



Los Angeles

COMMUNITY HOSPITAL LONG BEACH



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Shape the future of the built environment for transformative impact in communities worldwide.

About ULI Technical Assistance Panels

In keeping with the Urban Land Institute mission, Technical Assistance Panels are convened to provide pro-bono planning and development assistance to public officials and local stakeholders of communities and nonprofit organizations who have requested assistance in addressing their land use challenges.

A group of diverse professionals representing the full spectrum of land use and real estate disciplines typically spend one day visiting and analyzing the built environments, identifying specific planning and development issues, and formulating realistic and actionable recommendations to move initiatives forward in a fashion consistent with the applicant's goals and objectives.

TAP Sponsor

Pacific6 Enterprises, Inc.

Technical Assistance Panel

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The existing Tower Building (top) and Heritage Buildings are key elements the panel studied as a part of the overall site.

EXECUTIVE SUMMARY

Assignment

The Community Hospital Long Beach (CHLB) campus is an 8.7-acre site centrally located in East Long Beach. The hospital site is owned by the city of Long Beach, and the hospital has relied on the generosity and support of the community throughout its long history, which stretches back to 1924.

CHLB reopened in January 2021 after closing in 2018, receiving transfer patients to relieve the extreme space constraints facing care centers around the region during the COVID-19 pandemic. The implications of the reopening reach far beyond the benefits of new capacity for non-COVID-19 care during the pandemic. CHLB has been welcomed back into a community that values CHLB's emergency department and the more local, intimate setting than is available at other hospitals in the city. Central to this prominence in the community is the Heritage Building, a Mission Revival-style building constructed in the 1920s that will continue to plan a central role in the hospital's future.

The long-term financial viability of CHLB is threatened, however, by a fault system that crosses the site, directly under a number of the buildings on campus. Though currently compliant, many of the buildings on campus do not meet future deadlines for statewide seismic regulations of acute care services. The potential to build or renovate directly above an active fault system is also severely limited by state law.

The capital investment required to retrofit the hospital and the constraints on services that can be located in The capital investment required to retrofit the hospital and the constraints on services that can be located in the future non-compliant buildings on campus have

resulted in multiple openings and closings over the years. The hospital's previous operator, MemorialCare Health System, deemed the site untenable as an acute care facility and discontinued operations in July 2018.

With over 200,000 residents living within three miles of the hospital, including a large number of seniors, further discontinuation of critical care service is an extremely undesirable outcome for the East Long Beach community. The city and the local community have worked hard to find new partners for the site and to provide financial support for the costs of retrofitting existing buildings on campus.

In 2019, the city of Long Beach signed a lease agreement with Molina, Wu, Network (MWN), LLC, paving the way for plans to reopen and develop the campus that culminated at the beginning of 2021. The CHLB Foundation has invested more than \$40 million, and the city has allocated \$25 million for seismic upgrades—half of the expected necessary investment of \$50 million.

Pacific6 Enterprises, Inc. (Pacific6), one of several partners comprising MWN, has engaged the Los Angeles District of the Urban Land Institute in a Technical Assistance Panel (TAP) process to determine the potential of new facilities to house emergency care and critical care services, in addition to determining how to adapt and rehabilitate the existing buildings to provide healthcare services that fit the needs of the East Long Beach community.



Studying the possibilities for the Heritage Building services is one of the key questions the panel undertook.

TAP Panel Sponsor

Pacific6 Enterprises, Inc. is a Long Beach-based investment and development partnership, capitalized at over \$100 million. The partnership's six founders are committed to identifying, investing, and being personally

involved in inspiring initiatives that provide economically and socially positive impacts for the people and communities in which they are located.

“Analysis of the long-term financial viability of Community Hospital Long Beach (CHLB) requires complex calculations capturing healthcare reimbursements and an esoteric regulatory framework for seismic safety in healthcare settings.”

Key Questions

Heritage Building

- Can the "Heritage Building" be sustained to provide behavioral health, memory care and/or other outpatient services that may allow the inclusion of inpatient services? (The Office of Statewide Health Planning and Development will allow hospital facilities to have an outpatient designation if 25% or more of that facility's space is dedicated to outpatient services.)
- What would a repurposed Community Hospital Long Beach campus look like with and without the "Heritage Building"?
- How many acute care beds could be located in the Heritage Building (the current assessment range is between 30-75 beds)?
- If the Heritage Building can be fully utilized, can the overall property's utility be maximized if new construction is limited to moving the campus's central utility plant?

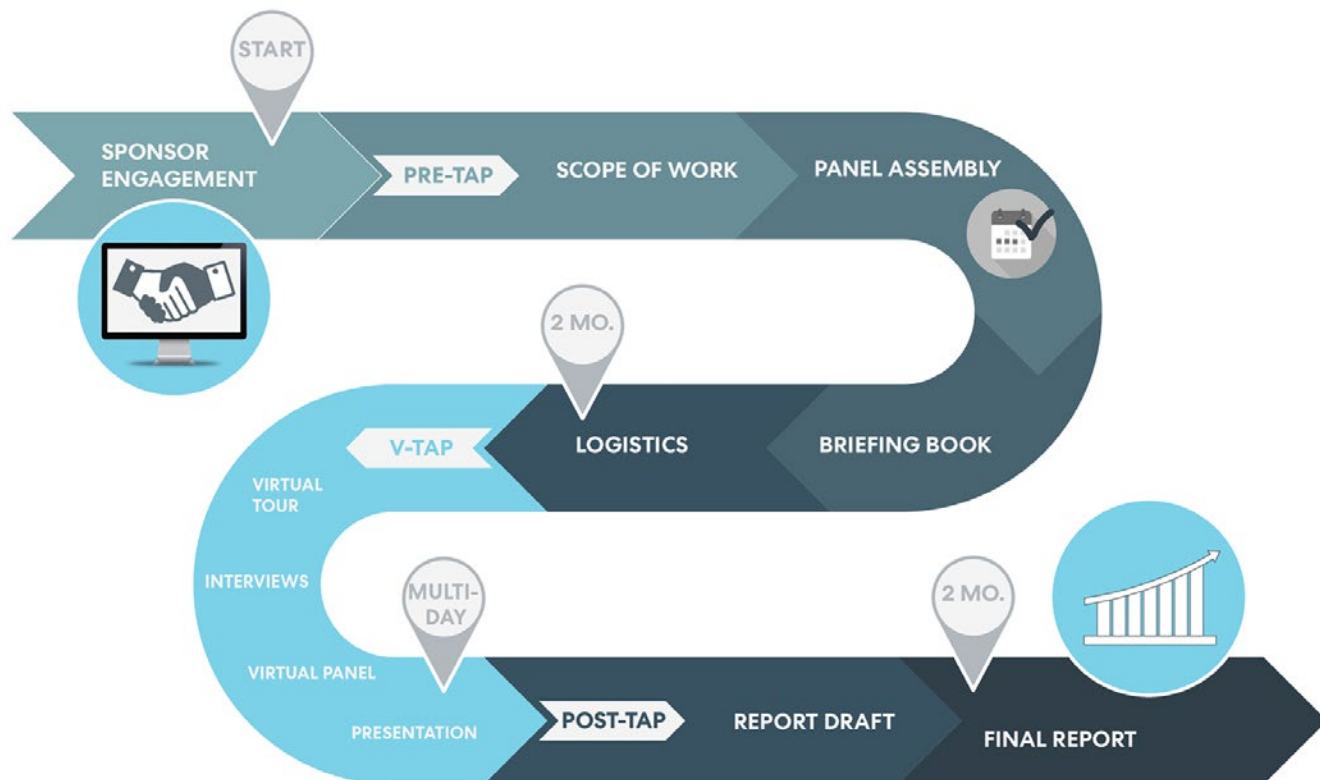
Highest and Best Use

- Evaluate and recommend the highest and best use for the property, should hospital or medical uses not be feasible or if it is not possible to sustain or develop emergency and critical care services.
- If emergency and acute care services are eliminated, how can the property's utility be maximized

Major Conclusions and Recommendations

Analysis of the long-term financial viability of Community Hospital Long Beach (CHLB) requires complex calculations capturing healthcare reimbursements and an esoteric regulatory framework for seismic safety in healthcare settings. In spite of these massive challenges, the opportunity to provide an asset to the community is immense, extending far beyond the base requirement of maintaining the hospital's emergency department (ED) for the benefit of the East Long Beach community. To best serve the needs of the community while also achieving long-term financial viability for the hospital, the TAP recommends a series of design and planning interventions organized in three zones (Zone 1, Zone 2, and Zone 3) spread across the campus and reaching out into the surrounding neighborhood.

In Zone 1—the section of the campus that houses structural performance category (SPC) 4 and 5 buildings including the historic Heritage Building—the TAP recommends continuing the ED and creating new space for acute care services by more efficiently allocating of non-basic hospital services, like hospital administration and human resources, in the buildings in Zone 2. In Zone 3, the TAP identified several design and development opportunities that would contribute new revenues for the hospital, create a "continuum of care" that serves the specific needs of residents of the East Long Beach community, and create a more holistic "healthcare neighborhood" by developing new uses and implementing design improvements that integrate the campus with the surrounding neighborhood.



