because they have no place else to go.

A mental-health crisis continues more than four years after Sacramento County, reeling from budget cuts, closed its crisis stabilization unit in 2009 and made other cuts. Local hospitals have lost millions of dollars boarding patients in ERs and adjacent hallways while patients forego the specialized care they need.

More than three years ago, a coalition of hospital staff, nonprofit community providers and consumer advocates recommended a non-hospital setting for voluntary crisis stabilization.

The center will open Dec. 19 at 3415 American River Drive, near Watt Avenue in Arden-Arcade. It can accommodate up to 10 people at a time, for stays of up to 23 hours. The center is open to Sacramento

County residents ages 18 and older who are struggling with a mental-health crisis.

The center is operated by TLCS Inc., a private, nonprofit rehabilitation agency that provides housing, living skills training, community support and other services for people with psychiatric and other disabilities. TLCS stands for Transitional Living & Community Support.

The nonprofit was awarded \$1 million a year for up to two years to provide mental-health crisis services around the clock. The grant comes from Sacramento County's allotment from the Mental Health Services Act. The grant is managed by the Sierra Health Foundation.

Money to pay for taxis to transport patients to the center is included.

"We certainly hope it will (cut) the number of people showing up in the ER for mental-health issues — and ultimately divert people from there as we become a choice for them," said Karen Brockopp, a licensed clinical social worker who is associate director for program services at TLCS.

The nonprofit has hired 12 staff for the new center. They'll undergo three weeks of intensive training before the place opens, she said. Efforts were made to hire a diverse workforce: staff speaks seven

languages other than English.

Consumers will participate in a short telephone triage to ensure they are not a danger to themselves or others. Those who are not will be invited to the center as guests, Brockopp said.

"It will be a welcoming, non-judgmental approach," she said. And each patient will leave with a plan for the future.

"People in crisis may need a different level of care than an inpatient hospital setting," said Brian Jensen, regional vice president of the Hospital Council of Northern and Central California. "The respite center is a great addition to the community."

The county opened an intake stabilization unit at its Mental Health Treatment Center on Stockton Boulevard in September 2012 in another limited effort to ease the problem.

Most of these patients have been placed on involuntary hold, are very ill and come from local emergency rooms.

The county center has been able to stabilize about 20 percent of these folks.

"I do believe the new intake stabilization unit made a difference, but psychiatric patients in local ERs remain a significant issue," county mental health director Dorian Kittrell said.

EXHIBIT E

INPATIENT PSYCHIATRIC BED CAPACITY

Concerns about Underbedding

From Treatment Advocacy Center (<http://www.treatmentadvocacycenter.org/>)

- **NO PSYCH BEDS FOUND FOR SON WHO ATTACKED FATHER, VA SENATOR CREIGH DEEDS.** "...The elimination of hospital beds for people who need help in a psychiatric crisis is a driving force behind a long list of terrible consequences, including preventable violent acts," said Doris A. Fuller, executive director. "We will keep seeing tragedies until we provide sufficient inpatient beds to meet the needs of people in psychiatric crisis...."
- **11/22/13: News release: "Loss of Treatment Options Now a National Crisis."** See <http://www.treatmentadvocacycenter.org/about-us/our-blog/69-no-state/2439-loss-of-treatment-options-now-a-national-crisis>.
 - Jails and prisons have replaced hospitals as the institutions housing the most psychiatric patients.
 - More people with untreated severe mental illnesses are living on America's streets than are receiving care in hospitals.
 - Untreated severe mental illness is an increasing factor in officer-involved homicides. At least half the people shot and killed by police each year are believed to have mental health problems.
 - Even though violence against others and sensational mass killings attract the most media attention, suicide is the number one cause of premature death among people with schizophrenia, with an estimated 10% to 13% taking their own lives every year.
- **Study: "No Room at the Inn: Trends and Consequences of Closing Public Psychiatric Hospitals."** See <http://www.tacreports.org/bed-study>.
 - **Per capita state psychiatric bed population by 2010 plunged to 1850 levels.** In 1850, at the beginning of the movement to provide more humane care by treating seriously mentally ill persons in hospitals, there were 14 beds per 100,000 population. In 2010, the supply was virtually identical at 14.1.
 - **Thirteen states closed 25% or more of their total state hospital beds from 2005 to 2010.** New Mexico and Minnesota closed more than 50% of their beds; Michigan and North Carolina closed just less than 50%. Ten states increased their total hospital beds but continued to provide less than half the beds.
 - **The decrease in state psychiatric bed availability since 2005 is actually worse than the 14% that occurred 2005-2010.** Completed or announced bed eliminations *since* 2010 will eliminate 4,471 additional beds.

From CBS-TV's "Sixty Minutes" – at <http://www.cbsnews.com/videos/untreated-mental-illness-an-imminent-danger/>

- 9/29/13: "Untreated mental illness – an imminent danger." Report by Steve Croft.

From National Alliance on Mental Illness – at www.nami.org

- **3/20/08: NAMI statement.** See http://www.nami.org/Template.cfm?Section=press_room&template=/ContentManagement/ContentDisplay.cfm&ContentID=59332 "Significant reductions in inpatient psychiatric beds, coupled with shortages of appropriate community services and supports for people with the most severe mental illnesses, has led to a crisis in America. Today, in many parts of the country, people with severe mental illness do not have access to necessary treatment either in hospitals or in the community. This has contributed significantly to increases in homelessness, criminalization, suicides, and other adverse consequences of neglect. On March 19, 2008, The Treatment Advocacy Center released a report focusing on one important dimension of this crisis – sharp decreases in public hospital beds for persons with mental illness.
- **NAMI's *Grading the States: 2009*** report also describes the crisis in America's public mental health system and the reasons for this crisis, including the non-existence of evidence based mental health services in many communities and major shortages in qualified mental health professionals throughout the country. See http://www.nami.org/gtsTemplate09.cfm?Section=Grading_the_States_2009.
 - Includes option to look at **grades by state**. For example, see http://www.nami.org/gtstemplate09.cfm?section=State_by_State09.

RESOLUTION NO. 2013-

Adopted by the Sacramento City Council

**ADOPTING THE MITIGATED NEGATIVE DECLARATION ADDENDUM (REVISED)
AND THE MITIGATION MONITORING PLAN FOR THE EXPO PARKWAY
BEHAVIORAL HEALTHCARE HOSPITAL PROJECT (P13-011)**

BACKGROUND

A. On June 27, 2013, the City Planning and Design Commission conducted a public hearing on, and forwarded to the City Council a recommendation to approve with conditions the Expo Parkway Behavioral Healthcare Hospital (P13-011).

B. On December 10, 2013, the City Council conducted a public hearing, for which notice was given pursuant Sacramento City Code Section 17.200.010(C) and received and considered evidence concerning the Expo Parkway Behavioral Healthcare Hospital (P13-011).

**BASED ON THE FACTS SET FORTH IN THE BACKGROUND, THE CITY COUNCIL
RESOLVES AS FOLLOWS:**

Section 1. The City Council finds as follows:

A. On March 25, 2005, pursuant to the California Environmental Quality Act (Public Resources Code §21000 *et seq.* ("CEQA"), the CEQA Guidelines (14 California Code of Regulations §15000 *et seq.*), and the City of Sacramento environmental guidelines, the City Planning Commission adopted a mitigated negative declaration (MND) and a mitigation monitoring program and approved Expo Parkway Offices, P04-133 (Project).

B. The Expo Parkway Behavioral Healthcare Hospital (P13-011) Modification (Project Modification) proposes to modify the previously approved Project as follows: Rezone of approximately 6.78 acres from the General Commercial, Labor Intensive, Parkway Corridor (C-2-LI-PC) Zone to the Hospital Parkway Corridor (H-PC) Zone; approve a Special Permit to construct a 70,860 square foot acute care psychiatric hospital; and approve Design Review for a new 70,860 square foot acute care psychiatric hospital in the North Sacramento Design Review District.

C. The analysis conducted for the Project Modification determined that the proposed changes to the original Project did not require the preparation of a subsequent mitigated negative declaration. An addendum to the previously adopted MND was then prepared

to address the modification to the Project, and has been revised to include responses to comments received during the hearing process.

Section 2. The City Council has reviewed and considered the information contained in the previously adopted MND for the Project, the revised addendum, and all oral and documentary evidence received during the hearing on the Project Modification. The City Council had determined that the previously adopted MND and the revised addendum constitute an adequate, accurate, objective, and complete review of the proposed Project Modification and finds that no additional environmental review is required based on the reasons set forth below:

A. No substantial changes are proposed by the Project Modification that will require major revisions of the previously adopted MND due to the involvement of new significant environmental effects or a substantial increase in the severity of previously identified significant effects;

B. No substantial changes have occurred with respect to the circumstances under which the Project Modification will be undertaken which will require major revisions to the previously adopted MND due to the involvement of new significant environmental effects or a substantial increase in the severity of previously identified significant effects;

C. No new information of substantial importance has been found that shows any of the following:

1. The Project Modification will have one or more significant effects not discussed in the previously adopted MND;

2. Significant effects previously examined will be substantially more severe than shown in the previously adopted MND;

3. Mitigation measures previously found to be infeasible would in fact be feasible and would substantially reduce one or more significant effects of the Project Modification; or

4. Mitigation measures which are considerably different from those analyzed in the previously adopted MND would substantially reduce one or more significant effects on the environment.

Section 3. Based on its review of the previously adopted MND for the Project, the revised addendum, and all oral and documentary evidence received during the hearing on the Project Modification, the City Council finds that the MND and addendum reflect the City Council's independent judgment and analysis and adopts the MND and the addendum for the Project Modification and readopts the findings of fact in support of the MND.

Section 4. Pursuant to CEQA section 21081.6 and CEQA Guidelines section 15074, and in support of its approval of the Project Modification, the City Council adopts a Mitigation Monitoring Plan to require all reasonably feasible mitigation measures be implemented by means of Project Modification conditions, agreements, or other measures, as set forth in the Mitigation Monitoring Plan.

Section 5. Upon approval of the Project, the City Manager shall file or cause to be filed a Notice of Determination with the Sacramento County Clerk and, if the project requires a discretionary approval from any state agency, with the State Office of Planning and Research, pursuant to section 21152(a) of the Public Resources Code and the State EIR Guidelines adopted pursuant thereto.

Section 6. Pursuant to Guidelines section 15091(e), the documents and other materials that constitute the record of proceedings upon which the City Council has based its decision are located in and may be obtained from, the Office of the City Clerk at 915 I Street, Sacramento, California. The City Clerk is the custodian of records for all matters before the City Council.

Table of Contents:

Exhibit A: Mitigation Monitoring Plan

Exhibit A – Mitigation Monitoring Plan**THE EXPO PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL PROJECT (P13-011)
MITIGATION MONITORING PLAN**

This Mitigation Monitoring Plan (MMP) has been required by and prepared for the City of Sacramento Community Development Department, Environmental Planning Services, 300 Richards Boulevard, Sacramento, CA 95811, pursuant to CEQA Guidelines Section 21081.6.

SECTION 1: PROJECT IDENTIFICATION

Project Name and File Number: Expo Parkway Behavioral Healthcare Hospital (P13-011)

Project Location: 1400 Expo Parkway
Sacramento, CA 95819
APN: 275-0310-022

Project Applicant: Signature Healthcare Services, LLC
c/o Ryan Hooper, Law Offices of Gregory D. Thatch
1730 I Street, Suite 220
Sacramento, CA 95811

Project Description:

The proposed project would consist of construction and operation of a 70,860 square feet, approximate 120 beds, single-story acute care psychiatric inpatient hospital facility, which will primarily serve as a transitional care facility for the treatment of short term psychiatric illnesses with typical visits lasting between 3 days and 2 weeks. The project would be developed on approximately 6.78 acres.

SECTION 2: GENERAL INFORMATION

The Plan includes mitigation for Biological Resources, Cultural Resources, and Transportation and Circulation. The intent of the Plan is to prescribe and enforce a means for properly and successfully implementing the mitigation measures as identified within the Initial Study for this project. Unless otherwise noted, the cost of implementing the mitigation measures as prescribed by this Plan shall be funded by the owner/developer identified above. This Mitigation Monitoring Plan (MMP) is designed to aid the City of Sacramento in its implementation and monitoring of mitigation measures adopted for the proposed project.

The mitigation measures have been taken from the Initial Study and adopted Mitigated Negative Declaration prepared for the Expo Parkway Offices project. The MMP describes the actions that must take place to implement each mitigation measure, the timing of those actions, and the entities responsible for implementing and monitoring the actions. The developer will be responsible for fully understanding and effectively implementing the mitigation measures contained within the MMP. The City of Sacramento will be responsible for ensuring compliance.

Environmental Resource	Mitigation Measure	Responsible Entities	Compliance Milestone / Confirm Complete
<p>Biological Resources</p>	<p><i>BR-1 Prior to the issuance of demolition/grading permits a 6-foot chain link fence shall be installed around the trees to be preserved under direction of the City Arborist. Orange plastic fencing is not acceptable. The fencing shall remain in place for the duration of the project. Within the fenced area there shall be no grade changes, storage of materials, trenching, or parking of vehicles.</i></p> <p><i>BR-2 The contractor shall hire an International Society of Arboriculture (ISA) certified arborist to make biweekly inspections to ensure the protective fencing stays in place and to monitor tree health. The arborist will take any required action such as supplemental irrigation, fertilization, or soil compaction remediation to ensure the health of the tree. The contractor will be responsible for any costs incurred.</i></p> <p><i>BR-3 If during excavation for the project any tree roots greater than two inches in diameter are encountered work shall stop immediately until the project arborist can perform an on-site inspection. All roots shall be cut clean and the tree affected may require supplemental irrigation/fertilization and pruning as a result of root pruning.</i></p> <p><i>BR-4 The contractor shall be held liable for any damage to existing street trees such as trunk wounds, broken limb, pouring of any deleterious materials, or washing out of concrete under the drip line of the tree. Damages will be assessed using the A Guide to Plant Appraisals, (most current edition) published by the ISA. The project arborist will do the appraisal and submit a report for review by the City Arborist.</i></p>	<p>Project Applicant / Project Contractor</p>	<p>Note shall be included on the construction plans.</p> <p>Measures shall be implemented in field prior to and during grading and construction activities.</p>
<p>Cultural</p>	<p><i>CR-1 If archaeological artifacts or unusual</i></p>	<p>Project</p>	<p>Note shall be</p>

Environmental Resource	Mitigation Measure	Responsible Entities	Compliance Milestone / Confirm Complete
Resources	<p><i>amounts of stone, bone, or shell are uncovered during construction activities, work within 50 feet of the specific construction site at which the suspected resources have been uncovered shall be suspended. At that time, the property owner shall retain a qualified professional archaeologist. The archaeologist shall conduct a field investigation of the specific site and recommend mitigation deemed necessary for the protection or recovery of any archaeological resources concluded by the archaeologist to represent significant or potentially significant resources as defined by CEQA. The mitigation shall be implemented by the property owner to the satisfaction of the City of Sacramento Planning Department prior to resumption of construction activity.</i></p> <p><i>CR-2 In accordance with Section 7050.5 of the Health and Safety Code and Sections 5097.94 and 5097.98 of the Public Resources Code, if human remains are uncovered during project construction activities, work within 50 feet of the remains shall be suspended immediately, and the City of Sacramento Planning Department and the County Coroner shall be immediately notified. If the remains are determined by the Coroner to be Native American in origin, the Native American Heritage Commission (NAHC) shall be notified within 24 hours, and the guidelines of the NAHC shall be adhered to in the treatment and disposition of the remains. The property owner shall also retain a professional archaeological consultant with Native American burial experience. The archaeologist shall conduct a field investigation of the specific site and consult with the Most Likely Descendant identified by the NAHC. As necessary, the archaeological consultant may provide professional assistance to the Most Likely Descendant including the excavation and removal of the human remains. The property owner shall implement any mitigation before the resumption of activities at the site where the</i></p>	Contractor Property Owner	<p>included on the construction plans.</p> <p>Measures shall be implemented in field during grading and construction activities.</p>

Environmental Resource	Mitigation Measure	Responsible Entities	Compliance Milestone / Confirm Complete
	<i>remains were discovered.</i>		
Transportation and Circulation	<p><i>T-1 Signage shall be placed at the entrance of the bike path at least two weeks prior to the start of construction of the project. The signage shall include the period of closure, the name of a contact person, the contact person's phone number, and locations of alternate routes if that portion of the bike trail is closed during construction.</i></p> <p><i>T-2 Detour signs shall be placed conspicuously showing where the alternate bike routes are located.</i></p> <p><i>T-3 Photos of the existing bike path should be taken prior to construction of the project. Also a detailed written description of the materials of the bike path shall be drafted prior to construction of the project.</i></p> <p><i>T-4 The same materials of the existing bike path shall be used when the bike path is being reconstruction.</i></p>	Project Applicant	<p>Note shall be included on the construction plans.</p> <p>Measures shall be implemented in field during grading and construction activities.</p>

ORDINANCE NO.

Adopted by the Sacramento City Council

AMENDING TITLE 17 OF THE SACRAMENTO CITY CODE (THE ZONING CODE) BY REZONING CERTAIN REAL PROPERTY FROM GENERAL COMMERCIAL LABOR INTENSIVE PARKWAY CORRIDOR (C-2-LI-PC) TO HOSPITAL PARKWAY CORRIDOR (H-PC). (P13-011)(APN: 275-0310-022)

BE IT ENACTED BY THE COUNCIL OF THE CITY OF SACRAMENTO:

Section 1. Title 17 of the Sacramento City Code (the Zoning Code) is amended by rezoning the property shown in the attached Exhibit A, generally described, known, and referred to as 1400 Expo Parkway (APN: 275-0310-022) and consisting of approximately 6.78 gross acres, from the General Commercial, Labor Intensive, Parkway Corridor (C-2-LI-PC) Zone to the Hospital Parkway Corridor (H-PC) Zone.

Section 2. Rezoning of the property shown in the attached Exhibit A, by the adoption of this Ordinance, will be considered to be in compliance with the requirements for the rezoning of property described in the Zoning Code, as amended, as those procedures have been affected by recent court decisions.

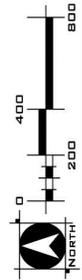
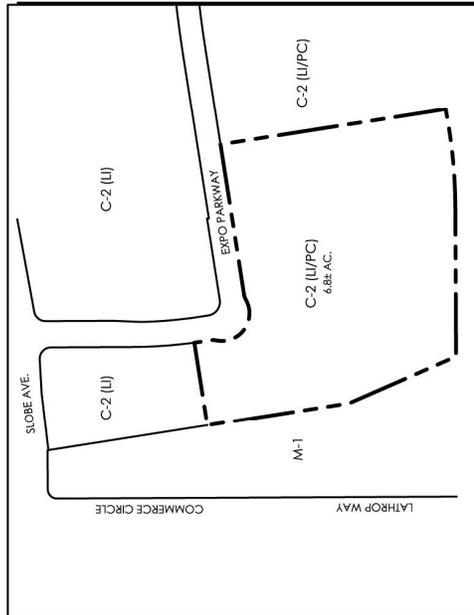
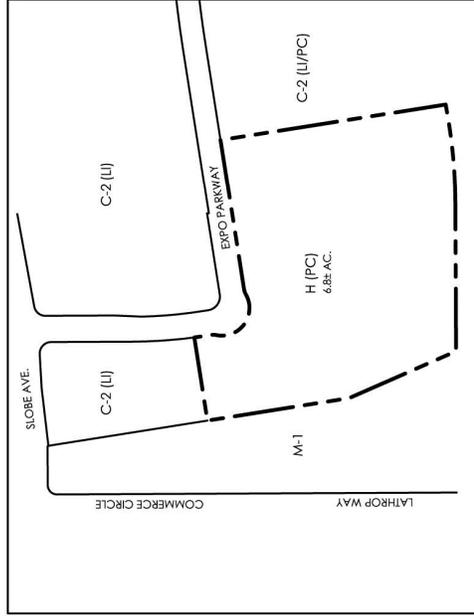
Section 3. The City Clerk of the City of Sacramento is directed to amend the official zoning maps, which are part of the Zoning Code, to conform to the provisions of this Ordinance.

Exhibit A – Rezone Map

REZONE EXHIBIT
BEHAVIORAL HEALTHCARE PROJECT - EXPO PARKWAY

CITY OF SACRAMENTO, CALIFORNIA
 FEBRUARY 28, 2013

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RESOLUTION NO.

Adopted by the Sacramento City Council

ADOPTING FINDINGS OF FACT AND APPROVING THE EXPO PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL (P13-011) (APN: 275-0310-022)

BACKGROUND

- A. On June 27, 2013, the City Planning and Design Commission conducted a public hearing on, and forwarded the Expo Parkway Behavioral Healthcare Hospital project the City Council with a recommendation for approval.
- B. On December 10, 2013 the City Council conducted a public hearing, for which notice was given pursuant Sacramento City Code Section 17.200.010(C)(2)(d), and received and considered evidence concerning the Expo Parkway Behavioral Healthcare Hospital.

BASED ON THE FACTS SET FORTH IN THE BACKGROUND, THE CITY COUNCIL RESOLVES AS FOLLOWS:

Section 1. Based on the verbal and documentary evidence received at the hearing on the Expo Parkway Behavioral Healthcare Hospital, the City Council approves the Project entitlements based on the findings of fact and subject to the conditions of approval as set forth below.

Section 2. The City Council approves the Project entitlements based on the following findings of fact:

- A. **Environmental Determination:** The **CEQA Addendum to a previous Negative Declaration** for the Project has been adopted by Resolution No. _____.
- B. The Special Permit to construct a 70,860 square foot acute care psychiatric hospital is approved based on the following findings of fact:
 - 1. A special permit shall be granted upon sound principles of land use. The proposal for the acute care psychiatric hospital is based upon sound principles of land use in that the hospital will be located in a commercial area surrounded by existing commercial and light industrial uses. The proposed hospital is consistent with the existing uses.
 - 2. A special permit shall not be granted if it will be detrimental to the public health, safety or welfare, or if it results in the creation of a nuisance. The proposed psychiatric hospital will not be detrimental to public health,

safety or welfare as the facility has been conditioned to meet security measures as deemed necessary by the Police Department. These security measures include: the construction of a 10-foot fence along the east, west, and south property lines; security personnel to monitor and patrol the exterior of the facility; closed-circuit video cameras to monitor the exterior entry areas, and the parking lot; and exterior lighting at levels to allow adequate visibility of the presence of persons on or about the site during hours of darkness.

3. A special permit use must comply with the objectives of the general or specific plan for the area in which it is to be located. The psychiatric hospital is a public/quasi-public use that is allowed within the land General Plan's Suburban Center Designation. Additionally, the proposed facility is consistent with the General Plan goal to provide expanded emergency health services

C. The **Design Review** for a new 70,860 square foot acute care psychiatric hospital in the North Sacramento Design Review District is approved, based on the following Findings of Fact:

1. The project, as conditioned, provides commercial development that compliments and enhances the immediate neighborhood and is consistent with the commercial development guidelines in the North Sacramento Design Guidelines.
2. The proposed building, as conditioned, has well-articulated facades and rooflines and provides adequate setback on all sides to adjacent properties.
3. The proposed building is finished with high quality materials consistent with the Design Guidelines.
4. The proposed behavioral healthcare hospital is consistent with the goals and policies of the 2030 General Plan designation of Suburban Center.

Conditions Of Approval

B. The Special Permit to construct a 70,860 square foot acute care psychiatric hospital is approved is approved subject to the following conditions:

Planning

B1. Development of this site shall be in compliance with the attached exhibits, except as conditioned. Any modification to the project shall be subject to review by Development Services staff prior to the issuance of building permits. Any significant modifications to the project may require subsequent entitlements.

