

Public Comments
Re MCHD

11/8/18 Meeting

Leslie Hubbard

From: Lani Rhoades <l_rhoades@att.net>
Sent: Wednesday, October 10, 2018 10:49 PM
To: Leslie Hubbard
Subject: More code related questions and concerns on the MCHD Clinic project

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Hello Leslie,

I believe that Sue Corrigan forwarded a letter that I had sent to Judy Morris. I wish to contact you directly and to introduce myself to you. I grew up here in Weaverville but moved after High School, and recently returned to Weaverville 2 years ago. I'm a retired licensed architect. I worked exclusively on public building design for the State of California, first for the Office of the State Architect and then for CalTrans. I'm definitely not fishing for work here. I'm happily retired, and am only getting myself involved as a concerned citizen.

I'm a late-comer in this process, as I was just made aware of this project only 3 days ago. I am still just piecing the information together about it, and still know only little. But the more I look at the bits of evidence I'm gathering, the more potential issues I am seeing. Without looking at the drawings and specs, I can only throw out conjectures, and I don't like to do that. So will you allow me to come to the planning department office to look at the project documents (namely the drawings and specs)? I would really appreciate that.

Right now I am questioning the entire site design (the modular buildings with the two existing buildings on the same and adjoining site). I see potential code related issues there as well. I am aware that the modular is around 6400 sq ft.. That will take up a lot of that open space. I have to take a running stab at the building data: A clinic is usually a B occupancy classification, and the modular building is probably of Type V non rated construction. (Sorry. Please stay with me here.) Based on this data, the CBC allows up to a 9000 sq ft building without building fire sprinklers. Sounds like this modular will comply. But there is a catch- the two other buildings in close proximity to this 6400 sq ft modular building. If there is not enough distance (separation) between these buildings and the modular building, then the CBC views them as one single building and the 9000 square foot maximum could easily be exceeded (as the square footage of all the buildings get combined and added together).

If the square foot maximum allowable is exceeded then one way to resolve is to add fire protections, such as fire sprinklers (possibly needing to be added to adjacent buildings on the site as well), fire rated exterior wall construction, fire rated roof/ceiling construction, fire rated exterior opening protections, fire separation walls, etc., etc. These added fire protections would be required in order to bring the project back into CBC compliance. This can become a very complicated design problem and can also get very costly, especially when it is a retrofit.

I understand that there were also canopies and overhead rain protections from building to building being proposed. Again, this may also be very problematic for a similar reason.

So my new questions to add to all the previous code related questions I had about this project are this:

- Has any architect provided a proper code compliant building site analysis and performed a proper building design analysis on this project? It is basic to any public building project. It is basic for insuring that the project is CBC compliant from the very outset.
- Similarly, has there been any site accessibility plans developed by a certified civil engineer or a licensed architect?

If the answer is no to any of the above then it is possible that the code related issues and concerns extend way beyond just the used modular building on this project and it calls for much greater scrutiny where CBC compliance is concerned.

Feel free to email me any time.

Thank you,
Lani Rhoades

Leslie Hubbard

From: Lani Rhoades <l_rhoades@att.net>
Sent: Sunday, October 14, 2018 3:50 PM
To: Leslie Hubbard
Cc: Judy Morris; Building_Dept
Subject: MCHD Clinic

Hello Leslie,

I am writing you again regarding the MCHD Clinic currently under construction.

While I am expressing my concerns/criticisms about the MCHD clinic, I am also thinking about how I appreciate having a clinic in town. I will especially appreciate the clinic when/if I fall sick or become injured and need immediate medical assistance. I recognize the importance of this clinic to this community, and I also recognize the struggle rural areas face in getting adequate medical care infrastructures. But I come from the position that if you are going to do something as large as a public building you really need to do it right. It should be an asset to a community and not a bad neighbor. It should be done in such a way that it minimizes the negative impacts to an existing neighborhood, and it should be done in such a way as to protect public safety, insure accessibility, and provide energy efficiencies.