Process diagram for the new virtual TAP



Given the public health constraints of the COVID-19 pandemic, the CHLB TAP is the first to be conducted online with the assistance of Zoom

ULI'S TECHNICAL ASSISTANCE PANELS

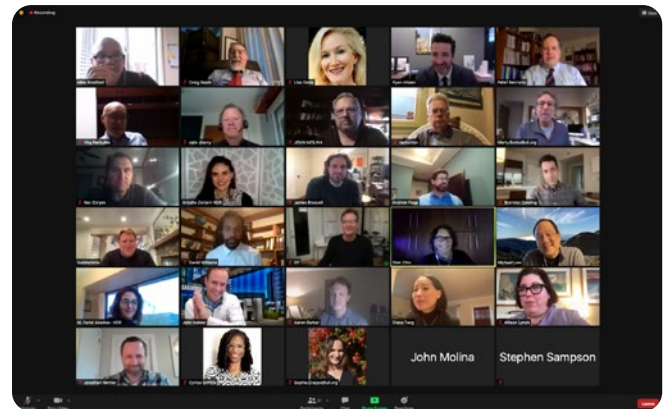
TAP Process

Prior to the Technical Assistance Panel (TAP), ULI panel members met with representatives from the project sponsor, Pacific6, and the Community Hospital of Long Beach (CHLB) to determine the scope of the panel assignment. ULI selected panel members with professional expertise that address the stated objectives for the TAP. Prior to the TAP, panel members reviewed background materials, including housing market data, demographics, and seismic compliance and safety plans, among other information.

Given the public health constraints of the COVID-19 pandemic, the CHLB TAP is the first to be conducted online with the assistance of Zoom for meetings, Google Drive for collaboration, and Google Earth and other technology for virtual tours of the site. The typical duration of a TAP—two days—was also extended to a full week to accommodate the physically distanced nature of the exercise. On the first day of the TAP, panel members participated in a virtual tour of the study area with CHLB staff. On day two, the TAP conducted interviews with hospital board members and staff. On day three, the panelists conducted additional interviews with hospital staff, elected officials, city bureaucrats, and community members before beginning an intensive analysis of the site and the surrounding area that continued through day four. The TAP panel presented their findings during a final Zoom meeting attended by city staff, hospital staff, and members of the community on day five of the TAP.

The Experts of the Technical Assistance Panel

ULI convened a panel of professionals representing a variety of disciplines connected to land use and real estate development, architecture, engineering, urban design, economic analysis, and development financing, including specific expertise in the area of healthcare operations, hospital development, healthcare planning, and seismic compliance and safety standards. Collectively, the ULI panel members represented a significant gathering of professional expertise relevant to Pacific6's objectives for the study and a working knowledge of the real estate market, design typologies, regulatory schemes, and seismic engineering challenges facing CHLB. All panel members volunteered to participate in the panel process and did not receive compensation for their work.



The TAP Panel along with sponsor & stakeholders participate in the presentation sharing the panel's findings

THE COMMUNITY HOSPITAL OF LONG BEACH

Introduction

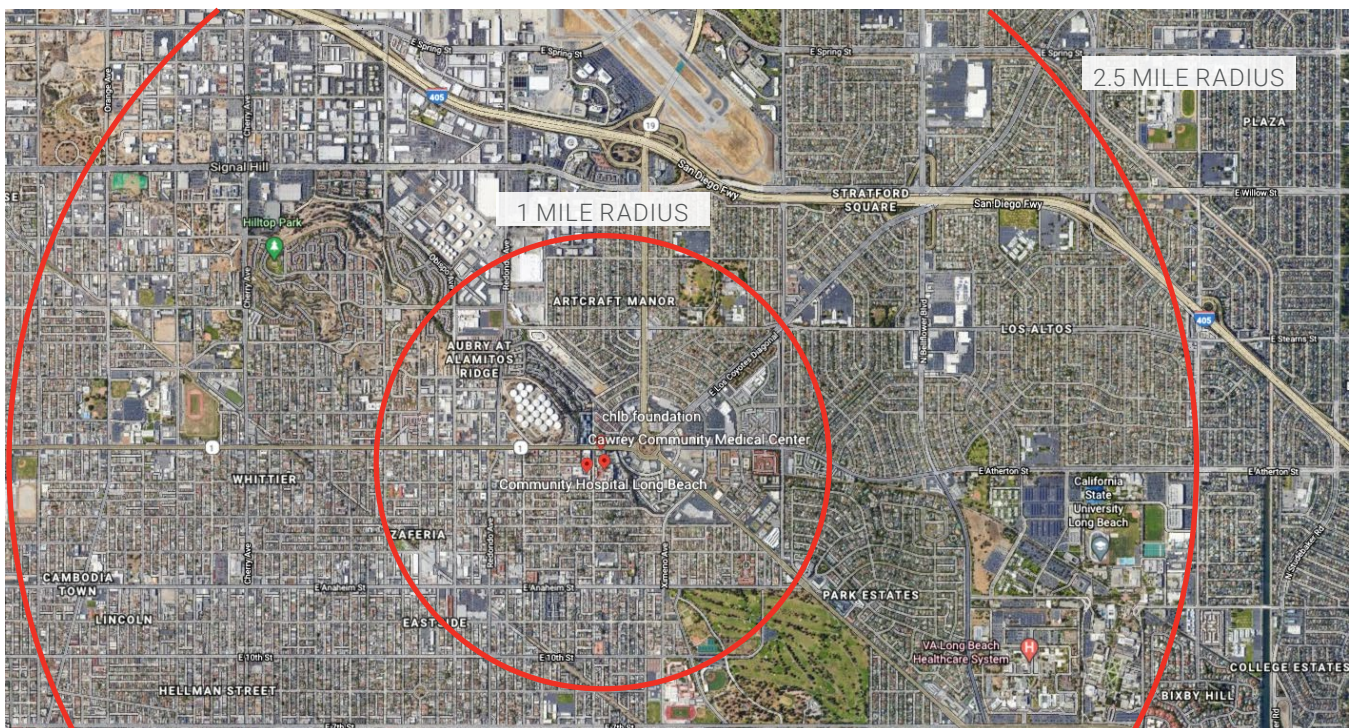
The Community Hospital of Long Beach is facing numerous challenges as it searches for a long-term foothold in East Long Beach.

In the past, CHLB has faced a variety of financial challenges resulting in a repeated cycle of closing and reopening. Prior to the most recent closure in 2018, then-operator MemorialCare Health System discontinued operations after deeming the site untenable to operate as an acute care facility—despite high demand for healthcare services in this central location in East Long Beach.

The first priority for both the hospital and the community is to achieve the revenues that ensure long-term viability for the hospital and its emergency department. The

city has signaled the tremendous value of the hospital to the community by allocating grant funding and negotiating a new ground lease, but a gap between revenue and operation costs remains to be solved. The correct equation for the long-term financial viability of the campus will be achieved by operating the right mix of services to meet community demands and generating sufficient revenue.

The ability of the hospital to renovate the existing buildings and develop new facilities that generate additional revenue is constrained by a large fault zone running through the property and a complex schedule of state-mandated seismic safety requirements for the existing buildings on the campus.



CHLB's location in regional context

Regional Context

The Los Angeles County healthcare market is relatively fragmented, with 18 different hospitals and systems. Despite all of that regional competition, only one competitor, St. Mary Medical Center, is currently located in CHLB's service area. In a competitive regional context, the reimbursement rate for healthcare services tends to be lower than average, because insurance companies can negotiate without pressure, making it more difficult to balance the costs of running a hospital sustainable for the long term.

In the time span between CHLB's most recent closure and reopening, many residents of East Long Beach left the county to receive care. According to data prepared by Wipfli, emergency department (ED) visits at regional competitors have increased since 2017, likely due to the closure of CHLB. The ED market share of hospitals outside of the primary service area (PSA) has increased by 3.3% since 2017, indicating that patients in the PSA are looking elsewhere for care. Residents in the CHLB PSA are also looking elsewhere for inpatient services: only 47% of the inpatient volumes historically served by CHLB were recovered by other hospitals within the PSA, according to the same report.

There is also a significant need to serve the healthcare needs of an aging population. Recent studies by the county of Los Angeles Community and Senior Services and the city of Los Angeles Department of Aging have projected that the number of L.A. County residents over age 60 will double over the next 20 years, going from a current estimate of 1.5 million to almost 3 million. Many seniors and their families will be making difficult decisions in the near future related to housing and healthcare, so there is a growing demand for affordable senior housing. Although several regional programs provide rent subsidies, the demand for senior housing is high and vacant units fill up quickly.



There is a significant need for ED services, behavioral health services, and senior care in the CHLB PSA

The region is also facing a mental health crisis. A sixth of Californians experience some form of mental illness, and one out of every 24 individuals have a mental illness so serious it becomes difficult to function in daily life. This crisis has caused an increase in demand for intensive mental health and substance use disorder services. In 2019, Mercer estimated the expected number of new individuals who will likely access mental health and substance use services in Los Angeles County, findings an average estimated growth of 4% to 5% (1,800 to 3,600 unique users) for adult mental health needs and 5% to 10% (600 to 1,200 unique users) for substance use disorder services each year. In addition to growing demand, the state is experiencing an extreme shortage in psychiatric beds. Twenty-five of California's 58 counties have no inpatient psychiatric services, creating significant demand for psychiatric beds and services in the Los Angeles County region.

The data lead to a few obvious conclusions: There is a significant need for ED services, behavioral health services, and senior care in the CHLB PSA, and the healthcare needs of the residents in the CHLB PSA were not being met during the closure. When fully operational, CHLB can expect high demand for services.



The CHLB site highlighted in red in neighborhood context.

Community Context

Long Beach is the second largest city in the largest county in the country, and the residential population in East Long Beach is abundant with demand for healthcare services.

Between 2014 and 2018, 41,049 people lived within one mile of CHLB. Within three miles, the population increases to 271,501. Much of that nearby population is relatively old and affluent compared to many other parts of the city and county. The median household income within one mile of CHLB is \$65,955, and \$65,661 within three miles. The median age is 34.3 and 36, respectively, and 71 percent of residents within a mile of the hospital are of working age (18-64). One quarter of the current population of Long Beach is over 50 years old, and 9%

is over 65 years old. By 2025, more than 22% of Long Beach's senior residents will be living below the poverty line due to a significant lack of affordable housing for seniors and high prices throughout the local and regional housing market. An older population creates more demand for hospital and healthcare services, so the healthcare services provided by CHLB are essential to the quality of life in East Long Beach.