- B2. The applicant shall obtain all necessary building and/or encroachment permits prior to construction.
- B3. A sign permit shall be required prior to construction or installation of any attached or detached sign.
- B4. The applicant shall comply with the requirements of the Mitigation Monitoring Plan developed by and kept on file in the Community Development Department.
- B5. All parking spaces and maneuvering area shall meet the 50% tree shading requirements.
- B6. As shown on the site plan, all crosswalks shall be striped or constructed with enhanced materials to emphasize areas shared by vehicles, pedestrians, and bicyclists.
- B7. All rooftop mechanical equipment shall be screened from street views.
- B8. Prior to the issuance of a building permit, the applicant shall propose and submit for review and approval by the Planning Director a "Good Neighbor Policy" including but not limited to the following: Establish a process for neighbors to communicate directly with staff of the facility. A sign indicating a 24-hour emergency phone number and contact person shall be kept current and posted on the building in a clearly visible place.
- B9. The project shall comply with the adopted CAP by meeting the Tier 1 requirements under Title 24 Building Energy Efficiency Standards or other equivalent methods to reduce GHG emissions 15% below business as usual (BAU) or 2008 levels.
- B10. The applicant shall provide onsite security 24-hours per day, seven days per week at the project site, as well as offsite security patrols twice daily between 6:00a.m. and 6:00p.m.

At the end of two years from the date of commencement of operations, the Planning Director shall evaluate the need for continued offsite security patrols and may determine that continued offsite security patrols are unnecessary. The Planning Director's determination shall be based on the following standards:

- (1) the nature of any security related incidents that occurred offsite during the prior two year period, which involved patients of the facility;
- (2) the number of any security related incidents that occurred offsite during the prior two year period, which involved patients of the facility; and

- (3) the location of any security related incidents that occurred offsite during the prior two year period, which involved patients of the facility.

Based on the factors above, the Planning Director shall determine whether there is a continuing need for offsite security patrols. In the event that the Planning Director determines that continued offsite security patrols are necessary, the Applicant shall continue to provide offsite security patrols for an additional two year period. The Planning Director shall make a determination as to the continued need for offsite security patrols every two years consistent with the standards provided for above.

- B11. The applicant shall provide up to one thousand dollars (\$1,000) of funding to the Woodlake Neighborhood Association on an annual basis for purposes of obtaining the necessary City permits that are required to allow security patrol service providers the ability to carry firearms into Woodlake Park.
- B12. On an annual basis, the applicant shall participate in volunteer efforts to assist with periodic clean-up along the portion of the American River Parkway near the project site.

Department of Public Works

- B13. Construct standard improvements as noted in these conditions pursuant to Title 18 of the City Code. Improvements shall be designed and constructed to City standards in place at the time that the Building Permit is issued. Any public improvement not specifically noted in these conditions shall be designed and constructed to City Standards. This shall include street lighting and the repair or replacement/reconstruction of any existing deteriorated curb, gutter and sidewalk fronting the property along Expo parkway per City standards and to the satisfaction of the Department of Public Works.
- B14. The applicant shall pay a fair share contribution towards the construction of a future signal at the intersection of Expo Parkway/Slobe Avenue/Canterbury lane/Leisure Lane. This project's fair share contribution is calculated to be **10.65%** of the total cost of the traffic signal.
- B15. All new driveways shall be designed and constructed to City Standards to the satisfaction of the Department of Public Works. The applicant shall remove any existing driveways that are not in use and reconstruct the frontage per City standards and to the satisfaction of the Department of Public Works.
- B16. The site plan shall conform to the parking requirements set forth in Title 17 of City Code (Zoning Ordinance) specifically regarding stall width, length and required maneuvering isles.

- B17. The design of walls fences and signage near intersections and driveways shall allow stopping sight distance per Caltrans standards and comply with City Code Section 12.28.010 (25' sight triangle). Walls shall be set back 3' behind the sight line needed for stopping sight distance to allow sufficient room for pilasters. Landscaping in the area required for adequate stopping sight distance shall be limited 3.5' in height at maturity. The area of exclusion shall be determined by the Department of Public Works.

Police Department

- B18. Parking lot entrance should be staffed by security or minimally with a recorded color closed-circuit video system.
- B19. Closed-circuit color video cameras should also be used in the entrance and parking lot area to create comprehensive coverage. Parking lot cameras often make an immense deterrent or assist during the investigation of a crime.
- B20. The recording device shall be a digital video recorder (DVR) capable of storing a minimum of 30-day's worth of activity. DVR shall have the capability to transfer recorded data to another medium (i.e. and external hard drive or DVD).
- B21. The DVR must be kept in a secured area that is accessible only to management. There shall be at least one member of the managerial staff on-site that can assist law enforcement in viewing and harvesting recorded footage.
- B22. Clearly marked signage for way finding shall be provided.
- B23. Exterior lighting shall be at a level to allow adequate visibility of the presence of any person on or about the site during hours of darkness. Lighting must meet IESNA minimum standards.
- B24. The landscaping plan must be coordinated with the lighting plan/surveillance camera plan to ensure proper illumination and visibility is maintained through the maturity of the trees and shrubs. In order to preserve visibility, PD recommends shrubs that mature around 2-3' tall, and trees with canopy no lower than 8'tall.
- B25. An emergency preparedness plans shall be developed and practiced with staff.
- B26. A policy shall be established to determine what types of non-criminal incidents will be handled by staff and when it is appropriate for police response.
- B27. A patient release policy shall be established to ensure that the needs of the patient and the community are met (i.e. hours of release, supervision and transportation).

- B28. The applicant shall post the property No Trespassing / No Loitering in accordance with section 602(k) of the California Penal Code, and sign an enforcement agreement with the police department to prosecute all violators.

Fire

- B29. All turning radii for fire access shall be designed as 35' inside and 55' outside. CFC 503.2.4
- B30. Roads used for Fire Department access shall have an unobstructed width of not less than 20' and unobstructed vertical clearance of 13'6" or more. CFC 503.2.1
- B31. Fire Apparatus access roads shall be designed and maintained to support the imposed loads of fire apparatus and shall be surfaced so as to provide all-weather driving capabilities. CFC 503.2.3
- B32. Provide the required fire hydrants in accordance with CFC 507 and Appendix C, Section C105.
- B33. Timing and Installation. When fire protection, including fire apparatus access roads and water supplies for fire protection, is required to be installed, such protection shall be installed and made serviceable prior to and during the time of construction. CFC 501.4
- B34. Provide a water flow test. (Make arrangements at the Permit Center walk-in counter: 300 Richards Blvd, Sacramento, CA 95814). CFC 507.4
- B35. Provide appropriate Knox access for site. CFC Section 506
- B36. Roads used for Fire Department access that are less than 28 feet in width shall be marked "No Parking Fire Lane" on both sides; roads less than 36 feet in width shall be marked on one side.
- B37. An automatic fire sprinkler system shall be installed in any portion of a building when the floor area of the building exceeds 3,599 square feet.
- B38. Locate and identify Fire Department Connections (FDCs) on address side of building no further than 50 feet and no closer than 15 feet from a fire hydrant.
- B39. An approved fire control room shall be provided for all buildings protected by an automatic fire extinguishing system. Fire control rooms shall be located within the building at a location approved by the Chief, and shall be provided with a means to access the room directly from the exterior. Durable signage shall be provided on the exterior side of the access door to identify the fire control room. CFC 903.4.1.1
- B40. Comply with 2010 CFC requirements for I Occupancies.

Parks

- B41. The site plan indicates an existing bike trail connecting to the American River Parkway is located on the subject property. No changes are proposed to the existing trail. Please provide proof that an easement exists for the bike trail, or if it does not, please provide a 20 foot wide easement for a multi-use trail, encompassing the existing trail alignment.

ADVISORY NOTES

Parks

1. The applicant will be responsible to meet his/her obligation as outlined in Chapter 18.44 of City Code pertaining to the Park Development Impact Fee (PIF), due at the time of issuance of building permit. The Park Development Impact Fee due for this project is estimated at \$27,635. This is based on 70,860 square feet of commercial services use at the standard rate of \$0.39 per square foot. Any change in these factors will change the amount of the PIF due. The fee is calculated using factors at the time that the project is submitted for building permit.
 2. The Park Development Impact Fee is adjusted annually for inflation on July 1st of each year in accordance with City Code Section 18.44.120.
- C.** The **Design Review** for a new 70,860 square foot acute care psychiatric hospital in the North Sacramento Design Review District is approved subject to the following conditions of approval.
- C1. The project is approved as per stamped plans and conditions of approval.
 - C2. The masonry field shall be finished with Quik-Brik in cedarwood as noted on the approved plans.
 - C3. The masonry accent shall be finished with Quik-Brik in earthtone as noted on the approved plans.
 - C4. The upper parapet shall be painted stucco as notes on the approved plans.
 - C5. Clear glazing in crystal grey shall be provided per the approved plans.
 - C6. Metal panel accents in silver metallic shall be provided as noted on the approved plans
 - C7. All mechanical equipment shall be screened from view from the public street.
 - C8. The perimeter fencing shall be provided per the approved plans.

- C9. All other notes and drawings on the final plans as submitted by the applicant are deemed conditions of approval. Any changes to the final set of plans stamped by Design Review staff shall be subject to review and approval prior to any changes.
- C10. The applicant shall comply with all current building code requirements.
- C11. The Conditions of Approval shall be scanned and inserted into the final set as a general sheet to be submitted for Building Permit.
- C12. A signed copy of the Affidavit of Zoning Code Development Standards shall be scanned and inserted into the final set as a general sheet to be submitted for building permit.
- C13. The approval shall be deemed automatically revoked unless required permits have been issued and construction begun within three years of the date of the approval. Prior to expiration, an extension of time may be granted by the Director upon written request of the applicant.

Exhibit A – Site Plan



PROJECT DATA	
PROJECT DESCRIPTION:	120-BED ACUTE CARE PSYCHIATRIC HOSPITAL
AFN NO.:	277-0310-0322
JURISDICTION:	CITY OF SACRAMENTO
GROSS SITE AREA:	6.73 ACRES
NET SITE AREA:	5.57 ACRES
BUILDING AREA:	70,860 S.F.
COVERAGE:	30%
ZONING:	EXISTING ZONING: CA-LUPC PROPOSED ZONING: H(PC) SPECIAL USE PERMIT: YES, HOSPITAL
PARKING REQUIRED:	(120 1-BED)
PARKING PROVIDED:	81 SPACES STANDARD STALLS COMPACT STALLS BIC STALLS E (EQUUM) TOTAL PARKING: 127 SPACES

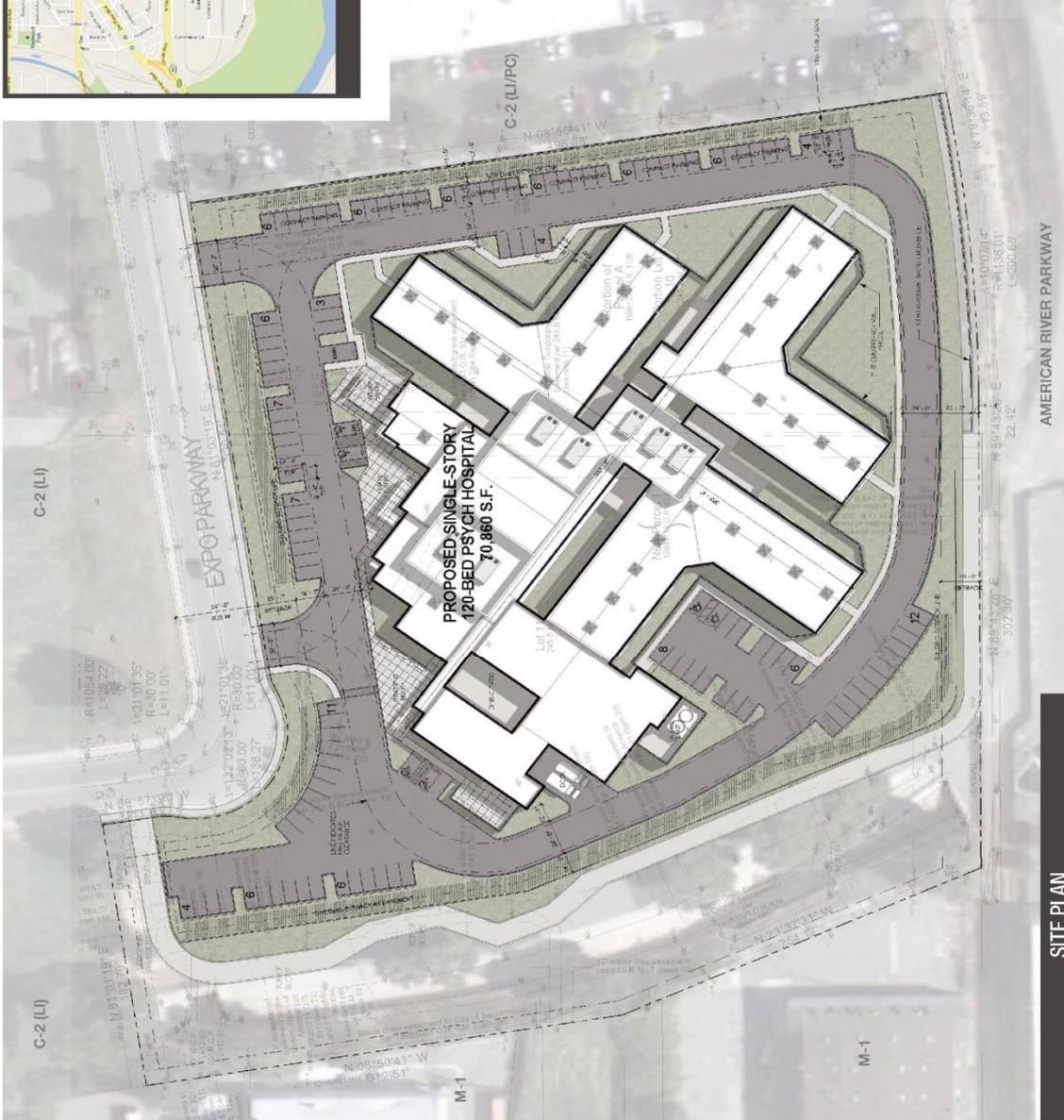
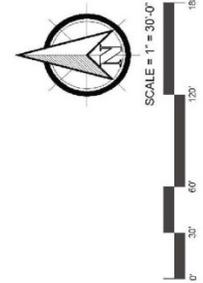
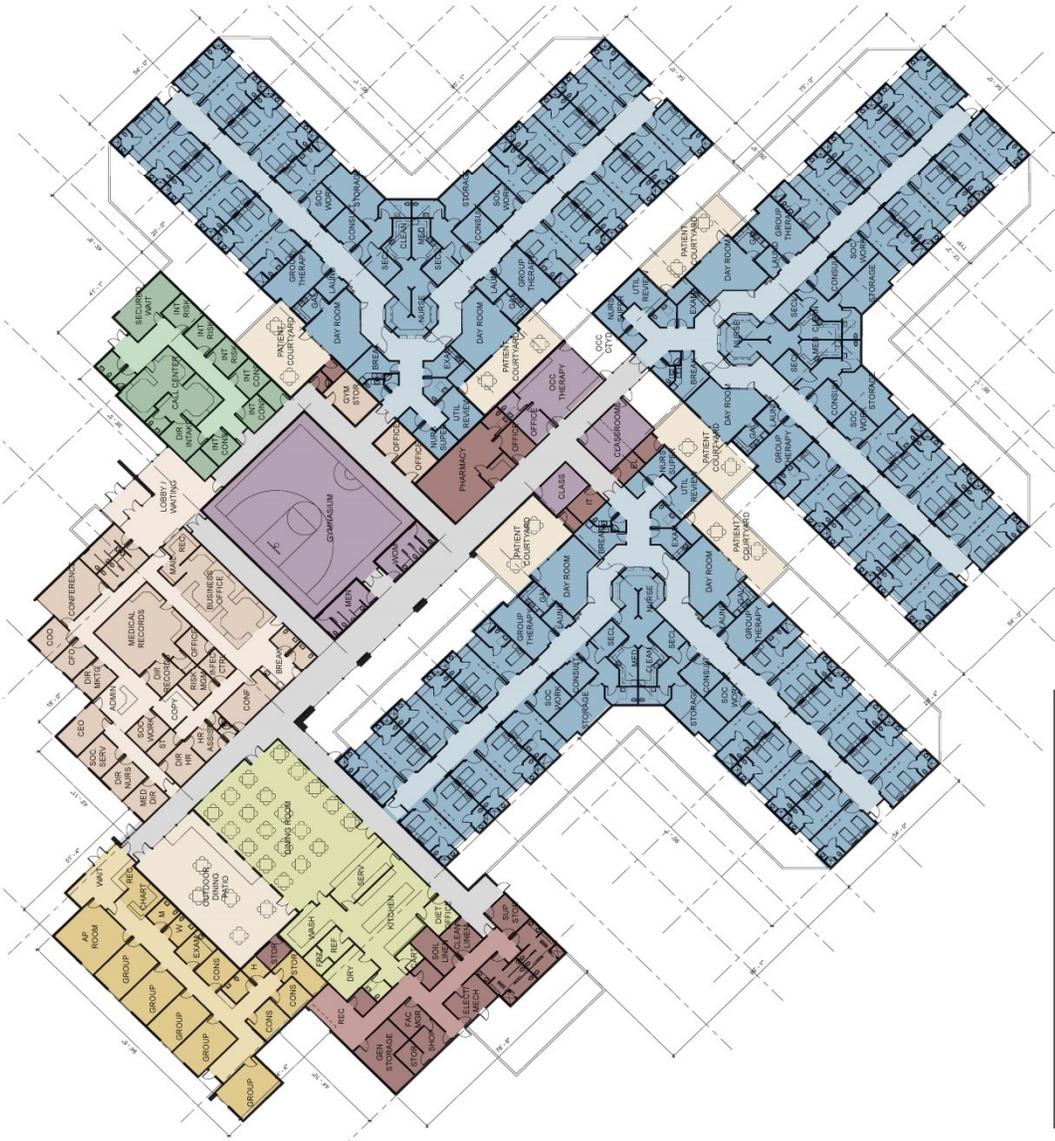
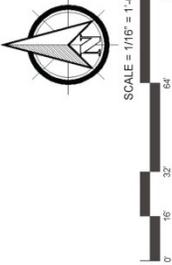


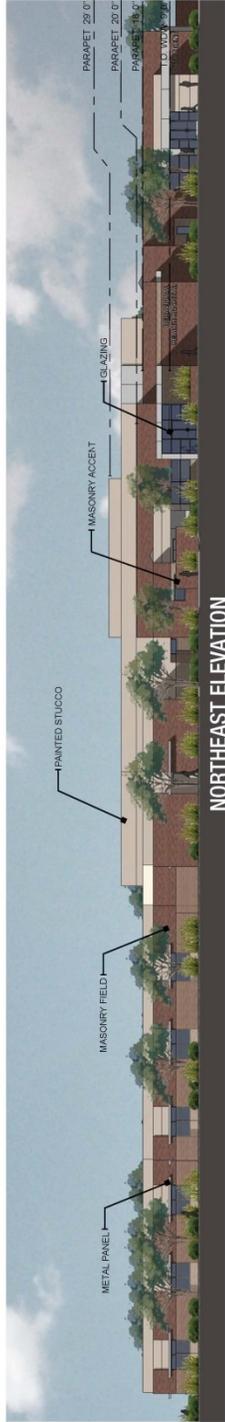
Exhibit B – Floor Plan

BUILDING DATA	
PATIENT SLEEPING UNIT	40,148 S.F.
ADMINISTRATION	6,972 S.F.
RECREATION / ACTIVITY	4,606 S.F.
FOOD SERVICE	3,992 S.F.
INTAKE	2,656 S.F.
OUTPATIENT SERVICES	3,979 S.F.
FACILITIES / MAINTENANCE	4,122 S.F.
BUILDING CIRCULATION	4,572 S.F.
TOTAL BUILDING AREA	70,860 S.F.



FLOOR PLAN

Exhibit C – Elevations



MATERIALS LEGEND	
Masonry Field:	AMCOR Quick-Brik Color: Cedarwood
Masonry Accent:	AMCOR Quick-Brik Color: Earthstone
Painted Stucco:	Frizee CL 2833M Glutted
Glazing:	SunGuard LL Blue 63 of Crystal Grey
Metal Panels:	Alicobond - Silver Metallic

SCALE = 1/16" = 1'-0"

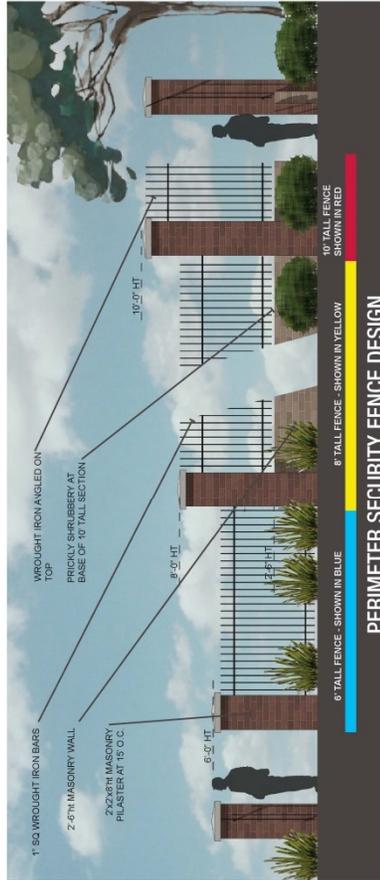
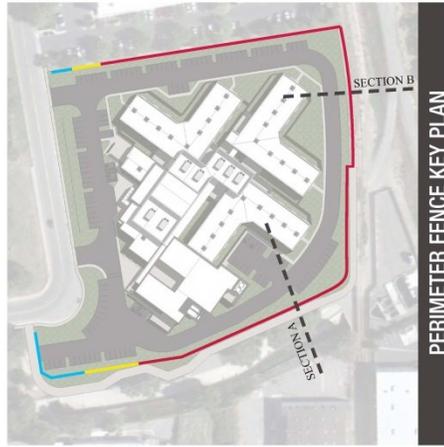
Exhibit D – Aerial Renderings



Exhibit E – Streetscape View



Exhibit F – Perimeter Fencing



City of SACRAMENTO

Community Development Department

300 Richards Boulevard
Sacramento, CA
95811

Environmental Planning Services
916-808-5842

ADDENDUM TO AN ADOPTED MITIGATED NEGATIVE DECLARATION (REVISED)

The City of Sacramento, California, a municipal corporation, does hereby prepare, make declare, and publish the a revised Addendum to an adopted mitigated negative declaration (MND) for the following described project:

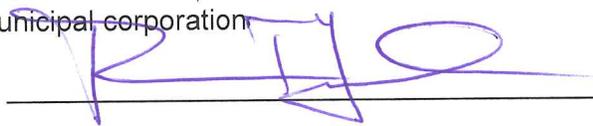
Expo Parkway Behavioral Healthcare Hospital (P13-011): The project consists of development of a 70,860 square feet, approximate 120 beds, single-story acute care psychiatric inpatient hospital facility, which will primarily serve as a transitional care facility for the treatment of short term psychiatric illnesses with typical visits lasting between 3 days and 2 weeks. The project would be developed on approximately 6.78 acres located at Expo Parkway, south of Slobe Avenue at Assessor's Parcel Number (APN): 275-0310-022.

The City of Sacramento, Community Development Department, has reviewed the proposed project and on the basis of the whole record before it, has determined that there is no substantial evidence that the project, as identified in the attached Addendum, would have a significant effect on the environment beyond that which was evaluated in the MND. A Subsequent MND is not required pursuant to the California Environmental Quality Act of 1970 (Sections 21000, et. Seq., Public Resources Code of the State of California).

This Addendum to an adopted mitigated negative declaration has been prepared pursuant to Title 14, Section 15164 of the California Code of Regulations; the Sacramento Local Environmental Regulations (Resolution 91-892) adopted by the City of Sacramento. Revisions have been made to the Addendum to respond to written comments regarding the document. Additions to the document are shown in underline, and deletions are shown in strikethrough.