So here are my main complaints/concerns:

1. The project modification/change from new building construction to installation of a used modular building constitutes many significant changes, including but not limited to the following:
 - A deep change to the building type- going from a new building built to current codes to a used building not required to comply with current building code requirements (as mentioned in detail in my previous email).
 - A deep change in the building aesthetic
 - A deep change in the building footprint.
 - According to the July 20, 2016 Trinity Journal article the new clinic building project was as follows:
 - Expansion project sq ft size = 7680 sq ft (new construction 4260 sq ft + existing building 3420 sq ft)
 - I calculate that now the approximate size is as follows:
 - Modular project sq ft size = 9820 sq ft (6400 sq ft modular + 3420 sq ft existing building)
 - This change constitutes a greater than 2000 sq ft increase in the size of the building footprint.
2. None of these above changes are insignificant to the community in terms of impact. I feel quite strongly that the changes to the project should have gone back to the community and to the supervisors for review and public comment. But it appears to me that these very significant and impacting project changes were done with great haste, and in the interest of time the proper processes were circumvented.
3. Regarding my public safety questions/concerns, I recognize that one needs to have trust in the building department plan review process and inspection process, and so it seems unfair not to give them a chance to do their jobs before I start questioning/complaining. It is not that I question or mistrust them or the process. Rather, there is evidence that this project change was pushed through with great haste. I suspect that in the interest of time a differed approval arrangement may have been made or other special provisions were given to accommodate the

use of a used modular building in lieu of the original design that was previously submitted, reviewed, and approved. Significant changes and special accommodations which appear to have been done in haste raise questions as to whether or not it has been adequately demonstrated to the building official that the used modular building moved from a different jurisdiction and is now installed onto the site meets or exceeds the necessary requirements for this jurisdiction in terms of public safety, accessibility, and energy efficiency.

4. I don't know if anyone has confirmed from MCHD whether the clinic will or will not include anesthetization or other procedures that will render a patient incapable of self preservation. If this is the case, the code requires that the building have fire sprinklers and a fire alarm system. Even more impacting to the project, if 5 (if my memory serves me) or more patients may be rendered incapable of self preservation then the building falls under an entirely different use category and the entire project (existing building and modular) is not in compliance (as a Type V construction is not allowed). I strongly suggest written verification about the clinic's procedures if this has not yet been done, as this information is critical to knowing how the building should be "constructed" and used for adequate public safety.

In conclusion, I am again calling for a new public review on this project. There are too many changes and too many unanswered questions on this project.

I appreciate your time and your consideration,

Lani Rhoades

Leslie Hubbard

From: Jim Santiago
Sent: Wednesday, October 17, 2018 3:29 PM
To: 'rhoades@att.net'
Cc: Leslie Hubbard; Judy Morris
Subject: RE: MCDH project questions/concerns

Mr. Rhoades

In answer to your questions,

1. Yes, I have stamped plans from a California Licensed Engineer, although it is of modular construction it was built to California Title 24 standards and to ICC Code NOT to Title 25 like most modular units it is in the process of being registered w/ H.C.D for serial numbers (since it came from the fed's it was not in the state system)
2. It is type V w/ sprinklers approved by Weaverville Fire District
3. It is a "B" occupancy (it was built as a clinic) just like the previous plan, table 503 was removed after the 2013 code cycle and replaced w/ table 506.2 in the 2016 code which would allow a type V w/sprinklers to be 36,000 sq.ft.
4. As per C.B.C. 304.1 it is an "Clinic, Outpatient"(as was the proposed stick built) NOT an I-2.1 where the patient is incapable of self-preservation , that is what the Hospital is for
5. Table 602of the C.B.C states that a type "B" requires a 1 hr. wall @ 10' or less to P/L
6. Accessibility plan was done w/ submittal of original Engineered plans and since parking and access to entry will not change it will work ,any other issues I will work out w/ the Hospital to meet current ADA
7. C.B.C. sec 503.1.2 allows it to be considered two separate buildings, as per table 508.4 no separation is required between two "B" occupancies

This is actually a smaller building than the proposed stick built (it was a total of 8,884) and uses a smaller footprint

Thank you

Jim Santiago
Certified Plan Checker
Certified Building Official

County of Trinity

From: Building_Dept
Sent: Wednesday, October 17, 2018 9:51 AM
To: Jim Santiago
Subject: FW: MCDH project questions/concerns

From: Lani Rhoades [mailto:l_rhoades@att.net]
Sent: Friday, October 12, 2018 11:33 AM
To: Building_Dept <Building_Dept@trinitycounty.org>
Cc: Judy Morris <jymorris@trinitycounty.org>; Leslie Hubbard <lhubbard@trinitycounty.org>
Subject: MCDH project questions/concerns

To: Jim Santiago

Dear Mr Santiago,

I am writing you regarding my concerns about the MCDH Clinic project that is currently under construction.