Another significant demand in the city is for behavioral health services. In Long Beach, 16% adults have been diagnosed with depression, with 11% at risk for developing depression, the latter figure is higher than the Los Angeles County rate of 13%. Hospitalizations for mental health among adults are also increasing yearly.

“Long Beach is the second largest city in the largest county in the country, and the residential population in East Long Beach is abundant with demand for healthcare services.”

The 2019 "Long Beach Community Needs Assessment" shows that Long Beach residents are becoming more aware of issues related to mental health. The data from the Community Needs Assessment ranked mental health services as a top need in the city, with 93% of survey respondents stating that it was "Important" or "Very Important" to address mental health in the community. Also, 25% of survey respondents felt Long Beach could increase coordination of mental health resources with L.A. County to increase access to behavioral health services like drug and alcohol detox and recovery beds.

The appreciation for CHLB's senior care, behavioral health, and emergency room services as an alternative to other options in Long Beach was obvious in all of the stakeholder interviews conducted by the TAP Panel. Moreover, given its proximity to the Pacific Coast Highway (PCH) and nearby Lakewood Boulevard, CHLB provides an appreciated ease of access to first responders.

The location and surrounding neighborhood of CHLB perfectly positions it as a community resource. PCH abuts the property, with the Los Alamitos Traffic Circle (commonly referred to as the Long Beach Traffic Circle) located just a few blocks away as a central landmark for East Long Beach. Frequent public transit service on PCH and other nearby arterial streets offers access to the hospital for those who can't drive whether due to health conditions or financial circumstances.

A diversity of uses and housing types in the area immediately surrounding CHLB ensure a number of reasons for local residents to visit and pass through the area—the Traffic Circle's status as the second busiest traffic circle in Southern California stands as proof of the activity in the area. Numerous commercial uses also line PCH and the Traffic Circle. The residential density and mix of uses in the neighborhood, along with relatively lenient zoning (the hospital site is currently zoned for institutional uses and is surrounded by land zoned for commercial and multi-family residential uses), allows flexibility and opportunity for development and evolution in and around the hospital.



A diversity of uses and housing types in the area immediately surrounding CHLB



The Wilton Building adjacent to the Heritage building.

Site Context

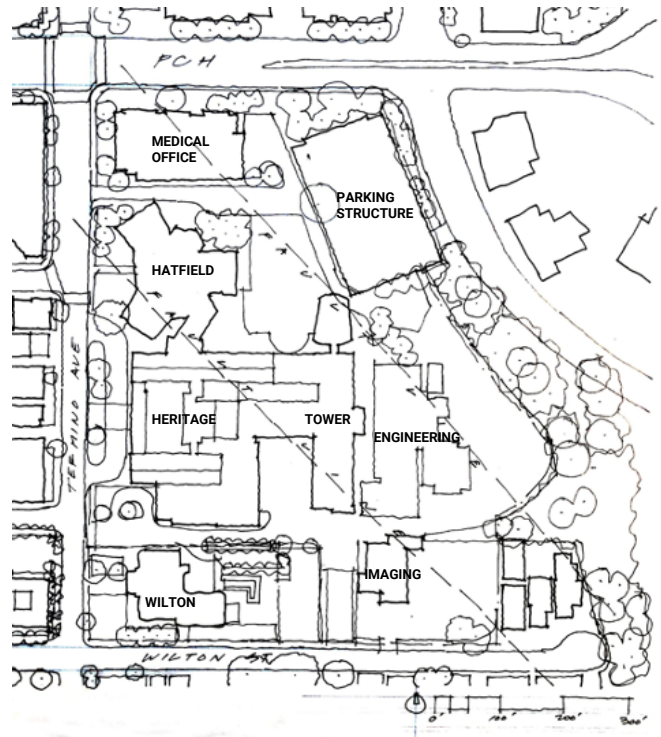
Located at 1720 Termino Avenue in Long Beach, CHLB is currently licensed for 158 beds in acute care, psychiatric care, skilled nursing, and outpatient services.

CHLB first opened in 1924, financed by a public fund drive and the granting of a dollar-a-month lease for use of a city-owned property on a hillside located on the outskirts of Long Beach. The property was soon adorned with a Mission Revival-style building, now a registered historic landmark in the city and a point of pride in a community that has grown around the campus.

The hospital still occupies city-owned land. The current hospital operator, MWN, LLC signed a 45-year lease in October of 2019. Rent is \$1 a year, with 20% of net profits to be paid to the city. The city has contributed \$25 million in funding for seismic retrofits on the campus, half of an expected \$50 million required investment.

Financial challenges have dogged CHLB from the beginning, exacerbated in recent years by the cost of maintaining the numerous buildings on the site according to seismic compliance and safety requirements. While a hospital located with such favorable terms on prime real estate would usually be able to invest capital funds toward new buildings that enable more revenue-generating healthcare uses, the CHLB is severely constrained by the Reservoir Hill segment of the active Newport-Inglewood fault system, which crosses the campus directly underneath most of the buildings on campus.

The location of the fault creates two zones of seismic compliance based on proximity to the fault zone.



Existing buildings on the CHLB site.

Structural Performance Category (SPC) ratings, enforced by the California Office of Statewide Health Planning and Development (OSHPD), determine what can be built where.

In the fault zone, which includes a 50-foot buffer, new construction or retrofit projects are not permitted. Existing buildings compliant at a level of SPC-4 may continue acute care—but no CHLB buildings in the fault zone will be compliant in the future according to state seismic compliance deadlines. The non-compliant buildings are required to "remove acute care services" (RACS) by January 1, 2020, according to Senate Bill 1953 (also known as the Alquist Hospital Facilities Seismic Safety Act).

An additional layer of seismic standards is also in effect in the adjacent Alquist Priolo Zone (defined by SB 1953), which covers almost the entire campus—

extending beyond the campus to the north and east. New construction is contingent on geotechnical investigation in the Alquist Priolo Zone, and existing compliant buildings may continue to provide acute care. Non-compliant buildings require RACS prior to 2020 (SB 1953). Assembly Bill 2190 requires all hospitals seeking extensions to the January 1, 2020 compliance deadline for SPC-1 buildings to submit an application to OSHPD by April 1, 2019. The law requires OSHPD to grant an additional extension of time to hospitals subject to January 1, 2020, if certain conditions are met. The law authorizes an additional extension until July 1, 2022, if the compliance plan is based upon replacement or retrofit, or up to five years until January 1, 2025, if the compliance plan is for a rebuild.

2020

SPC-1 buildings must be "removed from acute care services" (RACS) or retrofitted.

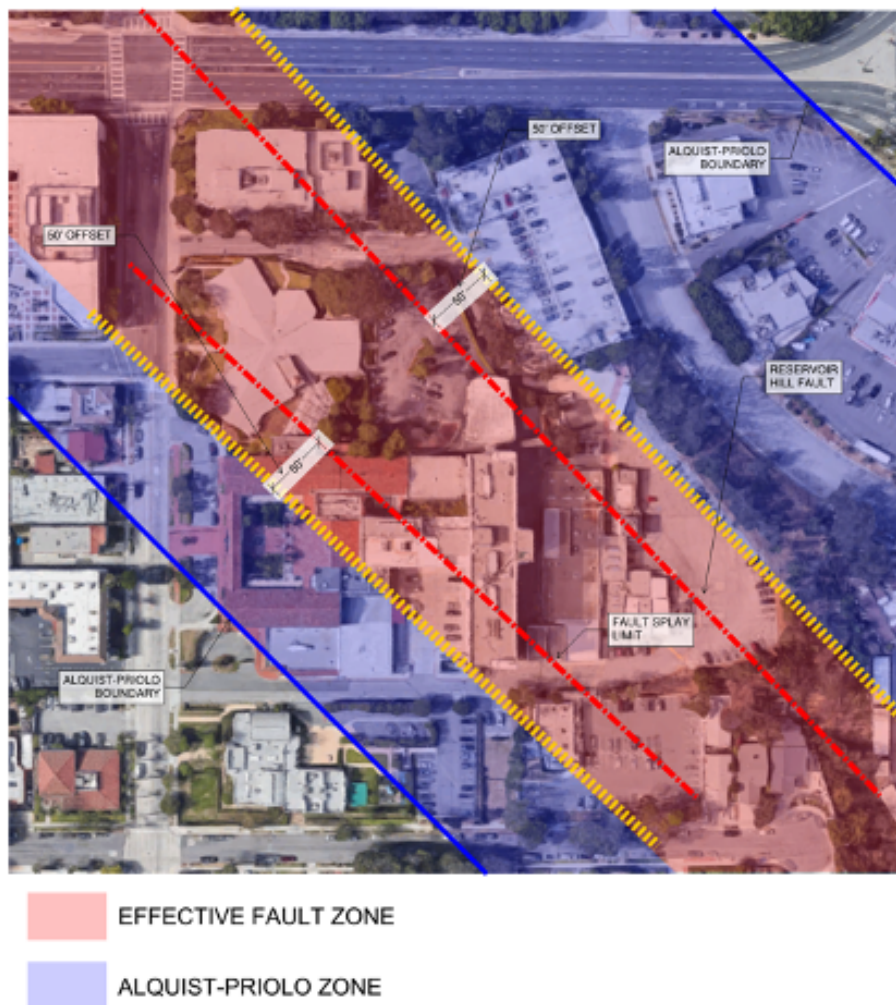
2025

Up to a five-year extension beyond the 2020 deadline for SPC-1 building to be RACS or retrofitted.

