TRANSIT ACCESSIBLE LOCATIONS FOR HEALTH AND SOCIAL SERVICES

CASE STUDIES

Executive Summary

In order to further our understanding of the decision processes involved in selecting a location for a health and/or social service facility, four examples in Alameda and Contra Costa were selected for detailed description and analysis. These include the relocation of a county social service office, two community-based medical and social service providers, and the planned relocation of a hospital required for seismic and capacity reasons.

These case studies include two facilities located at highly transit accessible locations – La Clinica at Fruitvale BART in Oakland and the Ed Roberts Campus at the Ashby BART Station in Berkeley, and two locations with more limited transit access – Contra Costa County Social Services field office in Pleasant Hill and a planned Kaiser Permanente medical center in San Leandro. There is also discussion of a future La Clinica facility in the Monument Corridor of Concord. In terms of timing, the case studies range from La Clinica Fruitvale Transit Village, which opened in 2003 after 10 years of planning, to the proposed Kaiser Permanente San Leandro Medical Center which is planned for a 2013-15 completion.

Preparing the case studies made it clear that finding transit accessible locations in a timely manner is not an easy task, and siting compromises are often required to implement a project. Creating a multi-service center at a highly transit accessible location, such as the Ed Roberts Campus at the Ashby BART Station, took many years for planning, deal making, and fund raising. Creating the Fruitvale Transit Village, which contains La Clinica, likewise took years of multi-agency negotiations and fund raising. Using transit-oriented development (TOD) funding which assists intensive development around major transit hubs for a medical or social service facility is also difficult; most TOD projects contain either exclusively residential or a mix of residential and commercial uses.

County social service agencies use field offices to bring their services closer to their clientele. They generally locate in single tenant rental buildings as landlords and other tenants do not find them to be desirable co-tenants because of their volume of clientele. Although transit access is cited as a screening criterion, this does not necessarily imply a high level of transit access such as found near BART stations that have multiple bus routes serving them. Although rent levels are often higher adjacent to BART stations, any rent differential is not a significant factor when measured in relation to all agency operating costs. Several agencies and non-profits confirmed that occupancy costs amount to approximately 2-3% of all operating costs. The ideal building often does not exist near BART stations, and it would take three or more years extra to arrange for construction of the ideally located building compared to limiting a search to those buildings that would be available for occupancy within six months to a year. Public agency or other non-profit tenants are sometimes discouraged from locating in redevelopment areas, as they are

exempt from contributing to the property tax revenues that are needed to provide redevelopment tax increment financing.

Finally, large hospitals and medical centers require large sites, ideally more than 20 acres. Finding such sites today implies an outlying location or brownfield industrial site. These sites generally do not have excellent transit access, and in an economic climate in which transit service is subject to cancellation, conditions of approval that require the applicant to provide privately financed shuttle services to transit hubs may be the best solution.

1. Contra Costa Employment and Human Services Department: Co-Location of Workforce Services, Children and Family Services, and Administrative Units: 300-400-500 Ellinwood Way, Pleasant Hill

Introduction

Contra Costa County Employment and Human Services Department (EHSD) provides a variety of social service functions for the county. Like many county governmental functions, it is headquartered in Martinez but has field offices in western, central, and eastern portions of the county to improve community access to its services. While some functions involve staff visiting clients, many clients visit the field offices to apply for services. Services are generally provided between 8AM and 5PM on weekdays. Several years ago, the Central County field offices for several functions were relocated from suburban Martinez to Pleasant Hill.

Activity and Location

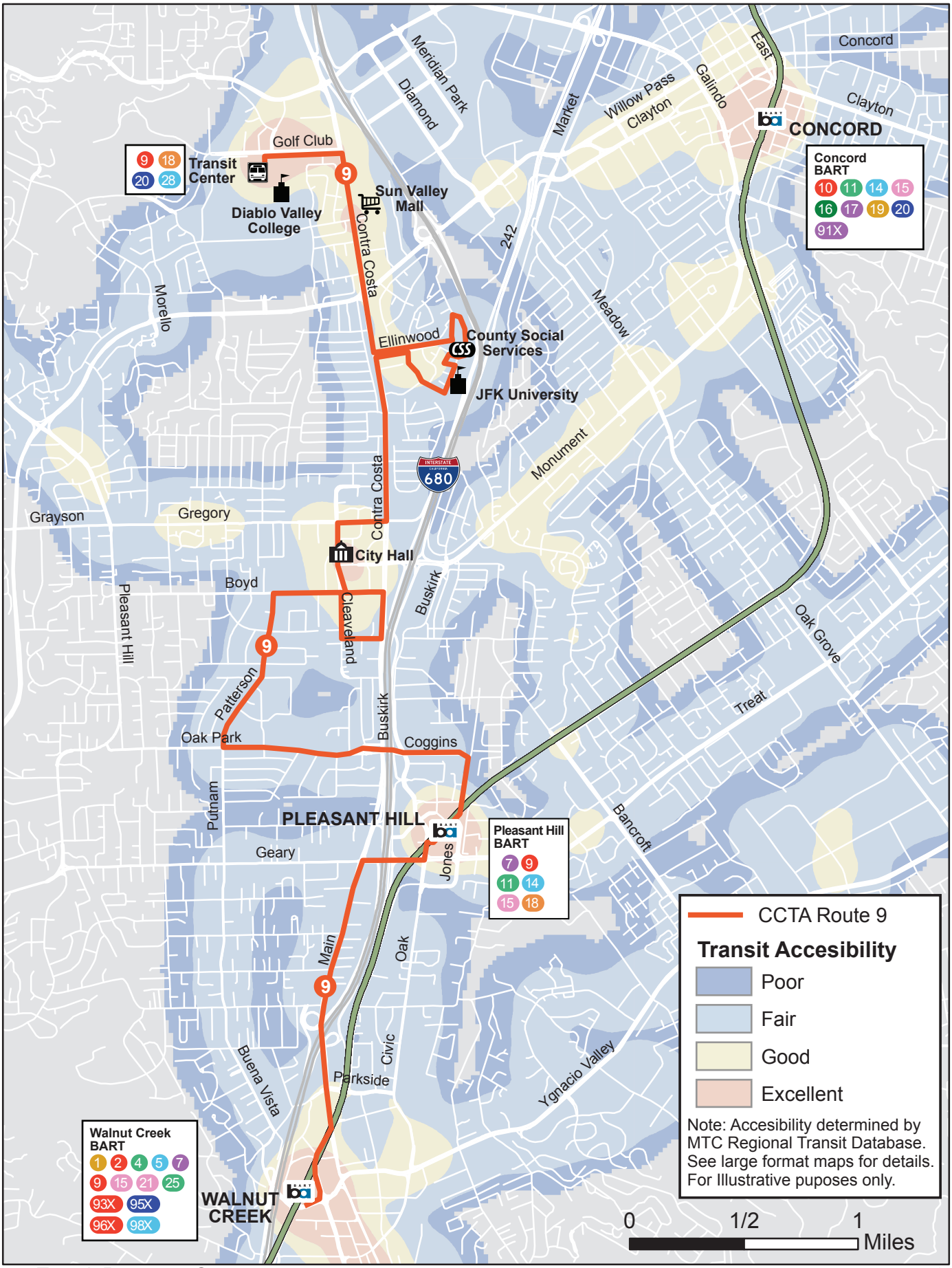
While Contra Costa County government generally believes in owning rather than renting the real estate it requires, exceptions are made when appropriate. According to Michael Roetzer, Director of Administration for the Department, most EHSD functions are located in leased space because the state grants that primarily support the department activities make it logical to do so – rent is an acceptable grant expense while depreciation but not amortization is applied for owned space.