I have questions/concerns regarding the used modular building and the building site analysis on this project. My question/concerns are as follows:

- Has there been any verification that the modular building complies with the structural requirements for this jurisdiction in terms of live loads (snow loads) and lateral loads (seismic)?
- Has anyone identified the construction type of the used modular building? Is it Type II? Is it Type V?
- Has anyone identified the use classification the modular was originally built and designed to comply with? If the use classification has been changed for use as a clinic, then the used modular is required to be brought up to current CBC standards for the new occupancy type.
- Is the MCDH clinic intended to be an ambulatory health clinic? If so, then it would fall under I-2.1 occupancy classification. Per Table 503, a type V construction is not permitted for an I-2.1 occupancy. Has it been confirmed or verified in some manner that the procedures intended to be performed at this clinic will not be of the type that would classify the building use to fall under occupancy classification I-2.1?
- Per Table 602, the fire resistance rating for an exterior wall is required to be 1 hr. for Type V construction when less than 30' from a property line and for Type II when 10' or less from a property line. Were existing property lines used or assumed property lines used between the existing clinic building structure and the modular building? Either way, if these buildings are not greater than 60' apart if both are Type V or 40' apart if the modular is Type II, then one or the other building needs to have proper wall fire protection per table 602 and opening protection per table 705.7. Either that or the building code analysis would have to treat them as one building, and I don't know if this would comply because it may go over the 9000 sq ft limit as set out by table 503 for type V construction (it is obvious that the existing clinic is a Type V construction). I know the modular is 6400 sq ft.. Then add to this the existing clinic building square footage, any covered areas or other accessory build-outs. Totaled up, this may add up to being over the 9000 sq ft limit (unless calculations can show that area increases due to frontage or calculations for a mixed use building will allow the square footage to go past this limit.) Has this analysis been performed by anyone to date?
- Has there been an accessibility plan submitted to date which show code conforming accessible parking, paths of travel from building to building, and accessibility to building entrances for both buildings? (One building is accessory to the other and so the paths of travel to the existing clinic structure also needs to be delineated.)

Thank you,

Lani Rhoades

Retired California Licensed Architect and concerned citizen

Lani Rhoades
P.O. Box 175
Weaverville, CA 96093

RECEIVED

OCT 25 2018

TRINITY COUNTY
PLANNING DEPARTMENT

October 10, 2018

Diana Stewart
District 3
Planning Commission
P.O. Box 602
Hayfork, CA
96041

Dear Ms Stewart,

I am writing you regarding my concerns about the MCDH Clinic project that is currently under construction.

I have recently been made aware of some of the specifics of this project, and I believe there is cause for concern. It is not my intention to come down harshly on those who have been responsible and instrumental in seeing that this project happens, including the individuals at MCDH responsible for the project planning and oversight, or the plan reviewers involved in the project review. I do think I fully understand and sympathize with those whose goal is to try to provide health clinic space to this community and are trying to do so on a very tight project budget- a budget that may be highly inadequate for such a project if it is to be done correctly. So I understand how these types of projects can come about, and this letter is not to cast aspersions or to fix blame on any particular party. But rather, it is to highlight my various concerns regarding this specific project.

That being said, the project design as presented to the supervisors and the community for public review was changed into a completely different project. The description of the project went from "Construct New Clinic Building" to "Construct Reinforced Concrete Building Pad and Relocate and Install Owner Purchased Used Modular Building". This is not a slight change or modification to the project that was presented and agreed on by the community and the supervisors through the public review process. This is an entirely different project, and I will attempt to explain that assertion below.

The building aesthetic is one very major change causing deep concern to many. But the building aesthetic is just the beginning. Constructing a new building requires that this new building comply with all current building codes and standards. A used modular building is governed by an entirely different building code. Rather than complying with the current International Building Code (IBC) including the California amendments (CBC) as is required for a new permanent structure, this used relocated modular building only has to comply with the International Existing Building Code (IEBC). This means that this used modular building structure is not required to be brought up to current energy, electrical, mechanical, plumbing, or structural

codes and standards. In most cases, the building design portion of the project is not required to go through the same plan reviews and scrutiny as would be required for a new permanent structure. Such reviews and scrutiny involves things such as seismic safety, fire and life safety, and access compliance. In short, a used modular building is an entirely different animal from a new building, and therefore this project currently under construction is an entirely different project from that presented to the community and the supervisors.

There may be the belief that this used modular building can't be too far outside of compliance with existing codes and standards because the modular is only a few years old and it would have had to be designed and built to the IBC codes and standards that were current at the time it was built. So it would seem like this shouldn't be any big deal. Unfortunately, it is not that simple when it comes to appropriate building design and building code compliance. It is location dependent and occupancy use dependent as you will see in my list contained further down in the body of this letter. In addition, depending on the location it was originally designed and built for, the building may not have been originally built to comply with the California amendments to the IBC- (California Building Code), but rather only to the IBC.