2030

All SPC-2 buildings must be RACS or retrofitted to SPC 3, 4, and 5. Non-Structural Performance Category (NPC) 4D and 5 require upgrade for operation beyond 2030.

The California Hospital Association is actively seeking further extensions to the aforementioned deadlines.



CHLB fault zone diagram.



CHLB Campus SPC Building Ratings

Nine structures on the campus have been rated SPC-1 and would be slated for RACS prior to 2025 without seismic upgrades.

That leaves the historic Heritage Building—with a retrofit completed in 1980 and a location mostly outside of the fault zone (but still within the Alquist Priolo Zone)—as the only building on campus compliant to seismic safety standards in the future. The Heritage Building is currently rated SPC-4 and contains the surgery department and an intensive care unit. The current emergency department building is rated an SPC-5.

The Tower building, Hatfield Building, and engineering buildings are all subject to OSHPD seismic compliance. The Wilton Building, medical office building, and parking

garage are all outside the fault and Alquist Priolo Zone, and thus avoid OSHPD seismic requirements.

Renovation work on the Tower building, Hatfield Building, and engineering buildings will include construction of new partitions, doors, ceilings and ceiling fixtures, floor finishes, wall finishes, millwork, and borrowed lights, in addition to mechanical, electrical, plumbing, and structural alterations. The base scope of work for the renovation, created prior to the TAP, includes approximately 26,000 gross square feet (gsf) of renovation and a new central plant building of approximately 2,500 gsf.

Because of the historic significance of the Heritage Building, any renovations of that building must also

comply with the "Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings" prepared by the U.S. Department of the Interior in 1978. The Long Beach Cultural Heritage Commission will enforce specific guidelines and recommendations for the rehabilitation of the Heritage Building, including the preservation of the façade facing Termino Avenue. A certificate of appropriateness is necessary for any changes that vary from the building's original construction drawings and elevations.

The land is currently zoned for institutional use but is under consideration for greater density and possible designation as a Neighborhood Serving Center or Corridor Moderate Density as a part of revisions to the Land Use Element of the Long Beach General Plan. The aforementioned zoning designations would permit building heights up to six stories.

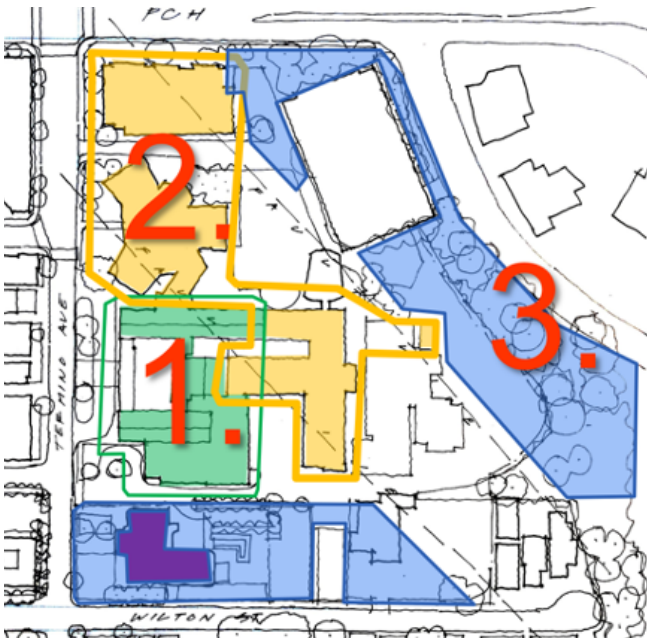
Despite the constraints facing the campus due to the deadlines for seismic compliance, the CHLB is defined by its prominent location in a topographically diverse setting with great views. Its central location and historic character are already tremendous assets for East Long Beach, but there is potential for even more service and prominence in the community.

LAND USE, DESIGN, AND PROGRAMMING RECOMMENDATIONS

Vision and Key Recommendations

Long-term economic viability is just the beginning of the opportunity for Community Hospital Long Beach (CHLB). The TAP's larger, but attainable, vision would create a continuum of care on the campus that integrates with the surrounding neighborhood and community of East Long Beach. This holistic approach to the campus will ensure the long-term viability of CHLB while also creating an integrated "healthcare neighborhood" in East Long Beach.

To create a framework for this vision, the TAP organized the study area into three zones (Zones 1, 2, and 3) for targeted investment and development.



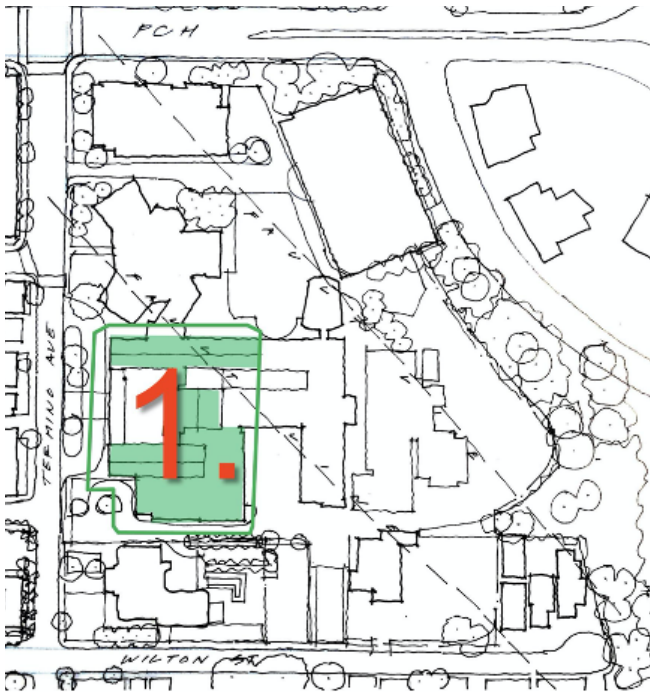
Development zones diagram

Zone 1 comprises the future compliant sections of the Heritage Building, where the emergency department (ED) and acute services will continue to be located. Zone 1 is the current heart, or core, of the campus, providing a historic and beautiful setting for the healthcare services most significant to the community. The historic presence of the campus must be encouraged and improved, but given the limited number of beds that can be located in the Heritage Building, by itself that core won't be enough to sustain a long-term vision.

Zone 2 comprises the future non-compliant buildings that can house non-acute care services. The TAP recommends several substantive changes to the services provided in this part of the hospital in addition to the capital investments required for California Accessibility regulation compliance.

Zone 3 comprises the buildings and land on the periphery of the site, outside the fault zone but still mostly in the Alquist Priolo Zone. The TAP identified an ambitious vision of new development, including both senior housing and new medical office buildings, to provide a continuum of care on the campus with design improvements that integrate the campus into the surrounding neighborhood and community. For the purpose of the TAP study, Zone 3 includes the Tichenor Orthopedic Clinic for Children, shown in purple on the diagram shown on this page, which the TAP recommends as a potential acquisition site for future repurposing.

The TAP's recommendations for Zones 2 and 3 are tailored specifically to achieve financial sustainability for the uses in Zone 1 and create a continuum of care that provides more than just essential acute care services, especially services in high demand for the specific needs of the East Long Beach community.



Zone 1 development area.

Zone 1 Development Assessment

The Heritage Building can continue to provide the community's most valued asset at the hospital—the emergency department (ED). But for the ED to survive, additional capacity will have to be added to the Heritage Building.

The TAP recommends augmenting acute care services by relocating non-basic services currently housed in Zone 1 to Zone 2, thus making space to add licensed beds and upgrade the Non-Structural Performance Categories (NPC) ratings of more of the facilities in Zone 1. To maximize the capacity for future developments and to reduce the life cycle costs of operation and maintenance, CHLB should construct one new integral Central Energy Plant that provides power to all hospital facilities in Zone 1 and Zone 2.

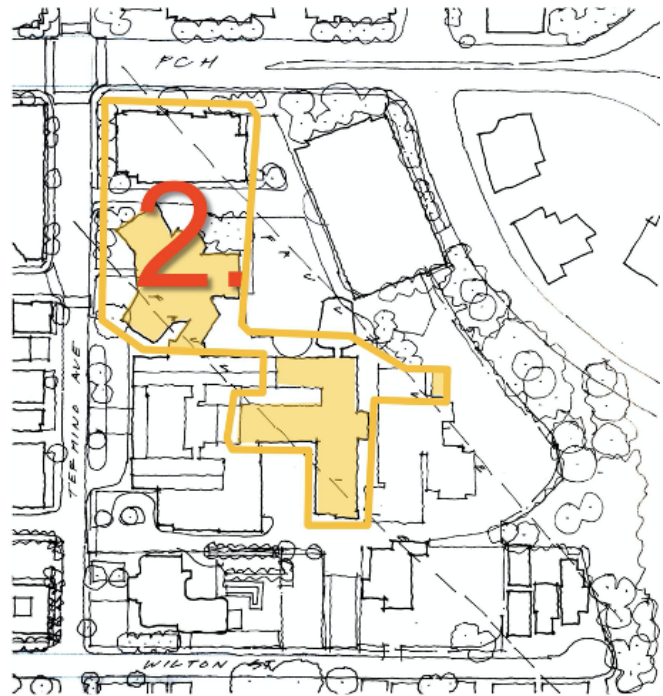
The TAP also recommends the inclusion of a behavioral health crisis unit in or adjacent to the emergency department (ED) in Zone 1. The ED sees approximately 7,000 behavioral health patients per year, but the current ED is lacking a designated area for behavioral health patients, which can compromise care as well as patient and staff safety. A dedicated behavioral health crisis unit includes the appropriate safety considerations and setting for this patient population. Without such a unit, the ED risks increased lengths of stay, overcrowding in the ED, and delays in treatment. A crisis stabilization unit (CSU), in close proximity to the ED allows behavioral health patients to receive medical screening in a calm environment that promotes de-escalation. It is a space where people suffering from mental illness can receive compassionate, stabilizing care and reduce the likelihood of being admitted into the hospital's inpatient psychiatric unit. These units have been shown to decrease mental health patient admission rate, reduce lengths of stay, improve patient experience, and increase staff satisfaction. Research shows that ED staff ultimately feel that these

changes created a safer atmosphere for both clinicians and patients. The TAP also recommends upgrades for the interior finishes of the existing behavioral health unit located in Zone 1. The TAP believes that upgrading interior finishes will create a more “normative” (the term “normative” refers to the experience of patients in the “real world”) and non-institutional environment for the behavioral health unit that recently opened on the CHLB campus. The living units should feel familiar, and the program, education, and vocational areas should feel like a school. In creating a variety of familiar experiences throughout the unit, a stimulating daily journey can be achieved to help normalize the experience of patients and enhance their response to treatment.

