

# LAC+USC MEDICAL CENTER

## GENERAL HOSPITAL and WEST CAMPUS FEASIBILITY STUDY

April 2022



County of Los Angeles  
Chief Executive Office



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*Note: The community engagement process was guided by a Community Engagement Steering Committee (CESC), the members are listed in the Community Outreach/Engagement Appendix.*



# Table of Contents

## 1. Introduction and Key Findings

## 2. Board of Supervisors Motion & Supervisor Hilda L. Solis' Healthy Village Vision

## 3. Study Process

- Community Engagement
- Developing County Requirements
- Technical Process

## 4. Community Engagement Findings

## 5. Existing Conditions and Improvements Analysis

## 6. Market Analysis

## 7. Affordable Housing Analysis

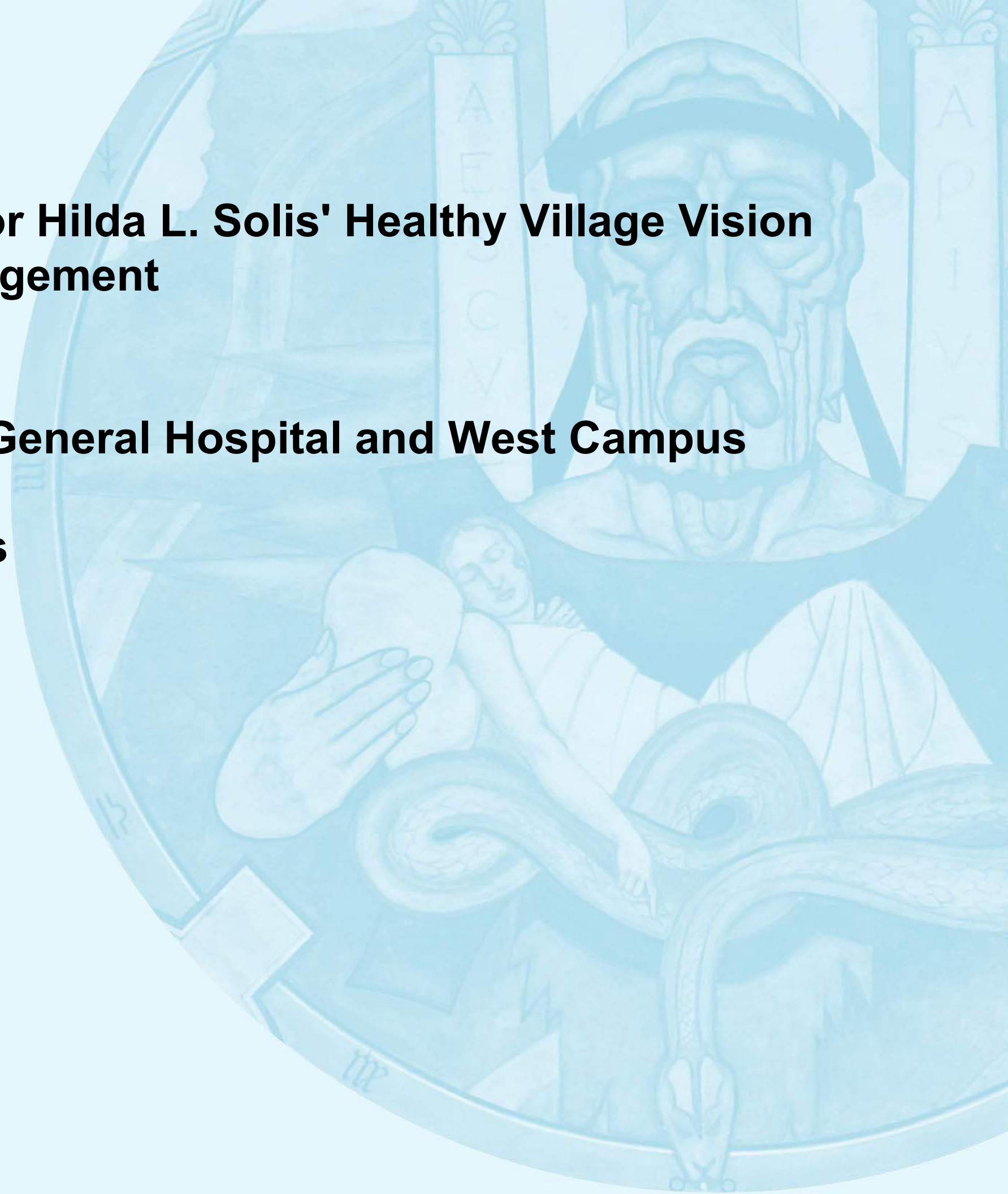
## 8. Reuse Framework

## 9. Potential Funding Sources



# Appendix

- A. Board Motion and Supervisor Hilda L. Solis' Healthy Village Vision**
- B. Community Outreach / Engagement**
- C. Historic Analysis**
- D. Existing Conditions**
- E. Improvements Analysis for General Hospital and West Campus**
- F. Market Research Analysis**
- G. Affordable Housing Analysis**

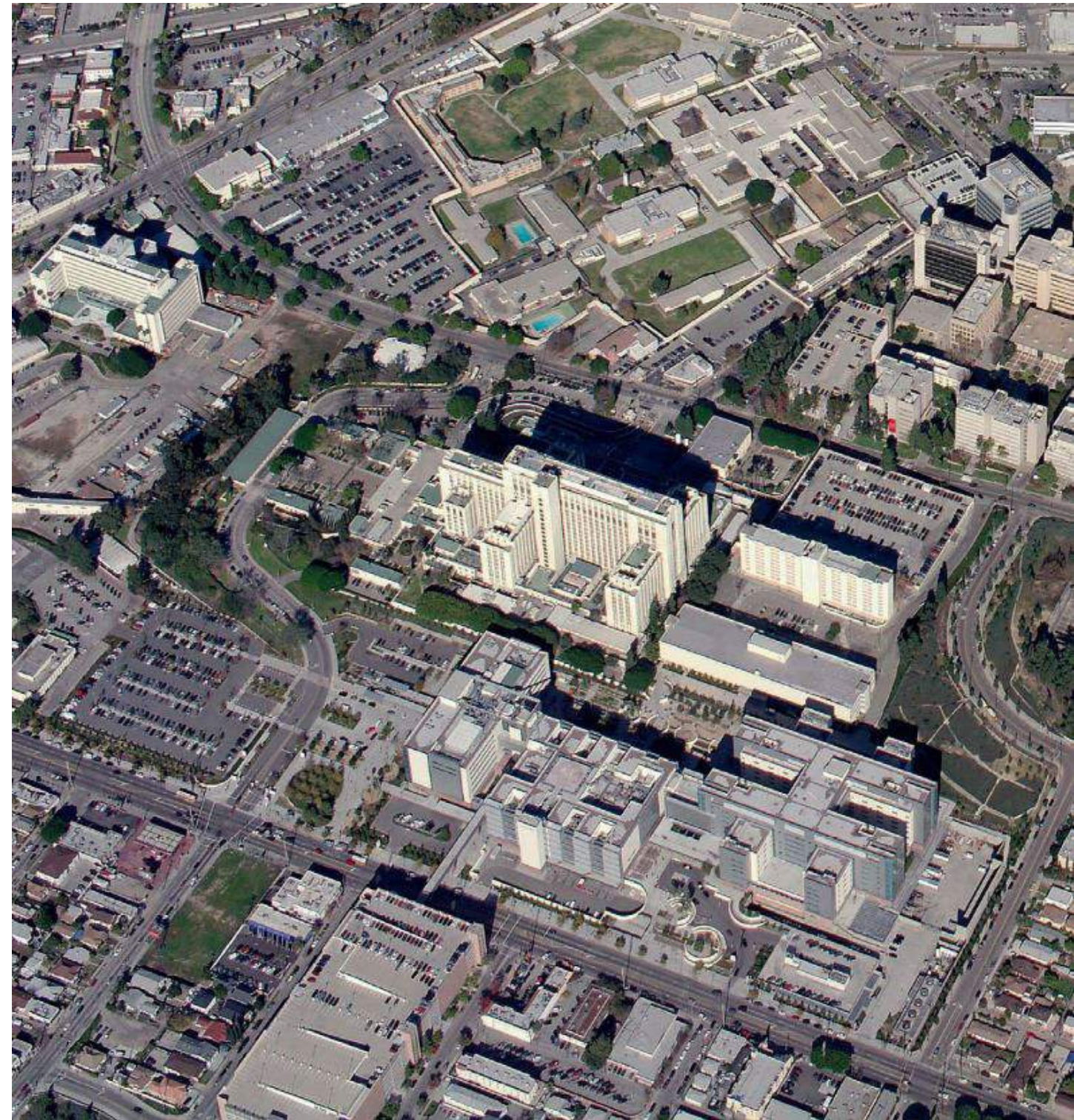


## Section 1: Introduction

On November 13, 2018, the County of Los Angeles Board of Supervisors (Board) adopted a Motion directing the County Chief Executive Office (CEO) to study the reuse of the historic General Hospital on the LAC+USC Medical Center Campus. The Motion directed the CEO to include robust community engagement and focus on affordable housing and other community needs. This LAC+USC Medical Center General Hospital and West Campus Feasibility Study (the Study) documents this process and key findings.

In early 2019 the area between State Street and Mission Road, known as West Campus, was added to the evaluation. In 2021 the Los Angeles County First District Supervisor Hilda L. Solis (Supervisor Hilda L. Solis) requested the CEO focus on developing a single concept, referred to as a Reuse Framework, to expedite Study completion and focus on the need for low income housing.

The Reuse Framework presented in this report combines extensive community engagement, input from County Departments, and technical analysis.



## Section 1: Key Findings

General Hospital and portions of the West Campus area of the LAC+USC Medical Center Campus are underutilized and present an opportunity to meet pressing needs of the community and the region.

The iconic General Hospital, designed in the late 1920's, is in disrepair and needs significant improvements to be of service to the community. While nearly 1,000 people use the building for offices and The Wellness Center, most of the 1.2 million square foot building is vacant and deteriorating.

West Campus is an underutilized County asset, which has approximately 12 acres available for development after setting aside property for future phases of the Restorative Care Village, future expansion of the LAC+USC Medical Center, and the existing Medical Examiner-Coroner facility.

A proposed Reuse Framework for General Hospital and West Campus—presented on the following page—identifies community priorities / uses, County requirements, and technical considerations.

Implementing the Reuse Framework to repurpose and re-imagine General Hospital and West Campus will require partnerships with the private sector and the community, as well as access to a range of funding sources.



# Section 1: Summary of Reuse Framework

The culmination of the Study process is a Reuse Framework that can be used to guide next steps in transforming General Hospital and West Campus.

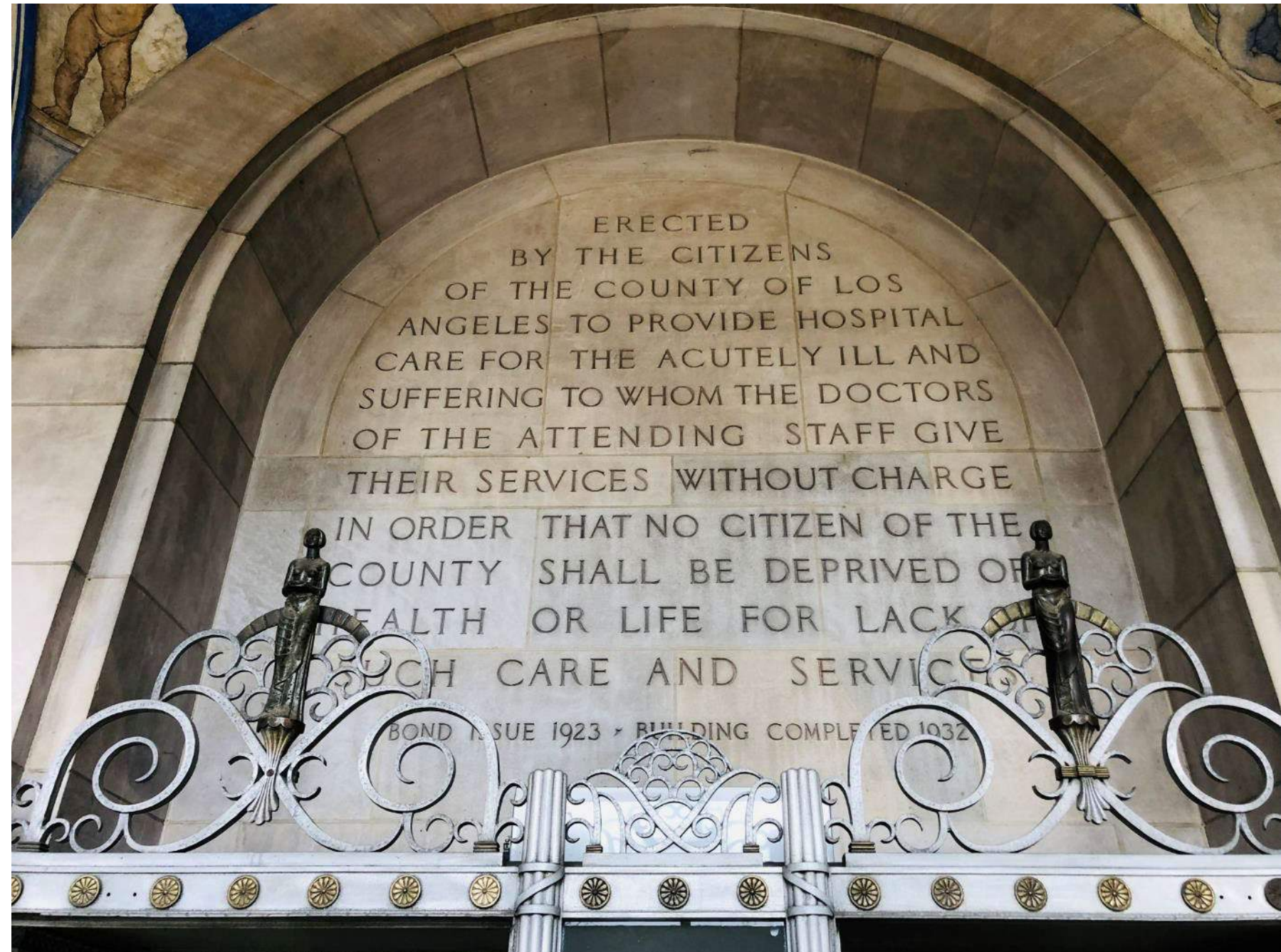
Community Priorities / Uses	County Requirements	Technical Considerations
<ul style="list-style-type: none"> <li>• Affordable housing, including deeply and extremely low income, and for families</li> <li>• After-school Science, Technology, Engineering, Art, Mathematics center</li> <li>• Arts / Culture spaces</li> <li>• Commemorative spaces</li> <li>• Community services spaces</li> <li>• Health and social support services space</li> <li>• Library</li> <li>• Locally based retail</li> <li>• Neighborhood Grocery store</li> <li>• Open space</li> <li>• Parking</li> <li>• Preschool / Daycare</li> <li>• Senior center</li> <li>• Subsidized to low cost extended stay hotel to support patient families receiving care at the Medical Center</li> <li>• Workforce and economic development</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure General Hospital meets all applicable building codes applying to residential and mixed-use facilities</li> <li>• Ensure LAC+USC Medical Center operations can continue effectively</li> <li>• Ensure reuse implements Board policies, such as Community Benefits and Local and Targeted Worker Hire, and goals of the Countywide Sustainability Plan</li> <li>• Maintain General Hospital and make more productive use of the underutilized West Campus area</li> <li>• Replace or maintain secondary helipad</li> <li>• Resolve temporary or final location for County functions located in the General Hospital and other buildings that may need to be renovated or replaced</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental</li> <li>• Fire protection</li> <li>• Geotechnical</li> <li>• Hazardous materials</li> <li>• Historic resources</li> <li>• Mechanical, electrical and plumbing</li> <li>• Open Space</li> <li>• Structural</li> <li>• Transportation and parking</li> <li>• Utilities</li> </ul>



## Section 2: Board of Supervisors Motion & Supervisor Hilda L. Solis' Healthy Village Vision

The Study was initiated by a Motion, adopted by the Board of Supervisors on November 13, 2018 to further Supervisor Hilda L. Solis' vision for a healthy village centered on the County's flagship LAC+USC Medical Center.

The Motion directed the CEO lead a detailed feasibility study and strategic planning process; the Motion and the Healthy Village Vision provided the policy framework for this process. These guiding documents are summarized on the following page.





## Section 2: Board of Supervisors Motion & Supervisor Hilda L. Solis' Healthy Village Vision

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### Motion Adopted by Board of Supervisors on November 13, 2018 Directed CEO to Study:

- Bringing General Hospital, an iconic County asset, back to life
  - Addressing the County's tremendous need for homeless, low income, and high-need population residential options, specifically in the area surrounding the LAC+USC Medical Center
  - Complementing the LAC+USC Medical Foundation's Wellness Center, currently located in General Hospital, that provides wrap-around and community services, and the future Restorative Care Village (Phase 1 will be operational Summer 2022)
  - Mission-aligned reuse of the General Hospital as a housing and mixed-use building
- 

### Supervisor Hilda L. Solis' Healthy Village Vision:

- Focus on a Whole Person Care concept to meet all individuals' needs
- A healthy, resilient and economically prosperous community in East Los Angeles
- Help most vulnerable populations, and provide recuperative care and wraparound services to empower residents

## Section 3: Study Process

The CEO hired a broad team of technical and community engagement experts, led by AECOM, to study the technical constraints and opportunities of both General Hospital and West Campus, and learn what uses the community would like to see included if these County assets are redeveloped.

County experts in various technical areas, e.g., affordable housing, real estate, environmental, and LAC+USC Medical Center operations, provided guidance and input throughout the Study process during both formal and informal meetings.

The Study's goal was to create a proposed Reuse Framework that incorporates community needs and inputs, meets County requirements, and addresses technical considerations.

Robust community engagement was guided by a Community Engagement Steering Committee including in-person and virtual meetings, pop-up events, informal discussions, and Community at Large meetings.



# Section 3: General Hospital and West Campus Study Area

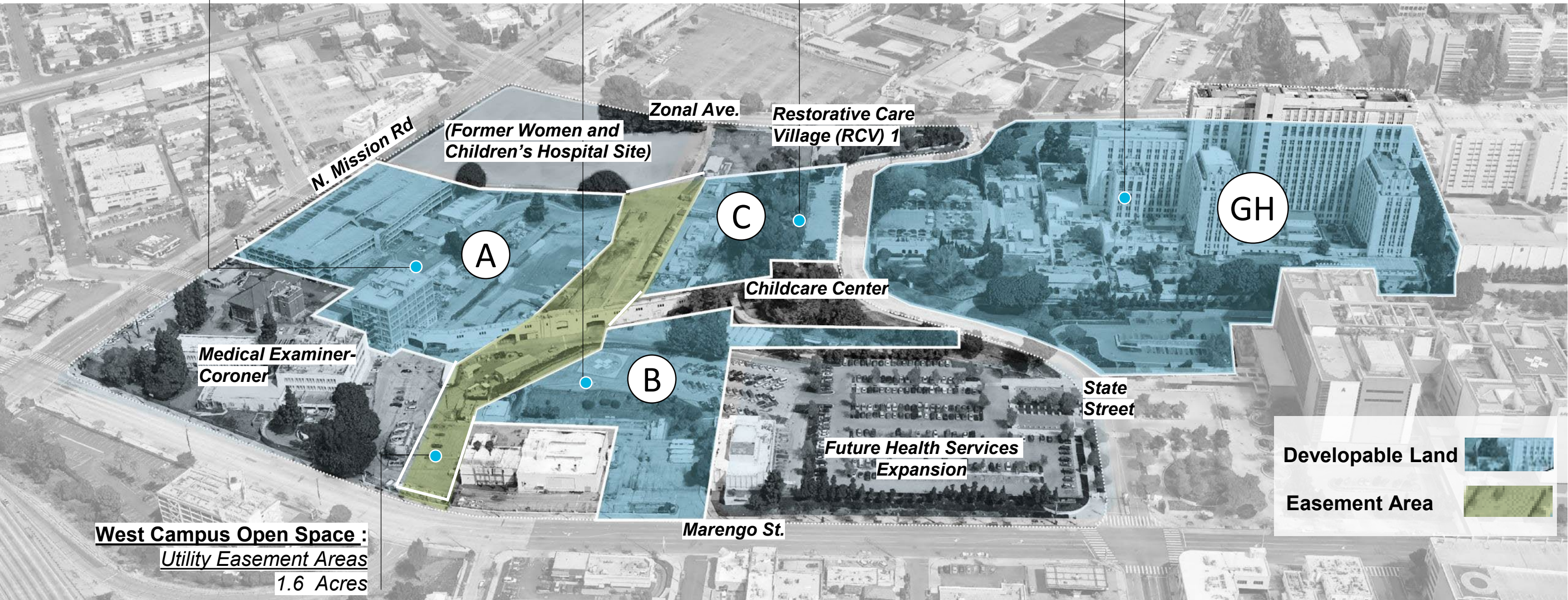
The Study area was expanded in 2019 to encompass portions of West Campus

**West Campus  
Super Pad A**  
5.5 Acres

**West Campus  
Super Pad B**  
3 Acres

**West Campus  
Super Pad C**  
2 Acres

**General Hospital**  
15 Acres



**West Campus Open Space:**  
*Utility Easement Areas*  
1.6 Acres

**Developable Land**  
**Easement Area**

Note: Super Pad is defined as a potential development site.



# Section 3: Reuse Framework Combines Community Priorities / Uses, County Requirements, and Technical Considerations



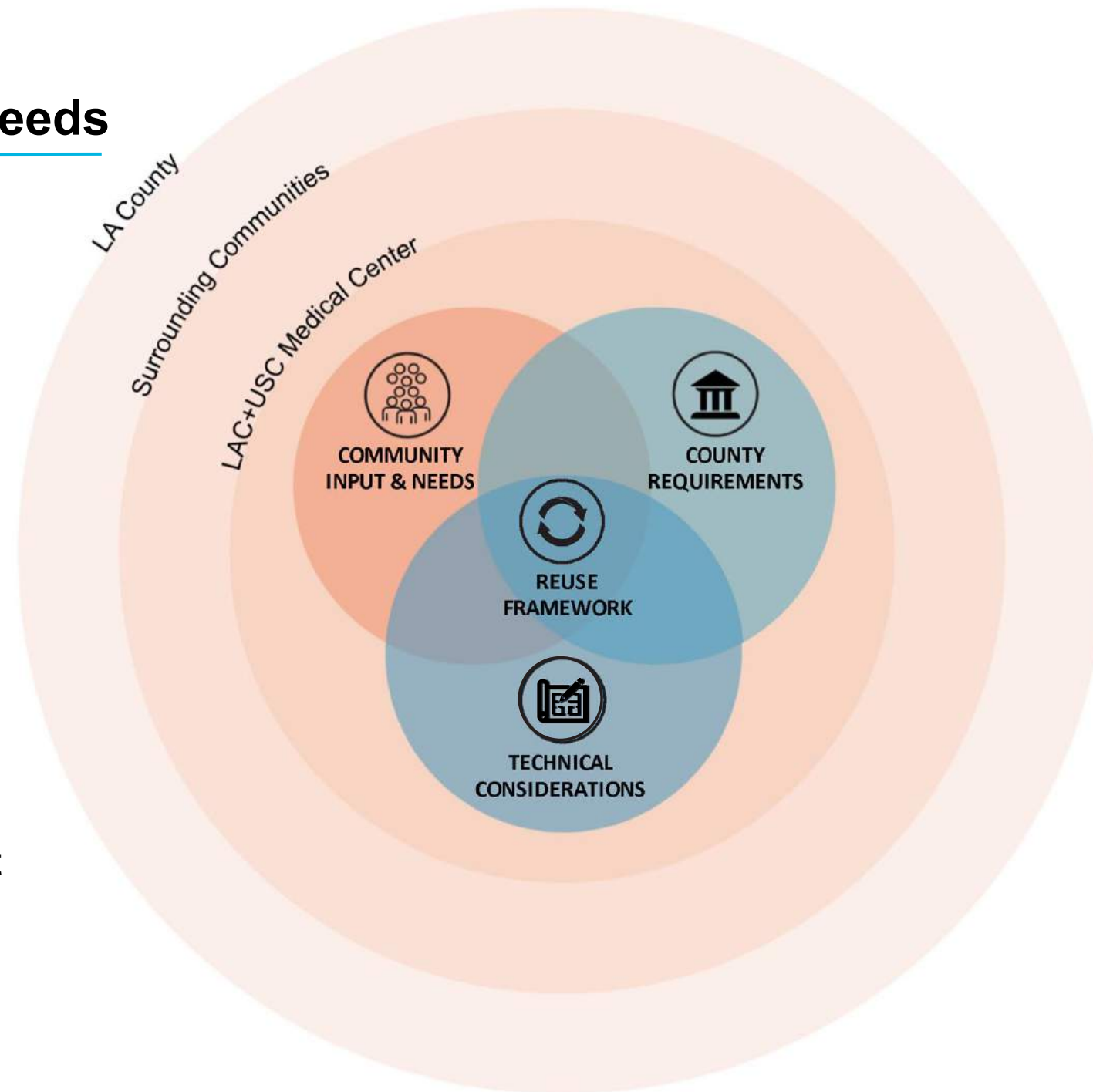
## Community Inputs & Needs

- Community stressors, priorities, and desired uses have been voiced through multiple community engagement efforts



## Technical Considerations

- There are extensive technical considerations in renovating a large historic building and redeveloping a portion of West Campus



## County Requirements

- The County has several requirements, including ensuring the LAC+USC Medical Center can operate and expand in the future



## Reuse Framework

- Address community priorities / uses, County requirements, and a range of technical considerations given the size and condition of General Hospital and West Campus

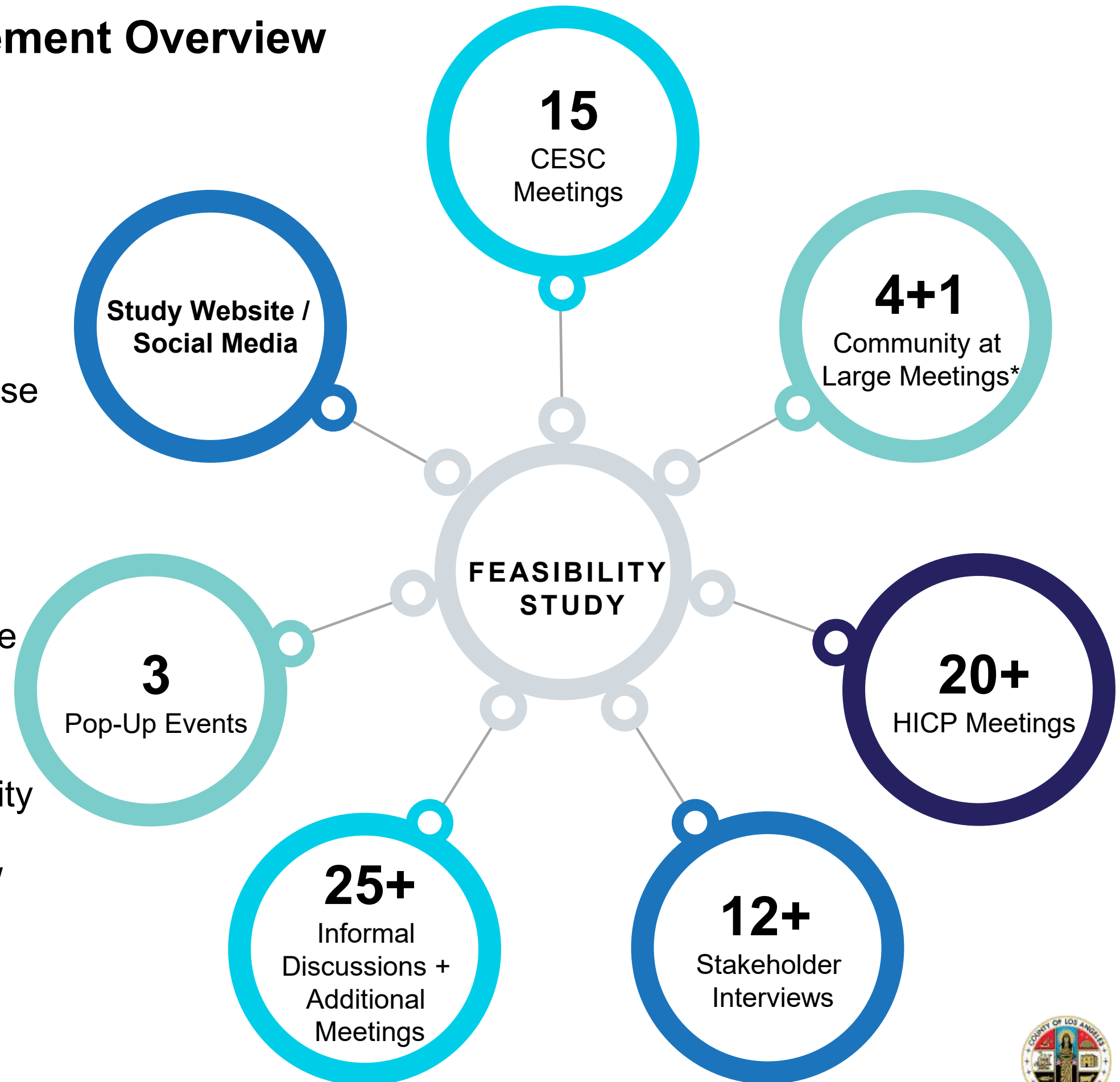


## Section 3: Community Engagement Overview

To conduct robust community engagement as directed in the Motion adopted by the Board, a Community Engagement Steering Committee (CESC) crafted a plan to guide the outreach process to engage the community. This process—with a pause during the pandemic—unfolded from 2019 to 2022.

A range of community outreach and engagement activities, summarized in the diagram on the right, influenced the Study process and its outcome, the Reuse Framework.

Additional information on the community engagement process and findings is available in the Community Outreach / Engagement Appendix.



\*4 meetings completed, 1 meeting in May 2022



## Section 3: How Has Community Influenced the Study Process?

### Increased Depth and Breadth of Engagement with Guidance between 2019 to 2022 from a Community Engagement Steering Committee

- The Study included establishing a diverse committee to guide the community engagement process, including multiple methods of collecting input on community priorities

### Expanded Study Area to Include West Campus

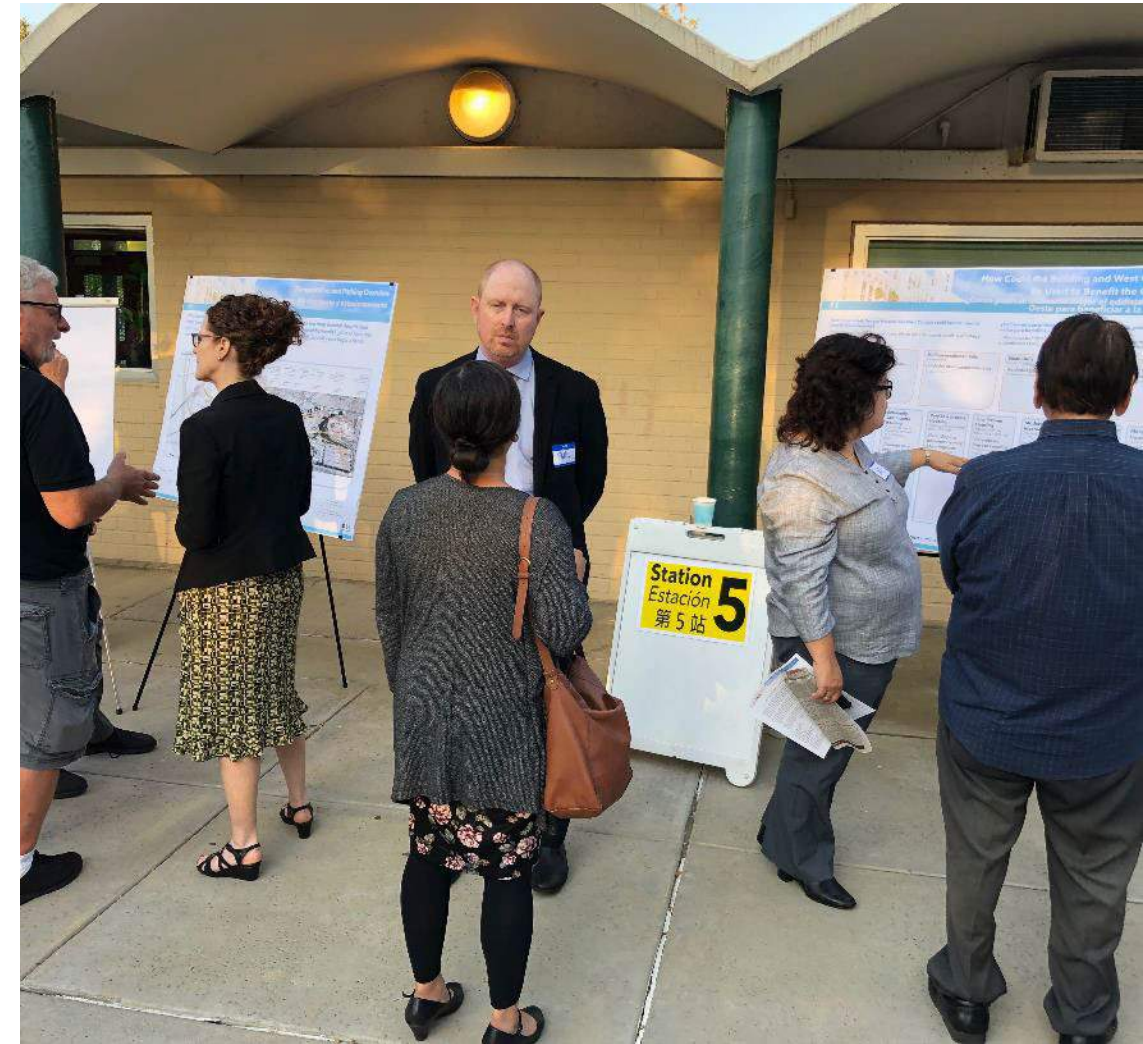
- Supervisor Hilda L. Solis directed the Study area to be expanded to better address her Healthy Village Vision and support County requirements and community priorities

### Extended Schedule to Allow for More Community Engagement

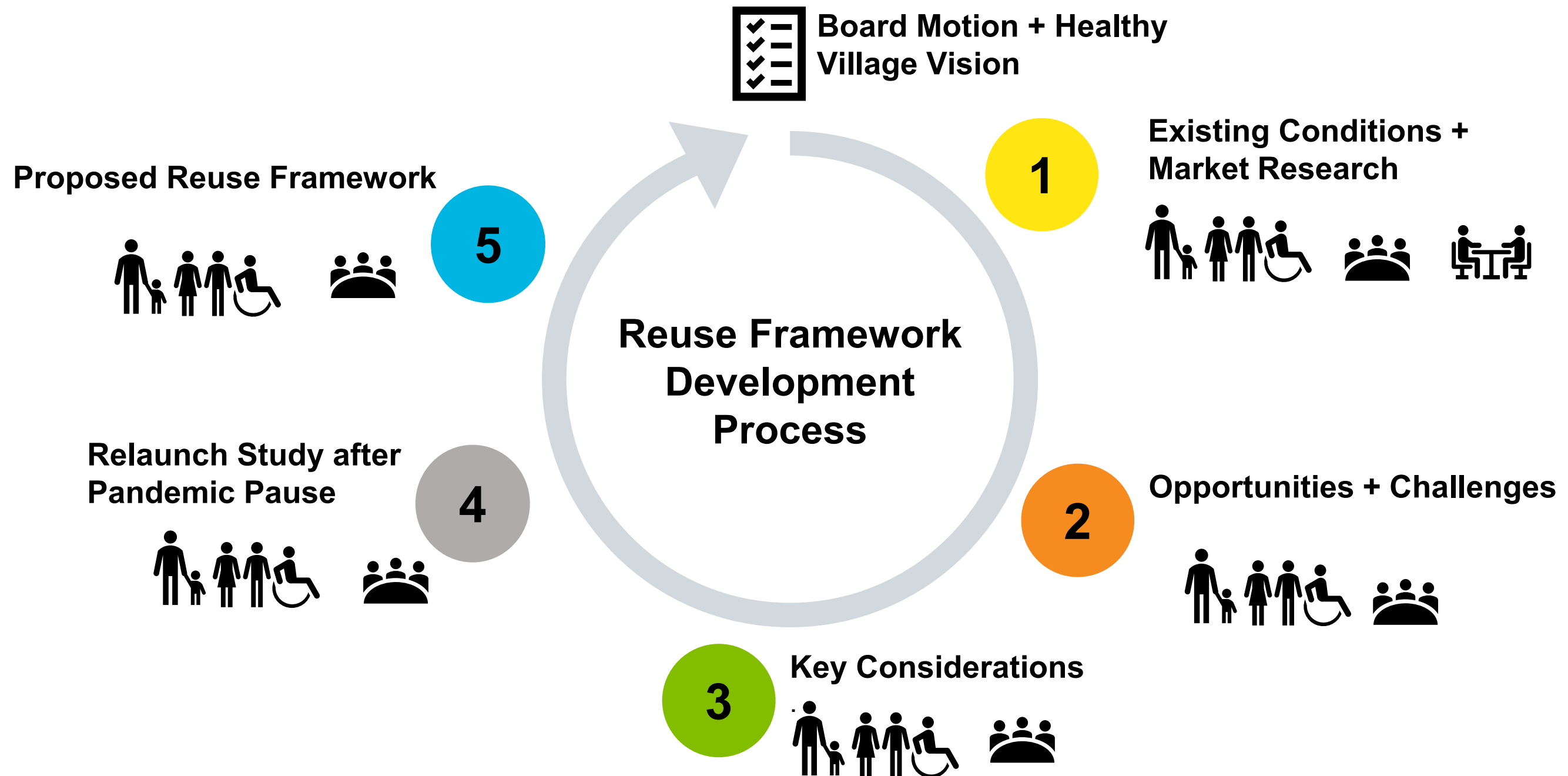
- Robust community engagement takes time; the Study schedule was extended to allow increased time for this process

### Included Community Vision Exercises

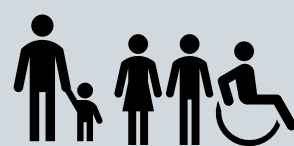
- The Community Engagement Steering Committee shaped input exercises, including a sticker and mapping exercise, to gain input on community priorities



# Section 3: Community Engagement Process in Relation to the Technical Study Process



Each icon above represents where one or more of these methods has informed the framework development process:



**Community Input**  
 Steering Committee  
 Informal Discussions  
 Additional Meetings  
 Community at Large Meetings  
 Health Innovation Community Partnership



**County Input**  
 Supervisor Hilda L. Solis  
 County Chief  
 Executive Office  
 County Departments



**Interviews**  
 County Staff  
 Housing Experts  
 Developers



## Section 3: Developing County Requirements

The Study team engaged County Departments to identify and confirm County requirements for the reuse of General Hospital and redevelopment of West Campus.

This process involved a series of site visits and meetings with County Departments interspersed with follow-up workshops to further explore various operational and technical considerations.





## Section 3: Technical Process

Concurrent with the community engagement process, the Study team conducted a broad technical analysis engaging subject matter experts in multiple fields including:

- Affordable Housing
- Civil, Mechanical, Electrical and Plumbing Engineering
- Environmental Planning and Approvals
- Fire Protection
- Geotechnical Engineering
- Hazardous Materials
- Historic Resources
- Landscape Architecture
- Market Research and Analysis
- Structural Engineering
- Transportation and Parking

Key findings of the technical analysis are summarized in Sections 5-7, with additional information in the Appendix.



Spence Air Photos, Inc. Collection, UCLA Department of Geography, 1930s

## Section 4: Community Engagement Findings

During the robust community engagement process summarized above and detailed in the Appendix, the Study team gathered extensive data about community stressors and priorities and how the community would like those priorities translated into various uses in a renovated General Hospital and a redeveloped West Campus.

Summarized on the following pages are the community's needs and interests related to the proposed development in alignment with County policies related to Community Benefits, Affordable Housing, Economic Opportunity, and Workforce Development.



## Section 4: Community Stressors Expressed During the Community Engagement Process

- COVID-19 magnified economic stressors:
  - Closing of small businesses
  - Lack of economic opportunities for disenfranchised
  - Access to safe/clean street vending opportunities
- Environmental justice / pollution
- Food insecurity
- Gentrification and displacement due to:
  - Quality of existing housing, loss of affordable housing stock
  - Market speculation
  - Rent increases
  - Overcrowded housing conditions
- High unemployment
- Homelessness
- Lack of adequate public transportation
- Lack of community engagement in potential economic development opportunities (e.g., bioscience corridor)
- Lack of mental health services adequate to community need
- Limited parking for hospital patients and neighborhood residents



## Section 4: Community Priorities Expressed During the Community Engagement Process

- Adequate mental health services
- Affordable housing for deeply low, extremely low, and very low income neighbors
- Affordable retail, small business support and procurement
- Community services and amenities
- Equity framework to guide development
- Food security and healthy food access
- Long-term economic security
- Meet and exceed County policy standards related to Community Benefits, including Affordable Housing and Economic Opportunity
- Social justice
- Workforce development and economic opportunities for all residents (including undocumented residents):
  - Local and target hire and training Programs
  - Permanent positions beyond construction
  - Jobs with family supporting wages



## Section 4: Community Uses Expressed During the Community Engagement Process

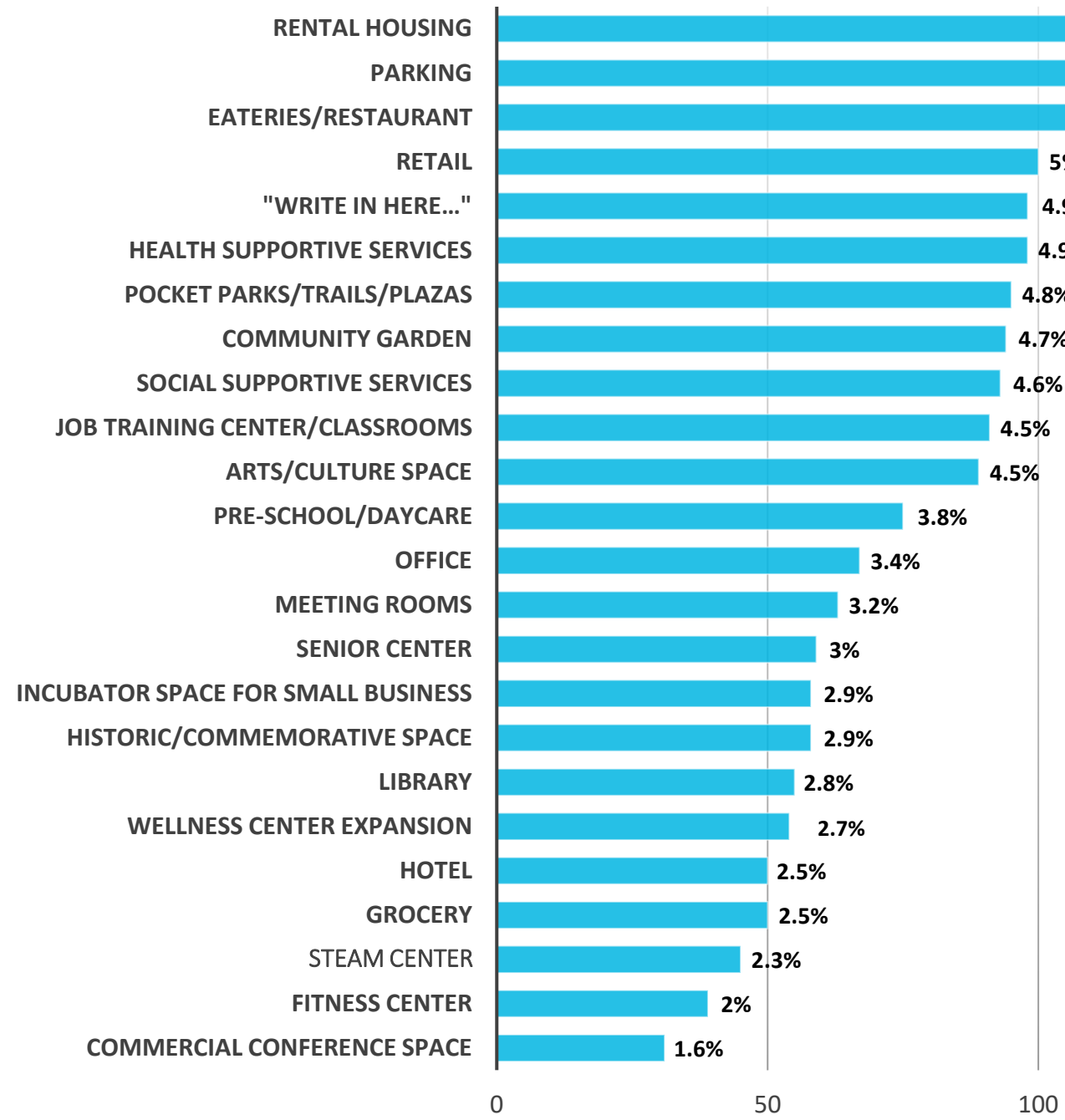
- Affordable housing, including deeply and extremely low income, and for families
- After-school Science, Technology, Engineering, Art, Mathematics center
- Arts/Culture spaces
- Commemorative spaces
- Community services spaces
- Health and social support services space
- Library
- Locally based retail
- Neighborhood grocery store
- Open space/community garden
- Preschool/Daycare
- Public and accessible transportation and parking
- Senior center
- Subsidized to low cost extended stay hotel to support patient families receiving care at Medical Center

*Note: List is in alphabetical order*

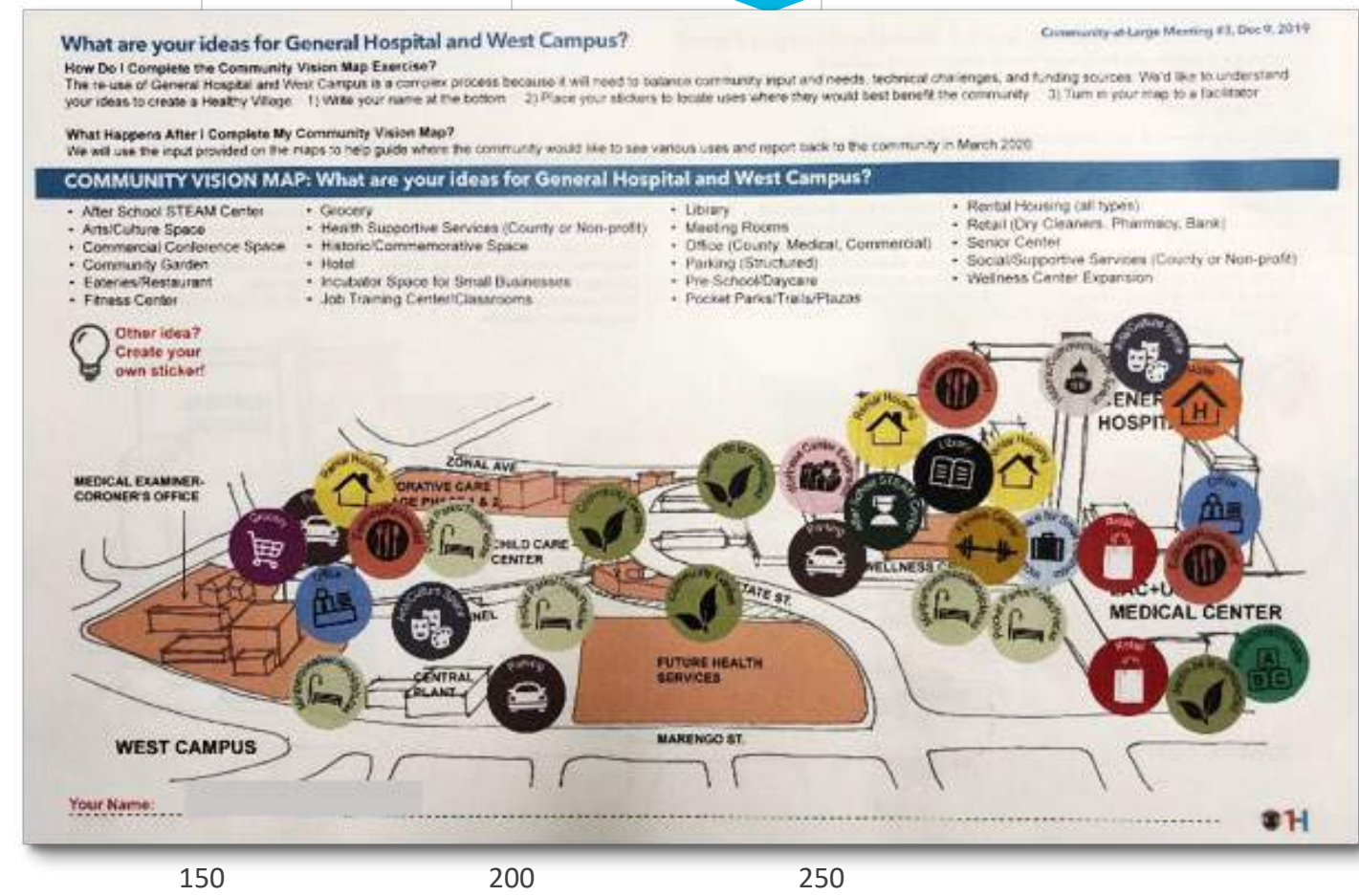


# Section 4: Data on Community Uses Gathered During the Community Engagement Process

Among several data collection techniques, the Study team used a vision mapping exercise to gather data on priority uses and preferred placement at the site from community members.