A copy of this document and all supportive documentation may be reviewed or obtained at the City of Sacramento, Community Development Department, Planning Division, 300 Richards Boulevard, Sacramento, California 95811. The Addendum may also be reviewed online at <http://portal.cityofsacramento.org/Community-Development/Planning/Environmental/Impact-Reports.aspx>.

Environmental Services Manager,
City of Sacramento, California
a municipal corporation

By: 

Tom Buford, Senior Planner

Date: December 4, 2013

**Expo Parkway Behavioral Healthcare Hospital (P13-011)
Addendum (Revised) to a Mitigated Negative Declaration
adopted for Expo Office Development (P04-133)**

Project Name/File: Expo Parkway Behavioral Healthcare Hospital (P13-011)

Project Location: South of State Route 160 and Expo Parkway, west of 1400 Expo Parkway, north and east of the existing bicycle trail located on APN 275-0310-022 (See Attachment A, Vicinity Map; Attachment B, proposed Site Plan) in the Johnson Business Park area of the City of Sacramento.

Existing Plan Designations and Zoning: The 2030 General Plan land use designation for the project site is Suburban Center. The current zoning designation is General Commercial-Labor Intensive-Parkway Corridor (C-2-LI-PC) Zone. The proposed project includes a Rezone to Hospital (H) Zone.

Project Background: The project site was originally part of an approximate 8-acre project (P04-133) that was approved to develop approximately 84,734 square feet of office space. The Planning Commission adopted a mitigated negative declaration for the project. (See Attachment B)

Following project approval, the office development began grading work and installation of utilities, but work was discontinued and the development never moved forward. The project site has been sitting vacant since, and is regularly maintained for weed control.

Project Description: The project would construct and operate a 70,860 square feet, approximate 120 beds, single-story acute care psychiatric inpatient hospital facility, which will primarily serve as a transitional care facility for the treatment of short term psychiatric illnesses with typical visits lasting between 3 days and 2 weeks. The project would be developed on approximately 6.78 acres.

Discussion

An Addendum to a mitigated negative declaration may be prepared if only minor technical changes or additions are required, and none of the conditions identified in CEQA Guidelines Section 15162 are present. The City has received written comments during the hearing process that relate to the Addendum and Mitigated Negative Declaration, and the revisions to this Addendum respond to the comments. The comments received were as follows:

Thomas Powell, on behalf of Woodlake Neighbors Creating Transparency, email dated October 3, 2013 (Attachment D)

Woodlake Neighbors Creating Transparency, Argument in Opposition to Zone Change request, November 12, 2013 (References and Documentation are included in the City Council staff report) (Attachment E)

Betsy Weiland, Save the American River Association, November 26, 2013 (Attachment F)

Betsy Weiland, Save the American River Association, Testimony to City Council, December 3, 2013 (Attachment G)

The following identifies the standards set forth in section 15162 as they relate to the project.

- 1. No substantial changes are proposed in the project which would require major revisions of the previous MND due to the involvement of new significant environmental effects or a substantial increase in the severity of previously identified significant effects.**

The original project was approved by the Planning Commission on March 10, 2005. The project evaluated in the Mitigated Negative Declaration (MND) included an 84,734-square foot office development. The current project includes a hospital with 120 beds in 70,860 square feet. The decrease in size of the development and the change in use from office to private behavioral healthcare facility would not result in any significant increase in construction impacts, and would have no substantial effect in terms of operation of the facility. The reduced intensity of the proposed development would lessen previously identified potential impacts.

The previously adopted MND contained mitigation for air quality purposes, but upon receiving a comment letter from the Sacramento Metropolitan Air Quality Management District (SMAQMD) that confirmed that the MND evaluation overestimated equipment involved and thus overestimated the emissions associated with the project, the mitigation measures were removed and no mitigation measures were adopted for air quality. Upon initial review of the proposed project, utilizing the SMAQMD Guide to Air Quality Assessment in Sacramento County, it was determined that consistent with the previous action. The California Emission Estimator Model (CalEEMod) Version 2011.1.1 was also used to verify that the proposed project would not create emissions that exceed the thresholds and impacts associated to air quality would remain less than significant.

The original MND also identified impacts to the existing trees along the bike trail to the west of the subject site. Review of the proposed project layout shows that no development will occur immediately within the vicinity of these trees. However, protection of the tree located to the east of the bike trail will still be required. The mitigation measures are included and apply to this project.

While the original MND indicated the project site was located in the A99 flood zone, the proposed project site is located within the shaded X flood zone indicating that it is in an area with 100-year flood protection protected by levees. This change does not result in any new significant effects.

The proposed project, as with the previously approved project, will be required to contribute a fair share contribution towards the construction of a future traffic signal at the intersection of Expo Parkway/Slobe Avenue/Canterbury Lane/Leisure Lane. The project's fair share contribution is provided for in the conditions of project approval. The Department of Public Works reviewed the project and determined that the current project would generate substantially fewer peak-hour trips than the project originally evaluated, and that no new significant effects relating to transportation would occur. (S. Hajeer, April 2013)

The mitigation measures for the potential short-term construction impacts to the existing bicycle trail remain in effect for the proposed project. Since new excavation work will proceed with the proposed project, the mitigation measures for cultural resources will remain in effect and will be included in the mitigation monitoring program. No substantial changes have occurred that would result in new significant effects or an increase in the severity of significant effects that were evaluated in the MND.

- 2. No substantial changes have occurred with respect to circumstances under which the project is undertaken that would require major revisions of the previous Mitigated Negative Declaration due to the involvement of new significant environmental effect or a substantial increase in the severity of previously identified significant effects.**

The City adopted the 2030 General Plan and Master EIR in March 2009. The adoption of the 2030 General Plan does not result in a change of or any new significant effects relating to the proposed project but it did include a discussion and evaluation of greenhouse gas (GHG) emissions and climate change.

The Master EIR found that greenhouse gas (GHG) emissions that would be generated by development consistent with the 2030 General Plan would be a significant and unavoidable cumulative impact. The discussion of GHG emissions and climate change in the 2030 General Plan Master EIR are incorporated by reference in this Initial Study (CEQA Guidelines Section 15150).

The Master EIR identified numerous policies included in the 2030 General Plan that addressed GHG emissions and climate change (See Draft MEIR, Chapter 8, and pages 8-49 et seq). The Master EIR is available for review at the offices of Development Services Department, 300 Richards Boulevard, 3rd Floor, Sacramento, CA during normal business hours, and is also available online at <http://www.cityofsacramento.org/dsd/planning/environmental-review/eirs/>.

Policies identified in the 2030 General Plan include directives relating to sustainable development patterns and practices, and increasing the viability of pedestrian, bicycle and public transit modes. A complete list of policies addressing climate change is included in the Master EIR in Table 8-5, pages 8-50 et seq. The Final MEIR included additional discussion of GHG emissions and climate change in response to written comments (See changes to Chapter 8 at Final MEIR pages 2-19 et seq., as well as Letter 2 and response).

Emissions of greenhouse gases (GHGs) contributing to global climate change are attributable in large part to human activities associated with the industrial/manufacturing, utility, transportation, residential, and agricultural sectors. Therefore, the cumulative global emissions of GHGs contributing to global climate change can be attributed to every nation, region, and city, and virtually every individual on Earth. A project’s GHG emissions are at a micro-scale relative to global emissions, but could result in a cumulatively considerable incremental contribution to a significant cumulative macro-scale impact.

Implementation of the proposed project would contribute to increases of GHG emissions.

The proposed project’s GHG emissions were estimated using the California Emissions Estimator Model (CalEEMod) Version 2011.1.1. Estimated emissions from the project are expressed as lbs/day of CO₂ equivalent (CO₂e) units , but have been converted to metric tons of CO₂ equivalent units of measure (i.e., MTCO₂e), which is the industry standard measurement units for GHG emissions. Table 1 below presents the proposed project’s GHG emissions.

Table 1 Project GHG Emissions	
	Annual CO₂ emissions (MTCO₂e)
2013 Construction Emissions ¹	163.3
2014 Construction Emissions ²	801.3
Operational Emissions	1,966.0
Source: CalEEBod.2011.1.1 Model, model run June 13, 2013.	
¹ 2013 construction emissions are based upon the assumption of construction length of two months.	
² 2014 construction emissions are based upon the assumption of a construction length of one year.	

The City of Sacramento has developed the City of Sacramento Climate Action Plan (CAP), which was adopted February 14, 2012. The CAP identifies how the City and the broader community could reduce

Sacramento's GHG emissions and includes reduction targets, strategies, and specific actions. The project is conditioned to comply with the adopted CAP by meeting the Tier 1 requirements under Title 24 Building Energy Efficiency Standards or other equivalent methods to reduce GHG emissions 15% below business as usual (BAU) or 2008 levels. The proposed project's GHG emissions would not be expected to conflict with the City's or State's goal per AB 32 or any other plans or regulations for reducing GHG emissions, and a less-than-significant impact would result.

Mitigation measures adopted for the Expo Parkway Offices project related to Cultural Resources have been updated to utilize the current mitigation language. With the implementation of these measures, impacts remain less than significant.

- 3. No new information of substantial importance, which was not known and could not have been known with the exercise of reasonable diligence at the time the previous EIR was certified as complete or adopted, shows any of the following:**
 - a) The project will have one or more significant effects not discussed in the previous EIR;**
 - b) Significant effects previously examined will be substantially more severe than shown in the previous EIR;**
 - c) Mitigation measures or alternatives previously found not to be feasible would in fact be feasible, and would substantially reduce one or more significant effects of the project, but the project proponents decline to adopt the mitigation measure or alternative, or;**
 - d) Mitigation measures or alternatives which are considerable different from those analyzed in the previous would substantially reduce on or more significant effects on the environment, but the project proponents decline to adopt the mitigation measure or alternative.**

Save the American River Association (SARA) expressed concerns regarding the MND's omission of an analysis of the project's proximity to the American River Parkway and Jedediah Smith Bicycle Trail. Consistent with the American River Parkway Plan (ARPP), the City has adopted the Parkway Corridor (PC) Overlay Zone (Chapter 17.332 of the Planning and Development Code), which provides guidelines and development standards for projects within the PC Overlay Zone. The project will be required to meet the development standards codified in the PC Overlay Zone.

The staff report acknowledges the proximity to the Parkway. The project site is located in the Parkway Corridor zone, which establishes development standards, especially height and setback, for projects within the overlay area. (City Code Chapter 17.332) The project is not a prohibited use and would be required to comply with the Parkway Corridor requirements.

As a result, the project, adjacent to the American River Parkway, would not be in conflict with the ARPP, and no significant effects would result in that regard.

SARA commented regarding biological resources in the parkway that could be affected by the project. The project site is not within the American River Parkway, but is adjacent on a site subject to development that is consistent with the PC Overlay Zone. The project site has been graded and infrastructure improvements have been installed onsite as implementation of the previously approved project. Those improvements had been halted as the office project did not proceed. The project would not remove or affect any habitat within the American River Parkway.

The site does not provide meaningful habitat. The MND includes mitigation measures that apply to trees on the project site. (Mitigation Measures BR-1 through BR-4)

Concerns have been expressed regarding the potential effects of lighting at the proposed facility. The Parkway Corridor regulations provide:

All exterior lighting shall be shielded at the source and shall be directed away from the American River parkway to the greatest degree possible. City Code 17.332.070H

Design of the building will be required to comply with this provision, which has as its purpose the avoidance of lighting impacts on the Parkway. Urban development such as that proposed along the Parkway boundary, however, is allowed, and compliance with the regulations will ensure that no significant effect would occur.

SARA also expressed concern regarding potential impacts to the American River Parkway if hospital patients are released or treated on an outpatient basis with necessary supervision and support. This appears to be an economic or social issue that is not treated as an environmental impact under CEQA, though it may be a legitimate planning and land use issue. Any potential impacts on the American River Parkway due to such factors are attenuated and speculative, and are not considered significant effects on the physical environment.

Woodlake Neighbors Creating Transparency (Woodlake) expressed concerns regarding the stormwater facilities. Sump 151 serves Storm Water Basin 151 which is a local drainage watershed. The City of Sacramento has studied this basin in its Drainage Master Plan for that basin. The DOU is aware of potential existing drainage problems during the 10 year and 100 year flood events in Basin 151. All new development, including the proposed project, is required to mitigate impacts on drainage facilities but not to correct existing deficiencies that may exist in the overall system. The DOU reviewed this project and determined that this project would exacerbate existing flooding issues due to its proximity to Sump 151. Stormwater design for the proposed project would route stormwater offsite as quickly as possible. For these reasons the DOU has determined that only onsite drainage system improvements are required without a detention basin or the need for a drainage study. (R. Armijo, December 2013) The MND concluded that no significant effect for stormwater would occur, and the evaluation of site conditions has confirmed that conclusion.

Woodlake's concerns regarding access issues have been reviewed. Access for emergency , recreation and utility repair and maintenance have been reviewed. Staff has confirmed that adequate access will remain and no significant effects have been identified. (M. Bartley, Fire Department, October 2013; R. Armijo, Department of Utilities, December 2013).

Woodlake noted that the MND did not include an analysis of the railroad spur near the project site. The Mitigated Negative Declaration omitted mention of the railroad tracks near the project site. These tracks are part of a spur that at one time served properties in an industrial area to the west of the site. The spur was at one time connected to the mainline approximately 1,900 feet east of the project site. The spur is no longer connected to the main line, and truncates in rock base. Structures that were part of safety controls have been marked as out of service. While it is possible that the spur could in the future be reconnected to the main line, the traffic on the spur would be limited to rail cars used by local businesses, and would not result in significant noise or vibration. The project would have no impact on the rail spur, and in the event of future operations on the spur there would be no significant effect.

Woodlake commented regarding potential effects of pharmaceutical drugs on wastewater treatment. The City of Sacramento and the Sacramento region participate in regional wastewater treatment. Numerous major medical facilities are located in the region, and the general population uses prescription and over-the-counter medications on a regular basis. The contribution of a single medical facility is less than cumulatively considerable in the regional context. The cumulative issues would be

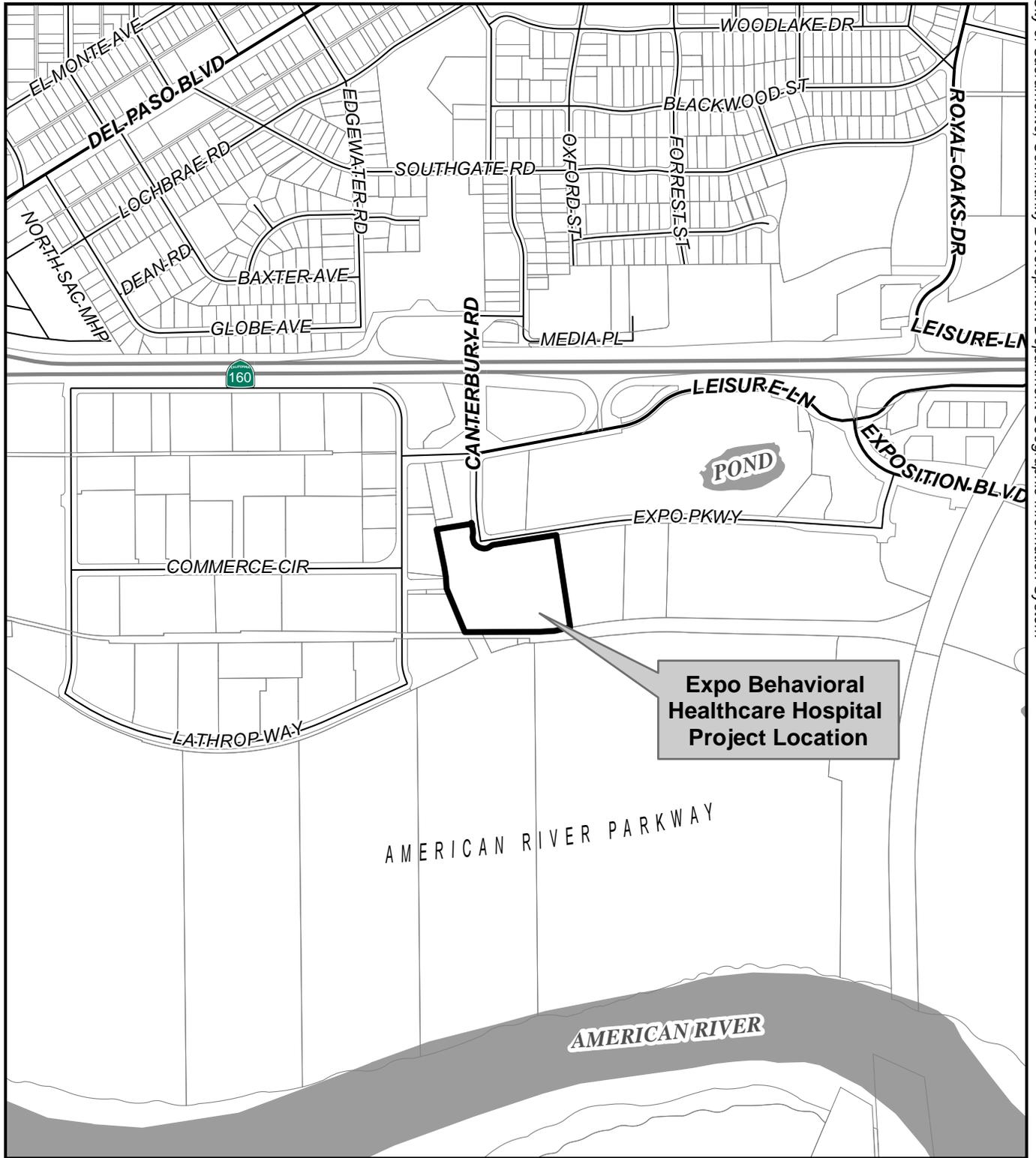
addressed by the regional wastewater authority and individual agencies in master planning documents such as general plans and associated EIRs.

There have been no new activities or development in the project vicinity that would change the evaluation of effects as set forth in the MND, and the project would have no new significant effects that have not already been identified and evaluated.

Based on the above analysis, and review of the comments received during the hearing process, this Addendum to the previously adopted Mitigated Negative Declaration for the project has been prepared.

Attachments:

- A) Vicinity Map
- B) Proposed Site Plan
- C) Mitigated Negative Declaration for P04-133 - Expo Office Development;
- D) Thomas Powell, on behalf of Woodlake Neighbors Creating Transparency, email dated October 3, 2013
- E) Woodlake Neighbors Creating Transparency, Argument in Opposition to Zone Change request, November 12, 2013 (References and Documentation are included in the City Council staff report)
- F) Betsy Weiland, Save the American River Association, November 26, 2013
- G) Betsy Weiland, Save the American River Association, Testimony to City Council, December 3, 2013

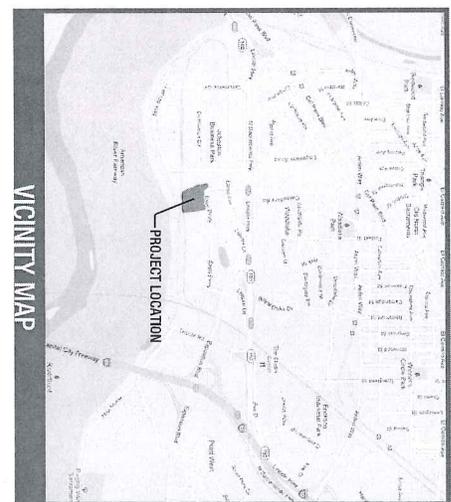
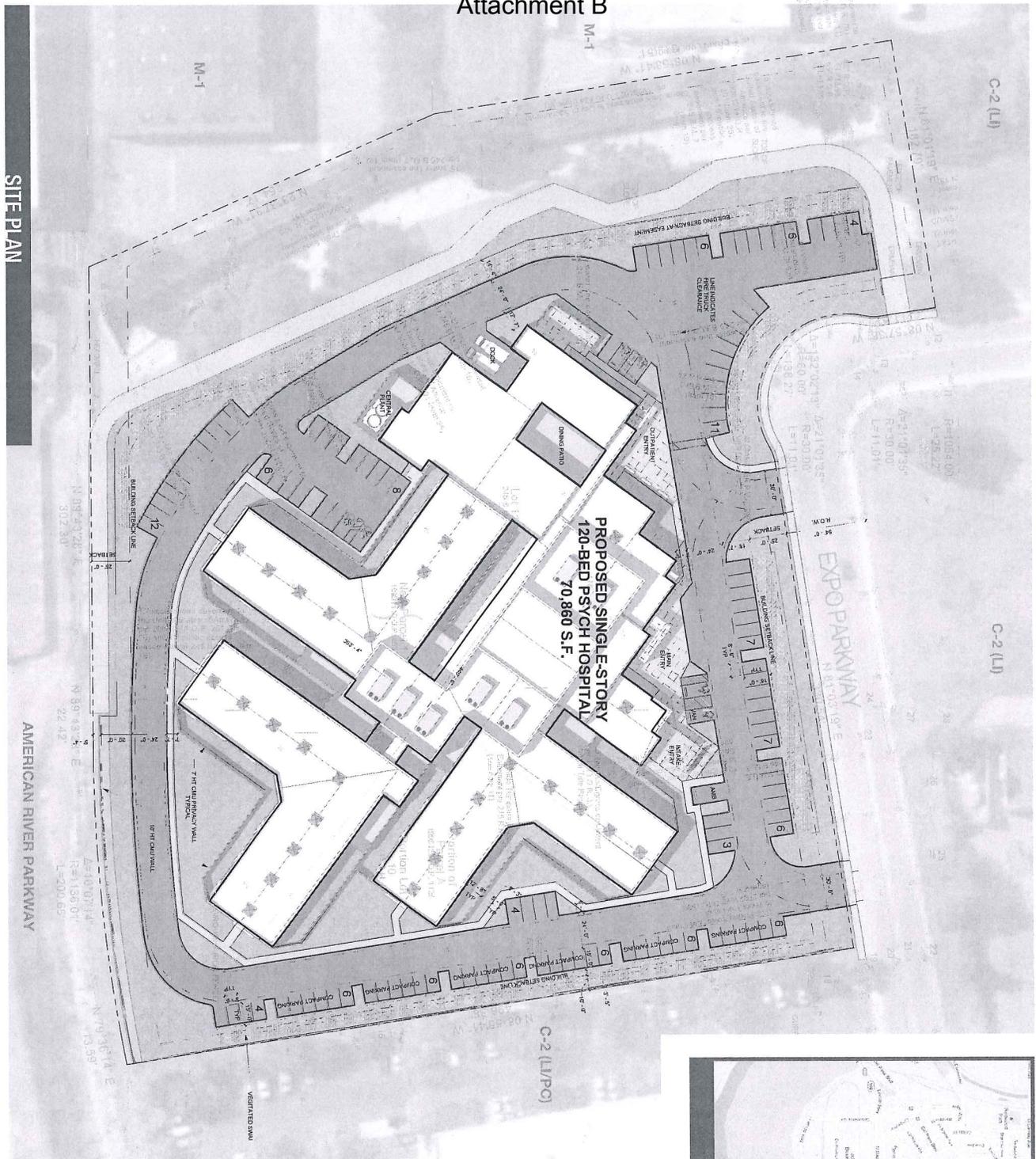


**Expo Behavioral
Healthcare Hospital
Project Location**

**P13-011
Vicinity Map
Expo Behavioral
Healthcare Hospital
Addendum (Revised)**

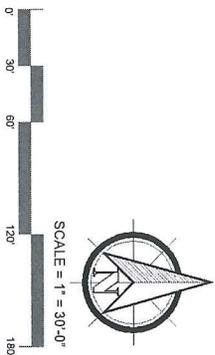


SITE PLAN



PROJECT DATA

PROJECT DESCRIPTION:	120-BED ACUTE CARE PSYCHIATRIC HOSPITAL
APN NO.:	275-031-0422
JURISDICTION:	CITY OF SACRAMENTO
GROSS SITE AREA:	6.78 ACRES
NET SITE AREA:	5.37 ACRES
BUILDING AREA:	70,860 SF
COVERAGE:	30%
ZONING:	
EXISTING ZONING:	C2-L-PC
PROPOSED ZONING:	H (PC)
SPECIAL USE PERMIT:	YES, HOSPITAL
PARKING REQUIRED:	(120-136D)
PARKING PROVIDED:	
STANDARD STALLS	81 SPACES
HEAVY STALLS	60 SPACES
TOTAL PARKING	127 SPACES





MITIGATED NEGATIVE DECLARATION

The City of Sacramento, California, a municipal corporation, does hereby prepare, make declare, and publish this Negative Declaration for the following described project:

Expo Office Development (P04-133) – The proposed project site consists of two parcels, APNs 275-0310-008 and –022. The northern parcel, APN 275-0310-008, is situated south of Leisure Lane and east of Expo Parkway. The southern parcel, APN 275-0310-022, is situated south of Expo Parkway, on the other side of the northern parcel.