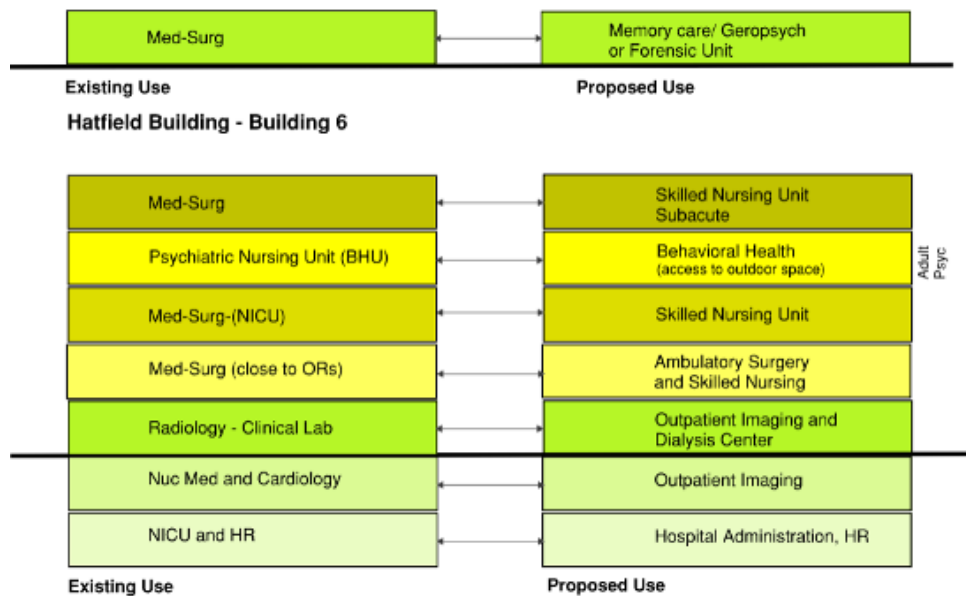
Zone 2 Development Assessment

The buildings in Zone 2 can't be used for acute care services due to non-compliance with OSHPD seismic regulations, but there are still a lot of options for sub-acute care that can generate decent revenue and serve the needs of the community. The TAP recommends focusing on acute psychiatric care, skilled nursing, and ambulatory services in Zone 2. No seismic or structural upgrade is required to continue providing these services, so there is a substantial amount of available space for inpatient and outpatient care in Zone 2.

The TAP illustrated its recommendations for locating an ideal programming arrangement in the two buildings located in Zone 2 in the stacking diagram on the next page.



Zone 2 development area.



Stacking diagram.

Hatfield Building

A market and financial analysis completed in December 2020 shows a significant demand for both geropsych and memory care at CHLB. There is significant unmet need for geropsych services in this area: The most recent reporting from the California Hospital Association indicates that there are 71 inpatient beds across two dedicated geropsych units in the state of California, with no dedicated geropsych units in Los Angeles and Orange counties.

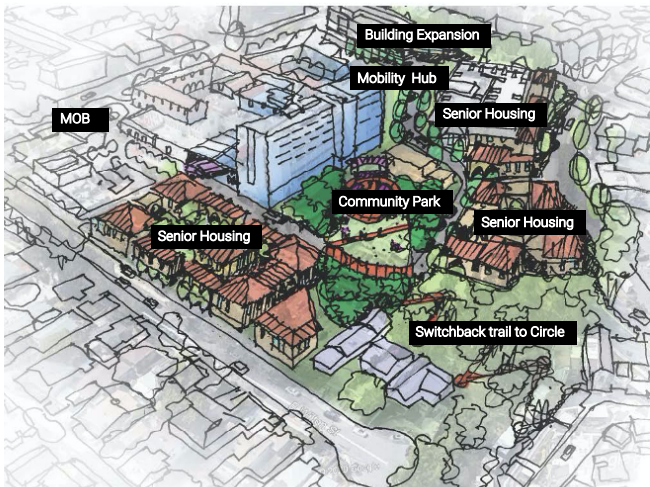
Data from the market and financial analysis also show that the hospital is seeing over 3,000 geropsych patients in the ED a year, with a 60% admission rate and an average length of stay of 14 days. The market and financial analysis also shows sufficient demand for a 72-bed non-skilled memory care facility at CHLB. This type of population experiences a lot of comorbidities, therefore a facility that meets a comprehensive array of needs for this population is advisable.

With these realities in mind, the TAP recommends repurposing the Hatfield Building from medical-surgery services (med-surg) to memory care and geropsychology (geropsych) units.

Tower Building

In the Tower building, the med-surg services on the fifth floor can be transitioned into skilled nursing for sub-acute care. On the fourth floor, the psychiatric nursing unit can become an adult psychiatric behavioral health unit with access to a secured outdoor space. The third floor can transition from a neonatal intensive care unit (NICU) to a skilled nursing unit. On the second floor, due to the proximity to the existing operating rooms, the med-surg facilities would become an ambulatory surgery and possibly a skilled nursing unit. And on the first floor, the radiology department and clinical lab would become outpatient imaging and a dialysis center.

On the subterranean levels of the Tower building, the first basement floor would be converted from nuclear medicine and cardiology to outpatient imaging. Finally, the second basement floor would be converted from NICU and human resources to hospital administration and human resources.



Concept sketch for zone 3.

Changes in the Tower and Hatfield buildings could be made with a minimum amount of renovation—without moving walls, paint, or carpet, although upgrades to interior finishes and accessibility requirements are highly recommended.

The new arrangement will support the acute care services in the Heritage Building by providing services that generate revenues that contribute to the primary goal of financial viability. Locating sub-acute and behavioral health services in Zone 2 also increases space for additional acute care beds in the Heritage Building in Zone 1, contributing to a larger volume of service for the most fundamental and valued needs of the community.

While the TAP recommends these programming changes as a first draft, a more formal community needs assessment will be necessary to ensure that the final programming in Zone 2 thoroughly reflects the healthcare needs of the community.

Comprehensive Site Planning – Zone 3

With a cluster of healthcare services in place in Zones 1 and 2, developing a new mix of uses in Zone 3 creates opportunities for the broader vision of a "healthcare neighborhood"—in addition to new sources of revenue for the hospital. The hospital will become a much more powerful and valuable asset in the community when it supplements and integrates surrounding land uses and infrastructure.

The biggest obstacle to a vision of a healthcare neighborhood can be identified in the clear difference between the front and the back of the CHLB campus. The elegant front door of the Heritage Building—combined with abundant trees, a forecourt, arcade, short-term parking, and sidewalks—creates an appealing environment that is the envy of many of the hospitals in the region.

What's left at the back of the hospital is a collection of utilities and service buildings, in addition to a treeless road, a truck dock, and a utility building.

The hospital is already defined by a linear user experience, starting with the Mission Revival-style architecture at the front of the campus, extending through the courtyard of the Heritage Building, and finally toward the Tower building. Additional hospital buildings outside the main complex, like the Foundation Building, create another line of experience on the north-south axis, which also connect through the courtyard in the Heritage Building. With these linear user experiences already a defining characteristic of CHLB, the challenges at the back of the campus are all the more obvious.

The TAP recommends design and development changes that will improve the existing user experience, by adding a few new paths through and around the campus and out into the neighborhood. Specifically, the TAP recommends moving the current **loading dock** to create two loading docks, one each on the north and south sides of the campus. Moving the loading dock to those new locations creates room on the east side of the campus for a park or open space.

A new **community park** won't be able to include structures, due to its location in the fault zone, but it can still provide valued amenities for the community as a complement to the healthcare services of the hospital. Programming with health and wellness events would create a hub of activity, and other services like a dog park or a **micro-mobility hub** (e.g., bike parking, bike rentals, etc.) would encourage physical and social activity.

Relocating the loading dock also creates an opportunity for a **loop road** around the campus. The loop road would forge a strong connection to the neighborhood and open a new path of experience through the site by expanding the campus's reference points beyond the courtyard and creating value for the potential development parcels on the east and south side of the campus.

A key piece of the development vision proposed by the TAP would surround the existing parking structure with new **senior housing** developments, spreading across the hillside, into space vacated by the

Outer Traffic Circle (not to be confused with the Long Beach Traffic Circle) and to other potential development parcels to the south of the campus.

The existing right of way for Outer Traffic Circle is far too wide—60 feet across with low traffic volumes and high vehicle speeds. Vacating some of that right of way could create more space for senior housing development on the parcels around the parking structure and would also have a calming, salubrious effect on the Outer Traffic Circle.