**Community Engagement Mapping Results**  
Based on 83 community vision maps and 1922 stickers



Community Activity Map from December 2019 Community at Large Meeting #3 and HICP Meeting.



## Section 5: Existing Conditions and Improvements Analysis

This section summarizes the key findings of the technical analysis related to existing conditions of both General Hospital and West Campus.

The Study team evaluated the following:

- Environmental
- Fire protection
- Geotechnical
- Hazardous materials
- Historic resources
- Mechanical, electrical, and plumbing
- Open space
- Structural
- Transportation and parking
- Utilities

The Existing Conditions and Improvements Analysis Appendices contain additional information for each of these areas.



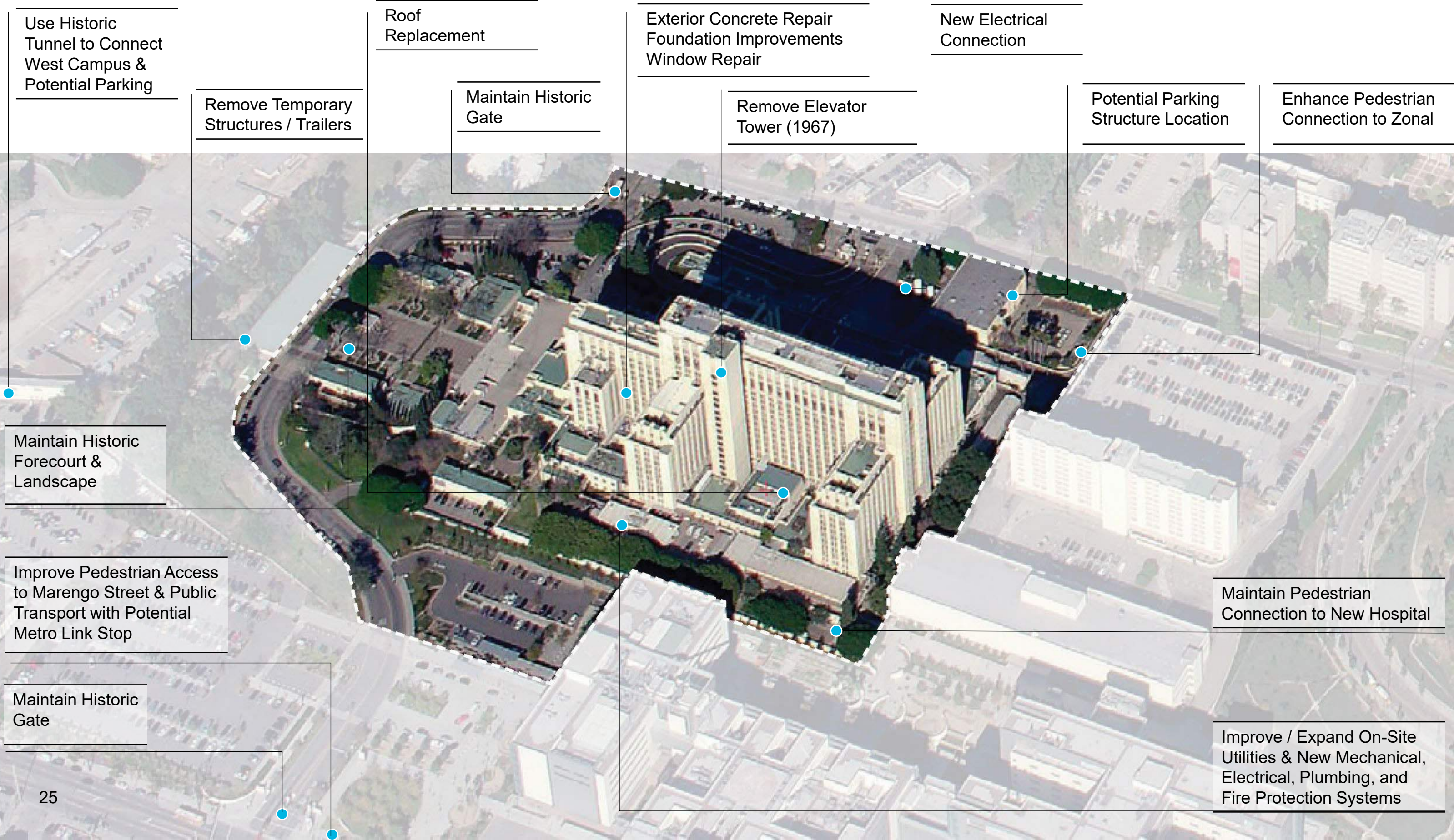
## Section 5: Existing Conditions - General Hospital

- Construction was completed in 1933
- 19 stories, 1.2 million square feet
- Largely vacant
- Hazardous materials most likely present in certain areas
- Structural condition unsuited for long term residential and mixed use
- On-site utilities inadequate for reuse
- Needs extensive exterior repairs / replacements and interior renovations for long term use for housing and other mixed uses
- Lack of adequate parking
- Eligible for National Register of Historic Places, which adds complexity and expense to renovations

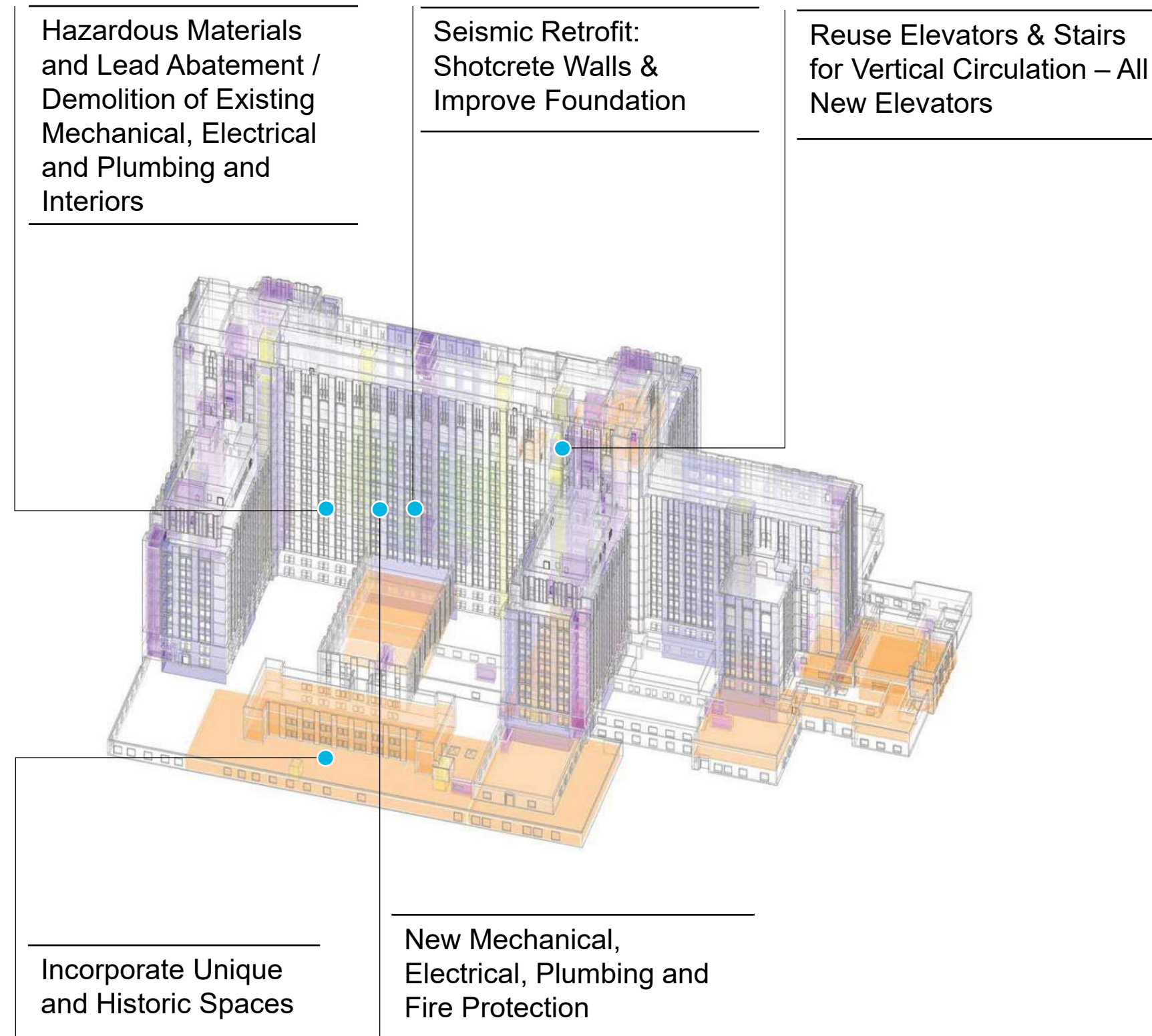




# Section 5: General Hospital Existing Conditions / Potential Exterior Improvements



# Section 5: General Hospital Existing Conditions / Potential Interior Improvements



## Section 5: Existing Conditions - West Campus

- West Campus is the area north of State Street across from General Hospital
- West Campus includes 12 acres with potential for redevelopment (assuming relocation of various functions and demolition of buildings and a parking structure)
- Three West Campus development areas are identified for new construction opportunities as Super Pads A, B, and C on next page
- The Pharmacy and Tunnel, which connects to General Hospital and is shown in photograph at right, could be renovated and repurposed to serve the community
- Redevelopment requires upgraded site infrastructure including utilities
- Requires parking
- Utility easement area in location of former stream area
- Location of existing secondary helipad serving LAC+USC Medical Center



Note: Super Pad is defined as a potential development site.

# Section 5: West Campus Existing Conditions and Potential Improvements

Allow for expansion of Medical Examiner-Coroner

Replacement of P10 parking structure with opportunity to introduce active street presence on Mission Road

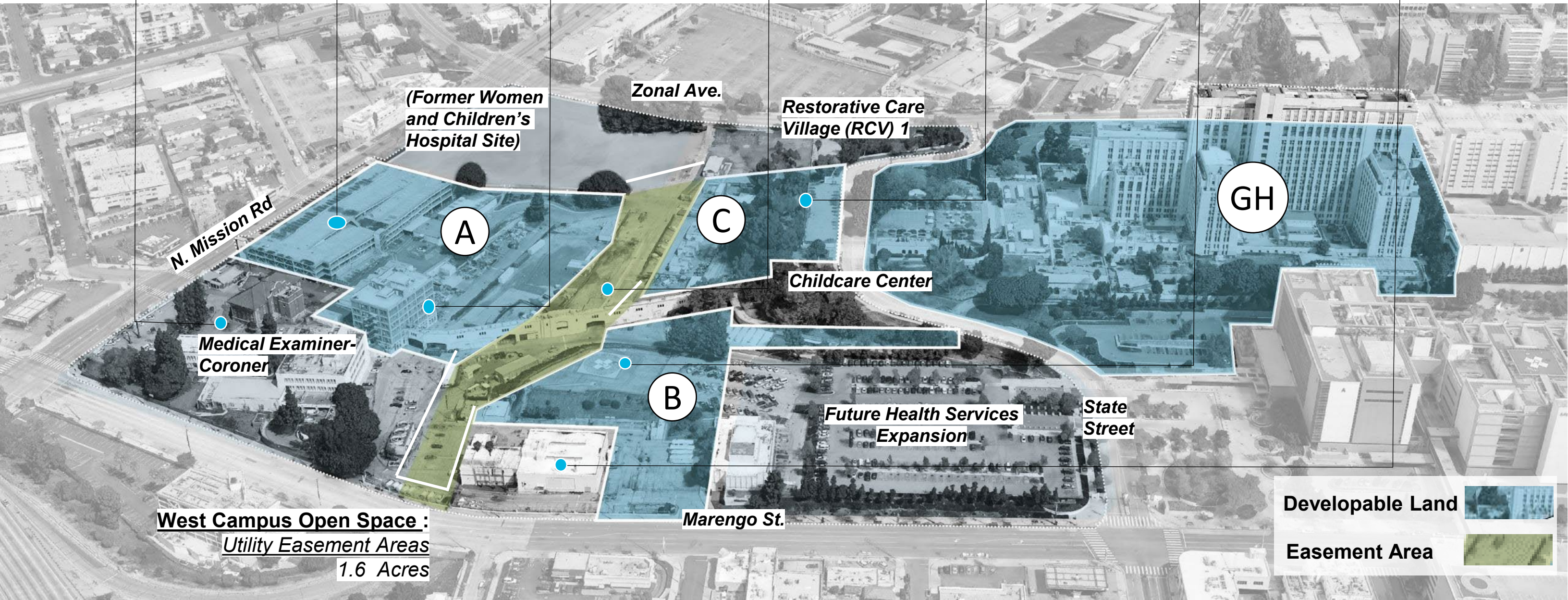
Reuse of Pharmacy

Utilize Tunnel to improve internal connectivity

Potential parking structure

Helipad must be accommodated on West Campus (requires further study)

Existing Central Utility Plant



## Section 6: Market Analysis Overview

The Study team conducted an analysis of the market to assess the potential viability of various use types in the context of the demographic and socio-economic data of the area surrounding the LAC+USC Medical Center.

This analysis was conducted in 2019 and 2020 during the first phase of the study, and consequently is based on data from 2015 to 2020.

The market analysis is documented in the Market Research Analysis Appendix, which contains additional information on the following topics:

- Market analysis methodology and context
- Socio-economic trends
- Market analysis for residential, office, retail, and hotel uses



## Section 6: Market Analysis - General Hospital Sub-Areas

The General Hospital market area, presented in the diagram below, was first defined and then subdivided into four sub-areas corresponding to boundaries defined by all or portions of City of Los Angeles community planning areas and Council Districts.

### Sub-area A (Boyle Heights)

- Encompasses the Boyle Heights Community Planning Area (as identified by the LA Department of City Planning and the Los Angeles General Plan)

### Sub-area B (Lincoln Heights)

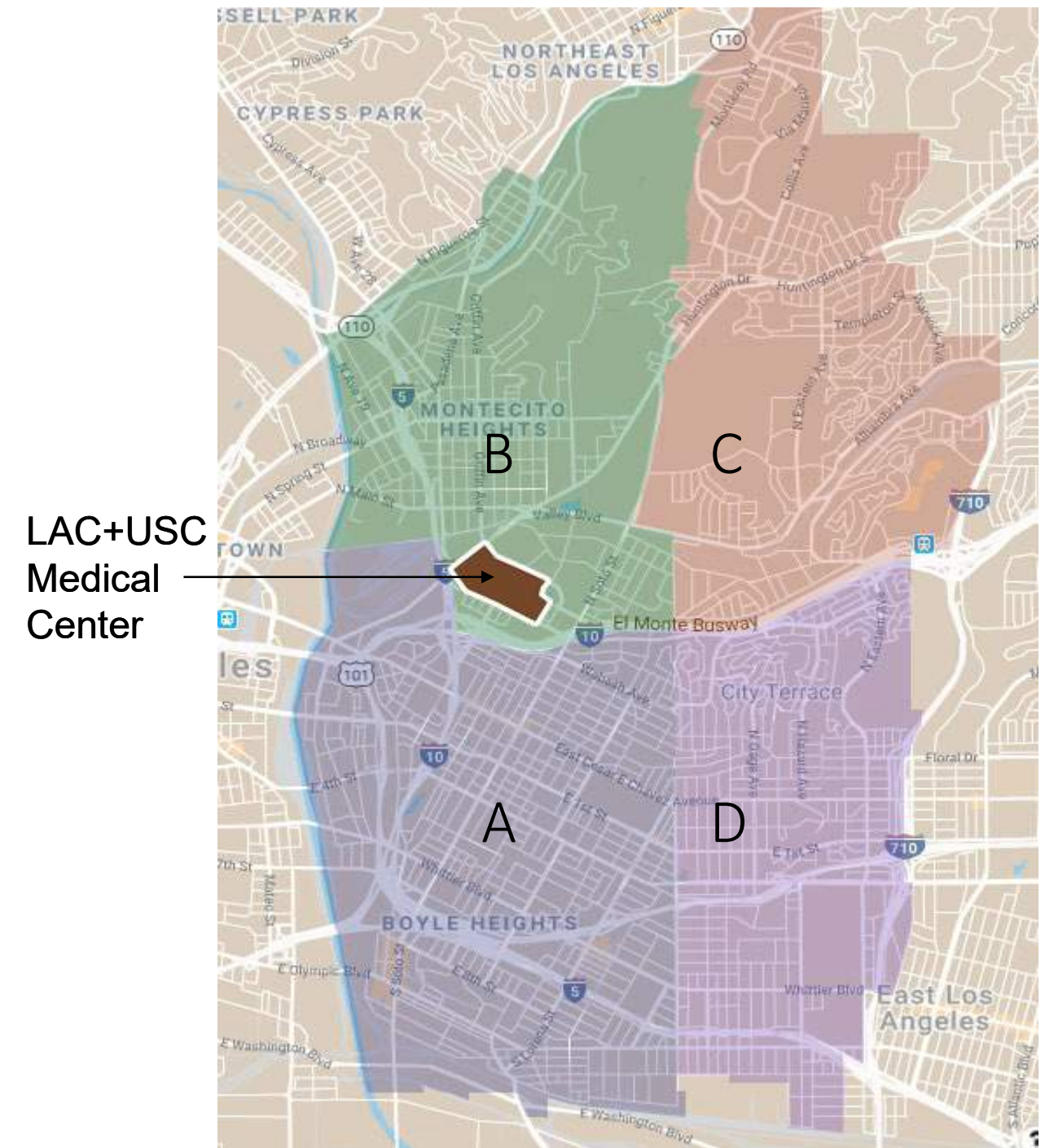
- Comprises the 7 sub-areas Lincoln Heights Neighborhood Council and Montecito Heights district of the Arroyo Seco Neighborhood Council (only a portion of what is commonly referred to as Lincoln Heights)

### Sub-area C (El Sereno)

- Comprises the 4 regions of the LA-32 Neighborhood Council and the Hermon and Monterey Hills districts of the Arroyo Seco Neighborhood Council (only a portion of what is commonly referred to as El Sereno)

### Sub-area D (East LA)

- Includes the western portion of the East Los Angeles Community Plan (as identified by the LA County Planning Department)



Source: Google Earth, AECOM

## Section 6: Market Analysis Overview

Highlights of the market analysis, conducted in 2020, include:

- Over the past 10 years, most of the residential development in the market area has been affordable housing. However, over the past few years, the number of market rate housing projects in development has significantly increased. This indicates both a strong demand for market rate housing and an even higher need for affordable housing development to provide a counterbalance to market rate housing saturation
- The market area has a larger average household size and lower median household income relative to Los Angeles County as a whole
- The office market area has low vacancy and steadily increasing rents. The proximity to health care centers and Downtown LA creates the opportunity for office growth, especially for medical offices
- While the retail market has been largely static, new development in General Hospital and West Campus would create new opportunities for retail, dining, entertainment, and services in the vicinity



## Section 7: Affordable Housing Analysis

The Motion adopted by the Board in 2018 directed the Study evaluate providing low income housing in General Hospital. This section summarizes the key findings of the affordable housing analysis related to the reuse of General Hospital and redevelopment of West Campus.

The Study team evaluated the following, including:

- Local household demographics in the County, City of Los Angeles, and market area
- Affordable housing types and sizes of units
- Strategies for funding and financing of affordable housing
- Relevant case studies
- Applicable legislation related to affordable housing

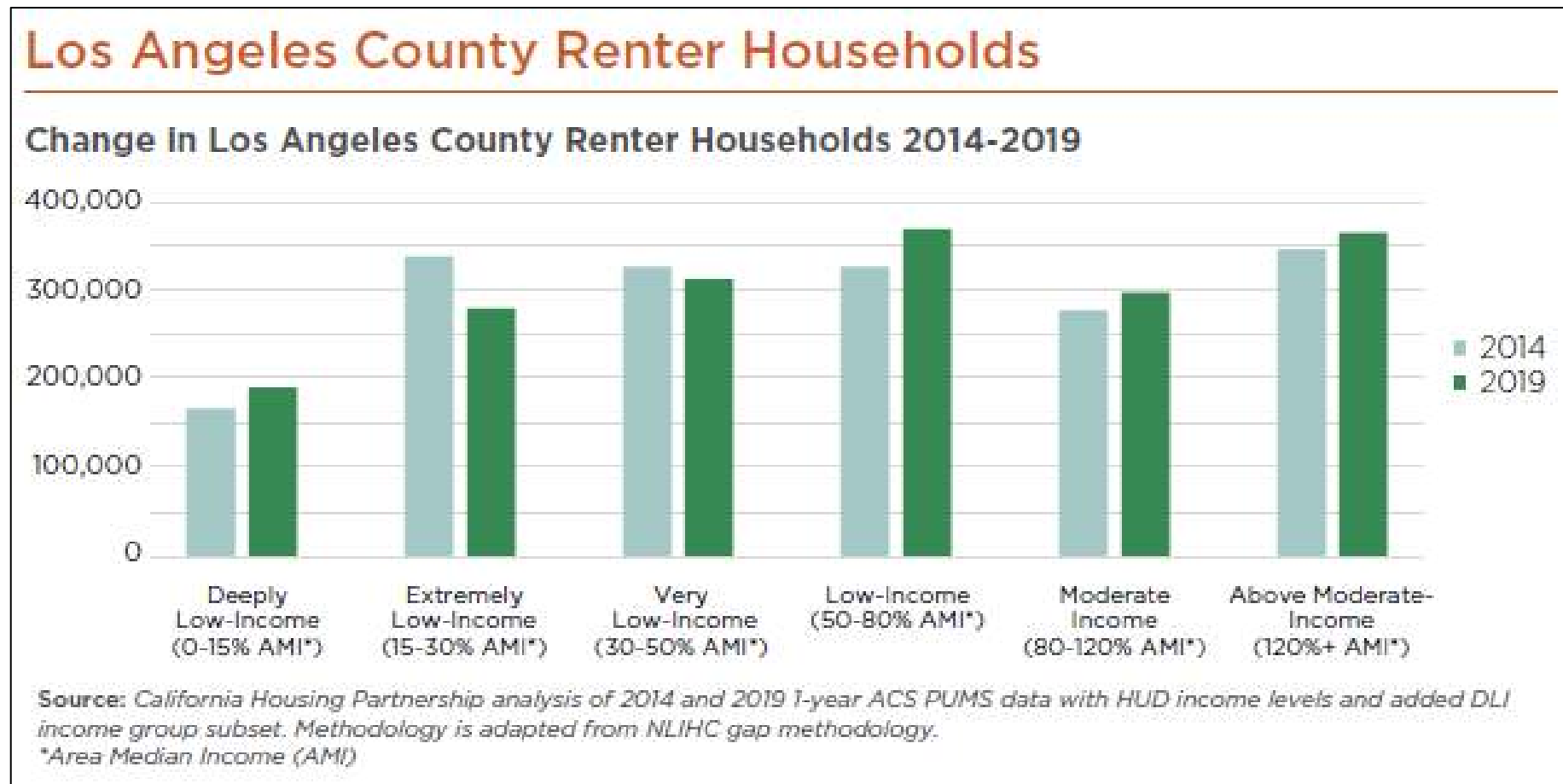
The Affordable Housing Analysis Appendix contains additional information for each of these topics.



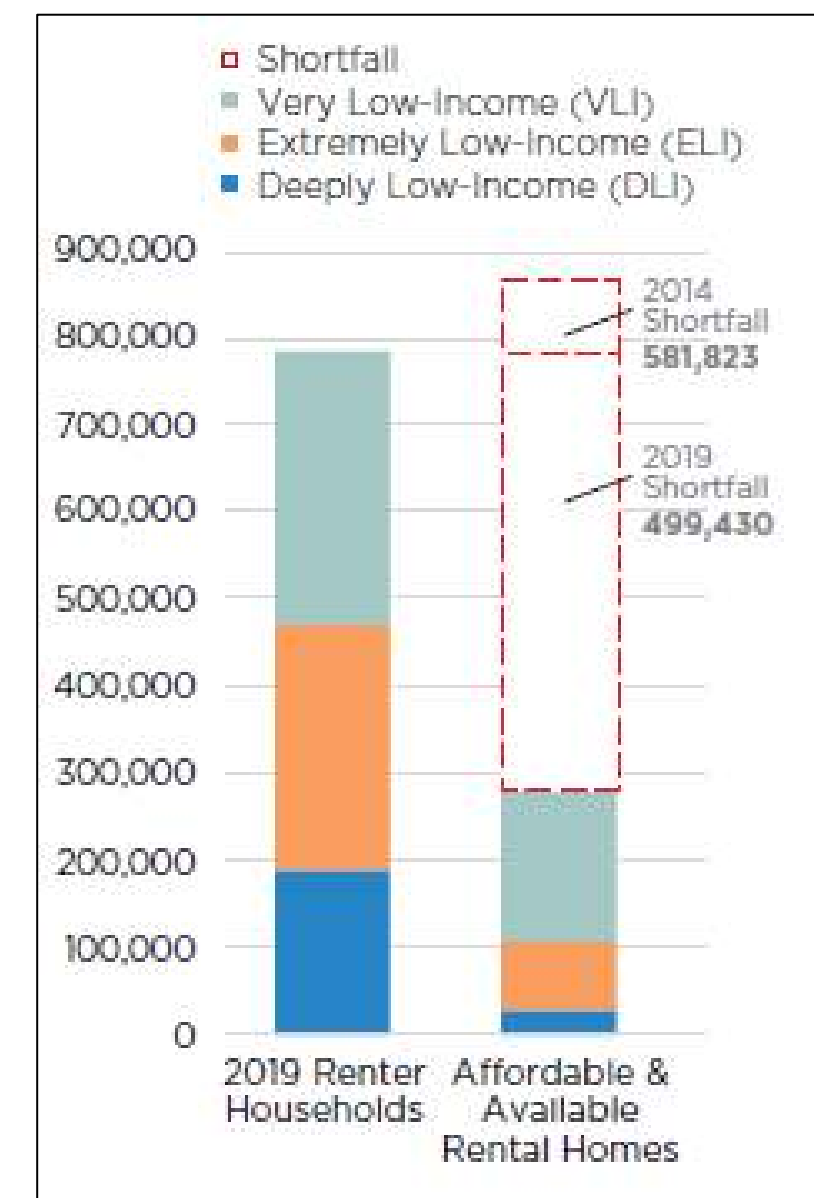


## Section 7: Affordable Housing Analysis Overview – Los Angeles County Data

- The California Housing Partnership Annual Affordable Housing Outcomes 2021 Report demonstrates the significant shortfall of affordable units at every income level in Los Angeles County
- As illustrated below, from 2014 to 2019, the total number of households in the extremely low and very low income categories declined, while all other categories increased
- As presented in the graph to the right, in 2019 Los Angeles County had an affordable housing shortfall of nearly 500,000 units



Source: California Housing Partnership



Source: California Housing Partnership



## Section 7: Affordable Housing Analysis Overview – Market Area Data

Highlights of the affordable housing analysis, conducted in 2020, include:

- Compared to the population of the County, the market area had a higher proportion of residents that are either cost burdened or in the very low and low income categories. This indicates a clear need for more affordable housing in the vicinity of the Medical Center
- The market area identified 51 percent of households face cost burdens compared to 46 percent in the County with larger portions of households in the extremely low to low income ranges (based on US Census 2019 data)
- General Hospital and West Campus, due to their location, qualify for a number of funding and financing opportunities based on location, potential community benefits, and potential to reach certain populations
- A reuse and redevelopment initiative of this scale necessitates creative financing to make affordable housing a feasible option



## Section 8: Reuse Framework

The proposed Reuse Framework combines community priorities, County requirements, and technical considerations with a goal to guide next steps in implementing the renovation of General Hospital and redevelopment of West Campus as another step to creating Supervisor Hilda L. Solis' Healthy Village Vision.

The Reuse Framework, and these three contributing pillars, is described on the following pages.



## Section 8: Summary of Reuse Framework

The proposed Reuse Framework combines community priorities / uses, County requirements, and technical considerations to guide next steps in creating, designing, and implementing the reuse of General Hospital and the redevelopment of West Campus.

Community Priorities / Uses	County Requirements	Technical Considerations
<ul style="list-style-type: none"> <li>• Affordable housing, including deeply and extremely low income, and for families</li> <li>• After-school Science, Technology, Engineering, Art, Mathematics center</li> <li>• Arts / Culture spaces</li> <li>• Commemorative spaces</li> <li>• Community services spaces</li> <li>• Health and social support services space</li> <li>• Library</li> <li>• Locally based retail</li> <li>• Neighborhood Grocery store</li> <li>• Open space</li> <li>• Parking</li> <li>• Preschool / Daycare</li> <li>• Senior center</li> <li>• Subsidized to low cost extended stay hotel to support patient families receiving care at the Medical Center</li> <li>• Workforce and economic development</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure General Hospital meets all applicable building codes applying to residential and mixed-use facilities</li> <li>• Ensure LAC+USC Medical Center operations can continue effectively</li> <li>• Ensure reuse implements Board policies, such as Community Benefits and Local and Targeted Worker Hire, and goals of the Countywide Sustainability Plan</li> <li>• Maintain General Hospital and make more productive use of the underutilized West Campus area</li> <li>• Replace or maintain secondary helipad</li> <li>• Resolve temporary or final location for County functions located in the General Hospital and other buildings that may need to be renovated or replaced</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental</li> <li>• Fire protection</li> <li>• Geotechnical</li> <li>• Hazardous materials</li> <li>• Historic resources</li> <li>• Mechanical, electrical and plumbing</li> <li>• Open Space</li> <li>• Structural</li> <li>• Transportation and parking</li> <li>• Utilities</li> </ul>



## Section 8: How Has Community Influenced the Reuse Framework?

The Reuse Framework incorporates community priorities identified from 2019 to 2022:



**Housing:** for the lowest income neighbors and family-sized units to meet the needs of the community.



**Community-Serving Spaces:** that are accessible and open to all community members, including a grocery store offering community-oriented food choices, low-cost lodging for families of patients in the LAC+USC Medical Center, health and wellness services, and transportation and mobility access improvements.



**Workforce Development and Economic Opportunity:** spaces to help community members find living-wage jobs and develop careers, such as a Job Training Center, incubator space for small business / social enterprise, and resource center for local business expansions.



**Culture, Arts and Open Space:** dedicated open green space, such as trails and community gardens, and incorporate arts in the project design. The community expressed the importance of having cultural values integrated in design, décor and landscaping elements and commemorative spaces.

## Section 8: Community Uses and Services in the Reuse Framework

The following provides more detail on the potential uses and services in the Reuse Framework, informed by the community engagement process.

### Housing

- Housing for deeply, extremely, and very low income community members
- A mix of unit types, including multi-generational and family-size units

### Community Service Spaces

- Health and social support services (non-profit & government)
- Job training center / Classrooms / Meeting rooms
- Senior center
- Preschool / Daycare
- After School Science, Technology, Engineering, Art and Mathematics Center
- Social enterprise space / Business incubator space

### Open Space

- Community garden
- Pocket parks / Trails / Plazas

### Neighborhood Serving Retail

- Grocery offering culturally-responsive products
- Local vendors
- Healthy food
- Taquerias

### Office

- Job opportunities (at multiple levels of education and income)

### Other

- Arts / Culture space
- Library
- Commemorative space
- Parking

## Section 8: County Requirements in the Reuse Framework

- Maintain General Hospital and make more productive use of the underutilized West Campus area
- County needs to continue to operate multiple public facilities on the campus to include the County's LAC+USC Medical Center, the Restorative Care Village, and Medical-Examiner Coroner
- County functions located in General Hospital and any other buildings that may be renovated or replaced may need to be moved to another temporary or long-term location
- Provide a secondary helipad on West Campus, either maintaining the current helipad or relocating it to a new home on West Campus
- Ensure General Hospital meets all applicable building codes that apply to residential and mixed-use facilities
- Ensure reuse implements Board policies, such as Community Benefits for County Economic Development Projects and Local and Targeted Worker Hire, and goals of the Countywide Sustainability Plan



## Section 8: Technical Considerations in the Reuse Framework

The technical analysis undertaken by the Study team and outlined in the Appendix identifies technical considerations, including:

### Housing Focused

- Available affordable housing funding is allocated in small competitive portions, which may extend implementation timeline
- 3-bedroom units for families are desired by the community, but are less cost efficient than studio, 1, and 2-bedroom units (e.g. lower revenue per square foot)

### General Hospital

- Withstood the 1994 Northridge Earthquake, but needs structural upgrades for long-term and residential / mixed use
- Is graced with several unique historic interior spaces that need to be preserved and incorporated into a reuse plan
- Requires hazardous materials be abated as a first step in the renovation process
- Provides workspace for nearly 1,000 people who need to be relocated, including County and non-County functions such as The Wellness Center
- A fully-utilized General Hospital will need additional parking

### West Campus

- Accessibility improvements must be considered in redevelopment due to an approximately 40' grade change from State Street towards Mission Road
- A potential historic stream is now in an underground pipe and delineated by an easement
- The Pharmacy and Tunnel, the latter of which was constructed as part of constructing General Hospital, offer opportunities for creative reuse
- Parking Garage P-10 on Mission Road is in poor condition and could be demolished, but redevelopment requires more parking. Replacement of any displaced parking will need further evaluation
- Redevelopment requires upgraded site infrastructure including utilities





## Section 9: Potential Funding Sources

Renovating General Hospital and redeveloping West Campus will be costly. The Study team researched likely and additional potential financing and funding sources that could be used to advance the project, assuming a private-sector led implementation. These sources are presented on the following pages.



## Section 9: Potential Funding Sources

The Study team identified potential funding sources for a mixed-use development delivered by the private sector. The funding sources can be divided into two categories:

- **Most Likely Funding Sources**
  - **Additional Funding Sources**
- 

### Most Likely Funding Sources\*

1. **Private Market Rate Debt & Equity** (Financing supported by cash flows of any market rate uses)
2. **Federal Low Income Housing Tax Credit (LIHTC)** (Both 4% and 9% LIHTC are available for low income housing uses pending a competitive application process for limited resources)
3. **State Low Income Housing Tax Credit** (An additional resource for low income housing)
4. **Tax Exempt Bonds** (Bonds issued by Los Angeles County Development Agency in tandem with 4% LIHTC via California Debt Limit Allocation Committee)
5. **Private Affordable Debt & Equity** (Financing supported by cash flows of affordable housing uses)



## Section 9: Potential Funding Sources

### Additional Funding Sources\*

6. **Federal Historic Credits** (Requires General Hospital to be listed on the National Historic Register)
7. **Enhanced Infrastructure Financing District** (Requires County and City of Los Angeles formation and agreement on allocation of tax-increment financing)
8. **CA Dept. of Housing & Community Development Affordable Housing for Sustainable Communities, Multifamily Housing Program, Infill Infrastructure Grant** (Competitive)
9. **City's Affordable Housing Managed Pipeline** (Competitive)
10. **Permanent Supportive Housing: CA Dept. of Housing & Community Development No Place Like Home, Housing for a Healthy California, County's Notice of Funding Availability** (Competitive)
11. **City / County Project-Based Housing Choice Vouchers** (Pending adequate budget allocation when needed)
12. **New Markets Tax Credits** (Federal program to stimulate business and real estate investment in low income areas)
13. **Philanthropy** (Could offset cost of community-serving space)
14. **Potential State Surplus Funds** (FY 2022-2023 State Budget will allocate substantial California State surplus funding)
15. **Federal Funds** (Federal appropriation for community projects)



## Closing

Renovating General Hospital and redeveloping West Campus would be transformative for the community and allow the County to both maintain an iconic landmark and make productive use of underutilized County assets.

Advancing a project of this scale will require collaboration with various levels of government, the community, and the private sector.



# LAC+USC MEDICAL CENTER

## GENERAL HOSPITAL and WEST CAMPUS FEASIBILITY STUDY

Appendix

April 2022

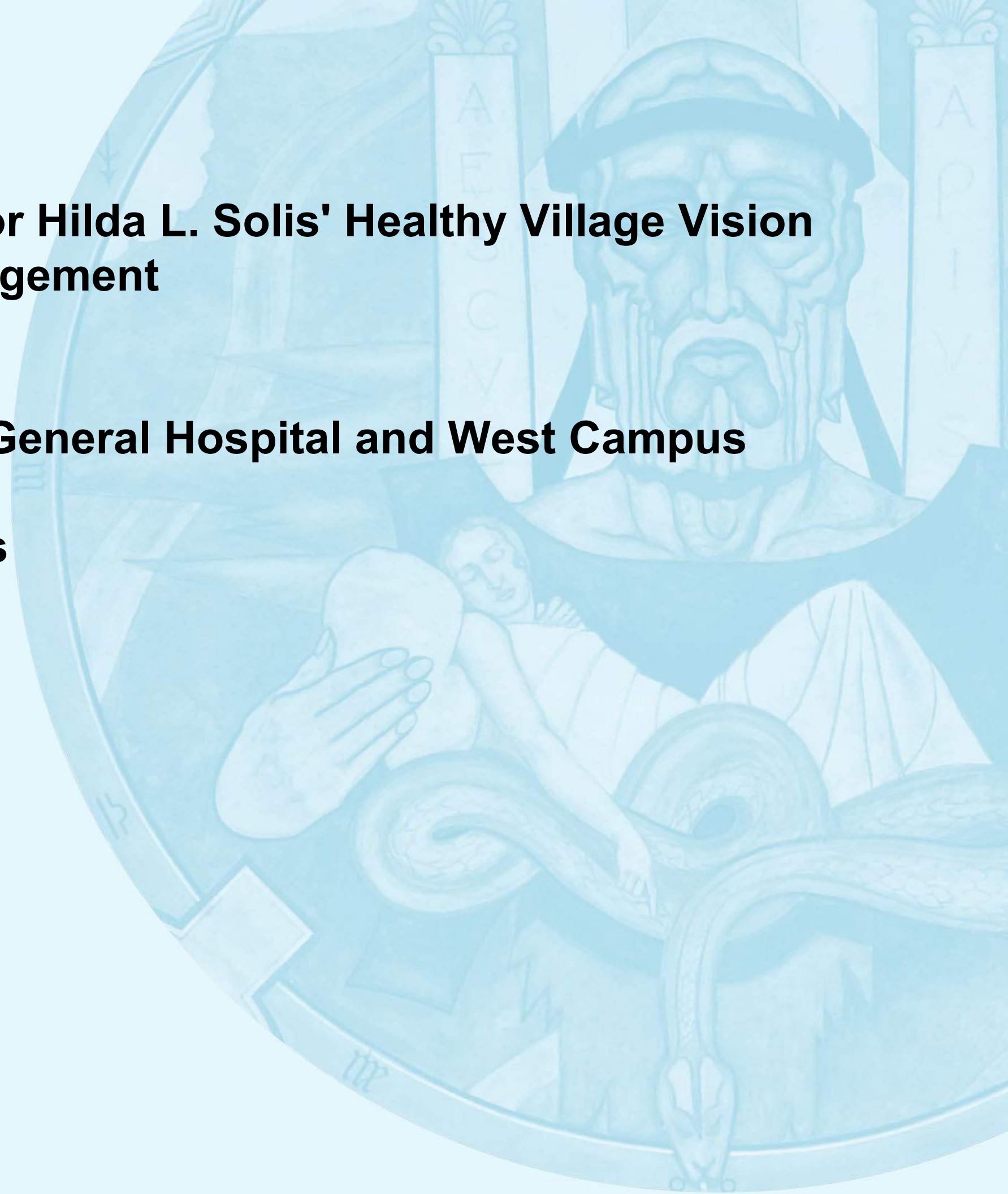


County of Los Angeles  
Chief Executive Office



# Appendix

- A. Board Motion and Supervisor Hilda L. Solis' Healthy Village Vision**
- B. Community Outreach / Engagement**
- C. Historic Analysis**
- D. Existing Conditions**
- E. Improvements Analysis for General Hospital and West Campus**
- F. Market Research Analysis**
- G. Affordable Housing Analysis**



# LAC+USC MEDICAL CENTER GENERAL HOSPITAL and WEST CAMPUS FEASIBILITY STUDY

Appendix

April 2022

## Board Motion and Healthy Village Vision

A large, bold, dark blue letter 'A' is positioned in the bottom right corner of the page. The background of the entire page is a light blue wash featuring a faint, circular seal of the University of Southern California. The seal depicts a central figure, likely a personification of knowledge or a historical figure, surrounded by architectural elements and text. The overall aesthetic is clean and professional, consistent with an academic or institutional document.

# Board Motion Adopted November 13, 2018

SUPERVISOR HILDA SOLIS

November 13, 2018

AGN. NO.

MOTION BY SUPERVISOR HILDA L. SOLIS

November 13, 2018

**FEASIBILITY OF REPURPOSING THE LAC+USC GENERAL HOSPITAL BUILDING FOR HOUSING AND MIXED USE PURPOSES**

Since opening its doors in 1933, the historic Los Angeles County General Hospital (General Hospital) served as a beacon of hope, healing and caring for millions of Angelinos. For decades, the General Hospital provided much needed health care services for all County residents, particularly for the most vulnerable individuals. It also served as a major training site for generations of physicians completing their Graduate Medical Education and as the birthplace of Emergency Medicine.

The General Hospital is a spectacular 1.5 million square foot, 19-story, historic Art-Deco building that sits atop the largest County health campus, surrounded by some of Los Angeles County's traditionally underserved communities in Boyle Heights, Lincoln Park, East L.A. and El Sereno. Due to the 1994 Northridge Earthquake, the County committed to constructing a replacement hospital, and upon opening the new medical center in 2008, the General Hospital became largely vacant. No direct patient care services remain at the General Hospital. Additionally, significant alterations or demolition of the building are not viable options, due to its historic designation.

Consistent with the General Hospital's emblematic mission, vision, and history to serve the most vulnerable residents of our region, and advance the County's overall mission to address our current housing crisis needs and provide exceptional health services, it behooves the County of Los Angeles to bring this iconic County asset back to life.

Given the County's tremendous need for homeless, low income, and high-need population residential options, and specifically in the area surrounding the LAC+USC Medical Campus, the General Hospital could contribute significantly to addressing that need by providing a number of residential units and related services for future residents and the broader County community. This reuse would complement the LAC+USC

MOTION

SOLIS \_\_\_\_\_  
 RIDLEY-THOMAS \_\_\_\_\_  
 HAHN \_\_\_\_\_  
 BARGER \_\_\_\_\_  
 KUEHL \_\_\_\_\_

Foundation's Wellness Center that occupies the General Hospital's ground floor and provides both wrap-around and community services to the LAC+USC Medical Campus visitors. Additionally, the potential reuse of the General Hospital can leverage the Restorative Care Village's vision to provide holistic care to our residents. Phase one of the Village's vision has recently moved forward through robust collaboration with County Chief Executive Office, Health Agency and Departments, and the LAC+USC Health Innovation Community Partnership.

To make a clear and informed choice on how to proceed with a mission-aligned reuse of the General Hospital as a housing and mixed-use building, a significant amount of technical analysis and due diligence must be completed. In addition, research needs to be conducted to identify and leverage possible creative financing mechanisms which may accelerate the successful reuse of the General Hospital. These include various tax credit programs, such as Historic Preservation Tax Credits, New Market Tax Credits, and Low Income Housing Tax Credits. Additionally, the Federal Tax Cuts and Jobs Act of 2017 created Opportunity Zones to stimulate investment into challenged census tracts, which include the LAC+USC Medical Campus. The establishment of an Enhanced Infrastructure Financing District, obtaining other federal and state grant monies, and pursuing Public Private Partnerships are all possible solutions to allow this historic icon to once again serve as a beacon of hope, and help the surrounding communities and our great LA Region.

Through a thoughtful well executed process, this incredible resource, which today lies idle and in significant disrepair, will be transformed into a marquee facility that again fuels hope, health, and caring for many Angelinos for the years to come.

**I THEREFORE MOVE** that the Board of Supervisors:

1. Direct the County CEO to immediately lead a detailed feasibility study and strategic plan process with outside experts who possess specialization in historic adaptive reuse, economic development and affordable housing financing, large scale building engineering and seismic retrofits, environmental planning, and community engagement. To advance this process, the CEO will consult and collaborate with County representatives from Housing for Health, CDC, Health Agency, LAC+USC Medical Center, DPW, and Regional Planning. The CEO will collaborate with the LAC+USC Health Innovation Community Partnership and other stakeholders, to create a robust community engagement process.
2. Direct the CEO to report back to the Board by Fall 2019 with a detailed feasibility study and strategic plan to identify reuse opportunities and constraints with the purpose of soliciting development proposals.

# # #

SUP:HLS





## Supervisor Hilda L. Solis' Healthy Village Vision

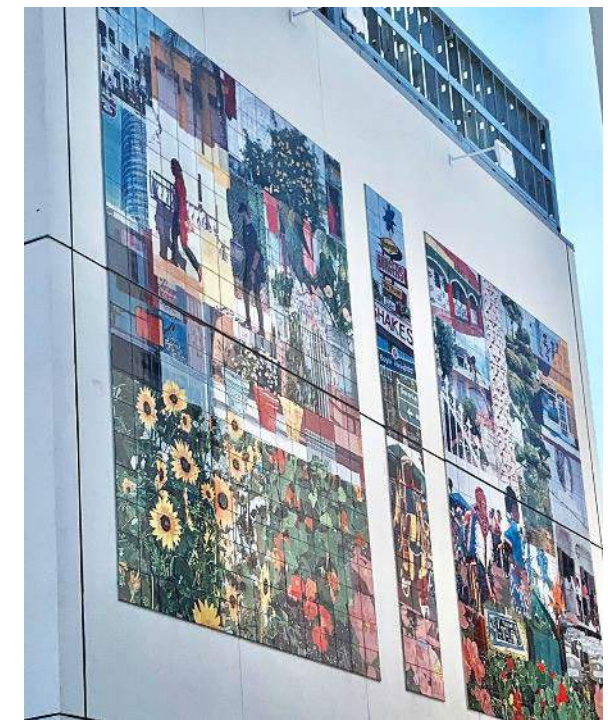
SUPERVISOR HILDA L. SOLIS

October 27, 2020

The Study will help further advance Supervisor Hilda L. Solis' Healthy Village Vision (Vision) of a healthy and economically resilient community, or "healthy village" at the LAC+USC Medical Center Campus. The County has advanced this Vision by constructing the first phase of the Restorative Care Village (RCV) along Soto Street on the east side of the campus.

The RCV is a key component of the Vision and will be the nation's first mental health and well-being village dedicated to caring for the County's most vulnerable populations by providing a full continuum of services (i.e., recuperative care, bridge housing, permanent supportive housing, respite and recovery center, an acute care full psychiatric facility, and supportive services).

The RCV also will provide a range of opportunities (i.e., education, training, employment, environments for recreation and amenities that promote socialization) to give unhoused residents necessary tools to successfully re-integrate into the community.



# LAC+USC MEDICAL CENTER GENERAL HOSPITAL and WEST CAMPUS FEASIBILITY STUDY

Appendix

April 2022

## Community Outreach / Engagement

A large, bold, dark blue letter 'B' is positioned in the bottom right corner of the page. The background of the entire page is a light blue, semi-transparent watermark of the USC seal, which features a central figure holding a staff with a snake, surrounded by the text 'UNIVERSITY OF SOUTHERN CALIFORNIA' and '1889'.

