



A Public Agency

Beach Cities
Health District

HEALTHY LIVING CAMPUS

Community Working Group No. 12

**Summary Report
February 25, 2019**



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1. INTRODUCTION

Beach Cities Health District (BCHD) has developed a Community Working Group (CWG) to engage local participants in planning its Healthy Living Campus. The Community Working Group is an informal, voluntary group of stakeholders from each of the three Beach Cities that represent a broad range of local interests. The group is comprised of leaders from local businesses, civic organizations, older adult services, the Blue Zones Project and neighboring residents, and participation is by invitation and recommendation from the BCHD board and staff.

This report summarizes recent Community Working Group activities and feedback received at the 12th Community Working Group meeting.

1.1 Purpose of Community Working Groups

Community Working Groups provide a forum for integrating local input into the design of projects like the Healthy Living Campus. Community Working Group participants represent the interests of a community group, service, agency or organization and serve as an ambassador of these interests. Community Working Groups are limited in scope to the planning and design of the project, are not a formal voting body and are organized to enhance local input into the planning process.

2. COMMUNITY WORKING GROUP MEETING NO. 12 – FEBRUARY 25, 2019

2.1 Overview

The 12th Community Working Group meeting for the Healthy Living Campus convened in the Beach Cities Room at 514 N. Prospect in Redondo Beach. The attendee list, made up of involved community members and diverse stakeholders from all three communities, was developed by staff and reviewed by the Board.

Eleven (11) members attended this meeting, and eleven (11) members were unable to attend. The Community Working Group meeting room was arranged in a U-shaped configuration that faced a presentation screen. The format provided opportunities for participants to actively engage in meaningful discussion and share valuable information, insight and feedback with the staff and project team members. Throughout the meeting, Community Working Group members were encouraged to contribute their feedback verbally and also in writing on the comment cards provided.

The meeting included a PowerPoint Presentation (Appendix A). Presenters included Tom Bakaly, BCHD CEO and Monica Suua, BCHD CFO.

Mr. Bakaly opened the meeting, welcomed the CWG members, thanked them for their participation, provided an overview of the agenda and explained the outline of CWG and board activities for the next several weeks. He went through the presentation (Appendix A), briefly recapping the HLC Master Plan, BCHD's financial window of opportunity, the history of how the district has evolved based on community needs, and how the district has been funded throughout the years. Mr. Bakaly then presented and explained the project phasing and cost estimates. He shared that the information had already been presented to the Finance Committee, which concurred that BCHD should move forward with the EIR and simultaneously explore possibilities for partnerships.

Ms. Suua described BCHD's Long-Term Financial Planning Cycle and recapped the district's current sources of

funding. She explained how BCHD has evolved based on community health needs and detailed the sources of funding that have provided for the district's operations throughout the years. Ms. Suaa explained that RCFE revenue will replace the revenue currently earned through the 514 building, which has passed its useful life.

Mr. Bakaly reviewed the district's mission, focused on how BCHD has previously had partners, and how the organization will continue to need them as it enters the next stage of its evolution. He recapped the project pillars and indicated this meeting's focus would be on the pillar directing staff to "Leverage the campus to expand community health programs and services." Mr. Bakaly highlighted BCHD's assets and strengths, including BCHD's proven public-private partnership (P3) experience. He then explained the history and experience of the BCHD-Sunrise Ownership Evolution and showed a graph of its annual return on investment. Mr. Bakaly discussed various long-term financial strategies that have been reviewed and analyzed thus far. He mentioned that it isn't feasible for BCHD to take on the HLC project on its own.

Mr. Bakaly presented information about project phasing and which components would be developed over the three phases. Estimated costs by phase were presented: Phase 1 (2022-2025) \$153M. Phase 2 (2025-2028) \$149M. Phase 3 (2030-2035) \$234M. Total (2022-2035) \$537M. Roughly 83% of the total project cost is for the components of the project that generate revenue. Mr. Bakaly next provided some financial strategy examples, showing numbers for funding the project at various levels of ownership. He presented some possibilities for closing the Capital Contribution Gap and explained he's presenting at the next Board Study Session on February 27.

Mr. Bakaly asked the group for questions and comments he could present to the board from the CWG. Input is enumerated in Section 2.3, Summary of Feedback.

Participating CWG members for the February meeting are noted in Section 2.2, Summary of Participation.

2.2 Summary of Participation

CWG Participants

NO.	NAME	ORGANIZATION	CITY OF RESIDENCE
1	Craig Cadwallader	Surfrider Foundation	Manhattan Beach
2	Kambria Vint	City of HB Community Resources	Hermosa Beach
3	Cindy Schaben	Anderson Park Senior Center	Redondo Beach
4	Sue Allard (unable to attend)	Manhattan Beach Joslyn Center	Manhattan Beach
5	Jan Buike	City of MB Older Adult Program Manager	Manhattan Beach
6	John La Rock	City of RB Community Services	Redondo Beach
7	Patrick Flannery	Neighboring Resident	Redondo Beach
8	Jean Lucio	Center for Health & Fitness	Redondo Beach
9	Pat Dreizler (unable to attend)	RB Roundtable & Former BCHD Board Member	Redondo Beach
10	George Schmeltzer	BCHD Livability Committee & Former HB Mayor	Hermosa Beach
11	Pat Aust	Former BCHD Board Member & Retired RB Fire Chief	Redondo Beach
12	Jim Light (unable to attend)	Building a Better Redondo & South Bay Parkland Conservancy	Redondo Beach
13	Walter Dougher (unable to attend)	Former MB Mayor & Former BCHD Board Member	Manhattan Beach
14	Mark Nelson	Neighboring Resident	Redondo Beach
15	Dency Nelson	Environmental Activist	Hermosa Beach
16	Joanne Sturges (unable to attend)	Retired Executive Officer/ Board of Supervisors at Los Angeles County	Manhattan Beach
17	Laurie Glover (unable to attend)	Silverado Memory Care	Redondo Beach
18	Jacqueline Folkert (unable to attend)	UCLA Health	Redondo Beach
19	Bruce Steele (unable to attend)	Neighboring Resident	Torrance
20	Pete Vlahakis (unable to attend)	Redondo Pacific Towers HOA	Redondo Beach
21	Geoff Gilbert (unable to attend)	Neighboring Resident	Redondo Beach
22	Rosann Taylor (unable to attend)	Neighboring Resident	Redondo Beach

Reminder e-mails were distributed to Community Working Group members on February 15, 2019. These e-mails provided members with information about the February 25 meeting and an invitation to attend the February 27 Board Study Session. Following the meeting, thank you emails were distributed to those who attended the meeting and those who were unable to attend.

