To: cr_board_clerk Clerk Recorder/ClerkRec/COSLO@Wings, Fmecham@co.slo.ca.us, Ahill@co.slo.ca.us, DArnold@co.slo.ca.us,
Cc: lcompton@co.slo.ca.us, bgibson@co.slo.ca.us, Cherie McKee/BOS/COSLO@Wings, Jocelyn Brennan/BOS/COSLO@Wings, Hannah Miller/BOS/COSLO@Wings, Jennifer
Bcc:
Subject: Fw: Billig Project - SLO APCD Assessment Protest Letter
From: Frank Mecham/BOS/COSLO - Monday 03/14/2016 09:06 AM
Sent by: Vicki Shelby/BOS/COSLO

Frank R. Mecham
District 1 Supervisor

FMecham@co.slo.ca.us
----- Forwarded by Vicki Shelby/BOS/COSLO on 03/14/2016 09:06 AM -----

From: "Murray J. Powell" <murray@dfrios.com>
To: "fmecham@co.slo.ca.us" <fmecham@co.slo.ca.us>
Date: 03/12/2016 12:50 PM
Subject: Fw: Billig Project - SLO APCD Assessment Protest Letter

Resent with correct address

Sent from Surface

**From:** Murray J. Powell
**Sent:** Friday, March 11, 2016 4:24 PM
**To:** amutziger@co.slo.ca.us, fmeacham@co.slo.ca.us, vshelby@co.slo.ca.us, darnold@co.slo.ca.us, jcaffee@co.slo.ca.us, bgibson@co.slo.ca.us, cmcee@co.slo.ca.us, ahill@co.slo.ca.us, hmiller@co.slo.ca.us, Holly Phipps

Attached is our letter protesting the SLO County Air Pollution Control District (APCD) revised January 2016 emissions assessments of the proposed Billig Templeton

Acute Care Psychiatric Facility for your review in connection with the BOS March 15th Appeal Hearing. Please contact me if you have any questions or comments.

E. Murray Powell

**Item No. 11**
**Meeting Date: March 15, 2016**
**Presented by: E. Murray Powell**
**Rec'd prior to meeting & posted to web on: March 14, 2016**

SCAN0008.PDF

**E. Murray Powell**

March 10, 2016

Mr. Andrew Mutziger, Air Quality Specialist
County Air Pollution Control District

San Luis Obispo CA 93401

emailed
info@slocleanair.org
Emailed to BOS

Re: Billig Project No. SUB 2013-00052
CO 2014-0020
Revised December APCD Assessment Protest
Proposed Templeton 91 Bed
Behavioral Health Facility and 60 Bed Assisted Living Facility

Dear Andy,

Thank you for taking my call on Feb. 29th. As you know, I am a member of Concerned Citizens Preventing Unintended Consequences, a local group that objects to the location and the size of the proposed 91 bed Templeton Acute Care Psychiatric facility. We have appealed the SLO Planning Commission's approval of this project to the SLO Board of Supervisors. This appeal is scheduled to be heard by the BOS on March 15th.

This letter is to protest the APCD's revised December 2015 - January 2016 assessment of the Billig Project. The revised APCD assessment was required due to the County staff's and the applicant's failure to provide accurate operational data to the APCD and to other County agencies that are responsible for assessing the environmental impact of the proposed project. The APCD conducted a second review of the project during December 2015 and January 2016. The revised review was based on a December 2015 report issued by Yorke Engineering, the applicant's consulting firm.

We have reviewed the following available documentation associated with the APCD's January 13th conclusions:

- The January 13th email from Andrew Mutziger (APCD Air Quality Specialist) to Holly Phipps (Planning Dept. Manager of the project). Email copy attached.
- The "December 2015" Air Quality & GHG Impact Analysis: Behavioral Health Hospital and Assisted Living Facility Templeton, California" report issued by Yorke Engineering LLC and submitted to the APCD by the applicant's architectural firm Hochhauser Blatter Architecture.
- Four excel spreadsheets prepared by Yorke and by the APCD that are incorporated into the revised report and the APCD's January 13th email conclusions.