# Table of Contents

## Community Outreach / Engagement

Section	Contents
1. Community Engagement Overview	<i>Board Motion, Community Engagement Plan, CE Partners and Timeline, Community Quotes, Community Stressors and Priorities and Uses</i>
2. Community Engagement Steering Committee	<i>Member Roster, CESC Role, Meeting Dates and Focus</i>
3. Community at Large Meetings	<i>Meeting Overview, Format, Photos &amp; Videos, Press Release, Community Feedback, Participant Quotes, Meeting Summary, Meeting Presentation, Display Boards, Meeting Flyers, and Comment Cards</i>
4. Health Innovation Community Partnership	<i>Meeting Dates and Focus</i>
5. Stakeholder Interviews	<i>Key Themes</i>
6. Informal Discussions and Additional Meetings	<i>Organizations Engaged via Informal Discussions; Meeting Details for Additional Meetings</i>
7. Pop Up Events	<i>Details and Photos</i>
8. Study Website and Social Media	<i>Screenshots of Website, YouTube, Twitter, Instagram, and Facebook</i>

*The Community Engagement team was composed of AECOM, the LAC+USC Medical Center Foundation, Inc., Barrio Planners Incorporated, and Katherine Padilla & Associates.*

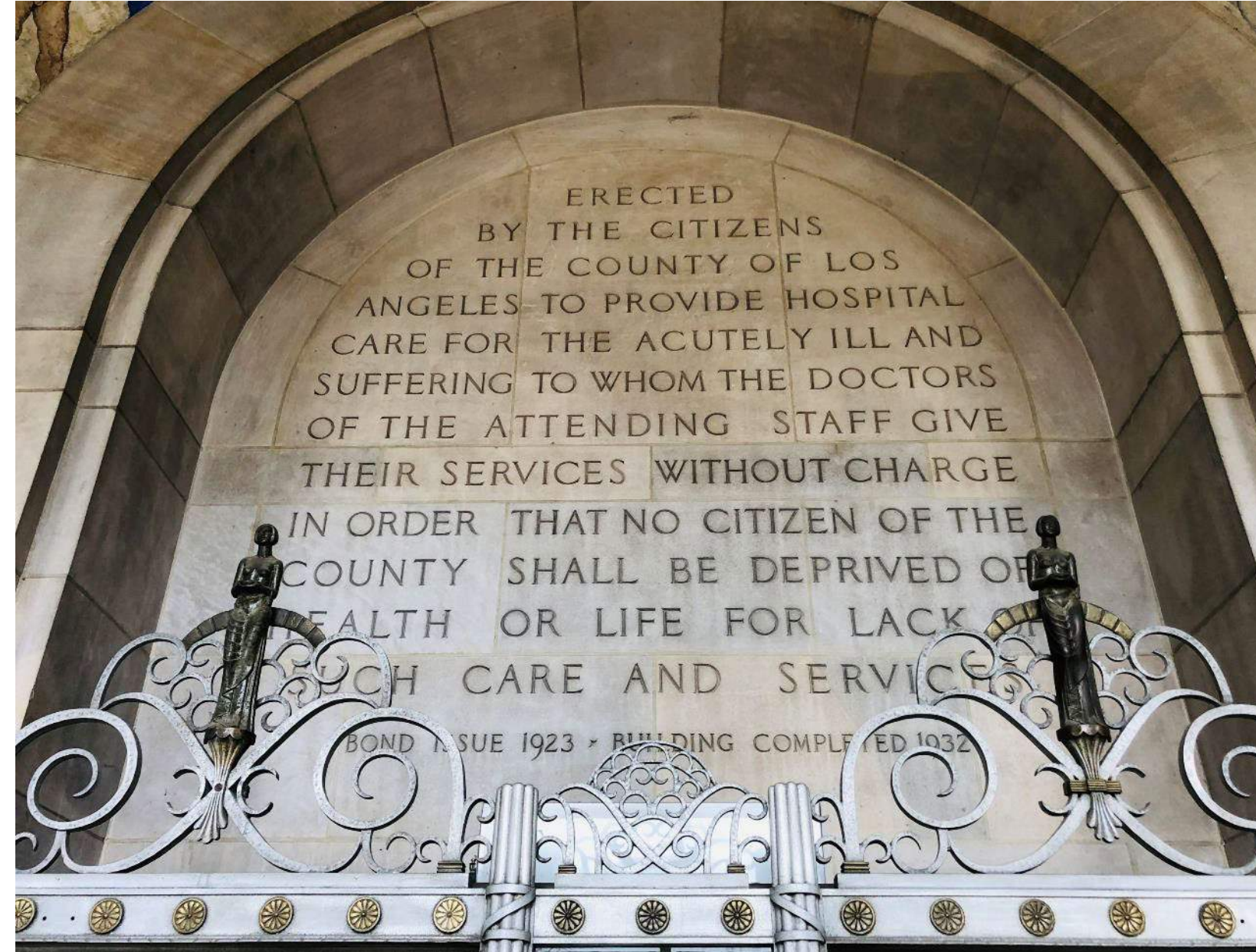


## Section 1: Community Engagement Overview

The Motion adopted by the Board of Supervisors in 2018 directed the CEO to have robust community engagement as part of the Study and strategic planning process to re-imagine General Hospital and West Campus.

To guide the process, the CEO worked with the Community Engagement team\* and a Community Engagement Steering Committee (CESC) of community leaders to develop a Community Engagement Plan.

This Appendix documents the community outreach and engagement process from 2019 to the conclusion of the Study in 2022.



\*The Community Engagement team was composed of AECOM, the LAC+USC Medical Center Foundation, Inc., Barrio Planners Incorporated, and Katherine Padilla & Associates.

## Section 1: Community Engagement Overview

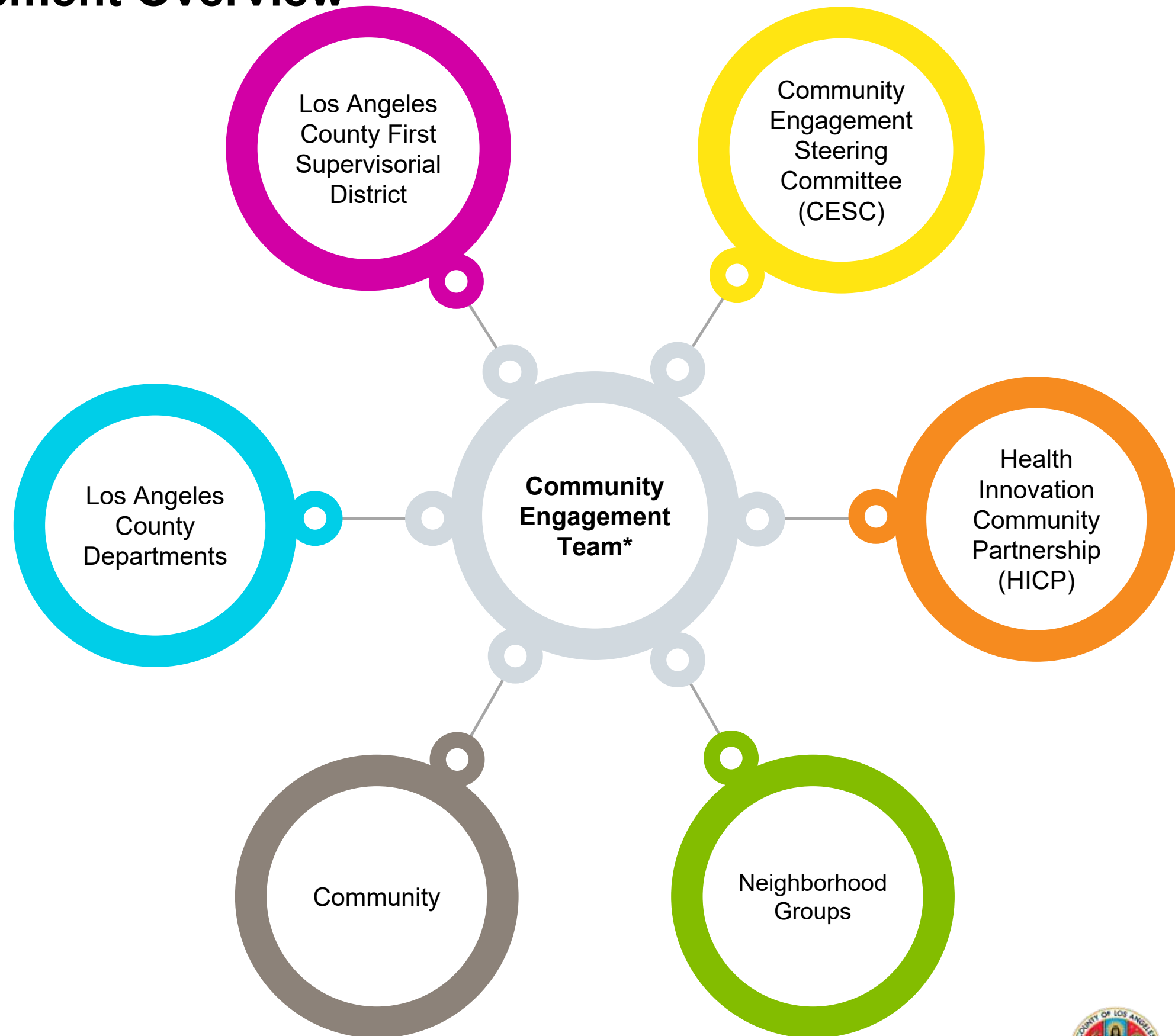
The General Hospital Study Community Engagement Plan helped to ensure the outcome of the Study process reflected input and participation from a variety of stakeholder groups. The Community Engagement Plan established goals for the engagement effort and described the overall approach, as well as specific engagement and coordination elements. The purpose of the Community Engagement Plan was to weave various outreach activities into a coordinated process to inform the Study outcomes.

This Community Engagement Plan described numerous opportunities for the surrounding communities and other stakeholders to offer their ideas and share their vision, values, and needs in relation to the reuse of General Hospital and West Campus.



# Section 1: Community Engagement Overview

The diagram illustrates the major stakeholders that were involved in the community engagement process.



*\*The Community Engagement team was composed of AECOM, the LAC+USC Medical Center Foundation, Inc., Barrio Planners Incorporated, and Katherine Padilla & Associates.*



## Section 1: Community Engagement Overview

A Community Engagement Plan was developed through a series of meetings with the CESC, Health Innovation Community Partnership (HICP) and the County.

TIMING	MILESTONE	NOTES
March 2019	CESC Meeting #1	<ul style="list-style-type: none"> <li>• Introduce Study</li> <li>• Overview of potential engagement process</li> </ul>
March 2019	CESC Meeting #2	<ul style="list-style-type: none"> <li>• Update on expanded scope and schedule</li> <li>• Refinement of stakeholder list</li> <li>• Review of communication tools</li> </ul>
May 2019	CESC Meeting #3	<ul style="list-style-type: none"> <li>• Review and refine Draft Community Engagement Plan</li> </ul>
June 2019	Present Draft Community Engagement Plan to the HICP	
June 2019	Launch Communications and Engagement	



## Section 1: Community Engagement Overview

The goal of the Community Engagement Plan was to deliver a thoughtful and comprehensive community engagement strategy that sought to share the Study goals, build community support and consensus, and elicit community input and feedback. The following are the guiding principles established by the Community Engagement team and are documented in the Community Engagement Plan:

1. Ensure community engagement is accessible and inclusive, particularly with respect to creating a welcoming and comfortable environment for traditionally underrepresented groups.
2. Provide multiple opportunities and methods for people to provide input into the Study; to include those with multiple jobs, non-traditional work hours, and other obligations.
3. Be sensitive to existing community concerns and issues and proactively seek out opportunities to address them within the Study.
4. Simplify complex technical concepts and avoid culturally and emotionally sensitive terminology, to allow communities to fully participate and give meaningful feedback.
5. Support attendees participating in the language most comfortable for them. Ensure translation of materials is culturally-relevant and that people can relate concepts to their everyday lives.
6. Establish channels of communication with stakeholders, including the HICP, CESC, and other community and business leaders. Continually leverage multiple communication tools.
7. Strive to integrate the Study engagement process with the HICP engagement process to provide a seamless civic participation process for the community.
8. Create an iterative community engagement process to inform the technical analysis, County staff, and Supervisor's Office regarding priorities and concerns expressed by communities.
9. Ensure that it is clear to communities that input received at each meeting will be considered before technical decisions are made. Following engagement efforts, consistently report back to communities regarding how their input may, or may not have, influenced decisions, and why or why not.

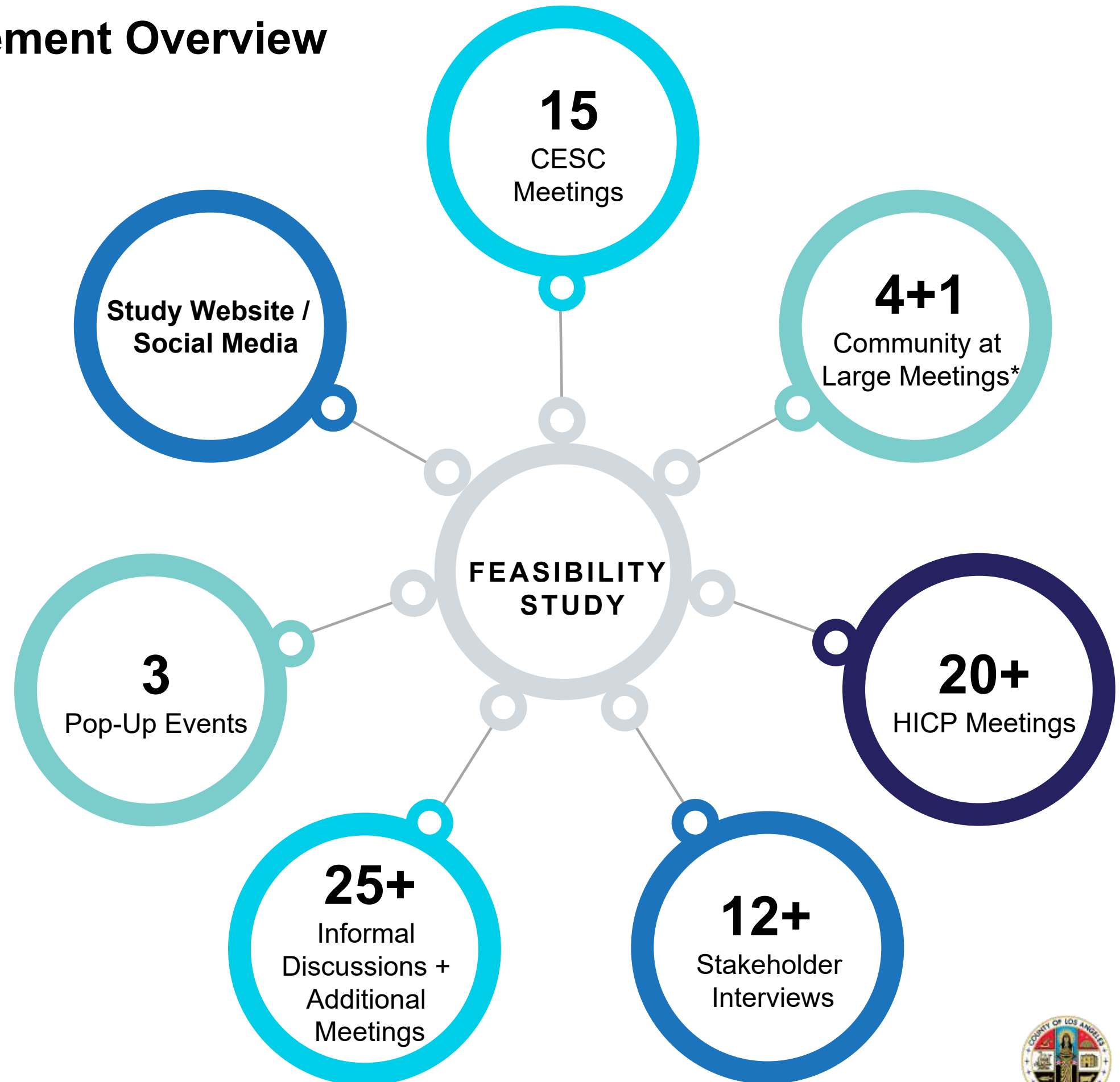




## Section 1: Community Engagement Overview

To conduct robust community engagement as directed in the Motion adopted by the Board, the CESC endorsed the Community Engagement Plan to guide the outreach process. This process—with a pause due to the pandemic—unfolded from 2019 to 2022.

A range of community outreach and engagement activities, summarized in the diagram on the right, influenced the Study process and its outcome, the Reuse Framework.

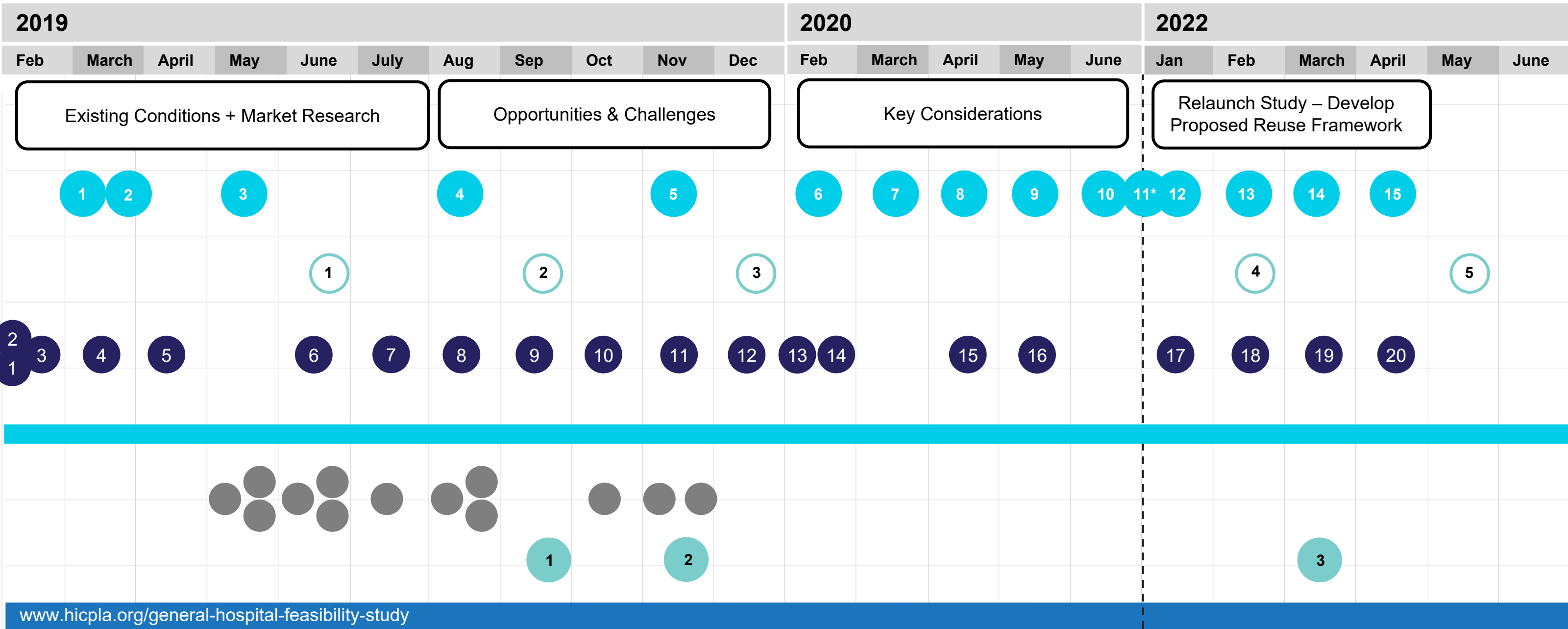


\*4 meetings completed, 1 meeting in May 2022



# Section 1: Community Engagement Overview

# Community Engagement Steering Committee (CESC) Meetings    
 # Community at Large Meetings    
 # Health Innovation Community Partnership (HICP) Meetings    
 Informal Discussion    
 Additional Meetings    
 # Pop-Up Events    
 Study Website / Social Media



\*Community Engagement Steering Committee Meeting #11 was held in December 2021

Study was placed on hold due to COVID19



## Section 1: Community Engagement Overview

*“Thank you for the concerted effort to install new life and objectives to the General Hospital and make it relevant to L.A. for the future.”*

*“I’m a local business owner in Boyle Heights... I support a balance of economic development and social justice. Without a balance our local businesses will not survive economically and be able to provide jobs.”*

*“I...believe continual programming opportunities such as dance, art, support groups, etc. such as the ones already happening at The Wellness Center are also critical to community empowerment.”*



Excerpts from Community at Large Meeting # 3

# Section 1: Community Engagement Overview

## Community Stressors Expressed During the Community Engagement Process

- COVID-19 magnified economic stressors:
  - Closing of small businesses
  - Lack of economic opportunities for disenfranchised
  - Access to safe/clean street vending opportunities
- Environmental justice / pollution
- Food insecurity
- Gentrification and displacement due to:
  - Quality of existing housing, loss of affordable housing stock
  - Market speculation
  - Rent increases
  - Overcrowded housing conditions
- High unemployment
- Homelessness
- Lack of adequate public transportation
- Lack of community engagement in potential economic development opportunities (e.g., bioscience corridor)
- Lack of mental health services adequate to community need
- Limited parking for hospital patients and neighborhood residents



# Section 1: Community Engagement Overview

## Community Priorities Expressed During the Community Engagement Process

- Adequate mental health services
- Affordable housing for deeply low, extremely low, and very low income neighbors
- Affordable retail, small business support and procurement
- Community services and amenities
- Equity framework to guide development
- Food security and healthy food access
- Long-term economic security
- Meet and exceed County policy standards related to Community Benefits, including Affordable Housing and Economic Opportunity
- Social justice
- Workforce development and economic opportunities for all residents (including undocumented residents):
  - Local and target hire and training Programs
  - Permanent positions beyond construction
  - Jobs with family supporting wages



# Section 1: Community Engagement Overview

## Community Uses Expressed During the Community Engagement Process

- Affordable housing, including deeply and extremely low income, and for families
- After-school Science, Technology, Engineering, Art, Mathematics center
- Arts/Culture spaces
- Commemorative spaces
- Community services spaces
- Health and social support services space
- Library
- Locally based retail
- Neighborhood grocery store
- Open space/community garden
- Preschool/Daycare
- Public and accessible transportation and parking
- Senior center
- Subsidized to low cost extended stay hotel to support patient families receiving care at Medical Center

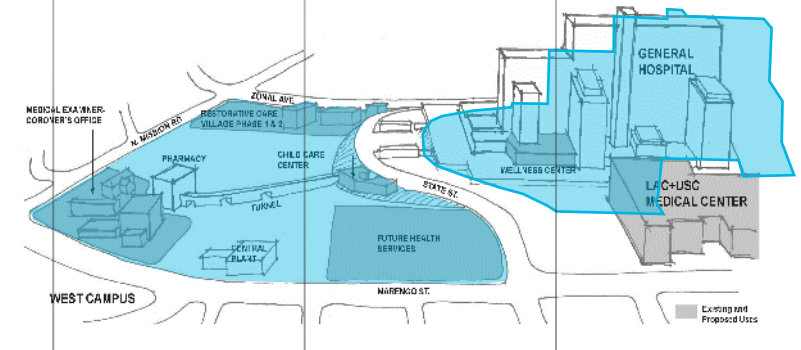
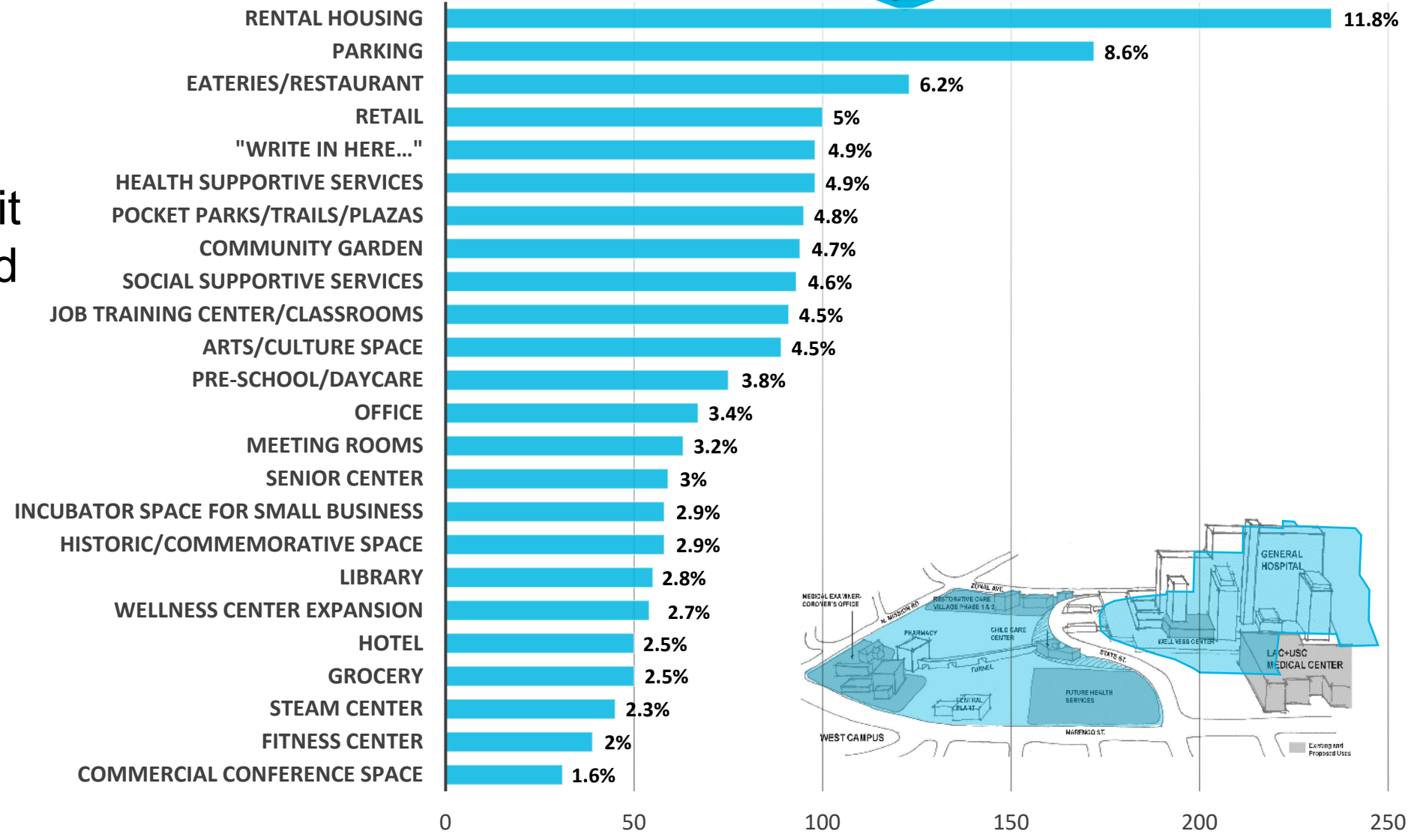
Note: List is in alphabetical order



# Section 1: How Has Community Input Influenced the Reuse Framework?

- Modified the approach to housing to more closely align with community priorities
- Increased emphasis of community serving space overall
- Retail may include local and healthy food options, restaurants, and vendors
- Hospitality options may focus on non-profit or low-cost lodging to support patients and families (e.g., an extended stay hotel with discounted rates)
- Education and Childcare
- Inclusion of transportation and mobility access improvements (e.g., shuttles, walking and bike paths, mass transit connections to campus, accessibility for persons with disabilities)
- Open and green spaces for public use
- Addition of commemorative and cultural arts spaces

**Community Engagement Mapping Results**  
Based on 83 community vision maps and 1922 stickers



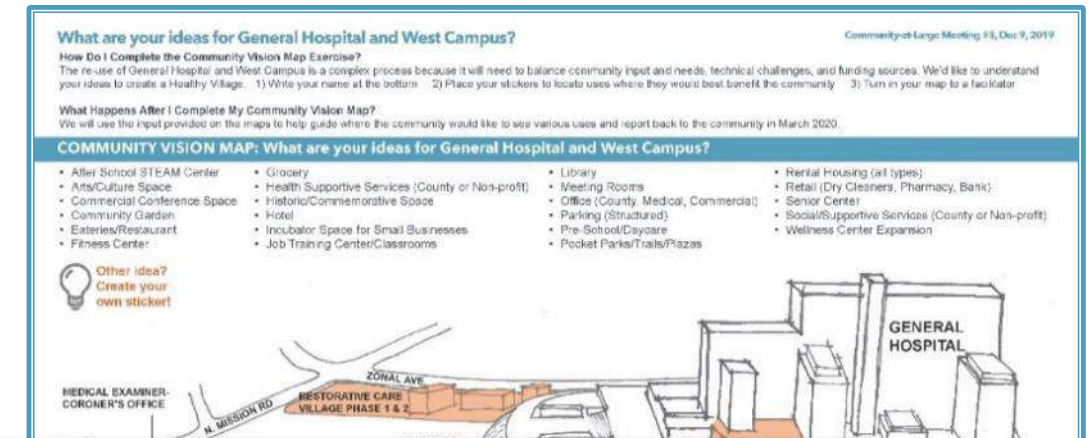
Community Activity Map from At-Large #3 and HICP



# Section 1: How Has Community Input Influenced the Approach to Housing?

## Based on community input the Study team:

- Documented the community's desire for very low income housing and exceed typical rates of affordable housing
- Documented the community's desire for an above average number of 2- and 3-bedroom units to meet the needs of families
- Conducted detailed analyses and explore creative approaches to incorporate deeper levels of affordable housing mixes
- Hosted an Affordable Housing & Community Benefits Panel\*, held on July 10, 2020, at the Health Innovation Community Partnership Meeting. The panel shared experience on affordable projects they've completed, their perspective on competitive funding sources, and specific types of community benefits included in local area projects. An interactive Q&A allowed HICP participants to provide their thoughts, insights, and contributions
- Resolved that minimum requirements for percentages of affordable housing and preferred ranges of number of affordable units be included in any future reuse and/or redevelopment



Attendees at the December 2019 HICP and Community at Large Meetings were invited to share their vision for future development through a mapping exercise.

\*The panel included Ozzie Lopez, Ed.D., (Moderator), President, LA Housing Department Affordable Housing Commission; Bea Stotzer, Board President, New Economics for Women; Manuel Bernal, Board President, East LA Community Corporation; and Paul Peninger, Director of Sustainable Economics, AECOM.





# Section 1: How Has Community Input Influenced Workforce Development & Economic Opportunity in the Study?

## Based on community input the Study team:

- Uplifted concerns to ensure future development and reuse exceed County policies on local and targeted worker hire
- Identified job opportunities be considered in uses, at multiple levels of education and income
- Identified a range of office spaces and uses that could support employment opportunities, such as:
  - Job Training Center
  - Incubator space for Small Business / Social Enterprise
  - Support for local business expansion



## Section 1: How Has Community Input Influenced the Approach to Culture, Arts & Open Spaces in the Study?

**Based on community input the Study team:**

- Expressed the community's desire for including cultural values in design, décor and landscaping elements
- Documented the community's priority for including commemorative and cultural arts spaces
- Shared the community's desire for open and green spaces for public use, and access improvements like bike lanes and walking trails



## Section 1: How Has Community Input Influenced Retail in the Study?

**Based on community input the Study team:**

- Documented the community's desire to ensure future development and reuse include retail options aligned with community demographics and preferences
- Identified a range of retail opportunities including:
  - Grocery Store
  - Local business / vendor support and expansion
  - Affordable hospitality options
  - Healthy food options



## Section 2: CESC

The purpose of the CESC was to provide a coordinated mechanism for community involvement, including the HICP, and other key stakeholders, in preparation and execution of the Community Engagement Plan.

The following pages present the CESC membership and role, a list of the CESC meetings held as part of this Study, and a description of how the CESC influenced the engagement process.



## Section 2: CESC Members

<b>ORGANIZATIONAL REPRESENTATION</b>	<b>ORGANIZATION</b>	<b>MEMBER / ALTERNATE / FORMER MEMBER</b>
<b>Advocacy &amp; Housing Rights</b>	Public Counsel	Katie McKeon, Greg Bonnet, Antonio Hicks
<b>Advocacy &amp; Families</b>	InnerCity Struggle	Maria Brenes, Ruby Rivera, Henry Perez, Waldo Gonzalez, Jennifer Maldonado
<b>Arts and Education</b>	Self-Help Graphics & Art, Inc.	Betty Avila
<b>Business</b>	Los Angeles Latino Chamber of Commerce	Lilly Rocha, Norma Gomez
<b>Chinatown Community Development</b>		King Cheung, Sissy Trinh, Dr. Munson A. Kwok
<b>Community Development</b>	Barrio Planners Incorporated	Frank Villalobos
<b>Education</b>	Bravo Medical Magnet High School	Luis Lopez, Michael Sinclair
<b>Education</b>	LAUSD Local District Eastside PACE	Elsa Tinoco
<b>Faith-Based</b>	St. Camillus Catholic Center	Father Chris Ponnet
<b>Health Equity</b>	LAC+USC Medical Center Foundation, Inc.	Teresa Nuno
<b>Health Equity</b>	The Wellness Center / LAC+USC Medical Center Foundation, Inc.	Rosa Soto
<b>Health Services</b>	JWCH Institute	Al Ballesteros
<b>Health Services</b>	LAC+USC Medical Center - Executive Team	Jorge Orozco, Edgar Solis
<b>Health Services</b>	LAC+USC Medical Center - Provider Team	Josh Banerjee
<b>Homeless and Recovery Services</b>	Exodus Recovery	Monica Alcaraz
<b>Housing &amp; Community Development</b>	East LA Community Corporation	Manuel Bernal, Isela Gracian
<b>LA County</b>	County of Los Angeles Chief Executive Office	Kelly Quinn, Ivan Mathews
<b>LA County</b>	Office of Supervisor Hilda L. Solis	Waqas Rehman, Guadalupe Duran-Medina
<b>Labor &amp; Workforce</b>	SEIU Local 721 - Southern California Public Service Workers	Wendy Knight, Felipe Caceres
<b>LGBTQ+ Representation</b>	Latino Equality Alliance	Ari Gutierrez-Arambula
<b>Mental Health Services</b>	Alma Family Services	Yolanda Duarte-White
<b>Real Estate Financing &amp; Development</b>	Independent Consultant	William Pavão
<b>Real Estate Financing &amp; Development</b>	Independent Policy Advisor / Analyst	Joan Ling
<b>Workforce Development</b>	East Los Angeles College	Ozzie Lopez
<b>Workforce Development</b>	East Los Angeles Skills Center	Vladimir Tigno, Lynda Farnsworth, Andrea Rodriguez



## Section 2: CESC Overview

### **What was the role of the Community Engagement Steering Committee?**

- Inform the community engagement process, including design of community meetings, inviting and encouraging attendance, and uplifting important community priorities
- Attend CESC meetings and represent community perspectives
- Engage community members and inform them on Study progress
- Uplift community concerns to other stakeholders and Study team

### **How did the Community Engagement Steering Committee guide the Study?**

- Developed the Community Engagement Plan for the Study
- Influenced the community engagement activities and strategies to gather community input into the Study
- Created opportunity for community engagement in future phases
- Identified additional community members and demographic groups the Community Engagement team should reach out to
- Instrumental in shaping and participating in all Community at Large meetings



## Section 2: CESC Meetings Overview

MEETING #	DATE	FOCUS
1	03/07/2019	Introduce the Study; Overview of Potential Engagement Process
2	03/27/2019	Input on Community Engagement Plan (Update on Expanded Scope and Schedule; Refinement of Stakeholder List; Review of Communication Tools)
3	05/16/2019	Review and Refine Draft Community Engagement Plan
4	08/22/2019	Reflections on Community at Large #1 and Preparation for Community at Large #2
5	11/21/2019	Preparation for Community at Large Meeting #3
6	02/26/2020	Overview of 2019 Community Engagement Activities, Reaffirm CESC Role, Roundtable Discussion
7	03/17/2020	Potential Study Engagement Strategy, Overview to Understand Technical Process, Share High-Level Technical Considerations
8	04/21/2020	Overview of Updates to the Study Timeline, Understand the Scenario Development Process, Highlights of West Campus Technical Considerations, Refine Key Talking Points for Community Outreach
9	05/19/2020	Affordable Housing Panel and Study Updates
10	06/16/2020	Revisit Study Process and the Goal to Balance Community Priorities, County Needs and Technical Requirements, and Potential Funding; Review Ongoing Community Engagement Opportunities
11	12/15/2021	Supervisor Solis' Renewed Vision for the Study
12	01/26/2022	Update on Study Process and Preparation for Community at Large Meeting #4
13	02/23/2022	Debrief of Community at Large #4 and Update on Study Process, and discussed post Study next steps
14	03/23/2022	Update on the Study and Overview of Permitting and Entitlement Process, and discussed post Study next steps
15	04/25/2022 (planned)	Report-Back on Final Study, Acknowledgement of CESC Contributions

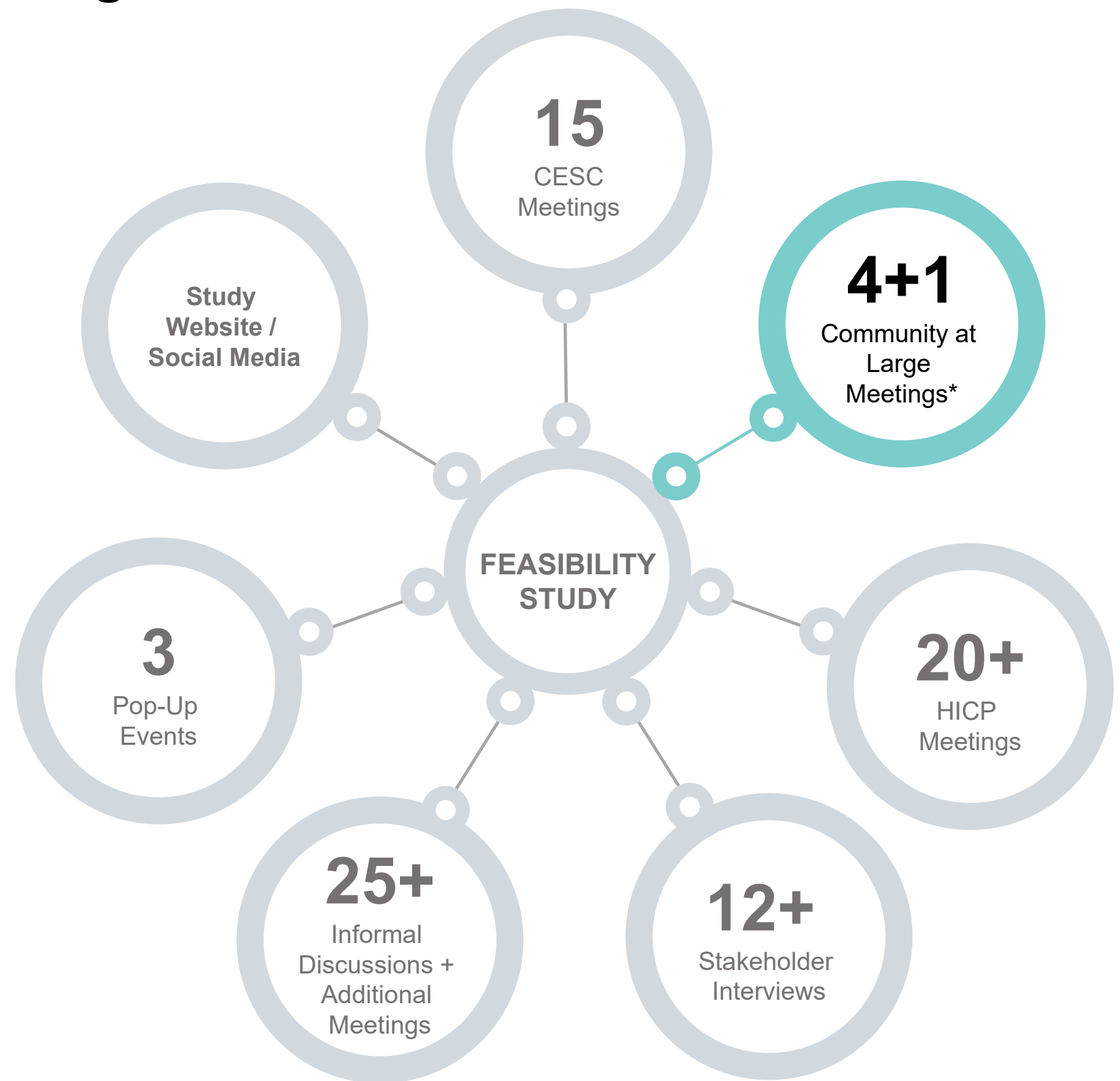


## Section 3: Community at Large Meetings

Four Community at Large meetings were hosted during the Study process. An additional fifth Community at Large meeting is planned for May 2022. The goal of these convenings was to introduce the Study, gather community input and feedback, provide updates on the Study, and facilitate ongoing dialogue with the community.

The following pages provide information on each of the Community at Large meetings and how input received influenced the Study outcome. An extensive meeting report is included as part of each meeting summary.

Each Community at Large Meeting page is designed with a way-finding tab to help the reader navigate the materials presented in this section.





# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
- Bravo High School Event

<b>Type of Meeting &amp; Location:</b>	Community Meeting #1, East Los Angeles Skills Center
<b>Date:</b>	June 13th, 2019
<b>Approximate Number of Attendees:</b>	165
<b>Meeting Agenda:</b>	<ul style="list-style-type: none"> <li>Study Overview</li> <li>Open House – Visit Stations</li> <li>Q+A and Wrap-Up</li> </ul>
<b>Purpose of the Meeting:</b>	<ul style="list-style-type: none"> <li>Provide an overview of the Study</li> <li>Provide an overview of key Study considerations, and how they influence reuse options including community services, rental housing, job growth and training, cost and funding sources, etc.</li> <li>Help develop future reuse ideas through a community vision mapping activity</li> <li>Answer your questions about the Study</li> </ul>
<b>Presentation Content Topics:</b>	<ul style="list-style-type: none"> <li>Community Engagement</li> <li>What do we know about General Hospital?</li> <li>Your Station Input</li> </ul>
<b>Next Steps:</b>	<ul style="list-style-type: none"> <li>Study team will continue work to discover building issues, and turn attention to West Campus</li> <li>Summer 2019: Ongoing community engagement</li> <li>Fall 2019: Community at Large Meeting #2</li> </ul>



165  
Participants  
Participantes  
June 13, 2019 /  
13 de enero de 2019  
East Los Angeles /  
Skills Center



# Section 3: Community at Large Meeting #1 June 13, 2019

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## Meeting Format:

- Presentation, displays, and handouts were produced in English and Spanish
- Spanish and Cantonese simultaneous interpreters were available
- Presentations provided by Supervisor Hilda L. Solis and members of the Community Engagement team, including Rosa Soto, LAC+USC Medical Center Foundation, Inc., Deanna Weber, AECOM, Katherine Padilla Otanez, KPA, and Monica Alcaraz, CESC member
- Technical presentations were made by Deanna Weber, AECOM and Robert Chattel, Chattel & Associates
- Event support was provided by members of the CESC
- Meeting attendees participated in an interactive session to provide feedback

**# 3**  
**What Do We Know About the Building?**  
 ¿Qué sabemos del edificio?

History & Overview of Building and Uses		Historia y repaso general del edificio y usos	
<b>Age:</b> 86 years old	<b>Edad:</b> 86 años	<b>Size:</b> 19 stories & nearly 1.3 million square feet (22 football fields)	<b>Tamaño:</b> 19 pisos y casi 1.3 millones de pies cuadrados (22 campos de fútbol)
<b>Use:</b> Once holding about 1,200 hospital beds / today largely vacant / Currently used by DHS, the Wellness Center and Navy Medicine Operational Training Center	<b>Use:</b> En un tiempo se mantuvieron cerca de 1,200 camas de hospital / hoy está en gran parte vacante. Actualmente utilizado por DHS, el Centro de Bienestar y el Centro de Capacitación Operacional de Medicina de la Marina	<b>Employees:</b> Approximately 1,000	<b>Empleados:</b> Aproximadamente 1,000
<b>Architect Status:</b>			

**# 4**  
**Transportation and Parking Overview**  
 Descripción del transporte y estacionamiento

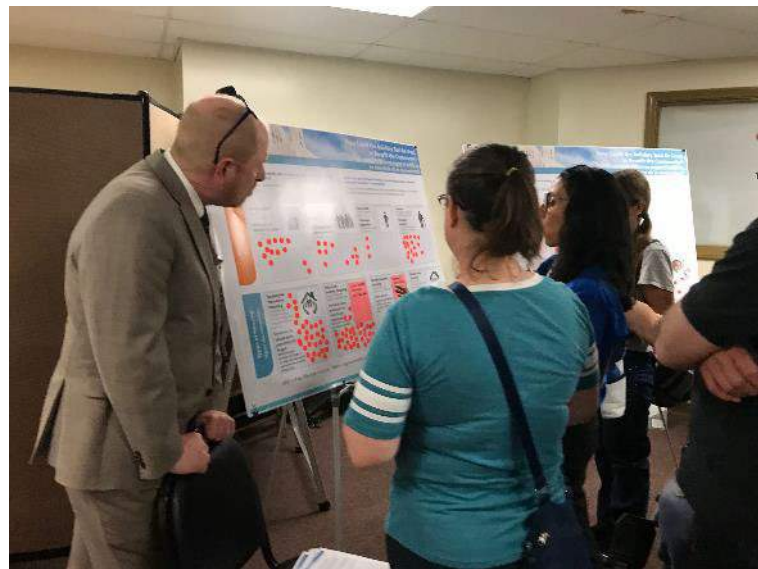
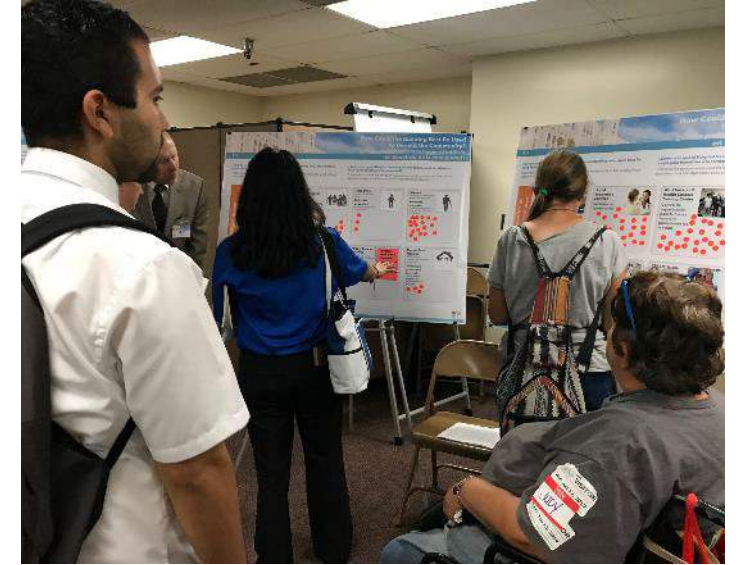
**# 5**  
**How Could the Building Best Be Used to Benefit the Community?**  
 ¿Cómo podría utilizarse mejor el edificio en beneficio de la comunidad?

Commercial / Comercial		Retail / Ventas al por menor	
<b>Commercial Kitchen for Small Businesses</b> Espacio para cocinas profesionales para restaurantes y negocios pequeños.	<b>Incubator Space for Small Businesses</b> Espacio de incubación para pequeñas empresas.	<b>Pharmacy</b> Farmacia	<b>Grocery Store</b> Supermercado
<b>Office Space</b> Espacio de oficina	<b>Hotel</b> Hotel	<b>Small Business Retail</b> Pequeños negocios	<b>Restaurants and/or Healthy Food Spaces</b> Restaurantes y/o espacios de comida saludable.



# Section 3: Community at Large Meeting #1 June 13, 2019

## Photos & Videos:



For more information follow the link <https://www.hicpla.org/project-library>



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Meeting Presentation  
Display Boards  
Meeting Flyers  
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Bravo High School Event

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- Meeting Format
- Photos & Videos
- Press Release**
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# Section 3: Community at Large Meeting #1 June 13, 2019

## Press Release:

June 4, 2019

FOR IMMEDIATE RELEASE

Contact: Katherine Padilla Otanez, 626.818.3324  
 kpadilla@katherinepadilla.com

### LA County and Supervisor Solis to host June 13<sup>th</sup> Community Meeting on the Re-use of the LAC+USC Old General Hospital The public is encouraged to attend

Los Angeles, California, June 4, 2019. - The iconic Los Angeles County General Hospital may undergo major rehabilitation and re-use. The public is invited to explore the potential for bringing back the historic structure to once again serve the surrounding neighborhoods and the County-at-large.

- When:** Thursday, June 13 from 6 to 8 pm
- Where:** East Los Angeles Skills Center, 3921 Selig Place, Los Angeles
- Who:** Supervisor Hilda L. Solis, Los Angeles County  
 Rosa Soto, Executive Director of the LAC+USC Medical Center Foundation, Inc. and The Wellness Center  
 Health Innovation Community Partnership (Co-hosts)  
 LA County Chief Executive Office

Parking is available on-site. Public transit to the East LA Skills Center includes Metro Bus Service includes 45,76,78,79,252, DASH El Sereno/City Terrace, and DASH Lincoln Heights/Chinatown.

Interpretation in Spanish and Cantonese will be available. A light dinner and childcare will be provided.

The June 13<sup>th</sup> community meeting will focus on the challenges and opportunities involved in repurposing the iconic General Hospital. Those in attendance will be asked for their feedback to help establish community priorities and shape its future re-use.

-more-

June 4, 2019

The community meeting is the first of several steps in the “General Hospital Re-use Feasibility Study,” which will also contribute to the Healthy Village vision, spearheaded by First District Supervisor Hilda L Solis. The Healthy Village Vision will bring a range of benefits to families and communities in the related areas of health, economic opportunity, and well-being.

Because the Hospital is a candidate for the National Historic Register, the feasibility study will consider re-use options for the unique historic spaces within the building in order to preserve its historic integrity.

The public is strongly encouraged to attend the community meeting, learn about the feasibility study, and be part of the renewal of the County’s General Hospital. To RSVP - <https://hicp-june13.eventbrite.com>.

For more information, contact Katherine Padilla, [kpadilla@katherinepadilla.com](mailto:kpadilla@katherinepadilla.com), or by phone at 323.258.5384.

- # # # -



# Section 3: Community at Large Meeting #1 June 13, 2019

## Community Feedback:

Meeting participants were invited to provide comments and questions, as well as indicate preferences via an interactive poster exercise identifying six (6) key areas of interest as shown below.

**Station 1**

**What is the General Hospital Feasibility Study?**

**Station 2**

**Community Engagement Process + Timeline**

**Station 3**

**What Do We Know About the Building?**

**Station 4**

**Transportation and Parking**

**Station 5**

**How Could the Building and West Campus Best Benefit the Community?**

**Station 6**

**Key Community Issues**



# Section 3: Community at Large Meeting #1 June 13, 2019

## Station 1

**What is the General Hospital Feasibility Study?**

**# 1**

**Board of Supervisors Direction for the Study**

The Los Angeles County Board of Supervisors directed the Chief Executive Office to develop a study for the re-use of General Hospital. Highlights from the November 2018 Board Motion are listed below:

- Bring iconic County **asset back to life**
- Address the County's **tremendous need for homeless, low income, and high-need population residential options, and specifically in the area surrounding the LAC+USC Medical Campus**
- **Complement the LAC+USC Foundation's Wellness Center that provides wrap-around and community services** and the future Restorative Care Village
- **Mission-aligned re-use as a housing and mixed-use building**

**Healthy Village Vision**

The Study will help to achieve the Healthy Village vision, spearheaded by Supervisor for the First District of Los Angeles County, Hilda L. Solis.