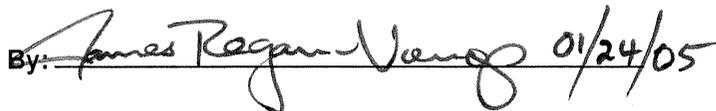
The proposed project consists of the entitlements to develop the project site with two office buildings on the northern parcel and five office buildings on the southern parcel. The total square footage of office space would be 84,734 square feet. The buildings will be of plaster with metal panels and a built up asphalt roof. At this time, no tenants are proposed.

The City of Sacramento, Development Services Department, has reviewed the proposed project and on the basis of the whole record before it, has determined that there is no substantial evidence that the project, with mitigation measures as identified in the attached Initial Study, will have a significant effect on the environment. This Mitigated Negative Declaration reflects the lead agency's independent judgment and analysis. An Environmental Impact Report is not required pursuant to the Environmental Quality Act of 1970 (Sections 21000, et seq., Public Resources Code of the State of California).

This Negative Declaration has been prepared pursuant to Title 14, Section 15070 of the California Code of Regulations; the Sacramento Local Environmental Regulations (Resolution 91-892) adopted by the City of Sacramento; and the Sacramento City Code.

A copy of this document and all supportive documentation may be reviewed or obtained at the City of Sacramento, Development Services Department, Planning Division, 1231 I Street, 3rd Floor, Sacramento, California 95814.

Environmental Services Manager, City of Sacramento,
California, a municipal corporation

By:  01/24/05

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

**EXPO OFFICE DEVELOPMENT PROJECT (#P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION**

This Initial Study has been prepared by the Development Services Department, Environmental Planning Services, 1231 I Street, Room 300, Sacramento, CA 95814, pursuant to Title 14, Section 15070 of the California Code of Regulations; the Sacramento Local Environmental Regulations (Resolution 91-892) adopted by the City of Sacramento, and the Sacramento City Code.

This Initial Study is organized into the following sections:

SECTION I. - BACKGROUND: Page 3 - Provides summary background information about the project name, location, sponsor, when the Initial Study was completed, and a project introduction.

SECTION II. - PROJECT DESCRIPTION: Page 5 - Includes a detailed description of the Proposed Project.

SECTION III. - ENVIRONMENTAL CHECKLIST AND DISCUSSION: Page 6- Contains the Environmental Checklist form together with a discussion of the checklist questions. The Checklist Form is used to determine the following for the proposed project: 1) "Potentially Significant Impacts" that may not be mitigated with the inclusion of mitigation measures, 2) "Potentially Significant Impacts Unless Mitigated" which could be mitigated with incorporation of mitigation measures, and 3) "Less-than-significant Impacts" which would be less-than-significant and do not require the implementation of mitigation measures.

SECTION IV. - ENVIRONMENTAL FACTORS POTENTIALLY AFFECTED: Page 52 - Identifies which environmental factors were determined to have either a "Potentially Significant Impact" or "Potentially Significant Impacts Unless Mitigated," as indicated in the Environmental Checklist.

SECTION V. - DETERMINATION: Page 53 - Identifies the determination of whether impacts associated with development of the Proposed Project are significant, and what, if any, additional environmental documentation may be required.

- ATTACHMENT**
- A – Vicinity Map/Site Photo
 - B – Project Plan
 - C – Mitigation Agreement
 - E – SMAQMD Urbemis 2002 Calculations

SECTION I. BACKGROUND

File Number, Project Name:

P04-133/Expo Office Development

Project Location:

APNs: 275-0310-008 and -022

Project Applicant, Project Planner, and Environmental Planner Contact Information:

Project Applicant

Bob Slobe
400 Slobe Avenue
Sacramento, CA 95819

Project Planner

Ted Kozak
City of Sacramento, Development Services Department
1231 I Street, Room 300
Sacramento, CA 95814
(916) 808-1944

Environmental Planner

Susanne Cook
City of Sacramento, Development Services Department
1231 I Street, Room 300
Sacramento, CA 95814
(916) 808-5375

Introduction

The proposed project consists of the entitlements to develop the project site with five, one-story office buildings. The five buildings will total 60,000+/- gross sq. ft. Two hundred eighteen (218) parking spaces will be provided (1:275). The buildings will be of plaster with metal panels and a built up asphalt roof. At this time, no tenants are proposed.

The City of Sacramento, as lead agency, has determined that the appropriate environmental document for the proposed project is a Mitigated Negative Declaration. This environmental document examines project effects which are identified as potentially significant effects on the environment or which may be substantially reduced or avoided by the adoption of revisions or conditions to the design of project specific features. It is believed at this time that the project

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

will not result in potentially significant impacts. Therefore, a Mitigated Negative Declaration is the proposed environmental document for this project.

The City is soliciting views of interested persons and agencies on the content of the environmental information presented in this document. Due to the time limits mandated by state law, your response must be sent at the earliest possible date, but no later than the 20-day review period ending, Tuesday, February 15, 2005.

Please send written responses to:

Susanne Cook, Environmental Project Manager
Development Services Department
Environmental Planning Services
1231 I Street, Ste. 300
Sacramento, CA 95814
Fax (916) 264-7185

SECTION II. PROJECT DESCRIPTION

Project Location

The proposed project site consists of two parcels, APNs 275-0310-008 and -022. The northern parcel, APN 275-0310-008, is situated south of Leisure Lane and east of Expo Parkway. The southern parcel, APN 275-0310-022, is situated south of Expo Parkway, on the other side of the northern parcel. Please see Attachment A for a Vicinity Map.

Project Background

No previous entitlements were sought for the project site.

Project Purpose

The purpose of the proposed project is to obtain the necessary entitlements to allow for development of the project site for office use.

Project Components

The proposed project consists of the entitlements to develop the project site with two office buildings on the northern parcel and five office buildings on the southern parcel. The total square footage of office space would be 84,734 square feet. The buildings will be of plaster with metal panels and a built up asphalt roof. At this time, no tenants are proposed.

- SPECIAL PERMIT for 100 percent offices in the M-1-LI zone;
- TENTATIVE MAP to subdivide two parcels totaling 7.25 +/- net acres into seven lots and two common parcels in M-1-LI zone.

SECTION III. ENVIRONMENTAL CHECKLIST AND DISCUSSION

Issues:	Potentially Significant Impact	Potentially Significant Impact Unless Mitigated	Less-than-significant Impact
1. LAND USE <i>Would the proposal:</i>			
A) Result in a substantial alteration of the present or planned use of an area?			✓
B) Affect agricultural resources or operation (e.g., impacts to soils or farmlands, or impact from incompatible land uses?)			✓

Environmental Setting

The City of Sacramento General Plan identifies the site as Industrial Employee Intensive. The North Sacramento Community Plan identifies the site as Labor Intensive. The project site is zoned as M-1-LI-PC (Light Industrial-Labor Intensive Parkway Corridor) and C-2-LI (General Commercial Labor Intensive).

The project site contains a few large oak trees with the remainder of the site vacant and disked.

Standards of Significance

For the purposes of this analysis, an impact is considered significant if the project would:

- Substantially change land use of the site;
- Be incompatible with long-term uses on adjacent properties; or
- Conflict with applicable land use plans.

Answers to Checklist Questions

Questions A and B

No change in the land use designation would occur with the proposed project. The project would be consistent with the designated land uses and zoning.

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

The project site is not in agricultural use. Therefore, a less-than-significant impact on land use would occur.

Mitigation Measures

No mitigation is required.

Findings

The proposed project would not result in impacts to land uses.

**EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION**

Issues:	Potentially Significant Impact	Potentially Significant Impact Unless Mitigated	Less-than-significant Impact
2. POPULATION AND HOUSING			
<i>Would the proposal:</i>			
A) Induce substantial growth in an area either directly or indirectly (e.g., through projects in an undeveloped area or extension of major infrastructure)?			✓
B) Displace existing housing, especially affordable housing?			✓

Environmental Setting

The areas around the project site are mostly developed. The area adjacent to the northern parcel is occupied by the Radisson Hotel, the site to the west of the northern parcel is occupied by an office building, and the site to the north of the northern parcel is vacant but appears to have been disturbed over the years.

The site to the east of the southern parcel is occupied by an office development, the site to the west is covered by the Sump 151 channel, and the area to the south of the southern parcel is the levee and American River.

Standards of Significance

Section 15131 of the California Environmental Quality Act (CEQA) Guidelines states that the economic or social effects of a project shall not be treated as a significant effect on the environment. However, CEQA indicates that social and economic effects be considered in an EIR only to the extent that they would result in secondary or indirect adverse impacts on the physical environment.

This environmental document does not treat population/housing as an environmental impact, but rather as a social-economic impact. If there are clear secondary impacts created by a population/housing increase generated by the project, those secondary impacts will be addressed in each affected area (e.g., transportation, air quality, etc).

For the purposes of this analysis, an impact is considered significant if the project would induce substantial growth that is inconsistent with the approved land use plan for the area or displace

existing affordable housing.

Answers to Checklist Questions

Questions A & B

The proposed project would not spur growth in an undeveloped area because the area has been developed years ago. The proposed project is located essentially on an infill site. In addition, the North Sacramento Community Plan has planned for development in this area. Therefore, growth impacts would be less-than-significant.

The project site is vacant and undeveloped. Therefore, impacts to housing would be less-than-significant.

Mitigation Measures

No mitigation is required.

Finding

The proposed project would result in less-than-significant impacts to population and housing.

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

Issues:	Potentially Significant Impact	Potentially Significant Impact Unless Mitigated	Less-than-significant Impact
3. SEISMICITY, SOILS, AND GEOLOGY			
<i>Would the proposal result in or expose people to potential impacts involving:</i>			
A) Seismic hazards?			✓
B) Erosion, changes in topography or unstable soil conditions?			✓
C) Subsidence of land (groundwater pumping or dewatering)?			✓
D) Unique geologic or physical features?			✓

Environmental Setting

Seismicity. The Sacramento General Plan Update (SGPU) Draft Environmental Impact Report (DEIR) identifies all of the City of Sacramento as being subject to potential damage from earthquake groundshaking at a maximum intensity of VIII of the Modified Mercalli scale (SGPU DEIR, 1987, T-16). No active or potentially active faults are known to cross within close proximity to the project site.

Topography. Terrain in the City of Sacramento features very little relief (SGPU DEIR, 1987, T-3). The potential for slope instability within the City of Sacramento is minor due to the relatively flat topography of the area.

Regional Geology. The surface sediments of the project site consist of Holocene Floodplain Deposits (SGPU DEIR, T-2). The SGPU DEIR states that the floodplain deposits represent the depositional regime of the area immediately prior to streamflow and drainage changes brought about within the last 135 years (SGPU DEIR, T-1). Floodplain deposits are unconsolidated sands, silts, and clays formed from flooding of the American and Sacramento Rivers, and these generally are moderately to highly permeable (SGPU DEIR, T-1). They are distributed in proximity to the present-day river channels and extend throughout the Central City, South Natomas, and a substantial portion of North Natomas (SGPU DEIR, T-1).

The general soils of the area consist of Columbia-Cosumnes (SGPU DEIR, T-5). These are described by the SGPU DEIR to be very deep, somewhat poorly-drained soils that are subject to flooding or protected by levees (T-5).

Standards of Significance

For the purposes of this analysis, an impact is considered significant if it allows a project to be built that will either introduce geologic or seismic hazards by allowing the construction of the project on such a site without protection against those hazards.

Answers to Checklist Questions

Question A

Cities in California are required to consider seismic safety as part of the General Plan safety elements. The City of Sacramento also recognizes that it is prudent for the City to prepare for seismic related hazards and has, therefore, adopted policies as a part of the General Plan, Health and Safety Element. These policies require that the City protect lives and property from unacceptable risk due to seismic and geologic activity or unstable soil conditions to the maximum extent feasible, that the City prohibit the construction of structures for permanent occupancy across faults, that soils reports and geologic investigations be required for multiple story buildings, and that the Uniform Building Code requirements that recognize State and Federal earthquake protection standards in construction be used. The policies listed above are implemented through the building permit process for new construction projects and reduce the potential significant health and safety impacts. Thus, for the purposes of this environmental analysis, the potential for a significant geologic, soils, or seismic impact created by construction of the project has been substantially lessened by the application of regulatory requirements. Because the project is required to comply with these regulatory requirements, seismic hazards are considered to be less-than-significant.

Question B

Title 15, Chapter 15.88 of the City's Municipal Code requires a grading permit prior to construction activities. In accordance with the grading permit requirements, the applicant must submit an Erosion and Sediment Control (ESC) plan to reduce the amount of erosion and to retain sediment on the project site during construction. In addition, the Sacramento General Plan Update Draft Environmental Impact Report indicates that there are no highly erodible soils within the City (T-13). For these reasons, the Proposed Project would not result in substantial soil erosion or loss of topsoil, and geotechnical impacts related to erosion and soil loss would be less than significant.

Question C

The Developer is required to follow all regulations concerning geotechnical considerations. This includes complying with the Uniform Building Code and preparing a geotechnical study to determine the soils stability. The code would require construction and design of the building to meet standards that would reduce risks associated with subsidence or liquefaction. Since the topography of the area is relatively flat, landslides do not present a hazard in the project site. Therefore, this impact is considered less-than-significant and no mitigation is required.

Question D

No unique geologic features exist in close proximity to the project. Therefore, the project would not result in any impacts from or to unique geologic or natural features.

Mitigation Measures

No mitigation is required.

Findings

The proposed project would not have a significant impact on seismicity, soils, and geology.

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

Issues:	Potentially Significant Impact	Potentially Significant Impact Unless Mitigated	Less-than-significant Impact
4. WATER			
<i>Would the proposal result in or expose people to potential impacts involving:</i>			
A) Changes in absorption rates, drainage patterns, or the rate and amount of surface runoff?			✓
B) Exposure of people or property to water related hazards such as flooding?			✓
C) Discharge into surface waters or other alteration of surface water quality (e.g., temperature, dissolved oxygen or turbidity)?			✓
D) Changes in currents, or the course or direction of water movements?			✓
E) Change in the quantity of ground waters, either through direct additions or withdrawal, or through interception of an aquifer by cuts or excavations or through substantial loss of groundwater recharge capability?			✓
F) Altered direction or rate of flow of groundwater?			✓
G) Impacts to groundwater quality?			✓

Environmental Setting

Drainage/Surface Water. There is no surface water on the project site. However, Sump 151 drainage channel is situated west and adjacent to the southern parcel, and the American River is situated south of the project site. Drainage from the site is either absorbed by the site or runs off to the adjacent streets.

Water Quality. The City's municipal water is received from the American River and Sacramento

River. The water quality of the American River is considered very good. The Sacramento River water is considered to be of good quality, although higher sediment loads and extensive irrigated agriculture upstream of Sacramento tends to degrade the water quality. During the spring and fall, irrigation tailwaters are discharged into drainage canals that flow to the river. In the winter, runoff flows over these same areas. In both instances, flows are highly turbid and introduce large amounts of herbicides and pesticides into the drainage canals, particularly rice field herbicides in May and June. The aesthetic quality of the river is changed from relatively clear to turbid from irrigation discharges.

The Central Valley Regional Water Quality Control Board (RWQCB) has primary responsibility for protecting the quality of surface and groundwaters within the City. The RWQCB's efforts are generally focused on preventing either the introduction of new pollutants or an increase in the discharge of existing pollutants into bodies of water that fall under its jurisdiction.

The RWQCB is concerned with all potential sources of contamination that may reach both these subsurface water supplies and the rivers through direct surface runoff or infiltration. Storm water runoff is collected in City drainage facilities and is sent directly to the Sacramento River. RWQCB implements water quality standards and objectives that are in keeping with the State of California Standards.

Flooding. The proposed project is located in a FEMA designated A99 zone. FEMA defines this zone as an area to be protected from 100-year flood by Federal protection system under construction. No base flood elevations have been determined.

Standards of Significance

Surface/Ground Water. For purposes of this environmental document, an impact is considered significant if the proposed project would substantially degrade water quality and violate any water quality objectives set by the State Water Resources Control Board, due to increased sediments and other contaminants generated by consumption and/or operation activities.

Flooding. Substantially increase exposure of people and/or property to the risk of injury and damage in the event of a 100-year flood.

Answers to Checklist Questions

Questions A, C-F

Development of the site would result in more runoff because of the addition of paved surfaces. The addition of paved surfaces also would result in a change in runoff absorption rate and pattern. Although more runoff would result from the development of the project, compliance with the City's Grading, Erosion and Sediment Control Ordinance (Title 15) and the Stormwater Management and Discharge Control Ordinance (Title 13) would reduce runoff impacts to a less-than-significant level. The Grading, Erosion and Sediment Control Ordinance will require the applicant to prepare erosion and sediment control plans for both during and after construction of the proposed project, prepare preliminary and final grading plans, and prepare plans to control urban runoff pollution

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

from the project site during construction. This ordinance also requires that a Post Construction Erosion and Sediment Control Plan be prepared to minimize the increase of urban runoff pollution caused by development of the area. Since the project is not served by a regional water quality control facility and is greater than one acre, both source controls and on-site treatment control measures are required. A storm drain message is required at all drain inlets. On-site treatment control measures are also required.

The project is also required to comply with the Stormwater Management and Discharge Control Ordinance. This Ordinance requires that nonstormwater discharges to the stormwater conveyance system be controlled by eliminating discharges to the stormwater conveyance system from spills, dumping, or disposal of materials other than stormwater, and by reducing pollutants in urban stormwater discharges to the maximum extent practicable. This Ordinance is intended to assist in the protection and enhancement of the water quality of watercourses, water bodies, and wetlands in a manner pursuant to and consistent with the Federal Water Pollution Control Act, Porter-Cologne Water Quality Control Act and National Pollutant Discharge Elimination System ("NPDES").

During construction of the proposed project, groundwater may be encountered and may need to be withdrawn. Groundwater that has been withdrawn would eventually be discharged to surface water. Although the groundwater beneath the project site is not known to be contaminated, unknown groundwater contamination could have occurred. In the case that groundwater pumping would need to be done, the Developer would be required to follow the Regional Water Quality Control Board's standards and requirements, which include testing the groundwater for contamination. Testing the groundwater ensures that contaminated groundwater is not discharged to surface water.

Question B

The project site is situated within Flood Zone A99, which is an area to be protected. Flood Zone A99 is applied to areas of the City which have less than 100-year flood protection; however, FEMA has determined that adequate progress has been made on a Federal funded flood control project which, when completed, will provide 100-year flood protection to those areas. The explanation follows:

In 1998, per congressional mandate to establish a Special Flood Hazard Area (SFHA) addressing flood control systems that no longer provide 100-year protection, FEMA issued a final flood elevation determination letter and revised the FIRM for portions of the Sacramento area, replacing the A99 designation with a new flood zone entitled AR Flood Zone. This AR zone was intended for communities, such as Sacramento, where a certified 100-year or greater flood protection system had been decertified due to updated hydrologic or other data. The AR zone allowed for development to continue, with some restrictions, while progress was being made toward restoring a 100-year flood protection level. In 1998, the City of Sacramento certified Addendum III to the EIR for Land Use Planning Policy within the 100-year floodplain, which evaluated the risks of allowing development to continue within the AR zone.

Subsequent to the AR zone redesignation, the Army Corps of Engineers lowered the estimates for

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

100-year flood flows on the American River. In addition, the Sacramento Area Flood Control Agency (SAFCA) continued to make progress on flood control projects along the American River. These two occurrences enabled the City to apply for and receive a flood map revision. On May 22, 2000, FEMA notified the City that the FIRM was being revised to redesignate areas previously listed as an AR zone back to the A99 zone. FEMA's action removes the 3-foot elevation and floodproofing requirement for new buildings but does not eliminate the mandatory flood insurance requirement.

Findings

This project would result in less-than-significant impacts to water resources.

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

Issues:	Potentially Significant Impact	Potentially Significant Impact Unless Mitigated	Less-than-significant Impact
5. AIR QUALITY			
<i>Would the proposal:</i>			
A) Violate any air quality standard or contribute to an existing or projected air quality violation?		✓	
B) Exposure of sensitive receptors to pollutants?		✓	
C) Alter air movement, moisture, or temperature, or cause any change in climate?			✓
D) Create objectionable odors?			✓

Environmental Setting

The project area lies within the Sacramento Valley Air Basin (SVAB). The climate of the SVAB is Mediterranean in character, with mild, rainy winter weather from November through March, and warm to hot, dry weather from May through September. The SVAB is subject to eight unique wind patterns. The predominant annual and summer wind pattern is the full sea breeze, commonly referred to as Delta breezes. Wind direction in the SVAB is influenced by the predominant wind flow pattern associated with the season.

The SVAB is subject to federal, state, and local regulations, which include the Federal and California Clean Air Acts and the Sacramento Metropolitan Air Quality Management District (SMAQMD) Rules. Standards for air pollutants are set under these regulations. The air pollutant standards under the California Clean Air Act are more stringent than the Federal Clean Air Act; therefore, air basins within the State of California follow the California Clean Air Act air pollutant standards.

The project site is situated within in Sacramento County, which is under the jurisdiction of the Sacramento Metropolitan Air Quality Management District (SMAQMD). The SMAQMD is responsible for implementing emissions standards and other requirements of federal and state laws.

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

Both the federal Environmental Protection Agency and the California Air Resources Board classifies the SVAB as non-attainment for ozone and PM₁₀ (particulate matter less than 10 microns in diameter). Carbon monoxide (CO) is designated as unclassified/attainment (California Air Resources Board, 1998). A non-attainment status for an air pollutant means that the air basin must develop regional air quality plans to show how the air basin will eventually attain the standards.

Standards of Significance

Ozone and Particulate Matter. An increase of nitrogen oxides (NO_x) during the construction of the project (short-term effects) above 85 pounds per day would result in a significant impact. An increase of reactive organic gases (ROG) and/or NO_x during the operation of the project (long-term effects) above 65 pounds per day would result in a significant impact.

Carbon Monoxide. The pollutant of concern for sensitive receptors is carbon monoxide (CO). Motor vehicle emissions are the dominant source of CO in Sacramento County (SMAQMD, 1994). For purposes of environmental analysis, sensitive receptor locations generally include parks, sidewalks, transit stops, hospitals, rest homes, schools, playgrounds and residences. Commercial buildings are generally not considered sensitive receptors.

Carbon monoxide concentrations are considered significant if they exceed the 1-hour state ambient air quality standard of 20.0 parts per million (ppm) or the 8-hour state ambient standard of 9.0 ppm (state ambient air quality standards are more stringent than their federal counterparts).