We have determined that certain assumptions forming the basis for the conclusions in the Yorke report that the project's GHG emissions are Less Than Significant are in error and have resulted in the substantial under estimate of emissions that the proposed project will generate. Briefly these erroneous assumptions are:

- Yorke's claim that 1/3rd of the facility's patients will come from areas outside of SLO County. Factual data indicates that approximately 89% of patients will be patients traveling from other areas.
- That the average inpatient treatment period is 10.5 days. The project's applicant's representations and OSHPD factual data indicates that the average inpatient stay will be 7 days. This results in a difference of in the number patients traveling to the facility each year from 3,163 to 4,732. A difference of 50%.
- An assumption that the number of daily mobile source trips to a "behavioral health hospital has a lower traffic impact than a 'standard' hospital". Yorke assumptions indicate the project will generate 373 daily trips. The project's traffic study indicates 1,330 trips a day.
- The inaccurate Yorke assumption that varying patient treatment periods will substantially change the average number of daily trips generated by the project. Yorke assumes that the longer a patient stays in the facility the less trips will be generated each day

These issues are discussed in detail below.

The results of the revised assessment were communicated by you in a brief email sent to Holly Phipps, the project's SLO Planner Department Manager of this project, at 4:16 PM on January 13, 2016 (copy attached) the afternoon before the Commission's January 14, 2016 hearing. Obviously this revised APCD assessment was not disclosed in a timely manner to allow the SLO Planning Commission and the public to review and determine the reasonableness of the APCD's revised determinations prior to the January 14th Commission hearing the following morning. In fact this January 13th email and related supporting documentation was not made available to the public and, we assume, to the Commission until sometime after the Commission's approval of the project on January 14th.

The APCD's January 13th email (copy attached) states that:
"The updated Dec. 2015 air quality report for the Billig project:
1).Quantified the reductions in daily trips to the facility due to longer patient stays with a behavioral health hospital relative to a standard hospital.
2). Identified the distance to use for out of county patients/visitors.
3). Evaluated the projects air quality impacts with the assumption that 1/3 of the patient/visitor trips would be from outside of the county.
The APCD has accomplished detailed reviews of these changes and concurs with the approach used by Yorke."

We disagree with the methodology and other issues used in Yorke's December report that were essentially accepted by the APCD for the following reasons:

**Determination of Average Trips per Day per Patient**

The Yorke report has attempted to minimize the GHG effects of the project by reducing the number of estimated mobile trips per day generated by the proposed facility. The December Yorke report states "For any given size of facility, a behavioral health hospital has a lower traffic impact than a 'standard' hospital on a trips

per bed basis due to longer average stays, i.e., lower patient and visitor turnover." There is no rational basis presented in the report or other available data that justifies this assumption.

Yorke's December 2015 report applied a 4.1 daily trips per bed rate for the project rather than the 11.81 "standard hospital" rate indicated on the Yorke supporting spreadsheet analysis. This essentially reduced the estimated daily trip volume from 1,075 trips (11.81 X 91 beds) down to 373 trips per day. A daily trip reduction of more than 288%. Yorke's approach to this is inaccurate. Whether an inpatient is housed for two days or 30 days in the proposed facility would not significantly affect the level of patient services and related number of trips required each day per patient. The project's traffic study determined that the project will generate 1,330 trips a day (14.6 trips per patient bed). The Yorke methodology will calculate a substantially differing number of patient daily average trips depending on the number of days that a patient remains in a hospital facility. For example a patient that stays two days would generate a substantially higher number of daily trips that a patient who stays for five days.

You indicated in our conversation that that the APCD has no available reliable data to support the contention that a Behavioral Hospital's trips per days would vary significantly from the "standard hospital" 11.81 per day trip rate.