In terms of public trust and public perception, this project could not have gone any more wrong. By changing the project to an entirely new one that has no resemblance to the original one presented for public review damages the public's trust in the integrity of the entire project. Even though I don't want to come off as the trouble maker, I feel compelled to ask deeper and more specific and probing questions about this project design and wonder if in the interest of reducing construction costs many other important aspects of this project beyond design aesthetics have also been ignored, altered, or circumvented. It leads me to wonder if things were missed, not thought of, or overlooked as well.

These are only some of the questions I think need to be asked and answered about the "Relocate Used Modular Building Project":

1. What was the use and occupancy classification for this used modular building as originally designed?
2. Is the clinic occupancy a B occupancy type or an I occupancy type? (This depends on whether or not the clinic patients are ever rendered incapable of moving themselves to safety without assistance in an emergency situation.)
3. Depending on the answers to 1 and 2, the building occupancy classification may be changed by using this used modular building as a clinic. If that is the case, then the building needs to be brought up to current IBC standards for the new occupancy classification. Has anyone with the proper knowledge and expertise reviewed this aspect of the project?
4. The building was designed for use in a different jurisdiction. So is the structural design of this modular building adequate to sufficiently withstand the additional live loads (namely snow loads) it will be subjected to at this new location? Is it designed to withstand lateral loads required using the appropriate seismic design category for this

occupancy type at this location? The general safety and welfare of the occupants and the public is required by the IEBC. So if the structural design of this used modular building is inadequate for the requirements of the new location (and possibly also a new occupancy type), this will need to be addressed in the interest of public safety. To address this could involve a costly retrofit to the used modular building, and it may even be unfeasible. Has anyone with the proper knowledge and expertise reviewed this aspect of the project?

5. This used modular building may be deficient in terms of accessibility. Because the building is intended for public use, the IBC requirements for accessibility to public buildings still applies to this used modular building. Has the building portion of this project been reviewed for code compliance for accessibility? This means that the following needs to be accessible and comply with current ADA standards:

- Paths of travel to/from all building exits
- Minimum corridor widths
- Minimum sizes for any alcoves
- Doorway opening widths, door clearances, proper direction of door swing, and proper exiting door hardware
- Drinking fountains
- Restrooms and shower stalls
- etc.. The list could go on

If this building does not comply, then it is the responsibility of the building owner to bring it up to compliance. The IBC allows these corrections to be done over time for existing buildings (which is the category this used modular building falls under). But this is an added responsibility and an added future cost to the owner that may have been overlooked on this project just to save on construction costs now.

6. This used modular building may not be up to current Fire and Life Safety standards, particularly if the occupancy type has changed (refer to items 1-3 above). This would include code compliance on such things as the following:

- Means of emergency egress
- Numbers and locations of fire exits from the building and the interior rooms
- Emergency exit signage
- Exit pathways
- Types, numbers, and locations for fire extinguishers
- Door exit hardware and locking hardware
- etc.. The list could go on

Any or all of these modular building features may be deficient and may require correction at the owner's expense. Did the project plans and specifications get reviewed and approved by the California State Fire Marshal's office? Was the correct occupancy classification for the clinic determined and identified by someone with the knowledge and expertise to correctly determine that occupancy classification?

7. The building may be deficient in terms of energy efficiency. Depending on when the

modular was built and what climate zone it was designed for, the building envelope may be severely inferior to that of a new building built to current Title 24 standards designed for this climate zone. This will impact the users in terms of building comfort, and the owners in terms of high annual heating and cooling costs per year (year after year) to maintain a comfortable temperature for the occupants of this building. Because this is a public health clinic, human comfort should be one of the main priorities on this project. Is MCDH ignoring these human comfort considerations and added energy costs they may incur over the lifetime of the building in favor of lowering their construction cost now?

8. Because this building may be inefficient in terms of energy efficiency, this will mean that the HVAC system will need to be designed and sized accordingly, meaning that they will potentially have to be larger and/or run for longer durations throughout the day in order to maintain proper temperatures for adequate comfort for the building occupants. So this used modular building may require increased size and additional run times on the HVAC units compared to what would have been needed for a new building designed to current Title 24 standards for energy efficiency. There are many existing residential homes in close proximity to where the noise will be produced by those mechanical systems.

9. What modifications were done to this modular building by the previous owners/users, and were these modifications done to any kind of codes or standards or with the appropriate reviews, approvals, and inspections?