Two years ago, the Department relocated two central county field offices from Muir Road in Martinez (south of Route 4) to Ellinwood Way in Pleasant Hill, as well as locating administrative functions in the same three-building complex. There were significant deficiencies in the former buildings that were not considered fixable while the space was occupied. According to Mr. Roetzer, availability of transit service was an absolute requirement of site selection, and while transit ridership data does not indicate a high proportion of clients use the bus service, it is available adjacent to the buildings and is used by transit dependent clients. The most important criterion was availability of space for consolidated functions in a single tenant building at an acceptable rent level.

Workforce Services, which includes the CalWORKS program, General Assistance, housing and transportation services (provides low interest loans to help CalWORKs recipients purchase a car

Exhibit 1. Contra Costa County Employment and Human Services Department:

Workforce Services, Workforce Development Board, & Childrens and Family Services - Central County



for employment access) is a key function at the Ellinwood complex. Other functions that were relocated include Children and Family Services, the Workforce Development Board, the Office of Complaints and Appeals, and Information Services.

There are three buildings at 300, 400, and 500 Ellinwood Way in Pleasant Hill, accessed by Ellinwood Drive off Contra Costa Boulevard north of downtown Pleasant Hill, south of Sun Valley Shopping Center, and just west of I-680. The three buildings contain about 138,000 square feet, and the Department anticipates having about 500 employees there – density would be about 275 square feet per employee. Some functions do not receive many client visits, but Workforce Services and Children and Family Services do, about 300 and 150 per day respectively.. The county acquired the space two years ago on a 25-year lease. Information on the specific lease rate was not available, but it was at a very attractive rate since the three-building occupancy involved a single lease and the buildings, formerly occupied by Bank of America back office functions, had been vacant for several years.

Exhibit 2. 400 Ellinwood Way, Pleasant Hill, Contra Costa County Workforce Services Office

Transit Service Level

County Connection Route 9 serves the site. The route runs between transit centers at the Walnut Creek BART Station and Diablo Valley College as shown on Exhibit 1. It also serves the Pleasant Hill BART Station-Contra Costa Centre and Sun Valley Mall. Service operates every 40 to 80 minutes with 10 trips in each direction on weekdays between 8AM and 5PM and 19 total daily trips between 6 AM and 10 PM. This received a designation of “fair service level” in this study’s evaluation of quality of transit service. At the old location, service was provided every 80 minutes on Route 18, with seven trips a day between the Amtrak Station in downtown Martinez and the Pleasant Hill BART Station – with transfers at Diablo Valley College as well. While Ellinwood provides somewhat better service than on Muir Road, the service is still limited

to one route, with transfers required at Diablo Valley College, Pleasant Hill BART, or Walnut Creek BART to reach the offices from other corridors. As shown in Exhibit 1, the route diverts on Ellinwood Drive from Contra Costa Boulevard and comes off Ellinwood Way into the parking lot for the County buildings and the adjoining John F. Kennedy University building to the south. JFK University provides a transit subsidy for its students so the route diversion off Contra Costa Boulevard to serve the area already existed when the County offices moved to Ellinwood. Daily ridership at the stop, which includes a shelter, shown in Exhibit 2, for the three county buildings was 21 alighting and 18 boarding during fall 2009. Discussion with County staff suggested a perception that perhaps 5% of visiting clients (20 of 400-450 clients) used the bus service, while the CalWORKS manager indicated giving out 66 bus tickets to help clients travel to potential jobs during March 2010.

If the Contra Costa County ESHD offices had located in the proximity to Pleasant Hill BART, the offices would receive service via County Connection routes 9, 11, 14, 15, or 16, which operate at 30-60 minute headways, except for Routes 9 and 11 which only provide 80-90 minute headways off-peak. Likewise, a location in downtown Concord in the vicinity of the BART Station would provide transit access via County Connection Routes 10, 11, 14, 15, 16, 17, 19, and 20. Headways vary but are typically 30, 40, 45, or 60 minutes.

Exhibit 3. Patrons Using Route 9

Real Estate Availability

There are a limited number of buildings available of the appropriate size. In addition, we understand from interviews and discussion with project Technical Advisory Committee (TAC) members that other tenants (and thus landlords) do not like sharing common space (entrances,

elevators, etc) with social service agencies because of the volume of client visits to the buildings as well as perceived safety concerns. Site visits to the offices at 400 and 500 Ellinwood, which receive client visits, indicated the presence of deputy sheriffs or public safety officers in prominent positions in the lobby or primary intake space.

Transit-oriented development (TOD) is a planning concept that seeks to use mass transit stations as building blocks for economic revitalization and environmental improvement. The transit-oriented development known as Contra Costa Centre at the Pleasant Hill BART Station seems like a logical site for governmental services, particularly ones such as social services that have a clientele that is more transit-dependent than the average Central Contra Costa household. Although the clients of governmental services may not often use BART because of its regionally-oriented service, the BART Station also serves as a bus hub, and thus receives some of the most frequent bus service in Central Contra Costa County. However, since the area was improved through the redevelopment process, incremental property tax revenues were an important aspect of the improvement financing. When a governmental agency occupies office space, it is exempt from property tax. Thus, the desired tenant mix for this redevelopment area did not include governmental agencies that would not generate property tax.

A review of available office leases in the vicinity of the Concord BART Station in spring 2010 indicated no buildings with 100-150,000 square feet available. Smaller square footage of office space is currently available at rates ranging from $1.50 to $2.60 per square foot per month, with the higher rents usually in buildings adjacent to BART Stations. When the County sought the space approximately three years ago, the commercial real estate market was somewhat tighter so there may not have been very many options for the county to select from. In order to find leased space with the requisite square footage in close proximity to a high level of transit service, which virtually requires a site near a BART Station in Central Contra Costa County, the county probably would have had to solicit bids from developers and have the space built – thus necessitating at least a three-year lead time to allow for the permit process and construction.

Lessons Learned

- Because of grant funding formulas California uses to support County employment and human services, county government favors leasing rather than owning offices used for such purposes.
- The volume of client visits and concerns about occasional incidents between clients or between clients and staff result in the County maintaining deputy sheriffs or other security personnel in building lobbies. This encourages the use of single occupant leases rather than renting space in multi-tenant buildings.
- Even in an office market area such as central Contra Costa County, which has considerable modern office space, there are few choices available of sufficient size in single tenant buildings at any given time.
- The County did not locate governmental offices at the Contra Costa Centre Redevelopment Area adjacent to the Pleasant Hill BART Station because the tax increment financing utilized for public improvements discourages the use of redevelopment land for non-property tax producing governmental offices.

- Central Contra Costa County does not have a large transit dependent population compared to other areas in West County and most of Alameda County, but limited bus service is available to the County Employment and Human Services at Ellinwood in Pleasant Hill. This service level is better than at the prior office location on Muir Road in Martinez.
- Office rental rates adjacent to BART Stations (currently $2.40 to $2.70 per square foot per month at prime sites), which also have the highest frequency and/or number of bus routes may be $.50 to $1.00 per square foot higher per month than sites with more limited transit service. When considering all operating costs including employee wages and benefits, utilities, supplies, etc, paying such higher rent may increase agency operating costs by 1-3% compared to rent levels at sites less well served by transit.
- Ensuring that county employment and human services offices are in the most transit-accessible locations within the desired market area would require three year or greater advance planning in order that appropriate space is built.

2. La Clínica de La Raza Medical and Dental Services - East Oakland and "Monument Corridor" Concord

Introduction

Medical services are provided by a variety of providers, ranging from profit and non-profit hospitals (such as Sutter, John Muir, and Kaiser Permanente), County hospitals and clinics operated by health departments, and a variety of community-based organizations. This case study details the history and locational choices made by La Clínica de La Raza, which is a non-profit community-based organization.