The Yorke report calculates a total of 373 trips a day generated by the project based on an average of 4.1 daily trips per patient (91 patients X 4.1 trips = 373 daily trips). However, the project's traffic studies reviewed by the SLO County Public Works Department indicates that the project will increase daily trips on Las Tablas Road by 1,330 ADT (average daily trips a day). A difference of 257%. It does not appear that the APCD did anything to reconcile and resolve these differences.

**Yorke's Inaccurate Determination of Average Inpatient Stays**

Another inaccurate assumption was Yorke's determination of the average inpatient stay days in the Behavioral Hospital. Yorke's worksheet assumes the project's typical inpatient stay period to ranges from 7 to 14 days. An average stay of 10.5 days. This is inaccurate. The 10.5 day estimated substantially overstates the actual average stay of patients in this type of facility and conflicts with the project applicant's own representations. The applicants, on many occasions (written and verbally), claim that the typical inpatient stay is either 5-8 days or 5-10 days with a typical maximum stay of 10 days. In fact the CEO of the applicant's proposed operator, Vizion Health LLC submitted a letter to the APCD, dated December 4, 2015, that states "Patient stays at behavioral health hospitals average 5 – 10 days . ." A Vizion Health LLC letter to the Templeton School District claimed that average stays were 5 – 8 days. These representations result in and average patient stay in the facility of 7 days not the 10.5 days used by Yorke. It is interesting to note that Yorke failed to use its client's representations in their analysis.

The estimated 7 day inpatient stay is also supported by factual data reported by the Office of Statewide Health Planning and Development (OSHPD). California's Office of Statewide Health Planning and Development website states that "OSHPD is the leader in collecting data and disseminating information about California's healthcare infrastructure. OSHPD promotes an equitably distributed healthcare workforce, and publishes valuable information about healthcare outcomes. OSHPD also monitors the construction, renovation, and seismic safety of hospitals and skilled nursing facilities and provides loan insurance to assist the capital needs of California's not-for-profit healthcare facilities".

OSHPD factual historical data confirms the 7 day average inpatient stay estimate for similar acute care psychiatric hospitals. Our review of OSHPD factual historical data for the 2013, 2014 and 2015 for psych facilities similar in size (bed count) and nature of inpatient services compared to the proposed project indicates average inpatient stays of 6.8 days. See attached spreadsheet. Obviously applying an erroneous 10.5 day inpatient stay factor contributes to Yorke's understatement of the number of patients that will be treated each year and the understatement of daily trips and resulting GHG emissions.

**Number of Out of County Patients**

This is very important issue. To accurately assess emissions and other environmental effects generated by this project requires an accurate determination of the total number of patients that will be treated daily or yearly in order to fully utilize the proposed facility. The APCD has acknowledged that a significant number of patients will be traveling from areas outside of SLO County. An accurate APCD assessment requires the determination of the number of patients not residing in SLO County that will travel to the Templeton facility. The APCD's initial assessments failed to account for any out of county patient travel.

The December Yorke report assumes that 1/3 of the proposed facility's patients will be traveling from areas outside of SLO County. The APCD's January 13th email states that "Appendix A contains a detailed Trip Rate Worksheet where trip distances and rates were determined and documented for the proposed Project based on input from San Luis Obispo County staff (SLOAPCD 2015, SLODPB 2015). **The County cited results of studies by two professional organizations which indicated that the proposed 91 beds would be enough to meet about 66 percent (2/3) of San Luis Obispo County patient needs, and that the facility would not deny admission to patients from other areas. Thus, for estimating worst case patient/visitor trips, it was assumed that 2/3 of trips would be in-county and that 1/3 of trips would be out-county."**

The Yorke report and the APCD January 13th email appear to identify or describe the details of a California Hospital Association (CHA) "report" that claims that California in general should provide 50 acute psychiatric beds per 100,000 of population. The second study is not identified. However it appears that Yorke used the CHA 50 beds/100,000 study to erroneously arrive at their conclusion that 2/3's (66%) of SLO County residents will utilized the project's facility. The 66% factor was determined by Yorke by simply dividing 91 beds by the CHA study saying 140 beds are needed. Not exactly an assumption based on factual data.