2.3 Summary of Feedback

Throughout the meeting, Community Working Group members were encouraged to contribute their feedback verbally and also in writing on comment cards provided. Below is the input received from CWG members and the response from BCHD staff.

Residential Care for the Elderly (RCFE)

Affordability

1. There is currently a misconception that the project will contain affordable housing units offered below market rate, primarily due to the fact that BCHD is a government agency. (Vint)
2. Providing affordable housing and therefore earning less revenue should not be at the expense of being able to provide the revolutionary asset of the Community Wellness Pavilion and the other community benefits that are proposed in the Master Plan. (D. Nelson)
3. Affordable housing should not be the focus of the project. The project needs to “pencil out” and earn enough to fund the programs and services of the district. (Schmeltzer)
4. The need for affordable housing should be balanced with the benefit that market-rate housing revenue generation could provide in programs and services. (D. Nelson)
5. Affordable units need to be a part of the project. (Aust)
 - Mr. Bakaly explained there is currently not a percentage of units set aside as below market rate housing, but it is a discussion for the board and the community to consider in regards to the trade-off of providing affordable housing and resultingly earning less revenue to fund programs and services for all members of the Beach Cities. Mr. Bakaly indicated his personal belief that staff should evaluate the prospect of including a percentage of affordable units that proportionately match the need of the community.

Number of Units

6. Has BCHD considered increasing the number of RCFE units to increase the revenue? (M. Nelson)
7. Increasing the number of units would not be well-received within the community. (Aust)
 - The number of units proposed is based on a market demand study. Increasing the number of units would also increase density, parking and building heights, so it is not a consideration at this time.

Innovation

8. BCHD should stay ahead of the curve in regards to community need so that the use of the campus in 20 years will still be relevant. (Aust)
 - The Healthy Living Campus model for RCFE (an intergenerational site mixing younger and older adults) varies significantly from traditional senior housing. Discussions with potential partners have

indicated their desire to move in this direction, but it hasn't been tried yet.

EIR Process

9. Are there any exceptions in the EIR process for health districts? (Schmeltzer)
 - Ed Almanza, EIR consultant, indicated there are no special exceptions for health districts.
10. Will there be one EIR for the entire project? (Cadwallader)
 - Yes, there will only be one EIR.
11. Are the plans far enough along to start the EIR? (Cadwallader)
 - BCHD has enough to initiate the process and can develop the other components as necessary as the EIR process proceeds.

Partnerships

12. Who would potential partners be? (Aust)
 - Partners would most likely be real estate investors and/or operators of the RCFE, similar to the arrangement BCHD has with Sunrise.
13. Be cautious of partnerships that compromise the BCHD mission or the project's vision. (D. Nelson)
14. Many assisted living facilities are seen as for-profit entities, which may be hard to overcome as a community agency. (Buike)
 - Mr. Bakaly explained that the disadvantage of being a land leaser only is that the ability to direct the vision and mission is lost. Conversely, the advantage of a higher ownership percentage is maintaining the mission and project vision.

Regulatory Considerations

15. Providing approximately 400 RCFE units for Beach Cities residents could potentially open an equivalent number of houses in the area. Given the focus on the housing crisis and the pressure the state is putting on local jurisdictions to develop creative solutions in dense areas such as the Beach Cities, perhaps there is legislation (existing or potential) to either create incentives for the health district to provide this housing or provide grant funding for its development. (Schmeltzer)
 - BCHD is not aware of any existing legislation in that regard but will note that it is a potential opportunity.

Financial Estimates

16. How did the Finance Committee respond to the financial information? (Schmeltzer)
 - The Finance Committee concurred with the decision to move ahead with the EIR process and further partnership exploration. They've requested monthly meetings to keep abreast of the developments.
17. The numbers are complex and difficult to understand for a non-math person. (Schmeltzer)
 - BCHD is working on information to present to the public as well as how to streamline that information so it can be more easily understood.
18. How big is the contingency? (M. Nelson)
 - Leslie Dickey, BCHD Executive Director of Real Estate, explained a 10% design contingency is being used, which is a conservative approach. He's also factored in the cost escalation, hard and soft costs, EIR cost and legal cost, as opposed to the traditional approach of just presenting construction cost.

19. It would be good to see information about the value of the program and services BCHD currently provides. (Schmeltzer)

20. When will this information be shared with the community? (Buike)

- It will be shared with the Board at a Study Session on February 27 and with the broader community at an Open House tentatively scheduled for March 23.

COMMENTS SUBMITTED

Two (2) written comment cards were received at the Community Working Group meeting.

"Re: less green space idea; hope still on the table. Any thought of including adult "Day Care" center? Easter Seals program at Anderson Center (RB) has had a 30% increase in participants in 2018. Other centers are in San Pedro, Gardena & Lomita- not real close for So Bay residents who could use Dial-A-Ride services."- **Cindy Schaben**

"- Support buying out the 11-year lease for total site control; more attractive to investors. - As much as seismic realities and unstable infrastructure are motivating the plan, it's just as important to speak to evolving the fundamental tool of preventative care (the facility) for the next 100 years. Evolution of services starts with the evolved place of providing that service. - New County Dept. of Senior Issues a future source of funds? – Is there an analysis of bed need for long-term care? A waiting list? i.e., if the "keeping people in their homes longer" grows over time, is there still demand for the 400+ beds? Or at least from our immediate region? – Is a % of the 420 units space modular in programming to provide very short-term family stays? Could be a medical hotel pricing structure, in case that's of revenue value. – Is the zoning secure for the proposed project? Mayor Brand made an off-hand comment at the State of the City regarding a doubt in that regard."- **John LaRock**

Two (2) comments were received through the online portal.