Numerous senior housing campuses around the country and world offer examples for the senior housing development proposed for Zone 3. Senior housing developments could include healing gardens, open space, and managed care facilities. The image on this page illustrates how a compact development pattern could include space for managed care and a community orientation, with courtyards, open space, and walking paths that could potentially lead down the hill, toward the Traffic Circle. Connections through the senior housing development, down the hill and into the area around the Traffic Circle can also be designed as a community amenity.



Senior housing concept suitable for development in Zone 3.



Examples of stairs and paths to take advantage of level change.

Stairways and paths can be a design feature, especially when they take advantage of the level change like the hillside on the edge of the CHLB campus. Examples like those shown above reveal how much of an asset those connections can be for the entire community and a key piece of the vision for a "healthcare neighborhood" proposed by the TAP.

Numerous existing healthcare campuses from around the country and the world have integrated senior housing developments as a major component of the continuum of care provided on the campus, including examples like Union Village in Henderson, Nevada, and King Kahlid Medical Center in Saudi Arabia. Senior housing would serve the "Silver Tsunami" of seniors aging into managed care.

Around the remainder of Zone 3, the **Foundation Building** could also be expanded, and a new medical office building developed on the location currently home to the Tichenor Orthopedic Clinic for Children (TAP interviews with community stakeholders indicated that the clinic's operators are potentially amenable to relocation for their own purposes). A new **medical office building** could reach as high as four or five stories under existing zoning and include on-site parking, as shown in an example image below.



Example of a medical office building that includes on-site parking.

Potential Development Sites

The TAP identifies a total of four or five potential development parcels in Zone 3, all located outside of the fault zone and thus available for potential development contingent on geotechnical investigation. Any new developments in Zone 3 would create revenue for the hospital and create that healthcare neighborhood and continuum of care envisioned by the TAP.

There are numerous examples from around the county of hospitals that have expanded into neighborhoods where the connections between the hospital and the neighborhood weren't previously clear. The Cleveland Clinic, for instance, developed a series of green spaces that connect into the surrounding neighborhood. The Cleveland Clinic's example and others like it reflect the changing perceptions of how to plan for healthcare in the community—wellness services are spread out around the

campus, integrating into the surrounding neighborhood through a connected network of facilities, a mix of uses, high quality streets, and open space—all clustered around hospital buildings. Other amenities like **public art**, **wayfinding** (including storytelling and branding) (shown below), and other amenities can further expand the feeling of a community amenity in and around a hospital.

All these elements change the perspective of healthcare in the community and create a sense of permanence and quality befitting the architecture of the Heritage Building and the historic role of CHLB in East Long Beach. That kind of holistic expansion and integration represents the highest possible potential for the CHLB campus and its surrounding parcels.



Examples of wayfinding and public art.

FINANCIAL ANALYSIS

Introduction and Methodology

A financial analysis of CHLB's mix of services and potential new development requires some hard but necessary truths, but also allows space for optimism that solutions to the economic challenges facing CHLB are possible within the next few years.

Cost estimates and return projections for the Heritage Building were based on a review of work completed by Hensel Phelps on behalf of Pacific6. While the estimates are based on actual drawings, it was the view of the panel that not all required items may have been captured by the analysis. Given the age of the site and building, additional owner's contingency should be added.

Cost estimates for the Tower and Hatfield buildings are conceptual and based on the level of upgrades that might be required for the intended uses. The design and finance members of the panel generally agreed that the uses proposed in this report minimize the amount of costly improvements. Additional study and design, however, will be required to identify the separations that will be necessary for these buildings.

Cost estimates for the future revenue-generating uses in Zone 3—including senior housing, new medical office space, and the Foundation Building expansion—are based on current panel experiences in the market, but might not capture any site specific risks. These are high level concepts and should only be considered as "order of magnitude" estimates.

Yellow Zone (Acute Care buildings that will be decommissioned)

Structural

Expansion Joint Widening

Floors	LF	400	250	\$	100,000	
Walls & Ceiling	LF	550	150	\$	82,500	
MEP	Floor	5	60000	\$	300,000	
Change of Use (departmental) upgrades	SF	85000	125	\$	10,625,000	
Refresh	Allow/ SF	85000		\$	-	Included Above
ADA Upgrades	%	10%	\$	11,107,500	\$	1,110,750 Assumes 10% of cost above (assume in above)
				subtotal	\$	12,218,250

PROPOSED USE: Tower Building

Tower Floor		Size (sf)	# Beds	Monthly (NNN)				Projected Monthly NOI	Projected Annual NOI
				Rev. / Unit		Gross Rev	OpEx /unit		
							15%		
5	Skilled Nursing Unit (subacute)	10,705	47	\$1,000	1	\$47,000	\$7,050	\$39,950	\$479,400
4	Behavioral Health	15,991	40	\$800		\$32,000	\$4,800	\$27,200	\$326,400
3	Skilled Nursing Unit	16,124	26	\$1,000	2	\$26,000	\$3,900	\$22,100	\$265,200
2	Ambulatory Surgery and Skilled Nursing	16,556		\$4.00 psf	3	\$66,224	\$9,934	\$56,290	\$675,485
1	Outpatient Imaging and Dialysis Center	16,147		\$4.00 psf	3	\$64,588	\$9,688	\$54,900	\$658,798
B	Outpatient Imaging	16,430		\$3.50 psf	3	\$57,505	\$8,626	\$48,879	\$586,551
A	Hospital Administration, HR	21,132		n/a					
Hatfield	SNF/Subacute	13,558	52	\$1,000	1	\$52,000	\$7,800	\$44,200	\$530,400
		126,643	165			\$345,317	\$51,798	\$293,519	\$3,522,233

1 ROM

2 SNF (range \$900-\$1,100)

3 Rental, \$4.00/sf +

Revenue projections are based on market estimates and are stated on a “net” basis. While this may be applicable for the medical office space, other prospective users such as skilled nursing, behavioral health or memory care will likely require more complex agreements than net rent arrangements. It is also assumed that the senior housing components would be developed by third parties and would generate ground lease revenue, but the panel did not have adequate information to estimate what these might be.

Zone 1

In Zone 1, an estimate created by the existing contractor doesn't appear to include the cost of compliance for the existing buildings. Typical compliance costs include costs for separations of compliant and non-compliant buildings and in accessibility compliance of the existing space. This compliance can be a tedious negotiation with OSHPD and should be commissioned early in the process. The TAP notes that some hospitals deal with OSHPD compliance as an ongoing operational expense. If regulatory compliance doesn't add to upfront capital costs in Zone 1, CHLB will gain flexibility and opportunities for investment, but the likelihood of ongoing expenses for compliance should be factored in any financial analysis of CHLB.

Another question the TAP wasn't able to answer from the preparation materials is the status of accessibility compliance according to the California Building Code (commonly referred to as the Americans With Disabilities Act, or ADA, compliance), in the acute care facilities of the Heritage Building. OSHPD requires that ten percent of acute care rooms be accessible. If the path of travel from an existing accessible parking space to the area of work found to be accessible as stated in the California Building Code, the hospital is already compliant and that cost won't have to be included in future capital investments. If some accessibility compliance is necessary, the costs could be incorporated into changes of use or other upgrades throughout the hospital, depending on the analysis of the engineering needs of the buildings and if the path of travel from the accessible parking to the area of work is in compliance.

Zone 2

For Zone 2, the TAP recommends healthcare services that can be located in buildings rated SPC-1 or better. To maximize community services and the revenues necessary for hospital operation, the TAP targeted low-cost upgrades that won't require a huge renovation.

SPC-2 buildings serving acute care services will require seismic upgrades to continue service beyond 2030; SPC-3 will not require seismic upgrades to continue service beyond 2030.

Because surgery is already located on that floor, the second floor of the Tower building could be converted to ambulatory surgery. The fifth floor of the Tower building could be used for skilled nursing or a sub-acute unit, but sub-acute care requires oxygen, suction, and electrical upgrades, creating a higher barrier of entry. However, a sub-acute unit would generate higher reimbursements than skilled nursing.

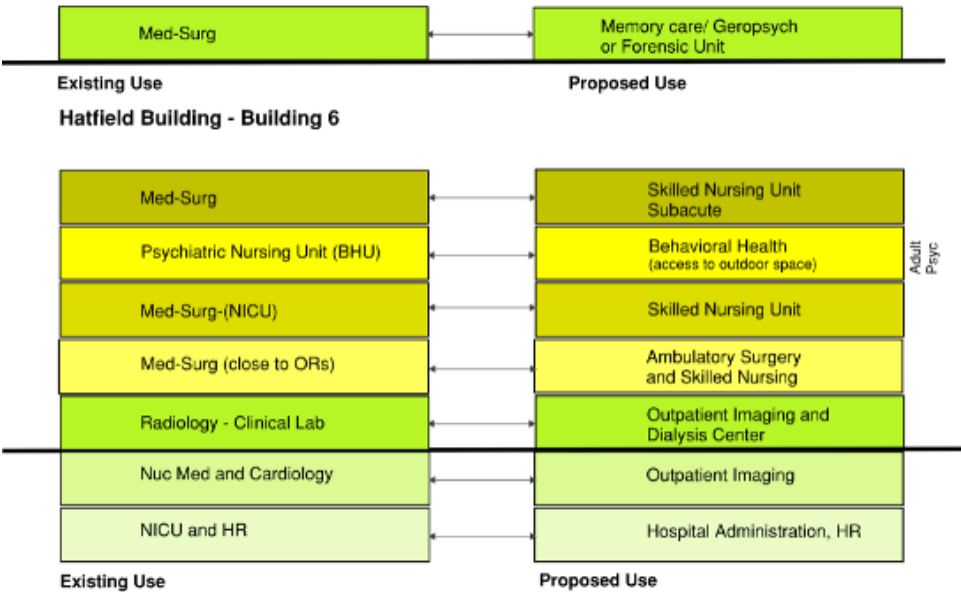
To help reduce some of the cost burden of operations, the ambulatory surgery recommended for the third floor of the Tower building could syndicate to doctors by contracting with one of the many options in the national marketplace. A similar arrangement is also possible

for outpatient imaging, with several options among a smaller, less diverse national marketplace than is available for ambulatory surgery.