In response to the lack of health care services for residents of East Oakland, a group of concerned students, health professionals and community activists came together in 1971 to establish a multi-service free clinic that would be controlled by the community it served. Since its beginnings as a single storefront free clinic operation in Oakland in 1971, La Clínica has grown into a provider of primary health care and other services, with 25 sites spread across Alameda, Contra Costa and Solano Counties. La Clínica prides itself on its ability to deliver health care services in a culturally and linguistically appropriate manner to most effectively address the needs of the diverse populations it serves.

La Clínica's website provides directions to each of its facilities, and utilizes the 511.org site to provide directions via bus and Bay Area Rapid Transit (BART), including schedules. In examining websites of many Alameda and Contra Costa County public agencies and non-profits providing medical and social services, this was a unique approach to providing transit-oriented directions.

Activity, History, and Location

La Clínica delivers an array of services including: medical, dental, optical, women's health, prenatal and postnatal care, preventive medicine, health and nutrition education, adolescent

services, mental health, behavioral health services, case management, referral services, pharmacy, radiology and laboratory services. In 2009, La Clínica provided care to 61,909 patients, amounting to 304,198 patient visits. With over 38 years of experience serving the community, La Clínica is one of the largest community-based clinics in the state of California. The timeline highlights some of the major expansions of La Clinica. http://www.laclinica.org/pub/LC_corporate%20AR%202009.pdf.

1971	La Clinica de La Raza Fruitvale Health Project, Inc. was founded and four years later established its first facility in the Fruitvale area.
1980	La Clinica and San Antonio Neighborhood Health Center merged to continue services in the San Antonio District.
1990-93	La Clinica expands services to teens with the opening of Clinica Alta Vista, specializing in services to adolescents and young adults; La Clinica also expands to school based clinics.
1998	La Clinica opens its La Clinica Pittsburg, its first clinic in Contra Costa County.
2002	La Clinica spreads to Solano County with opening of a clinic in Vallejo.
2003	After more than 10 years of planning, La Clinica Fruitvale Village opens offering services including family medicine, women's health, pediatrics, preventative medicine, dental, pharmacy, and radiology.
2009	La Clinica purchases a building in Concord that will enable La Clinica Monument to nearly triple its patient capacity.

In the past year, La Clínica has taken responsibility for operating a dental clinic at Children's Hospital in North Oakland. The two sites discussed in this case study are the clinics at the Fruitvale Transit Village in Oakland and the "Monument Corridor" locations in Pleasant Hill and Concord.

La Clínica Fruitvale Village

Two of the larger sites in Oakland include La Clínica de La Raza at 3451 East 12th Street, part of the Fruitvale BART Transit Village, and the San Antonio Neighborhood Health Center at 1030 International Boulevard. Because of its immediate proximity to the Fruitvale BART Station, the site receives a very high level of AC Transit bus service with at least six routes, each with service every 10 to 30 minutes. There are also several smaller clinics in the vicinity of the Fruitvale Transit Village facility. The San Antonio site has service within a block of four AC Transit routes, including Routes 1, 1R, and 40, which operate every 10-15 minutes. The majority of the clientele live in the surrounding and two nearby ZIP codes, so most clients walk, take buses, or drive. Few take BART because most clients live closer than the two adjacent stations. Exhibit 4 shows the location of the clinic in relation to the "excellent" level of transit service.

The Fruitvale Transit Village project was the result of a broad-based partnership among public, private, and nonprofit organizations working together to revitalize a community using transit-oriented development. In September 1999, groundbreaking took place on a $100 million mixed-use development adjacent to the Fruitvale BART station in Oakland. Fruitvale, one of Oakland's seven community districts, is a low-income, predominantly minority community experiencing economic stress.

The Fruitvale Transit Village was the brainchild of the Unity Council, a community development corporation formed in 1964 by activists who wanted to create a forum for working on issues important to Fruitvale's Latino community. The origins of the project date back to 1991, when BART announced plans to construct a multi-layered parking facility next to the Fruitvale station. http://www.fhwa.dot.gov/environment/ejustice/case/case6.htm

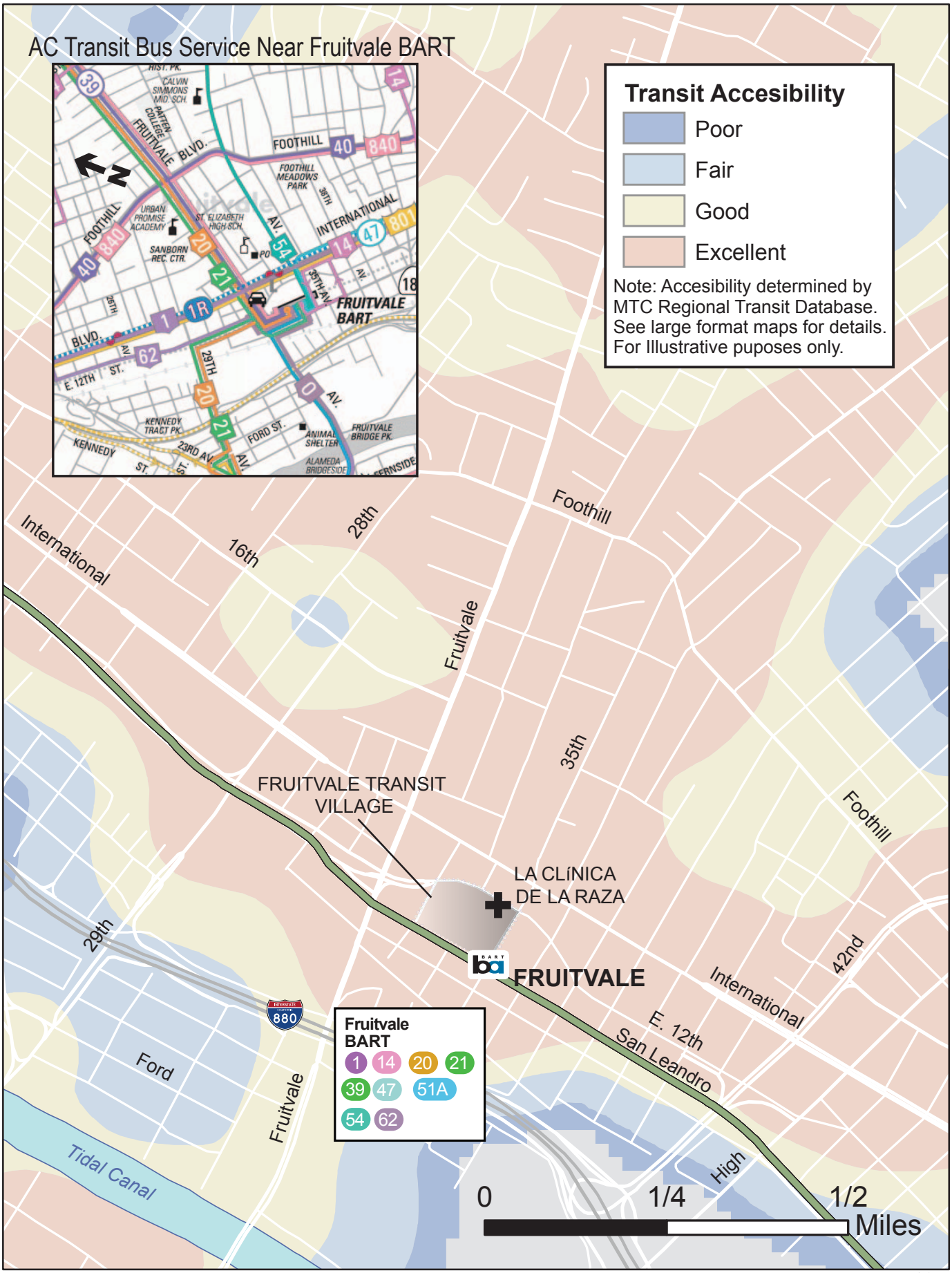
Although the community agreed that new parking was necessary, the design and location of the facility did not sit well with Fruitvale residents and business owners. Members of the community were concerned that the proposed structure would increase traffic and pollution and further separate the Fruitvale neighborhood from the BART station. The Unity Council galvanized neighborhood opposition to the parking structure design and location, arguing that any development around the BART station should be guided by a broad-based community planning process.