"Public written comments to the BCHD Board for inclusion into the HLC record. I can provide them as written pre-comments to the next Board meeting if that is more appropriate.

Due to a pre-existing commitment in northern California, I was unable to attend the February 27, 2019 study session.

As a matter of background, I am an adjoining landowner on Prospect, a former VP and Director of SCE and its companies and owner of the SCE planning function. I have been the proponent of approximately \$2B in CEQA projects. I have also been the principle opponent of several \$250M and above projects, providing me with both the experience and perspective on both sides of CEQA and federal NEPA activity. I am trained in engineering and economics.

I am in general agreement with the proposed scope of the HLC project, but acknowledge from experience that the devil is in the details, and many of those details will be exposed, analyzed and solidified during the run up to the EIR and during the CEQA process. Based on the CWGs prior meeting and presentation of the financial analysis to date, it is too early in my professional opinion to understand the specific size and components of the HLC. BCHD does not have the credit facilities to go it alone, and will require some form of partnership. Further, BCHD has revenue needs that transcend a typical assisted living project, since BCHD needs to reap excess revenue in order to finance other ongoing operations. As a result, until discussions occur with developers or other potential partners, the size and non-revenue producing components of the HLC that

will produce a deal cannot be known. As a result, I believe I am the sole dissenter of the HLC regarding the project size, and in the absence of additional analysis or partnership meetings, I advocate the consideration of a larger scale project as well, perhaps with 500 revenue producing units as opposed to 400. This will bring in additional revenue, increase the capacity factor of central facilities, and make the project more attractive to outside funding. Additionally, a programmatic EIR that is larger than the final project does not require amendment if done correctly, while the same cannot be said for expansion of the scope of a certified EIR.

I also want to thank Eric Garner for his support throughout the process and wish him the best." - **Mark Nelson**

"What about for teens? We love the Adventure plex it is a bit of a drive from Redondo what about having a section in the new campus that is similar to the rope section/zip line area or rock wall for teens or older kids? Thank you!

Or, what about an outdoor movie area?" - **Ron Thekla**

APPENDIX A: BCHD POWERPOINT PRESENTATION



Community Working Group February 25, 2019

Agenda:

- Review Master Plan: **What & Why**
- Master Plan Financial Strategy: **How**
- Discussion & Next Steps



Healthy Living Campus

WHAT & WHY

✓ **Jan. 14:** Reviewed master plan with Community Working Group (CWG)

✓ **Jan. 23:** Board study session to review master plan publicly

✓ **Feb. 4:** Reviewed financials/phasing with Finance Committee

Feb. 25: Review financials/phasing with CWG

Feb. 27: Board study session to review financials/phasing

March: Finance Committee meeting

March: Community open houses & input

March 27: Board meeting to consider initiating EIR process

HOW

NEXT STEPS

Healthy Living Campus

What & Why: Master Plan

State of Current BCHD Campus



11 acres

514 N. Prospect: 11 acres extending from Diamond to Beryl and Prospect to Flagler



63 year-old building

63-year-old former hospital building does not currently meet tenant needs and, is in need of a seismic upgrade

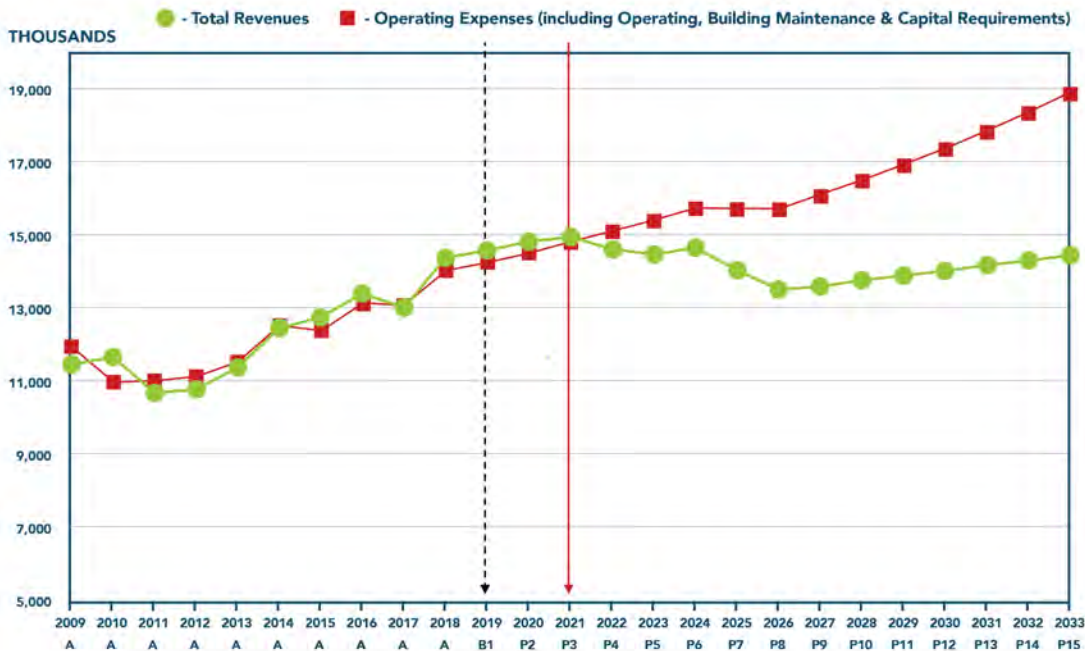


1-5 years

Due to escalating building maintenance costs, the next 1-5 years is our financial "Window of Opportunity" to address campus challenges and necessities