- A Whole Person Care concept to meet individuals' needs
- A healthy and economically resilient community in East LA
- Help most vulnerable population, and provide recuperative care and wraparound services to empower residents

**What is Included in the Study?**

LA County Property

- General Hospital
- General Hospital Study Area
- West Campus Study Area
- Historic Tunnel & Pharmacy Building
- Potential Health Services & Coroner Expansion

Not included in the study

- Restorative Care Village Phase 1-2
- Potential Control Plant
- Potential Child Care Center

**Timeline**

2019: Feb, March, April, May, June, July, Aug, Sep, Oct, Nov, Dec

2020: Jan, Feb, March, April, May, June

Opportunities & Challenges

Opportunities & Challenges GH & West Campus

Preliminary Ideas

Re-use Options

Final Re-use Options

Community-at-Large Meeting #1 (Feb 2019)

Community-at-Large Meeting #2 (Apr 2019)

Community-at-Large Meeting #3 (Jun 2019)

Community-at-Large Meeting #4 (Aug 2019)

Community-at-Large Meeting #5 (Oct 2019)

**We are here**

*Handwritten notes on map:*

- NEED MORE ADA PARKING
- Better signage for visitor parking is needed
- parking structures needed, parking solutions needed
- more classroom space is needed at the wellness ctr.
- housing will need sewing use GH for services
- Uses: Clinic, Children's wing, Women's wing

## Station 2

**ADDITIONAL ORGANIZATION / GROUP EVENTS:**

*What do they need*

*Community*

*The people are the ones that should place the need to this building*

*New LACity Neighborhood Council for Occupants/Stakeholders*

- Defend Boyle Heights Group
- \* Mi Centro (LGBT) - Jovenes, Propeto Pastoral
- Land + Trust Connects BHNC
- \* COMMUNITY MEETING IN CHINATOWN
- \* Present to the film *COMMONLY*
- SEIU Local 721
- Home representation of residents as part of the SC.

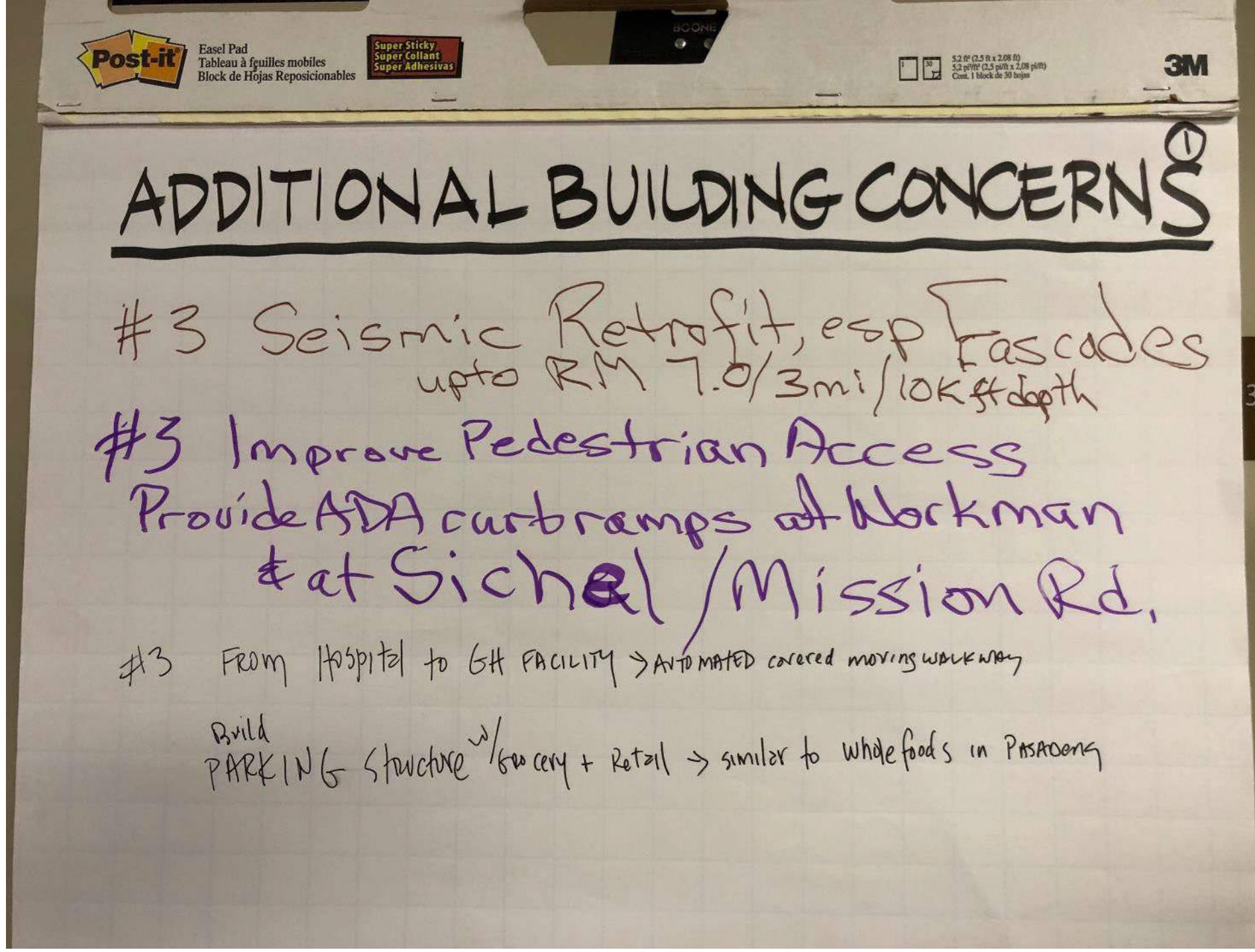
*Other notes:*

- The county allocated \$7.5 billion for updating/renovating GH. They have money but don't know how to put it to use. Why?
- LA Tenants Union
- Chinatown Resisting Displacement Group

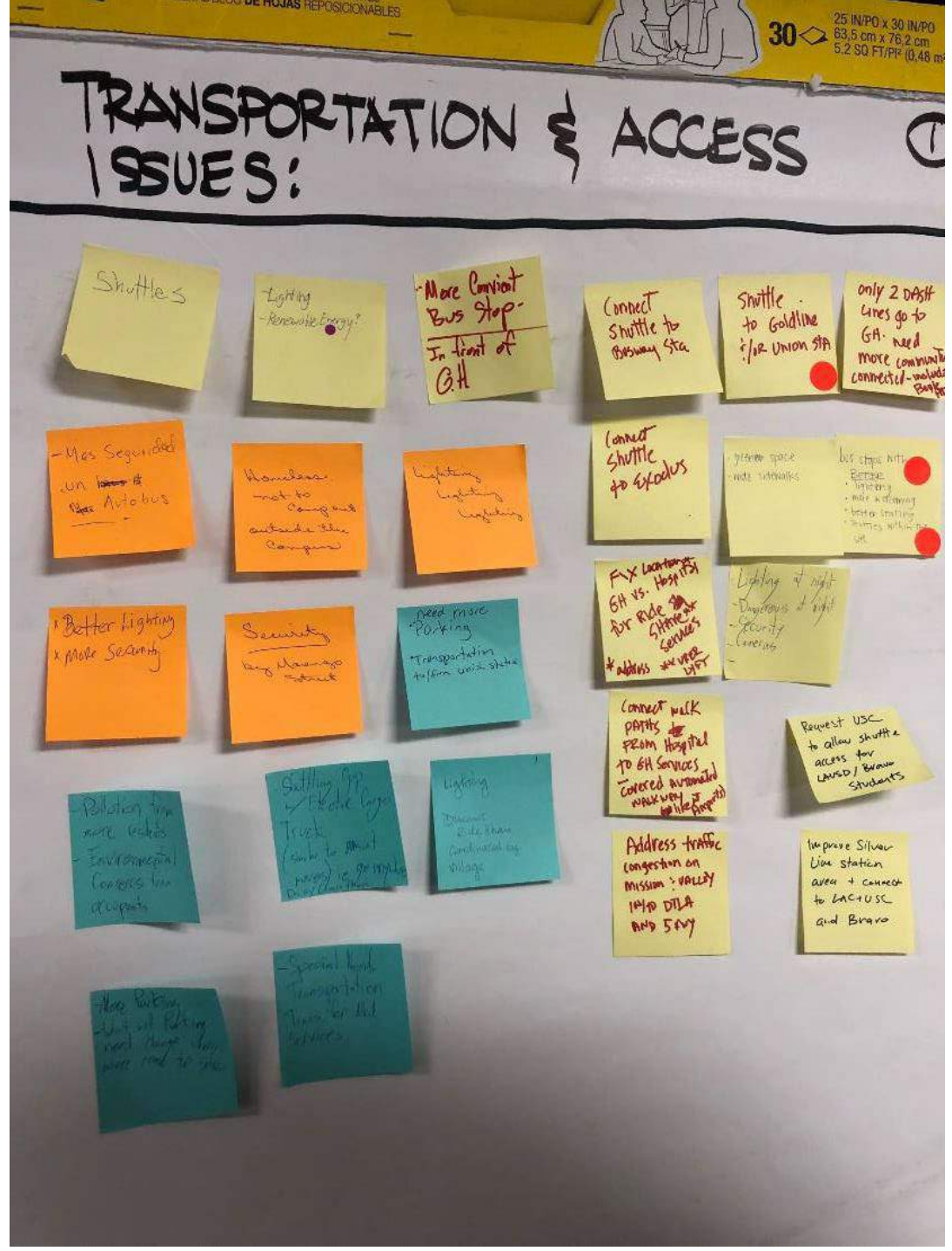


# Section 3: Community at Large Meeting #1 June 13, 2019

Station 3



Station 4



# Section 3: Community at Large Meeting #1 June 13, 2019

## Station 5

**# 5**

**How Could the Building Best Be Used to Benefit the Community?**  
 ¿Cómo podría utilizarse mejor el edificio en beneficio de la comunidad?

**How do you think General Hospital, and the surrounding area, could best be used to benefit the community?**  
 Place dots on the uses you would most like to see. Use post-its to tell us why these uses are important to you.

**¿Cómo cree que el Hospital General y sus alrededores podrían utilizarse mejor para beneficiar a la comunidad?**  
 Coloque los puntos adhesivos en los usos que más le gustaría ver. Use post-its para decirnos por qué estos usos son importantes para usted.

Housing Vivienda	<b>Family-sized Units</b> 2-3 bedrooms <b>Unidades de tamaño familiar</b> 2-3 dormitorios	<b>Multi-generational Units</b> 4+ bedrooms <b>Unidades Multi-generacionales</b> 4+ dormitorios	<b>Small Units</b> Studio/1 bedroom Units <b>Unidades pequeñas</b> Unidades de estudio / 1 dormitorio	<b>Seniors</b> Housing for individuals aged 55+, generally <b>Personas mayores</b> Vivienda para personas mayores de 55+ años, en general
	<b>Supportive Homeless Housing</b> Homeless and Transitional Age Youth housing with integrated social services. <b>Vivienda de apoyo para personas sin hogar</b> Vivienda para jóvenes sin hogar y en edad de transición con servicios sociales integrados.	<b>Very Low Income Housing</b> Housing with rent based on 30-50% AMI <b>Vivienda para personas de muy bajos ingresos</b> Vivienda con renta basada en 30-50% IMA.	<b>Middle Income Housing</b> Housing with rent based on 80-120% AMI <b>Vivienda de ingresos medios</b> Vivienda con renta basada en 80-120% IMA.	<b>Market Rate Housing</b> 150%+ AMI; Housing without rent restrictions <b>Vivienda a precio del mercado</b> 150%+ IMA; Vivienda sin restricciones de alquiler.

AMI = Area Median Income IMA = Ingreso medio del área

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Support Services Servicios de apoyo	<b>Health Supportive Services</b> Servicios de apoyo a la salud	<b>Social Supportive Services</b> Servicios de apoyo social	<b>Workforce and Health Careers Training Center</b> Centro de capacitación para la fuerza laboral y profesiones de la salud
	<b>Youth and Senior</b> Jóvenes y personas mayores	<b>Childcare center</b> Centro de cuidado infantil	<b>Afterschool Homework Help</b> Ayuda para la tarea después de la escuela

**Seniors Center**  
 Centro para personas mayores





# Section 3: Community at Large Meeting #1 June 13, 2019

## Station 5

**How do you think General Hospital, and the surrounding area, could best be used to benefit the community?**  
 ¿Cómo podría utilizarse mejor el edificio y alrededores en beneficio de la comunidad?

Place dots on the uses you would most like to see. Use post-its to tell us why these uses are important to you.  
 Coloque los puntos adhesivos en los usos que más le gustaría ver. Use post-its para decirnos por qué estos usos son importantes para usted.

Arts and Culture Artes y cultura	<b>Library</b> Biblioteca 	<b>Arts/Cultural Space</b> Space for arts and culture classes or events <b>Arte / Espacio Cultural</b> Espacio para clases de arte y cultura o eventos. 	<b>Historic and Commemoration Space</b> Exhibition space <b>Espacio histórico y conmemorativo.</b> Espacio de exhibición 
	<b>Fitness and Recreation Center</b> Centro de aptitud física y recreación 	<b>Community Garden</b> Jardín comunitario 	<b>Play and Small Open Spaces</b> Juegos y espacios abiertos pequeños 
	<b>Health and the Outdoors</b> Salud y el aire libre		

**# 5**

**How do you think General Hospital, and the surrounding area, could best be used to benefit the community?**  
 ¿Cómo cree que el Hospital General y sus alrededores podrían utilizarse mejor para beneficiar a la comunidad?

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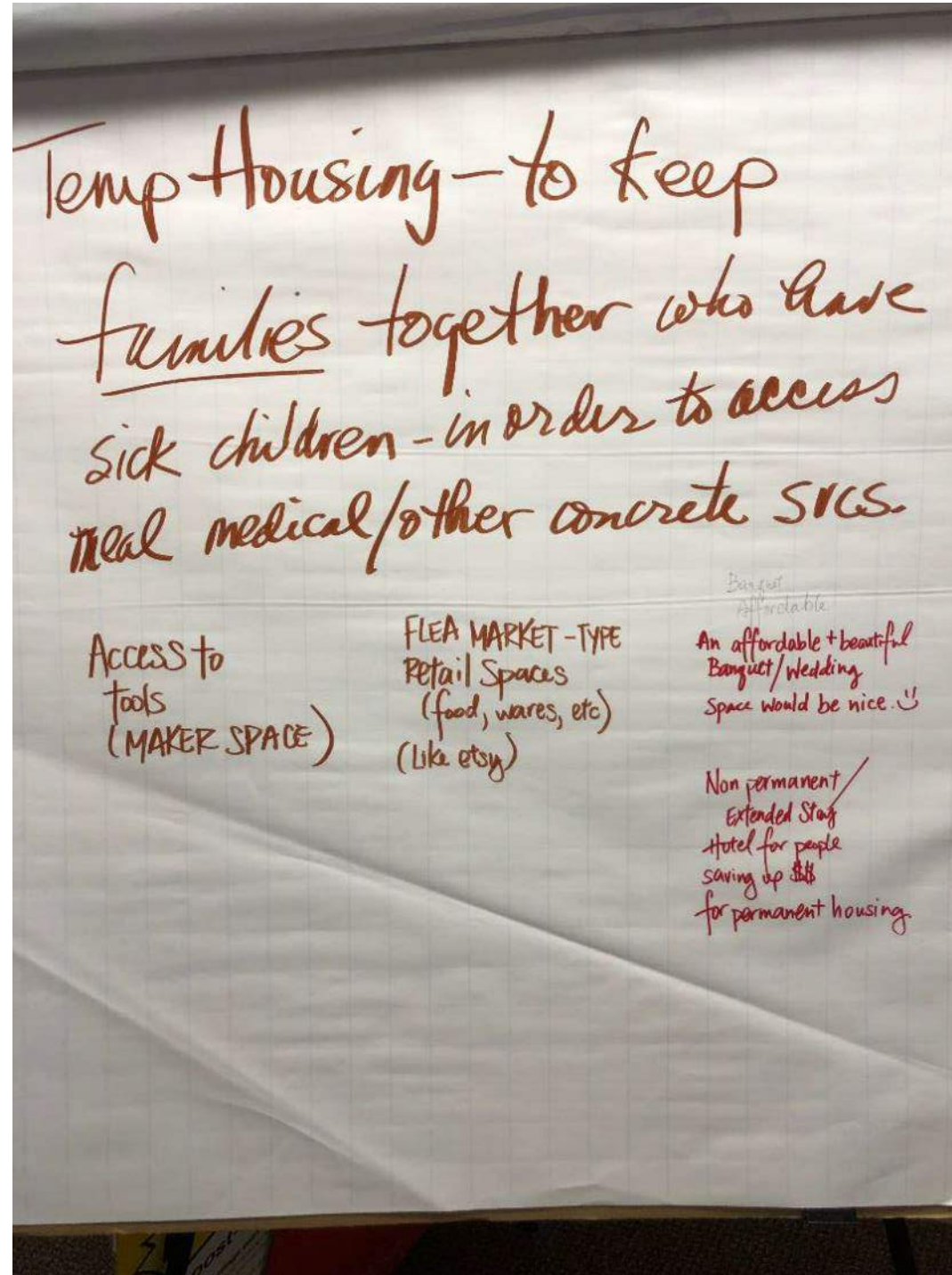
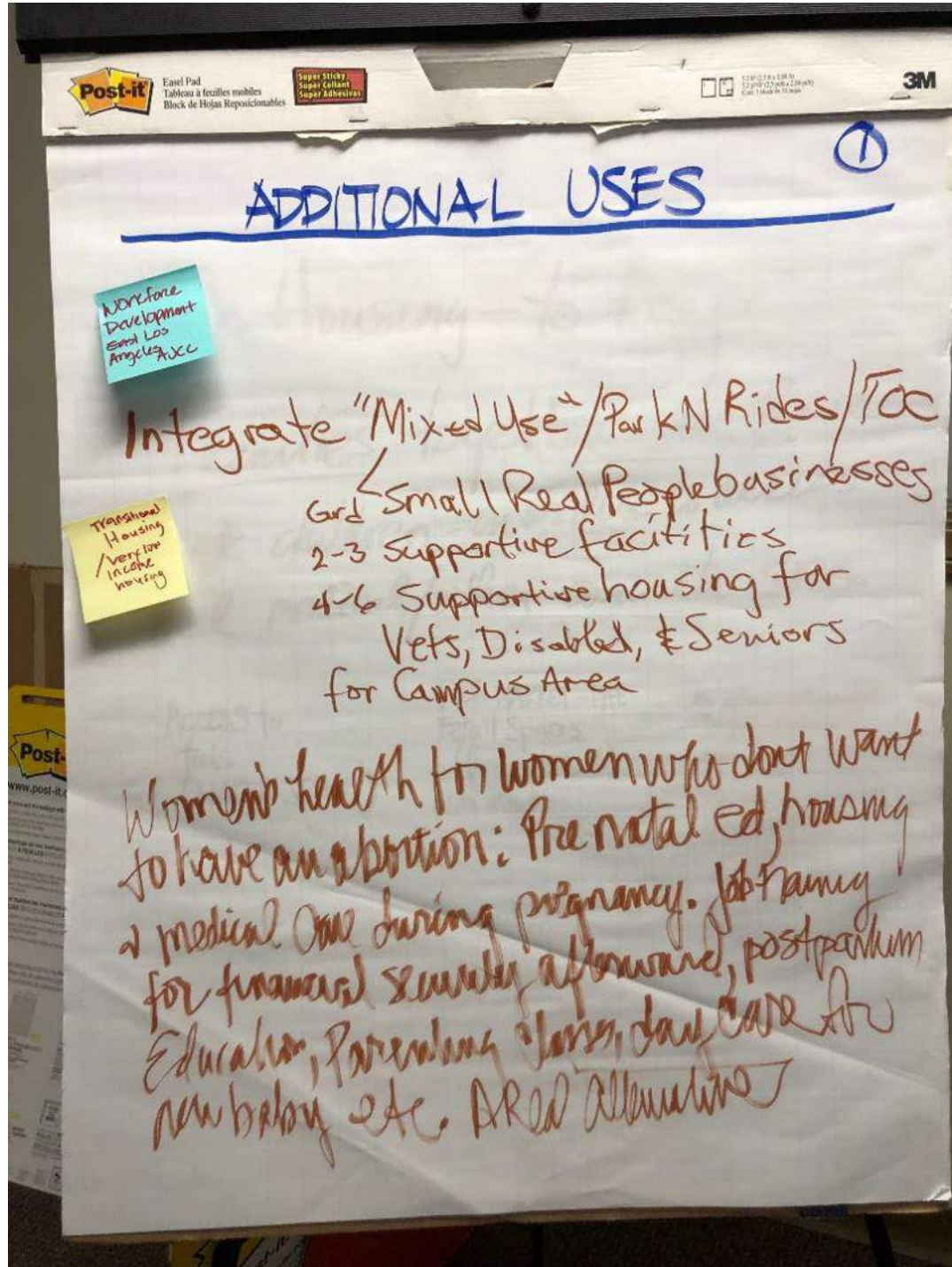
Commercial Comercial	<b>Commercial Kitchen for Small Businesses</b> Kitchen with professional-grade equipment <b>Cocina comercial para pequeñas empresas</b> Cocina con equipo profesional 	<b>Incubator Space for Small Businesses</b> Shared office space for startups or small businesses <b>Espacio de incubación para pequeñas empresas</b> Espacio de oficina compartido para nuevas o pequeñas empresas. 	<b>Office Space</b> Espacio de oficina 	<b>Hotel</b> Hotel 
	<b>Pharmacy</b> Farmacia 	<b>Grocery Store</b> Supermercado 	<b>Small Business Retail</b> Pequeños negocios 	<b>Restaurants and/or Healthy Food Spaces</b> Healthy, fast casual or restaurant dining <b>Restaurantes y/o espacios de comida saludable</b> Comida sana, rápida casual o restaurante 



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- Press Release
- Community Feedback
- Participant Quotes
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- Meeting Presentation
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# Section 3: Community at Large Meeting #1 June 13, 2019

## Station 5



# Section 3: Community at Large Meeting #1 June 13, 2019

## Station 6

### Environmental Justice/ Pollution La justicia ambiental

Potential health and safety issues, such as the presence of asbestos and lead paint, as well as concerns regarding the demolition and construction process.

Posibles problemas de salud y seguridad, como la presencia de asbestos y pintura con plomo, así como las inquietudes relacionadas con el proceso de demolición y construcción.

### Food Security / Grocery Stores Seguridad alimentaria

Issues related to food security center on the availability of healthy, affordable food and grocery options within nearby communities.

Asuntos relacionados con la seguridad alimentaria se centran en la disponibilidad de alimentos, alimentos asequibles y opciones de comestibles dentro de las comunidades cercanas.

### Gentrification and Displacement Gentrificación y Desplazamiento

Concerns that facilities will attract higher income individuals who will drive up the overall costs of housing and pushing out existing residents.

Preocupación que las instalaciones atraigan a personas de mayores ingresos que aumentarán los costos generales de la vivienda.

### Homelessness Personas sin hogar

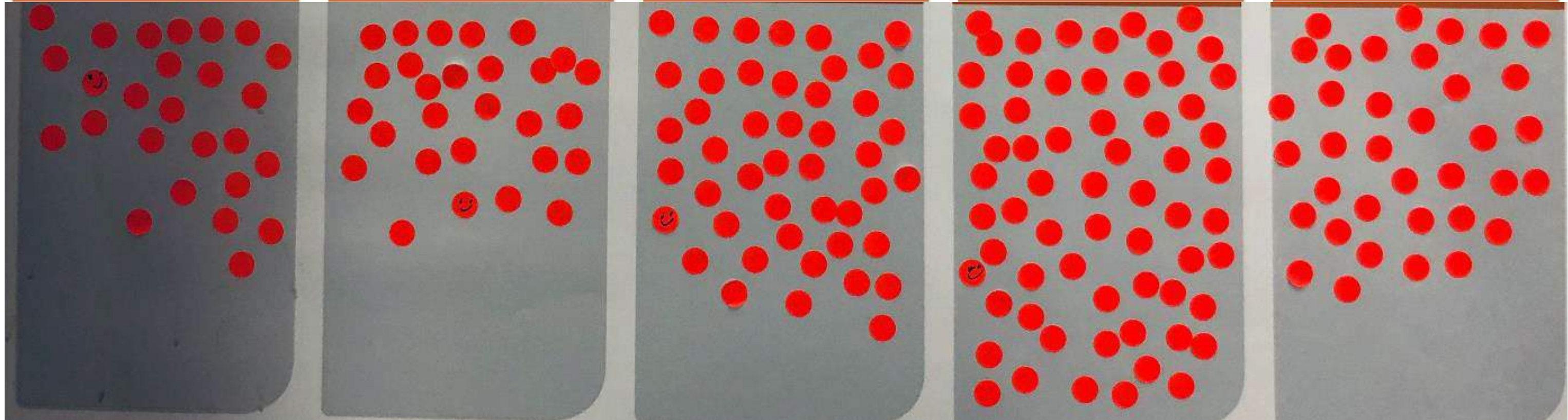
Issues related to housing and services for homeless individuals, and related community impacts.

Temas con respecto a la vivienda y los servicios para personas sin hogar, y los impactos comunitarios relacionados.

### Long-Term Economic Security/ Cultural Continuity and Resilience Seguridad económica a largo plazo / continuidad cultural y resiliencia

Job security, workforce development, and the ability to live and work in one's community.

Seguridad laboral, desarrollo de la fuerza laboral, y la habilidad de vivir y trabajar en su propia comunidad.



# Section 3: Community at Large Meeting #1 June 13, 2019

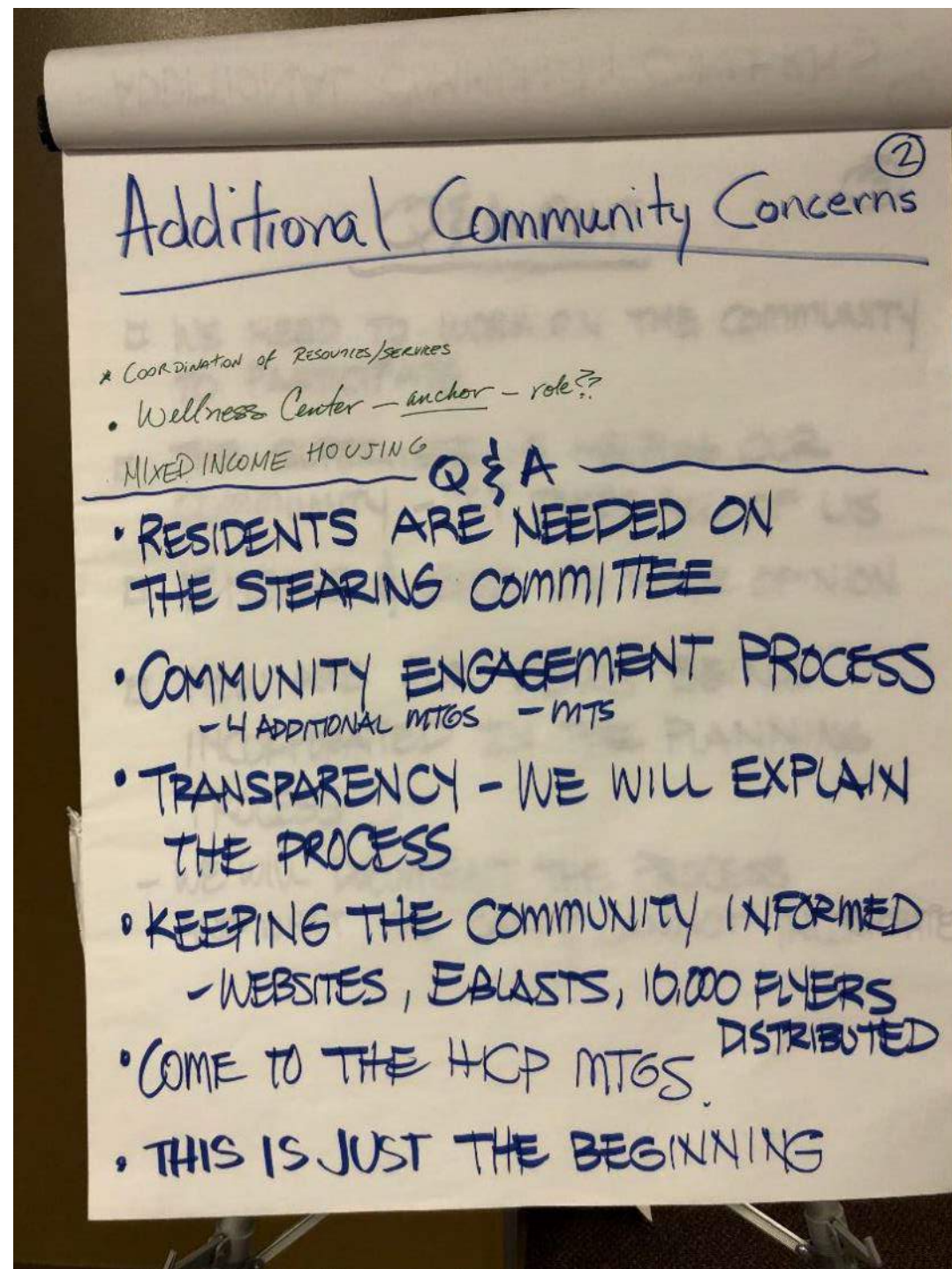
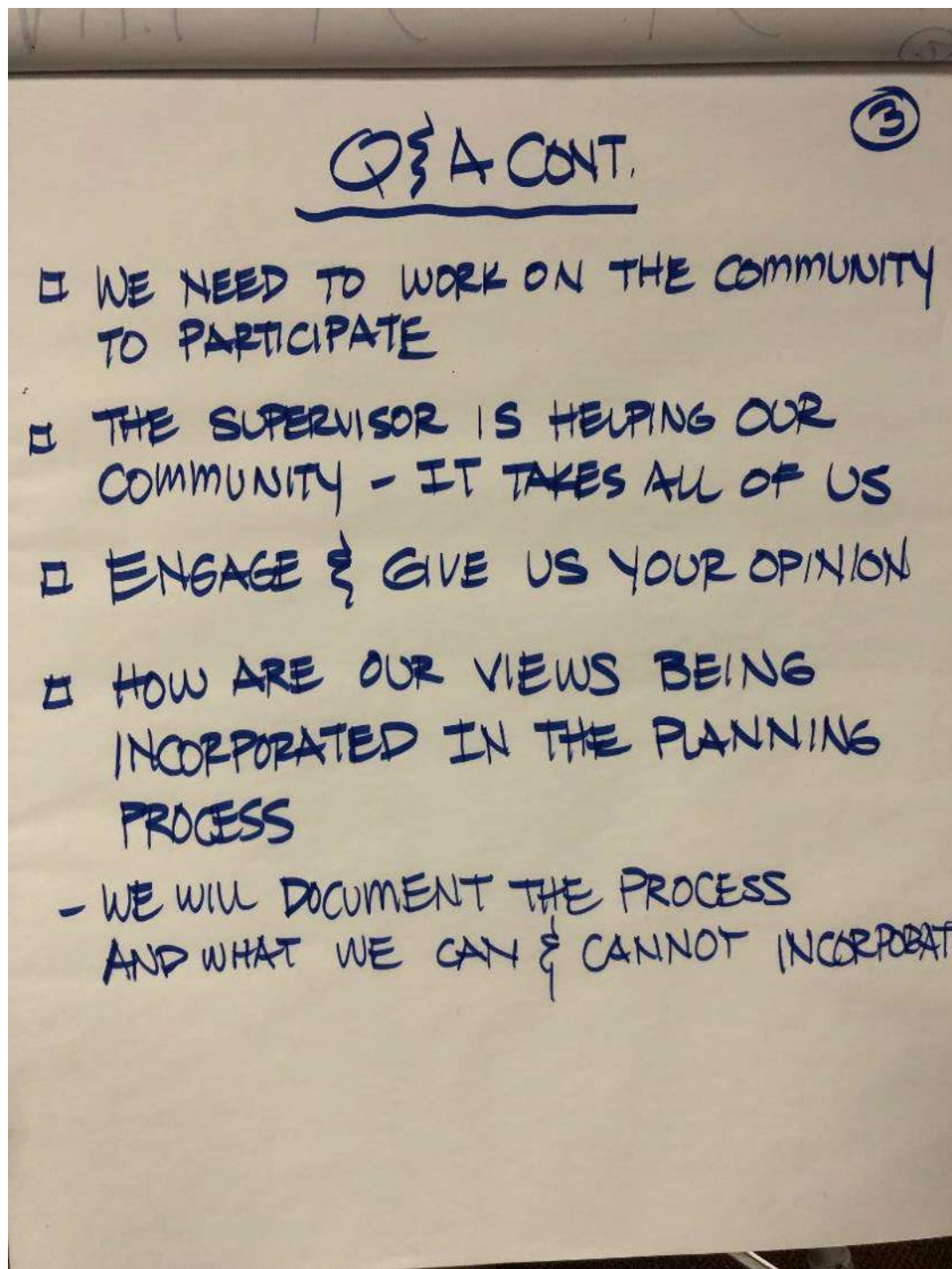
## Station 6

<p><b>Mental Health</b> Salud mental</p> <p>Increased, and more comprehensive, mental health services.</p> <p>Mayor proporción de servicios de salud mental y más completos.</p>	<p><b>Open Space</b> Espacio abierto</p> <p>Availability of community open space, including who will be able to use these spaces; types of amenities envisioned for these spaces; and what sort of security and maintenance programs will be in place for these spaces.</p> <p>Capacidad de espacio abierto para la comunidad, incluyendo quién podrá usar estos espacios; se prevén tipos de amenidades para estos espacios; y qué tipo de programas de seguridad y mantenimiento se implementarán para estos espacios.</p>	<p><b>Social Justice</b> Justicia social</p> <p>Important social justice issues such as the forced sterilization of women at General Hospital in the late 1960s and early 1970s, as well as the lack of adequate HIV/AIDS care in the 1980s.</p> <p>Importantes problemas de justicia social, como la esterilización forzada de mujeres en el Hospital General a fines de los años sesenta y principios de los setenta, así como la falta de atención adecuada para el VIH / SIDA en los ochenta.</p>	<p><b>Transportation/Parking</b> Transporte/Estacionamiento</p> <p>Potential community impacts related to increased mobility and parking demands.</p> <p>Posibles impactos en la comunidad relacionados con el aumento de la movilidad y las demandas de estacionamiento.</p>	<p><b>Bioscience</b> Biociencia</p> <p>Concerns that bioscience developments in the vicinity may not benefit nearby communities.</p> <p>Preocupación de que el desarrollo de biociencia cercano no beneficiará a nuestra comunidad.</p>



# Section 3: Community at Large Meeting #1 June 13, 2019

## Other Comments



Meeting Overview  
 Meeting Format  
 Photos & Videos  
 Press Release  
 Community Feedback  
 Participant Quotes  
 Meeting Summary  
 Meeting Presentation  
 Display Boards  
 Meeting Flyers  
 Comment Cards  
 Bravo High School Event

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes**
- Meeting Summary
- Meeting Presentation
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# Section 3: Community at Large Meeting #1 June 13, 2019

## Participant Quotes:

“ All I want for this building is to have playgrounds for kids (safe) and activities for teens and senior citizens. Places where they can exercise to develop body and mind. ”

“ Work opportunities to benefit the local people first then people from other areas. Any project should have opportunities first be available to the people in the area and nearby areas. ”

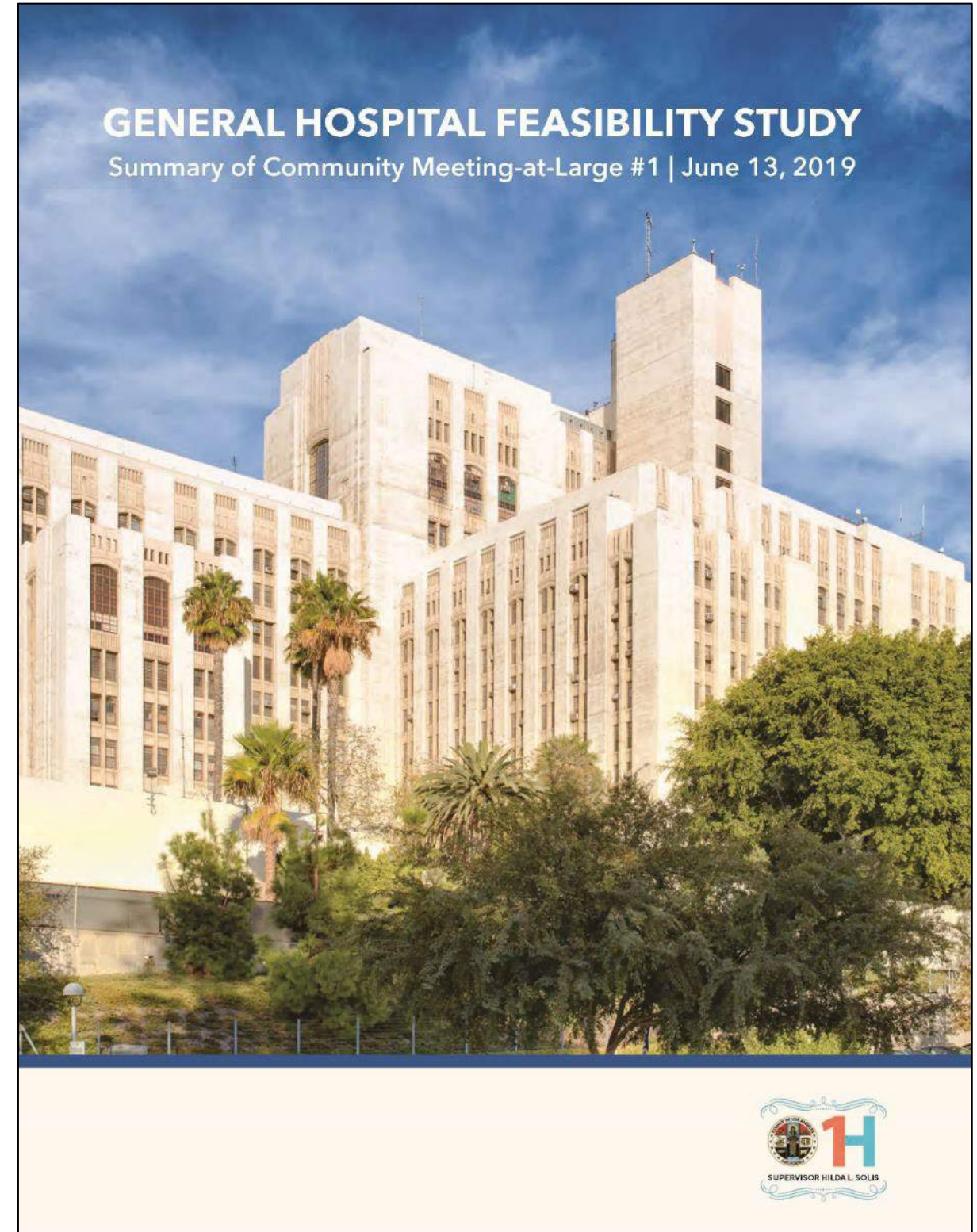
“ Many low income and undocumented people go here, but the service and benefits have not met their needs. Also, providing services like a physical or mental health awareness that is needed. We need to be more considerate of people's needs... ”



# Section 3: Community at Large Meeting #1 June 13, 2019

## Meeting Summary

The following pages provide a detailed documentation of all outcomes of Community at Large Meeting #1.



- Meeting Overview
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- Community Feedback
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- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
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General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #1

## TABLE OF CONTENTS

- I. INTRODUCTION..... 2
- II. OVERVIEW OF GENERAL HOSPITAL FEASIBILITY STUDY ..... 2
- III. OUTREACH CONDUCTED ..... 2
- IV. MEETING FORMAT ..... 3
- V. MEETING DISPLAYS AND COMMENTS ..... 4
  - STATION 1. WHAT IS THE GENERAL HOSPITAL FEASIBILITY STUDY? ..... 4
  - STATION 2. COMMUNITY ENGAGEMENT PROCESS AND TIMELINE ..... 4
  - STATION 3. WHAT DO WE KNOW ABOUT THE BUILDING? ..... 4
  - STATION 4. YOUR THOUGHTS ON TRANSPORTATION ..... 5
  - STATION 5. HOW COULD THE BUILDING BEST BE USED TO BENEFIT THE COMMUNITY? ..... 6
  - STATION 6. KEY COMMUNITY ISSUES ..... 8
  - VERBAL COMMENTS AND COMMENT CARDS RECEIVED AT MEETING CLOSE ..... 9
- VI. NEXT STEPS ..... 12
- APPENDIX A: POWER POINT PRESENTATION
- APPENDIX B: DISPLAYS
- APPENDIX C: MEETING FLYER
- APPENDIX D: COMMENT CARDS
- APPENDIX E: BRAVO HIGH SCHOOL PRESENTATION

Prepared by KPA  
12/27/2019

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #1

### I. Introduction

The purpose of this report is to present the comments and suggestions received from stakeholders at the first community-at-large meeting which was held on Thursday, June 13<sup>th</sup> 2019 at the East Los Angeles Skills Center. The LA County Chief Executive Office, Supervisorial District 1, and the Health Innovative Community Partnership (HICP) held the first of five community-at-large meetings that will be conducted during the year-long Study. The purpose of Meeting #1 was to introduce the Study, present challenges and opportunities associated with adaptive reuse of the historic hospital and receive input from the community. Approximately 165 community members attended the meeting.

### II. Overview of General Hospital Feasibility Study

In November 2018, Supervisor Solis authored a board motion directing the LA County Chief Executive Office (CEO) to develop a feasibility study for the adaptive re-use of the Hospital in collaboration with various County departments. In 2019, the Study was expanded to include the western campus of LAC+USC Medical Center. By Summer 2020, the study is expected to produce three financially feasible Reuse Options with a mix of uses including services, housing and perhaps, retail and recreation. The Reuse Options will integrate community needs and values with the technical challenges. Since there is currently no available funding to improve the Hospital, the Study will also explore potential funding opportunities. Community input is essential to making sound decisions that will lead to the most viable and effective reuse option that meets the needs and reflects the values of the surrounding communities and those of the greater Los Angeles area.

### III. Outreach conducted

Outreach was very much a collaborative effort. It was conducted by Supervisorial District 1, HICP, the LAC+USC Medical Center Foundation, Inc., the Community Engagement Steering Committee (CESC) and the Project Community Engagement Team (CE Team). Outreach consisted of the following:

- Supervisorial District 1 placed the meeting flyer in their weekly e-newsletter twice and sent out social media messages;
- CESC disseminated flyers to their networks;
- The CE Team provided presentations to HICP and to an additional 10 community organizations;
- HICP and the CE Team sent eblasts to approximately 1200 persons as well as reminder eblasts/follow-up emails;
- The CE Team distributed 9,500 flyers to community organizations;
- Thirty-five hundred (3500) flyers were delivered door-to-door to businesses and residences in a ¼ mile radius from the Hospital;
- HICP and the CE Team made phone calls to key stakeholder groups and attendees of past community meetings and sent follow-up emails with the flyers;
- Meeting announcements appeared in the Boyle Heights Beat and Patch Highland Park-Mount Washington.

Prepared by KPA  
12/27/2019





- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
- Bravo High School Event

# Section 3: Community at Large Meeting #1 June 13, 2019

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #1

## IV. Meeting Format

The meeting began with a 30-minute open house during which community members had the opportunity to visit information stations with project displays. The project team members at each station discussed the material with stakeholders and asked their opinion and preferences. Stakeholders were given sticky notes to leave their responses on the displays. They were also asked to express their preferences for various options by placing sticky dots on the displays. Stations were staffed by bilingual staff and Cantonese interpreters were also available.

### Meeting Presentation

Following the initial open house, the meeting was convened by Rosa Soto, Executive Director of HICP (Health Innovation Community Partnership). Ms. Soto, an active participant in the General Hospital Feasibility Study, welcomed community members and described the role of HICP. Its overarching responsibility is to help deliver an authentic engagement process that promotes and advances healthy, economically resilient communities to support public/private enterprise and investments. The Study is one of the projects that HICP tracks. In attendance was Supervisor Solis, who gave a compelling vision for the project touching upon the need for refurbishing the Hospital as a cornerstone of the Healthy Village. She stressed the importance of this significant opportunity and what it means to those traditionally under-represented communities of East LA, Boyle Heights and other northeast Los Angeles areas. The Supervisor reinforced the importance of the community remaining united and involved throughout the effort to see their vision come to fruition.

The presentation was conducted in English with Spanish subtitles and with simultaneous interpretation in Spanish and Cantonese. After introductory remarks by the CEO, Deanna Weber from AECOM opened the presentation by describing the purpose of community-at-large meetings and the goals, objectives and timeline for the Feasibility Study including the determination of feasible options for its future uses, and the project timeline. Katherine Padilla Otanez, KPA, presented an overview of the outreach program and Monica Alcaraz, a member of the Community Engagement Steering Committee, described the role of the Community Engagement Steering Committee.

AECOM team members Deanna Weber and Robert Chattel described the current condition of the building and the technical challenges involved with due to its age (nearly 100), its size (1.3 million sq. ft.), the need to preserve its historic integrity, and the current lack of funding. Deanna Weber and Jessica Cisco closed the presentation portion of the meeting. The open house stations were re-opened to encourage further discussion and input, and to give attendees a chance to view displays, talk with team members, and express their opinions.

Prepared by KPA  
 12/27/2019

Page | 3

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #1

## V. Meeting Displays and Comments

The comments are presented below by stations and categorized by Key Themes. There were six stations at the meeting. All displays were in English and Spanish and each station offered bi-lingual staff. Cantonese interpreters were also available to assist attendees as needed.

**Station 1. What is the General Hospital Feasibility Study?** Displays and staff provided information about the scope and the timeline.

KEY THEME: While comments seemed to be miscellaneous and not necessarily related to the Study, a theme did emerge – parking.

- more ADA parking
- better signage for visitor parking
- parking structures needed/parking solutions needed

Other observations:

- more classroom space at the Wellness Center
- housing with services/use General Hospital for services
- clinic for children and women

**Station 2. Community Engagement Process and Timeline.** Staff provided an overview of the community engagement program describing how engagement opportunities are linked with technical study milestones. In response to “what additional groups should the Community Engagement Team include in outreach?” Meeting participants offered the following:

KEY PARTICIPANT THEME: Local Participation

- the people are the ones that should place the need to this building
- new LA City Neighborhood Council for occupants/stakeholders
- Mi Centro (LGBT) Defend Boyle Heights Group, Jovenes, Proyecto Pastoral, Land & Trust community meeting in China Town
- Film community
- SEIU Local 721
- more representation of residents should be part of the Community Engagement Steering Committee

No comments were offered in response to “What events should be organized (for outreach)?”

**Station 3. What Do We Know About the Building?** Staff and displays provided a description of building opportunities and challenges. Participants were encouraged to provide comments related to the building.

Prepared by KPA  
 12/27/2019

Page | 4



# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
- Bravo High School Event

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #1

**KEY PARTICIPANT THEME: Parking**

- more ADA parking
- better signage for visitor parking
- Build parking structure with grocery & retail similar to Whole Foods in Pasadena

**ADDITIONAL COMMUNITY COMMENTS:**

- Seismic Retrofit, especially Facades up to RM 7.0/3mi/10K ft depth
- Improve pedestrian access. Provide ADA curb ramps at Workman and Sichel/Mission Road
- From hospital to GH facility, provided automated covered moving walkway
- housing with services/use General Hospital for services
- clinic for children and women
- concern about pollution due to an increase in number of residents

**Station 4. Your Thoughts on Transportation.** In response to “What would make it easier, safer, and more comfortable for you to get to and from General Hospital, and to get where you need to go within the surrounding neighborhoods? Do you have any feedback on the opportunities identified on this board?”

**KEY PARTICIPANT THEMES:** Need for shuttle service(s), improved linkages to various transit systems and services, and security and pedestrian improvements

- Shuttles
- Connect shuttle to busway station
- Shuttle to Gold Line or Union Station
- Shuttling opportunity with electric cargo truck
- Connect shuttle to Exodus
- Request USC to allow shuttle access for LAUSD/Bravo students
- More convenient bus stop in front of GH
- Only two DASH lines go to GH. Need more community connections including Boyle Heights
- Transportation to/from Union station
- Rideshare providers (Uber, Lyft) have difficulty picking up passengers from General Hospital. The address may be confusing for rideshare drivers. Discounted (or subsidized) ride share coordinated by Restorative Care Village
- Special transportation for medical services
- Address traffic congestion on Mission & Valley in/to DTLA and 5 Fwy
- Improve Silver Line station area and connect to LAC + USC and Bravo
- Lighting, renewable energy
- Greener space
- Wide sidewalks
- Connect walk paths from hospital to GH services, covered automated walkway like at airports
- Mas seguridad un autobus - more security needed on buses

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12/27/2019

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #1

- Homeless not to camp outside campus
- Need security by Marengo Street
- Environmental concerns from occupants
- More parking

**Station 5. How Could the Building Best Be Used to Benefit the Community?** Meeting participants placed dots to express their opinions about the question “How do you think General Hospital and the surrounding area could best be used to benefit the community?” See below for the responses.