Faced with this strong community opposition, BART withdrew its proposal and agreed to work with the Unity Council on a plan for the area. During the next several years, the Unity Council engaged local stakeholders in a comprehensive visioning and planning process that laid out the parameters of the Fruitvale Transit Village. Plans for the Transit Village included a mixture of housing, shops, offices, a library, a child care facility, the medical clinic, a pedestrian plaza, and other community services all surrounding the BART station. One of the expected benefits of the project was to reduce traffic and pollution in and around Fruitvale because community residents would have access to a range of goods and services within easy walking distance of the transit station.

The Fruitvale Transit Village project illustrates a number of key themes and effective practices that are central to incorporating the principles of environmental justice into transportation planning and design. First, it demonstrates an effective use of partnerships to generate funding and other resources necessary to plan and implement a costly and complex project. The Unity Council's success in building relationships with a wide range of key players helped overcome the formidable legal, regulatory, and financial hurdles the project initially faced.

In addition, the project illustrates a strong commitment to public involvement by the lead agencies involved. Typically, either city officials or private developers represent the driving force behind large-scale development projects such as this. Under the best of circumstances, community residents are usually in the position of responding to plans that are initiated by others. In this case, however, the Unity Council's leadership role in the project helped ensure that the community's own vision for the transit station and its surrounding area served as guiding principles for the planning and design process.

Exhibit 4. La Clínica Fruitvale Transit Accessibility



Finally, the planning effort behind the Fruitvale Transit Village represents an innovative strategy for using mass transit as a lever for revitalizing an urban community. While transit-oriented development has been successful in a growing number of affluent suburban locations, the Fruitvale Transit Village sets a precedent for such projects in lower-income, inner-city communities.

The range of participants involved illustrate the complexity of the planning and negotiations required to construct the transit village. Participants included::

- The Unity Council
- La Clínica de La Raza
- National Transit Access Center, University of California at Berkeley
- Bay Area Rapid Transit District (BART)
- City of Oakland
- Metropolitan Transportation Commission (Metropolitan Planning Organization for the Bay Area)
- Federal Transit Administration
- U.S. Department of Housing & Urban Development
- U.S. Environmental Protection Agency

The final outcome included the following components in the Fruitvale Transit Village:

- Retail/Restaurant Use (45,000 square feet)
- Nonprofit Health-Care Clinic (42,000 square feet)
- Child Care Facility (55,000 square feet)
- Library (15,000 square feet)
- Executive Offices (45,000 square feet)
- Affordable Housing (68 units)
- Mixed-Income Housing (220 units)
- Two Parking Garages for 1,500 Cars

La Clínica was a partner in the plans for the transit village from early in the process. La Clínica considered alternative locations, including an expansion of its prior facility in the neighborhood, but felt that attempting to re-construct and add to the existing space would be very disruptive and probably require an interim move in order to maintain the clinic while construction occurred on the old facility. La Clínica owns the land and building it occupies within the transit village, plus a percentage of common space – but the ownership is not a condominium in character. Although the land was donated, becoming part of the transit village may have been more expensive than alternative sites because of the entitlement issues, extent of legal services, and delays associated with the complexity of the project.

La Clínica is situated at the southeast corner of the project, and occupies three floors (about 42,000 square feet) including street frontage. La Clínica is the largest employer in the Fruitvale neighborhood. It serves a predominantly Latino clientele, though that has diversified along with the region. Its decision to be part of the project brought a second substantial anchor "tenant" (for financing reasons, they required that they own their building and the land it sits on; though, in

fact, they sit in part over a shared parking garage). The first floor has the dental clinic, laboratory, pharmacy x-ray, and cashier. The three main medical clinics (pediatrics, family medicine and women's medicine) occupy the entire second floor and can share exam rooms depending on demand. The third floor has less-visited functions including preventive medicine, social services, administrative offices, and a large conference room.

Locating at the Village, while perceived as very positive for them and their clients, required trade-offs, including getting less space than they might have wished for (on the other hand, the smaller facility also kept down their occupancy costs and they might not have been able to afford more). In deciding which functions to locate at the Village, La Clínica chose to include mainly revenue-generating ones, in order to pay for the space – and to keep other functions in their prior building on Fruitvale Avenue. They find that there is considerable synergy with the Unity Council and its other services; La Clínica offers training and education as well as direct healthcare services to clients of the senior center and Head Start, and will have a booth at the planned Public Market at the Village. The limited space caused them to be very efficient and some spaces were scaled to be smaller than desired (such as waiting rooms and offices).

Exhibit 5. La Clínica Oakland at Fruitvale Transit Village

La Clínica Monument

The existing Pleasant Hill site at 2100 Monument Boulevard has service from two Central Contra Costa Transit Authority (CCCTA) routes, the 14 and 16 which provide service every 40 minutes. In addition, CCCTA provided a flex route service, Route 8, which made a limited

number of trips to the clinic. However, this service was recently cancelled as a result of a funding deficit and light ridership.

La Clínica recently announced the purchase and planned renovation of a building that enables La Clínica Monument to grow the number of patients it serves from approximately 4,000 in 2008 to an estimated 11,000 in 2010-2011. When the new building is opened in early 2011, La Clínica will have double the number of exam rooms and dental spaces. The new Monument facility will increase the number of medical rooms from five to 12, increase dental procedure rooms from six to 12, and allow for expanded health education and conference areas. The total cost of this capital project from purchase to completed renovation is expected to total $12 million.