Outpatient wound care, dialysis services, or other specialty clinics not subject to SPC standards could make up the balance of the space in the Tower. The Tower can also house hospital administration, which doesn't need to be located in an OSHPD compliant space.

An expansion joint will be necessary between the Heritage and Tower buildings (for both compliant and non-compliant buildings), necessitating an in-depth engineering review to determine the scope of the required capital investment.

The Tower can remain under OSHPD's jurisdiction, eliminating the need for firewalls between compliant and non-compliant buildings. More in-depth analysis is required to assess the pros and cons of having the Tower under the city or OSHPD's jurisdiction.



Zone 3

The value of underutilized land in Zone 3 could be maximized by a phased introduction of complementary, revenue-generating uses on an expanded portfolio of medical facilities and land uses. These include senior housing (both independent and assisted living), a new medical office building, and a refurbished and expanded Foundation Building.

If the site is approved for development in the Alquist Priolo Zone, a strong East Long Beach real estate market will enable significant opportunity for uses such as senior housing and a medical office—both of which could generate a significant long-term revenue stream. This is particularly true for senior housing, which many stakeholders noted was a use in high demand among local residents.

As shown in the diagram on this page, the TAP completed a high-level financial analysis of the individual yields on cost for new Zone 3 uses. While the analysis is preliminary and based on conceptual plans that will likely evolve, it nonetheless provides an order-of-magnitude estimate of the uses most likely to generate additional ground lease revenue.

New senior housing and an expanded Foundation Building are the most likely to generate ground lease revenue that could enhance total return on investment, based on preliminary analysis. As more medical uses are put in place in Zones 1 and 2, meanwhile, a medical office building in Zone 3 may also become more financially feasible over the mid-to-long term.

All three zones working together at maximum efficiency will build momentum toward the broader vision of a healthcare neighborhood.

Development Program (Zone 3)

	Sr. Housing (Hillside)	Foundation Bldg Rehab/Expansion	New Medical Office Bldg	COMBINED ZONE 3
Project Characteristics				
Number of Units	144			144
Gross Square Feet	169,412	66,000	60,000	295,412
Net (Leasable) Square Feet	144,000	54,780	49,800	248,580
Parking Stalls (a)	48	302	240	590
Development Costs				
Hard Construction Costs	\$31,282,500	\$21,745,000	\$25,200,000	\$78,227,500
Soft Costs	\$10,323,225	\$7,175,850	\$8,316,000	\$25,815,075
Total Costs	\$41,605,725	\$28,920,850	\$33,516,000	\$104,042,575
Zone 3 Improvements (b)	\$0	\$0	\$0	\$1,485,000
Revenue (Annual)				
Lease Revenue	\$9,504,000	\$1,873,476	\$2,390,400	\$13,767,876
Parking		\$217,440	\$172,800	\$390,240
TOTAL	\$9,504,000	\$2,090,916	\$2,563,200	\$14,158,116
Less Vacancy	-\$475,200	-\$93,674	-\$119,520	-\$688,394
Less Operating Expense	-\$3,326,400	-\$562,043	-\$1,003,968	-\$4,892,411
Net Operating Income (NOI)	\$5,702,400	\$1,435,199	\$1,439,712	\$8,577,311
YIELD ON COST	13.7%	5.0%	4.3%	8.2%

Notes:

(a) Assumes new MOB will be surface-parked; Sr Housing and Foundation Building would share existing structure.

(b) Includes improvements such as stairs to traffic circle; bike hub; signage/wayfinding; and outer circle improvements.

IMPLEMENTATION AND PHASING

Achieving this ambitious vision for CHLB and the surrounding community will require a strategic approach that puts the right pieces in place at the right time to ensure the viability of the existing hospital and its future development plans. The TAP recommends three phases of activity to ensure CHLB moves toward these ambitious goals.

In the short-term (0-12 months),

1. The necessary Non-Structural Performance Categories (NPC) improvements—i.e., state requirements for equipment and services infrastructure—will require immediate attention to continue service in the acute care portions of the facility.
2. Commence and finalize a comprehensive review of potential non-acute uses in Zone 2.
3. Commence an evaluation of future development opportunities in Zone 3.
 - A. Explore potential requirements for future geological testing for land uses in Zone 3.
 - B. Explore collaboration with senior housing developers and operators.
 - C. Analyze potential for strategic acquisition of a future medical office building (MOB) at the existing Tichenor Orthopedic Clinic for Children.
4. Initiate discussion with the city of Long Beach on a ground lease of the hillside parcel between the campus and Outer Traffic Circle as a supplement to the existing master ground lease. Also, explore a potential “road diet” for the Outer Traffic Circle that would expand the development opportunity.
5. Ensure the non-active license beds remain “in suspension” to avoid costly loss of re-licensing and transfer to a lower acuity use of the facility.

In the midterm (12-24 months)

1. Finalize an improvement plan for acute services in Zone 1.
 - A. Complete NPC upgrades to meet requirements for acute care facilities beyond 2030.
 - B. Complete seismic improvements by 2025.
2. Continue to develop and finalize a plan for Zone 2 uses, informed by a comprehensive financial analysis and the needs of the community; the report should also identify and onboard providers to ensure viability for each of those uses.
 - A. Implement Zone 2 activities.
3. Finalize evaluation of development opportunities in Zone 3.
 - A. Proceed and finalize geological testing for new development.
 - B. Identify and select a joint venture partner, senior housing developer, and senior housing operators for Zone 3.
 - C. Secure a master ground lease with the city of Long Beach for the hillside parcel and a "road diet" for Outer Traffic Circle.
4. Finalize potential acquisition of the future MOB at the site of Tichenor Orthopedic Clinic for Children..
5. Source and secure funding.

In the long-term (24+ months)

1. Complete transition of Zone 2 activities from acute care to other permitted uses.
2. Complete seismic improvements by 2025.
3. Develop and implement a plan for the development of the Zone 3 hillside area.
 - A. Complete a ground lease for the hillside parcel.
 - B. Complete the "road diet" of Outer Traffic Circle, and include the vacation of the necessary right of way in the Long Beach Traffic Plan.
 - C. Initiate entitlement and site plan review of the senior housing development on the hillside parcel.
4. Develop and implement a plan for the development of the MOB in Zone 3.
 - A. Acquire and relocate Tichenor Orthopedic Clinic for Children to create space for a new MOB development.
 - B. Develop new MOB or other revenue-generating uses on the Tichenor Orthopedic Clinic for Children site.
5. Develop and implement a plan for repurposing and expanding the existing MOB at the corner of the Pacific Coast Highway and Termino Avenue.
6. Pursue federal, state, and county funding for on-site uses and infrastructure, including the use of an Enhanced Infrastructure Financing District or other sources available in the long term.

CONCLUSION

The work of preserving the emergency department services and the historic character of the Heritage Building on the Community Hospital of Long Beach (CHLB) campus is obviously and overwhelmingly essential to the community of East Long Beach. In the future of CHLB, that primary responsibility is only the beginning of the story.

This TAP report proposes fundamental changes to the narrative of CHLB. Instead of thinking about CHLB as just a hospital, the TAP focuses on CHLB's potential as a healthcare neighborhood. Instead of a place to receive treatment for illnesses, CHLB can become a wellness campus. Instead of being thought of primarily for its emergency department, CHLB can expand services to provide a continuum of care. Instead of a straight line of experiences that starts in a beautiful, historic setting

before coming to a halt in the Tower building, CHLB can offer new opportunities for discovery and multiple paths of experience through the campus and out into the surrounding neighborhood. Instead of repeating a cycle of opening and closing, CHLB could open its doors permanently to the community of East Long Beach and the surrounding neighborhoods.

Changing the narrative of the site will be a challenge, but the TAP believes these kinds of large changes are possible with ambitious and sustained attention to opportunities on the campus and in the community.



ACKNOWLEDGMENTS

Special Thanks

The TAP is thankful for the commitment and participation of stakeholders. The following is a list of individuals who were interviewed or provided valuable information and perspective during the TAP process:

John Molina, CEO, Pacific 6 Enterprises, Inc.

Todd Lemmis, Founding Partner, Pacific 6 Enterprises, Inc.

Bob Foster, Former Mayor of Long Beach

Suzie Price, Councilwoman, 3rd District, City of Long Beach

Diana Tang, Chief of Staff to Mayor Robert Garcia, City of Long Beach

Daryl Supernaw, Councilman, 4th District, City of Long Beach

Sergio Ramirez, Deputy Director of Economic Development, City of Long Beach

Pat West, Former City Manager of Long Beach

Oscar Orsi, Director of Development Services, City of Long Beach

John Keisler, Director of Economic Development, City of Long Beach

Michael Low, Consultant, City of Long Beach

Virg Narbutas, Chief Executive Officer, Community Hospital Long Beach

Mel Marks, MD, Board of Directors, Community Hospital Long Beach

Mike Vasilomanolakis, Cardiologies, Former Gov Board Member, Community Hospital Long Beach

Ray Burton, Chairman, CHLB Foundation

Matthew Faulkner, Executive Director, CHLB Foundation

Robert Garey, Senior Director, Cushman & Wakefield

ABOUT THE PANEL



Ryan Altoon- Panel Chair

Executive Vice Present, AndersonPacific, LLC

Ryan Altoon is Executive Vice President with AndersonPacific, LLC, a Los Angeles-based development company focusing on creating sustainable mixed-use infill projects focused on transit connectivity and maximizing walkable communities. Anderson Pacific, LLC is developing projects in key downtown areas throughout California. Mr. Altoon has over 20 years of experience in real estate, strategic planning, management and finance, and is responsible for overseeing entitlement and development projects for the firm.