Answers to Checklist Questions

Questions A, B & D

Operational Impacts: In order to assess whether mobile source emissions for ozone precursor pollutants (NO_x and ROG), PM₁₀ and CO are likely to exceed the standards of significance due to operation of the project once completed, an initial project screening was performed using Table 4.2 in the SMAQMD *Guide to Air Quality Assessment* (July 2004). This table provides project sizes for land use types which, based on default assumptions for modeling inputs using the URBEMIS2002 model, are likely to result in mobile source emissions exceeding the SMAQMD thresholds of significance for these pollutants. For projects approaching or exceeding the thresholds indicated in the table, a more detailed analysis is required. Those projects which do not approach or exceed the threshold levels in the table can be conservatively assumed not to be associated with significant emissions of NO_x, ROG, PM₁₀ and CO.

Projects categorized as "Office Park, General Office" land use development types are considered potentially significant at the NO_x Screening Level for operational impacts at 841,000 square feet or higher. The size of the proposed project is 83,734 square feet, which is well below the Table 4.2 criteria for office. Therefore, no potentially significant operational impacts are expected to air quality due to mobile source emissions for these criteria pollutants.

Project-Related Construction Impacts: The project was also screened for potential impacts to air quality due to construction of the proposed project, also using Table 4.2 in the SMAQMD *Guide to Air Quality Assessment* (July 2004) as described above. For projects categorized as "Industrial Park" land use development types, 56,000 square feet or larger are considered potentially significant at the NO_x Screening Level for construction impacts. The size of the proposed project is 294,901 square feet, which is above the Table 4.2 criteria for Industrial Park. As a result, *URBEMIS 2002 for Windows 7.4.2* model was used to calculate estimated emissions for the proposed project.

Based on the estimated emissions from the URBEMIS model, the proposed project would exceed the short-term emissions threshold of 85 lbs/day for NO_x. The NO_x emissions are estimated to be 129.55 lbs/day in the year 2005. These emissions are above the thresholds for NO_x emissions, and therefore, the following mitigation measures are necessary:

Mitigation Measures

AQ-1: Category 1: Reducing NO_x emissions from off-road diesel powered equipment

The project shall provide a plan for approval by the lead agency, in consultation with SMAQMD, demonstrating that the heavy-duty (>50 horsepower) off-road vehicles to be used in the construction project, including owned, leased and subcontractor vehicles, will achieve a project wide fleet-average 20 percent NO_x reduction and 45 percent particulate reduction compared to the most recent CARB fleet average at time of construction; and

The Project representative shall submit to the lead agency and SMAQMD a comprehensive inventory of all off-road construction equipment, equal to or greater than 50 horsepower, that will be used an aggregate of 40 or more hours during any portion of the construction project. The inventory shall include the horsepower rating, engine production year, and projected hours of use or fuel throughput for each piece of equipment. The inventory shall be updated and submitted monthly throughout the duration of the project, except that an inventory shall not be required for any 30-day period in which no construction activity occurs. At least 48 hours prior to the use of subject heavy-duty off-road equipment, the project representative shall provide SMAQMD with the anticipated construction timeline including start date, and name and phone number of the project manager and on-site foreman.

and:

Category 2: Controlling visible emissions from off-road diesel powered equipment

The project shall ensure that exhaust emissions from all off-road diesel powered equipment used on the project site do not exceed 40 percent opacity for more than three minutes in any one hour. Any equipment found to exceed 40 percent opacity (or Ringelmann 2.0) shall be repaired immediately, and the lead agency and SMAQMD shall be notified within 48 hours of identification of non-compliant equipment. A visual survey of all in-operation equipment shall be made at least weekly, and a monthly summary of the visual survey results shall be submitted throughout the

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

AQ-2: Prior to the approval of improvement plans or the issuance of grading permits, the Project Proponent will submit proof that the off-site air quality mitigation fee of \$3,625.00 has been paid to SMAQMD, and that the construction air quality mitigation plan has been approved by SMAQMD and the lead agency.

Implementation of the above mitigation measures would reduce air quality impacts to a less-than-significant level during construction.

Ambient Air Emissions

The July 2004 SMAQMD Guide to Air Quality Assessment states that projects are considered significant if anticipated emissions of certain pollutants exceed or contribute substantially to an existing or projected violation of an ambient air quality standard, or expose sensitive receptors (e.g., children, athletes, elderly, sick populations) to substantial pollutant concentrations (5-1). These pollutants include carbon monoxide (CO), PM₁₀, oxides of nitrogen (NO₂), and sulfur oxides (SO₂).

Since the NO_x emissions for operation of the project is less-than-significant, ambient air emissions would be considered less-than-significant as well.

Question C

The project would not result in the alteration of air movement, moisture, temperature, or in any change in climate, either locally or regionally.

Findings

This project would result in a less-than-significant impact to air quality with the implementation of the above mitigation measures.

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

Issues:	Potentially Significant Impact	Potentially Significant Impact Unless Mitigated	Less-than-significant Impact
6. TRANSPORTATION/CIRCULATION			
<i>Would the proposal result in:</i>			
A) Increased vehicle trips or traffic congestion?			✓
B) Hazards to safety from design features (e.g., sharp curves or dangerous intersections) or incompatible uses (e.g., farm equipment)?			✓
C) Inadequate emergency access or access to nearby uses?			✓
D) Insufficient parking capacity on-site or off-site?			✓
E) Hazards or barriers for pedestrians or bicyclists?			✓
F) Conflicts with adopted policies supporting alternative transportation (e.g., bus turnouts, bicycle racks)?		✓	
G) Rail, waterborne or air traffic impacts?			✓

Environmental Setting

Roads. The project is located south of Expo Parkway and east of Commerce Circle. Nearby roads include Expo Parkway, Leisure Lane, Canterbury Road, Commerce Circle, and Slobe Avenue. Regional traffic access to the project site is provided by the freeway system that serves North Sacramento. State Route 160 (SR 160) is a limited-access four-lane freeway and passes through the area to the north. To the east, SR 160 connects to the Capital City Freeway. To the west, SR 160 extends into the Central City Sacramento. Local access to SR 160 is via full interchanges at Canterbury Road/Leisure Lane and Royal Oaks Drive/Exposition Boulevard.

Canterbury Road is a two-lane, north-south local street that extends from Leisure Lane to Arden Way. North of SR 160, Canterbury Road passes through a residential area, and has an offset intersection at Southgate Road. Canterbury Road is also offset immediately north of SR 160, and

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

crosses over SR 160 on a two-lane structure.

Expo Parkway is a local street that serves an area of retail and office uses, which extends from Exposition Boulevard to Leisure Lane. The roadway has one through-lane in each direction, with additional lanes near its signalized intersection with Exposition Boulevard.

Leisure Lane is an east-west, two lane local road parallel to SR 160, which also serves as part of the two SR 160 interchanges in the area, including an overcrossing of SR 160. The Leisure Lane intersection with Exposition Boulevard is signalized.

Exposition Boulevard is an east-west, major arterial roadway extending from SR 160 to the east, which has traffic signals at major intersections including at Leisure Lane/ Expo Parkway. Exposition Boulevard is four-lanes wide from SR 160 to Tribute Road, including the undercrossing through the Union Pacific Railroad.

Slobe Avenue is a two-lane, east-west local street, which connects to Commerce Circle with Leisure Lane. Commerce Circle is a two-lane local loop street that provides access to an area of light industrial, commercial, and office uses.

Public Transportation. Sacramento Regional transit is the major public transportation service provide within Sacramento County providing 26.9 miles of light rail service and fixed-route bus service on over 119 routes. Light rail service and many of the bus routes are oriented to the downtown areas. Current light rail service extends from downtown to the Watt/I-80 station to the northeast. There are three light-rail stations located to the north of the project area. They are the Globe Avenue Station, the Arden/Del Paso Station, and the Royal Oaks Station.

Regional transit operates bus route 12 (Exposition) through the area to the north and the east. Route 12 operates on Exposition Boulevard, Leisure Lane, Royal Oaks Drive, and Arden Way. This route connects the Arden/Del Paso Light Rail Station, where it also connects with bus routes 13, 14, 15, 19, 20, 22, 23, 25 and 88.

Bikeways. There are no existing bike lanes along Expo Parkway and Leisure Lane at the project vicinity. However, there is an existing off-street bike trail to the south of the project site along the edge of the American River Parkway green belt.

According to the Sacramento City/County Bikeway Master Plan, there are no proposed future bike lanes in the project vicinity. However, "*Traffic Study of Potential Development in the SR 160 Corridor – North Sacramento*", Prepared by DKS Associates, November 2000) indicated that the following on-street bikeways are proposed in the areas including:

- Canterbury Road-Del Paso Boulevard to Leisure Lane
- Leisure Lane-Canterbury Road to Exposition Boulevard

Parking. Currently, no parking is available at the project site as it is vacant and undeveloped.

Standards of Significance

1. **Roadways:** An impact is considered significant for roadways when:
 - The project causes the facility to degrade from LOS C or better to LOS D or worse
 - For facilities operating at LOS D, E or F without the project, an impact is considered significant if the project increases the v/c ratio by 0.02 or more
2. **Intersections:** A significant traffic impact occurs under the following conditions:
 - The addition of project-generated traffic causes the level of service of the intersection to change from LOS A, B, or C to LOS D, E or F
 - The addition of project-generated traffic increases the average stopped delay by five seconds or more at an intersection already operating worse than LOS C
3. **Bicycle Facilities:** A significant Bikeway impact would occur if:
 - The project hindered or eliminated an existing designated bikeway, or if the project interfered with implementation of a proposed bikeway
 - The project is to result in unsafe conditions for bicyclists, including unsafe bicycle/pedestrian or bicycle/motor vehicle conflicts
4. **Pedestrian Facilities:** A significant pedestrian circulation impact would occur if:
 - The project would result in unsafe conditions for pedestrians, including unsafe increase in pedestrian/bicycle or pedestrian/motor vehicle conflicts.
5. **Transit Facilities:** A significant impact to the transit system would occur if the project-generated ridership, when added to existing or future ridership, exceeds available or planned system capacity. Capacity is defined as the total number of passengers the system of busses and light rail vehicles can carry during the peak hour of operation.
6. **Parking:** A significant impact to parking would occur if the anticipated parking demand of the proposed project exceeds the available or planned parking supply for typical day conditions. However, the impact would not be significant if the project is consistent with the parking requirements stipulated in the City Code.

Answers to Checklist Questions

Question A

The proposed project consists of the entitlements to develop five, one-story office buildings with a total gross square feet of 60,000+/- on an existing vacant lot, which is situated immediately south of Expo Parkway east of Commerce Circle and north of the Union Pacific Railroad. Once completed, the project will generate additional trips on the road network. The anticipated trip generation from the project is estimated as 125 hourly vehicular trips during the morning peak hours (7:00 – 9:00 AM) and 146 hourly vehicular trips during the afternoon peak hours (4:00 – 6:00 AM).

The project is included in the entire State Route 160 (SR 160) Corridor Development Project, which consists of future developments of over twenty parcels along the SR 160 Corridor. The ultimate project built-out is estimated in the year 2022. A traffic impact study prepared in November 2000 by DKS Associates for the project (*Traffic Study of Potential Development in the SR 160 Corridor – North Sacramento*) indicates that the ultimate build-out of the entire SR 160 will create significant environments impacts and cause severe degrading of level of service (LOS) for the roadway systems in the project vicinity. The DKS traffic study identified necessary roadway improvements as the required mitigation measures to minimize the environmental impacts of the proposed developments along the SR160 Corridor. Several required improvements that are most closely related to this Expo Office Development are identified as follows:

- A traffic signal installation at Leisure Lane and SR 160 Eastbound Ramps intersection;
- A traffic signal installation at the intersection of Canterbury Road/Expo Parkway and Leisure Lane/ Slobe Avenue;
- A traffic signal installation at the intersection of Canterbury Road and SR 160 Westbound Ramps.

Since the current project is consistent with the land uses designated for the project site as reflected in the City of Sacramento General Plan, and is part of the entire SR 160 Corridor Developments, mitigations are thus required as the conditions of project development to alleviate the potential environmental impacts of the project. A fair share contribution (to be determined by the City) based on overall trip generation of the project site will be required as a condition of approval of the proposed project. Impacts to traffic are anticipated to be less-than-significant.

Question B

Public improvements required for the project will be designed to appropriate standards. Therefore, creation of hazards is not expected, and no mitigation is required.

Question C

Existing road infrastructure provides adequate emergency access to the proposed project site. The project proposes new driveways to provide emergency access. The project site will be

designed to the appropriate City standards. Therefore, potential emergency access impacts are considered to be less-than-significant.

Question D

Parking in garages will be provided as part of the proposed project. On-street parking will also be available within the proposed project once completed.

Question E

The frontage improvements along the project site will include sidewalks, curbs, and gutters that will be designed to City standards. Therefore, impacts arising from potential bicycle/pedestrian or bicycle/motor vehicle conflicts are considered to be less-than-significant.

Question F

No alternative forms of transportation are proposed for the project site or area. However, the southern parcel of the proposed project is immediately east and adjacent to an existing off-street bike trail. The nearest building to the proposed project is approximately 37 feet east of the existing bike trail. The operation of the proposed project would not affect the existing bike trail because the side of the project closest to the bike trail is just a wall. However, during construction, the bike trail may be impacted. The following mitigation measures shall be followed to ensure less-than-significant impacts on alternative modes:

Mitigation Measures

T-1: Signage shall be placed at the entrance of the bikepath at least two weeks prior to the start of construction of the project. The signage shall include the period of closure, the name of a contact person, the contact person's phone number, and locations of alternate routes if that portion of the bike trail is closed during construction.

T-2: Detour signs shall be placed conspicuously showing where the alternate bike routes are located.

T-3: Photos of the existing bikepath should be taken prior to construction of the project. Also, a detailed written description of the materials of the bikepath shall be drafted prior to construction of the project.

T-4: The same materials of the existing bikepath shall be used when the bikepath is being reconstructed.

Question G

There are no railroads within or adjacent to the project site, so impacts to rail traffic are not anticipated. There are also no surface waters on the project site. However, the Sump 151

channel is situated just west of the southern parcel and the American River is situated just south of the southern parcel. Since the proposed project would be contained on-site, no impacts to water traffic are anticipated.

None of the buildings are high enough to cause problems with air traffic, so air traffic impacts are anticipated to be less-than-significant.

Findings

The project would not result in significant impacts to transportation or circulation.

**EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION**

Issues:	Potentially Significant Impact	Potentially Significant Impact Unless Mitigated	Less-than-significant Impact
7. BIOLOGICAL RESOURCES			
<i>Would the proposal result in impacts to:</i>			
A) Endangered, threatened or rare species or their habitats (including, but not limited to plants, fish, insects, animals and birds)?			✓
B) Locally designated species (e.g., heritage or City street trees)?		✓	
C) Wetland habitat (e.g., marsh, riparian and vernal pool)?			✓

Environmental Setting

The project site is best described as annual grassland habitat. The site was disked during an August 2004 site visit. The SGPU DEIR describes annual grassland with having vegetation that are winter and spring active herbaceous communities dominated by nonnative grasses (SGPU DEIR, U-11). Common dominants include members of the following genera: brome grass, wild oats, foxtail grass, fescue grasses, brodiaea, mariposa lily, clover, lupine, popcorn flower, fiddleneck, filaree, and poppy (SGPU DEIR, U-11).

Standards of Significance

For purposes of this environmental document, an impact would be significant if any of the following conditions or potential thereof, would result with implementation of the proposed project:

- Creation of a potential health hazard, or use, production or disposal of materials that would pose a hazard to plant or animal populations in the area affected;
- Substantial degradation of the quality of the environment, reduction of the habitat, reduction of population below self-sustaining levels of threatened or endangered species of plant or animal;
- Affect other species of special concern to agencies or natural resource organizations (such as regulatory waters and wetlands); or

- Violate the Heritage Tree Ordinance (City Code 12:64.040).

For the purposes of this report, “special-status” has been defined to include those species, which are:

- Listed as endangered or threatened under the federal Endangered Species act (or formally proposed for, or candidates for, listing);
- Listed as endangered or threatened under the California Endangered Species Act (or proposed for listing);
- Designated as endangered or rare, pursuant to California Fish and Game Code (Section 1901);
- Designated as fully protected, pursuant to California Fish and Game Code (Section 3511, 4700, or 5050);
- Designated as species of concern by U.S. Fish and Wildlife Service (USFWS), or as species of special concern to California Department of Fish and Game (CDFG);
- Plants or animals that meet the definitions of rare or endangered under the California Environmental Quality Act (CEQA);

Answers to Checklist Questions

Question A

Most bird species are protected under federal and state regulations, specifically under the Migratory Bird Treaty Act and the California Fish and Game Code. The Migratory Bird Treaty Act protects migratory bird species that are on the federal list and their nests and eggs from injury or death. Project related disturbances must be reduced or eliminated during the nesting cycle. The California Fish and Game Code prohibits the possession, incidental take, or needless destruction of birds, their nests, and eggs. Under the California Fish and Game Code, birds that are “fully protected” may not be taken or possessed except under specific permit.

The federal Endangered Species Act protect threatened and endangered species on the federal list from “take” (indirect or direct harm) unless a Section 10 permit is granted or a Biological Opinion with incidental take provisions is rendered. Habitat loss is considered to be an impact to the species under the federal Endangered Species Act.

California also has a state Endangered Species Act. The California Endangered Species Act prohibits “take” (defined as the direct killing of the species) of state listed species. A permit must be obtained if the project will result in the “take” of listed species, either during construction or over the life of a project.

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

The California Native Plant Protection Act of 1977 requires that landowners notify the California Department of Fish and Game (CDFG) at least 10 days prior to initiating activities that will destroy a listed plant to allow the salvage of plant material.

No special-status species were observed by during a site visit on August 2004. The site had been recently disked during the site visit. Review of aerial photos indicates the project site to lack habitat for special-status species. In addition, the California Natural Diversity Database (CNDDDB) indicates that the only special-status species that have been recorded in the general project area is the Valley Elderberry Longhorn Beetle (VELB). Since the project site lacks elderberry shrubs, the habitat for the VELB, less-than-significant impacts on special-status species are anticipated.

Question B

The only local species the City protects are "Heritage Trees." The City protects "Heritage Trees" by ordinance (City Code 12.64). Heritage Trees are defined by Sacramento's Heritage Tree Ordinance as:

- a. Any trees of any species with a trunk circumference of one hundred (100) inches or more, which is of good quality in terms of health, vigor of growth and conformity to generally accepted horticultural standards of shape and location for its species.
- b. Any native *Quercus* species, *Aesculus California* or *Platanus Racemosa*, having a circumference of thirty-six (36) inches or greater when a single trunk, or a cumulative circumference of thirty-six (36) inches or greater when a multi-trunk.
- c. Any tree thirty-six (36) inches in circumference or greater in a riparian zone. The riparian zone is measured from the center line of the water course to thirty (30) feet beyond the high water line.
- d. Any tree, grove of trees or woodland trees, designated by resolution of the city council to be of special historical or environmental value or of significant community benefit.

There are several heritage-sized oaks on the project site, including three on the southern parcel and two (one multi-trunk) on the northern parcel. The proposed project does not call for removal of any existing trees. However, due to the proximity of the trees to the proposed project, construction activities may impact the existing on-site trees. Therefore, the following mitigation measures shall be implemented to ensure less-than-significant impacts:

Mitigation Measures

BR-1: Prior to the issuance of demolition/grading permits a 6-foot chain link fence shall be installed around the trees to be preserved under the direction of the city arborist (**768-8604**). Orange plastic fencing is not acceptable. The fencing shall remain in place for the duration of the project. Within the fenced area there shall be no grade changes, storage of materials,

Page 30

trenching, or parking of vehicles.

BR-2: The contractor shall hire an International Society of Arboriculture (ISA) certified arborist to make biweekly inspections to ensure the protective fencing stays in place and to monitor tree health. The arborist will take any required action such as supplemental irrigation, fertilization, or soil compaction remediation to ensure the health of the tree. The contractor will be responsible for any costs incurred.

BR-3: If during excavation for the project any tree roots greater than two inches in diameter are encountered work shall stop immediately until the project arborist can perform an on-site inspection. All roots shall be cut clean and the tree affected may require supplemental irrigation/fertilization and pruning as a result of root pruning.

BR-4: The contractor shall be held liable for any damage to existing street trees such as trunk wounds, broken limb, pouring of any deleterious materials, or washing out concrete under the drip line of the tree. Damages will be assessed using the *A Guide to Plant Appraisal, Ninth Edition* published by the ISA. The project arborist will do the appraisal and submit a report for review by the city arborist.

Impacts to locally designated species are anticipated to be less-than-significant with the implementation of the above mitigation measures.

Question C

In a jurisdictional sense, there are two definitions of a wetland: one definition adopted by the United States Army Corps of Engineers (ACOE) (the federal agency with jurisdiction over "waters of the U.S.", including wetlands) and a separate definition adopted by the state of California, California Department of Fish and Game (CDFG). Under normal circumstances, the federal definition of wetlands requires three wetland identification parameters (hydrology, soils, and vegetation) to be met, whereas the state adopted definition requires the presence of at least one of these parameters.

The Clean Water Act Section 404 regulates the discharge of dredged or fill material into waters of the U.S. The ACOE has primary federal responsibility for administering regulations that concern "waters of the U.S.", including wetlands. The ACOE requires that a permit be obtained if a project proposes placing structures within, over, or under navigable waters and/or discharging dredged or fill material into "waters of the U.S." below the ordinary high-water mark in non-tidal waters. The Environmental Protection Agency (EPA), U.S. Fish and Wildlife Service (USFWS), National Marine Fisheries Services (NMFS), and local regulatory agencies provide comment on ACOE permit applications. Two types of permits are available to discharge into water of the U.S. These two permits are "general" or "nationwide" permits for discharges affecting less than ½ acre, and "individual" permits for discharges greater than ½ acre.

The state's authority in regulating activities in "waters of the U.S." resides primarily with the CDFG and the State Water Resources Control Board (SWRCB). CDFG provides comments on

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

ACOE permit actions under the Fish and Wildlife Coordination Act. CDFG is also authorized under the California Fish and Game Code Sections 1600-1607 to develop mitigation measures and enter into Streambed Alteration Agreements (SAA) with applicants who propose projects that would obstruct the flow of, or alter the bed, channel, or bank of a river or stream in which there is a fish or wildlife resource, including intermittent and ephemeral streams. The SWRCB, acting through the Regional Water Quality Control Board (RWQCB), must certify that an ACOE permit action meets state water quality objectives (Section 401, Clean Water Act).

A site visit and review of aerial photos show that there are no existing wetlands on the project site. Therefore, impacts to wetlands and Waters of the U.S. would be less-than-significant.

Findings

The proposed project would not result in significant impacts to biological resources with the incorporation of the above mitigation measures.

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

Issues:	Potentially Significant Impact	Potentially Significant Impact Unless Mitigated	Less-than-significant Impact
8. ENERGY			
<i>Would the proposal result in impacts to:</i>			✓
A) Power or natural gas?			✓
B) Use non-renewable resources in a wasteful and inefficient manner?			✓
C) Substantial increase in demand of existing sources of energy or require the development of new sources of energy?			✓

Environmental Setting

Pacific Gas and Electric (PG&E) is the natural gas utility for the City of Sacramento. Not all areas are currently provided with gas service. PG&E gas transmission pipelines are concentrated north of the City of Sacramento. Distribution pipelines are located throughout the City, usually underground along City and County public utility easements (PUEs).

The Sacramento Municipal Utility District (SMUD) supplies electricity to the City of Sacramento. SMUD operates a variety of hydroelectric, photovoltaic, geothermal and co-generation powerplants. SMUD also purchases power from PG&E and the Western Area Power Administration. Major electrical transmission lines are located in the northeastern portion of the City of Sacramento.

Standards of Significance

Gas Service. A significant environmental impact would result if a project would require PG&E to secure a new gas source beyond their current supplies.