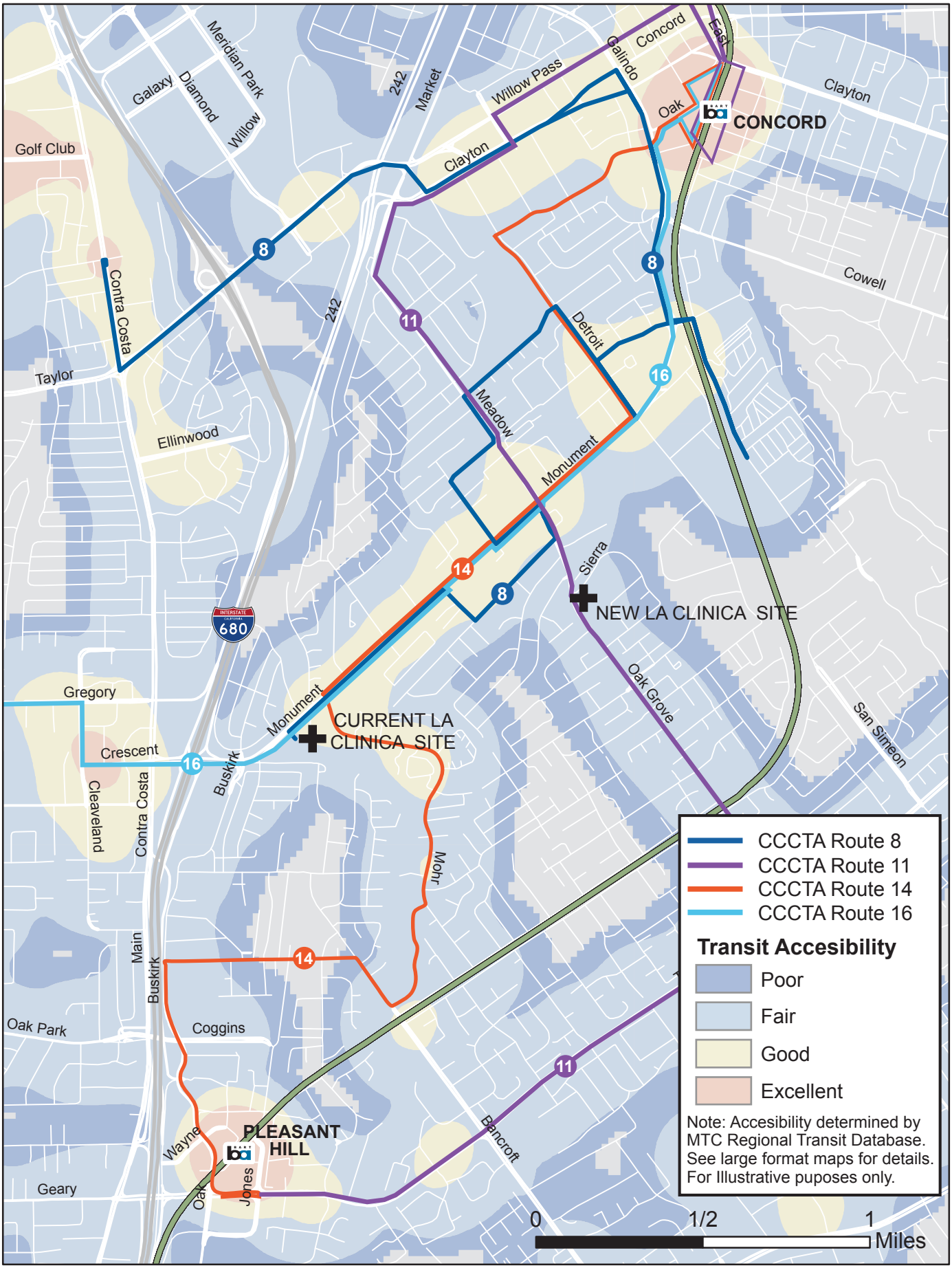
The new facility is located at the intersection of Sierra Road and Oak Grove Boulevard in Concord, one third of a mile south of Monument Boulevard. CCCTA Route 11 serves the new site, but at 90 minute frequencies except for during peak periods when it operates every 45 minutes. Because of the distance to Monument Boulevard which has more frequent service from Routes 14 and 16, the transit score for the new site is rated "fair" on the index developed for this study. Exhibit 6 shows transit service in relation to the existing and planned new sites for La Clinica Monument Corridor.

Exhibit 7. La Clínica "Monument Corridor" Concord

Funding sources for the purchase and renovation of the building include $3 million in La Clínica funds, $1 million federal stimulus grant from the Health Resources and Services Administration, several million in foundation grants, including the John Muir/Mt. Diablo Community Health Fund, and a $6.5 million loan.

As with the decision to participate in the Fruitvale Transit Village, La Clínica considered a remodel and addition to the existing building, but determined that construction would be disruptive to existing operations. La Clínica also wanted to own its space and the property owner was not willing to sell.

Exhibit 6. La Clinica Monument Corridor



Real Estate Availability

As cited previously, La Clínica participated in the lengthy planning period for the Fruitvale Transit Village, and the Unity Council wanted La Clínica because it was felt that a medical clinic would add value to the project. There was no readily available alternative site within the specific Fruitvale neighborhood, and other neighborhoods were not considered since La Clínica's model is focused on community services for a specific community.

In the Monument Corridor, there were few suitable sites, and the selected office building was more appropriate to remodel for medical and dental usage than an industrial building that was available which would have required greater modification. All space occupancy cost represent between 2.5 and 3% of La Clínica's $65 million annual budget, with more than 75% of costs attributable to wages or contracted labor and 10% representing supplies. Thus, the incremental costs associated with any specific building are a relatively small factor in the cost structure of this health care provider.

Lessons Learned

- Community-based organizations are taking a more substantial role in the delivery of health care, funded directly by federal grants as well as agreements and funding from counties and other medical providers. From our outreach interviews, it appears that a significant proportion of their clientele are transit dependent. Partnerships can be an effective tool for overcoming barriers posed by the expense and complexity of certain projects. The Fruitvale Transit Village survived various legal, financial, and regulatory challenges in large part because of the leadership of the Unity Council and the willingness of key players like BART and the City of Oakland to actively participate in the project.
- BART proximate sites are valuable for health care and social service facilities because they serve as hubs for bus service as well, thus representing the most transit-accessible sites for clients who lack auto access. Like with other multi-service centers, assembling the coalition and making the deal inflates the cost of occupancy for the agencies involved, but provides a benefit to the community and specifically the clientele that is difficult to quantify. As calculated previously, the incremental space occupancy costs, while seeming substantial, are generally not significant when measured against the total cost of operating the agency.
- As found in other cases, there are few choices available for siting medical clinics, particularly when expansion or modification of existing facilities is precluded by the necessity to continue delivery of services while expanding. Unless a very long timeline is feasible, it is difficult to locate clinics at sites that receive excellent transit service.

3. The Ed Roberts Campus – Adeline and Woolsey – Ashby BART Station

Introduction

The Ed Roberts Campus is a multi-service center for many non-profit social service agencies that are focused on the disabled community. The Center for Independent Living (CIL) was founded in Berkeley and other affiliated agencies have been created over time to serve the large disabled community that has located in the community. Ed Roberts (1939-1995) was an international leader and educator in the independent living and disability rights movements. He was a true pioneer: he was the first student with significant disabilities to attend UC Berkeley. Ed Roberts was a founder of UC's Physically Disabled Students Program, which became the model for Berkeley's Center for Independent Living and over 400 independent living centers across the country. He was one of the early directors of CIL. He was the first California State Director of Rehabilitation with a disability; and he was co-founder and President of the World Institute on Disability.

Activity and Location

The Ed Roberts Campus will cluster a range of disability services in one location and provide convenient, easy access via public transportation. It will encourage collaboration among the partner organizations that will result in improvement of services and more effective service delivery. The building, under construction with completion anticipated in fall 2010, will nurture the interest of the organizations in sharing resources and providing mutual support, eliminating duplication and developing new, collaborative programs.

The Ed Roberts Campus will provide an improved and centralized resource for information and referral to related programs for people with disabilities. It will provide a comfortable and safe location for people to gather, patronize the cafe, explore the art and education exhibits and participate in community activities. The Ed Roberts Campus will provide consolidated job listings, increased and improved training opportunities, incubator and self-employment assistance opportunities, and the possibility of combining part time jobs or working in more than one organization. (http://www.edrobertscampus.org/about/benfit_movement.html)

Fifty percent of the $46.5 million capital cost for the facility was raised through public agency grants, 20% from private grants, and 30% from loans based on anticipated rents.