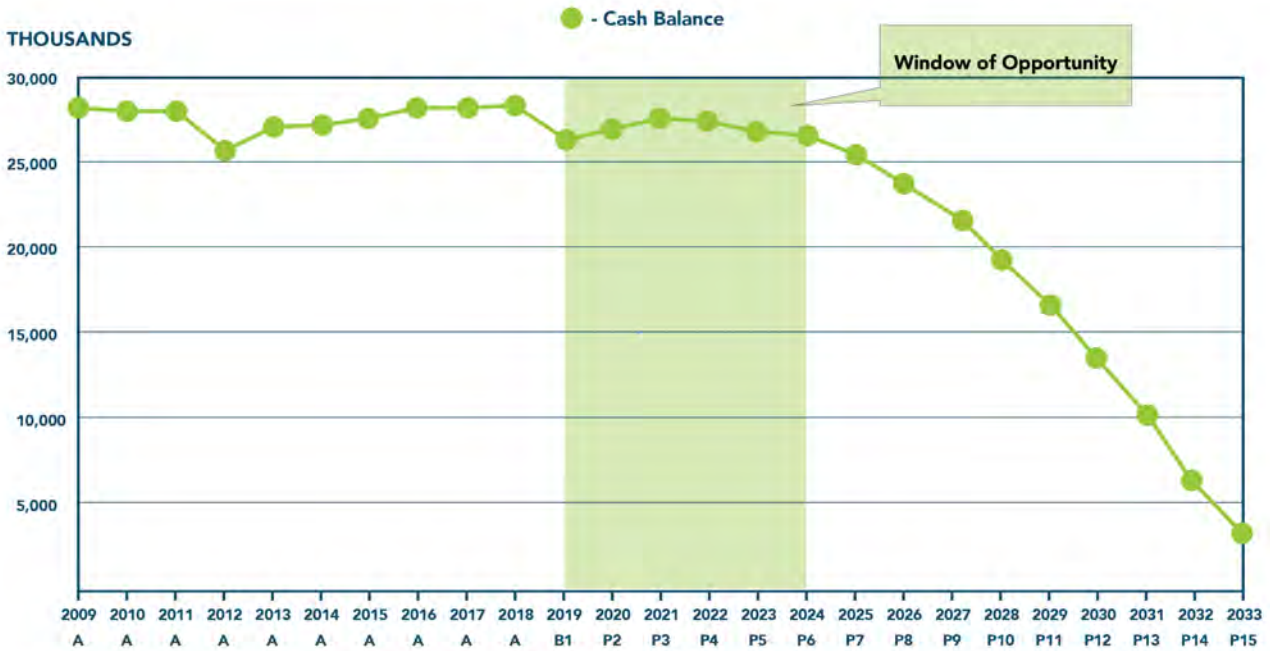


15 Year Long-Term Financial Outlook



BCHD's 15-year financial outlook – including building maintenance and capital expense requirements. Capital expenses for BCHD's main building (514) are expected to increase on average by 10% annually, as major infrastructure replacements will be required.

15 Year Long-Term Financial Outlook



BCHD Legislative Authority

- 1945** Legislation enacted the Local District Hospital Act, enabling a community to form a special district to support the construction and operation of hospitals and health care services.
- 1994** With increasing recognition that public health strategies, prevention and primary care are vital to community health and cost-effective in health care deliver, the Legislature broadened the scope of Hospital Districts and renamed them “Healthcare Districts”
- 2017** *Little Hoover* – “*BCHD: The Future of Healthcare Districts?*” State oversight committee lists BCHD as a potential model in 2017 Healthcare District report.