Category	Category Count	Subcategory	Subcategory Count
Housing	84	Family-sized units	22
		Multi-generational units	20
		Small units	14
		Seniors	28
Types of Housing	114	Supportive homeless housing	45
		Low income housing	24
		Very-low income housing	30
		Middle income housing	8
		Middle/Workforce housing	1
Commercial	37	Market rate housing	6
		Commercial Kitchen for small business	15
		Incubator space for small business	14
		Office space	2
Retail	79	Hotel	6
		Pharmacy	12
		Grocery store	27
		Small business retail	13
	86	Restaurants &/or healthy food spaces	27
		Health supportive services	23
		Social supportive services	33

Prepared by KPA  
12/27/2019



# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
- Bravo High School Event

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #1

Category	Category Count	Subcategory	Subcategory Count
Support Services		Workforce and health career training center	30
Youth and Senior	80	Childcare center	15
		Afterschool homework help	21
		STEAM space	12
		Seniors center	32
Arts and Culture	78	Library	16
		Arts/Cultural space	39
		Historic and commemoration space	23
Health and the Outdoors	93	Fitness and recreation center	35
		Community garden	42
		Play and small open spaces	16

ADDITIONAL COMMUNITY COMMENTS:

- Workforce Development East Los Angeles AJCC
- Integrate "Mixed Use"/Park N Ride/TOC
- Small real people businesses
- 2-3 supportive facilities
- 4-6 supportive housing for vets, disabled and seniors
- Access to tools (maker spaces)
- Affordable & beautiful wedding banquet
- Non-permanent extended stay hotel for people saving up money for permanent housing
- Flea market
- Alternative to abortion
- Prenatal education
- Housing and medical care during pregnancy
- Job training for financial security post birth
- Post partum support
- Parenting classes
- Daycare for new baby

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #1

**Station 6. Key Community Issues.** Staff and displays presented the key community issues that the team has heard. In response to the questions "Are there any you would change or add?" "Which issues are most important to you? Why?" Meeting participants expressed their opinions by placing dots. See below.

Category	Category Count
Environmental Justice/Pollution	26
Food Security/Grocery Stores	28
Gentrification and Displacement	46
Homelessness	63
Long-Term Economic Security/Cultural Continuity and Resilience	36
Mental Health	58
Open Space	15
Social Justice	25
Transportation/Parking	24
Bioscience	8

ADDITIONAL COMMUNITY COMMENTS:

- Early care spaces
- Educational support
- Birth control
- Pre-natal education
- Housing and support
- Job training
- Baby daycare
- Post-partum support
- Alternative to abortion
- Battered women shelter
- Mental health provided by community



- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
- Bravo High School Event

# Section 3: Community at Large Meeting #1 June 13, 2019

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #1

### Comment and Questions

Following the Open House portion, the meeting was reconvened for a Q & A session and closing remarks. Community members asked the following questions and offered comments and suggestions to the CEO's office and project team.

- What type of outreach was conducted?
- Will you ensure that the input received will influence the Feasible Options (the Study Final results)?
- Please provide a place for seniors to go so they won't feel alone and consider the needs of youth also.
- Thank you for holding the meeting. Consider the needs of homeless people; sometimes we just need a hand to get on our feet again.

Thirty-three (33) comment cards were hand-written and submitted. Those verbatim comments appear in below.

1. Homeless Triage and wrap around services - mental health services with drug and alcohol rehabilitation. Job training, medical services, transition support.  
 You are doing a great job, Supervisor Solis has a timely vision and together we can model a solution to homelessness, provide real services to the people of this County and be an example of inclusiveness and progress -- Please allow us to help.
2. (1.) would love to see some sort of bridge housing, a place that is safe and affordable while one saves up for permanent housing  
 (2.) affordable and beautiful banquet and wedding space (3.)  
 access to giant and high-tech tools (maker spaces) (4.)  
 transportation to and from site is really tough  
 -- census projection for next 20 years  
 -- transportation options for this campus  
 -- housing for needy demographic  
 -- workforce/local hire  
 -- parks "our spot" >> 13yrs - 18yrs
3. I would like to suggest launching educational programs for adults. 62% of adults in East LA don't have a high school diploma and since 2008, with the financial crisis several programs were close and are not reopening.
4. Free transportation for the people to access the resources the general hospital would provide
5. The new space should take into account alternative fuel resources, such as electric cars and wind energy, to alleviate pollution within our community. Having EV stations would

Prepared by KPA  
 12/27/2019

Page | 9

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #1

encourage people to buy electric vehicles and future-proof our communities. This is also directly related to health since fossil fuel emissions contribute to asthmatic issues for our residents. My area of concern is with pollution and waste. This new space is an opportunity to promote sustainable energy practices.

6. Mental health services - re entry services utilizing Workforce Development Americas Job Center of California local hire.
7. There will be more traffic.
8. It is crucial that the development of this space recognize that the hub of health care in Los Angeles is still at this location with Keck, USC's HSC, the new county hospital, various social service buildings, etc. As such, the ancestral home of this hub should emphasize medical science and education and partner, in the long term, with schools to offer mentoring, job shadowing, apprenticeships, internships, and opportunities for students/young people to learn.
9. All I want for this building is to have playgrounds for kids (safe) and activities for teens and senior citizens. Places where they can exercise to develop body and mind.
10. I would love to express how thankful I am with every individual part of the GHFS. I know you all put some hard work, reverence and heart to this work.
11. - the people's finances (residents) and there is many people living below poverty and will be unable to access these resources.  
 - being more inclusive of the TRANSGENDER folks who are always marginalized, we need to ensure that if housing occurs they are included
12. Many low-income and undocumented people go here, but the service and benefits have not met their needs. Also, providing services like a physical or mental health awareness that is needed. We need to be more considerate of people's needs and (illegible) they can still receive them after.
13. The protection and creation of Union represented county jobs with local hiring prioritization.
14. *Oportunidades de trabajo y que todos los beneficios principalmente y primeramente a los del área y alrededor y después a los demás de otras áreas. Siempre para cualquier proyecto debería ser considerada la oportunidad primero a los del área y áreas cercanas.*  
 Work opportunities to benefit the local people first then people from other areas. Any project should have opportunities first be available to the people in the area and nearby areas.
15. I work @ the wellness center. I would like to have more space available for teaching exercise classes.

Prepared by KPA  
 12/27/2019

Page | 10



# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
- Bravo High School Event

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #1

16. *Transporte y viáticos para personas que vienen de lugares lejos para acompañantes de enfermos crónicos con tratamiento largo.*  
 Transportation and travel allowances for companions of chronic patients with long-term treatment who come from far places.
17. *Que hagan cuartos para las familias de las personas que están hospitalizadas y vienen de lejos y son de bajos recursos y que las cafeterías y los productos sean accesibles a sus bolsillos.*  
 Accommodations for the families of hospitalized patients who come from far, and to have affordable cafeteria items, especially for those with limited resources.
18. *Que hagan viviendas para personas mayores con precios accesibles a lo que se recibe de retirado con cafetería con comida saludable.*  
 Affordable homes for retired seniors with healthy cafeteria food.
19. As soon as the construction is finished, will there be a lot of traffic in the streets?
20. (1.) no matter what services are offered, there needs to be improved communications and especial outreach so the community knows what is available  
 (2.) there should be medical professional training programs for community members - LVN, CAN, RN, Med-tech, surgical tech, etc. Make General Hospital a school and training center and the focus be those at local schools like Bravo could go there.
21. Take one of the floors in the general and use it to expand the LA County College of Nursing and Allied Health. The current college is great, but has a long waiting list. There are many young persons that go to Bravo Medical Magnet, Lincoln High School and Wilson High School but do not have easy access to nursing education program. Expand the current program in to the hospital.
22. Engagement from the workers at LACUSC/SEIU Local 721.
23. Converting the building to housing for the homeless.
24. I would like them to consider once the restoration of the building is completed where are the funds to sustain the building will come from, hopefully not increasing the taxes of the city.
25. A senior center and senior housing. Affordable housing for the community.
26. I am a student @ CSUN, I would like to volunteer in setting up meetings. This community engagement meeting was very welcoming. I do not feel left out and engaged in this process. I feel this community, and all involved will come out with a great outcome. Thank you!
27. Housing - priority:  
 - senior + section 8 senior

Prepared by KPA  
 12/27/2019

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #1

- single and family low income
- child care center
- senior care (costs to stay can reimburse costs)
- 28. Opportunities for small businesses (SBE)
- 29. I would really like to see the homeless and low-income housing be taken into consideration. This however should still include community accessible resources and mental health availability. I believe it should be a very progressing building and help the large issues that are not being addressed.
- 30. Study reuse of additional historic buildings on western portion of campus.  
 I'm interested in joining committee re-commemorative event for women and children's hospital.
- 31. Open to the people and as long it doesn't go down like the 6th Street Bridge and R-building
- 32. - adding parking structure  
 - better transportation to/from Union Station
- 33. Please consider the importance of the Planned Parenthood (across the street on Marengo) as vital to the health, well being and family planning options of mainly the women in the area. This abortion hospital needs to be protected and incorporated into the "Healthy Village". Can light rail reach this hospital -- and if so, can the stop be made very close to elevator door of the hospital. Often times Metro stops are so far removed from destinations (either streets / bridges) that make access difficult for pedestrians and prioritize vehicles.

**VI. Next Steps**

The meeting closed at 8:20 pm. Community members were invited to return to the next community meeting tentatively scheduled in Fall 2019. They were urged to bring their friends and family. Community members were encouraged to sign-in, provide their contact information so they can be informed of future involvement opportunities, and thanked for their participation. Katherine Padilla Otanez, outreach team member, announced that the Community-at-Large Meeting Summary would be made available to the public.

Prepared by KPA  
 12/27/2019



# Section 3: Community at Large Meeting #1 June 13, 2019

## Meeting Presentation



### Purpose of Today's Meeting

#### *Propósito de la reunión de hoy*

- Provide an overview of the General Hospital Feasibility Study  
*Dar un resumen general del Estudio de Viabilidad del Hospital General*
- Discuss information we have discovered to date  
*Compartir información que hemos descubierto hasta la fecha*
- Hear how you think the building could be used to best benefit the community, and what issues are most important to you  
*Escuchar sus ideas acerca de la mejor manera de usar el edificio para beneficiar a la comunidad y los temas más importantes para usted*
- Answer your questions about the Study  
*Responder a sus preguntas acerca del Estudio*



# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
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- Bravo High School Event



## Meeting Agenda

### *Agenda de la reunión*

**General Hospital Feasibility Study Overview**  
*Resumen general del Estudio de Viabilidad del Hospital General*

**Open House – Visit Stations**  
*Exposición abierta al público – Visitar las estaciones*

**Q+A and Wrap-Up**  
*Preguntas y respuestas y cierre de la reunión*



## Board of Supervisors Direction for the Study

### *Orden de la Junta de Supervisores acerca del Estudio*

In November 2018 Supervisor Hilda L. Solis authored a board motion to study the re-use of General Hospital in order to: *En noviembre de 2018, la Supervisora Hilda L. Solis fue la autora de una moción ante la Junta para que se estudiará la reutilización del Hospital General a fin de:*

- Bring iconic County **asset back to life** *Dar nueva vida a esta propiedad emblemática del Condado.*
- Address the County’s **tremendous need for homeless, low income, and high-need population residential options, and specifically in the area surrounding the LAC+USC Medical Campus** *Abordar la gran necesidad de opciones residenciales para personas sin hogar, de bajos recursos y de alta necesidad, específicamente en el área alrededor del Centro Médico LAC+USC*
- Complement the LAC+USC Foundation’s **Wellness Center that provides wrap-around and community services** and the future **Restorative Care Village** *Complementar al Centro de Bienestar de la Fundación LAC+USC que provee servicios integrales y comunitarios y la future Villa de Cuidados Restaurativos*
- Mission-aligned re-use as a housing and mixed-use building** *Alineándose a su misión en que el edificio sea para vivienda y uso mixto*



# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
- Bravo High School Event

GENERAL HOSPITAL FEASIBILITY STUDY

## The Healthy Village Vision *Visión de la Aldea Saludable*

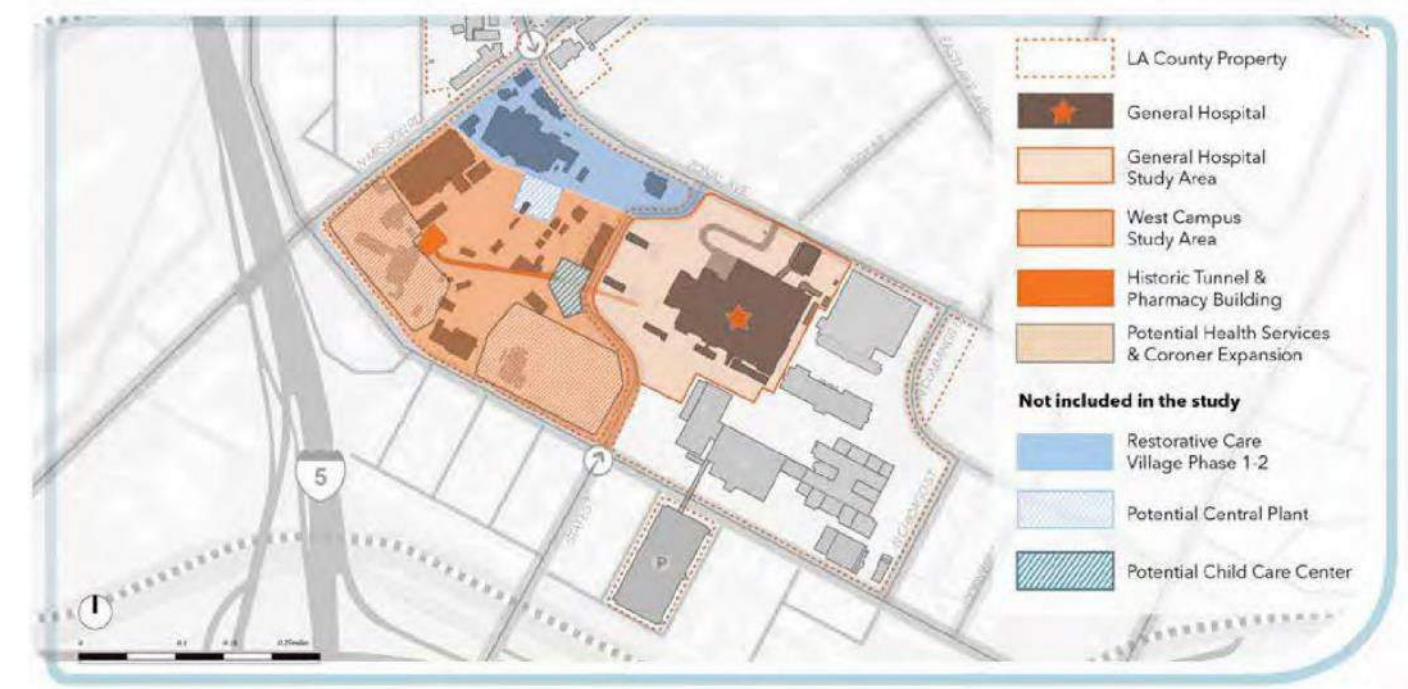
The Study will help to achieve the Healthy Village vision, spearheaded by Supervisor Hilda L. Solis. *Este estudio facilitará el cumplimiento de la visión de la Aldea Saludable propuesta por la Supervisora Hilda L. Solis.*

- A Whole Person Care concept to meet individuals' needs
  - *Un concepto de atención integral de la persona para poder satisfacer sus necesidades*
- A healthy and economically resilient community in East LA
  - *Una comunidad sana y económicamente resistente en el Este de LA*
- Help most vulnerable population, and provide recuperative care and wraparound services to empower residents
  - *Ayudar a la población más vulnerable, proveer cuidados para la recuperación y servicios integrales para empoderar a los residentes*



GENERAL HOSPITAL FEASIBILITY STUDY

## Study Area *Área del Estudio*





# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation**
- Display Boards
- Meeting Flyers
- Comment Cards
- Bravo High School Event



## Purpose of the Feasibility Study *Propósito del Estudio de Viabilidad*

- **Effectively** respond to the Board Motion  
*Responder **eficazmente** a la Moción de la Junta de Supervisores*
- **Analyze** the reuse of General Hospital and develop 3 **financially feasible alternatives** for consideration based on technical and community input from cross-disciplinary team  
*Analizar la posibilidad de reutilizar el Hospital General y desarrollar 3 **alternativas económicamente viables**, tomando en cuenta las recomendaciones técnicas y comunitarias presentadas por un equipo multidisciplinario*
- **Develop a roadmap for implementation** for the reuse of General Hospital  
*Desarrollar un plan de implementación para la reutilización del Hospital General*
- **Engage** County and community stakeholders throughout the process  
*Involucrar a los interesados del Condado y a la comunidad a lo largo del proceso*



## Determining Future Uses *Determinación de usos futuros*



# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
- Bravo High School Event



## Project Timeline *Cronograma del Proyecto*



**We are here!**



## Project Timeline *Cronograma del Proyecto*



**¡Estamos aquí!**



# Section 3: Community at Large Meeting #1 June 13, 2019



## Community Engagement *Participación de la comunidad*

- **Community Engagement (CE) Team:** AECOM + Barrio Planners (BPI) + Katherine Padilla & Associates (KPA) *Equipo para la Participación de la Comunidad (CE, en inglés): AECOM + Barrio Planners (BPI) + Katherine Padilla & Associates (KPA)*
- Close coordination with the **Health Innovation Community Partnership (HICP) and the Community Engagement Steering Committee (CESC)** *Coordinación estrecha con la Alianza Comunitaria para la Innovación de la Salud (HICP) y el Comité Directivo de Participación de la Comunidad (CESC)*
- Robust and comprehensive with **5 Community At-Large Meetings** *Proceso de participación amplio y exhaustivo con 5 reuniones generales con la comunidad*
- **Additional meetings, informal discussions with stakeholders; pop-up events** *Reuniones adicionales, pláticas informales con grupos de interesados; eventos emergentes*
- **Communication tools:** social media, media coordination, website presentation, printed flyers, E-blasts etc. *Herramientas para la comunicación: redes sociales, coordinación mediática, presentación en sitios web, volantes impresos, difusión amplia por correo electrónico o mensajes de texto, etc.*



# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation**
- Display Boards
- Meeting Flyers
- Comment Cards
- Bravo High School Event



## Community Engagement Steering Committee *Comité Directivo de Participación Comunitaria*

**Purpose**  
Volunteers representing community and organizations. Provide a coordinated mechanism for engagement by key stakeholders to help guide community engagement on the General Hospital Feasibility Study.

**Propósito**  
*Voluntarios que representan a la comunidad y a organizaciones. Ofrecer un mecanismo coordinado para la participación de grupos de interesados claves a fin de que ayuden a guiar la participación de la comunidad en el Estudio de Viabilidad del Hospital General.*



## Community Engagement Steering Committee *Comité Directivo de Participación Comunitaria*

**Role**

- Actively contribute in creating the General Hospital Feasibility Study Community Engagement Plan
- Participate in implementing the plan and be advocates for the community engagement process
- Advise on Strategies, Stakeholders and Community Issues

**Función**

- *Contribuir activamente en la creación de un Plan de Participación Comunitaria para el Estudio de Viabilidad del Hospital General*
- *Participar en la implementación del plan y promover el proceso de participación comunitaria*
- *Dar asesoría sobre estrategias, grupos de interesados y asuntos de la comunidad*



# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation**
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- Meeting Flyers
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## Community Engagement Steering Committee (CESC) *Comité Directivo de Participación Comunitaria (CESC)*

A big thank you to all of our volunteer CESC members that have spent countless hours helping guide the community engagement process

*Un gran agradecimiento a todos nuestros miembros voluntarios de CESC que dedicaron innumerables horas para orientar el proceso de participación comunitaria*

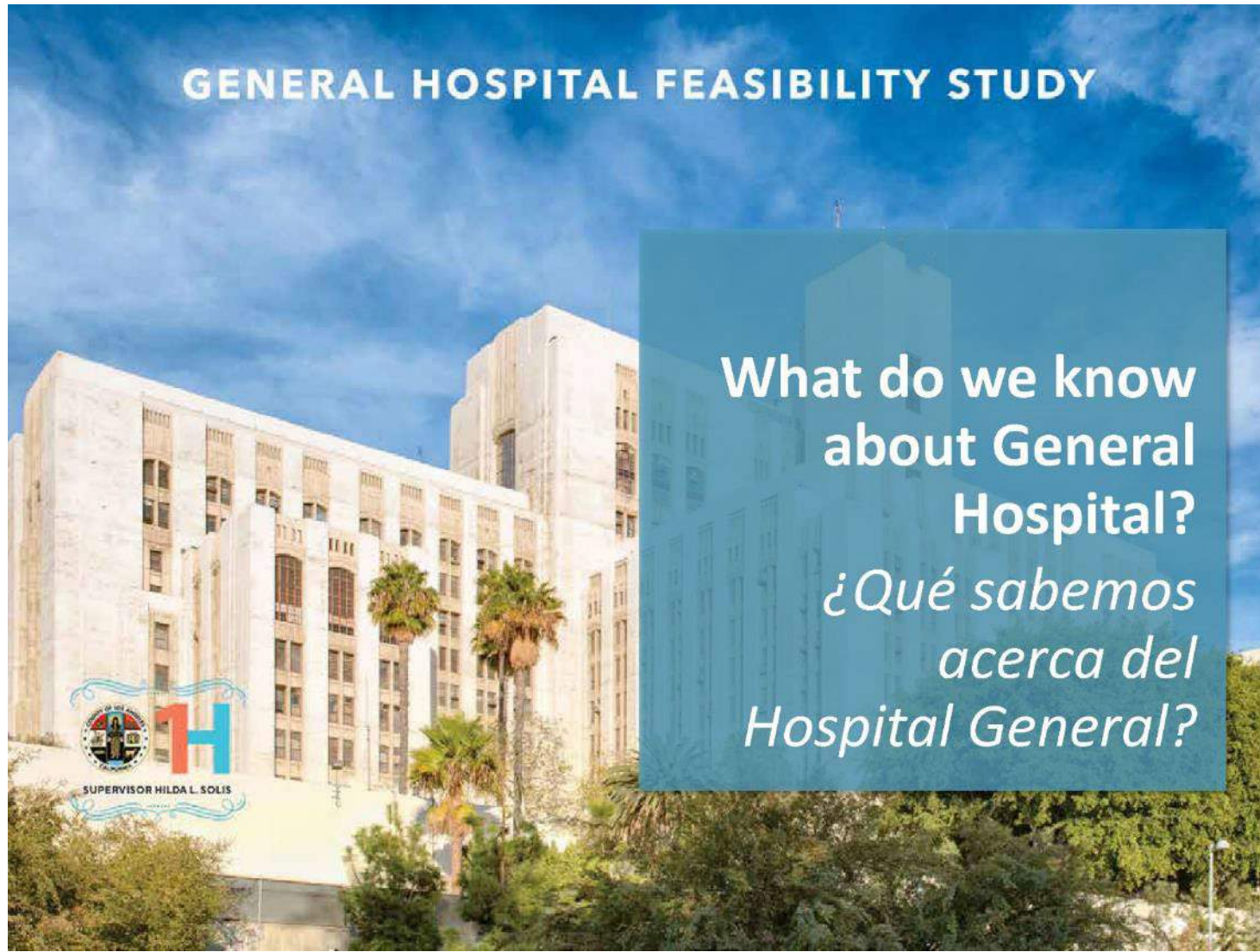


Individual	Organization
Al Ballesteros	JWCH Institute
Andrea Rodriguez	ELA Skills Center
Antonio Hicks	Public Counsel
Ari Gutierrez Arambula	Latino Equality Alliance
Betty Avila	Self Help Graphics
Father Chris Ponnet	St. Camillus Catholic Center
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# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
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## What Do We Know About the Building? *¿Qué sabemos acerca del edificio?*

- 86 years old, 19 stories
- *86 años de edad, 19 pisos*
  
- 1.3 million square feet
- *1.3 millones de pies cuadrados*
  
- Officially determined eligible for listing in the National Register of Historic Places
- *Se determinó oficialmente que reúne los requisitos para incluirse en el Registro de Lugares Históricos*



- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
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# Section 3: Community at Large Meeting #1 June 13, 2019



## What Do We Know About the Building? *¿Qué sabemos acerca del edificio?*

- Once held 1,200 hospital beds; today is largely vacant
- *Una vez tuvo capacidad para 1,200 camas de hospital; hoy está en gran parte vacante*
- Current uses include DHS, the Wellness Center, and Navy Medicine Operational Training Center
- *Se usa actualmente para alojar a DHS, el Centro de Bienestar, y Centro de Capacitación Operacional de Medicina de la Marina*



## Historic Preservation and Architecture *Preservación histórica y arquitectura*



# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
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## Historic Preservation and Architecture *Preservación histórica y arquitectura*



## What Improvements Are Needed? *¿Qué mejoras se requieren?*

- Structural Wall/ Foundation Strengthening
- Hazardous Material and Lead Abatement
- New Fire Protection, AC, Heating, Plumbing and Electrical
- Maintain Historic Spaces
- Develop Parking Solutions
- Improve Public Transit & Pedestrian Access
- *Fortalecer muros y cimientos*
- *Eliminación de materiales peligrosos y el plomo*
- *Nueva protección contra incendios, aire acondicionado, calefacción, tuberías y electricidad*
- *Preservación de espacios históricos*
- *Buscar soluciones para el estacionamiento*
- *Mejorar el transporte público y acceso para peatones*





# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
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## What are the Main Challenges? *¿Cuáles son los principales desafíos?*



### Old, Damaged and Large Building | *Edificio viejo, dañado y grande*

Because the building is large, damaged and over 86 years old, it will need a lot of repairs.

*Debido a que el edificio es grande, tiene 86 años de edad y está dañado, requerirá muchas reparaciones.*

Do you know the building is as large as 22 football fields?  
*¿Sabía que el edificio mide el equivalente a 22 campos de fútbol americano?*



## What are the Main Challenges? *¿Cuáles son los principales desafíos?*



### Lack of Funding | *Falta de fondos*

The County does not have funds to repair the building. That means some uses may need to generate income to support other uses. Other creative funding ideas will need to be explored as well.

*El Condado no tiene fondos para reparar el edificio. Eso significa que será necesario que algunos usos generen ingresos para respaldar otros usos. También se deberán explorar otras ideas creativas de financiamiento.*

Do you know Funding strategies include 20% Federal Historic Preservation Tax Credit?  
*¿Sabía que las estrategias de financiamiento incluyen un crédito impositivo de 20% del gobierno federal para la preservación histórica?*



# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
- Bravo High School Event



## What are the Main Challenges? *¿Cuáles son los principales desafíos?*

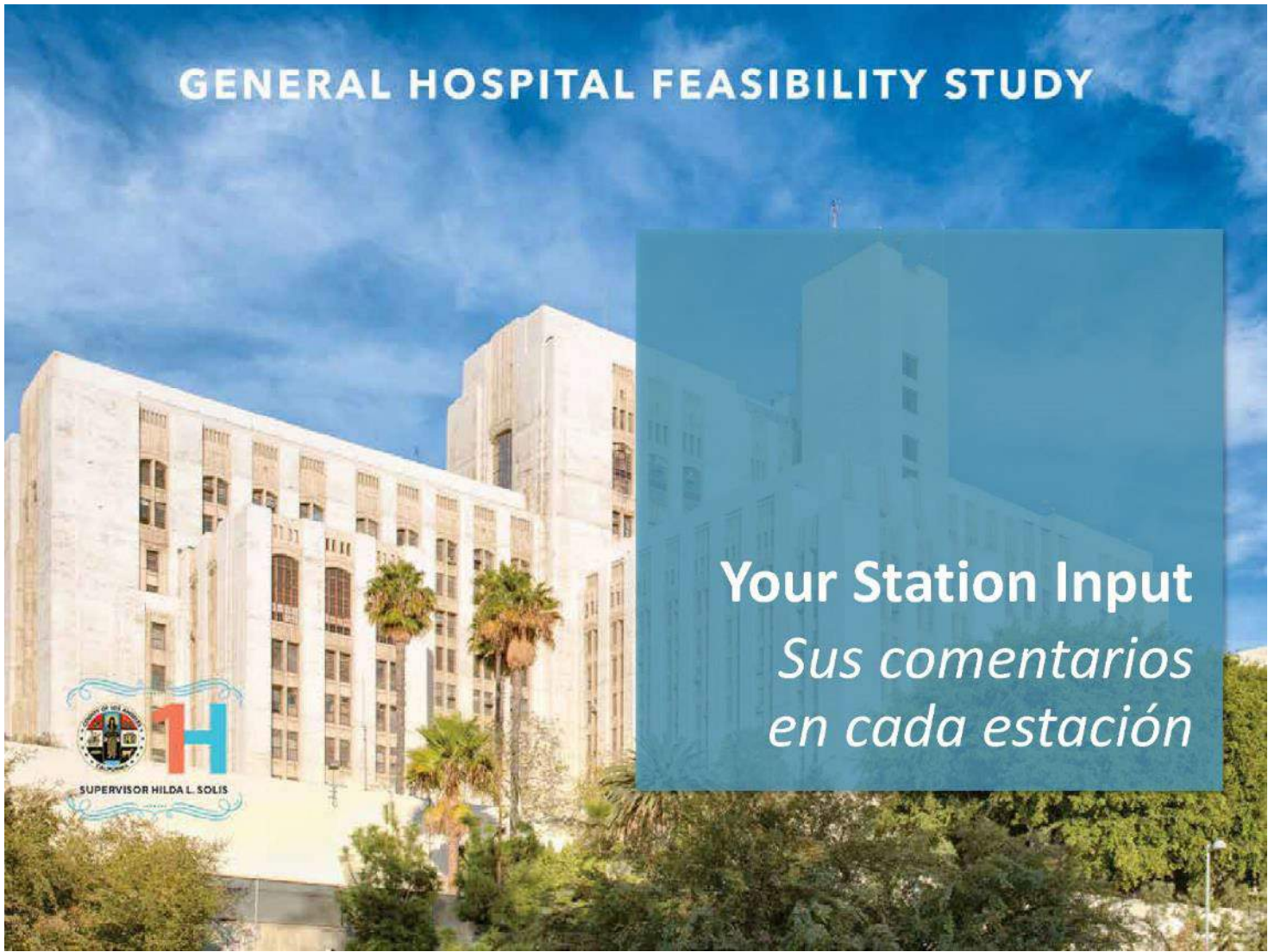


### Historic Building | *Edificio histórico*

Because the building is historic, making changes to the building will be more complicated.

*Debido a que el edificio tiene significado histórico, es más complicado hacerle cambios.*

Do you know the building is eligible for the National Register?  
*¿Sabía que el edificio reúne los requisitos para incluirse en el Registro Histórico Nacional?*



# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
- Bravo High School Event



## Station Overview *Descripción General de las Estaciones*

<b>Station 1</b>	<b>Station 2</b>	<b>Station 3</b>
What is the General Hospital Feasibility Study?	Community Engagement Process	What Do We Know About the Building?
<b>Station 4</b>	<b>Station 5</b>	<b>Station 6</b>
Transportation and Parking	How Could the Building Best Benefit the Community?	Key Community Issues
	<b>Station 7</b>	
	Health Innovation Community Partnership	



## Descripción General de las Estaciones

<b>Estación 1</b>	<b>Estación 2</b>	<b>Estación 3</b>
¿Qué es el Estudio de Viabilidad del Hospital General??	Proceso de participación de la comunidad	¿Qué sabemos acerca del edificio?
<b>Estación 4</b>	<b>Estación 5</b>	<b>Estación 6</b>
Transporte y estacionamiento	¿Cuál es la mejor manera de usar el edificio para beneficiar a la comunidad?	Temas claves para la comunidad
	<b>Estación 7</b>	
	Alianza Comunitaria para la Innovación de la Salud	



# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
- Bravo High School Event



## Transportation and Parking Overview Descripción del transporte y estacionamiento

Station 4

Accessibility | Accesibilidad

Parking | Estacionamiento

Public Transit | Transporte público

Q: What would make it easier, safer, and more comfortable for you to get to and from General Hospital? *¿Qué se requiere para que usted pueda trasladarse de ida y vuelta al Hospital General de manera más fácil, segura y cómoda?*

At Station 4, you can comment on Transportation and Parking.  
*En la Estación 4, puede hacer sus comentarios sobre el Transporte y Estacionamiento.*



## How Could the Building Best Be Used to Benefit the Community? *¿Cuál sería la mejor manera de usar el edificio para beneficiar a la comunidad?*

Station 5

Commercial Comercial	<b>Commercial Kitchen for Small Businesses</b> Kitchen with professional-grade equipment Cocina comercial para pequeñas empresas Cocina con equipo profesional	<b>Incubator Space for Small Businesses</b> Shared office space for startups or small businesses Espacio de incubación para pequeñas empresas Espacio de oficina compartido para nuevas o pequeñas empresas.	<b>Office Space</b> Espacio de oficina	<b>Hotel</b> Hotel
	<b>Pharmacy</b> Farmacia	<b>Grocery Store</b> Supermercado	<b>Small Business Retail</b> Pequeños negocios	<b>Restaurants and/or Healthy Food Spaces</b> Healthy, fast casual or restaurant dining Restaurantes y/o espacios de comida saludable Comida sana, rápida casual o restaurante

Q: How do you think General Hospital, and the surrounding area, could best be used to benefit the community? *Desde su punto de vista ¿cuál sería la mejor manera de usar el Hospital General y sus alrededores para beneficiar a la comunidad?*

At Station 5, you can comment on a variety of ideas, or add your own.  
*En la Estación 5, puede hacer comentarios sobre las diferentes ideas o agregar las suyas.*



# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
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GENERAL HOSPITAL FEASIBILITY STUDY

## Key Community Issues

Station 6

### *Temas claves para la comunidad*

The issues below are what we have heard to date from the community regarding their concerns.

Environmental Justice / Pollution	Food Security/ Grocery Stores	Gentrification & Displacement	Homelessness	Long-Term Economic Security/ Cultural Continuity and Resilience
Mental Health	Open Space	Social Justice	Transportation / Parking	Bioscience

Q:  
Are there any issues you would change or add?  
Which issues are most important to you? Why?

 At Station 6, let us know what community issues are most important to you.

GENERAL HOSPITAL FEASIBILITY STUDY

## Key Community Issues |

Station 6

### *Temas claves para la comunidad*

Los siguientes son los temas claves que la comunidad ha mencionado hasta la fecha.

La justicia ambiental y contaminación	Disponibilidad de alimentos y tiendas de comestibles	Encarecimiento de las propiedades y rentas y desplazamiento	Personas sin hogar	Seguridad económica a largo plazo / continuidad y resistencia cultural
Salud mental	Espacios abiertos	Justicia social	Transporte/ Estacionamiento	Biosciencias

P:  
¿Cambiaría o agregaría otros asuntos?  
¿Qué asuntos son importantes para usted y por qué?

 En la Estación 6, díganos cuáles son los asuntos comunitarios más importantes para usted.



# Section 3: Community at Large Meeting #1 June 13, 2019

Meeting Overview

Meeting Format

Photos &amp; Videos

Press Release

Community Feedback

Participant Quotes

Meeting Summary

Meeting Presentation

Display Boards

Meeting Flyers

Comment Cards

Bravo High School Event

GENERAL HOSPITAL FEASIBILITY STUDY

## Next Steps *Próximos pasos*

- Project team will continue work to discover building issues, and turn attention to West Campus
- *El equipo del proyecto continuará trabajando para descubrir los problemas del edificio y prestará atención al Campus Occidental*
- Summer 2019: Ongoing community engagement
- *Verano de 2019: Continuación de la participación comunitaria*
- Fall 2019: Community At-Large Meeting #2
- *Otoño de 2019: Segunda reunión general con la comunidad*



GENERAL HOSPITAL FEASIBILITY STUDY

## For more information *Para más información*

### Project Lead | *Encargado del proyecto*

Ivan Matthews | Chief Executive Office

IMatthews@ceo.lacounty.gov or 213-202-5825

### Contact | *Contacto*

Alex Villalobos | Barrio Planners

Alex@barrioplanners.com or (323) 726-7734

### Webpage to launch soon | *Pronto se publicará la página web*

**Sign up to receive email updates at sign-in table** | *Inscríbese en la mesa de recepción para recibir actualizaciones por correo electrónico*



# Section 3: Community at Large Meeting #1 June 13, 2019

## Display Boards

### What is the General Hospital Feasibility Study?

# 1

#### Why Do We Need a Feasibility Study?

**1933** General Hospital began providing medical care to the County.

**2008** LAC+USC Medical opens as a replacement hospital following 1994 Northridge earthquake.

**2018** General Hospital is largely vacant. Board motion to bring iconic asset back to life.

#### Determining Future Uses

There are many possible ways that General Hospital could be returned to productive uses. The Study will consider:

**COMMUNITY NEEDS:** Multiple Opportunities to provide input and shape future.

**CHALLENGES:** Challenges in repairing the building while preserving its historic integrity.

**COST:** Cost to make repairs to the building while preserving its historic integrity.

The Feasibility Study will develop a few potentially financially feasible options for future uses and the community will provide feedback, ultimately the Board of Supervisors will determine next steps.

#### Re-using General Hospital – What are the Main Challenges?

- Old, Damaged and Large Building**  
Because the building is large, damaged, and over 86 years old, it will need a lot of repairs.
- Lack of Funding**  
The County does not have funds to repair the building. That means some uses may need to generate income to support other uses. Other creative funding ideas will need to be explored as well.
- A (Potentially) Historic Building**  
Because the building may move forward with special historic status, making changes to the building may be more complicated.

#### Want to know more about the historic status?

General Hospital is eligible for the National Historic Register and therefore the Study will consider treatment and reuse options of unique historic spaces within the building to preserve its historic integrity.

### ¿Qué es el Estudio de Viabilidad del Hospital General?

# 1

#### ¿Por qué necesitamos un estudio de viabilidad?

**1933** El Hospital General comenzó a brindar atención médica al Condado.

**2008** El LAC + USC Medical se abre como un hospital de reemplazo después del terremoto de 1994 de Northridge.

**2018** El Hospital General está en gran parte vacante. Moción de la Junta para leer el icónico patrimonio a la vida.

#### Determinación de usos futuros

Hay muchas formas posibles de que el Hospital General pueda ser devuelto a usos productivos. El estudio considerará:

**NECESIDADES DE LA COMUNIDAD:** Múltiples oportunidades para proporcionar información y dar forma al futuro.

**DESAFÍOS:** Desafíos en la reparación del edificio mientras se preserva su integridad histórica.

**COSTO:** Costo para hacer reparaciones en el edificio mientras se preserva su integridad histórica.

El Estudio de Viabilidad desarrollará algunas opciones posibles financieramente para usos futuros y la comunidad proporcionará comentarios, en última instancia, la Junta de Supervisores determinará los próximos pasos.

#### Reutilización del Hospital General: ¿Cuáles son los principales desafíos?

- Edificio viejo, dañado y grande**  
Debido a que el edificio es grande y tiene más de 86 años, necesitará muchas reparaciones.
- Falta de fondos**  
El Condado no tiene fondos para reparar el edificio. Eso significa que será necesario que algunos usos generen ingresos para apoyar otros usos. También se deberán explorar otras ideas creativas de financiamiento.
- Un edificio histórico (potencialmente)**  
Debido a que el edificio puede que avance con un estatus histórico especial, los cambios en el edificio pueden ser más complicados.

#### ¿Quieres saber más sobre el estatus histórico?

El Hospital General es elegible para el Registro Histórico Nacional y, por lo tanto, el Estudio considerará las opciones de tratamiento y reutilización de espacios históricos únicos dentro del edificio para preservar su integridad histórica.



# Section 3: Community at Large Meeting #1 June 13, 2019

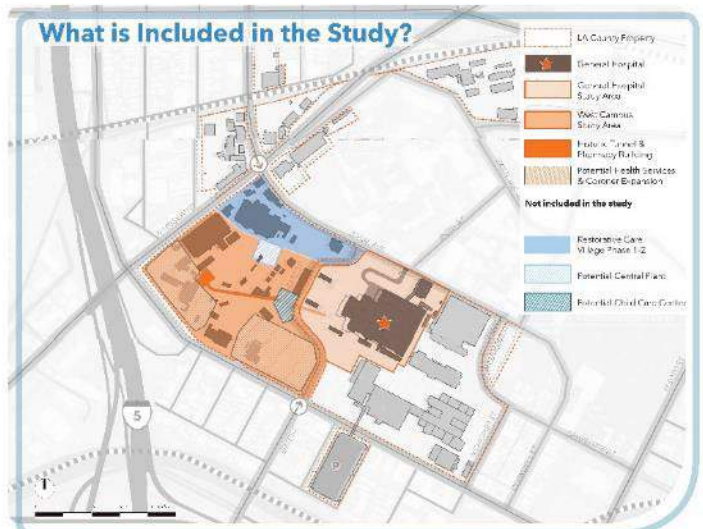
- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
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### Board of Supervisors Direction for the Study

The Los Angeles County Board of Supervisors directed the Chief Executive Office to develop a study for the re-use of General Hospital. Highlights from the November 2018 Board Motion are listed below:

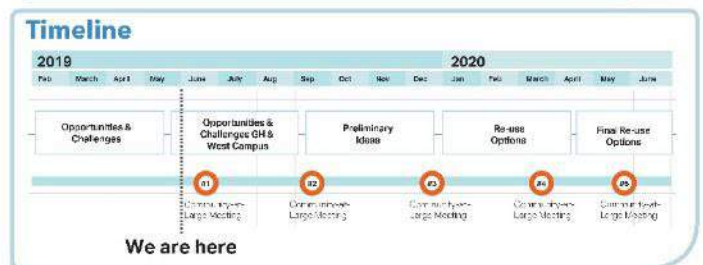
- Bring iconic County **asset back to life**
- Address the County's **tremendous need for homeless, low income, and high-need population residential options, and specifically in the area surrounding the LAC+USC Medical Campus**
- **Complement the LAC+USC Foundation's Wellness Center that provides wrap-around and community services** and the future **Restorative Care Village**
- **Mission-aligned re-use as a housing and mixed-use building**



### Healthy Village Vision

The Study will help to achieve the Healthy Village vision, spearheaded by Supervisor for the First District of Los Angeles County, Hilda L. Solis.

- A Whole Person Care concept to meet individuals' needs
- A healthy and economically resilient community in East LA
- Help most vulnerable population, and provide recuperative care and wraparound services to empower residents



### Dirección de la Junta de Supervisores para el estudio

La Junta de Supervisores del Condado de Los Ángeles ordenó a la Oficina Ejecutiva, desarrollar un estudio para la reutilización del Hospital General. Los aspectos más destacados de la Moción de la Junta de noviembre de 2018 se enumeran a continuación:

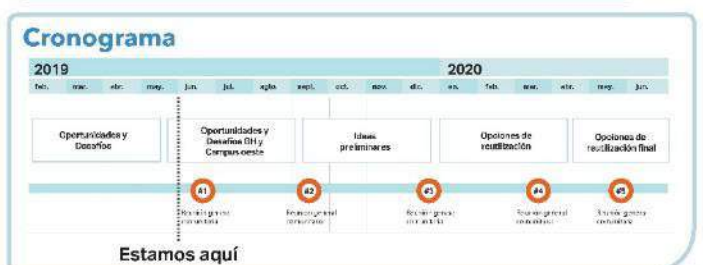
- Traer el icónico patrimonio del Condado a la vida
- Abordar la **tremenda necesidad de opciones residenciales para personas sin hogar, de bajos ingresos y de alta necesidad del Condado, y específicamente en el área alrededor del Campus Médico LAC + USC**
- **Complementar el Centro de Bienestar de la Fundación LAC + USC que proporciona servicios integrales y comunitarios y la futura Villa de Cuidado Restaurativo**
- **Alinear la reutilización a la misión como vivienda y edificio de uso mixto.**



### Visión de la Healthy Village (Aldea saludable)

El Estudio ayudará a lograr la visión de Healthy Village, encabezada por la Supervisora del Primer Distrito del Condado de Los Ángeles, Hilda L. Solis.

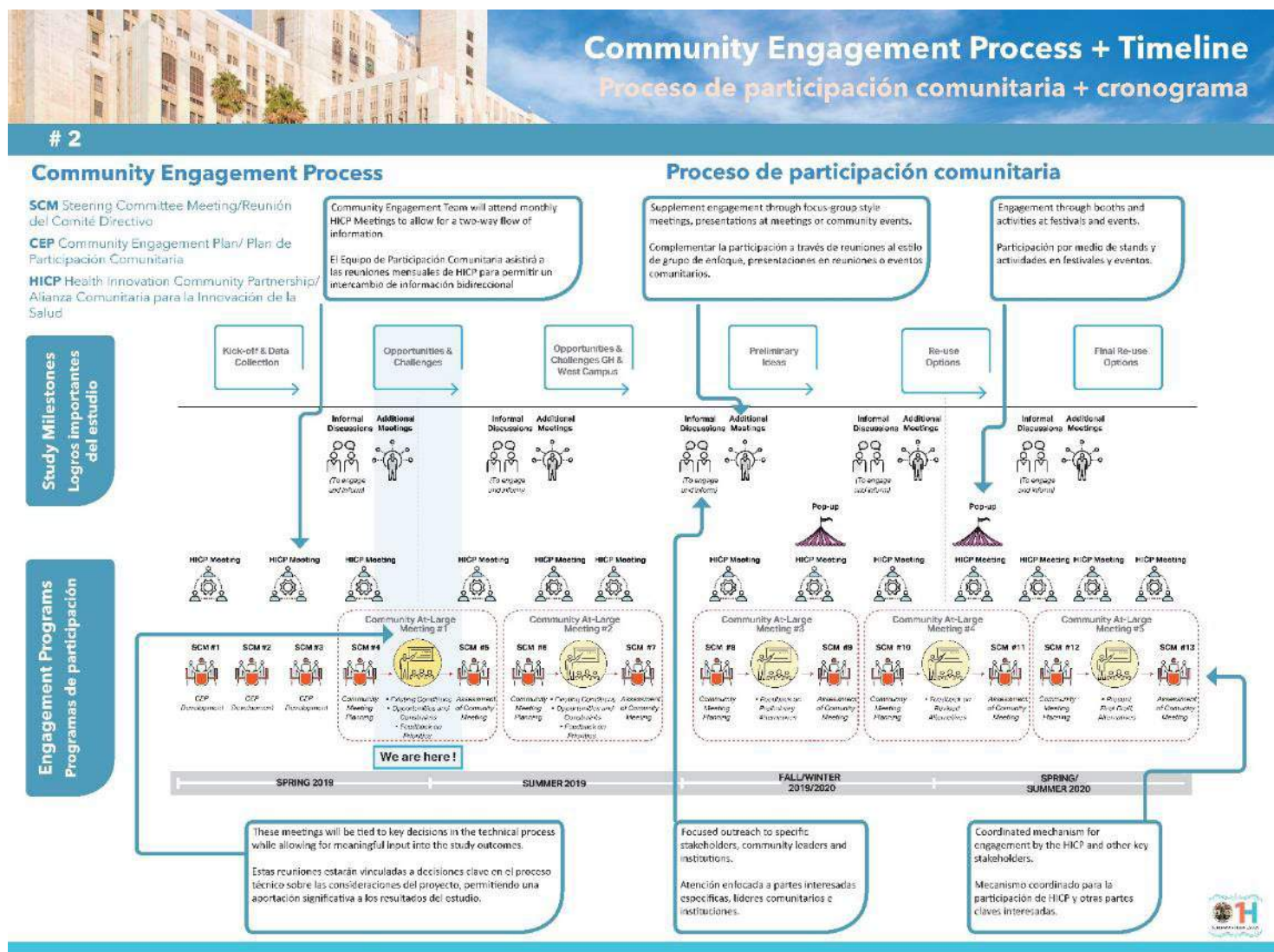
- Un concepto de atención integral para satisfacer las necesidades de los individuos.
- Una comunidad saludable, resistente y económicamente próspera en el este de Los Ángeles.
- Ayudar a la población más vulnerable y proporcionar servicios de recuperación y atención integral para empoderar a los residentes





# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
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- Meeting Presentation
- Display Boards
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**Community Engagement Process + Timeline**  
Proceso de participación comunitaria + cronograma

**# 2**

**Community Engagement Steering Committee (CESC)**  
**Comité Directivo de Participación Comunitaria (CESC)**

A big thank you to all of our **volunteer** CESC members that are helping guide the community engagement process:  
Un gran agradecimiento a todos nuestros miembros **voluntarios** de CESC que están ayudando a guiar el proceso de participación de la comunidad:

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Waqas Rehman	Supervisor Office
Yolanda Duarte-White	Alma Services

**Community Engagement Guiding Principles**  
**Principios Rectores de la Participación Comunitaria**

- Ensure community engagement is **accessible and inclusive**.  
Garantizar que la participación comunitaria sea **accesible e inclusiva**.
- Provide **multiple opportunities** and methods for people to provide input.  
Proporcionar **múltiples oportunidades** y métodos para que las personas aporten información.
- Be **sensitive** to existing community concerns.  
**Ser sensible** a las preocupaciones existentes de la comunidad.
- Simplify** complex technical concepts.  
**Simplificar** conceptos técnicos complejos.
- Support attendees participating in the **language most comfortable** for them.  
Apoyar a los asistentes que participan en el **idioma más cómodo** para ellos.
- Establish channels of communication** with stakeholders.  
**Establecer medios de comunicación** con los grupos de interés.
- Strive to **integrate** the Study and HICP engagement processes.  
Procurar **integrar** el estudio con el proceso de participación de HICP.
- Ensure that **concerns raised reach** the technical team, County staff and Supervisors Office.  
Asegurar que las **inquietudes planteadas lleguen** al equipo técnico, al personal del Condado y a la Oficina de Supervisores.
- Consider **input before technical decisions** are made and report back.  
Considerar el **aporte** recibido **antes de tomar decisiones técnicas** e informar de nuevo.



# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
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## What Do We Know About the Building? ¿Qué sabemos del edificio?

# 3

### History & Overview of Building and Uses

**Age:** 86 years old

**Size:** 19 stories & nearly 1.3 million square feet (22 football fields)

**Use:** Once holding about 1,200 hospital beds /today largely vacant/ Currently used by DHS, the Wellness Center and Navy Medicine Operational Training Center

**Employees:** Approximately 1,000

**Architecture:** Iconic building contains unique spaces

**Status:** Eligible to be listed as historic resource under the National Register of Historic Places

### Historia y repaso general del edificio y usos

**Edad:** 86 años

**Tamaño:** 19 pisos y casi 1.3 millones de pies cuadrados (22 campos de fútbol)

**Uso:** En un tiempo se mantuvieron cerca de 1,200 camas de hospital/ hoy esta en gran parte vacante. Actualmente utilizado por DHS, el Centro de Bienestar y el Centro de Capacitación Operacional de Medicina de la Marina


**Empleados:** Aproximadamente 1,000

**Arquitectura:** Edificio icónico contiene espacios únicos.

**Status:** Elegible para ser catalogado como recurso histórico en el Registro Nacional de Lugares Históricos


### Historic Preservation and Architecture Preservación histórica y arquitectura

**Before | Antes**




1934  
Lobby | Vestibulo


**Después | After**



2014  
Lobby | Vestibulo



2013  
Pharmacy | Farmacia



2014  
Pharmacy | Farmacia

## What Do We Know About the Building? ¿Qué sabemos del edificio?

# 3


### Necessary Building Improvements

- Exterior Concrete Repairs; Wall/Foundation Strengthening
- New Utilities to the Building
- New AC, Heating, Plumbing, Electrical and Fire Protection
- Mechanical Elevator Upgrades and new Elevators
- Hazardous Material and Lead Abatement
- Roof and Window Replacement
- Maintain Historic Spaces
- Upgrade Central Plant
- Improve Parking Solutions
- Improve Public Transit
- Improve Pedestrian Access

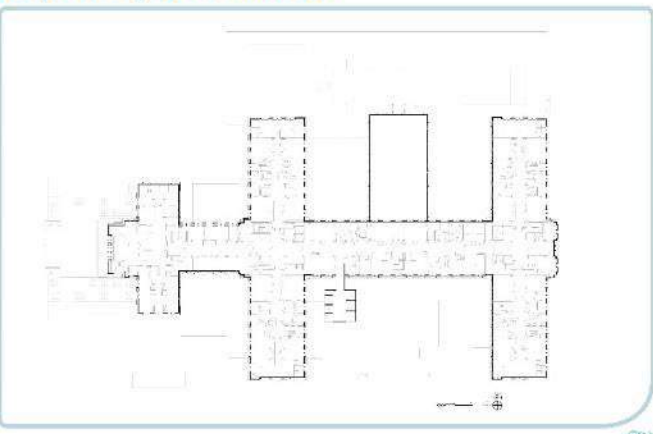
### Mejoras de construcción necesarias

- Reparaciones exteriores de concreto, fortalecimiento de paredes, cimientos
- Nuevas líneas de servicios públicos al edificio
- Nuevos sistemas de aire acondicionado, calefacción, plomería, electricidad y protección contra incendios.
- Actualizaciones de ascensores mecánicos y ascensores nuevos
- Material peligroso y reducción de plomo
- Techo y reemplazo de ventanas
- Mantener los espacios históricos
- Actualizar la planta central
- Mejorar las soluciones de estacionamiento
- Mejorar el transporte público
- Mejore el acceso peatonal

### Aerial View of General Hospital Vista aérea del hospital general



### A Typical Floorplan of the Building Un plano típico del edificio





# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
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- Participant Quotes
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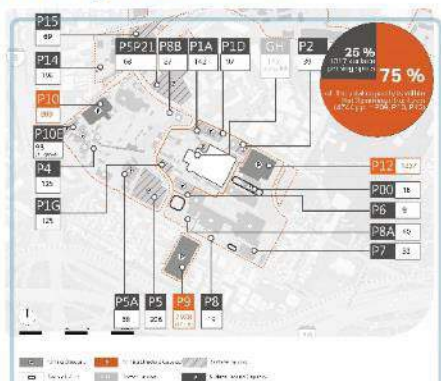


### Accessibility | Accesibilidad



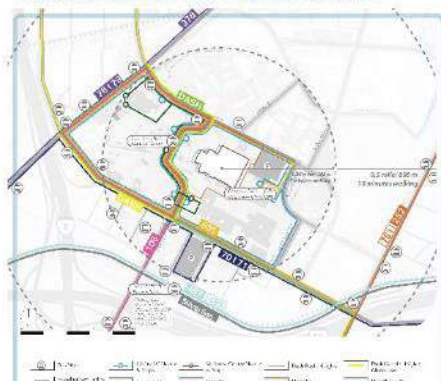
- State Street is used as primary access & only street with direct connection to Boyle Heights
- Steep slopes inhibit easy pedestrian access
- Main entries along Maricngo Street for staff, patients, visitors, services & emergency vehicles for Medical Center and other buildings on medical campus
- Zonal Avenue to the North serves as a secondary entrance for staff and other service uses for Medical Center and other buildings on medical campus

### Parking | Estacionamiento



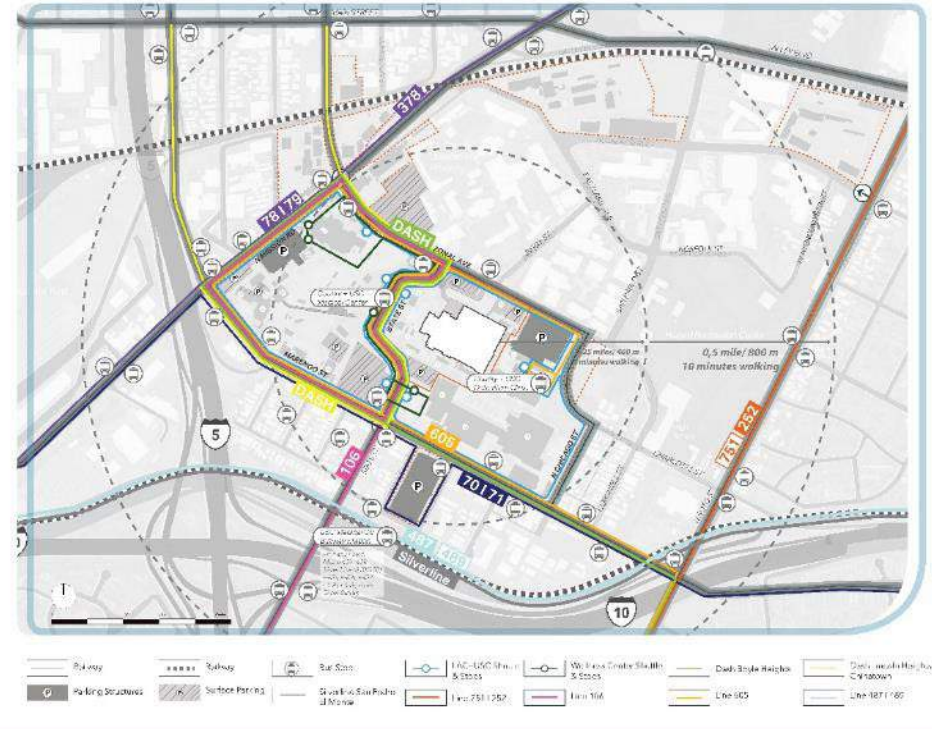
- Insufficient parking capacity for current uses and future planned projects
- Approximately 6291 total parking  
1317 surface parking & 4974 within 3 parking structures
- Additional +145 spaces under GH
- Employees working in GH also park at P10 and walk or take shuttle

### Public Transit | Transporte público



- Site is car or bus dependent
- Bus service with limited frequency
- Nearest Gold Line Station 1.2 miles (Mariachi Plaza)

What would make it easier, safer, and more comfortable for you to get to and from General Hospital, and to get where you need to go within the surrounding neighborhoods? I ¿Qué lo haría más fácil, más seguro y más cómodo para que usted pueda ir/regresar del Hospital General y para llegar a donde necesita ir dentro de los vecindarios circundantes?



# Section 3: Community at Large Meeting #1 June 13, 2019

Meeting Overview  
Meeting Format  
Photos & Videos  
Press Release  
Community Feedback  
Participant Quotes  
Meeting Summary  
Meeting Presentation  
Display Boards  
Meeting Flyers  
Comment Cards  
Bravo High School Event



# 5

How do you think General Hospital, and the surrounding area, could best be used to benefit the community?

Place dots on the uses you would most like to see. Use post-its to tell us why these uses are important to you.

¿Cómo cree que el Hospital General y sus alrededores podrían utilizarse mejor para beneficiar a la comunidad?

Coloque los puntos adhesivos en los usos que más le gustaría ver. Use post-its para decirnos por qué estos usos son importantes para usted.

Housing Vivienda	<b>Family-sized Units</b> 2-3 bedrooms <b>Unidades de tamaño familiar</b> 2-3 dormitorios	<b>Multi-generational Units</b> 4+ bedrooms <b>Unidades Multi-generacionales</b> 4+ dormitorios	<b>Small Units</b> Studio/1 bedroom Units <b>Unidades pequeñas</b> Unidades de estudio / 1 dormitorio	<b>Seniors</b> Housing for individuals aged 55+, generally <b>Personas mayores</b> Vivienda para personas mayores de 55+ años, en general
	<b>Supportive Homeless Housing</b> Homeless and Transitional Age Youth Housing with integrated social services. <b>Vivienda de apoyo para personas sin hogar</b> Vivienda para jóvenes sin hogar y en edad de transición con servicios sociales integrados.	<b>Very Low Income Housing</b> Housing with rent based on 30-50% AMI <b>Vivienda para personas de muy bajos ingresos</b> Vivienda con renta basada en 30-50% IMA.	<b>Middle Income Housing</b> Housing with rent based on 80-120% AMI <b>Vivienda de ingresos medios</b> Vivienda con renta basada en 80-120% IMA.	<b>Market Rate Housing</b> 150% + AMI; Housing without rent restrictions. <b>Vivienda a precio del mercado</b> 150% + IMA; Vivienda sin restricciones de alquiler.

AMI = Area Median Income IMA = Ingreso medio del área



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Support Services Servicios de apoyo	<b>Health Supportive Services</b> Servicios de apoyo a la salud	<b>Social Supportive Services</b> Servicios de apoyo social	<b>Workforce and Health Careers Training Center</b> Centro de capacitación para la fuerza laboral y profesiones de la salud	
	<b>Youth and Senior</b> Jóvenes y personas mayores	<b>Childcare center</b> Centro de cuidado infantil	<b>Afterschool Homework Help</b> Ayuda para la tarea después de la escuela	<b>STEM Space</b> Science, Technology, Engineering, Arts, and Math education shared space for youth. <b>Espacio de STEM</b> Espacio compartido para jóvenes en la ciencia, tecnología, ingeniería, artes y las matemáticas.



# Section 3: Community at Large Meeting #1 June 13, 2019

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- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
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Arts and Culture Artes y cultura	<b>Library</b> Biblioteca 	<b>Arts/Cultural Space</b> Space for arts and culture classes or events. <b>Arte / Espacio Cultural</b> Espacio para clases de arte y cultura o eventos.	<b>Historic and Commemoration Space</b> Exhibition space <b>Espacio histórico y conmemorativo.</b> Espacio de exhibición
	<b>Health and the Outdoors</b> Salud y el aire libre	<b>Fitness and Recreation Center</b> Centro de aptitud física y recreación 	<b>Community Garden</b> Jardín comunitario 
		<b>Play and Small Open Spaces</b> Juegos y espacios abiertos pequeños 	



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Commercial Comercial	<b>Commercial Kitchen for Small Businesses</b> Kitchen with professional-grade equipment <b>Cocina comercial para pequeñas empresas</b> Cocina con equipo profesional	<b>Incubator Space for Small Businesses</b> Shared office space for startups or small businesses <b>Espacio de incubación para pequeñas empresas</b> Espacio de oficina compartido para nuevas o pequeñas empresas.	<b>Office Space</b> Espacio de oficina 	<b>Hotel</b> Hotel 
	Retail Ventas al por menor	<b>Pharmacy</b> Farmacia 	<b>Grocery Store</b> Supermercado 	<b>Small Business Retail</b> Pequeños negocios 
		<b>Restaurants and/or Healthy Food Spaces</b> Healthy, fast casual or restaurant dining <b>Restaurantes y/o espacios de comida saludable</b> Comida sana, rápida casual o restaurante 		



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- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
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The items below are what we have heard to date regarding key community issues. Are there any you would change or add? Which issues are most important to you? Why?

Place dots on the issues that are most important to you. Grab a pen and make any changes you would like to see.

Los elementos a continuación son lo que hemos escuchado hasta la fecha sobre temas clave de la comunidad. ¿Hay alguno que cambiaría o agregaría? ¿Qué temas son los más importantes para usted? ¿Por qué?

Coloque puntos adhesivos en los temas que sean más importantes para usted. Toma un bolígrafo y haga los cambios que le gustaría ver.

<p><b>Environmental Justice/ Pollution</b> La justicia ambiental</p> <p>Potential health and safety issues, such as the presence of asbestos and lead paint, as well as concerns regarding the demolition and construction process.</p> <p>Posibles problemas de salud y seguridad, como la presencia de asbestos y pintura con plomo, así como las inquietudes relacionadas con el proceso de demolición y construcción.</p>	<p><b>Food Security / Grocery Stores</b> Seguridad alimentaria</p> <p>Issues related to food security center on the availability of healthy, affordable food and grocery options within nearby communities.</p> <p>Asuntos relacionados con la seguridad alimentaria se centran en la disponibilidad de alimentos, alimentos asequibles y opciones de comestibles dentro de las comunidades cercanas.</p>	<p><b>Gentrification and Displacement</b> Gentrificación y Desplazamiento</p> <p>Concerns that facilities will attract higher income individuals who will drive up the overall costs of housing and pushing out existing residents.</p> <p>Preocupación que las instalaciones atraigan a personas de mayores ingresos que aumentarán los costos generales de la vivienda.</p>	<p><b>Homelessness</b> Personas sin hogar</p> <p>Issues related to housing and services for homeless individuals, and related community impacts.</p> <p>Temas con respecto a la vivienda y los servicios para personas sin hogar, y los impactos comunitarios relacionados.</p>	<p><b>Long-Term Economic Security/ Cultural Continuity and Resilience</b> Seguridad económica a largo plazo / continuidad cultural y resiliencia</p> <p>Job security, workforce development, and the ability to live and work in one's community.</p> <p>Seguridad laboral, desarrollo de la fuerza laboral, y la habilidad de vivir y trabajar en su propia comunidad.</p>
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Coloque puntos adhesivos en los temas que sean más importantes para usted. Toma un bolígrafo y haga los cambios que le gustaría ver.

<p><b>Mental Health</b> Salud mental</p> <p>Increased, and more comprehensive, mental health services.</p> <p>Mayor proporción de servicios de salud mental y más completos.</p>	<p><b>Open Space</b> Espacio abierto</p> <p>Availability of community open space, including who will be able to use these spaces, types of amenities envisioned for these spaces, and what sort of security and maintenance programs will be in place for these spaces.</p> <p>Capacidad de espacio abierto para la comunidad, incluyendo quién podrá usar estos espacios, se prevén tipos de amenidades para estos espacios, y qué tipo de programas de seguridad y mantenimiento se implementarán para estos espacios.</p>	<p><b>Social Justice</b> Justicia social</p> <p>Important social justice issues such as the forced sterilization of women at General Hospital in the late 1950s and early 1970s, as well as the lack of adequate HIV/AIDS care in the 1980s.</p> <p>Importantes problemas de justicia social, como la esterilización forzada de mujeres en el Hospital General a fines de los años sesenta y principios de los setenta, así como la falta de atención adecuada para el VIH / SIDA en los ochenta.</p>	<p><b>Transportation/Parking</b> Transporto/Estacionamiento</p> <p>Potential community impacts related to increased mobility and parking demands.</p> <p>Posibles impactos en la comunidad relacionados con el aumento de la movilidad y los demandas de estacionamiento.</p>	<p><b>Bioscience</b> Biotecnología</p> <p>Concerns that bioscience developments in the vicinity may not benefit nearby communities.</p> <p>Preocupación de que el desarrollo de biotecnología cercano no beneficiará a nuestra comunidad.</p>
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# Section 3: Community at Large Meeting #1 June 13, 2019

## Meeting Flyers

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #1

Proposed Outline General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #1  
Draft 2

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #1

*Help us*  
**SHAPE THE FUTURE OF HISTORIC GENERAL HOSPITAL**

**COMMUNITY MEETING**

- Learn about the General Hospital Feasibility Study
- Explore potential opportunities that General Hospital's re-use could offer, and the challenges involved in repurposing this historic building
- Advocate for community priorities
- Give feedback that will help define the future re-use of General Hospital
- Learn about other projects at the LAC+USC Medical Center

**THURSDAY 13 JUNE 2019 6-8 pm**

**East Los Angeles Skills Center  
3921 Selig Place  
Los Angeles, CA 90031**

*Parking is available onsite. Enter Selig off of Mission Rd, East Los Angeles Skills Center can also be accessed by Metro bus service 45, 76, 78, 79, 252; DASH El Sereno/City Terrace line; DASH Lincoln Heights/Chinatown line.*

- A light dinner and childcare will be provided.
- Spanish and Cantonese interpretation will be available.

**THIS IS A FREE EVENT AND ALL ARE WELCOME!**

*Ayúdenos*  
**A DEFINIR EL FUTURO DEL HISTÓRICO HOSPITAL GENERAL**

**REUNIÓN COMUNITARIA**

- Conozca más sobre el estudio de viabilidad del Hospital General
- Examine las oportunidades potenciales que la reutilización del Hospital General podría ofrecer, y los desafíos involucrados en la readaptación de este edificio histórico
- Abogue por las prioridades de la comunidad
- Proporcione comentarios que ayudarán a definir la futura reutilización del Hospital General
- Infórmese sobre otros proyectos en el Centro Médico LAC + USC

**JUEVES 13 JUNIO 2019 6-8 pm**

**East Los Angeles Skills Center  
3921 Selig Place  
Los Angeles, CA 90031**

*Estacionamiento disponible en el establecimiento. Ingrese Selig saliendo de Mission Rd. El East Los Angeles Skills Center también se puede acceder por el servicio de autobús Metro 45, 76, 78, 79, 252; la línea DASH El Sereno/City Terrace; líneas DASH Lincoln Heights/Chinatown.*

- Se proporcionará una cena ligera y cuidado de niños.
- Habrá interpretación en español y cantonés.

**¡ESTE ES UN EVENTO GRATIS Y TODOS SON BIENVENIDOS!**

**幫助我們 塑造未來 具历史性的综合医院的未來**

**社区会议**

- 了解综合医院可行性研究
- 探索综合医院重新使用的潜在机会，以及重新利用这座历史建筑所面临的挑战
- 倡导社区优先事项
- 提供有助于确定综合医院未来重新再使用的反馈建议
- 了解LAC+USC医疗中心的其他项目面临的挑战

**2019年6月 13日星期四 下午6-8点**

**东洛杉矶技能中心  
3920塞利格广场, 洛杉矶, 加州 90031**

*现场提供停车。东洛杉矶技能中心也可乘坐都会巴士45,76,78,79,252; DASH EL Sereno / City Terrace线; DASH林肯高地/唐人街线。*

- 现场提供简便晚餐和儿童照顾服务
- 提供西班牙语和粤语口译服务。

**这是一个免费的活动, 欢迎所有的人参加!**

This community meeting is co-hosted by the Los Angeles County Chief Executive Office (CEO) and the Health Innovation Community Partnership (HICP). The HICP is a partnership of government and community leaders formed by the Los Angeles County Board of Supervisors to improve health, wellness and economic well-being for communities adjacent to the medical center campus including Boyle Heights, Lincoln Heights, El Sereno, City Terrace, Ramona Gardens, Northstar, and East Los Angeles.

Esta reunión comunitaria es organizada conjuntamente por la Oficina del Director Ejecutivo (CEO por sus siglas en inglés) del Condado de Los Angeles y la Sociedad de Innovación de la Salud (HICP por sus siglas en inglés). El HICP es una asociación de líderes gubernamentales y comunitarios formada por la Junta de Supervisores del Condado de Los Angeles para informar sobre la salud, el bienestar y el bienestar económico de las comunidades adyacentes al recinto del centro médico, como Boyle Heights, Lincoln Heights, El Sereno, City Terrace, Ramona Gardens, Northstar y este de Los Angeles.

本次社区会议由洛杉矶县首席执行官办公室 (CEO) 和联合合作伙伴健康创新社区 (HICP) 共同主办。HICP是由洛杉矶县监督委员会组成的政府和社区领导者的合作伙伴。为医疗中心校园附近的社区提供健康、保健和经济福利，包括Boyle Heights、Lincoln Heights、El Sereno、City Terrace、林肯高地、东洛杉矶、唐人街。



# Section 3: Community at Large Meeting #1 June 13, 2019

## Comment Cards

Meeting Overview  
Meeting Format  
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**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS


I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

Homeless Triage and wrap around services - Mental health services with drug and alcohol rehabilitation

Name/email (optional)/Nombre y correo electrónico (opcional):

DATE/FECHA: 6-13-19

Job training, medical services, transition sup



You are doing a great job, Superhuman Solis has a timely vision and together we can model a solution to homelessness, provide real services to the people of this county and be an example of inclusiveness and progress - Please allow me to help.

- Census Projection for next 20 years  
- Transportation Options for this campus.

Housing for needy demographic  
Workforce/Local Hire

w/ Kelly Quinn  
IVAN Matthews  
CEO office

Parkes  
"our spot" -> 13 yrs - 18 yrs

**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS


I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

- 1) Would love to see some sort of bridge housing, a place that is safe & affordable while one saves up for permanent housing
- 2) Affordable and beautiful banquet & wedding space
- 3) Access to giant & high-tech tools (maker spaces)

Name/email (optional)/Nombre y correo electrónico (opcional):

DATE/FECHA: JUNE 12 2019

Ⓟ Transportation to & from site is really tough




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

I WOULD TO SUGGEST LUNCHING EDUCATIONAL PROGRAMS FOR ADULT. 62% OF ADULT IS EDUTUS DON'T HAVE A HIGH SCHOOL DIPLOMA AND HAVE ZODS, WITH THE FINANCIAL CRISIS SEVERAL PROGRAM WERE CLOSE AND NOT REOPENING YET.

Name/email (optional)/Nombre y correo electrónico (opcional):

DATE/FECHA: 6/13/19






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I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

• free transportation for the people to access the resources the general hospital would give

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: 06/13/19




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

The new space should take into account alternative fuel resources, such as electric cars and wind energy to alleviate pollution within our community. Having EV stations would encourage people to buy electric vehicles and future-proof our communities. This is also directly related to health since fossil fuel emissions contribute to asthmatic issues for our residents. My area of concern is with pollution and waste. This new space is an opportunity to promote sustainable energy practices.

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: 6/13/19




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

Mental health services - Re-entry service  
utilizing workforce development  
Americas Job Center of California  
local hire.

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: 6/13/19




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

There will be more traffic.

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: 6/13/19




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

IT IS CRUCIAL THAT THE DEVELOPMENT OF THIS <sup>RECOGNIZE THAT</sup> THE HUB OF HEALTH CARE IN LOS ANGELES IS STILL AT THIS LOCATION WITH KECK, USC'S HSC, THE NEW COUNTY HOSPITAL, VARIOUS SOCIAL SERVICE BUILDINGS, ETC. AS SUCH, THE ANCESTRAL HOME OF ~~OF THE~~ THIS SHOULD EMPHASIZE MEDICAL SCIENCE AND EDUCATION AND PARTNER, IN THE LONG TERM, WITH SCHOOLS TO OFFER MENTORING, JOB SHADOWING, APPRENTICESHIPS, INTERNSHIPS, AND OPPORTUNITIES FOR STUDENTS/YOUNG PEOPLE TO LEARN. ~~AND PROMOTE~~

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: 6/13/19




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

all I want for this building is to have playgrounds for kids (SAFE) and activities for teens and senior citizens - places where they can exercise to develop body and mind.

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: June 13, 2019




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- Community Feedback
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COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  
 I would love to express how thankful I am with every individual part of the GHFS. I know you all put some hard work, revenue and heart to this work.

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: \_\_\_\_\_




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  
 • the people's finances (residents) and there is many people living below poverty and will be unable to access these resources.  
 being more inclusive of the TRANSGENDER folks who are always marginalized, we need to ensure that if housing occurs they are included

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: \_\_\_\_\_




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  
 Many low-income and undocumented people go here, but the service and benefits has not met their needs. Also, providing services like a physical or mental health awareness that is needed. We need to be more considerate of peoples needs and how they can still reserve them after.

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: 6-13-19




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Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: 6-13-19




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  
 The protection & creation of Union represented County jobs with local hiring prioritization.

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: 6/13/19




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  
 Oportunidades de trabajo y de todos los beneficios principalmente y primeramente a los del area y alrededor y despues a los demas de otras areas. Siempre para cualquier Proyecto deberia ser Considerar la oportunidad primera a los del area y areas cercanas

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: \_\_\_\_\_




# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
- Bravo High School Event


General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

*I would like to have more space available for temporary care centers*

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: *6/13/19*




General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

*Transportación y viaticos para personas que vienen de lugares lejos para acompañantes de enfermos crónicos con tratamiento largo.*

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: \_\_\_\_\_




General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

*Que hagan cuartos para las familias de las personas que están hospitalizadas y vienen de lejos y son de bajos recursos y que las cafeterías los productos sean accesibles a sus bolsillos.*

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: *6-13-2019*




General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

*Que hagan viviendas para personas mayores con precios accesibles a lo que se recibe de Retiro con cafetería con comida saludable.*

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: *6-13-2019*




General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

*As soon as the construction starts, will there be a lot of traffic in the streets.*

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: *6-13-19*



General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General  
COMMENT CARD/TARJETA DE COMENTARIOS


I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

*1) No matter what services are offered, there needs to be improved communication and esp. outreach so the community knows what is available*

*2) There should be medical professional training programs for community members - LVN, CNA, RN, Med tech, surgical tech, etc. → Make GH Hosp a school + training center + the focus be those at local schools like Poravo could go there.*

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: *6/13/19*




# Section 3: Community at Large Meeting #1 June 13, 2019


- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
- Bravo High School Event

**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  
 TAKE ONE OF THE FLOORS IN THE GENERAL AND USE IT TO EXPAND THE LA COUNTY COLLEGE OF NURSING AND ALLIED HEALTH. THE CURRENT COLLEGE IS GREAT, BUT HAS A LONG WAITING LIST. THERE ARE MANY YOUNG PERSONS THAT GO TO BRAVO MEDICAL MALL, LINCOLN HIGH SCHOOL AND WILSON HIGH SCHOOL BUT DO NOT HAVE EASY ACCESS TO NURSING EDUCATION PROGRAM. EXPAND THE CURRENT PROGRAM IN TO THE HOSPITAL.

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: 6/13/19




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  
 Engagement from the workers of LPUSE/SELU total 721.

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: 6/13/19




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  
 CONVERTING THE BUILDING TO HOUSING FOR THE HOMELESS.

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: JUNE 13, 2019




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  
 I would like them to consider the once the restoration of the building is complete where are the funds to sustain the building will come from, hopefully not from increasing the taxes of the city.

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: 6/13/19




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  
 A Senior Center and Senior housing Affordable housing for the community.

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: 6/13/19




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  
 I am a student @ CSUN, I would like to volunteer in setting up meetings. Also, this community engagement meeting was very welcoming. I do not feel left out & engaged in this process. I feel this commity, & all involved will come out with a great outcome.

Thank - you!

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: 06/13/2019




# Section 3: Community at Large Meeting #1 June 13, 2019


Meeting Overview  
Meeting Format  
Photos & Videos  
Press Release  
Community Feedback  
Participant Quotes  
Meeting Summary  
Meeting Presentation  
Display Boards  
Meeting Flyers  
Comment Cards  
Bravo High School Event

**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  
HOUSING- PRIORITY SENIOR + SEC 8 SENIOR  
SINGLE + FAMILY LOW INCOME  
CHILD CARE CENTER  
SENIOR CARE (COSTS TO STAY CAN) REIMBURSE COSTS)

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: 06/13/19




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  
Opportunities for Small Businesses (SBE).

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: 6/13/2019




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  
I would really like to see the homeless and low income housing be taken into consideration. This however should still include community accessible resources and mental health availability. I believe it should be a very progressive building and help the large issues that are not being addressed.

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: 6/13/19




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  
Reuse of additional historic buildings on western portion of campus

I'm interested in joining committee re commemorative event for Women & Children's Hospital.

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: 6/13/19




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  
Open to the ~~public~~ people & as long it don't go down like the 6th street bridge & A building

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: 6/13/2019




**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:  

- adding parking structure
- better transportation to/from union station

Name/email (optional)/Nombre y correo electrónico (opcional) \_\_\_\_\_

DATE/FECHA: 6.13.19




# Section 3: Community at Large Meeting #1 June 13, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards**
- Bravo High School Event

**General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General**  
COMMENT CARD/TARJETA DE COMENTARIOS


I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

▲ please consider the importance of the Planned Parenthood (across the street on Marengo) as vital to the health, well being & family planning options of mainly the women in the area. This abortion hospital needs to be protected & incorporated into the "health village".

▲ Can light rail reach this hospital - & if so, can the stop be made very close to the actual door of the hospital.

Name/email (optional)/Nombre y correo electrónico (opcional):

DATE/FECHA: 6/13/19 often times metro stops are so far removed from destinations (either streets/bridges) that make access difficult for pedestrians & prioritize vehicles




- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards

# Section 3: Community at Large Meeting #1 June 13, 2019

## Bravo High School Presentation

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #1

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #1

### Francisco Bravo M.D. Magnet High School Summer Program Site Visit

Friday June 14, 2019 Barrio Planners, Inc (BPI) provided a presentation of the General Hospital Feasibility Study to the students of Francisco Bravo M.D. Magnet High School Summer Program. This event was to provide students with an overview of the General Hospital Feasibility study, the Hospital's history and a discussion encouraging the students to participate in the process and get involved in their community. Students were asked to discuss and respond to two questions:

1. What do you think would be some element that they would like to see and/or feel is necessary for the *General Hospital Feasibility Study*?
2. What do you think would be some element that they would like to see and/or feel is necessary for their *community*?

Responses follow.

**What I would like to see at the General Hospital: Student input (Yellow notes on board):**

1. We need more trees in our community.
2. I want better houses, more trees, better sidewalks in Boyle heights.
3. In my community I would like that their would be more control over the smoking. I have a little sister and I want her to live in community where there weren't people out who smoke. I would like to have more lights in my community because in my community because it gets really dark at night and is unsafe.
4. One thing that would improve our community is by placing more trash cans at corners or by long streets to reduce pollution.
5. I would like to see smooth and clean sidewalks and clean houses to make the neighborhood look better. I want Boyle Heights to be seen with a better reputation than the way its seen now.
6. My community needs beautification, security and housing.
7. We need to fix side walks and the streets.
8. Something I would like to see for the future of this building would be to be a resource for anybody in need. I want this place to have a pool.
9. I think more transportation in this building for people who cannot walk. Also maybe consider a market for people who don't want to travel far away.
10. Park, learning center, library.
11. I think we should add more trash cans so there can be less littering.
12. Develop/create a structured partnership with Bravo High school students/ Public and community health pathway.
13. More trash cans! Recycling bins, leave homeless alone.
14. More nature like a quiet zen garden, a nicer cafeteria, keep the area dedicated medical & health facilities care center.

15. I would want a cleaner community so I would want us to stop littering.
16. Improvements on sidewalks streets, make streets safer.
17. More trees and trash cans, more parks, safer streets.
18. We need more transportation from and back. Beautification we need more businesses
19. I would like GHFS to consider a shelter. Some people that came out of the hospital may not have anyone to go to. Or even a home would rather have a shelter for people in need other than more trees or buildings. I went to a school in skidrow everyday I saw lots of homeless that were mentally sick they should provide help too.
20. Consider multiple variables; it would be best if they converted the hospital into apartments to provide more for the community.
21. Instead of limiting activates and projects held by the wellness center on the first floor, then expand to the top floors as well, which can attract many more youths to come. Maybe have each floor be different program/ activity. You can also make it a shelter due to the increase of homelessness in Los Angeles.
22. What I want is more parks so the people can get out more and play. I also want more trees, what we need is a system so the people are not afraid to get out and explore.
23. I would like to have more transportation and freeness in my community east Los Angeles.
24. I believe that our community needs more housing that is affordable for everyone in the area.
25. Pool.
26. I think in my community we need water fountains.
27. Make it into a college or university.
28. I would like a soccer park and basketball more playing stuff.
29. In my community need trash pick up, there is too much trash on the floor/streets.
30. I would like to have homes and for the unfortunate people and dogs.
31. I would like more trees in our community.
32. Personally, I would prefer if the hospital to be replaced with further transportation methods from my home to the hospital neighborhood are 3 buses and would be helpful/ essential.
33. I think the community needs more workers like engineers and designers.
34. Turn the hospital into a prison. Or since it's a historical monument turn it into a museum.
35. In my opinion, I think we need more homeless shelters because the homelessness rate is growing, we should help the homeless. Our community can be used to pass out food to the homeless and provide a home for them.
36. A metro stop nearby and grocery store.
37. We need two things: more places for our youth to their voices, take leadership votes or find ways to volunteer their time, more housing & assistance services for homeless folks.



- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards

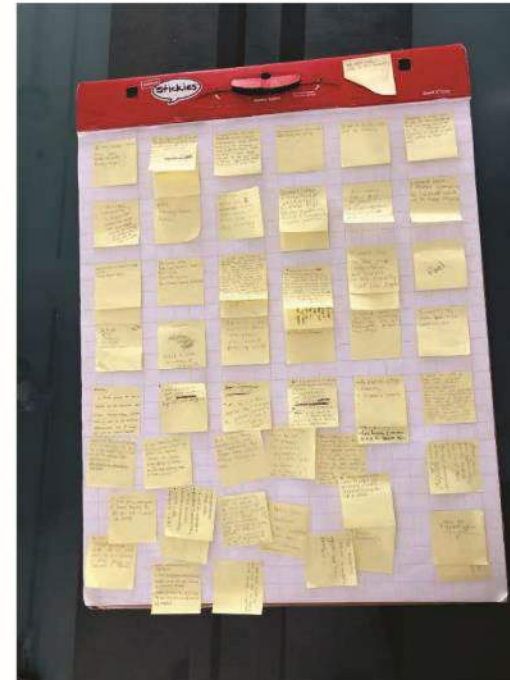
# Section 3: Community at Large Meeting #1 June 13, 2019

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #1

38. I would like GHFS to make better sidewalks and more homeless shelters because most of the sidewalks in my neighborhood are covered in dung and tree roots are pushing the sidewalks up. I would like more shelters because the homeless population is rising in LA.
39. Would want them to change is that to not litter no more and to save the ocean.
40. I can honestly say that I want a swimming pool or sports places or courses being afford to kids or just something that is worth doing.
41. I'd like this building to be an apartment for people who can't afford buying a home.
42. I want to see more trees in my neighborhood. I want more environment friendly stuff. Our father is dying, there should be more environmentally friendly.
43. More cleaning up of community spaces. Lots of parks are dirty and unkept. More efficient protection of historical sites, such as El Pueblo which is being overturned by food vendors and costing Placita Olvera its livability wages. More efficient homeless shelter than the ones built recently that are too expensive/ineffective .
44. I think maybe make homes for people who are leaving in street or include activities for kids or adults.
45. Please provide more opportunities for the students who are at Bravo MMHS. Bravo classrooms/office, more partnerships and programs for us to work with you.
46. I think raising awareness of General Hospital for the poor and ill would be helpful.
47. Transportation, more trees, a safe environment, positive community, more schools, more restaurants, STEM Labs, Language classes.
48. I want a community a community where I feel safe to be alone, I want less violence, and for there to be less danger. I want the community to be healthier, for there to be less trash in the streets. I want the community to begin programs for Latinos.
49. I would like a shelter for the homeless so the streets can be cleaner.
50. Something that could be a good asset to my community is better streets and shelters in Hollywood.
51. Something that could be a good that would be inspiring.
52. More transportation shuttles, more programs for students, more open to low-income & homeless people, More diversity, I'd like to see African Americans, my people
53. I think there should be schools near this hospital because education is important.
54. The hospital should re-open again and help those.
55. A dance company!
56. Open the hospital again.
57. More homeless shelter and better lighting on sidewalks.

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #1

Comment Board from Bravo Students:



**What I would like to see in my community: Student input (Comment Cards):**

**GENERAL HOSPITAL FEASIBILITY STUDY COMMENT CARD**

**GROUP 1.**

1. I want to see a park near my community. I want to see bookstores, library near my community as well because there's no bookstores and library near.
2. Inspire our community to make a change. Classes to teach people how to read and write. I want to be able to rely on this hospital and not just for medical help, but to grow and learn as a person. Music, art, cooking or dance classes that are free or that we all can afford to learn new things. Places/rooms for the homeless to stay. – Sofia Ayon
3. In my community I want less poverty, more job opportunities for low-income, less police harassment & better schools.





- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards
- Bravo High School Event

# Section 3: Community at Large Meeting #1 June 13, 2019

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #1

4. Add like trees and plants; maybe as well add more lighting to our community. More parks or lakes in our community. More education programs near us.
5. I think this place should help people in need. We should help the homeless, the homeless that want to learn should be given the chance. People should have access to education, healthy food, and anything that is needed.
6. What I would like to see in the community is more projects designed for children and bigger space for them as well. Instead of having a miniature playground around the area, build a massive one. Also, I would like to see more art in the public view and many sculptures as well. I would also like to see multiple gardens as well, not miniature ones, and the plants and flowers should be large and vibrant so that they can be appealing to the public. 6-14-19
7. Lighting in neighborhoods, help out the homeless, fix sidewalks, more low income homes for people with low income, more benefits for the sick and old.
8. I want the hospital to be available to more people. I want to see someday in the future the rest of the hospital to open to the public the hospital does a great job helping out the public. And programs for Latinos that need help in the community. 6-14-19
9. Planting more trees, free transportation, more volunteer opportunities, less foods that are GMO, love and equality.
10. Use more lighting to power the streets. Making the streets safer. You could make the general hospital into a museum to show all people how amazing the building is in the future. Expand the wellness center into more floors.
11. The opportunities Bravo has with Summer Bridge are so valuable to our incoming ninth graders that offering programs like this to all grades would be amazing. Using these future leaders to bring the benefits of the wellness center would greatly benefit the community and teach them how to better help others in their society.
12. Right down the street we have Bravo medical magnet high school we have plenty of brilliant students both from the area & out of the area, our school would appreciate a partnership where students could either learn about engineering health focused community spaces or become advocates for the needs of the surrounding community.
13. Having more trash cans and more trees in this building, it will look better.
14. I believe that the center should have more medical equipment. Diego C
15. I would like GHFS to consider other opportunities for both children and adults, something that would take out the best of us, like a community garden or create more parks and create more methods of transportation.- Jennifer Palafox

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #1

16. In my opinion, we should use the rest of this space as a homeless shelter/home. There are a lot of homeless people in our community who need medical help, food, clothes and a place to stay/sleep. Homeless people are also humans like us and need care. So we should use this space to create better homes for them where they can feel safe and accepted while also being cared for. – Yein Cho
17. More Housing.
18. I think this place should have a garden and food. – Joseph Carpio
19. Adding more trash cans to decrease littering. – layla Casarez
20. I would want to have a cleaner and better community. This would help by us not littering and picking up after ourselves.

**Group 2.**

21. Security units, educational resources, or a public library or housing.
22. Don't do anything, its fine like a hospital.
23. Medical stop, security office, school for those who don't have a place, public restrooms.
24. I want this place to stay and just fix whats wrong with it. – Alex de Jesus
25. I want my community to have cleaner streets, because I always see a lot of trash on the floor. We can start clubs to clean our community as well.
26. A pool in this building, a big kitchen, have a little store in here a nice garden a picnic area a patio outsides, water fountains, more décor.
27. I would like the GHFS to consider turning this building into new affordable housing. Along with programs in other places of the building that can help the youth in the area. It can be a place with resources that can help students getting into college and achieve their goals. – Kiara Bonifacio
28. There are endless possibilities on what to do with the space but I think it should be uses as a positivity center where children can kids can do activities this way high school, elementary and middle school students can volunteer to do community service hours. – Alondra Payan
29. This building could use more inspirational activities and directions on where to go.
30. This building is a landmark for great Los Angeles, this place should be kept up, we need better streets and roads in Hollywood.
31. Please include opportunities for surrounding community to take part in your project. Bravo MMHS is located 1 block away and would like to continue to grow in its partnership with LAC-USC. Also, please offer focus to communities of this historic location! Thank you!



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards

<b>Type of Meeting &amp; Location:</b>	Community Meeting #2, City Terrace Park Community Room
<b>Date:</b>	September 19th, 2019
<b>Approximate Number of Attendees:</b>	125
<b>Meeting Agenda:</b>	<ul style="list-style-type: none"> <li>Study Overview, including West Campus</li> <li>Open House – Visit Stations</li> <li>Q+A and Wrap-Up</li> </ul>
<b>Purpose of the Meeting:</b>	<ul style="list-style-type: none"> <li>Provide an overview of the Study, including West Campus</li> <li>Hear how you think the building and West Campus could best be used to benefit the community, and what issues are most important to you</li> <li>Answer your questions about the Study</li> </ul>
<b>Presentation Content Topics:</b>	<ul style="list-style-type: none"> <li>Community Engagement</li> <li>What do we know about General Hospital and West Campus?</li> <li>Your Station Input</li> </ul>
<b>Next Steps:</b>	<ul style="list-style-type: none"> <li>Study team will continue work to discover building issues, and turn attention to West Campus</li> <li>Fall 2019: Ongoing community engagement</li> <li>November 2019: Community at Large Meeting #3</li> </ul>



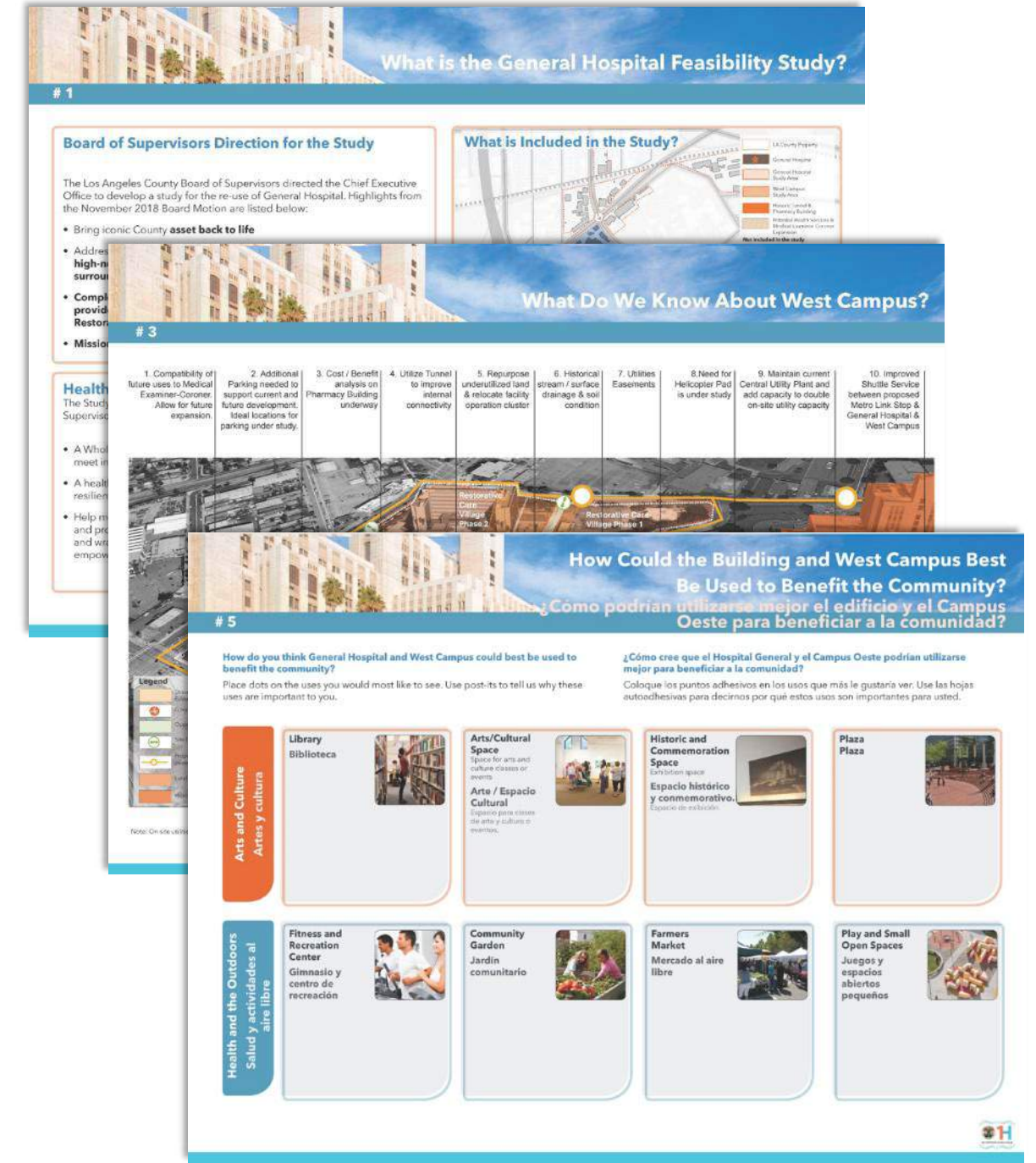
September 19, 2019 /  
 19 de septiembre de 2019  
 City Terrace Park  
 Community Room



# Section 3: Community at Large Meeting #2 September 19, 2019

## Meeting Format:

- Presentation, displays, and handouts were produced in English and Spanish
- Spanish and Cantonese simultaneous interpreters were available
- Presentation provided by Jorge Orozco, CEO, LAC+USC Medical Center and members of the Community Engagement team, including Rosa Soto, LAC+USC Medical Center Foundation, Inc., Deanna Weber, AECOM, Katherine Padilla Otanez, KPA
- Event support was provided by members of the CESC
- Meeting attendees participated in an interactive session to provide feedback



Meeting Overview  
Meeting Format  
Photos & Videos  
Press Release  
Community Feedback  
Participant Quotes  
Meeting Summary  
Meeting Presentation  
Display Boards  
Meeting Flyers  
Comment Cards

# Section 3: Community at Large Meeting #2 September 19, 2019

## Photos & Videos:



For more information follow the link <https://www.hicpla.org/project-library>



Meeting Overview  
Meeting Format  
Photos & Videos  
Press Release  
Community Feedback  
Participant Quotes  
Meeting Summary  
Meeting Presentation  
Display Boards  
Meeting Flyers  
Comment Cards

# Section 3: Community at Large Meeting #2 September 19, 2019

## Press Release:

Press Release  
 For immediate release  
 August 29, 2019  
 Media contact:

### HELP SHAPE THE FUTURE OF LA'S HISTORIC GENERAL HOSPITAL

#### LA County and Supervisor Solis to hold Community Meeting #2 on Thursday, September 19<sup>th</sup>

Los Angeles, CA. - Los Angeles County and Supervisor Hilda L. Solis will be hosting the second of five community meetings on **Thursday, September 19<sup>th</sup> from 6 – 8 pm at City Terrace Park Community Room at 1126 N. Hazard Avenue, Los Angeles, CA 90063** to discuss rehabilitation and re-use of the iconic General Hospital and the western portion of the LAC+USC Medical Center campus. The public is invited to attend, explore the exciting potential, and provide ideas and opinions that will help guide the development of “feasible options” for adaptive re-use.

In 2018 the Board of Supervisors voted to initiate a feasibility study to analyze the technical, economic, and community aspects associated with repurposing the Hospital. The study was recently expanded to include the western portion of the campus in response to feedback received by Supervisor Solis from residents and businesses.

The meeting will provide an overview of the feasibility study, explore opportunities and challenges involved with re-purposing both the General Hospital and portions of the western campus, and how it will contribute to the Healthy Village vision, spearheaded by First District Supervisor Hilda L Solis. The Healthy Village Vision will bring a range of benefits to families and communities in the related areas of health, economic opportunity, and well-being.

- continued -

“My vision of a Healthy Village at LAC+USC is shaped by local residents who reside in the communities near this world-class medical campus,” said Los Angeles County Supervisor Hilda L. Solis. “By supporting this community-driven vision, we will continue to study and consider all feasible options of adaptive reuse of the old General Hospital in order to offer residents access to holistic and wraparound systems of mental health and medical care. Engaging our local communities is at the heart of this process, as we begin establishing needed services that will promote wellness for future generations of community residents. I am committed to ensuring that all community voices are heard.”

The public is strongly encouraged to attend the community meeting and be part of the potential renewal of the County’s General Hospital and West Campus. Spanish and Cantonese interpretation will be available. Childcare with activities will also be provided. Light refreshments will be served. Parking is available on-site. Several bus and shuttle options are also available. RSVP at <https://hicp-sept19.eventbrite.com>.