This new MCDH Clinic project to relocate a used modular building to the existing site located across from the Trinity General Hospital represents a huge impact to this community. Even though a modular building is "designed" to be moved for reuse, the fact remains that these modular buildings often stay in place for a very long time. Once placed onto a new and permanent reinforced concrete foundation one might just as well consider the building to be permanent and figure it will most likely be sitting in that same location for years (if not decades) to come. In this particular case, this modular building is being placed in one of our most charming and historic neighborhoods, and it will be there as a large visual eyesore for the people of this town to look at for many years (if not decades) to come.

There are a host of things a building designer considers when designing a new public building. I designed public buildings for a living for 25 years of my life, so I guess I do know a thing or two about this subject. The main design goals for me were always this: to provide a building that is designed to serve the specific needs of the user, is designed for the specific use for which it is intended, is an asset to the community (most definitely not an eyesore), is designed with context sensitivity, is designed specifically for the climate at the building location, and it meets or exceeds all current codes and standards. Used modular buildings, especially ones originally designed for a different use, a different jurisdiction, a different context, and a different climate zone is most certainly not going to meet any of those main design goals I mention above.

I hope this letter highlights that there are multiple reasons why this project is not the same project as the one presented to the community for review and input. I hope that I have also

highlighted for you why so many people in this community are concerned and would like to see the brakes be pulled on this project. I do recognize that it is like a fast moving train that has already left the station. I also recognize it would be painful to MCDH in terms of project construction delays and the associated costs for such delays. But there are far too many concerns and potential issues with this project. Purchasing a used modular building as if it was a used car purchase with the intention of placing it onto a new site for use as a public building is recipe for all kinds of things to be amiss. Unfortunately, the chain of events gives the appearance of this being a bait and switch job, and that has further damaged the public's trust in this project. Using a car metaphor again, it would be highly unethical for someone to present a car as new only to then switch it to a used one, and that is precisely what happened. I do not think any of this was done with malevolent intent. Rather, I think it is more a case of an inadequately informed purchasing decision that was possibly done in haste, with subsequent efforts to maneuver around all obstacles in order to make it all pan out.

I am sorry to say that this may have been a large purchasing mistake for MCDH. If that is so, I am truly sorry to see that. But such purchases always come with an unspoken "buyer beware" warning.

I am asking for you to please conduct a new public hearing on this project to allow for public comment on this "Relocate Used Modular Building" project.

In conclusion, I ask you this. Don't you think our sweet town of Weaverville deserves a lot better than a reused military modular for a public building? I hope your answer is that you too believe Weaverville does deserve something a lot better than this, and that you will stand with us to demand better.

Thank you for your time and for your consideration on this matter.

Respectfully,



Lani Rhoades

Retired California Licensed Architect

Retired License Number C 26695

Leslie Hubbard

From: Ruth Hanover
Sent: Friday, October 26, 2018 10:04 AM
To: 'Mary Cole'
Cc: Leslie Hubbard
Subject: RE: Trinity Clinic Expansion - Mountain Communities

Good Morning Ms. Cole,

Thank you for your message. We will make sure that it is provided as comment to the Planning Commissioners.

Ruth Hanover

Trinity County Planning Department

P.O. Box 2819 ~ 61 Airport Road
Weaverville, CA 96093
(530) 623-1351, Ext. 4
(530) 623-1353 Fax

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From: Mary Cole <mcole1653@gmail.com>
Sent: Thursday, October 25, 2018 3:54 PM
To: Info.Planning <Info.Planning@trinitycounty.org>
Subject: Trinity Clinic Expansion - Mountain Communities

My name is Mary Cole and I am the Manager of both the Trinity Community Health Clinic as well as the Hayfork Community Health Clinic. I plan on attending the meeting on November 8th but in the event I cannot, I would like for this e-mail to be on file in favor of this expansion. There was a comment made by the public stating that there is now another clinic in town so there is no need for this clinic to expand its size. This clinic was in the planning phase over three years ago when we were the only clinic in town but was still opposed by Ms. Corrigan. Yes, at that time, it was suppose to be a new build. However, when the cost came in well over \$3,000,000 the fiscally responsible thing to do was look at other options. Since that time, we do have another clinic in town but we are servicing more patients and have more providers than what we did three years ago. Unfortunately, we only have room for three providers in any one given day because there is no space to put another work station. I do creative scheduling between the two clinics. We have over 1,900 Medi-Cal patients and this does not include Medicare and/or private insurance patients. When I took the job of Manager back in September 2017 the one thing people told me was that I would never be able to find permanent providers to work at our clinics. That is a huge struggle for every rural health clinic. We have relied on Locums or temporary providers for many, many years at a considerable cost. This past year, we have hired three full time, permanent providers bringing our total to 3 Physician Assistants, 1 Nurse Practitioner, 1 full time doctor and 2 part-time doctors. Two of the PA's have bought houses - one right up on Easter Avenue and the other in Lewiston. They have made a huge commitment to Trinity County relocating their families from Wyoming as well as Nebraska. Our newest physician assistant is one of only 15 people in the US to have received the Federal Scholarship grant and elected us at the Trinity Clinic to do his two years of committed service. I would be more than happy to give anyone a tour of our facilities. Dr. Meredith, who is extremely valuable as a mentor and educator to our mid-levels as well as a wonderful provider to patients, sits in a cubby hole more like a closet. His Medical Assistant sits at the counter beside him. They