Yorke's methodology is erroneous and fails to accurately determine the number of in-county vs. out of county patient numbers. Yorke's report states in Section 3.2.3 (page 12) that "The County cited results of studies by two professional organizations which indicated that the proposed 91 beds would be enough to meet about 66% (2/3) of San Luis Obispo County patient needs . . . Thus for estimating worse case patient/visitor trips it was assumed that 2/3 of trips would be in-county and that 1/3 of trips would be out-county".

Yorke's 2/3 vs 1/3 approach is obviously inaccurate. If 91 beds will not fully serve SLO County patient needs, why would they provide any factor whatsoever for out-of-county patients? The CHA study is promoted by a special interest trade group. There are no California counties that maintain this bed count ratio. The SLO Tribune reported in their October 2015 four part series that "The Tribune looked for other psychiatric bed-to-population recommendations but was unable to find such standards among various state and federal agencies and organizations." The applicant's, during the January 14th Planning Commission hearing, presented a second study claiming that 18 beds/100,000 were required to serve SLO County residents. This would result in the need for 50 beds not 140 beds. Obviously a 50 bed ratio vs. a 140 bed ratio would substantially change the Yorke findings. In any event, the applicant's claims are without merit and Yorke's assumption that only 1/3 of the facility's patients will be traveling from other areas is inaccurate and misleading.

However, factual data exists that confirms the history of the actual number Of SLO County residents who have been admitted to California acute care psychiatric facilities. The SLO Tribune reported in their October 2015 series of articles that the Office of Statewide Health Planning and Development (OSHPD) reported to the Tribune that 714 SLO County residents were admitted to California psychiatric acute care facilities during 2014. Counts reported for 2013 and 2012 were 683 and 667, respectively. The reported OSHPD patient count includes both "voluntary" patients that may be eligible for treatment at the proposed facility and "involuntary" patients that will not be eligible for admission to proposed facility. Involuntary patients will continue to be the responsibility of the SLO County Health Agency with treatment offered at the SLO 16 bed PHF unit and by referrals to out of county facilities.

We have determined that approximately 4,700 patients a year will be admitted to the proposed Templeton facility based on the average inpatient stay of 7 days as discussed above. Simple math – 91 beds X 52 weeks = 4,732 patients. The SLO County Health Agency has disclosed varying involuntary patient numbers between 229 and 350 patients a year (assume 300) that have been referred by the Agency to acute psychiatric care facilities in recent years. Based on this OSHPD and by the SLO County Health Agency data, less than 450 SLO County "Voluntary Patients" were admitted to acute psychiatric care facilities during 2014 and earlier years that may be eligible for treatment at the proposed facility. Accordingly, approximately 4,200 patients (89%) who reside outside of SLO County will be traveling to the proposed Templeton to fully utilize the facility. The 89% "out of county" patient factor obviously results in a substantially larger estimate of GHG gas and other emissions as compared to the inaccurate 33% out-of-county factor used in Yorke's December review.

**GHG Mitigations Required in the Approved Conditional Use Permit**

The Project's approved Conditional Use Permit sets forth mitigations intended to justify the County's issuance of a Mitigated Negative Declaration. With regard to the potentially significant GHG issue, the MND report presents a single mitigation item AQ-3 on Page 42 of 105 that states "Commuting. The applicant shall work with SLO Regional Rideshare to implement an Employee Trip Reduction Plan." I contacted Rideshare Coordinator Peter Williamson and discussed the program's experience with Employee Programs. Williamson estimates, based on the rural location of the project and other information, that a Rideshare program for this facility may experience participation rates of 5% to 10% of the employees. Williamson noted that Twin Cities Hospital does not participate in rideshare programs. **You indicated during Monday's phone conversation that this Rideshare mitigation provision WILL NOT adequately mitigate the GHG problems to a Less Than Significant impact and will not be accepted by the SLO APCD.**