For more information, contact Alex Villalobos at [alex@barrioplanners.com](mailto:alex@barrioplanners.com) or by phone at (323) 726-7734.

- # # # -

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



# Section 3: Community at Large Meeting #2 September 19, 2019

## Community Feedback:

Meeting participants were invited to provide comments and questions, as well as indicate preferences via an interactive poster exercise identifying six (6) key areas of interest as shown below.

### Station 1

**What is the General Hospital Feasibility Study?**

### Station 2

**Community Engagement Process + Timeline**

### Station 3

**What Do We Know About the Building and West Campus?**

### Station 4

**Transportation and Parking**

### Station 5

**How Could the Building and West Campus Best Benefit the Community?**

### Station 6

**Key Community Issues**

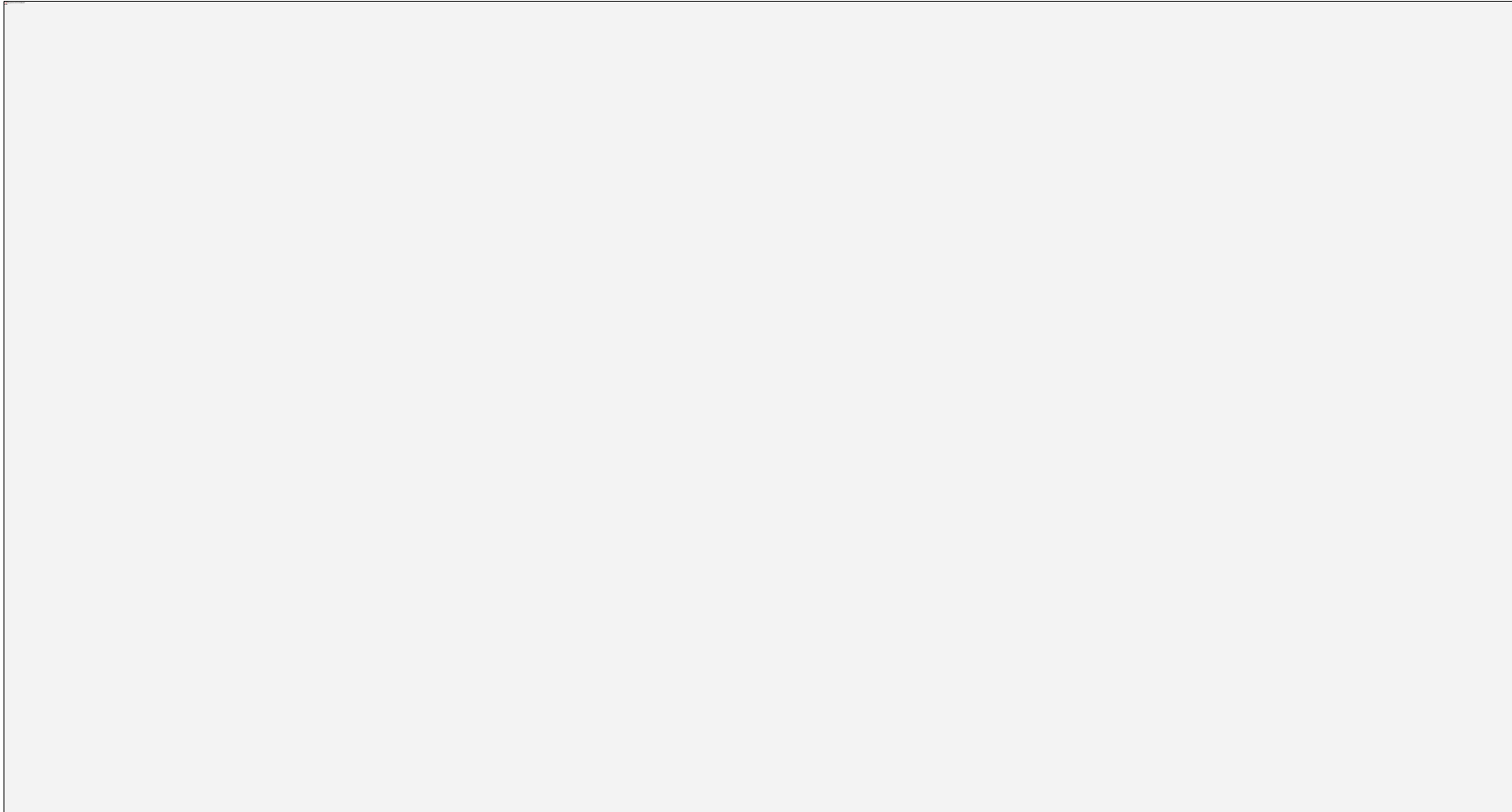
- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



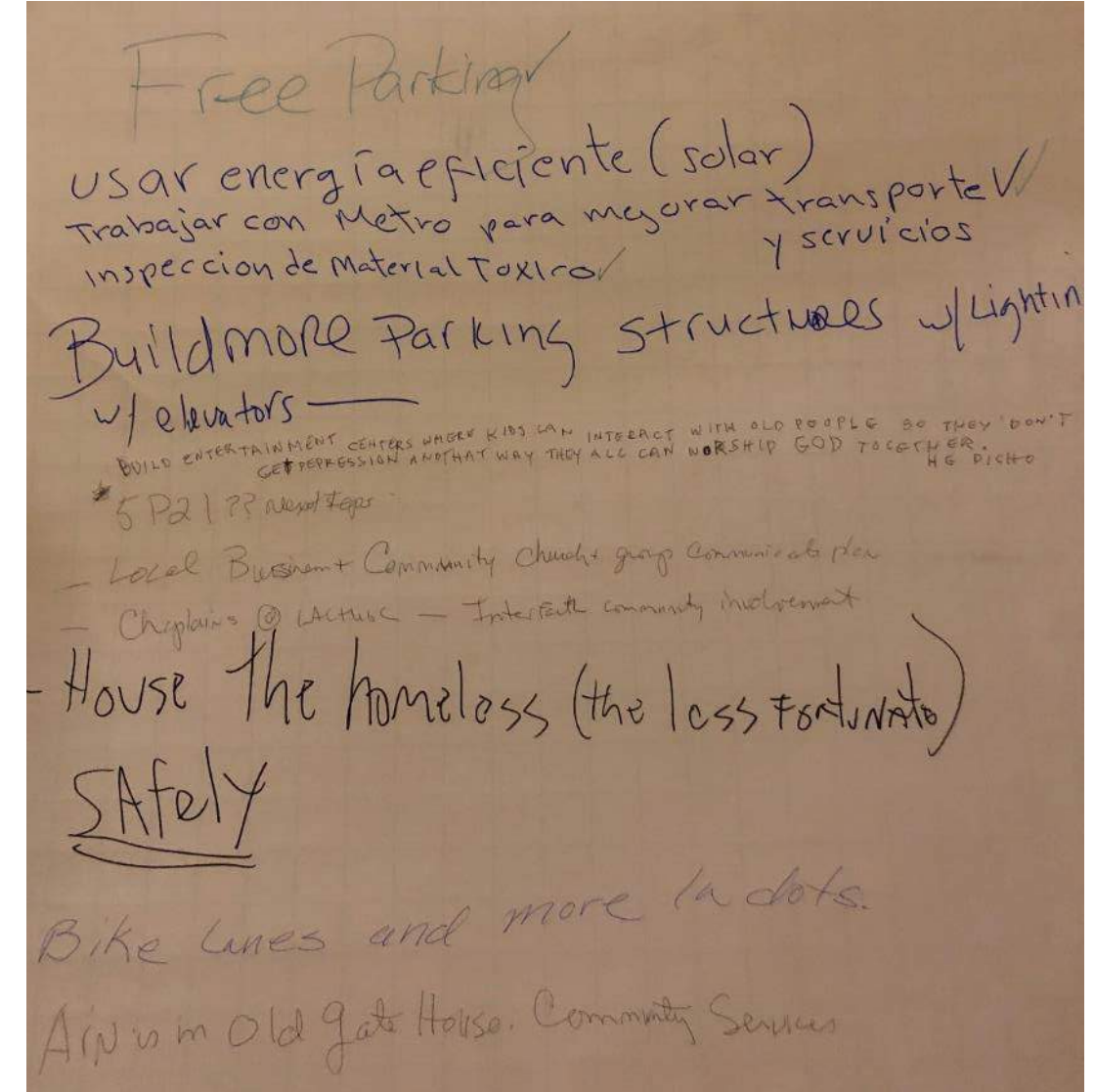
# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards

## Station 2



## Station 3



# Section 3: Community at Large Meeting #2 September 19, 2019

## Station 4

### Accessibility | Accesibilidad

- West Campus has multiple ingress / egress points around the site perimeter along Marengo Street, N. Mission Road and Zonal Avenue
- State Street is used as primary access to General Hospital & the only street with direct connection to Boyle Heights
- Main entries along Marengo Street for staff, patients, visitors, services & emergency vehicles for Medical Center and other buildings on medical campus
- Zonal Avenue to the North serves as a secondary entrance for staff and other service uses for Medical Center and other buildings on medical campus
- Steep slopes inhibit easy pedestrian access between General Hospital and West Campus
- El Campus Oeste tiene múltiples puntos de entrada / salida alrededor del perímetro del sitio a lo largo de la calle Marengo, N. Mission Road y la avenida Zonal
- State Street se usa como acceso principal y es la única calle con conexión directa a Boyle Heights
- Las pendientes empinadas inhiben el fácil acceso de los peatones
- Entradas principales a lo largo de la calle Marengo para personal, pacientes, visitantes, servicios y vehículos de emergencia para el Centro Médico y otros edificios en el campus médico
- La avenida Zonal hacia el norte sirve como entrada secundaria para el personal y otros usos de servicio para el Centro Médico y otros edificios en el campus médico
- Las pendientes pronunciadas impiden el fácil acceso peatonal entre el Hospital General y el Campus Oeste

### Parking | Estacionamiento

- Insufficient parking capacity for current uses and future planned projects
- Approximately 6,488 total parking
  - 1,494 surface parking & 4,974 within 3 parking structures
- Additional +145 spaces under GH
- Employees working in GH also park at P10 and walk or take shuttle
- Insuficiente capacidad de estacionamiento para usos actuales y futuros proyectos planificados.
- Aproximadamente un total de 6,488 estacionamientos
  - 1,494 estacionamientos en la superficie y 4,974 dentro de 3 estructuras de estacionamiento
- +145 espacios adicionales abajo del Hospital General
- Los empleados que trabajan en el Hospital General también se estacionan en P10 y caminan o toman el autobús

### Public Transit | Transporte público

- Site is car or bus dependent
- Bus service with limited frequency
- Nearest Gold Line Station 1.2 miles (Mariachi Plaza)
- El sitio depende del automóvil o del autobús
- Servicio de autobús con frecuencia limitada.
- Estación de Gold Line más cercana a 1.2 millas (Mariachi Plaza)

4

\* I currently attend the Wellness Center on Tuesday for Ti-Cha Class. I park at lot 10 when there is available parking + take the shuttle to the Center. When the lot 10 is full I sometimes find parking across Mission Street.

- PROPOSED PARKING: WHERE?  
- CLOSER METRO STOPS: WHEN & WHERE?

- BETTER ADA ACCESS

Who is using 6488 parking spots? There should be a carpool program for employees.

Que las personas que trabajan en el campus tengan un espacio de estacionamiento para ir a casa.

do something in regards of use staff parking in the residential areas. We struggle for parking.

Long Distances with elderly People

- Es importante que haya más autobuses y

- Alguna forma en que la Población se sienta segura de caminar por el area

- I broke my leg and couldn't walk to get help can you provide a shuttle

Also shuttle stop to residential area

- Like a people mover

- For Seniors and Disabled

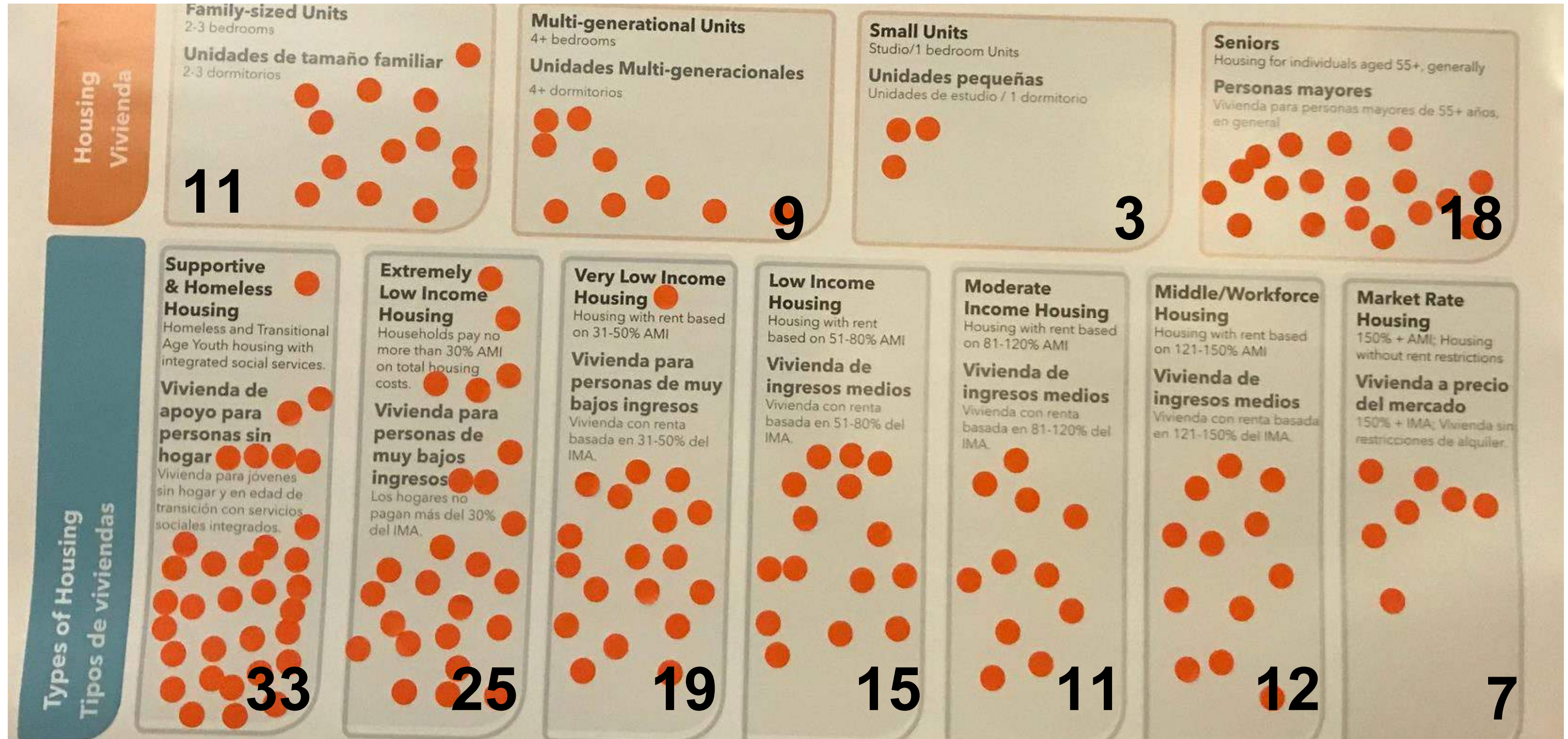
- Ammono rail exclusive to the campus.












# Section 3: Community at Large Meeting #2 September 19, 2019

## Station 5



# Section 3: Community at Large Meeting #2 September 19, 2019

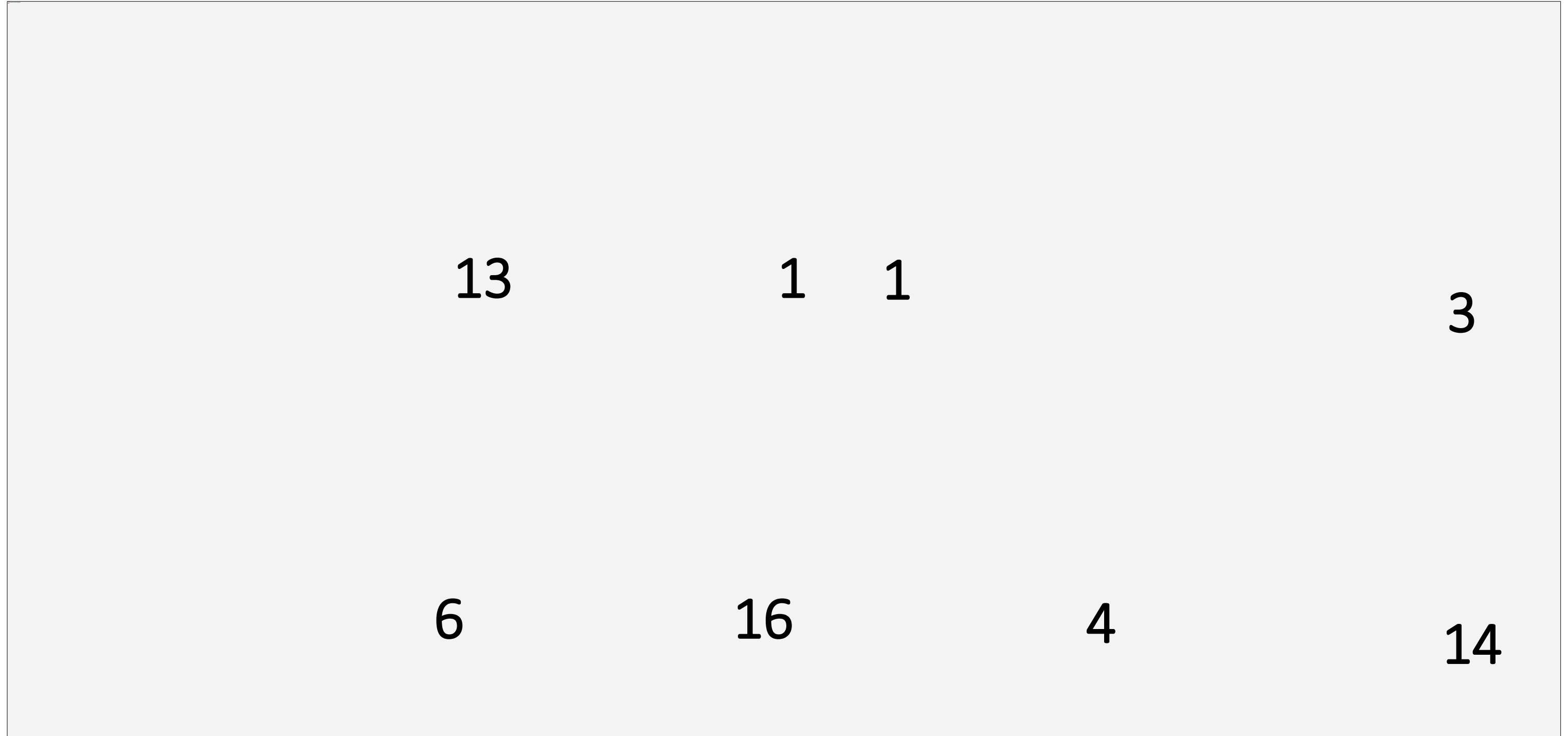
## Station 5

<b>Support Services</b> Servicios de apoyo	<b>Health Supportive Services</b> Servicios de apoyo a la salud  15	<b>Social Supportive Services</b> Servicios de apoyo social  15	<b>Workforce and Health Careers Training Center</b> Centro de capacitación para la fuerza laboral y profesiones de la salud  16	
	<b>Youth and Senior</b> Jóvenes y personas mayores	<b>Childcare Center</b> Centro de cuidado infantil  18	<b>Afterschool Homework Help</b> Ayuda para la tarea después de la escuela  12	<b>STEM Space</b> Science, Technology, Engineering, Arts, and Math education shared space for youth Espacio de STEM Espacio compartido para jóvenes en la ciencia, tecnología, ingeniería, artes y las matemáticas (STEM, en inglés).  13
	<b>Seniors Center</b> Centro para adultos mayores  18			



# Section 3: Community at Large Meeting #2 September 19, 2019

## Station 5



- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



# Section 3: Community at Large Meeting #2 September 19, 2019

## Station 5

Category	Activity Name	Description	Count	Notes
Arts and Culture Artes y cultura	Library Biblioteca	Space for arts and culture classes or events	11	
	Arts/Cultural Space Arte / Espacio Cultural	Espacio para clases de arte y cultura o eventos.	16	
	Historic and Commemoration Space Espacio histórico y conmemorativo.	Exhibition space Espacio de exhibición	12	OPPORTUNITY TO LEARN ABOUT HISTORY HEALTH CARE
	Plaza Plaza		8	
Health and the Outdoors Salud y actividades al aire libre	Fitness and Recreation Center Gimnasio y centro de recreación		20	
	Community Garden Jardín comunitario		15	
	Farmers Market Mercado al aire libre		12	
	Play and Small Open Spaces Juegos y espacios abiertos pequeños		7	



# Section 3: Community at Large Meeting #2 September 19, 2019

## Station 5

On some part of campus / temporary housing like Bridge Home

SAFE parking lot on empty parking lot

- ☐ MUSEUM ✓
- ☐ BRIGHAM YEN : FUNDING IDEAS / HELPING TO RENOVATE ✓
- ☐ YOUTH LEARNING LAB ✓
- ☐ TRANSITIONAL RECOVERY FOR THE HOMELESS - RESTORATIVE MENTAL HEALTH SERVICES ✓
- ☐ COMMUNITY GARDEN ✓ ✓ ✓
- ☐ MARKET ✓ ✓
- ☐ NEW WIFI / TE ✓
- ☐ AFF. HOUSING ; BRIDGE HOUSING ✓ DURING CONSTRUCTION
- ☐ MIX OF HOUSING
- ☐ COMMUNITY GATHERING : POP UP BUT CONCERN ABOUT Gentrification ✓ FOOD TRUCKS
- ☐ CREDIT UNION

Sticky notes:

- Joanne assist \$20,000 SF FOR THE HOMELESS - MOBILE TRUCK
- Youth activities on West campus
- Memorial w/in a part of GH - Like 9/11 something positive
- Memorial on GH (teardown) Like 9/11
- Centro Educativo Para aprender idiomas para personas con poca educación formal



# Section 3: Community at Large Meeting #2 September 19, 2019

## Station 6

### Environmental Justice/ Pollution Justicia ambiental/contaminación

Potential health and safety issues, such as the presence of asbestos and lead paint, as well as concerns regarding the demolition and construction process.

Posibles problemas de salud y seguridad, como la presencia de asbestos y pintura con plomo, así como las inquietudes relacionadas con el proceso de demolición y construcción.

### Food Security / Grocery Stores Disponibilidad de alimentos/ Supermercados

Issues related to food security center on the availability of healthy, affordable food and grocery options within nearby communities.

Asuntos relacionados con la seguridad alimentaria se centran en la disponibilidad de alimentos, alimentos asequibles y opciones de comestibles dentro de las comunidades cercanas.

### Gentrification and Displacement Encarecimiento de las propiedades y desplazamiento

Concerns that facilities will attract higher income individuals who will drive up the overall costs of housing and pushing out existing residents.

Preocupación que las instalaciones atraigan a personas de mayores ingresos que aumentarán los costos generales de la vivienda.

### Homelessness Personas sin hogar

Issues related to housing and services for homeless individuals, and related community impacts.

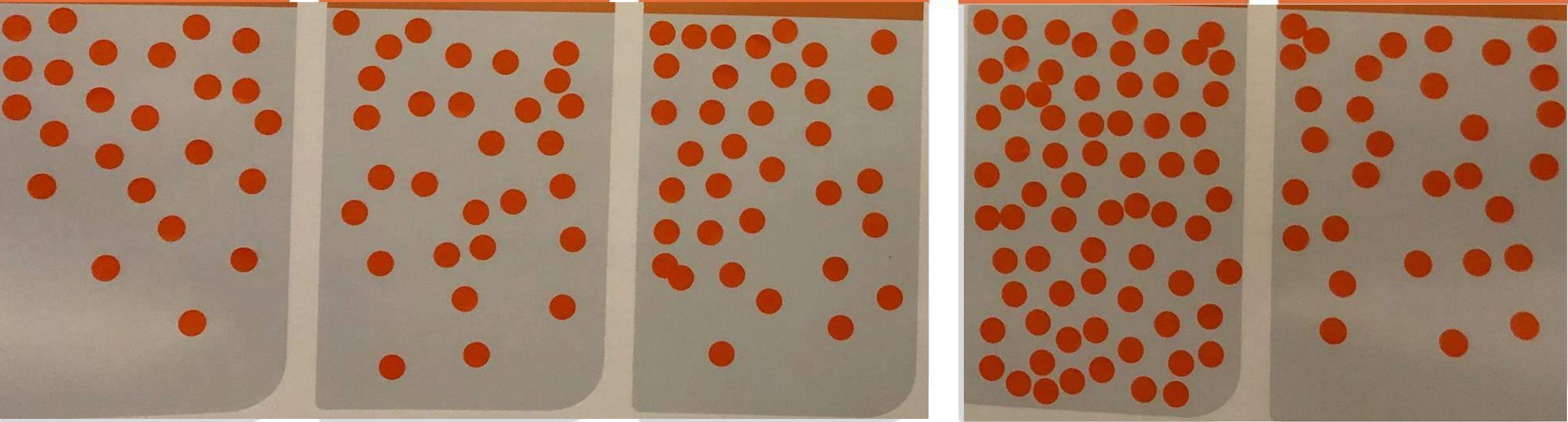
Temas con respecto a la vivienda y los servicios para personas sin hogar, y los impactos comunitarios relacionados.

### Long-Term Economic Security/ Cultural Continuity and Resilience

**Seguridad económica a largo plazo / continuidad cultural y resiliencia**  
Job security, workforce development, and the ability to live and work in one's community.

Seguridad laboral, desarrollo de la fuerza laboral, y la habilidad de vivir y trabajar en su propia comunidad.

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



# Section 3: Community at Large Meeting #2 September 19, 2019

## Station 6

### Mental Health Salud mental

Increased, and more comprehensive, mental health services.

Mayor proporción de servicios de salud mental y más completos.

### Open Space Espacios abiertos

Availability of community open space, including who will be able to use these spaces; types of amenities envisioned for these spaces; and what sort of security and maintenance programs will be in place for these spaces.

Capacidad de espacio abierto para la comunidad, incluyendo quién podrá usar estos espacios; se prevén tipos de amenidades para estos espacios; y qué tipo de programas de seguridad y mantenimiento se implementarán para estos espacios.

### Social Justice Justicia social

Important social justice issues such as the forced sterilization of women at General Hospital in the late 1960s and early 1970s, as well as the lack of adequate HIV/AIDS care in the 1980s.

Importantes problemas de justicia social, como la esterilización forzada de mujeres en el Hospital General a fines de los años sesenta y principios de los setenta, así como la falta de atención adecuada para el VIH / SIDA en los ochenta.

### Transportation/Parking Transporte/Estacionamiento

Potential community impacts related to increased mobility and parking demands.

Posibles impactos en la comunidad relacionados con el aumento de la movilidad y las demandas de estacionamiento.

### Bioscience Biociencias

Concerns that bioscience developments in the vicinity may not benefit nearby communities.

Preocupación que los desarrollos de biociencia en los alrededores pueden no beneficiar a las comunidades cercanas.

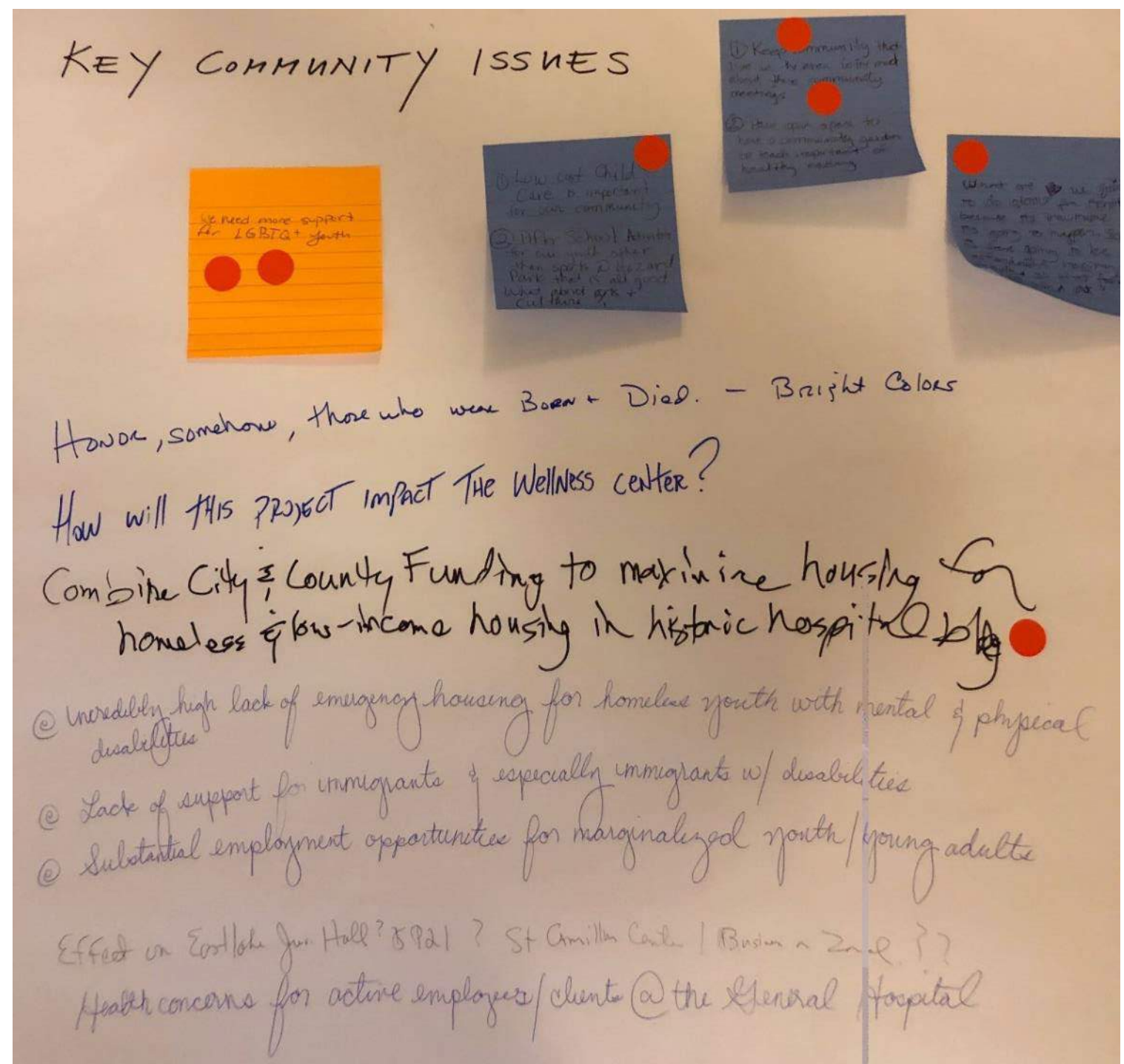
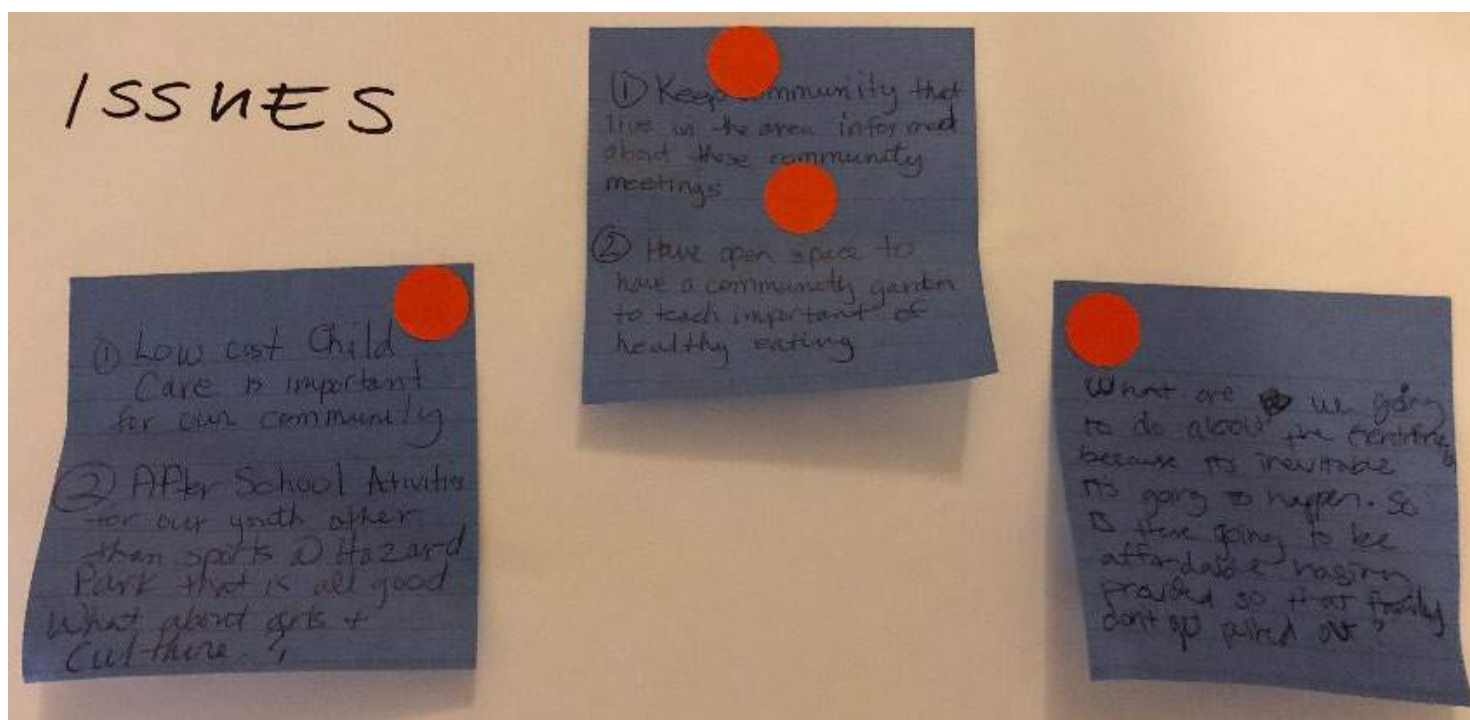
- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



# Section 3: Community at Large Meeting #2 September 19, 2019

## Station 6

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards





# Section 3: Community at Large Meeting #2 September 19, 2019

## Other Comments

Q&A ①

- AFF. HOUSING - NO HOTEL
- HOMELESS CENTER: 20,000 SF
- FOCUS ON AFF. HOUSING
- SAFETY FOR USES IN GH NOW
- FOCUS ON AFFORDABLE RENTS
- HELP FOR LOW INCOME RESIDENTS & THE HOMELESS
- PRIORITIZE THE COMMUNITY; FOCUS ON THE LOW INCOME, EDUCATION & OPPORTUNITIES TO ADVANCE



Meeting Overview  
 Meeting Format  
 Photos & Videos  
 Press Release  
 Community Feedback  
 Participant Quotes  
 Meeting Summary  
 Meeting Presentation  
 Display Boards  
 Meeting Flyers  
 Comment Cards

# Section 3: Community at Large Meeting #2 September 19, 2019

## Participant Quotes:

“ I am a 24-year-old resident of City Terrace and would like to say that I hope the project prioritizes affordable housing across the board. LAC+USC Medical Center has already raised rents for my family in El Sereno and myself here. I fear that more development will continue the rent hikes so I think that if the project dedicates 50% of the land to affordable housing, both the developers and the folks in the area with high rent hikes can be satisfied. ”

“ Focus on and provide affordable housing – no hotel. ”

“ Prioritize community needs, focus on the low income, education, and opportunities to advance. ”



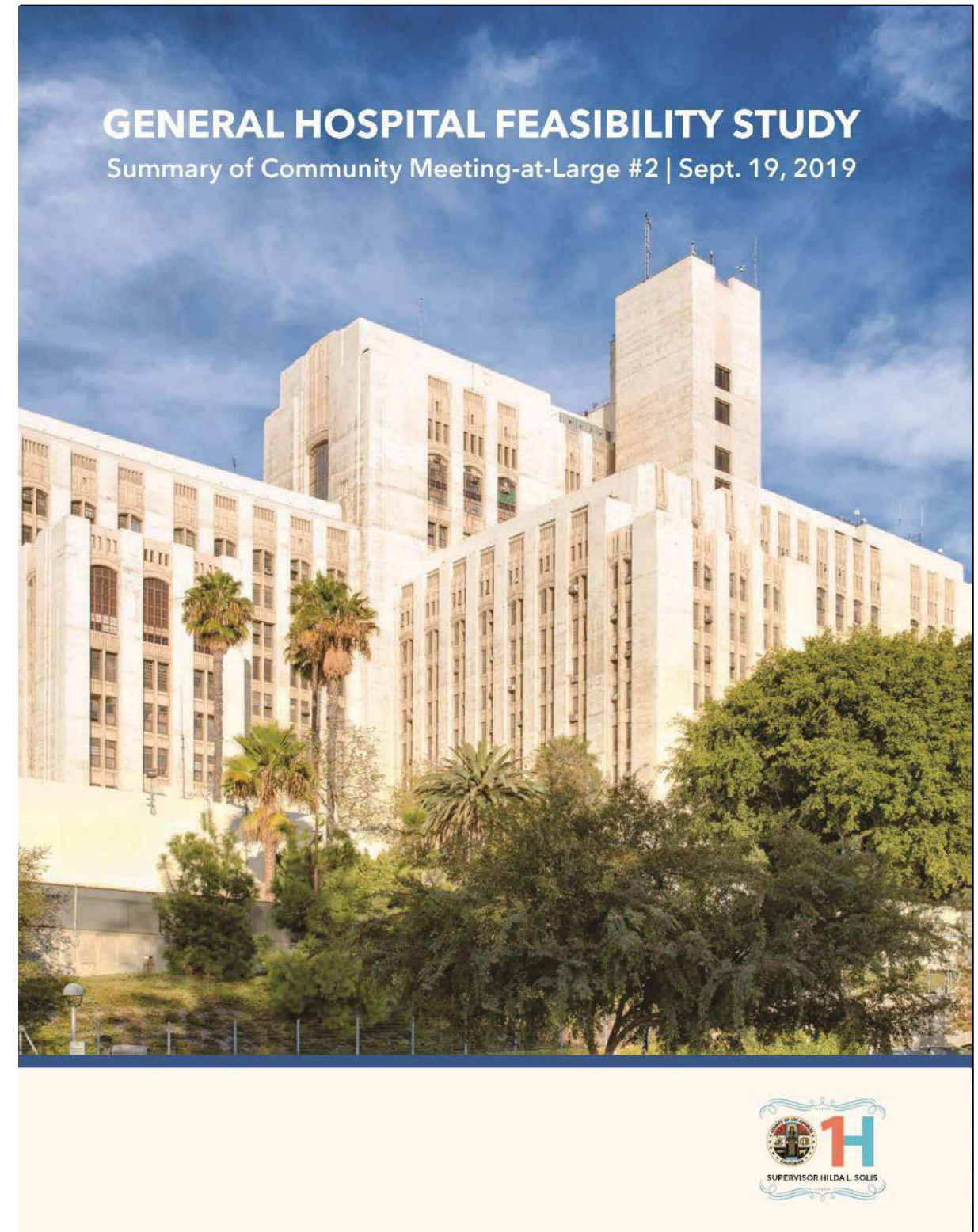
- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



# Section 3: Community at Large Meeting #2 September 19, 2019

## Meeting Summary

The following pages provide a detailed documentation of all outcomes of Community at Large Meeting #2.



- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #2

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #2

## TABLE OF CONTENTS

I. INTRODUCTION.....	2
II. OVERVIEW OF GENERAL HOSPITAL FEASIBILITY STUDY .....	2
III. OUTREACH CONDUCTED .....	2
IV. MEETING FORMAT .....	3
V. STATIONS DISPLAYS AND COMMENTS .....	4
STATION 1. WHAT IS THE GENERAL HOSPITAL FEASIBILITY STUDY?.....	4
STATION 2. COMMUNITY ENGAGEMENT PROCESS AND TIMELINE.....	4
STATION 3. WHAT DO WE KNOW ABOUT THE BUILDING? .....	5
STATION 4. YOUR THOUGHTS ON TRANSPORTATION .....	5
STATION 5. HOW COULD THE BUILDING BEST BE USED TO BENEFIT THE COMMUNITY? .....	5
STATION 6. KEY COMMUNITY ISSUES .....	7
ADDITIONAL COMMENTS OFFERED .....	8
COMMENTS SUBMITTED BY EMAIL.....	8
VI. NEXT STEPS.....	9
APPENDIX A: POWER POINT PRESENTATION	
APPENDIX B: DISPLAYS	
APPENDIX C: MEETING FLYER	
APPENDIX D: COMMENT CARDS	

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### I. Introduction

The purpose of this report is to present the comments and suggestions received from stakeholders at the second community-at-large meeting which was held on Thursday, September 19, 2019 at the City Terrace Park Community Room. The LA County Chief Executive Office, Supervisorial District 1, and the Health Innovative Community Partnership (HICP) held the second of five community-at-large meetings being conducted to obtain community input that will help shape the Feasible Options, which are the expected outcomes of the year-long study. Similar in format to Community-at-Large Meeting #1, the purpose of the meeting was to introduce the study, present challenges and opportunities associated with adaptive reuse of the historic hospital and west campus and receive input from the community. Approximately 125 community members attended the meeting.

### II. Overview of General Hospital Feasibility Study

In November 2018, Supervisor Solis authored a board motion directing the LA County Chief Executive Office (CEO) to develop a feasibility study for the adaptive re-use of General Hospital in collaboration with various County departments. In 2019 the study was expanded to include portions of the western campus of LAC+USC Medical Center. By Summer 2020, three financially feasible reuse options will be offered based on the results of the study. The reuse options will include services, housing, and perhaps retail and recreation, integrating the community’s perspectives with technical challenges. Since there is no funding currently available to improve the Hospital, the study will also explore potential funding opportunities. Community input is essential for making sound decisions that will lead to the most viable and effective reuse options and also respond to needs and values of the surrounding community and of the greater Los Angeles area.

### III. Outreach conducted

Outreach was very much a collaborative effort conducted by Supervisorial District 1, HICP, the LAC+USC Medical Center Foundation, Inc., the Community Engagement Steering Committee (CESC) and the Project Community Engagement Team (CE Team). Outreach consisted of the following:

- Supervisorial District 1 placed the meeting flyer in their weekly e-newsletter and distributed social media messages;
- CESC disseminated flyers to their networks;
- The CE Team conducted presentations to HICP and to an additional 5 community organizations;
- A pop-up outreach event at Mexican Independence Day;
- HICP and the CE Team sent eblasts to approximately 1,200 persons as well as reminder eblasts/follow-up emails;

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Rev. 12/18/2019



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #2

- The CE Team distributed 2,500 flyers to community organizations;
- Twenty-five hundred (2,500) flyers were delivered door-to-door to businesses and residences in a ¼-mile radius from the Hospital;
- An article appeared in the [Boyle Heights Beat](#)

IV. Meeting Format

Informational Presentation

Guadalupe Duran-Medina, Planning Deputy for Supervisor Hilda Solis, convened the meeting. She provided opening remarks emphasizing the significance of General Hospital’s reuse as a cornerstone of the Healthy Village Initiative spearheaded by Supervisor Solis. Ms. Duran-Medina further described how expanding the Study area to include the western portion of the LAC+USC campus can deliver even greater community benefits. Kelly Quinn, Manager of the Master Planning Division in the CEO’s office, then welcomed community members and described the purpose of the meeting—to impart an understanding of the feasibility study’s goals and to capture community concerns, observations and ideas to help inform feasible options for the reuse of the General Hospital and West Campus.

Jorge Orozco, Chief Executive of LAC+USC Medical Center, welcomed and thanked members for participating and added that this evening’s meeting was an important step in advancing overall improvements at the LAC+USC Medical Center Campus. Rosa Soto, Executive Director of the Wellness Center and leader of the Health Initiative Community Partnership (HICP) provided a description of HICP and its role in the feasibility study. The HICP’s role is to oversee the engagement process for promoting and advancing healthy, economically resilient communities that attract and support public/private enterprise and investments. This study is only one of the projects that HICP tracks.

AECOM Principal Deanna Weber conducted a PowerPoint presentation in English with Spanish subtitles and with simultaneous interpretation in Spanish and Cantonese. Ms. Weber opened the presentation by describing the purpose of community-at-large meetings and the goals, objectives and timeline for the feasibility study including the determination of options for future uses. KPA Principal Katherine Padilla Otanez presented an overview of the outreach program and Monica Alcaraz, member of the Community Engagement Steering Committee (CESC), described the role of the committee. An ad hoc volunteer group, CESC members were recognized for taking the time to help shape the future of General Hospital.

Ms. Weber also described the current condition of the building and the west campus in terms of technical challenges: the age of the Hospital (approaching 100 years old), its size (1.3 million sq. ft.), the need to preserve its historic integrity and the current lack of funding. She described the study area including west campus. Ms. Weber further emphasized the Healthy Village Vision, which is especially relevant due to even more potential opportunities with the inclusion of west campus. The expanded west campus can help realize salient goals, such as integrating General Hospital’s re-use with the surrounding communities and increasing connectivity with other major capital projects on the LAC+USC Medical Center Campus. She closed the presentation portion of the meeting and encouraged the audience to offer ideas and suggestions to further define community values, concerns and desired

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General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #2

opportunities. Attendees were then invited to visit stations, view displays, talk with team members and express their opinions.

The meeting was reconvened during the last half hour for Q & A. Comments and questions are listed below in the Station Displays and Comments section.

Station Displays and Comments

The comments are presented below by stations. As with Community-At-Large Meeting #1, there were six stations at the meeting. All displays were in English and Spanish and each station offered bi-lingual staff. A Cantonese and Spanish interpreter were also available to assist attendees as needed.

**Station 1. What is the General Hospital Feasibility Study?** Displays and staff provided information about the scope and the timeline.

No comments were submitted.

**Station 2. Community Engagement Process and Timelines**

Staff provided an overview of the community engagement program describing how engagement opportunities are linked with technical study milestones. In response to “what additional groups should the Community Engagement Team include in outreach?” Meeting participants offered the following:

- Please have the next meeting in Lincoln Heights next to the “West Campus” – at Lincoln Park Recreation Center. Thanks!
- Affordable housing!
- Bridge House on vacant lots now
- Meet at LAC+USC – let employees know what’s going on!!
- These meetings should be recorded and shared via social media for greater public consumption.
- House the homeless (the less fortunate)
- I’m hearing eminent domain when you talk about expansion!
- Will our homes be threatened?
- What can you do about USC staff, workers, and students, taking our residential parking. When will you provide enough parking for them?
- If you are going to provide opportunity for our community how would that be held accountable?
- Traffic is bad enough on Soto, how can you help ease the problem?

Comment cards received:

Have a meeting in Lincoln Heights

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Rev. 12/18/2019



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
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General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #2

### Station 3. What Do We Know About the Building and West Campus

Staff and displays provided a description of building opportunities and challenges, including existing buildings and areas for development on west campus. Participants were encouraged to provide comments related to the building and west campus.

- Better construction and housing services (*Mejor servicios de construcción y vivienda*)
- Free parking
- Use energy efficient (solar) (*Usar energía eficiente [solar]*)
- Work with Metro to improve transportation and services (*Trabajar con Metro para mejorar el transporte y servicios*)
- Inspection of toxic material (*Inspección de material tóxico*)
- Build more parking structures with lighting, with elevators
- Build entertainment centers where kids can interact with old people so they don't get depression and that way they all can worship God together.
- Local business + community church + group communicate plan
- Chaplains @ LAC+USC – interfaith community involvement
- House the homeless (the less fortunate) safely
- Bike lanes and more LADOTs

**Station 4. Your Thoughts on Transportation.** In response to “What would make it easier, safer, and more comfortable for you to get to and from General Hospital, and to get where you need to go within the surrounding neighborhoods? Do you have any feedback on the opportunities identified on this board?”

Comment cards received:
I would like it if you offered transportation (in reference to community meetings). <i>Me gustaría que ofrecieran transporte.</i>
I hope that all may consider all the traffic causing accidents.

**Station 5. How Could the Building Best Be Used to Benefit the Community?** Meeting participants placed dots to express their opinions about the question “How do you think General Hospital and the surrounding area could best be used to benefit the community?” See below for the responses.

Category	Category Count	Subcategory	Subcategory Count
Housing	43	Family-sized units	13
		Multi-generational units	9
		Small units	3
		Seniors	18

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General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #2

Category	Category Count	Subcategory	Subcategory Count
Types of Housing	122	Supportive homeless housing	33
		Extremely Low income housing	25
		Very-low income housing	19
		Low income housing	15
		Moderate Income Housing	11
		Middle/Workforce housing	12
		Market rate housing	7
Commercial	20	Commercial Kitchen for small business	13
		Incubator space for small business	1
		Office space	1
		Hotel	5
Retail	40	Pharmacy	6
		Grocery store	16
		Small business retail	4
		Restaurants &/or healthy food spaces	14
		Support Services	46
Social supportive services	15		
Workforce and health career training center	16		
Youth and Senior	61	Childcare center	18
		Afterschool homework help	12
		STEAM space	13
		Seniors center	18
Arts and Culture	47	Library	11
		Arts/Cultural space	16

Prepared by KPA  
Rev. 12/18/2019



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #2

Category	Category Count	Subcategory	Subcategory Count
Health and the Outdoors	54	Historic and commemoration space	12
		Plaza	8
		Fitness and recreation center	20
		Community garden	15
		Farmers Market	12
		Play and small open spaces	7

**ADDITIONAL COMMUNITY COMMENTS:**

- Provide an opportunity to learn about history/health care
- Food pantry is needed
- Provide meals for the homeless & needy
- Provide a medical office
- Ronald McDonald House – a non-profit hotel, is needed
- Hotel – NO

Comment cards received:
Primarily build homeless and very low- income housing at hospital site

**Station 6. Key Community Issues.** Staff and displays presented the key community issues that the team has heard. In response to the questions “Are there any you would change or add?” “Which issues are most important to you? Why?” Meeting participants expressed their opinions by placing dots. See below.