couldn't put a cup of coffee between them. If you need to have a confidential chat with him, you have to turn a certain way to close the door. The other two providers sit on the other side of the clinic facing a wall. There are no partitions between either of them and/or the Medical Assistants who sit at that counter also facing the wall. With phones ringing and the Medical Assistants taking calls, it is very difficult for our providers to speak in to their dragons to complete their charting. We would love to recruit another family practice, full time physician. There is just no room to put another provider within those four walls at our present clinic.

Our employees have no break room and/or cafeteria. If it is raining, for those who may have brought their lunch, they sit at their desk. Everyone has endured these working conditions knowing there was a new clinic to be had.

The modulars may not look so glamorous at this time. However, if people would give us the time to complete the cosmetic work to the outside, have landscaping put in, etc., they will not know this area.

My mission now that we have permanent providers (who everyone thought impossible) is to speak to some doctors in Redding to see if they would contract with our clinic for one or two days per month to come to our clinic to see patients. We have already casually chatted with a female OB/GYN. I could foresee us contracting with a cardiologist now that Dr. Stemple retired. Bring these specialists to Weaverville rather than our patients having to travel to UCDavis. Our Doctors are not going to be around forever. Dr. Krouse would like to merge with the Trinity Clinic so he can take more time to travel. His patients are his concern. We need a bigger facility to make this all happen.

My passion is exceptional patient care and servicing our community. The historic district, which is our downtown, is blowing away. Buildings are vacant. The concern should be that we try to bring more businesses to our downtown not try to shut down the expansion of a medical clinic which is truly needed. We have already added four families to our community which means purchasing of homes, children in schools, supporting local businesses, etc. I foresee Trinity County having a wonderful and convenient medical complex where you can see a provider, walk across the street to do all of your outpatient services and not have to worry about transportation to Redding, etc.

I would hope that you will see the good in this and approve the expansion with the modulars. As manager of the Trinity clinic, I can guarantee you that this building will be aesthetically pleasing to everyone if just given the chance to complete.

Mary Cole
Manager of Clinics

PETITION Requesting Planning Commission Meeting
 be Held to Discuss MHDC's Plans to Install Modular vs. Original Project (as previously approved)

Signature

Contact Info

RECEIVED

Michael J Willis	623-5780	NOV 05 2018
Roalynn Madine Hillis	623-5780	TRINITY COUNTY PLANNING DEPARTMENT
Mike P Galton	623 5965	
Corbett Salvan	623-3875	
Zeph M	739-2322	
Zeph M	739-2322	
Paul & Jan	308-3369	
Jim Chipman	355-3081	
David [Signature]	623-2850	
Ron Elliott	623-4250	
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UNDERWOOD & WETZEL LAW OFFICES P.C.

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James M. Underwood

Redding Office:
1274 Court Street
Redding, CA 96001
Telephone (530) 276-8246

Friday, November 2, 2018

DELIVERED BY U.S. MAIL, FAX & E-MAIL
(Leslie Hubbard lhubbard@trinitycounty.org)
(530-623-1353)

RECEIVED

NOV - 6 2018

**TRINITY COUNTY
PLANNING DEPARTMENT**

Richard Hoard, Chairman
& Trinity County Planning Commission Members
c/o Trinity County Planning Department
61 Airport Road
Weaverville, CA 96093

Re: Mountain Communities Healthcare District Clinic Project – Susan Corrigan Appeal
(Agenda No. 4)

Dear Chairman and Members:

My office represents the Mountain Communities Healthcare District (MCHD), and I have been asked to provide comments on behalf of that District in regard to the above-referenced appeal. The nature of the appeal, including the decision being appealed from, is a bit uncertain for the reasons discussed below, but the District wants to provide its perspective to the Commission concerning the potential issues to be discussed at its meeting of November 8, 2018 concerning the District's Clinic Project.