Mr. Altoon received an MBA from the University of Southern California, a Certificate of Architecture from the Harvard Graduate School of Design, and BA in Business/Economics and Art History from the University of California, Santa Barbara. He is a LEED AP, ULI-LA Advisory Board member, Chair of the Downtown Long Beach Alliance, and former President of the Greater Toluca Lake Neighborhood Council.



Priyanka Agarwal

Urban Designer / Planner, Gensler

Priyanka is driven by the process of design and is passionate about the increasing linkage between sustainability and urban growth. With a broad range of foundational studies, she advocates for and continues to educate herself on the multipronged approaches to urban planning and architecture. Her range of project types include retail, mixed-use developments, and urban place making. Her background includes a bachelor of Design, Architecture; University of Florida and a Master of Urban Regional Planning from UCLA.



M. Ferial Asadies, AIA, ARB (UK), LEED AP Associate, Senior Project Manager (Health)

With 20 years of experience in design, programming, and project management for healthcare facilities from the U.S. to the U.K., Ferial has focused her design philosophy on creating healing spaces that engage and inspire patients, their loved ones, and caregivers alike. Both her work and reputation illustrate passion, motivation, and a commitment to the clients with whom she partners, rooted in deep project involvement from inception to completion. As an integral team member of HDR's Los Angeles healthcare practice leadership, Ferial nurtures new client relationships and spearheads project delivery efforts. She is the co-founder and co-chair of the AIA Pasadena Foothill Academy of Architecture for Health.



**Aaron Barker
Senior Associate, BAE Urban Economics**

Aaron Barker is a Senior Associate at BAE Urban Economics, a land use, economics, and real estate advisory firm with California offices in Berkeley, Davis, and Los Angeles. He provides economic development and financial advisory expertise for a wide range of jurisdictions throughout the country. More locally for the City of Long Beach, he recently worked with the Office of Financial Management to evaluate local demand for new hotel development, and conducted pro forma analyses on a range of product types to identify financing gaps that could be addressed via TOT rebate policy. Prior to joining BAE, Aaron worked in real estate in New York City, both on the leasing side as well as consulting for a number of Business Improvement Districts on their retail attraction strategies. He began his career in publishing, working as a writer and editor at Conde Nast. Aaron is an active member of the Urban Land Institute and has served as co-chair of the Roundtable Committee for Urban Marketplace. He currently resides in West Los Angeles.



Craig Beam

Senior Advisor to Petra ICS

Craig Beam is a Senior Advisor to Petra ICS a Healthcare planning and project management firm. Mr. Beam has overseen the development and management of a broad range of real estate with a focus on healthcare and institutional projects. Mr. Beam's involvement in healthcare development includes the development of hospital, medical office and ambulatory facilities. He has also led the resolution of a variety of work-out situations including construction completion, financial restructuring and dispositions.

Mr. Beam started his career in real estate in 1977 as Chief Financial Officer of Concordia Development, a real estate development company based in Southern California. As President of Beam & Associates starting in 1983, he had overall responsibility for the consulting, development, leasing and brokerage divisions of the firm. He merged this firm with Hammes Company in 1998. Mr. Beam has worked for major systems including Saint Joseph Health System of Orange, Ascension Health and Catholic Healthcare West. Mr. Beam is a licensed California real estate broker and holds the professional designation of Counselor of Real Estate.



Peter Becronis

Founding Partner, Inception Property Group

Peter Becronis is a founding partner of Inception Property Group. Peter has over three decades in commercial real estate, including over fifteen years in healthcare real estate design, construction and facility management. Inception's recent developments include Ostium Medical Hub (formerly Downtown West Medical), a healthcare campus in downtown Los Angeles which has been featured in The Wall Street Journal and the Los Angeles Business Journal, in addition to having been toured by the AIA and being the recipient of the Los Angeles Business Journal's 2020 Gold Award, and several other project award nominations. Inception Property Group additionally advises care providers on their portfolio, and is a half-owner and active manager in a healthcare facility management firm which manages 940,000 sq.ft of healthcare facilities. Prior to forming Inception's predecessor firm in 2014, Peter managed the real estate strategy and resultant transactions for Kaiser Permanente for half of the south portion of California for eight years. Prior to Kaiser Permanente, Peter served as Vice President of Asset Management for Apex Realty (2001-2006), a general partner and manager of over 20 real estate syndicates in several states as well as a developer of healthcare, multifamily and retail. Prior to Apex Realty, Peter managed the operations of Asbury Properties (1991-2001), a private real estate syndicate invested in commercial and multifamily properties, where Peter lead Asbury's internal asset management and leasing operations.



Mike Bradford
Project Executive, Clark Construction

Clark Construction is a privately held, full service general contractor providing construction services throughout the US. Mike has worked with Clark since he first entered the workforce as a college graduate in 1988. He specializes in healthcare and higher education work and has contributed to notable healthcare projects in the Western Region for a series of seismic retrofits statewide for Dignity Healthcare (including Long Beach's St Mary's Medical Center) as well as the recent expansion of Community Medical Center(s) in both Fresno and Clovis. In addition, Mike resides in Long Beach District 4 1 mile away from CHLB and has a personal and professional interest in seeing this site flourish and continue to provide needs to the community.



Nate Cherry, FAIA AICP LEED AP BD+C
Director of Urban Planning, Gensler

Nate is a nationally recognized architect, urban designer and planner with over 25 years of experience. He supports Gensler as its Southwestern Regional Director of Cities + Urban Design Group. He specializes in urban redevelopment projects with a range of clients in the public, institutional, and private sectors. His range of project types includes downtown redevelopment, mixed-use, mobility, sports and entertainment, innovation districts, campus planning, health and wellness, urban place making and resilience. Nate is active in the planning community locally and nationally. He is a board member of the LA Chapter of APA, teaches at USC's Price School of Planning and Policy, and speaks frequently at national conferences on the subject of research based design practice. He has been an active member of ULI for 20 years.



Stan Chiu

Director of Healthcare Southwest Region, Gensler

Stan Chiu, AIA, DBIA, LEED AP, is Director of Healthcare for Gensler's Southwest Region, collaborating with diverse teams to serve fundamental human needs. He brings over 25 years of experience in complex projects focused on the Health, Wellness and Education sectors for clients such as Sutter Health, Samsung, UHS, the University of California and the Mayo Clinic. A leader in Lean Design and Integrated Project Delivery (IPD), Stan believes in the power of respect for people and continuous improvement. His projects have been recognized for design excellence including National AIA and SCUP Honor Awards. Stan serves on professional and institutional boards including the Lean Construction Institute.



Andrew Fogg

Partner, Cox, Castle & Nicholson LLP

Andrew Fogg is a Partner at the law firm Cox, Castle & Nicholson LLP where he serves as the Co-Team Leader of the firm's Land Use and Natural Resources Team. Andrew has extensive experience in the land use entitlement process and related areas, including all aspects of planning, zoning, and environmental review, in cities and counties throughout California. Andrew has been actively involved in a myriad of project types, including hospital and healthcare facilities, master planned communities, urban infill mixed use projects, hospitality projects, residential and commercial condominium developments, commercial centers, and industrial developments. As part of his entitlement practice, Andrew has advised clients on all aspects of the California Environmental Quality Act (CEQA), including the use of various CEQA exemptions and ensuring the adequacy of project specific Environmental Impact Reports and Mitigated Negative Declarations. In addition to representing clients in the entitlement process, Andrew has defended projects that have been challenged under CEQA and other California planning and zoning laws in both state and federal courts.



Brian Geibink

Behavioral Health Planner and Architect, HDR

Brian is a behavioral health planner and architect with HDR. He has a deep understanding of current research and trends in behavioral health design and uses his expertise to create innovative, research-based solutions that improve the patient experience in mental health environments. Brian has served as the behavioral health expert on numerous projects around the world, holding roles in planning, design, and consulting for inpatient, outpatient, community, and educational facilities, guiding project teams towards improved outcomes in behavioral health environments.



David H. Williams, SE

Project Manager, Project Management Advisors

David Williams is a project manager in the Los Angeles office of Project Management Advisors (PMA). David is a licensed structural engineer and has managed engineering projects throughout California and has collaborated on small, medium, and large-scale commercial and healthcare developments, including the \$1.1B Lucille Packard Children's Hospital. He has also served as a consultant to the cities of West Hollywood and Beverly Hills regarding the development and implementation of seismic safety and retrofit programs. David is an active member of the Urban Land Institute and serves on the Technical Assistance Panel Committee, organizing panels of experts across the real estate and development industry to provide pragmatic solutions on land use and sustainable development issues.



Anosha Zanjani

Behavioral Health Design Specialist, HDR

Anosha Zanjani is an international behavioral health architectural designer, strategist and researcher. She has had a focused career in behavioral health having worked in psychiatric facilities, academic institutions, research and private practice prior to architecture. After many years in the field of mental health, she noticed and became interested in the significant impact that spaces had on patients. That interest turned into a passion to build better spaces that would positively impact the treatment and recovery of individuals facing mental health issues. Anosha is currently with HDR's Behavioral Health Studio and has worked on a range of behavioral health projects nationally and internationally. She is also a passionate public speaker and writer having lectured at international conferences and published in over a dozen of the world's top peer-reviewed journals in psychology and psychiatry. Her most recent writing and research focuses on mental health and architectural design. Anosha holds a Bachelor of Science in Neuroscience and Mental Health from the University of Toronto and a Master of Architecture and Master of Science in Real Estate Development from Columbia University.



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