The Ed Roberts Campus includes the following seven partner agencies:

- Bay Area Outreach and Recreation Program (BORP)
- Center for Accessible Technology (CforAT)
- Center for Independent Living (CIL)
- Computer Technologies Program (CTP)
- Disability Rights Education and Defense Fund (DREDF)
- Through the Looking Glass (TLG)
- World Institute on Disability (WID)

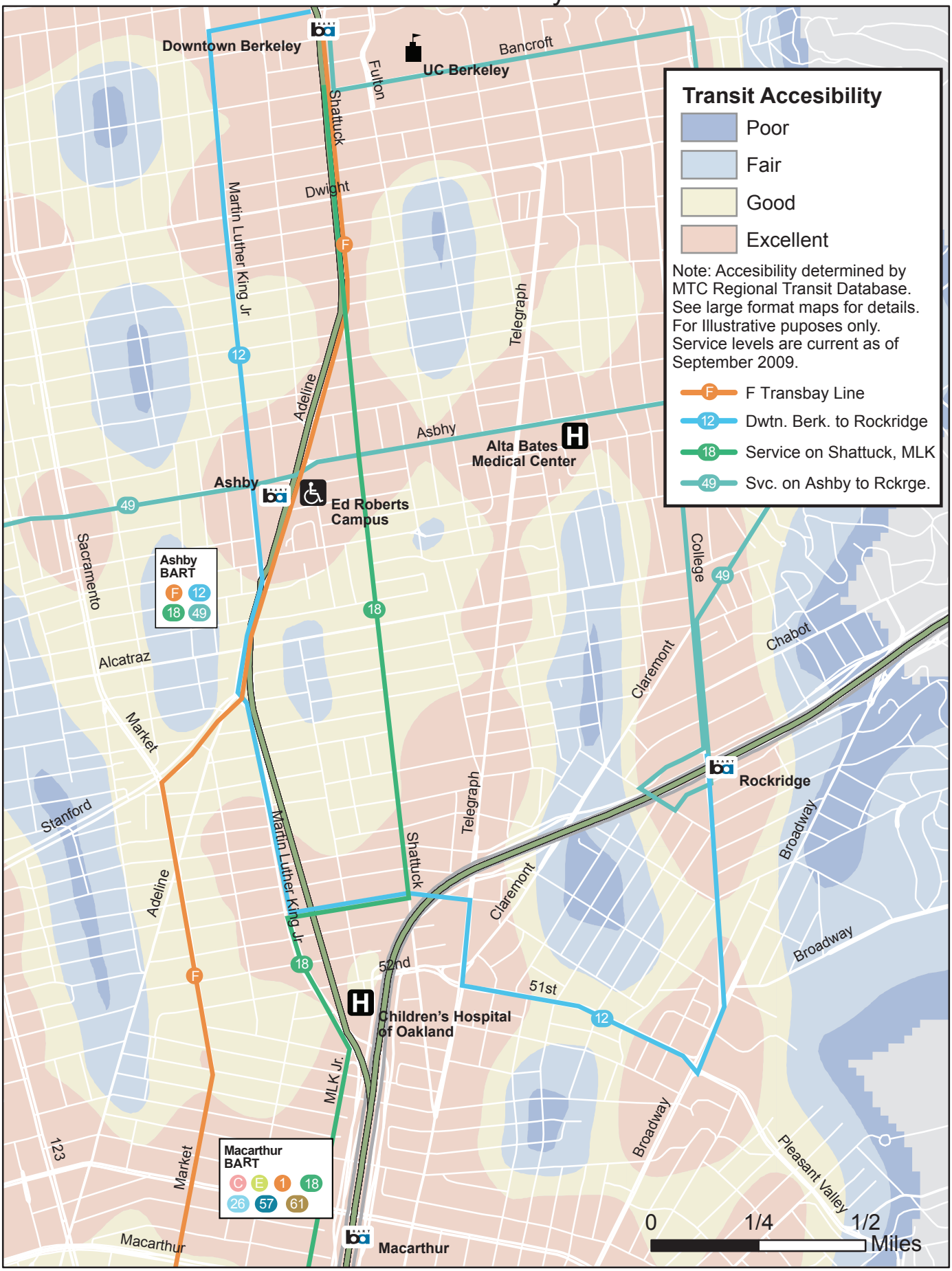
The building is approximately 85,000 square feet. A high level of transit access was an absolute criterion for the location decision. From the very beginning, the partner organizations knew they needed a site as close to a BART station as possible. The location at the Ashby BART Station is considered central to its mission to make services and programs accessible via public transit, particularly since people with disabilities are among the most transportation-disadvantaged populations. The campus is under construction on land that was part of the parking lot on the east side of the Ashby BART Station in South Berkeley and fronts on the east side of Adeline Street.

The development of the Ed Roberts Campus at the Ashby BART Station will make a number of significant access and safety improvements. For example:

- The Ed Roberts Campus will construct a new public elevator from Adeline Street to the Station entrance. Currently, the Station is not accessible to people with disabilities from Adeline Street.
- The Ed Roberts Campus built accessible parking spaces on the eastern parking lot. There were none. Fewer than 20 BART parking spaces were lost, and the Campus will have a maximum of 154 spaces (with attendant) under its building. Besides tenants and visitors, the fee parking will be available to BART patrons but at a higher price than BART's $1 daily fee.
- The Ed Roberts Campus will make many other site improvements including new benches, bike racks, lighting, planters, signage, and landscaping.
- The Ed Roberts Campus will improve pedestrian access to BART from the neighborhoods to the east by creating an attractive, well-lit and safe pedestrian path to the station.

Exhibit 8. Ed Roberts Campus on Adeline Street – Ashby BART Station

Exhibit 9. Ed Roberts Campus - Multi-Service Center Focused on Disabled Community Needs



Transit Service Level

The Ed Roberts Campus will be served by BART and AC Transit. The Ashby Station is on the Richmond line which receives direct service between Fremont and Richmond during all operating hours, and direct service to San Francisco and Millbrae Monday – Saturday during peak and midday periods. Service to Central Contra Costa County, Dublin/Pleasanton, and San Francisco Airport is available with one transfer. Service on each route normally operates every 15 minutes except for evening service which operates every 20 minutes.

AC Transit reduced service on March 28th but still provides two routes which serve the Ashby BART Station and Ed Roberts Campus. Route 12 operates on 20 minute headways from 6AM to 7PM and 30 minutes from 7PM to 10 PM and on weekends. The route links downtown Berkeley to Downtown Oakland via Rockridge, Piedmont Avenue, and Grand Avenue. Route 49 provides 30 minute headways from 7AM to 11PM and 60 minute headways on weekends. The route provides loop service between West Berkeley, downtown Berkeley, and Rockridge BART. The F Transbay service also links the site to the Transbay Terminal in San Francisco every 30 minutes. Exhibit 9 shows the location in relation to the density of the transit network – rated as "excellent".

Real Estate Availability

Since the goal of the project was to create a highly transit-accessible multi-service center for disability focused organizations, Berkeley BART stations were the only options considered since the community contained many disabled residents. The Ashby Station was considered more feasible than the North Berkeley Station because of the mixed land use and specifically commercial land uses along Adeline Street. There were no sites considered in Downtown Berkeley. As part of the initial agreement that BART would be undergrounded completely through Berkeley, the City received the air rights over the Ashby BART parking, and provided the site to the ERC.

Project History

One of the implications of developing a multi-agency joint use site on publicly-owned land is a complex and time consuming process that took 15 years from conception to completion. The Ed Roberts Campus began an extensive community outreach effort to the neighborhood and disability communities in 1998 prior to initiating any architectural design work. This was refined in 2000 when architectural designs were developed. The final design is the culmination of over ten architectural design schemes that included the active participation of the key stakeholders including the Ed Roberts Campus partners, City of Berkeley, BART, and disability and neighborhood communities. The Ed Roberts Campus submitted its application for permit to the City of Berkeley in 2002. A few highlights of the Ed Roberts Campus's community outreach:

- Held four well-attended public community design workshops with the Ed Roberts Campus architects.
- Distributed four editions of the project newsletter, "Ed Roberts Campus News", door-to-door in the project area.