Electrical Services. A significant environmental impact would occur if a project resulted in the need for a new electrical source (e.g., hydroelectric and geothermal plants).

Answers to Checklist Questions

Questions A - C

The proposed project would require the use of energy when implemented and during construction. However, this would not require the development of new sources of energy nor would result in substantial increases in demand for energy. In addition, the proposed project would have to meet State Building Energy Efficient Standards (Title 24) and would have energy conservation measures built into the project. Therefore a less-than-significant impact is expected.

Mitigation Measures

No mitigation measures are required.

Findings

The project would not result in impacts to energy resources.

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

Issues:	Potentially Significant Impact	Potentially Significant Impact Unless Mitigated	Less-than-significant Impact
9. HAZARDS			
<i>Would the proposal involve:</i>			
A) A risk of accidental explosion or release of hazardous substances (including, but not limited to: oil, pesticides, chemicals or radiation)?			✓
B) Possible interference with an emergency evacuation plan?			✓
C) The creation of any health hazard or potential health hazard?			✓
D) Exposure of people to existing sources of potential health hazards?			✓
E) Increased fire hazard in areas with flammable brush, grass, or trees?			✓

Environmental Setting

The SGPU DEIR indicates that a hazardous waste is defined by the California Department of Health Services (DOHS) as any waste material or mixture of wastes which is toxic, corrosive, flammable, an irritant, a strong sensitizer, or a material which generates pressure through decomposition, heat, or other means, if such a waste or mixture of wastes may cause substantial injury, serious illness or harm to humans, domestic livestock, or wildlife (X-1).

Hazardous materials are commonly used by industries and businesses, but are also found in the home and work environments (SGPU DEIR, X-1). If used properly, these products are safe and cause little, if any concern (SGPU DEIR, X-1).

Standards of Significance

For the purposes of this document, an impact is considered significant if the proposed project would:

- expose people (e.g., residents, pedestrians, construction workers) to existing

- contaminated soil during construction activities;
- expose people (e.g., residents, pedestrians, construction workers) to asbestos-containing materials; or
 - expose people (e.g., residents, pedestrians, construction workers) to existing contaminated groundwater during de-watering activities; or
 - expose people (e.g., residents, pedestrians, construction workers) to increase fire hazards.

Answers to Checklist Questions

Questions A, C & D

The County of Sacramento, Environmental Management Department keeps a list of sites that have had known potentially hazardous leaks or spills. This list is called, "Toxisites." The Toxisites database did not identify the project site as one with a known leak or spill.

However, previously unidentified contaminants could be uncovered during construction of the project. State and federal laws such as Fed/OSHA and CalOSHA establish procedures on how to handle contamination if discovered during construction would ensure that health hazards are less-than-significant.

In addition to possibly finding contamination during construction of the project site, hazardous materials such as paints may be used during construction of the project. As indicated above, there are state and federal laws governing the use of hazardous materials. These laws implement training programs, safety procedures, etc. Adherence to these laws would reduce potential accidents regarding hazardous materials and substances to a less-than-significant level. When completed, the project is not anticipated to generate, use, or store any hazardous materials aside from common household products.

Questions B & E

The proposed project is required to meet the Uniform Fire Code standards. Therefore, impacts to fire hazards are considered to be less-than-significant.

Findings

The proposed project would result in less-than-significant impacts regarding hazards.

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

Issues:	Potentially Significant Impact	Potentially Significant Impact Unless Mitigated	Less-than-significant Impact
10. NOISE			
<i>Would the proposal result in:</i>			
A) Increases in existing noise levels? Short-term Long Term			✓ ✓
B) Exposure of people to severe noise levels? Short-term Long Term			✓ ✓

Environmental Setting

Noise is defined as unwanted sound. The SGPU DEIR indicated that the three major noise sources in the City of Sacramento are surface traffic, aircraft, and the railroad (AA-1).

Standards of Significance

Thresholds of significance are those established by the Title 24 standards and by the City's General Plan Noise Element and the City Noise Ordinance. Noise and vibration impacts resulting from the implementation of the proposed project would be considered significant if they cause any of the following results:

- Exterior noise levels at the proposed project, which are above the upper value of the normally acceptable category for various land uses (SGPU DEIR AA-27) caused by noise level increases due to the project. The maximum normally acceptable exterior community noise exposure for residential use is 60 dB Ldn, while the interior noise standard is 45 dB Ldn;
- Construction noise levels not in compliance with the City of Sacramento Noise Ordinance;
- Occupied existing and project residential and commercial areas are exposed to vibration peak particle velocities greater than 0.5 inches per second due to project construction;
- Project residential and commercial areas are exposed to vibration peak particle velocities

greater than 0.5 inches per second due to highway traffic and rail operations; and

- Historic buildings and archaeological sites are exposed to vibration peak particle velocities greater than 0.25 inches per second due to project construction, highway traffic, and rail operations.

Construction-generated sound is exempt from limits if construction activities take place between the hours of 7:00 a.m. and 6:00 p.m. Monday-Saturday and between 9:00 a.m. and 6:00 p.m. on Sundays as specified in Section 8.68.080 of the City of Sacramento Noise Ordinance.

Answers to Checklist Questions

Questions A and B

In general, human sound perception is such that a change in sound level of 3 dB is just noticeable, a change of 5 dB is clearly noticeable, and a change of 10 dB is perceived as doubling or halving sound level. Sound from a single point source (e.g., a generator) typically attenuates at a rate of 6 dB per doubling of distance. Sound from a line source (e.g., a continuous traffic flowing on a highway) typically attenuates at a rate of 3 to 4.5 dB per doubling of distance.

Noise Impacts on the Proposed Project from the Surrounding Area

The project area is mostly comprised of offices. A hotel is situated east and adjacent to the northern parcel. An office building is situated east of the southern parcel. The uses in the project area are of those that do not generate major noise. Since the streets adjacent to the proposed project are not major arterials, noise from traffic is anticipated to be less-than-significant. The nearest railroad tracks are more than 1,700 feet away from the project site. This distance is too far to impact the proposed project in relation to noise. In addition, office buildings have a typical façade that would reduce noise with windows closed by about 25 dB Ldn. Since most office buildings windows are inoperable, the facades would achieve the maximum reduction of 25 dB Ldn. Therefore, the surrounding uses around the site are not anticipated to impact the project site with regards to noise.

Noise Impacts on the Surrounding Area from the Proposed Project

Operation of the proposed project is not anticipated to create noise impacts on the surrounding uses because the project would be office use and would be compatible with the surrounding area. Therefore, the noise impacts of the proposed project are anticipated to be less-than-significant.

Construction of these improvements, however, would likely increase noise levels in the short-term. The City of Sacramento Noise Ordinance exempts construction-related noise if the construction takes place between the hours of 7:00 a.m. and 6:00 p.m., on Monday through Saturday, and between 9:00 a.m. and 6:00 p.m. on Sunday. Short-term noise impacts would be less-than-significant with adherence to the Noise Ordinance.

Findings

The proposed project would result in less-than-significant noise impacts.

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

Issues:	Potentially Significant Impact	Potentially Significant Impact Unless Mitigated	Less-than-significant Impact
11. PUBLIC SERVICES			
<i>Would the proposal have an effect upon, or result in a need for new or altered government services in any of the following areas:</i>			
A) Fire protection?			✓
B) Police protection?			✓
C) Schools?			✓
D) Maintenance of public facilities, including roads?			✓
E) Other governmental services?			✓

Environmental Setting

Public uses include police stations, fire stations, libraries, schools, and community centers. Public services in the project area are provided by the City of Sacramento.

Standards of Significance

For the purposes of this report, an impact would be considered significant if the project resulted in the need for new or altered services related to fire protection, police protection, school facilities, roadway maintenance, or other governmental services.

Answers to Checklist Questions

Questions A, B, D & E

Occasional emergency services, such as police and fire, may be needed to serve the site. The existing public services are anticipated to be sufficient for the proposed project. Therefore, impacts to public services would be less-than-significant.

Question C

The proposed project would be offices. The school-aged population is not anticipated to increase because of the project. Therefore, impacts to schools would be less-than-significant.

Mitigation Measures

No mitigation is required.

Findings

The proposed project would result in less-than-significant impacts to public services.

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

Issues:	Potentially Significant Impact	Potentially Significant Impact Unless Mitigated	Less-than-significant Impact
12. UTILITIES <i>Would the proposal result in the need for new systems or supplies, or substantial alterations to the following utilities:</i>			
A) Communication systems?			✓
B) Local or regional water supplies?			✓
C) Local or regional water treatment or distribution facilities?			✓
D) Sewer or septic tanks?			✓
E) Storm water drainage?			✓
F) Solid waste disposal?			✓

Environmental Setting

Telephone. Pacific Bell provides telephone service to the project site and throughout the surrounding area. Telephone service to the project area is provided primarily with aboveground transmission lines.

Water. The City provides water service in the general project area.

Stormwater Drainage and Sewer. The City of Sacramento provides sewer service to the project site (the project site is located in the City's Sewer Basin 79).

Solid Waste. The project is required to meet the City's Recycling and Solid Waste Disposal Regulations (Chapter 17.72 of the Zoning Ordinance). The purpose of the ordinance is to regulate the location, size, and design of features of recycling and trash enclosures in order to provide adequate, convenient space for the collection, storage, and loading of recyclable and solid waste material for existing and new development; increase recycling of used materials; and reduce litter.

Standards of Significance

For purposes of this environmental document, an impact is considered significant if the proposed project would:

- Result in a detriment to microwave, radar, or radio transmissions;
- Create an increase in water demand of more than 10 million gallons per day;
- Substantially degrade water quality;
- Generate more than 500 tons of solid waste per year; or
- Generate storm water that would exceed the capacity of the storm water system.

Answers to Checklist Questions

Questions A-F

There would be no need for new utilities aside from extensions and connections. The existing utility systems, when the proposed project site is connected to them, are anticipated to adequately serve the project site. The proposed project would not generate enough storm water to exceed the storm water system. An on-site drainage system is required. In addition, the project cannot be approved without adequate utilities.

The proposed project would generate an increase in solid waste. However, the proposed project is required to comply with the City of Sacramento's Zoning Ordinance, Title 17, Chapter 17.72 (Recycling and Solid Waste Disposal Regulations). As explained above, the purpose of Title 17, Chapter 17.72 is to regulate the location, size, and design of features of recycling and trash enclosures in order to provide adequate, convenient space for the collection, storage, and loading of recyclable and solid waste material for existing and new development; increase recycling of used materials; and reduce litter. Since the proposed project is required to reduce waste, solid waste impacts are anticipated to be less-than-significant.

The SGPU DEIR indicates that to generate a water demand that would be significant, the size of the proposed office use would be approximately 2,700 acres while the size of the retail use would be approximately 2,500 acres. Since the proposed office use would be 100,000 square feet and the proposed retail use 5,000 square feet, water demand would be less-than-significant.

Because the existing utilities systems are adequate to meet the proposed project and will not require any alterations or the construction of new systems, this impact would be less-than-significant.

Mitigation Measures

No mitigation is required.

Findings

The proposed project would result in less-than-significant impacts to utility systems.

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

Issues:	Potentially Significant Impact	Potentially Significant Impact Unless Mitigated	Less-than-significant Impact
13. AESTHETICS, LIGHT AND GLARE			
<i>Would the proposal:</i>			
A) Affect a scenic vista or adopted view corridor?			✓
B) Have a demonstrable negative aesthetic effect?			✓
C) Create light or glare?			✓
D) Create shadows on adjacent property?			✓

Environmental Setting

Aesthetic values are found in scenic qualities of natural and urbanized environments and include natural areas, architecture, and historic sites (SGPU DEIR, S-1). The City of Sacramento has many positive aesthetic features (SGPU DEIR, S-1).

Standards of Significance

Visual impacts would include obstruction of a significant view or viewshed or the introduction of a façade which lacks visual interest and compatibility which would be visible from a public gathering or viewing area.

Shadows. New shadows from developments are generally considered to be significant if they would shade a recognized public gathering place (e.g., park) or place residences/child care centers in complete shade.

Glare. Glare is considered to be significant if it would be cast in such a way as to cause public hazard or annoyance for a sustained period of time.

Light. Light is considered significant if it would be cast onto oncoming traffic or residential uses.

Answers to Checklist Questions

Questions A and B

The proposed project is not within an identified scenic corridor or viewshed so impacts to an identified scenic corridor or viewshed would be less-than-significant. The proposed project would not have a negative aesthetic effect, as the project area is mostly developed.

Questions C and D

The proposed project would include the installation of lighting. Since there are no residences adjacent to the project site, there would be no impacts to residences from lighting. Any lighting proposed for the project would be used to illuminate the areas around the office and the parking areas, and are therefore, not anticipated to be cast directly onto oncoming traffic. Impacts are anticipated to be less-than-significant.

Mitigation Measures

No mitigation is required.

Findings

The project is determined to have a less-than-significant impact to aesthetics, light, or glare.

**EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION**

Issues:	Potentially Significant Impact	Potentially Significant Impact Unless Mitigated	Less-than-significant Impact
14. CULTURAL RESOURCES			
<i>Would the proposal:</i>		✓	
A) Disturb paleontological resources?		✓	
B) Disturb archaeological resources?		✓	
C) Affect historical resources?		✓	
D) Have the potential to cause a physical change, which would affect unique ethnic cultural values?			✓
E) Restrict existing religious or sacred uses within the potential impact area?			✓

Environmental Setting

The SGPU defines a Primary Impact Area as an area that is most sensitive to urban development due to the potential presence of cultural resources. These areas include areas along the Sacramento and American Rivers, North Natomas, portions of North Sacramento which lie north of I-80 along drainage courses, the American River floodplain, the southwest portion of South Natomas, the Florin Road vicinity, and the unsurveyed drainage ditches of South Sacramento.

Standards of Significance

Cultural resource impacts may be considered significant if the proposed project would result in one or more of the following:

1. Cause a substantial change in the significance of a historical or archaeological resource as defined in CEQA Guidelines Section 15064.5 or
2. Directly or indirectly destroy a unique paleontological resource or site or unique geologic feature.

Answers to Checklist Questions

Questions A - D

The project site does not contain any known cultural or historical resources. Further, the SGPU DEIR shows the project site as not being near or within the Primary Impact Area. However, construction of the project may unearth previously unidentified cultural or historical resources. Therefore, the following mitigation measures shall be implemented during construction of the project to ensure a less-than-significant impact:

Mitigation Measures

CR-1: If subsurface archaeological or historical remains are discovered during construction, work in the area shall stop immediately and a qualified archaeologist and a representative of the Native American Heritage Commission shall be consulted to develop, if necessary, further mitigation measures to reduce any archaeological impact to a less-than-significant level before construction continues.

CR-2: If human burials are encountered, all work in the area shall stop immediately and the Sacramento County Coroner's office shall be notified immediately. If the remains are determined to be Native American in origin, both the Native American Heritage Commission and any identified descendants must be notified and recommendations for treatment solicited (CEQA Section 15064.5); Health and Safety Code Section 7050.5; Public Resources Code Section 5097.94 and 5097.98.

Question E

There are no existing religious or sacred uses on the project site. Therefore, it is not anticipated that religious or sacred uses will be impacted by the proposed project.

Findings

The project is determined to have less-than-significant impacts on cultural resources with the incorporation of the above mitigation measures.

EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

Issues:	Potentially Significant Impact	Potentially Significant Impact Unless Mitigated	Less-than-significant Impact
15. RECREATION			
<i>Would the proposal:</i>			
A) Increase the demand for neighborhood or regional parks or other recreational facilities?			✓
B) Affect existing recreational opportunities?			✓

Environmental Setting

There are no existing recreational amenities within the project site. However, there is an existing off-street bike trail immediately west of the southern parcel.

Standards of Significance

Recreation impacts would be considered significant if the project created a new demand for additional recreational facilities or affected existing recreational opportunities.

Answers to Checklist Questions

Questions A and B

There is an existing bike trail immediately west and adjacent to the project site. The bike trail would not be directly impacted by the proposed project. However, during construction, impacts to the bike trail may occur. The Transportation/Circulation section of this document on page 22 further discusses the proposed project and its potential impact to it during construction.

Since the proposed project would be office use, demand for more recreation is not anticipated. Therefore, impacts to recreation would be less-than-significant.

Mitigation Measures

No mitigation is required.

Findings

The proposed project would result in less-than-significant impacts to recreational resources.

MANDATORY FINDINGS OF SIGNIFICANCE

Issues:	Potentially Significant Impact	Potentially Significant Impact Unless Mitigated	Less-than-significant Impact
16. <u>MANDATORY FINDINGS OF SIGNIFICANCE</u>			
A. Does the project have the potential to degrade the quality of the environment, substantially reduce the habitat of a fish or wildlife species, cause a fish or wildlife population to drop below self-sustaining levels, threaten to eliminate a plant or animal community, reduce the number or restrict the range of a rare or endangered plant or animal or eliminate important examples of the major periods of California history or prehistory?		✓	
B. Does the project have the potential to achieve short-term, to the disadvantage of long-term environmental goals?			✓
C. Does the project have impacts that are individually limited, but cumulatively considerable? ("Cumulatively considerable" means that the incremental effects of a project are considerable when viewed in connection with the effects of past projects, the effects of other current projects, and the effects of probable future projects.)			✓
D. Does the project have environmental effects which will cause substantial adverse effects on human beings, either directly or indirectly? Disturb paleontological resources?		✓	

Mandatory Findings of Significance Discussion

- A. As discussed in the Biological Resources section, the project would not degrade the quality of the environment, substantially reduce the habitat of a fish or wildlife species, cause a fish or wildlife population to drop below self-sustaining levels, or threaten to eliminate a plant or animal community because the project includes mitigation measures to reduce impacts on local designed species to a less-than-significant level. There are no known cultural resources on the project site. However, mitigation measures are included in the document in the case that previously unidentified cultural resources are uncovered during construction.
- B. As discussed in the preceding section, the project does not have the potential to achieve short-term, to the disadvantage of long-term environmental goals.
- C. When impacts are considered along with, or in combination with other impacts, the project-related impacts are less-than-significant. The proposed project will not add substantially to any cumulative effects. Project related impacts would be mitigated to a less-than-significant level; therefore cumulative effects are not considered a significant impact.
- D. The project does not have environmental effects that could cause substantial adverse effects on human beings, either directly or indirectly. The site is not known to contain any hazards. There are no known paleontological resources on the site. However, mitigation measures are included in the case they are uncovered during construction.

SECTION IV. ENVIRONMENTAL FACTORS POTENTIALLY AFFECTED

The environmental factors checked below potentially would be affected by this project.

- | | |
|--|--|
| <input type="checkbox"/> Land Use and Planning | <input type="checkbox"/> Hazards |
| <input type="checkbox"/> Population and Housing | <input type="checkbox"/> Noise |
| <input type="checkbox"/> Geological Problems | <input type="checkbox"/> Public Services |
| <input type="checkbox"/> Water | <input type="checkbox"/> Utilities and Service Systems |
| <input checked="" type="checkbox"/> Air Quality | <input type="checkbox"/> Aesthetics, Light & Glare |
| <input checked="" type="checkbox"/> Transportation/Circulation | <input checked="" type="checkbox"/> Cultural Resources |
| <input checked="" type="checkbox"/> Biological Resources | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Energy and Mineral Resources | <input checked="" type="checkbox"/> Mandatory Findings of Significance |
| <input type="checkbox"/> None Identified | |

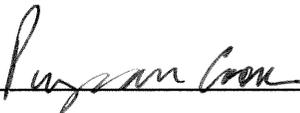
SECTION V. DETERMINATION

On the basis of the initial evaluation:

I find that the Proposed Project COULD NOT have a significant effect on the environment, and a NEGATIVE DECLARATION will be prepared.

- X I find that although the Proposed Project could have a significant effect on the environment, there will not be a significant effect in this case because the project-specific mitigation measures described in Section III have been added to the project. A NEGATIVE DECLARATION will be prepared.

I find that the Proposed Project MAY have a significant effect on the environment, and an ENVIRONMENTAL IMPACT REPORT is required.



Signature

1/25/05

Date

Puysan "Susanne" Cook

Printed Name

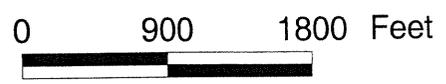
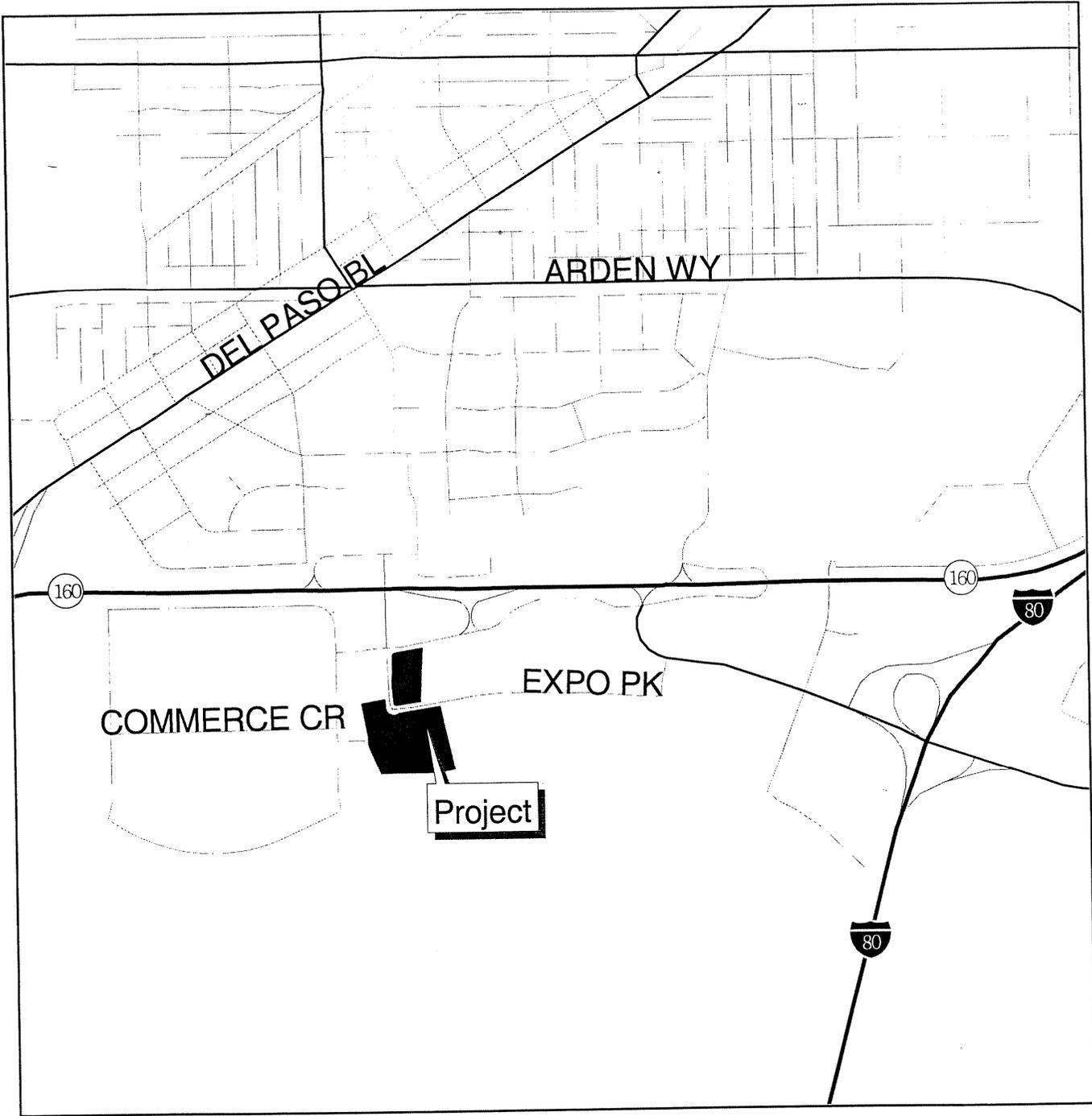
EXPO OFFICE DEVELOPMENT PROJECT (P04-133)
INITIAL STUDY/MITIGATED NEGATIVE DECLARATION

References Cited

- Department of Fish and Game, California. *California Natural Diversity Database*. 2003.
- Sacramento, City of. *North Sacramento Community Plan*, 1987.
- Sacramento, City of. *Sacramento General Plan Update DEIR*, 1987.
- Sacramento Metropolitan Air Quality Management District (SMAQMD). *Guide to Air Quality Assessment*, July 2004
- Yee, Kimland. Associate Engineer, Department of Utilities, City of Sacramento. Personal Communication. July 28, 2004.