Healthy Living Campus: *Master Plan Based on Feedback & Analysis*



Current Campus



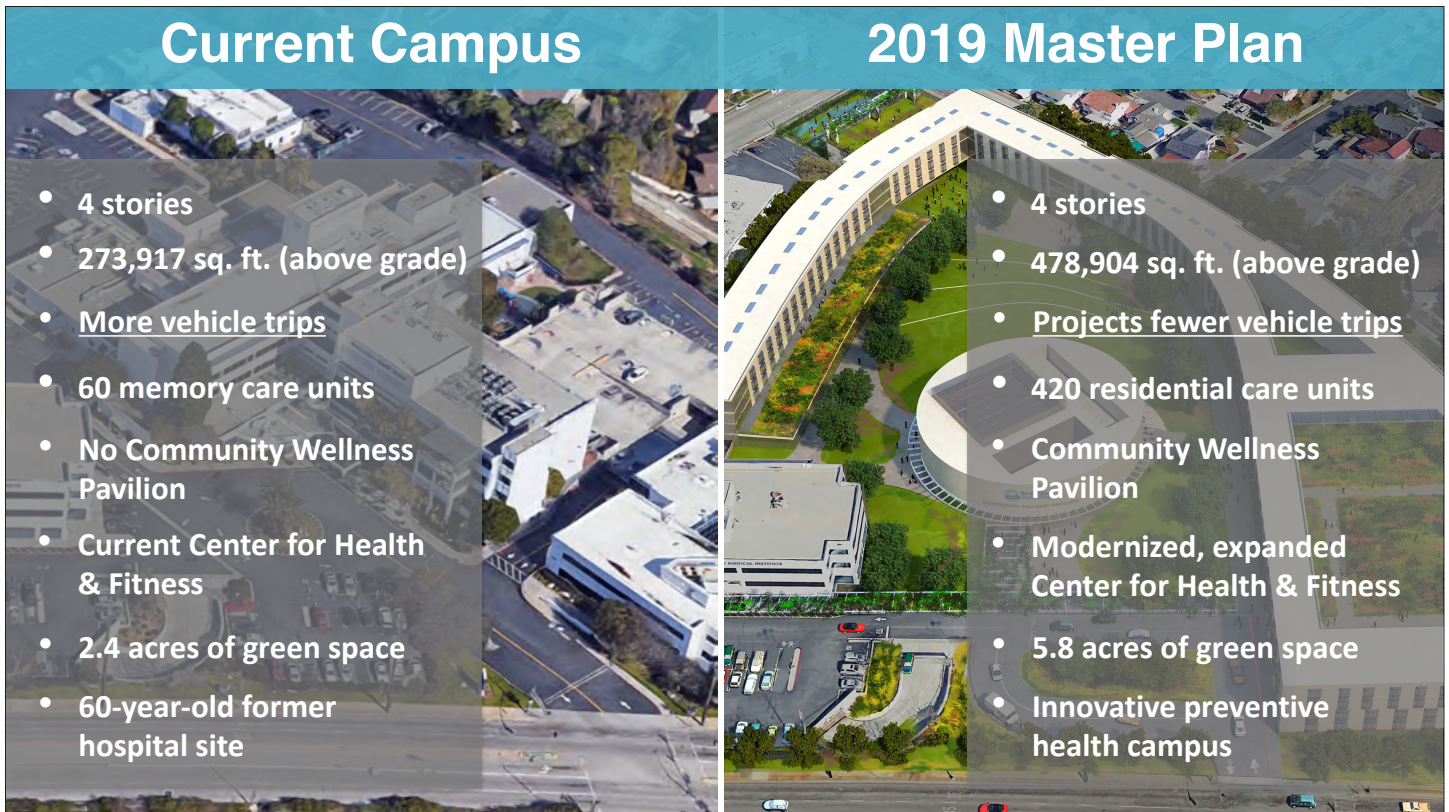
Initial Site Plan *What We Heard:*

- Reduce building heights
- Concerns about density
- Minimize impacts (traffic)
- Add more green space
- Integrate with community
- Create gathering spaces
- Increase accessibility
- Intergenerational uses



Master Plan





Breaking the Mold for Residential Care

The Healthy Living Campus model empowers older adults to actively embed in their community, strengthens intergenerational connections and engages them in life