- Facilitated four intimate "kitchen chats" with residents in their homes.
- Made numerous presentations to established neighborhood and merchant associations.
- Held frequent meetings with community leaders and other stakeholders.
- Created and maintained an informational website and list-serve.

Fundraising was the most difficult aspect of the process. Since BART and the City required that full funding be available before construction started, difficulties raising money made the project more expensive, and full funding commitments were not achieved until spring 2008. The long timeline for the project made coordination between the multiple agencies involved somewhat easier in terms of lease commitments, etc. However, it was difficult getting seven separate non-profit entities located in diverse areas to come together. The congregate entity had no development experience, no real funding, and no real control of the site.

The initial fundraising focused on social service-oriented sources, such as grants from the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services. These sources are generally more supportive of programmatic initiatives than capital ones required to make this project a reality. The project sponsors were not initially aware of existing programs focused on transit-oriented development (TOD) . MTC provided two Transportation for Livable Communities (TLC) planning grants, a Lifeline Transportation grant, and helped the Ed Roberts Campus receive several CMAQ and other federal transit-oriented grants through BART and the Alameda County Congestion Management Agency. There was some resistance to using TOD-oriented funding, since TOD is viewed by people as strictly housing over retail. The ERC planners evaluated the possibility of adding residential to the project, but zoning only allowed a maximum of three floors and one floor of residential over the offices was not feasible.

Although there is anticipation that the approximately two parking spaces per 1,000 square feet may be excessive for the multi-service center oriented to the disabled community, the neighborhood insisted on the parking. The neighbors were concerned that multiple on-street spaces would be utilized by site visitors with disabled stickers, (thus negating the preferential parking controls – and would be unavailable to the nearby residents.

Lessons Learned

- A unique long-term perspective and focus on the importance of transit marks the decision process involved in siting and developing the Ed Roberts Campus.
- Incredible patience and perseverance is required to develop a multi-service center, particularly on a complex public agency-owned parcel.
- Assembling a funding package for an innovative collaboration of non-profits is very difficult, and grants for transit-oriented development are normally focused on residential/commercial projects.
- Despite its focus on a transportation disadvantaged community and location at a site with “excellent” BART access and good bus access, overcoming neighbor concerns about potential parking impacts mandated that considerable parking be provided.
- Even before the seven partner agencies are co-located, working together on design and permitting has provided benefits in creation of joint programs and grants.

- Developing a multi-service center at a BART Station was not an inexpensive process, and creating the Ed Roberts Campus with “excellent transit access” had a premium cost. Its uniqueness and level of community support helped attract grant financing that might not have been generally available.
- Starting from scratch also allowed utilizing universal design features for the disabled community that would not have been available in existing leased space.

Exhibit 10. Ashby BART Parking Lot and Back of Ed Roberts Campus Building

4. Kaiser Permanente San Leandro Medical Center

Introduction

This case study details the history and locational choices made by Kaiser Permanente in planning for a new medical center in San Leandro, scheduled to replace an older hospital in Hayward.

Kaiser Permanente is currently working with the City of San Leandro on developing a 63-acre parcel of property, formerly the site of an Albertson's distribution center, located off Marina Boulevard, just west of Interstate 880. Kaiser intends to develop roughly half of the property into a state-of-the-art medical facility with the remainder of the property slated for a retail center.

Kaiser purchased the property in November 2005. A Draft Environmental Impact Report (DEIR) for the Kaiser Permanente San Leandro Medical Center/Mixed-Use Retail Development Project has been prepared by the City of San Leandro, Community Development Department and is available on the City website.

Activity, History, and Location

Kaiser proposes a 38-acre site to be developed into a medical center in two or more phases. The first phase, scheduled for 2013 to 2015 completion, would include the following components:

- 436,000 square foot six-story hospital including up to 264 beds,
- 275,000 square foot hospital support and out-patient building,
- 31,000 square foot central utility plant, and
- up to 2,100 parking stalls on a surface parking lot.

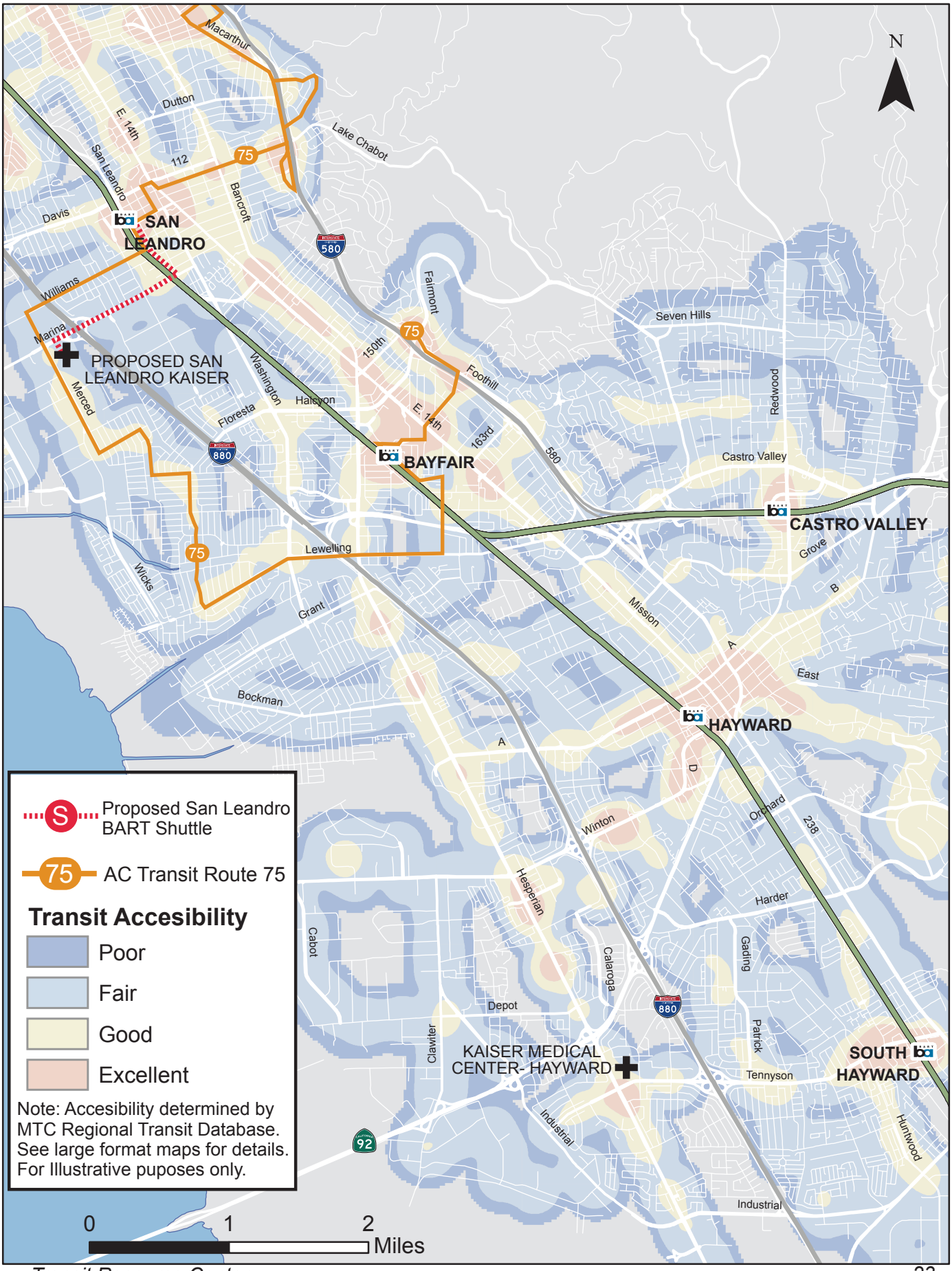
Ultimate build-out could include an additional;

- 175,000 square foot 120-bed expansion of the hospital,
- two 100,000 square foot medical office buildings, and
- construction of structured parking depending on requirements to serve its members and employees.