ATTACHMENT A

Vicinity Map/Site Photos

A logo featuring a stylized map of a region with a circular seal in the center. The seal contains a figure and text. To the right of the logo, the text reads:

Planning & Building
Department

Geographic
Information
Systems

January 1, 2003

Vicinity Map P04-133





Photo 1: View of the Northern Parcel, APN 275-0310-008

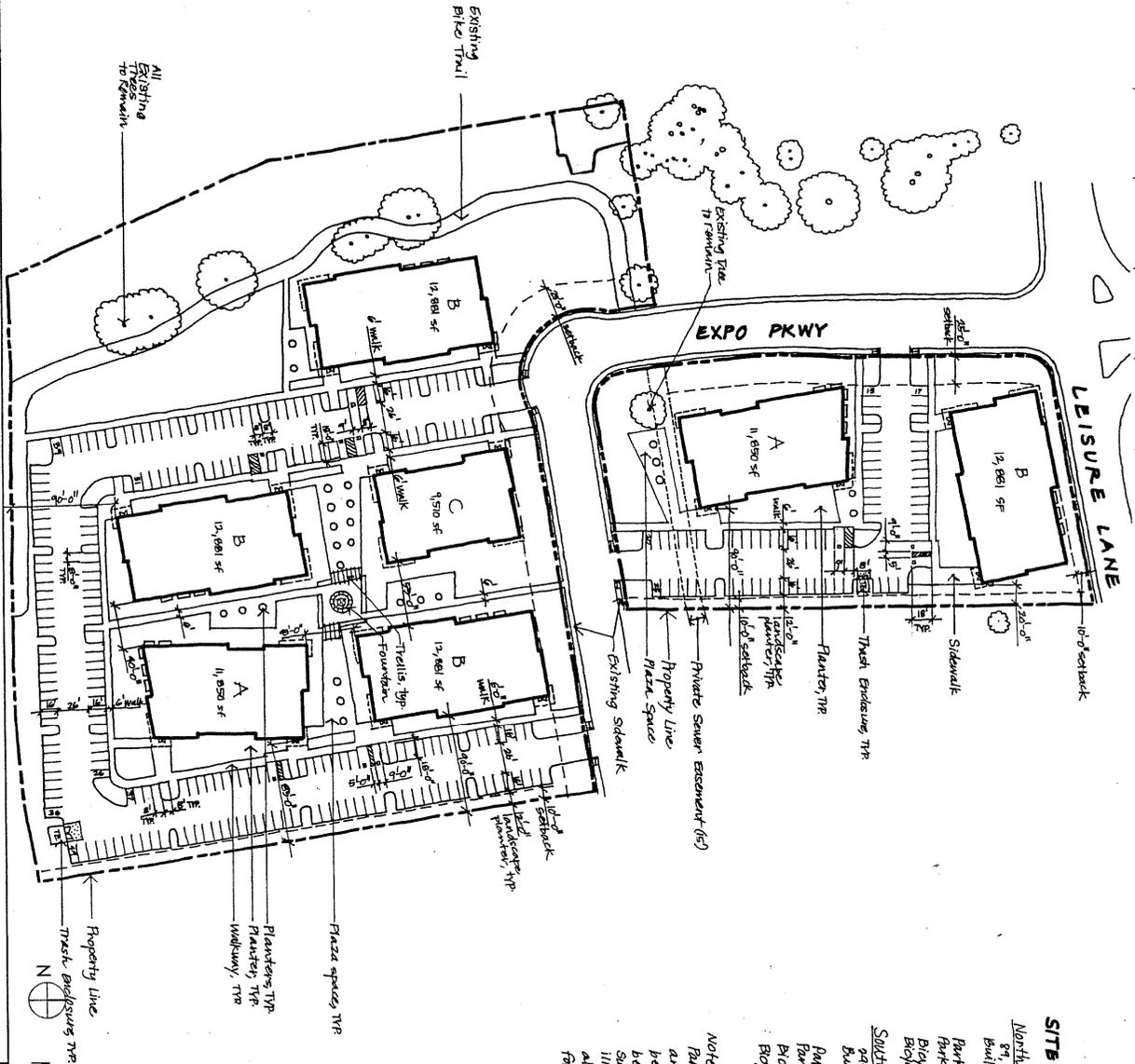


Photo 2: View of Southern Parcel, APN 275-0310-022

ATTACHMENT B

Project Plan

EXPERIMENTAL PARKWAY OFFICE
OVERALL SITE PLAN
SACRAMENTO, CALIFORNIA



SITE DATA

North Parcel	
Buildings	2.06 Acres 03,731 (201 PPK)
Parking allowed	54-86 sp (1400-1425)
Parking shown	75 sp (357,000)
Bicycle parking	4
Bicycle parking shown	5
South Parcel	
Buildings	6.78 Acres 60,008 sq ft (201 PPK)
Parking allowed	150-218 sp (1400-1425)
Parking shown	818 sp
Bicycle parking	11
Bicycle parking shown	13

Note:
 Parking lot, bicycle parking, trash enclosures and walkways adjacent to parking areas shall be illuminated to not less than 15 foot candles between the hours of dusk, and one hour after sunrise. A minimum of 0.5 foot candles illumination shall be provided for all walkways, alcove or passageways related to the building for those same hours.

P04-133
 Rec'd July 12, 2004



1"=40'-0"

Address: Planning / Landmark Architects / Lead Designer / Designer
 3440 Sacramento Park Drive, Ste. 100, Sacramento, CA 95833 • 916.484.0176 • 344.0001
 1988/04/21 2004



ATTACHMENT C

Mitigation Agreement

MITIGATION AGREEMENT

PROJECT NAME / FILE NUMBER: Expo Office Development (P04-133)

OWNER/DEVELOPER: Bob Slobe

I, Bob Slobe (owner, authorized representative), agree to amend the project application P04-133 to incorporate the attached mitigation measures in the Expo Office Development Project Initial Study/ Mitigated Negative Declaration dated January 19, 2005. I understand that by agreeing to these mitigation measures, all identified potentially significant environmental impacts should be reduced to below a level of significance, thereby enabling the Environmental Coordinator to prepare a Negative Declaration of environmental impact for the above referenced project.

I also understand that the City of Sacramento will adopt a Mitigation Monitoring Plan for this project. This Reporting Plan will be prepared by the Development Services Department, pursuant to the California Environmental Quality Act Guidelines Section #21081 and pursuant to Article III of the City's Local Administrative Procedures for the Preparation of Environmental Documents.

I acknowledge that this project, P04-133, would be subject to this plan at the time the plan is adopted. This plan will establish responsibilities for the monitoring of my project by various City Departments and by other public agencies under the terms of the agreed upon mitigation measures. I understand that the mitigation measures adopted for my project may require the expenditure of owner/developer funds where necessary to comply with the provisions of said mitigation measures.


Signature (Owner/Developer/Applicant)
President, N Sac. Land Co
Title
1/24/05
Date

ATTACHMENT D

SMAQMD's Urbemis 2002 Calculations

URBEMIS 2002 For Windows 7.4.2

File Name: C:\Program Files\URBEMIS 2002 For Windows\Projects2k2\Expo Office Development.urb
 Project Name: Expo Office Development
 Project Location: Lower Sacramento Valley Air Basin
 On-Road Motor Vehicle Emissions Based on EMFAC2002 version 2.2

DETAIL REPORT
 (Pounds/Day - Summer)

Construction Start Month and Year: June, 2005
 Construction Duration: 12
 Total Land Use Area to be Developed: 14.04 acres
 Maximum Acreage Disturbed Per Day: 3.51 acres
 Single Family Units: 0 Multi-Family Units: 0
 Retail/Office/Institutional/Industrial Square Footage: 84730

CONSTRUCTION EMISSION ESTIMATES UNMITIGATED (lbs/day)

Source	ROG	NOX	CO	SO2	PM10 TOTAL	PM10 EXHAUST	PM10 DUST
*** 2005***							
Phase 1 - Demolition Emissions							
Fugitive Dust	-	-	-	-	0.00	-	0.00
Off-Road Diesel	0.00	0.00	0.00	-	0.00	0.00	0.00
On-Road Diesel	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Worker Trips	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maximum lbs/day	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Phase 2 - Site Grading Emissions							
Fugitive Dust	-	-	-	-	35.10	-	35.10
Off-Road Diesel	18.05	129.38	141.32	-	5.86	5.86	0.00
On-Road Diesel	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Worker Trips	0.15	0.17	3.10	0.00	0.01	0.00	0.01
Maximum lbs/day	18.20	129.55	144.42	0.00	40.97	5.86	35.11
Phase 3 - Building Construction							
Bldg Const Off-Road Diesel	8.30	69.50	56.88	-	3.24	3.24	0.00
Bldg Const Worker Trips	0.25	0.15	3.12	0.00	0.03	0.00	0.03
Arch Coatings Off-Gas	0.00	-	-	-	-	-	-
Arch Coatings Worker Trips	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Asphalt Off-Gas	0.00	-	-	-	-	-	-
Asphalt Off-Road Diesel	0.00	0.00	0.00	-	0.00	0.00	0.00
Asphalt On-Road Diesel	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Asphalt Worker Trips	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maximum lbs/day	8.55	69.64	59.99	0.00	3.27	3.24	0.03
Max lbs/day all phases	18.20	129.55	144.42	0.00	40.97	5.86	35.11
*** 2006***							
Phase 1 - Demolition Emissions							
Fugitive Dust	-	-	-	-	0.00	-	0.00
Off-Road Diesel	0.00	0.00	0.00	-	0.00	0.00	0.00
On-Road Diesel	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Worker Trips	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maximum lbs/day	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Phase 2 - Site Grading Emissions							
Fugitive Dust	-	-	-	-	0.00	-	0.00
Off-Road Diesel	0.00	0.00	0.00	-	0.00	0.00	0.00
On-Road Diesel	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Worker Trips	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maximum lbs/day	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Phase 3 - Building Construction							
Bldg Const Off-Road Diesel	8.30	66.42	59.12	-	3.07	3.07	0.00
Bldg Const Worker Trips	0.23	0.14	2.96	0.00	0.03	0.00	0.03
Arch Coatings Off-Gas	0.00	-	-	-	-	-	-
Arch Coatings Worker Trips	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Asphalt Off-Gas	3.33	-	-	-	-	-	-
Asphalt Off-Road Diesel	4.47	27.19	38.01	-	0.98	0.98	0.00
Asphalt On-Road Diesel	0.57	9.46	2.10	0.17	0.25	0.24	0.01
Asphalt Worker Trips	0.03	0.01	0.34	0.00	0.00	0.00	0.00
Maximum lbs/day	16.92	103.18	102.01	0.17	4.35	4.30	0.05
Max lbs/day all phases	16.92	103.18	102.01	0.17	4.35	4.30	0.05

Phase 1 - Demolition Assumptions: Phase Turned OFF

Phase 2 - Site Grading Assumptions

Start Month/Year for Phase 2: Jun '05

Phase 2 Duration: 1.3 months

On-Road Truck Travel (VMT): 0

Off-Road Equipment

No.	Type	Horsepower	Load Factor	Hours/Day
2	Graders	174	0.575	8.0
2	Off Highway Trucks	417	0.490	8.0
2	Rubber Tired Dozers	352	0.590	8.0

Phase 3 - Building Construction Assumptions

Start Month/Year for Phase 3: Jul '05

Phase 3 Duration: 10.7 months

Start Month/Year for SubPhase Building: Jul '05

SubPhase Building Duration: 10.7 months

Off-Road Equipment

No.	Type	Horsepower	Load Factor	Hours/Day
4	Other Equipment	190	0.620	8.0

SubPhase Architectural Coatings Turned OFF

Start Month/Year for SubPhase Asphalt: May '06

SubPhase Asphalt Duration: 0.5 months

Acres to be Paved: 14.0

Off-Road Equipment

No.	Type	Horsepower	Load Factor	Hours/Day
2	Pavers	132	0.590	8.0
2	Rollers	114	0.430	8.0

Changes made to the default values for Land Use Trip Percentages

Changes made to the default values for Construction

Changes made to the default values for Area

Changes made to the default values for Operations

The operational emission year changed from 2004 to 2005.

Antonio Ablog

From: thomas powell <unfinityorbust@gmail.com>
Sent: Thursday, October 03, 2013 12:03 PM
To: Antonio Ablog
Cc: Mayor Johnson; Angelique Ashby; Allen Warren; Steve Cohn; Steve Hansen; jshenirer@cityofsacramento.org; Kevin McCarty; Darrell Fong; Bonnie Pannell; Ryan Hooper; metro@sacbee.com; raheem@newsreview.com
Subject: Expo Parkway Behavioral Hospital

OPEN LETTER TO MR. ANTONIO ABLOG, SACRAMENTO PLANNING & DESIGN DEPT.
REGARDING THE EXPO PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL

October 1, 2013

Mr. Antonio Ablog

Associate Planner

Sacramento Planning & Design

300 Richards Blvd.

Sacramento, CA 95811

Dear Mr. Ablog,

I am writing to you on behalf of Woodlake Neighbors Creating Transparency in regards to the proposed Expo Parkway Behavioral Hospital.

Following the public meeting of August 29, 2013, we submitted a list to Councilmen Cohn and Warren of ten safety and infrastructure issues that were not sufficiently addressed in the 2005 Mitigated Negative Declaration that the Planning Commission relied upon in its decision to forward the zone change request to the

City Council. Councilman Warren forwarded our ten concerns to you, but if for some reason you did not receive them, they are included again below.

The Addendum To An Adopted Mitigated Negative Declaration (Addendum) dated June 14, 2013 is a particularly problematic document. The graph on page 15, Items 4-A and 4-B, Changes in absorption rates of surface water and Flooding are both checked as “less than significant.” If 90% of the 5.34 ac. of developable land is covered by roof and parking lot asphalt, that statement of fact is completely ludicrous. On page 25, Question C it states, “Existing road infrastructure provides adequate emergency access to the proposed project site. The project proposes new driveways to provide emergency access. The project site will be designed to the appropriate City standards. Therefore potential emergency access impacts are considered to be less-than-significant.” In regards to the ten safety issues we have raised, especially #7 Fire Department access to the Parkway and #4 emergency vehicle access to Sump 151 for flood control, this statement is also unbelievable. Access to the hospital site, itself, will be hindered by the 10 foot wall enclosing it which is not considered in either the MND or the Addendum, but more critically, emergency access to the pump station and the Parkway will be greatly restricted by this development. The enclosure of this critical access point to emergency services by the proposed development greatly impacts the safety of the Woodlake neighborhood which Planning Dept. documents completely ignore.

Furthermore, at the bottom of page 26 the report states, “There are no railroads within or adjacent to the project site...” This is not merely an error; it is a factual lie. A Union Pacific railroad spur to Commerce Industrial Park passes along the entire southern property boundary. The landlocked southwest corner of this parcel is the convergence of many potential and catastrophic problems—fire, flooding, railroad, and utility. In the event of an emergency, how are the 120 patients (many of whom will be heavily drugged) and the 90 staff to be evacuated from this facility? Surely this concern should be addressed at the planning level?

The Mitigated Negative Declaration (MND) of 2005 is for a completely different development project. Claiming that a lock-down, mental health hospital which in its actual design very much resembles a medium security prison within its enclosing wall, its heavy video surveillance, and its internal pod floor plan will have a comparable environmental impact as an office complex is simply not believable. If it were that similar, why would it require a zone change? The 2013 Addendum is an attempt to whitewash the true nature of this facility. It is a document replete with errors, misstatements and glaring omissions, and it is a document ripe for litigation. There is no reason for the Planning Department to be rushing to expedite this development proposal from Signature Health Care. There needs to be a great deal more careful consideration given to this “behavior hospital” than the Planning Department has so far produced.

There is the additional issue of a lack of public transportation to this site. At the August 29 public meeting, Mr. Stam of Signature Healthcare acknowledged that this lock-down psychiatric facility, in addition to private patients, will accept Medicare and Medicaid patients, emergency drop off patients from the Police Department (presumably homeless and county jail detainees) and will provide counseling and outpatient therapy. Many of the clients will need to use public transportation, as will many of the facilities 200 employees. This particular site has no public transportation available. The closest public transportation is the regional light rail service one-half mile away which is only accessible by traversing Woodlake neighborhood. Where is the mitigation strategy for this transportation issue?

This project needs its own MND. The problems we have pointed out cannot be patched up in the stale 2005 MND, or through a whitewashed Addendum. We expect the Planning Department to do proper due diligence in regards to this development proposal. Please respond to this letter and inform us of the Planning Department's intentions.

Sincerely Yours,

Thomas Powell

(916) 549-9110

unfinityorbust@gmail.com

cc

mayor@cityofsacramento.org

aashby@cityofsacramento.org

awarren@cityofsacramento.org

sohn@cityofsacramento.org

shansen@cityofsacramento.org

jshenirer@cityofsacramento.org

kmccarty@cityofsacramento.org

dfong@cityofsacramento.org

bpannell@cityofsacramento.org

rhooper@thatchlaw.com

metro@sacbee.com

raheem@newsreview.com

Included below are ten additional flaws neighbors at Thursday's August 29 Clubhouse meeting identified in the City Planning Commission (CPC) Report regarding the construction of an acute care psychiatric hospital in the Woodlake area. The Mitigated Negative Declaration (MND) that the Planning Commission relied upon in its approval was developed for a completely different project, and it does not address the serious flaws listed below.

1. The Mitigated Negative Declaration (MND) of 2005 submitted for this project is eight years stale. Six office buildings, 60,000 sq ft on two parcels, is not the same animal as one - 70,850 sq ft psychiatric hospital on one parcel.

2. The factual errors of the MND are significant, especially the denial of the Union Pacific Railroad track and parcel along the South property line. What is the status of this spur and can a hospital be zoned alongside a rail spur to an industrial park where chemicals and solvents could be delivered?

3. The zone change request, of itself, should have triggered a new MND automatically. Planning Department has not done proper due diligence.

4. What about the future access of service vehicles to Sump 151 and the pumping station at the SW corner of this parcel? This sump drains the many year-round springs and creeks of the Woodlake neighborhood and pumps the water over the levee which is critical to our flood control.

5. Another flooding concern not adequately addressed by either the Planning Commission Report or the MND is the impact of storm run-off water as 90% of the 5.37 ac net developable land will be roofed or paved.

6. Given the recent fire in the Parkway which almost jumped the levee into Commerce Industrial Park, if that fire had burned behind this hospital, what evacuation plan would there be for the hospital to ensure safety of the 120 patients and to prevent patients in lock-down conditions not to wander away in the commotion? The Fire Dept. and Police Dept. both need to produce new assessments based on locked-down residential occupation of this site which is very different from office use.

7. The ramp across the levee from the pump station leads to the only access road into the Parkway for fire vehicles between the two north-south railroad crossings over the American River (almost 2 miles.)

8. This levee crossing is also the driveway to the radio towers. SMUD uses this access for electricity transmission tower service.

9. The configuration of this parcel restricts the levee access for all emergency and service vehicles to the bike trail along the west side easement.

10. The legal status of the bike trail is not spelled out in the MND. Can this public access be revoked? The bike trail is not adequate to serve as emergency access and service vehicle access. A separate vehicle access to the levee crossing may be required.

November 12, 2013

#Expo Parkway Behavioral Healthcare Hospital P13-011

Argument in Opposition to Zone Change Request

**Argument in Opposition to Special Permit Application by
Signature Health Care Service**

**Argument in Opposition to Design Review
To construct and operate a 120-bed, acute care psychiatric hospital.**

Table of Contents:

Summary of Neighborhood Concerns

Planning Documents	page 1
Signature Healthcare Services LLC1
Sacramento Mental Health2
Public Safety2
Environmental Concerns.	3
Legal Concerns	4
Footnotes to the MND for Expo Office Development Project ..	5
Footnotes to the Addendum to an Adopted MND	7
Footnotes to Report to Planning & Design Commission	8
References and Documents.	9

WOODLAKE NEIGHBORS CREATING TRANSPARENCY
Contact Jane Macaulay, rhmacaulay@aol.com

**SUMMARY OF
NEIGHBORHOOD CONCERNS REGARDING EXPO PARKWAY BEHAVIORAL
HOSPITAL & COMMERCIAL DEVELOPMENT OF THIS PARCEL**

Planning Documents

- 1.▶ There are numerous and serious errors of fact and omissions of environmental data in the original MND for the Expo Office Development Project. Most obvious are the denial of SP railroad tracks along the southern property boundary, and the existence of a 60' wide utility easement along the entire western property boundary which contains a concrete drainage channel which is, in fact, Woodlake Creek. (footnotes 1,7,12)
- 2.▶ These errors and omissions of fact are repeated in the Addendum to an Approved Mitigated Negative Declaration, and new errors are compounded. (21,22,23)
- 3.▶ The recycling of the original MND data into the Addendum violates CEQA Guidelines Section 15162 which specify only "minor technical changes" are permissible through this substitution process.(19)
- 4.▶ The office complex and the psyche hospital are not similar development projects. The office complex is five buildings designed for workday use totaling 60,000 sq ft. The hospital will be one building of 70,680 sq ft occupied 24/7 for residential and outpatient use.
- 5.▶ The Zone Change Request & the Special Permit should have triggered a new MND.
- 6.▶ The Report to Planning & Design is highly flawed and draws many erroneous conclusions based on the faulty MND and Addendum. (30,31,32)
- 7.▶ Police, Fire, and Utility Depts. project review are not adequate for hospital use.(14,15)
- 8.▶ The site has no public transportation available except by traversing ½ mile through Woodlake Neighborhood on foot to light rail stops along Del Paso Blvd and Arden Way. The Report ignores this impact. (11)
- 9.▶ The MND for the Expo Office Development Project is signed by Puyan Suzanne Cook. However, the Addendum which recycles this MND and is the key environmental document for this development does not bare the name of the author. It is anonymously signed. (18, and see photocopy in reference)

Signature Healthcare Services LLC

- 10.▶ Signature Healthcare Services LLC is one entity in a chain of mental hospitals and pharmacies owned by Dr. Soon K. Kim operating under more than twenty interlocking LLC business structures. (see reference)
- 11.▶ Three of Dr. Kim's hospitals were shuttered by federal regulators in Michigan in 2008. Dr. Kim paid \$1.73M to settle Medicaid and Medicare fraud charges. (see reference)
- 12.▶ Several of Dr. Kim's LLC's are named in a federal indictment in District Court in Los Angeles on precisely the same charges of Medicaid and Medicare fraud. A trial date has been set for April 2014. (see reference)

- 13.▶ The private mental hospital industry is rife with complaints of patient abuse, drug overdoses and patient deaths. Dr. Kim's hospital chain is the absolute worse offender with numerous lawsuits by patients and families alleging patient abuse and wrongful deaths. There have been serious staff whistleblower lawsuits alleging understaffing, patient abuse, unnecessary drug dispensing, work place harassment, filing of false reports, and over billing. State regulators have cited health and safety code violations and have threatened to revoke license and certification. (see reference)
- 14.▶ The Signature model of mental health is based upon patient detention and extensive drug therapy. There has been a significant criticism of both the long-term effectiveness and the cascading social costs of this drug and detention therapy model.
- 15.▶ The proposed hospital is designed as a medium security prison. Security features include 24/7 video surveillance and patient monitoring, two perimeter walls (7 ft inner masonry wall, & 10 ft outer masonry with bars), electronic locking cell doors, and interior "pod design" compartmentalization. Patients are confined to 20-bed wards and day room. The only common space for all 120 patients is the indoor ½ court gymnasium and the dining hall. Outdoor recreation areas consist of one concrete courtyard (approx 16' X 20') per 20-bed ward. This human warehousing is inhumane.