Traditional Model: Senior Housing

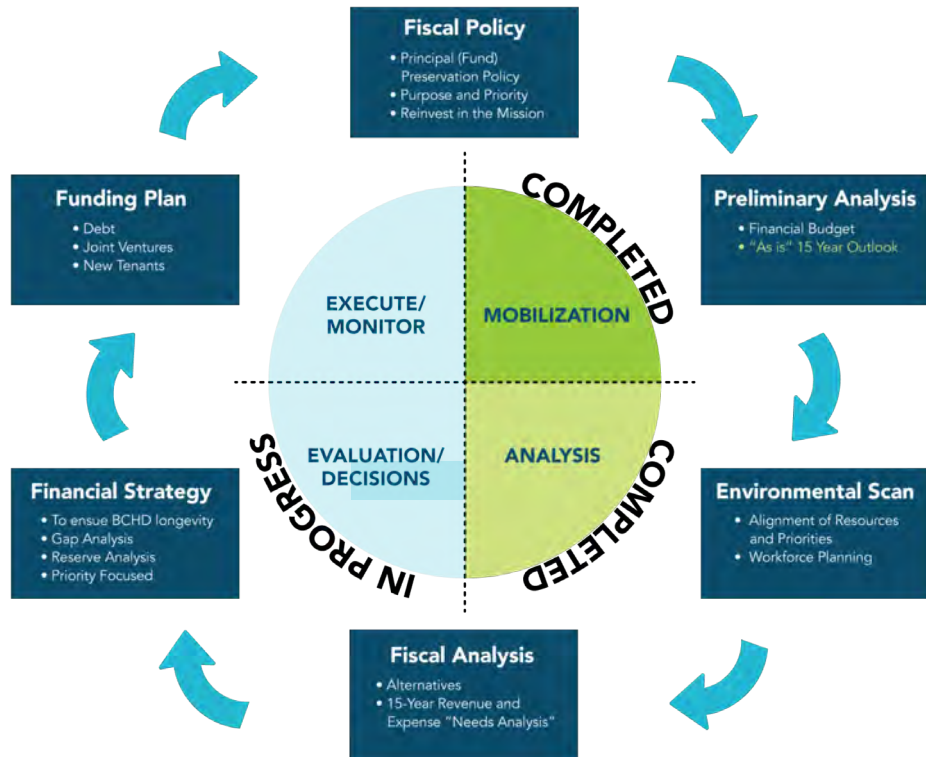
VS

Healthy Living Campus Model: Residential Care

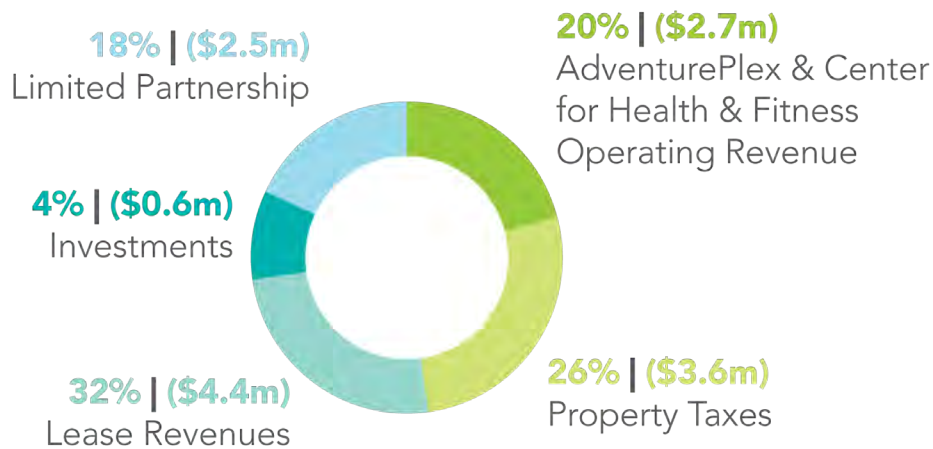


Healthy Living Campus How: Financial Strategy

Long-Term Financial Planning Cycle



Funding a Healthy Beach Community



BCHD Funding Evolution – *Based on Community Need*



Hospital & Emergency Care

- Increased local hospital competition

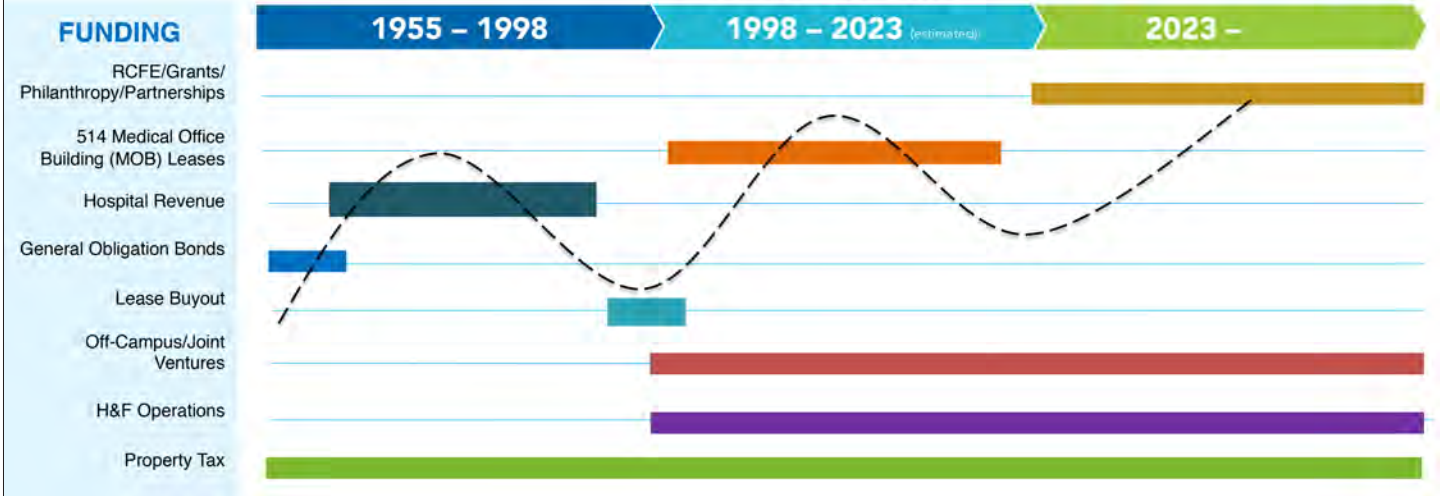


Preventive Health Programs, Services & Facilities

- MOB Market Concerns / Escalating Maintenance & Seismic Costs



Continued Community Need to Fund Preventive Health Programs through Services & Facilities



BCHD MISSION

To enhance community health through partnerships, programs and services for people who live and work in Hermosa Beach, Manhattan Beach and Redondo Beach

HEALTHY LIVING CAMPUS VISION

The Healthy Living Campus project is a unique opportunity for our community to chart the future of health by purposefully building an intergenerational, vibrant, research-driven campus where people can learn and engage in healthy behaviors, form meaningful connections and be well...for many generations to come.



Healthy Living Campus Project Pillars



Health

- Build a center of excellence focusing on wellness, prevention & research
- **Leverage the campus to expand community health programs & services**



Livability

- Focus on emerging technologies, innovation & accessibility
- Create an intergenerational hub of well-being, using Blue Zones Project principles



Community

- Actively engage the community & pursue partnerships
- Grow a continuum of programs, services & facilities to help older adults age in their community

BCHD Assets & Strengths

- Highly valued land, assets & organization
- \$15 million in cash
- Ability to issue tax-exempt debt
- Significant market need for Residential Care for the Elderly (RCFE)
- Proven public-private partnership (P3) experience
(\$2.3M or 17% of BCHD Funding, Ownership Evolved)

BCHD-Sunrise Ownership Evolution

1997

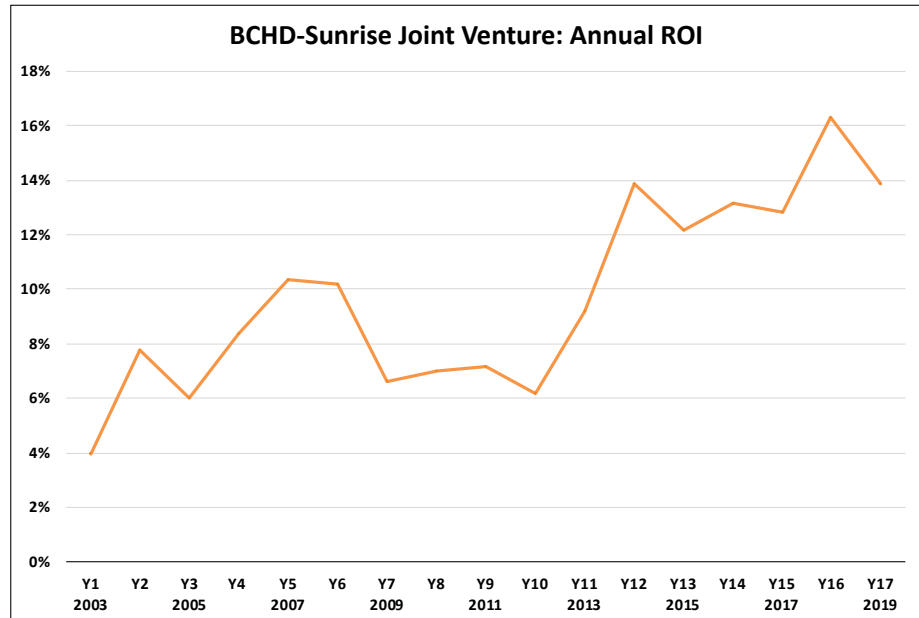
- Land Lease
- \$17,000 / Month
- 1999 Operations Begin

2002

- 80% Owner
- \$4.4M Capital
- \$9.8M Debt

2012

- \$7.8M Debt Paid Up
- \$14.2M Investment



HOW: Long-term Financial Strategy

Reviewed & Analyzed

- Sell land and assets
- Infeasible to fund independently
- Cost of 514 building renovations
- Cost of original site plan & “Do Everything” option

Other Campus Alternatives

	Cost	Project Pillar Alignment
2017 Site Plan	\$ 460M	Does not optimally align
Do "Everything" Scenario	\$ 585M	Does not align
514 Building Renovations	\$ 127M*	Does not align