**Other Issues**

- The revised December Yorke report in Table 3-5 (Page 16) indicates that the proposed facility will produce 1,635 MT's of GHG per year which is Potentially Significant. This estimate is substantially understated as discussed above. The Table 3-5 then reduces this estimate by 614 MT's for "Independent Offsite Mobile Sources" to 1,022 GHG MT's which would be Less Than Significant as compared to the 1,150 GHG MT threshold required by the project. The Mobile Source reduction is rejected by the SLO APCD as stated in their January 13, 2016 email report.
- The APCD January 13th email states that "The APCD is satisfied with the Dec 2015 air quality report with the exception of the GHG needs specified above. With regards to GHG, the APCD recommends that the County decide the In-County and Out of County patient percentages to use to ensure the worst case emissions GHG impacts can be mitigated fully." Obviously the APCD has not been provided with

accurate and complete information in order to properly conduct their assessment of the project. However the APCD has concluded at this time that even based on Yorke's inaccurate understated December analyses produced results that indicate that the project's GHG emissions are Potentially Significant.

- The County has not addressed the APDC's recommendation that "In-County" and "Out of County" patient counts be accurately determined. Until that issue is resolved accurate environmental assessments cannot be determined. However the existing inaccurate understated January 13, 2016 APCD assessments indicate that the GHG issue is Potentially Significant.
- The approved Mitigated Negative Declaration continues to present the superseded 2014 Air Quality report and the APDC's related January 28, 2015 review findings rather than the revised APCD's findings set forth in APCD's January 13, 2016 email.

It is obvious that the APCD was provided with an inaccurate and misleading December 2015 report issued by the applicant's consultants, Yorke Engineering, in an attempt to minimize the GHG effects of the proposed facility. This is a violation of CEQA.

We will appreciate a response to this inquiry as to why the proposed project GHG emissions issues should not be considered Potentially Significant in accordance with CEQA. Please respond by no later than Monday March 14th in order to properly report your adjusted findings during the March 15, 2016 BOS Appeal Hearing.

Please contact me if you have any questions or comments. We will appreciate your response prior to the scheduled March 15, 2016 BOS appeal hearing.

Murray Powell

| | |
|---|---|
| **From:** | Andrew Mutziger |
| **To:** | Holly Phipps |
| **Cc:** | Melissa Guise; pamela jardini; James Caruso |
| **Subject:** | APCD's Review of the Dec 2015 Revised Billig Project's Air Quality Report |
| **Date:** | 01/13/2016 04:16 PM |
| **Attachments:** | PatientVisitorTripDistanceEstimationAJM.xlsx<br>BilligProjectOperationalPhaseUnmitigatedAirQualitySignificanceThresholdsEvaluation.xlsx<br>Trip_Rates_Worksheet_Supplement(1-11-16)-FromYorke-AJMReview.xlsx<br>APCDReviewOfTripReductionsIdentifiedInTheBilligDec2015AQreport.xlsx |

Hi Holly,

The updated Dec 2015 air quality report for the Billig project:
1) Quantified the reductions in daily trips to the facility due to the longer patient stays with a behavioral health hospital relative to a standard hospital (see file: APCDReviewOfTripReductionsIdentifiedInTheBilligDec2015AQreport.xlsx);
2) Identified the distance to use for out of county patients/visitors (see file: PatientVisitorTripDistanceEstimationAJM.xlsx); and
3) Evaluated the project's air quality impacts with the assumption that 1/3 of the patient/visitor trips would be from outside of the county.

The APCD has accomplished detailed reviews of these changes and concur with the approach used by Yorke.

The criteria air pollutant side the updated report demonstrates that the project, with 1/3 of the trips being from out of county, would be below the CEQA significant level of 25 lb/day of ozone precursor emissions. Further, SLOCAPCD ran the CalEEMod model to investigate what the impacts would be if 50% and 100% of the patient/visit trips came from outside of the county. The results are that neither of these scenarios would result in the ozone precursor emissions being more than the 25 lb/day threshold. This is the same conclusion as the Sep 2015 version of the air quality report which did not account for patient/visitor trips from outside of the county.