Project History. As the Commissioners will recall, MCHD determined to provide enhanced and more efficient healthcare services to Trinity County by expanding its pre-existing clinic from 3,420 to 7,680 square feet on property adjoining Trinity Hospital. Its application for that project was approved by the County in July of 2016. As required for all such projects, the approved use permit followed several public hearing and environmental review public comment opportunities, as required under the California Planning & Zoning Law, California Environmental Quality Act (CEQA) and the Trinity County Zoning Ordinance. Use Permit No. P-16-11 was finally approved in August of 2016 by the Board of Supervisors following an appeal from the Planning Commission's use permit approval. ✓

The approved use permit was intended to enable MCHD to undertake Clinic expansion within a defined District construction budget, in order to accommodate the additional staff and facilities needed to meet growing and projected Clinic services demands in Trinity County. However, when bids for the proposed building construction were obtained, the lowest qualified bidder exceeded the District's Clinic Expansion Project budget. A value engineering alternatives review was then immediately commenced, including consideration of a smaller clinic building footprint, building design alternatives, and other means by which to proceed with the approved project within the District's budget. The determined solution, which was determined to meet project objectives within District resources, was the acquisition

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and installation of a pre-fabricated medical clinic facility which had been constructed for military clinic uses.

The District, upon reviewing all use permit conditions and adopted CEQA mitigation measures, determined that the pre-fabricated clinic solution also met all County requirements, and would allow MCHD to proceed to make a multi-million dollar investment in the good health and well-being of this community. Accordingly, the manufactured units to comprise the medical clinic once assembled, resulting in somewhat reduced overall expanded Clinic square footage, were then acquired and have been placed on the District's Clinic site for assembly.

In so proceeding the District has been mindful of its obligation to meet and confer with the Weaverville Architectural Review Committee (WARC) and the Trinity County Historical Society to discuss potential project impacts on historical resources and the historic setting. Toward that end District representatives met with the WARC folks on September 12th and September 24th of this year to discuss these issues, and have had similar discussions with Trinity County Planning Department staff to obtain related guidance. As a result, the District is in the process of refining proposed solutions to address the aesthetic issues that have been identified as of potential concern, address the expanded Clinic building's roof line and exterior finishes.

Use Permit Consistency. With regard to the appeal filed by Ms. Corrigan, it is the District's position that project implementation using pre-fabricated medical clinic units to be assembled as an its expanded medical clinic is in full compliance with the prior approved conditional use permit. As assembly proceeds, which is ongoing, the District intends to continue to meet and confer with WARC and the Historical Society, and to have related discussions with Planning Department staff as may be helpful, particularly with regard to roofline façade and vertical walls facing Taylor Street and Easter Avenue are finalized, in order to ensure that the project minimizes or avoids any perceived impacts on local aesthetic and historic resources.

The appeal, though it does not expressly say so, appears to follow Richard Tippet's decision, in his capacity as the Trinity County Planning Director, that the proposed modular approach to project implementation complies with Conditional Use Permit P-16-11, as previously approved. Specifically, and put another way in light of how the Trinity County Zoning Code Section 32 F. requires a finding that this project is consistent with the existing use permit unless (a) there has been a major change in the pattern or volume of traffic flow; (b) there has been a change in the nature of the proposed use; (c) *there has been an increase in the height of a structure*; (d) *there has been an increase in the gross floor area of the building*; (e) there has been an increase in residential dwelling units; or (f) there has been a material change in the orientation or location of structures on the parcel. (Trinity County Ordinance No. 315, Section 32, paragraph F.3. (Emphasis added).)

None of the above stated findings, at least one of which being needed to support a decision that the proposed Clinic expansion building being assembled on the District's Clinic property, apply. The primary points of discussion with WARC members and County Planning Department staff since the pre-fabricated clinic expansion solution was decided upon by MCHD have related to building rood lines and elevation, and vertical wall appearance. As to these points, (1) the proposed clinic expansion area will

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be one story thereby resulting in a *decrease in the height of the structure*; and (2) the assembled clinic will now have a *decrease in the gross floor area of the building*. Accordingly, there will be no substantial deviations, and therefore no basis on which to modify the existing use permit.

Accordingly, the only issue that might be appropriately considered by the Planning Commission relates to the County approved mitigation measure, as adopted when the use permit was approved, requiring the District to meet and confer with WARC and the Planning Department staff with regard to project implementation in a way that will avoid impacts to historic resources or render any such impacts less than significant. (See Attachment A, Mitigation Measure I-1, addressing the District's meet and confer obligation.) It is the District's understanding, based on the above mentioned meetings to discuss these issues and following the WARC suggestions addressing aesthetic enhancements concerning the proposed new Clinic building roofline and exterior walls façade, that the Planning Director determined that the MCHD proposed roofline and exterior wall solutions to address identified aesthetic concerns will meet the requirements of Mitigation Measure I-1.