M = Millions

*Does not include cost moving tenants and lost revenue



Phases, Costs & Timeline Estimates

Phase 1 2022-2025		
Program	Estimated Costs	% of Cost
RCFE (162 Units)	\$110M	72%
Parking	18M	12%
Center for Health & Fitness	15M	10%
Child Development	10M	6%
		----- 100%
\$153M		
- Plus Flagler/Diamond Bike-Ped Path \$1.8M - - Includes construction escalation costs of \$14M		

Phase 2 2025-2028		
Program	Estimated Costs	% of Cost
RCFE (99 Units)	\$ 67M	45%
Parking	9M	6%
Wellness Pavilion	73M	49%
		----- 100%
\$149M		
- Includes construction escalation costs of \$19M		

Assumptions: No 510 buy-out, no land value, no childcare revenue, includes construction escalation costs

M = Millions

Phases & Cost and Timeline Estimates

Phase 3 2030 - 2035		
Program	Estimated Costs	% of Cost
RCFE (159 Units)	\$199M	85%
Parking	35M	15%
		----- 100%
\$234M		
- Includes construction escalation costs of \$57M		

Total 2022 - 2035		
Program	Estimated Costs	% of Cost
RCFE (420 Units)	\$375M	70%
- Parking	62M	11%
Childcare Center	10M	2%
		----- 100%
Revenue Generating Costs	\$447M	83%
Center for Health & Fitness	15M	3%
Wellness Pavilion	73M	13.7%
Flagler/Diamond Bike-Path	1.8M	0.3%
		----- 100%
\$537M		
- Includes construction escalation costs of \$90M		

Assumptions: No 510 buy-out, no land value, no childcare revenue, includes construction escalation costs

M = Millions

Healthy Living Campus Financial Strategy Examples – \$537M	Timing	Debt – Millions	Equity – Millions	Gap - Capital Contribution	Trade-offs
BCHD 100%	15 Years	\$ 175 M	\$ 51 M	\$ 311 M	Financially infeasible
BCHD 50% - Partner 50%	5-15 Years	\$ 77 M	\$ 30 M	\$ 161 M	Financially feasible/ negotiated partnerships
BCHD 0% - Land Lease 100%	5-15 Years	\$ -	\$ -	\$ -	Lose control & vision, limited ongoing revenue

M = Millions

Healthy Living Campus Financial Strategy Examples – \$537M	Timing	Debt – Millions	Equity – Millions	Gap - Capital Contribution	Trade-offs
BCHD 100%	15 Years	\$ 175 M	\$ 51 M	\$ 311 M	Financially infeasible
Phase 1		\$ 83	\$ 15	\$ 56	= \$154
Phase 2		\$ 38	\$ 6	\$ 105	= \$149
Phase 3		\$ 54	\$ 30	\$ 150	= \$234
BCHD 50% - Partner 50%	5-15 Years	\$ 77 M	\$ 30 M	\$ 161 M	Financially feasible
Phase 1		\$ 41	\$ 15	\$ 20	= \$76
Phase 2		\$ 19	\$ 4	\$ 52	= \$75
Phase 3		\$ 17	\$ 11	\$ 89	= \$117

M = Millions

Long-term Financial Strategy: How to Close Capital Contribution Gap?

Equity	Debt Financing	P3	New Revenue Sources
Cash Land Buildings BCHD Value	Municipal Bonds Private Lenders	Investors Operators Health Partnerships	Grants Philanthropy Sponsorships/Naming Public Funding

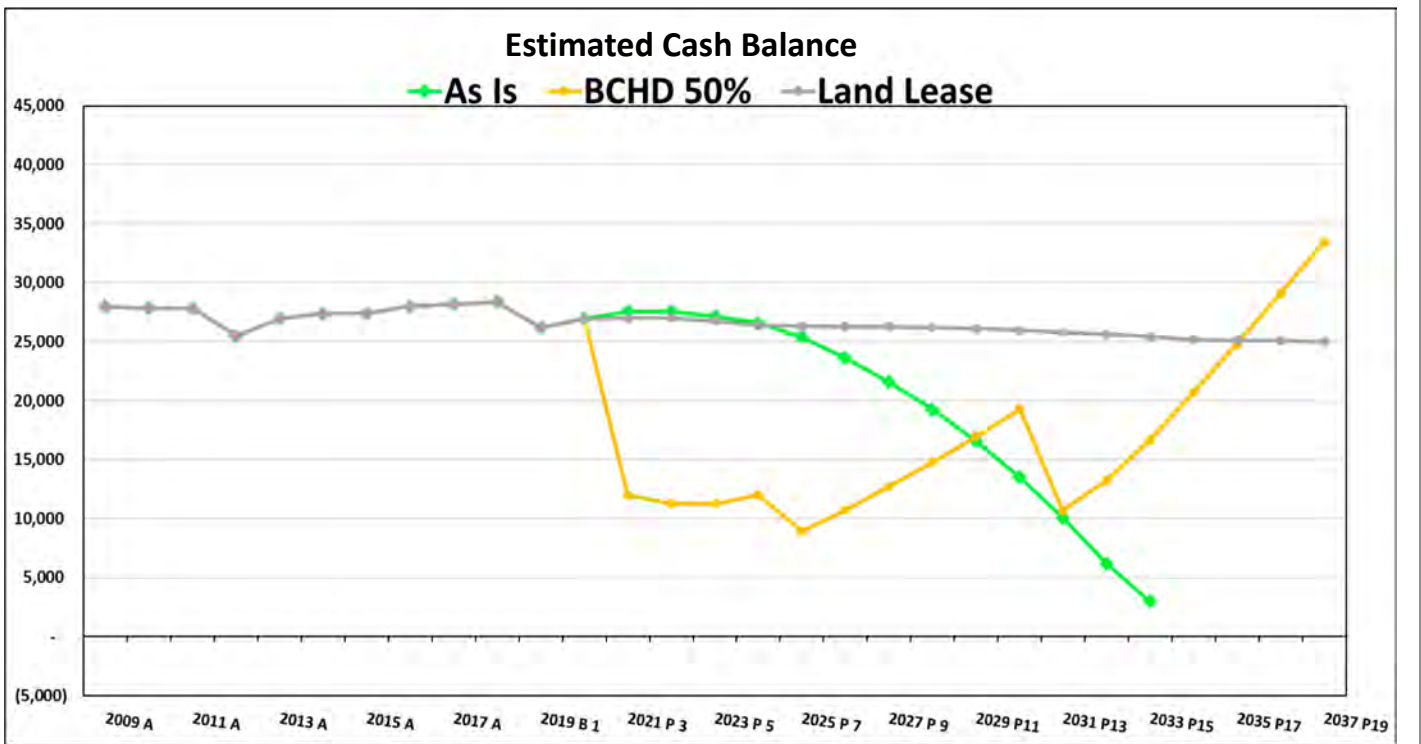


Long-term Financial Strategy: How to Close Capital Contribution Gap?