The greenhouse gas impacts were over the 1,150 MT per year CEQA threshold in both the Sep and Dec 2015 versions of the air quality report. **The APCD's recommendation to mitigate these GHG impact to a level of insignificance will be for the project proponent to either:**
**a) Demonstrate that the project is consistent with the Energy Wise Plan from the County (the county's climate action plan) or b) mitigate the excess impacts with off-site mitigation**.
Note: The SLOCAPCD does not authorize releasing projects from the responsibility of mobile source GHG emissions as is shown at the bottom of Table 3-5 of the Dec 2015 report.

This project proposes to provide 91 beds for the behavioral health portion of the project. That is approximately 33 acute psychiatric inpatient beds/100,000 SLO County residents. This value is less than the 50 beds/100,000 people recommendation stated in the California Hospital Association's (CHA) report that was updated on 12 Sept 2014 and it is more than the California statewide average of about 17 beds/100,000 people which is also listed in the CHA report. This would indicated that the project could have patients/visitors from out of the county. As such, it was important to evaluate the air quality impact from out of county

patients/visitors. This evaluation is included in an APCD generated table found in file which expands on Table 3-5 of the Dec 2015 Yorke revised air quality report: BilligProjectOperationalPhaseUnmitigatedAirQualitySignificanceThresholdsEvaluation .xlsx

**The APCD is satisfied with Dec 2015 air quality report with the exception of the GHG mitigation needs specified above. With regards to GHG, the APCD recommends that the County decide the "In-County" and "Out of County" patient percentages to use that will ensure that worst case emissions GHG impacts can be mitigated fully. If the project proponent elects to use off-site mitigation to address the GHG impacts, they will first need to assess the benefits of actual on-site GHG mitigation measures that will be implementing by the project. The project proponent will need to provide the final operational phase GHG emission evaluation for the project to the APCD for review and approval and work with the APCD to determine the off-site GHG mitigation approach that the project will use to bring their impact to a level of insignificance.**

Please let me know if you have any questions.

Sincerely,

Andy Mutziger
Air Quality Specialist
San Luis Obispo County Air Pollution Control District

www.slocleanair.org

VizionHealth

To the County Air Pollution Control Officer:

4 December 2015

The proposed hospital in Templeton is planned and designed to have a maximum capacity of 91 patients. This is 46 beds less than the minimum suggested number of beds for San Luis Obispo County. The California Hospital Association has calculated a need for 138 acute psychiatric beds for San Luis Obispo County. So has the County's own Behavioral Health Integration Project Report.

Although we will not deny admission to this facility from other areas, our operational plan is designed to serve the residents of SLO County. It is not designed or intended for patients outside of the county.

Right now, residents seeking inpatient treatment from SLO County must travel hundreds of miles in their personal vehicles to be admitted. Their family, co-workers and friends must also make that trip. I have spoken to facilities as far south as Los Angeles and as far north as Santa Rosa who regularly admit patients from SLO County now because of the lack of services in SLO County. That means upwards of six hours on the road for each patient trip taken to far away facilities.

Behavioral health hospitals do not function like acute medical-surgical hospitals such as Twin Cities or French. Behavioral health hospitals do not have emergency rooms, ob-gyn services, radiology, etc. All of these are major traffic generators.

Patient stays at behavioral health hospitals average 5-10 days with emphasis on patient assessment, stabilization, treatment and discharge planning. Visitors are not encouraged due to the intensive care and need for stabilization. Comparing these two types of health care facilities is like comparing apples and oranges in terms of vehicle trip impact.

I cannot stress enough that the impact on traffic on the roads of California and San Luis Obispo County will be a positive one.

Sincerely,

Mark E Schneider
CEO and Founder
Vizion Health