Sacramento Mental Health

- 16.▶ Sherri Heller, Director of Sacramento County Health and Human Services Dept., spoke at the Woodlake Neighborhood Association meeting on 10/23/13. She stated that 36% of mental health beds in Sacramento are filled by out of county patients.
- 17.▶ Local private mental health hospitals are becoming regional hospitals by filling beds with out of county patients.
- 18.▶ Ms. Heller further testified that patients treated in hospitals far from family, friends and familiar surroundings do not show improvement rates comparable to patients with strong family support, and . .
- 19.▶ . . . "patient dumping" is a common occurrence when private insurance and/or Medicare coverage expires.
- 20.▶ Private mental hospitals are a net drain on county social services. Sacramento should not be subsidizing mental health costs of other counties. This is not an industry to boost our local economy.
- 21.▶ There are viable alternative therapies which emphasize keeping patients in their homes and improving support services. With Affordable Health Care funding, Sacramento can take a leadership role in providing mental health care that serves our local needs. We should have learned by now in California that we cannot solve social ills by building prison facilities.

Public Safety

- 22.▶ At the southwest corner of the proposed development parcel adjacent to the levee is Sump 151. This pumping station drains a floodplain which includes the Woodlake

residential subdivision, Commerce Industrial Park and the Expo-Parkway commercial corridor. Commercial infill has roofed and paved approximately 150 acres of this flood zone greatly increasing demand on Sump 151 during a storm surge. Woodlake Neighborhood, founded in 1923, is the senior user of Sump 151, and we are experiencing street flooding issues already in Woodlake 2. (Baxter and Globe) We insist that Sump 151 must be tested and re-certified for a 100 year flood before any new commercial infill is permitted. (For example, the proposed hospital will roof and pave 5 acres of former farmland. For every 2.4 in. of rainfall, this site will shed 1 acre ft of storm runoff.) The MND is not reassuring on this topic.

23.▶ Adjacent to Sump 151 is the only paved road over the levee providing direct access into the American River Parkway between the two north/south rail crossings (approx 2 miles.) This access road is used by fire trucks, SMUD utility vehicles, PG&E, service and mowing crews for the radio transmission towers, Park Rangers, the honeywagon to service the latrine, and public recreation use. The proposed hospital development with its 10 ft perimeter wall will restrict emergency and service vehicle access to Sump 151 and the levee crossing to a narrow and winding bicycle path.

24.▶ We are very concerned about patient safety. A recent Parkway fire almost jumped the levee into Commerce Industrial Park. We want to know what plans have been made for patient evacuation in the event of a comparable Parkway fire should it occur behind this walled facility.

25.▶ We are very concerned about the increased foot traffic through our neighborhood by employees, outpatients, and discharged patients to and from public transportation.

Environment Concerns

26.▶ We are concerned about environmental contamination from pharmaceutical drugs. Signature would be a pipeline distributor of pharmaceutical narcotics and psychoactive drugs. These chemical compounds pass through the patient's body and are excreted into our local wastewater treatment system. The new multibillion dollar RegionalSan treatment facility (which will double the cost of our sewage rates) does not have the technology to sequester this toxicity which will result in a growing plume of pharmaceutical chemical toxicity in our groundwater and increased demands from down river counties for compliance with EPA waste water discharge standards. (see attachments)

27.▶ Sump 151 is the terminus of Woodlake Creek which has its source in two artesian springs. The north fork well lies under the ice rink on Del Paso Blvd. while the east fork well surfaces under the lake of the Woodlake Red Lion Hotel. This creek has the dubious distinction of surfacing and flowing entirely on private property (except where it passes through culverts under public road beds.) There are many species of wildlife which use this riparian habitat that has been degraded through negligence and poor land management practices by the private property owners. The recent dredging of the creek bottom (10/15/13) has created standing water, stagnant and polluted ponds, and dangerous mosquito breeding grounds. We believe that significant habitat restoration needs to occur along the entire length of this watershed which includes the concrete drainage channel easement along the west property boundary. We want a full environmental impact report undertaken for this parcel.

Legal Issues

28. ► Woodlake Neighbors Creating Transparency has notified City Council members and the City Attorney's Office that should it become necessary we are prepared to go to court to stop this development proposal. There will likely be repercussions for the Planning Dept. given its remarkably slipshod processing of this application.
29. ► Dr Kim's mental hospitals have generated a broad wake of civil litigation. This proposed hospital will very likely create future litigation and caseload on our courts.
30. ► From Planning Dept. documentation, it is not clear who owns the entitlements that have been drawn on this parcel. The seller of record, Fortress Investment Group LLC of Irving, TX may not own the entitlements, and therefore cannot transfer them in the land sale. This could result in future litigation.
31. ► The issues surrounding Sump 151 could bring FEMA involvement.
32. ► The environmental issues involving riparian habitat degradation could force compliance under the federal Wild & Scenic Rivers Act.
33. ► The issues of ground water and down stream contamination from increased pharmaceutical drug contamination could result in litigation and costly mitigation.
34. ► As the MND for the Expo Office Development Project has been called into question because of systemic errors of fact, the legal status of the earlier Zone Change from M-LI-PC to C-2-LI-PC is called into question as are the entitlements based upon this MND. The current Zone Change Request from C-2-LI-PC to H-PC is premature.

Footnotes to the MND for Expo Office Development Project

1. ► Surrounding Land Use, p3 No mention of Sump 151, the concrete channel containing Woodlake Creek, and the Utility easement on parcel along western property line.
2. ► 3. Site Circulation/Traffic This traffic analysis is seriously flawed because it fails to consider the volume of commuter traffic which will be dumped onto eastbound SR 160 from the Leisure Lane onramp. This onramp is too short to allow traffic metering. The merge lane onto SR 160 is also too short to allow multiple vehicles to merge safely into freeway traffic with a 65 mph speed limit. Both the eastbound exit at Leisure Lane and the westbound Canterbury exit have short exit lanes and require rapid braking to negotiate abrupt 90° and 180° turns respectively. Increased traffic will create hazards at Canterbury and Leisure exit and onramp on SR 160, may require future re-engineering and construction. This issue is not addressed.
3. ► Conditions of Approval p15,
C/D 4 & 12 Show all contingent/proposed/required easements- no mention of utility easement for Woodlake Creek.
C/D 8 & 14 Regarding proposed intersection expansion and traffic signal at the intersection of Canterbury Overpass, Leisure Lane, Slobe Ave, and Expo-Parkway will greatly impact traffic flow southbound from Woodlake Neighborhood. Issue not considered.
4. ► Advisory Notes, Utilities B. p22 “The proposed project is located in the 100 year flood plain, designated as an A99 Zone.” (by FEMA) Can a hospital be built in an A99 flood zone without requirements to elevate or flood proof?
5. ► Initial Study, Mitigated Negative Declaration, Question D regarding unique geological features in proximity to the development area is answered in the negative. However, the two artesian springs of Woodlake which comprise the headwaters of Woodlake Creek are unique. The site geology described under “Topography” and “Regional Geology” as surface sediments deposits of the Holocene flood plain above a subsurface deep strata of Columbia-Consumnes deposits which abut the granitic uplift of the Sierra Nevada Mountains is precisely the geologic formation which produces artesian wells. A fissure under the river bed of the American River from an elevation of perhaps 4-5,000 ft. flows underground beneath the Columbia-Consumnes deposit to re-emerge as springs in the river delta. This gift of water flows across the parcel in question and is completely ignored and demeaned by this report.
6. ► Initial Study, MND, Chart 4. Water p13, Items A,B,C,D, are erroneously checked insignificant given what has been discovered regarding the artesian headwaters of Woodlake Creek. Items F,G are also erroneously checked insignificant in regards to what we have learned about pharmaceutical drug contamination of local aquifers.
7. ► Initial Study, MND, Environmental Setting, p13, states, “There is no surface water on the project site.” The drainage channel which contains Woodlake Creek is on this parcel. It is sited on a utility easement behind a chain link fence, but it is on this property, and it flows year round.
8. ► Initial Study, MND, Transportation/Circulation, Chart p22, Items A- vehicle trips, B- Sharp curves/dangerous intersections, and C- emergency vehicle access are erroneously

checked insignificant; they should be checked potentially significant. F- alternative transportation (bus) should also be checked potentially significant.

9.► Initial Study, MND Transportation, Question A. p23 The proposed mitigation strategy for the increased traffic anticipated by the development is to place traffic signals at three intersections: 1)on the north end of Canterbury overpass, 2)at the south end of Canterbury overpass, and 3)at the freeway onramp at Leisure Lane. The distance between traffic light one and two is about 300 ft., between 2 and 3 about 800 ft. A resident of Woodlake attempting to drive to Exposition Blvd. would have to pass through three traffic lights where now there is only one stop sign at intersection 2.

10.► Question C. p25-26, States that emergency vehicle access to site is adequate, but fails to notice that emergency vehicle access to Sump 151 and the levee crossing is reduced to the bike trail.

11.► Question F. p26 states, "No alternative forms of transportation are proposed for the project site or area."

12.► Question G. p26 states, "There are no railroads within or adjacent to the project site, so impacts to rail traffic are not anticipated. There are also no surface waters on the project site." Both these statements are false.

13.► Initial Study, MND, 9. Hazards, B- A ten foot perimeter wall would create interference with an emergency evacuation plan. p35

14.► Initial Study, MND, 11. Public Services, A- fire protection, B- police protection, D- maintenance, E- other government services are checked less than significant impact when they should be checked potentially significant impact. p39

15.► Initial Study, MND, 12. Utilities, C- regional water treatment, D- storm water drainage, F- solid waste disposal are checked less than significant impact when they should be checked potentially significant impact.

16.► Initial Study, MND, 16. Mandatory Findings of Significance, B- short term goals vs. long term environmental disadvantages should be checked yes, C- cumulative impacts should be yes, D- harmful environmental effects direct or indirect should be checked yes.

17.► Section V. Determination, signed by Puyuan Susanne Cook, 1/25/05 states that because of the project mitigation measures have been adopted a Negative Declaration will be prepared. Given the above laundry list of errors in this report, it is hard to imagine that Ms. Cook ever visited the site.

Footnotes to the Addendum to an Adopted Mitigated Negative Declaration

18.▶ This Document does not bare the name of the Environmental Services Manager who approved it. It is anonymously signed. p1

19.▶ Discussion, p2, “An Addendum to a mitigated negative declaration may be prepared if only minor technical changes are required, and none of the conditions identified in CEQA Guidelines Section 15162 are present.”

20.▶ Discussion, 1. “No substantial changes are proposed in the project which would require major revisions of the previous MND due to the involvement of new significant environmental effects or a substantial increase in the severity of the previous identified significant effects.” This is a false conclusion and amounts to a rubber stamp.

21.▶ Discussion, 2. “No substantial changes have occurred with respect to circumstances under which the project is undertaken that would require major revisions of the previous Mitigated Negative Declaration due to the involvement of new significant environmental effect or substantial increase in the severity of previous identified significant effects.” This is a false conclusion and amounts to a rubber stamp.

22.▶ Discussion, 3. “ No new information of substantial importance, which was not known and could not have been known with the exercise of reasonable diligence at the time of the previous EIR was certified as complete or adopted. . .” This is a false conclusion and amounts to a rubber stamp. The hospital development is 118% larger in sq. ft than the office complex!

Footnotes on Report to Planning and Design Commission

- 23.▶ Subject: C. Rezone of approximately 6.78 acres, p1 and Property area: 6.78 acres gross (5.37 acres net. p3. The difference in these two number is the 1.41 acres of utility easement for the concrete drainage channel which diverts Woodlake Creek.
- 24.▶ Background and Entitlement History, p3, This history is cursory and does not mention the earlier rezone from M to C to allow for the special permit for the Expo Office Development.
- 25.▶ Environmental Considerations, p4, The URL address to the original environment assessment and MND is not accurate.
- 26.▶ Site Plan/Zoning, Land Use, p5 “Though the facility will not be associated with the criminal justice system, it will be able to assist local law enforcement agencies in emergency situations.” This brief sentence is the only mention of this proposed role of the hospital in any planning dept docs.
- 27.▶ Land Use, p5, “The facility will have approximately 210 employees. . .but the Labor Intensive overlay will be removed.” The explanation for this shenanigan, the deletion of the labor intensive LI designation in the Zone Change Request is not clearly explained and appears arbitrary as a by-product of the change, itself.
- 28.▶ Land Use, b. Non Injurious, p6, “The proposed psychiatric hospital will not be detrimental to public health, safety or welfare as the facility has been conditioned to meet security measures as deemed necessary by the Police Department.” There are many injurious causes to public health besides security.
- 29.▶ Site Plan, p6, “Development of the site will not affect the existing American River trail access.” The 10 ft perimeter wall will restrict emergency vehicle and service vehicle access into the American River Parkway to a narrow bike path along the western property boundary.
- 30.▶ Adopting the Mitigated Negative Declaration Addendum, C. p13, “The analysis conducted for the Project Modification determined that the proposed changes to the original project did not require preparation of a subsequent mitigated negative declaration.” The analysis was cursory. This is a blatant rubber stamp.
- 31.▶ Adopting, Section 2, A. and 2, B. p13, “No substantial changes are proposed by the Project Modification that will require major revisions of the previously adopted MND. . .” Here the criteria for a new MND is changed from “minor technical changes” to “major revisions.”
- 32.▶ Adopting, Section C. 1, 2, 3, 4, “No new information of substantial importance has been found that shows any of the following:” No new information was sought. It is highly unlikely that a site visit was performed in preparation of this document or the railroad tracks at the very least would have been discovered.

Save the American River Association

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November 26, 2013

Mayor Kevin Johnson
 City of Sacramento
 915 I Street
 Sacramento, California 95814

Subject: Expo Parkway Behavioral Healthcare Hospital (P13-011)

Dear Mayor Johnson,

Save the American River Association appreciates the opportunity to comment on the subject project. SARA was founded in 1961 to establish the American River Parkway and we have continued in the role of lead advocate for the River and Parkway for the past 52 years.

The Addendum to an adopted Mitigated Negative Declaration does not satisfy CEQA requirements in this instance. The original project, an office complex of approximately 60,000 square feet, is sufficiently different in size and purpose from the newly proposed project, a 70,860 square feet, 120 bed acute care psychiatric facility, operating 24 hours, 7 days, to trigger a new environmental review based on the potentially significant impacts from a facility that will not only care for psychiatric patients in residence but will provide outpatient services, as well as operate a 24-hour patient intake department.

The subject project is located adjacent to the American River Parkway in the Woodlake area. The Project Location fails to accurately describe its location by neglecting to state that the project is adjacent to the American River Parkway, and the project description also fails to name the Jedediah Smith Bicycle Trail, recognized as an important commuter route by Sacramento County voters in the passage of Measure A in November of 2004. The proposed project also fails to analyze the project in light of the American River Parkway Plan 2008 which governs development and activities within the Parkway as well as adjacent to the Parkway. The Plan, locally adopted by the County of Sacramento and the Cities of Sacramento and Rancho Cordova, is state law through the Urban American River Parkway Preservation Act, Public Resources Code &5840. The Plan states:

7.19 Jurisdictions shall use their authority to reduce, eliminate, and/or mitigate potential adverse impacts upon the Parkway caused by adjacent land uses and activities.

7.19.1 Structures shall be located so that neither they, nor activities associated with them, cause damage to Parkway plants and wildlife.

7.19.2 Structures shall be located so that neither they, nor activities associated with them, impede the recreational use of the Parkway and such structures shall be consistent with the goals and policies of this Plan.

Although the Mitigated Negative Declaration for the original project, an office complex, was designed for compliance with the Parkway Corridor overlay zone, it failed to review the project in light of the requirements of the American River Parkway Plan as required by law.

As examples, the Initial Study checklist did not address intrusive lighting and commercial advertising as potentially significant impacts. The Addendum fails in the same way. The Findings of Fact make reference to “exterior lighting at levels to allow adequate visibility of the presence of persons on or about the site during hours of darkness.” This description is so vague as to be meaningless. Does this include the lighting necessary for a 24 hours, 7 days Main Entrance with adjacent intake/entry area that can accommodate ambulances? What kind of lighted signage is anticipated to direct traffic to the hospital, as well as guide the traffic such as police and emergency vehicles to entrances and exits? How will the lighting be directed and shielded from spilling over into the Parkway, especially since the police department requires that lighting must meet IESNA minimum standards and mature landscape trees and shrubs cannot impact lighting plan/security camera visibility? The acute care psychiatric hospital, a high security, 24 hours, 7 days operation has the potential to create significant artificial light impacts on the adjacent Parkway’s wildlife and bicyclists. Glare from bright lights affect the safety of bicyclers using the Jedediah Smith Memorial Bicycle Trail, an important recreation and commuter route, and further detract from the aesthetics of the Parkway and devalue the users’ nature experience.

The relevant area of the Parkway is rich in bird life. Directly over the levee from the proposed project site is, as already noted, is the American River Parkway Jedediah Smith Memorial Bicycle Trail, and adjacent to the bike trail is a borrow area heavily used by egrets, wood ducks, river otters, and many other birds and mammals. “As documented in the River Corridor Management Plan, 2002, more than 220 birds and 30 mammal species have been observed in the Parkway, including 45 species of nesting birds. Habitats in the Parkway support resident and migratory wildlife and fish and are used as migration and travel corridors. The Parkway also supports habitat for several special-status species that have some form of legal protection. Special status species known to occur on the Parkway include...Bald Eagle (*Haliaeetus leucocephalus*), Swainson’s Hawk (*Buteo swainsoni*), ..., and nesting raptors such as White-tailed Kite, Great Horned Owl, American Kestrel, and Red-Shouldered Hawk.” (American River Parkway Plan 2008, Page 53)

Equally, the Addendum to the Mitigated Negative Declaration does not analyze the potential for significant impacts from the activities of the proposed psychiatric hospital on the American River Parkway as required by the American River Parkway Plan. It is well known and well documented that the Discovery Park/Woodlake/Cal Expo areas of the American River Parkway are disproportionately impacted by illegal campers and their attendant behaviors and trash. The Woodlake Area, in particular, suffers extremely from a concentration of such Parkway users. The Addendum does not identify provisions for monitoring, controlling and fixing any problems occurring on the American River Parkway from the psychiatric hospital’s day use patients and patients accepted from the 24-hour-a-day ambulance drop-off service. Sacramento County Regional Parks Department continues to invest considerable resources in managing the problems in this area of the Parkway. The Sacramento Valley Conservancy is making substantial investments, in both

November 26, 2013

Subject: **Expo Parkway Behavioral Healthcare Hospital (P13-011)**

time and money, to Camp Pollack, immediately upstream of the proposed acute care psychiatric hospital. Any new development being proposed adjacent to the Parkway cannot add to the already significant impacts the Parkway resources, facilities, personnel and visitors already endure from illegal and dangerous uses. The City must ensure that not only will the facility's uses not add significant impacts to the Parkway, but that the facility's operator is responsible and capable of running an operation that has the potential to create danger.

Please confirm that the design and construction of the proposed acute care psychiatric hospital will not in any way impede access to the Parkway, either by visitors, emergency vehicles, in particular fire trucks, and maintenance vehicles.

In closing, the proposed Expo Parkway Behavioral Healthcare Hospital's CEQA document fails to include an analysis of potentially significant impacts to the American River Parkway as required by the American River Parkway Plan 2008, a state law. Furthermore, not only does the Plan serve as the local operations and management plan for the American River and Parkway but it also "continues to serve as the management plan for the lower American River under the Wild and Scenic Rivers Act, providing management and guidance and direction for state departments and agencies, as well as local governments, in carrying out their responsibilities under the State Wild and Scenic Rivers Act..."

(American River Parkway Plan 2008, Page 91)

Save the American River Association knows that the City of Sacramento values the American River Parkway as an extraordinary asset in our urban core. We are assured that you will seriously consider the approval of this project in light of its potential to damage the Parkway.

Sincerely,



Save the American River Association

By: Betsy Weiland, Land Use Chairperson

cc: Sacramento City Council Members
SARA Board of Directors
Jeffrey R. Leatherman, Sacramento County Regional Parks Director
Aimee Rutledge, Executive Director, Sacramento Valley Conservancy
Jim Van Hill
Antonio Ablog

Handwritten scribbles or marks.



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EXPO HOSPITAL BEHAVIORAL HEALTHCARE HOSPITAL

Public Testimony, December 3, 2013

Good evening Mayor Johnson and City Council Members. My name is Betsy Weiland and I am speaking tonight on behalf of Save the American River Association.

SARA believes you should not adopt the Mitigated Negative Declaration Addendum and the Mitigation Monitoring Plan for this project for the following reasons:

THE PROPOSED PROJECT is within 500 feet of the American River Parkway and the Jedediah Smith Bicycle Trail. It does not identify its obligations under the American River Parkway Plan 2008, as referenced in Sacramento City's General Plan and as required by state law through the Urban American River Parkway Preservation Act, Public Resources Code &5840.

THE PROJECT IS WITHIN 500 feet of the American River Parkway and the Jedediah Smith Bicycle Trail. The MND Addendum failed to identify the environmental setting and analyze, as required by CEQA, potentially significant impacts from light and glare when the proposed project changed from an office complex to a high security hospital operating 24 hours, 7 days.

The PROJECT IS WITHIN 500 feet of the American River Parkway and the MND Addendum failed to identify the environmental setting and analyze, as required by CEQA, potentially significant impacts to Biological Resources, in particular Raptors, Migratory Birds, and Birds that may forage in the vicinity of the project study area. No survey of birds, in particular special-status species was conducted. For example, an active Swainson's Hawk nest has been identified within a mile at the Camp Pollack site. (Sacramento Valley Conservancy Summer 2013 newsletter)

When determining the adequacy of the environmental review, in light of the fact that this project is within 500 feet of the American River Parkway and the Jedediah Smith Bicycle Trail, you only need to look at the Guy West Bridge restoration and the solar array project at Sutter's Landing Park for guidance. In particular, the biological resources study and mitigation plan for the solar array project, which is located 1,500 feet outside of the American River Parkway, is an example of an adequate study of biological resources, potential impacts, and mitigation measures when planning a project adjacent to the American River Parkway. (Initial Study/MND Checklist for Biological Resources, Conenergy Solar Project, Pages 24-34)

Save the American River Association continues to have concerns about potential impacts to the American River Parkway if hospital patients are released or treated on an outpatient basis without necessary supervision and support. Under the Conditions of Approval, Police Department, B23 and B24, Page 25, there is an attempt to recognize and regulate potential problems. How are these policies to be implemented? Has the police department identified adequate resources to respond and find an answer to failures of the release policy or for police response for non-criminal incidents? I know the City Council appreciates that our County Parks Rangers and Maintenance Staff, and the Sacramento Valley Conservancy are investing considerable dollars and sweat-equity into re-habilitating this area of the Parkway for the benefit of neighbors, Sacramento's greater community, and visitors to the City. The Sacramento Valley Conservancy is in the process right now of a \$300,000 capital campaign to restore the historic lodge at Camp Pollack. The lodge and grounds have the potential to become a signature amenity for the City. (Sacramento Valley Conservancy Fall 2013 newsletter)

Please guarantee that you are not making an already difficult task even more difficult through poor land use planning. Please protect one of the best natural areas any city has to offer.

Thank you for your time and consideration this evening.

Betsy Weiland
Land Use Chairperson
Save the American River Association