1. Optimize BCHD ownership %
2. Assess land & BCHD value
3. Explore new funding sources (new programs, grants, philanthropy, etc.)
4. Reduce project scope – non-revenue components
5. Consider 510 lease buy-out
 - a) Cost savings, reduces escalation costs ~ \$57M
 - b) Shortens project timeline by 5-7 years



How: BCHD Long-Term Financial Strategy



Summary

- Master Plan estimated at \$537M
- Can't fund independently
- Immediate action is critical: costs increasing, 514 rapidly deteriorating
- Continue partnership development
- Need to close capital contribution gap to maximize ownership
- Need expert assistance to continue analysis
- Entitlements needed to complete financial analysis

How: Long-term Financial Strategy

Initial Recommendations:

- Additional Finance Committee Meetings in next 3 months
- Move forward with EIR concurrently with Partnership development, Finance Committee and Community review

**Supported by BCHD Finance Committee*



Healthy Living Campus

WHAT & WHY

- ✓ **Jan. 14:** Reviewed master plan with Community Working Group (CWG)
- ✓ **Jan. 23:** Board study session to review master plan publicly

HOW

- ✓ **Feb. 4:** Reviewed financials/phasing with Finance Committee
- Feb. 25:** Review financials/phasing with CWG
- Feb. 27:** Board study session to review financials/phasing

NEXT STEPS

- March:** Finance Committee meeting
- March:** Community open houses & input
- March 27:** Board meeting to consider initiating EIR process

APPENDIX B: SIGN-IN SHEETS

Sign-in Sheet

Healthy Living Campus Working Group



Name	Signature
Sue Allard	
Pat Aust	<i>Pat Aust</i>
Jan Buike	<i>Jan Buike</i>
Craig Cadwallader	<i>Craig Cadwallader</i>
Walt Dougher	
Pat Dreizler	
Patrick Flannery	<i>Patrick Flannery</i>
Geoff Gilbert	
Laurie Glover	
John La Rock	<i>John La Rock</i>
Jim Light	
Jean Lucio	<i>Jean Lucio</i>
Dency Nelson	<i>Dency Nelson</i>
Mark Nelson	<i>Mark Nelson</i>
Cindy Schaben	<i>Cindy Schaben</i>
George Schmeltzer	<i>George Schmeltzer</i>
Bruce Steele	
Joanne Sturges	
Rosann Taylor	
Kambria Vint	<i>Kambria Vint</i>
Pete Vlahakis	

APPENDIX C: MEETING REMINDER



Greetings!

Please join us for the next Healthy Living campus CWG meeting taking place on:

Monday, February 25, 2019
6-7:30 p.m.
Beach Cities Room
514 N. Prospect Ave. (lower level)
Redondo Beach

We will be:

- Presenting cost information/financials on the campus
- Gauging feedback on updated plans and financials
- Discussing next steps

Board Study Session Invitation

We will introduce the financials to our Board of Directors in a study session two days after the CWG meeting on **Wednesday, February 27 at 5 p.m.** in the Beach Cities Room (same venue as the CWG meetings). We strongly encourage you to attend and provide feedback directly to the Board. While the Board will not be taking any action in February, your feedback is critical to our process.

Please contact us at any time to share ideas, concerns and/or to request a presentation to a community group.

Thank you for your ongoing participation and service to our community as we develop the Healthy Living Campus.

Sincerely,

Eric Garner
Communications Manager
Beach Cities Health District
Ph: 310-374-3426, x156
Fax: 310-376-4738

Creating a healthy beach community.



APPENDIX D: COMMENTS



Healthy Living Campus

Comment Card

Name: Cindy Schaben Date: 2/25/19

Address: _____ City: _____ Zip: _____

Email: cschaben@citymb.info Phone: Hope still on the table
re: less green space ideas

Comments:
Any thought of including adult "Day Care" center. Easter seals program at Anderson Center (RB) has had a 30% increase in participants in 2018. Other centers are in San Pedro, Gardena & Lomita - not real close for So Bay residents who will use Dial A Ride services.

Name: John Lellor - CNA Date: 2/25/2019
 Address: 1922 Artesia Blvd. City: Redondo Beach Zip: 90278
 Email: John.Lellor@Redondo.org Phone: 310 319 0671

Comments:

- Support buying out the ~~11 year~~ lease for total site contract; more attractive to investors -
- ~~As~~ much as seismic readiness and unstable infrastructure are motivating the #2s, it's just as important to speak to evolving the fundamental tool of preventative care (the facility) for the next 100 yrs. Evolution of service starts w/ an evolved idea of providing ~~that~~ that service.
- New County Dept. of Senior Issues a future source of funds? over ↓

- ~~Is~~ there an analysis of bed need for long term care? a waiting list? i.e. if the "keeping people in their homes longer" grows ~~over~~ ^{over} time, ~~is~~ there ~~still~~ ^{is} still demand for the 400+ beds? or at least from our immediate ~~region~~ ^{region?}
- Is a ~~lot~~ of the 420 units space modular in programming to provide very short term family stays? Could be a medical hotel pricing structure, in case that's of revenue value.
- Is the zoning secure for the proposed project? Mayor Brand made an off-hand comment @ State of the City regarding a doubt in that regard.