Pending Appeal. As the Commission is aware, Ms. Corrigan filed a letter dated October 19, 2018 to "appeal the MCHD Expansion." That appeal letter implies that the District's determination to construct the proposed Clinic expansion with pre-manufactured units is somehow inconsistent with the use permit approved two years ago. That is simply not the case, so long as the District proceeds with project construction in a manner that meets all use permit conditions, including the historic resources mitigation that is addressed in Mitigation Measure I-1, as above summarized. Again, there has been no substantial deviation from the project as defined at the time of use permit approval, with the net reduction in roof height and reduced floor area square footage not considered a "significant deviation." So, the only issue to be properly discussed in this appeal is whether or not the District has met and conferred with WARC and the Historical Society, and is otherwise proceeding in a way that will avoid or lessen to a level that is less than significant, any impacts on historical resources in the project area.

As above-noted, the District has had ongoing discussions with WARC and the Trinity County Planning Department staff concerning this project. The District has also analyzed structural options and limitations associated with its pre-fabricated modular building assembly solution. In its meeting with WARC on September 12th that committee decided that a couple of solutions of an aesthetic nature would help to have the new clinic building avoid or minimize related impacts in the neighborhood. These included: (1) Development of a non-structural façade, likely using a façade roof overhang similar to Trinity Hospital's roof façade, so that it "fit in with the existing aesthetic quality of the buildings in this neighborhood;" and (2) enhancing the vertical walls fronting Taylor Street and Easter Avenue so that they are more aesthetically compatible with the neighborhood.

The District is also planning on additional landscaping solutions that will likely block most or all of the clinic exteriors, as viewed from Taylor Street and Easter Avenue. In combination, these roof overhang, exterior siding and landscape improvement solutions will ensure that the Clinic expansion avoids or minimizes any significant aesthetic impacts in the neighborhood.

At a subsequent meeting with WARC on September 24th, and based on related discussions with Planning Department staff that followed, District representatives have been refining solutions consistent

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with the earlier recommendations and continuing discussions. The resulting preliminary, conceptual roof overhang system and exterior wall design features of the type above outlined are being worked on by the District at this time, and are expected to be available for Planning Commission viewing at the meeting of November 8th. As these preliminary elevation and exterior design plans evolve and are refined MCHD representatives are committed to continuing to meet and confer with WARC and Planning Department staff representatives as may be helpful to ensure good, feasible solutions to the relatively minor aesthetic concerns that have been raised.

In so proceeding, to avoid any confusion or misunderstanding, the District does not believe that any new, engineered roof systems would be justified, nor is any such project change needed in order to "either avoid impacts to historic resources or ensure that such impacts are less than significant." The approved use permit and adopted Mitigation Measure I-1 simply do not require that kind of drastic solution, which would require a significant structural redesign of the pre-fabricated buildings and again render the entire proposed \$1.8 Million MCHD project infeasible from a budgetary standpoint.

Instead, a roof overhang system like that used on the adjoining Trinity Hospital building, and the discussed exterior wall design solutions combined with appropriate landscape screening, will meet both the letter and intent of existing use permit and aesthetic impact mitigation requirements. This will also avoid any encroachment into the existing views that neighboring property owners located on the eastside of Taylor Street presently have.

Requested Planning Commission Action. In light of the foregoing, it is requested, following a hearing of the appellant's concerns and the District's ability to respond to any new information provided, that the Commission: (1) Determine that the proposed Clinic Expansion Project, using pre-fabricated construction units, does not materially deviate from the project as approved in Use Permit No. P-16-11; (2) that the District is proceeding with project implementation in a way consistent with Mitigation Measure I-1; and (3) that the appeal by Ms. Corrigan is denied.

Respectfully submitted,



JAMES M. UNDERWOOD

JMU/gc

Attachment: A - Clinic Project Mitigation Measure I-1

Summary of Mitigation Measures

Mitigation Measure I-1:

It is recommended that the applicant meet with the Weaverville Architectural Review Committee and representatives of the Trinity County Historical Society to assess the project effect on historical resources and the historic setting, and if justified, craft a treatment plan that would either avoid impact to historic resources or ensure that such impacts are less than significant. A lighting plan for all proposed exterior lighting components shall be submitted for Planning Director approval, with input from the Weaverville Architectural Review Committee.

Required Actions and Timing: Prior to the development of final construction plans the applicant is to consult with the Weaverville Architectural Review Committee joined by additional representatives from the Trinity County Historical Society. Planning Department staff will attend and provide guidance to applicant on how to implement the input provided.