According to an article in the San Francisco Business Times, the value of the project could be $600 million.

The intent is for the facility to replace the existing Kaiser Permanente Hayward hospital, which is more than 40 years old, is technologically challenged relative to current medical practice, and does not meet seismic standards per current state requirements. The Hayward hospital would operate until the San Leandro facility is completed, and more modern portions of the Hayward medical center might be retained for outpatient services. Exhibit 11 shows the location of the two hospitals. Transit service level of the proposed site is rated “fair.”

Exhibit 11. Existing Hayward and Proposed San Leandro Kaiser Permanente Medical Center



The site selection process considered the geographic concentration of both employees and members, and the "center of gravity (the ideal location to minimize travel distance) for users and employees of the Hayward hospital (between the Fremont and Oakland hospitals) was north of the facility. Thus, the average travel distance to the medical center in San Leandro should be similar or better than for the existing facility.

Replacement of Hayward Medical Center

Kaiser's Hayward Medical Center is 48-years old. It has 208 hospital beds, 265 physicians, and a staff of almost 3,000 people. Kaiser has approximately 175,000 members in southern Alameda County.

The Hayward medical center does not have any private shuttle services but three AC Transit routes, the 22, 83/86, and 97 link the hospital to three BART Stations (Hayward, South Hayward, and Union City, each with 15 to 30 minute headways. Some of the routes operate a more limited schedule on weekends. The existing hospital is located approximately 2.4 miles from the South Hayward BART Station and 3.5 miles from the Hayward Station. Employee and member surveys suggest fewer than 5% of current trips to the medical center are made on transit.

Exhibit 12. Kaiser Permanente Hayward Medical Center

AC Route 75 passes the proposed San Leandro Medical Center hourly on weekdays on the following two-way loop as shown on Exhibit 11:

- San Leandro BART, Hays St., Estudillo Ave., MacArthur Blvd., Foothill Square, MacArthur Blvd., Grand Ave., I-580, 159th Ave., Bayfair Center, Bay Fair BART, Ashland Ave., Lewelling Blvd., Farnsworth St., Purdue St., Wiley St., Spruce St., Merced St., and Williams St.

According to survey data compiled for the EIR, about 3% of the existing Hayward Medical Center staff live within 1-3 blocks of the existing route 75. Almost 8% of the employees live within a mile of the route but this is beyond the range that most people are willing to walk to a bus stop.

The proposed San Leandro Medical Center location is 1.9 miles southwest of the San Leandro BART Station, and the Environmental Impact Report for the project lays out a Transportation Demand Management (TDM) strategy that requires a 10-15 % diversion from single occupant vehicle use. While there are a variety of strategies suggested to achieve this level of diversion, the primary one is provision of shuttle service to and from the San Leandro BART Station with a suggested frequency of four trips an hour – or 15 minute headways – between 6:30 AM and 6:30 PM with two 20-24 passenger shuttle buses. Service level can be adjusted to meet the 15% vehicular diversion, and a lower level of service is suggested during evening hours for the convenience of hospital staff. In addition to providing a linkage with BART, AC Transit Route 1, a high frequency trunk line, and routes 85 and 89 with 30 or 60 minute headways also serve the San Leandro BART Station.

Other requirements of the TDM program mandated by the City of San Leandro include a full time transportation coordinator, carpool and vanpool programs and parking preference, facilities to encourage bicycle usage, a guaranteed ride home program, commuter check program,,on-going public information campaign, etc.

Site Plan for the Kaiser Permanente San Leandro Medical Center

The figure below from the EIR for the medical center shows the conceptual site plan at build-out. The Nimitz Freeway – Interstate 880 – is located to the east and Merced Drive to the west. The hospital and Hospital Support Building (HSB) are proposed to be six-story structures. There are some height restrictions in the area as a result of its location close to the flight path into Oakland International Airport.

The phase one plan requires almost 30 acres, of which parking represents approximately two-thirds, with 20 acres required for surface parking to accommodate 2,100 vehicles. If similar parking ratios are required for build-out (three spaces per hospital bed and five spaces per 1,000 square feet of hospital support/medical office building), approximately 3,500 spaces would be required. This would require 32 acres of surface parking; thus the mix of surface and structure parking shown on the site plan. If all the parking was accommodated in four-story parking structures, the facility would still require at least 20 acres, and the incremental cost might be $40-60 million, or a 7-10% addition to project budget. Exhibit 13 shows the site plan at build-out.

The EIR did not detail how BART shuttles and AC Transit routes would serve the facility. It is anticipated that shuttles would circulate on-site and the internal roadways will be concrete to accommodate a route diversion onto the site by AC Transit buses. In other examples where buses enter internal roadways, issues often arise regarding conflicts between buses and other vehicles. Internal streets and drives are often not paved to a durability standard sufficient for the weight of transit buses. According to a Kaiser Permanente staff person involved with the project, hospitals tend to be initially located in the center of a site because it is not clear how expansion will occur over a 50 year period – the expected lifetime for a hospital building.

Real Estate Availability

A Google Earth scan and review of commercial real estate websites showed no other sufficiently large sites available in the Hayward – San Leandro area. While it is possible that there were other industrial building for sale, it is clear that there were no 20 acre + sites more proximate to BART or with as good freeway access as the site in San Leandro selected by Kaiser Permanente.

Exhibit 13. San Leandro Kaiser Site Plan

FIGURE 2-3
Kaiser Medical Center Conceptual Site Plan Build-Out

Source: Kaiser Permanente, 2009.

D41268.02

Kaiser Permanente San Leandro Medical Center/Mixed-Use Retail Development Project Draft EIR

Lessons Learned

- Like other hospitals, Kaiser Permanente needs to replace older facilities that do not meet current seismic standards. As a very large medical organization, Kaiser Permanente has a 10-hospital construction program in Northern California. With the exception of urban hospitals with clearly constrained sites, such as Oakland and San Francisco, Kaiser Permanente has established a standard hospital template that it uses whenever possible. This results in facility standardization that is beneficial and cost effective. Hospital design review by the state Office of Statewide Health Planning and Development (OSHPD) is accomplished in half the time by using an approved hospital template.
- The standard Kaiser Permanente medical center design requires a minimum 25-35 acre site in order to provide for a hospital building, a medical office building, central utility plant, and parking, in addition to sufficient space to expand any of these as required Besides the San Leandro medical center, the new Antioch facility has a similar configuration.
- Because of high numbers of daily trips and relatively large catchment areas, Kaiser Permanente seeks sites close to freeways and/or major arterial routes. Visibility can help attract market share and reduce stress among patients seeking care.
- Most Kaiser Permanente medical facilities are served by fixed route transit as well as special shuttle services to link to BART stations or other significant transit centers where proximate.
- A free Kaiser Permanente shuttle service between the hospital and San Leandro BART Station mandated to reduce single occupant auto usage will offer a more attractive linkage to the regional transit network than that provided by regular bus service.
- With the exception of San Francisco and Oakland, the vast majority of staff and clients use automobiles to access KP medical centers.
- While administrative and technical staff have regular schedules, the nature of medical and nursing work is not conducive to ride sharing and transit utilization.