Category	Category Count
Environmental Justice/Pollution	24
Food Security/Grocery Stores	29
Gentrification and Displacement	35
Homelessness	68
Long-Term Economic Security/Cultural Continuity and Resilience	31
Mental Health	49

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #2

Category	Category Count
Open Space	10
Social Justice	25
Transportation/Parking	33
Bioscience	5

Comment cards received:
All the rodents that will be disturb through the construction, afraid that it will come into our community. How is this going to benefit the students and jobs for the community?
I am a 24-year-old resident of City Terrace and would like to say that I hope the project prioritizes affordable housing across the board. LAC+USC Medical Center has already raised rents for my family in El Sereno and myself here. I fear that more development will continue the rent hikes so I think that if the project dedicates 50% of the land to affordable housing, both the developers and the folks in the area with high rent hikes can be satisfied.
Please send the presentation because I am not able to stay for the presentation. Martha Jimenez – City Terrace Constituent (phone number and email provided)

**Additional comments offered**

Following the Open House portion, the meeting was reconvened for a Q & A session and closing remarks. Community members provided the following comments and suggestions to the project team.

- Thank you for holding the meeting.
- Focus on and provide affordable housing – no hotel
- Help low-income residents and the homeless
- Prioritize community needs, focus on the low income, education, and opportunities to advance
- Hold a contest to identify best solution
  - Isabel Perez – MESA student, phone number provided
  - Ben Louie – USC, phone number provided

**Comment submitted by email**

As one who lives on Zonal and works in LAC USC for the past 25 years these stood out for me:

- I heard strong comments for use of land or within historical building.
- A Ronald McDonald kind of place for patients families (St Camillus and our AIN partners have long been paying for families to get a hotel in cases where being near a child or family elder was both pastoral but practical)
- Parking concerns and safety around any new parking was express over and over along with the proposed public transformation ideas proposed.



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #2

- NOW - Use of empty space on West campus or parking lots for a safe parking place for those living in cars(rules would be between 10p-6a---other places have this in place and it works)
- City of Pasadena have been having success on using public and private spaces--suggested was to network with them.
- Netherlands experience of inter-generational housing with space shared by college students and elders (Student get free housing but with a commitment to some intentional time with others in the house) Some were talking about a recent news story
- Public areas for restroom and showers (like the temporary ones used throughout LAC during the cold season) maybe in partnership with public, non profits and churches to provide volunteers to over see the use and safety concerns)
- Good comments about the VILLAGE and a hope to see that happen soon.
- FYI The LAC USC Department of Spiritual Care uses the OLD GATE HOUSE next to Corners Office, across from Jack in the Box on Mission--used to be the CARES Thrift Shop. We use that for emergency items we give to patients leaving LAC USC or a Clinic such as new baby items, car seats, cloths etc. It is a project of St. Camillus called AIN Angel Interfaith Network.
- St Camillus at 1911 Zonal (since 1954) remain committed to be a community partner

**Next Steps**

The meeting closed at 8 pm. Community members were invited to return to the next community meeting, tentatively scheduled in Fall 2019. They were urged to bring their friends and family and thanked for their participation.





# Section 3: Community at Large Meeting #2 September 19, 2019

## Meeting Presentation:



### Meeting Agenda *Agenda de la reunión*

#### General Hospital Feasibility Study Overview, including West Campus

*Resumen general del Estudio de Viabilidad del Hospital General, incluyendo el Campus Oeste*

#### Open House – Visit Stations

*Exposición abierta al público – Visite las estaciones*

#### Q+A and Wrap-Up

*Preguntas y respuestas y cierre de la reunión*



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



## Purpose of Today's Meeting *Propósito de la reunión de hoy*

- Provide an overview of the General Hospital Feasibility Study, including West Campus  
*Dar un resumen general del Estudio de Viabilidad del Hospital General, incluyendo el Campus Oeste.*
- Hear how you think the building and West Campus could best be used to benefit the community, and what issues are most important to you  
*Escuchar sus ideas acerca de la mejor manera de usar el edificio y el Campus Oeste para beneficiar a la comunidad y los temas más importantes para usted*
- Answer your questions about the Study  
*Responder a sus preguntas acerca del Estudio*



## How Does Today's Meeting Relate to Meeting #1? *¿Cómo se relaciona la reunión de hoy con la reunión #1?*

- Community Meeting #1: June 13, 2019**  
*Reunión Comunitaria #1: 13 de junio de 2019*
- Provide an overview of the General Hospital Feasibility Study *Dar un resumen general del Estudio de Viabilidad del Hospital General*
  - Discuss information we have discovered to date *Compartir información que hemos descubierto hasta la fecha*
  - Hear how you think the building could be used to best benefit the community, and what issues are most important to you *Escuchar sus ideas acerca de la mejor manera de usar el edificio para beneficiar a la comunidad y los temas más importantes para usted*
  - Answer your questions about the Study *Responder a sus preguntas acerca del Estudio*
- Community Meeting #2: Today**  
*Reunión comunitaria # 2: El día de hoy*
- Build upon the community feedback we received from Community Meeting #1 *Continuar agregando a los comentarios de la comunidad recibidos en la Reunión Comunitaria #1*
  - Hear how General Hospital and West Campus could best be used to benefit the community *Escuchar cómo el Hospital General y el Campus Oeste podrían utilizarse mejor para beneficiar a la comunidad*



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards

General Hospital Feasibility Study

## Board of Supervisors Direction for the Study *Dirección de la Junta de Supervisores para el Estudio*

In November 2018 Supervisor Hilda L. Solis authored a board motion to study the re-use of General Hospital in order to: *En noviembre de 2018, la Supervisora Hilda L. Solis fue la autora de una moción ante la Junta para que se estudiará la reutilización del Hospital General a fin de:*

- Bring iconic County **asset back to life** *Dar nueva vida a esta propiedad emblemática del Condado.*
- Address the County's **tremendous need for homeless, low income, and high-need population residential options, and specifically in the area surrounding the LAC+USC Medical Campus** *Abordar la gran necesidad de opciones residenciales para personas sin hogar, de bajos recursos y de alta necesidad, específicamente en el área alrededor del Centro Médico LAC+USC*
- Complement the LAC+USC Foundation's Wellness Center that provides wrap-around and community services and the future Restorative Care Village *Complementar al Centro de Bienestar de la Fundación LAC+USC que provee servicios integrales y comunitarios y la futura Villa de Cuidados Restaurativos*
- Mission-aligned re-use as a housing and mixed-use building *Alineándose a su misión en que el edificio sea para vivienda y uso mixto*

General Hospital Feasibility Study

## The Healthy Village Vision *Visión de la Aldea Saludable*

The Study will help to achieve the Healthy Village vision, spearheaded by Supervisor Hilda L. Solis. *Este estudio facilitará el cumplimiento de la visión de la Aldea Saludable (Healthy Village en inglés) propuesta por la Supervisora Hilda L. Solis.*

- A Whole Person Care concept to meet individuals' needs
- *Un concepto de atención integral de la persona para poder satisfacer sus necesidades*
- A healthy and economically resilient community in East LA
- *Una comunidad sana y económicamente resiliente en el Este de LA*
- Help most vulnerable population, and provide recuperative care and wraparound services to empower residents
- *Ayudar a la población más vulnerable, proveer cuidados para la recuperación y servicios integrales para empoderar a los residentes*

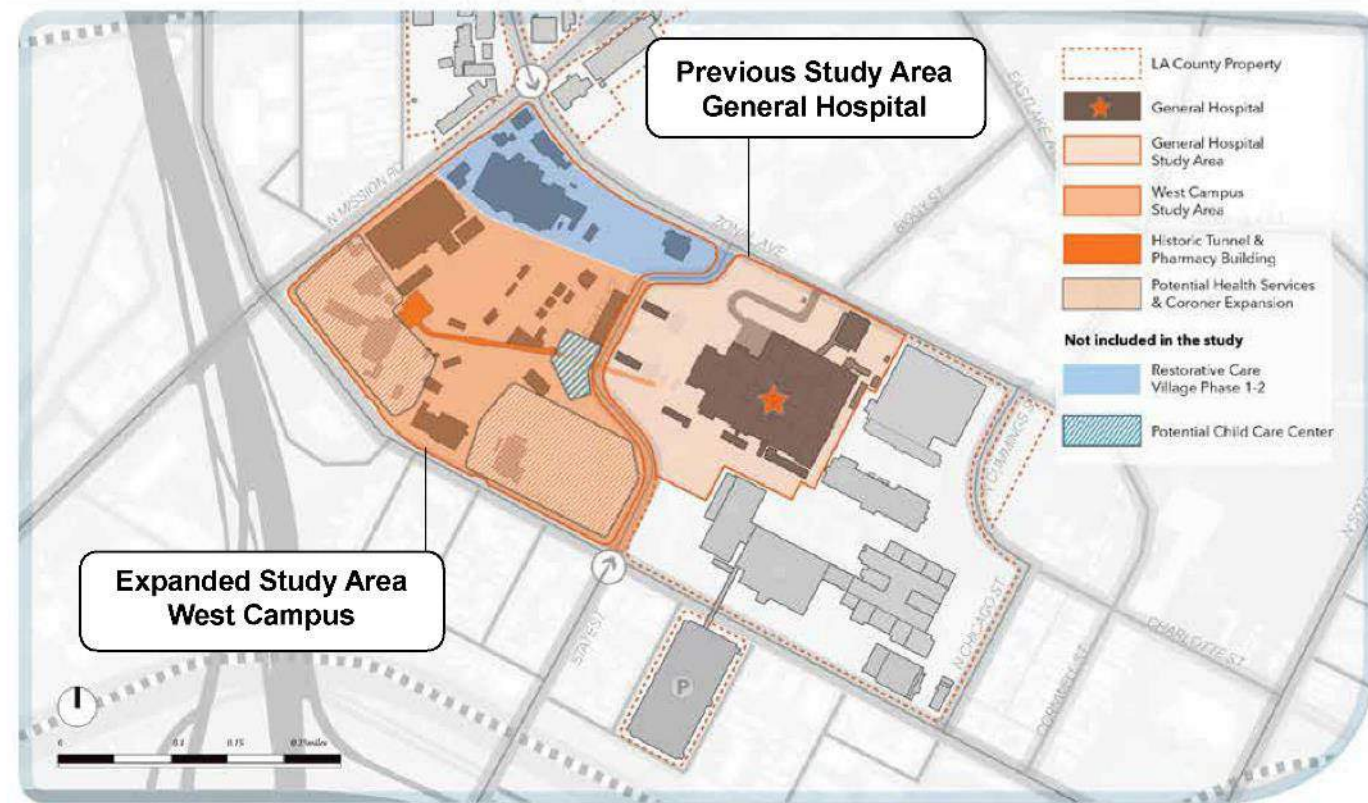


# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



## Study Area *Área del Estudio*



## Purpose of the Feasibility Study

### *Propósito del Estudio de Viabilidad*

- **Effectively** respond to the Board Motion  
*Responder **eficazmente** a la Moción de la Junta de Supervisores*
- **Analyze** the re-use of General Hospital and develop 3 **financially feasible alternatives** for consideration based on technical and community input from cross-disciplinary team  
***Analizar** la posibilidad de reutilizar el Hospital General y desarrollar 3 **alternativas económicamente viables**, tomando en cuenta las recomendaciones técnicas y comunitarias presentadas por un equipo multidisciplinario*
- **Develop a roadmap for implementation** for the reuse of General Hospital and West Campus  
***Desarrollar un plan de implementación** para la reutilización del Hospital General*
- **Engage** County and community stakeholders throughout the process  
***Involucrar** a los interesados del Condado y a la comunidad a lo largo del proceso*



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards

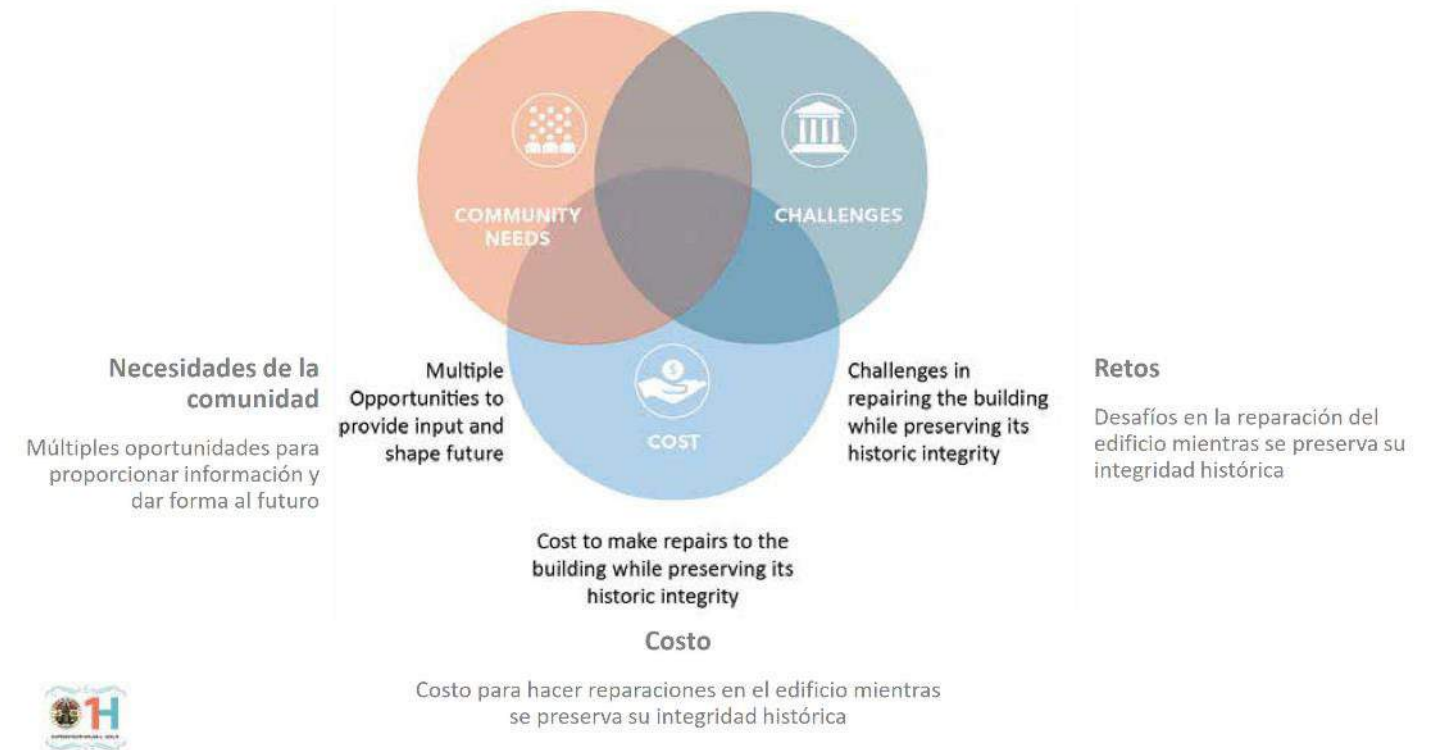


## Why was the scope extended to West Campus? *¿Por qué se amplió el alcance al Campus Oeste?*

- **Support General Hospital re-use and provide expanded opportunities**  
*Apoyar la reutilización del Hospital General y brindar mayores oportunidades*
- **Support integration of General Hospital re-use into the surrounding communities**  
*Apoyar la integración de la reutilización del Hospital General en las comunidades circundantes*
- **Set aside areas for future County needs**  
*Reservar áreas para las necesidades futuras del Condado*
- **Increase connectivity with other capital projects on the LAC+USC Medical Campus**  
*Aumentar la conectividad con otros proyectos considerables en el campus médico de LAC + USC*
- **Holistically bring all components together under the Healthy Village vision**  
*Reunir holísticamente todos los componentes bajo la visión de Healthy Village*
- **Address current and future transportation and accessibility challenges**  
*Abordar los desafíos actuales y futuros de transporte y accesibilidad*



## Determining Future Uses *Determinación de usos futuros*



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



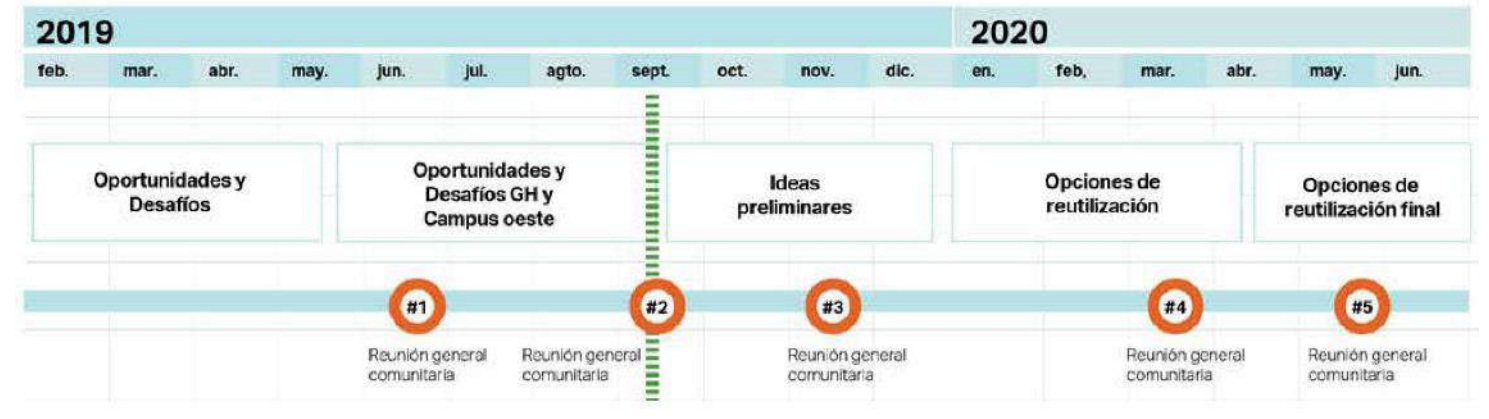
## Project Timeline *Cronograma del Proyecto*



**We are here!**



## Project Timeline *Cronograma del Proyecto*



**¡Estamos aquí!**



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



## Community Engagement *Participación de la comunidad*

- **Community Engagement (CE) Team:** AECOM + Barrio Planners (BPI) + Katherine Padilla & Associates (KPA) *Equipo de Participación Comunitaria (CE, en inglés): AECOM + Barrio Planners (BPI) + Katherine Padilla & Associates (KPA)*
- Close coordination with the **Health Innovation Community Partnership (HICP) and the Community Engagement Steering Committee (CESC)** *Coordinación estrecha con la Alianza Comunitaria para la Innovación de la Salud (HICP) y el Comité Directivo de Participación de la Comunidad (CESC)*
- Robust and comprehensive with **5 Community At-Large Meetings** *Proceso de participación amplio y exhaustivo con 5 reuniones generales con la comunidad*
- **Additional meetings, informal discussions with stakeholders; pop-up events** *Reuniones adicionales, pláticas informales con las partes interesadas; eventos emergentes*
- **Communication tools:** social media, media coordination, printed flyers, E-blasts etc. *Herramientas de comunicación: redes sociales, coordinación mediática, volantes impresos, difusión amplia por correo electrónico o mensajes de texto, etc.*



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



## Community Engagement Steering Committee *Comité Directivo de Participación Comunitaria*

**Purpose**  
Volunteers representing community and organizations. Provide a coordinated mechanism for engagement by key stakeholders to help guide community engagement on the General Hospital Feasibility Study.

**Propósito**  
*Voluntarios que representan a la comunidad y a organizaciones. Ofrecer un mecanismo coordinado para la participación de las partes interesadas claves a fin de que ayuden a guiar la participación de la comunidad en el Estudio de Viabilidad del Hospital General.*



## Community Engagement Steering Committee *Comité Directivo de Participación Comunitaria*

**Role**

- Actively contribute in creating the General Hospital Feasibility Study Community Engagement Plan
- Participate in implementing the plan and be advocates for the community engagement process
- Advise on Strategies, Stakeholders and Community Issues

**Función**

- *Contribuir activamente en la creación de un Plan de Participación Comunitaria para el Estudio de Viabilidad del Hospital General*
- *Participar en la implementación del plan y promover el proceso de participación comunitaria*
- *Dar asesoría sobre estrategias, grupos de interesados y asuntos de la comunidad*





# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards

General Hospital Feasibility Study

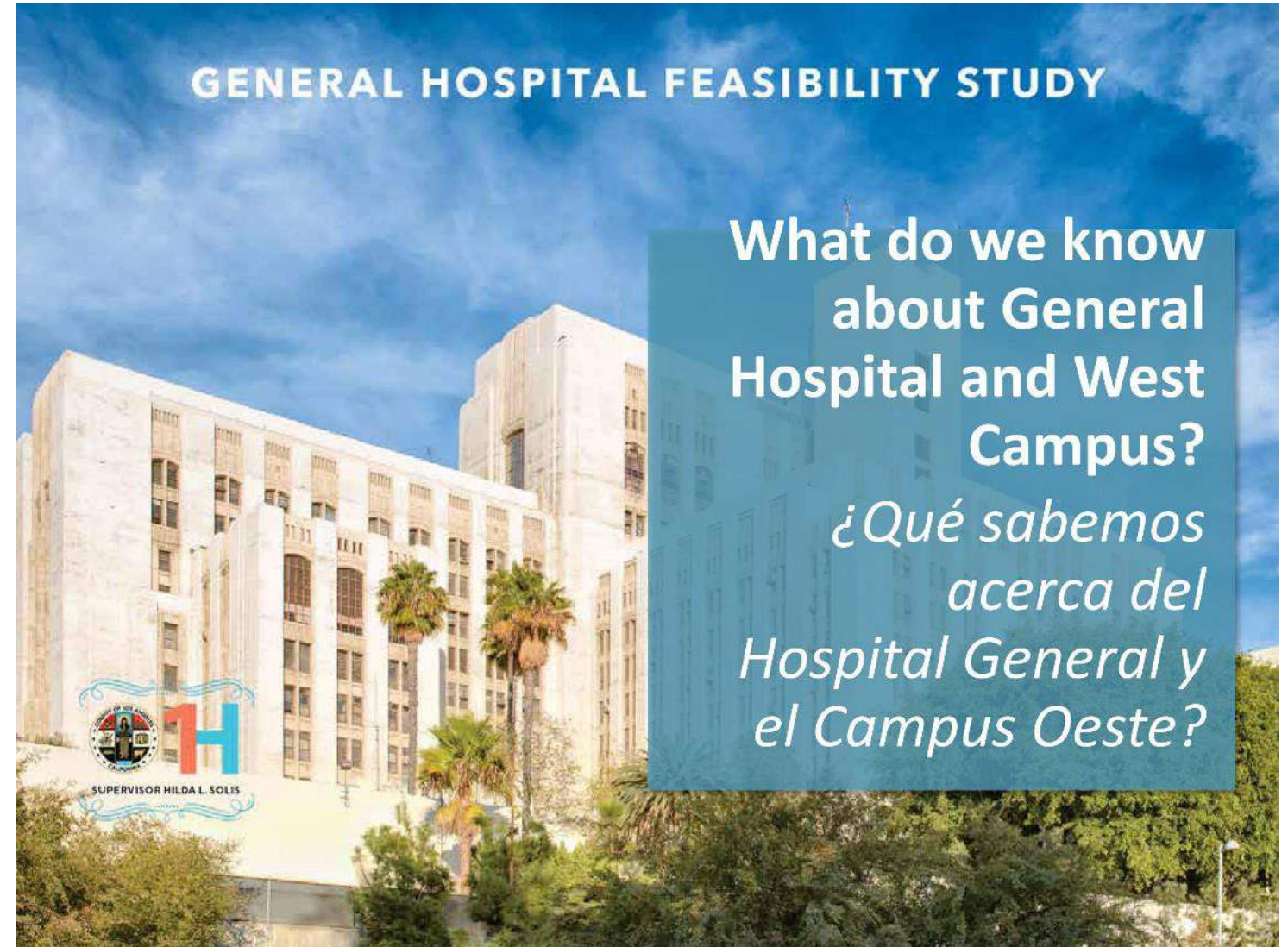
## Community Engagement Steering Committee (CESC) Comité Directivo de Participación Comunitaria (CESC)

A big thank you to all of our volunteer CESC members that have spent countless hours helping guide the community engagement process

*Un gran agradecimiento a todos nuestros miembros voluntarios de CESC que dedicaron innumerables horas para orientar el proceso de participación comunitaria*



Individual	Organization
Al Ballesteros	JWCH Institute
Andrea Rodriguez	ELA Skills Center
Pending	Public Counsel
Ari Gutierrez Arambula	Latino Equality Alliance
Betty Avila	Self Help Graphics
Father Chris Ponnet	St. Camillus Catholic Center
Guadalupe Duran-Medina	Supervisor Office
Isela Gracian	ELA Community Corporation
Ivan Matthews	Chief Executive Office
Henry Perez	Inner City Struggle
Jorge Orozco	LAC+USC Medical Center
Kelly Quinn	Chief Executive Office
Luis Lopez	Bravo Medical Magnet High
Lynda L. Daniel Farnsworth	ELA Skills Center
Maria Brenes	Inner City Struggle
Elsa Tinoco	LAUSD Local District Eastside PACE
Michael Sinclair	Bravo Medical Magnet High
Monica Alcaraz	Northeast Regional CES Coordinator SPA4
Munson Kwok	Chinatown Advocate and Community Leader
Norma Gomez	Latino Business Chamber
Ozzie Lopez	ELA Community College
Rosa Soto	LAC+USC Medical Center Foundation   HICP
Teresa Nuno	Supervisor Office
Waqas Rehman	Supervisor Office
Yolanda Duarte-White	Alma Services



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



## What Do We Know About the Building? *¿Qué sabemos acerca del edificio?*

- 86 years old, 19 stories
- *86 años de edad, 19 pisos*
  
- 1.3 million square feet
- *1.3 millones de pies cuadrados*
  
- Officially determined eligible for listing on the National Register of Historic Places
- *Se determinó oficialmente que reúne los requisitos para incluirse en el Registro Nacional de Lugares Históricos*



## What Do We Know About the Building? *¿Qué sabemos acerca del edificio?*

- Once held 1,200 hospital beds; today is largely vacant
- *Una vez tuvo capacidad para 1,200 camas de hospital; hoy está en gran parte vacante*
  
- Current uses include DHS, the Wellness Center, and Navy Medicine Operational Training Center
- *Se usa actualmente para alojar a DHS, el Centro de Bienestar, y Centro de Capacitación Operacional de Medicina de la Marina*

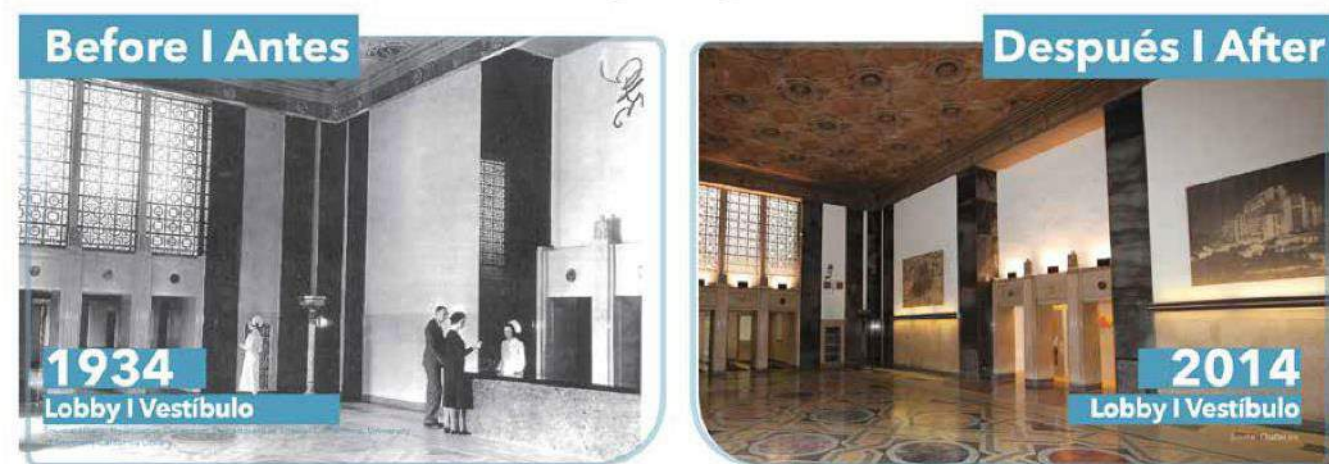


# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards

General Hospital Feasibility Study

## Historic Preservation and Architecture *Preservación histórica y arquitectura*



General Hospital Feasibility Study

## What Improvements Are Needed? *¿Qué mejoras se requieren?*

- Structural Wall/ Foundation Strengthening
- Hazardous Material and Lead Abatement
- New Fire Protection, AC, Heating, Plumbing and Electrical
- Maintain Historic Spaces
- Develop Parking Solutions
- Improve Public Transit & Pedestrian Access
- *Fortalecer muros y cimientos*
- *Eliminación de materiales peligrosos y el plomo*
- *Nueva protección contra incendios, aire acondicionado, calefacción, tuberías y electricidad*
- *Preservación de espacios históricos*
- *Desarrollar soluciones de estacionamiento*
- *Mejorar el transporte público y acceso para peatones*



# Section 3: Community at Large Meeting #2 September 19, 2019

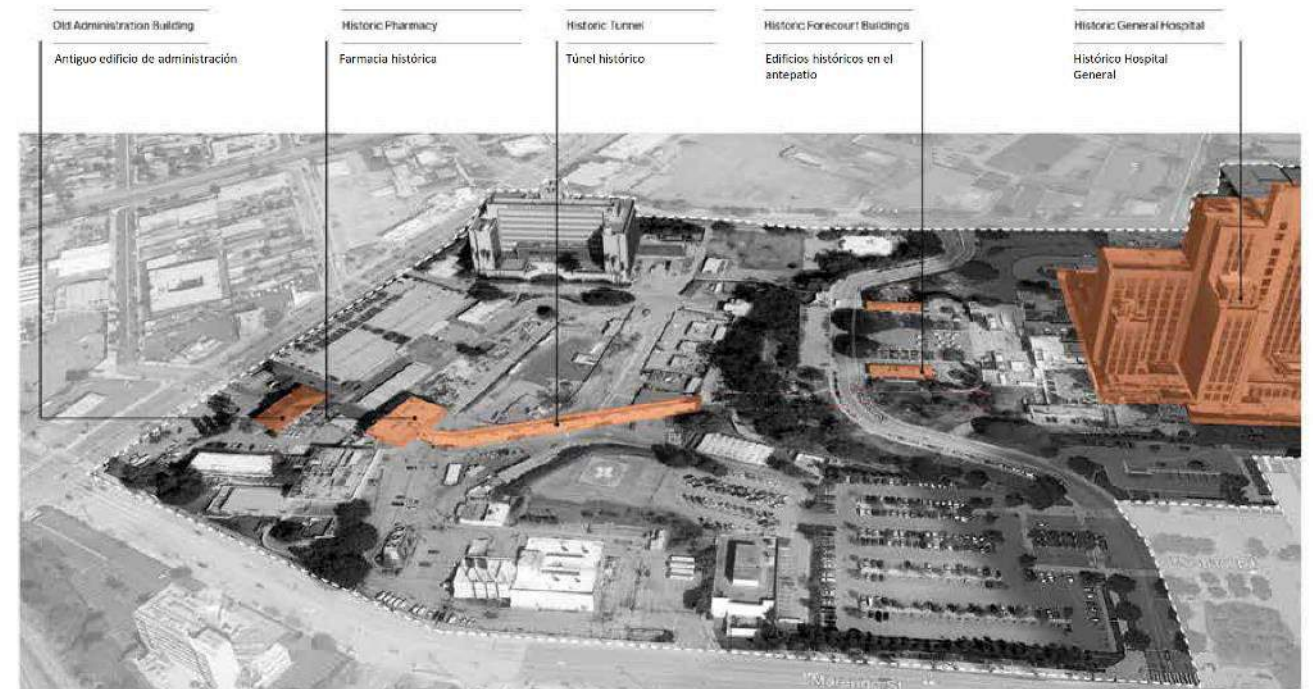
- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



## What Do We Know About West Campus? ¿Qué sabemos sobre el Campus Oeste?



## What Do We Know About West Campus? ¿Qué sabemos sobre el Campus Oeste?



Buildings/structures in orange are formally determined eligible for the National Register of Historic Places  
Los edificios / estructuras en anaranjado se determinan formalmente como elegibles para el Registro Nacional de Lugares Históricos

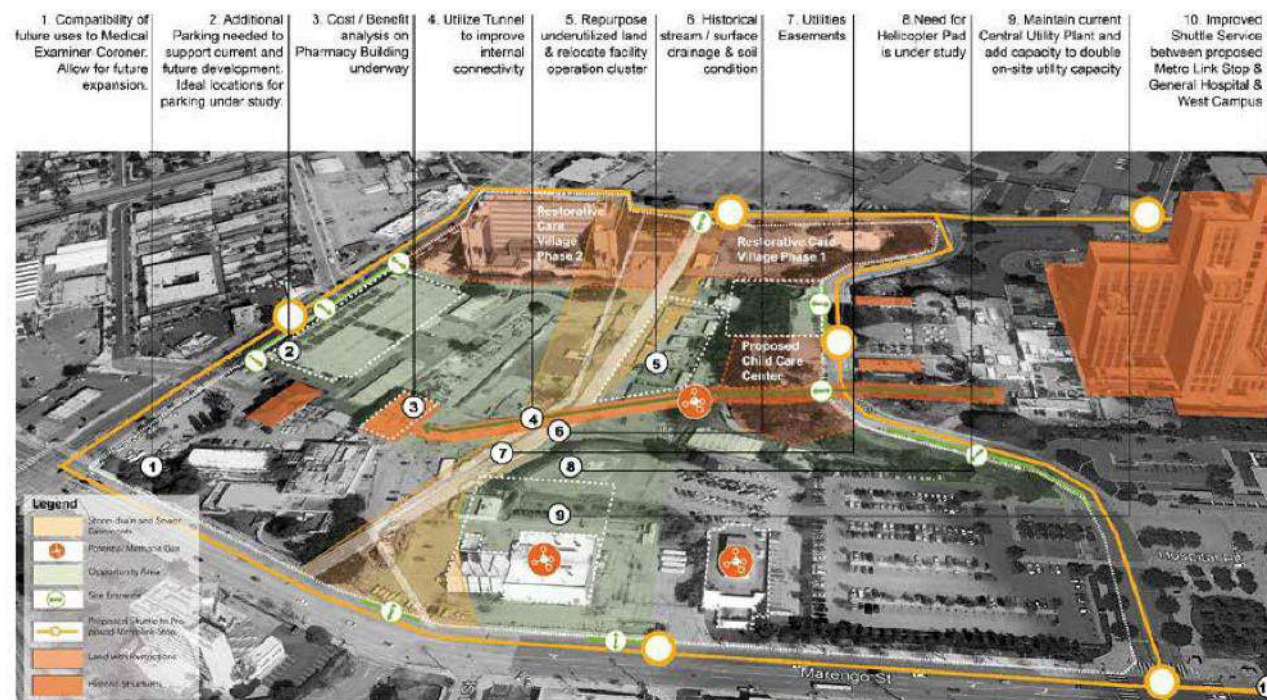


# Section 3: Community at Large Meeting #2 September 19, 2019

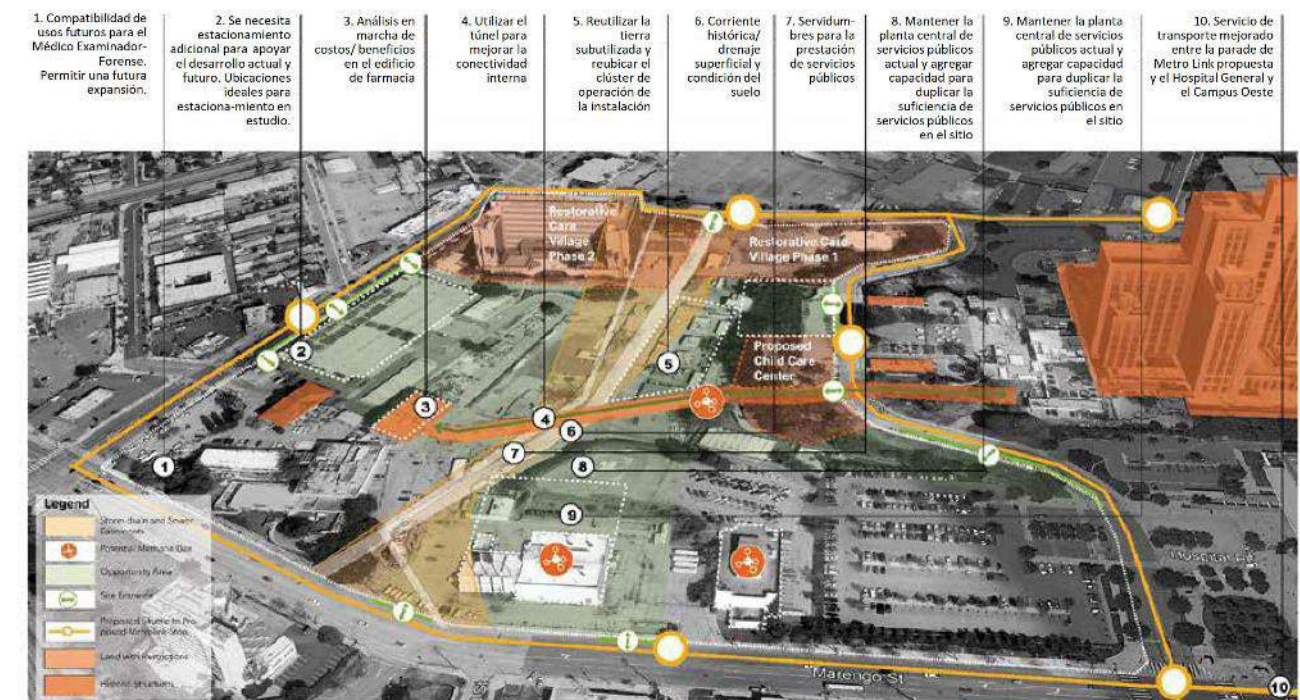
- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



## What Improvements Are Needed on West Campus? *¿Qué mejoras se necesitan en el Campus Oeste?*



## What Improvements Are Needed on West Campus? *¿Qué mejoras se requieren?*

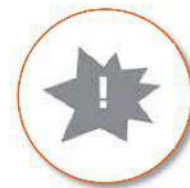


# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



## What are the Main Challenges? *¿Cuáles son los principales desafíos?*



### **Old, Damaged and Large** | *Edificio viejo, dañado y grande*

Because General Hospital and structures, facilities, and infrastructure on West Campus are large, damaged, and old, they will need significant repairs and improvements.

*Debido a que el Hospital General y las estructuras, instalaciones e infraestructura en el Campus Oeste son grandes, dañadas y viejas, necesitarán reparaciones y mejoras significativas.*

Do you know that General Hospital is as large as 22 football fields? *¿Sabía que el edificio mide el equivalente a 22 campos de fútbol americano?*



## What are the Main Challenges? *¿Cuáles son los principales desafíos?*



### **Historic Buildings** | *Edificio histórico*

Because some buildings and structures are historic, making changes will be more complicated and costly.

*Debido a que algunos edificios y estructuras son históricos, hacer cambios será más complicado y costoso.*

Do you know General Hospital is eligible for the National Register? *¿Sabía que el Hospital General es elegible para el Registro Nacional Histórico?*



## Section 3: Community at Large Meeting #2 September 19, 2019



General Hospital Feasibility Study

### What are the Main Challenges? *¿Cuáles son los principales desafíos?*



#### **Lack of Funding** | *Falta de fondos*

The County does not have funds to repair or improve General Hospital and West Campus. That means some future uses will need to generate income to support other uses. Other creative funding ideas will need to be explored as well.

*El Condado no tiene fondos para reparar o mejorar el Hospital General ni el Campus Oeste. Eso significa que será necesario que algunos usos generen ingresos para respaldar otros usos. También se deberán explorar otras ideas creativas de financiamiento.*

Do you know Funding strategies include 20% Federal Historic Preservation Tax Credit? *¿Sabía que las estrategias de financiamiento incluyen un crédito impositivo de 20% del gobierno federal para la preservación histórica?*



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards





# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



## Station Overview *Descripción General de las Estaciones*

<b>Station 1</b>	<b>Station 2</b>	<b>Station 3</b>
What is the General Hospital Feasibility Study?	Community Engagement Process	What Do We Know About the Building & West Campus?
<b>Station 4</b>	<b>Station 5</b>	<b>Station 6</b>
Transportation and Parking	How Could the Building and West Campus Best Benefit the Community?	Key Community Issues
<b>Resource Table</b>	<b>Resource Table</b>	<b>Resource Table</b>
Wellness Center & Health Innovation Community Partnership	Supervisor Solis' Representative & DCBA	County & Metro Transportation

DCBA = Department of Consumer Business Affairs



## Descripción General de las Estaciones

<b>Estación 1</b>	<b>Estación 2</b>	<b>Estación 3</b>
¿Qué es el Estudio de Viabilidad del Hospital General?	Proceso de participación de la comunidad	¿Qué sabemos acerca del edificio y el Campus Oeste?
<b>Estación 4</b>	<b>Estación 5</b>	<b>Estación 6</b>
Transporte y estacionamiento	¿Cuál es la mejor manera de usar el edificio y el Campus Oeste para beneficiar a la comunidad?	Temas claves para la comunidad
<b>Mesa de Recursos</b>	<b>Mesa de Recursos</b>	<b>Mesa de Recursos</b>
Centro de Bienestar y Alianza Comunitaria para la Innovación de la Salud	Representante de la Oficina de la Supervisora Solis & Departamento de Consumo y Asuntos Empresariales (DCBA)	Condado de Los Ángeles & Metro Transporte

DCBA = Department of Consumer Business Affairs



# Section 3: Community at Large Meeting #2 September 19, 2019

Meeting Overview  
Meeting Format  
Photos & Videos  
Press Release  
Community Feedback  
Participant Quotes  
Meeting Summary  
Meeting Presentation  
Display Boards  
Meeting Flyers  
Comment Cards

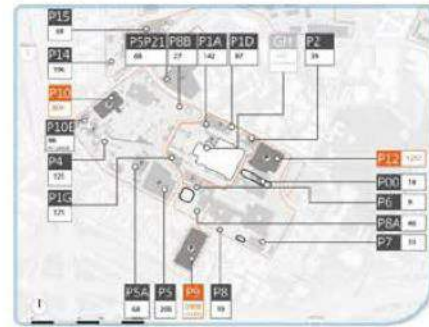


## Transportation and Parking Overview Descripción del transporte y estacionamiento

Station 4



Accessibility | Accesibilidad



Parking | Estacionamiento



Public Transit | Transporte público

Q: What would make it easier, safer, and more comfortable for you to get to and from General Hospital? *¿Qué se requiere para que usted pueda trasladarse de ida y regreso al Hospital General de manera más fácil, segura y cómoda?*

At Station 4, you can comment on Transportation and Parking  
En la Estación 4, puede hacer sus comentarios sobre el Transporte y Estacionamiento.



## How Could the Building and West Campus Best Be Used to Benefit the Community? *¿Cuál sería la mejor manera de usar el edificio y el Campus oeste para beneficiar a la comunidad?*

Station 5

Commercial Comercial	<b>Commercial Kitchen for Small Businesses</b> Kitchens with professional-grade equipment Cocina comercial para pequeñas empresas Cocina con equipo profesional	<b>Incubator Space for Small Businesses</b> Shared office space for startups or small businesses Espacio de incubación para pequeñas empresas Espacio de oficina compartido para startups o pequeñas empresas.	<b>Office Space</b> Espacio de oficina	<b>Hotel</b> Hotel
	<b>Pharmacy</b> Farmacia	<b>Grocery Store</b> Supermercado	<b>Small Business Retail</b> Pequeños negocios	<b>Restaurants and/or Healthy Food Spaces</b> Healthy, fast casual or restaurant dining Restaurantes y/o espacios de comida saludable Comida sana, rápida casual o restaurantes
Retail Ventas al por menor				

Q: How do you think General Hospital and West Campus could best be used to benefit the community? *Desde su punto de vista ¿cuál sería la mejor manera de usar el Hospital General y sus alrededores para beneficiar a la comunidad?*

At Station 5, you can comment on a variety of ideas, or add your own  
En la Estación 5, puede hacer comentarios sobre las diferentes ideas o agregar las suyas.



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



## Key Community Issues

Station 6

### *Temas claves para la comunidad*

The issues below are what we have heard to date from the community regarding their concerns.

Environmental Justice / Pollution	Food Security/ Grocery Stores	Gentrification & Displacement	Homelessness	Long-Term Economic Security/ Cultural Continuity and Resilience
Mental Health	Open Space	Social Justice	Transportation / Parking	Bioscience

Q:  
Are there any issues you would change or add?  
Which issues are most important to you? Why?

At Station 6, let us know what community issues are most important to you



## Key Community Issues |

Station 6

### *Temas claves para la comunidad*

Los siguientes son los temas claves que la comunidad ha mencionado hasta la fecha.

Justicia ambiental y contaminación	Disponibilidad de alimentos y supermercados	Encarecimiento de las propiedades y rentas y desplazamiento	Personas sin hogar	Seguridad económica a largo plazo / continuidad cultural y resiliencia
Salud mental	Espacios abiertos	Justicia social	Transporte/ Estacionamiento	Biosciencias

P:  
¿Cambiaría o agregaría otros asuntos?  
¿Qué asuntos son importantes para usted y por qué?

En la Estación 6, díganos cuáles son los asuntos comunitarios más importantes para usted



# Section 3: Community at Large Meeting #2 September 19, 2019

## Display Boards

### What is the General Hospital Feasibility Study?

# 1

#### Why Do We Need a Feasibility Study?

**1933** General Hospital began providing medical care to the County

**2008** LAC+USC Medical opens as a replacement hospital following 1994 Northridge earthquake.

**2018** General Hospital is largely vacant. Board motion to bring iconic asset back to life.

#### Determining Future Uses

There are many possible ways that General Hospital and West Campus could be returned to productive uses. The Study will consider:

Multiple Opportunities to provide input and shape future

Challenges in repairing the building while preserving its historic integrity

Cost to make repairs to the building while preserving its historic integrity

The Feasibility Study will develop a few potentially financially feasible options for future uses and the community will provide feedback, ultimately the Board of Supervisors will determine next steps.

#### Re-using General Hospital and West Campus – What are the Main Challenges?

- Old, Damaged and Large**  
Because General Hospital and structures, facilities, and infrastructure on West Campus are large, damaged, and old, they will need significant repairs and improvements.
- Lack of Funding**  
The County does not have funds to repair or improve General Hospital and West Campus. That means some future uses will need to generate income to support other uses. Other creative funding ideas will need to be explored as well.
- Historic Buildings**  
Because some buildings and structures are historic, making changes will be more complicated and costly.

#### Timeline

**2019** Feb: General Hospital Opportunities & Challenges; March: General Hospital & West Campus Opportunities & Challenges; April: Community at Large Meeting; May: Community at Large Meeting; June: Community at Large Meeting

**2020** Jan: Preliminary Ideas; Feb: Re-use Options; March: Final Re-use Options; April: Community at Large Meeting; May: Community at Large Meeting; June: Community at Large Meeting

We are here

### ¿Qué es el Estudio de Viabilidad del Hospital General?

# 1

#### ¿Por qué necesitamos un estudio de viabilidad?

**1933** El Hospital General comenzó a brindar atención médica al Condado.

**2008** El LAC + USC Medical reemplazó al hospital después del terremoto de Northridge de 1994.

**2018** El Hospital General está en gran parte vacante. Moción de la Junta para traer el icónico patrimonio a la vida.

#### Determinación de usos futuros

Hay muchas formas posibles en que el Hospital General y el Campus Oeste podrían volver a tener usos productivos. El estudio considerará:

Múltiples oportunidades para proporcionar información y dar forma al futuro

Desafíos en la reparación del edificio mientras se preserva su integridad histórica

Costo para hacer reparaciones en el edificio mientras se preserva su integridad histórica

El Estudio de Viabilidad desarrollará algunas opciones posibles financieramente para usos futuros y la comunidad proporcionará comentarios, en última instancia, la Junta de Supervisores determinará los próximos pasos.

#### Reutilización del Hospital General y el Campus Oeste: ¿cuáles son los principales desafíos?

- Edificio viejo, dañado y grande**  
Debido a que el Hospital General y las estructuras, instalaciones e infraestructura en el Campus Oeste son grandes, dañadas y viejas, necesitarán reparaciones y mejoras significativas.
- Falta de fondos**  
El Condado no tiene fondos para reparar o mejorar el Hospital General ni el Campus Oeste. Eso significa que será necesario que algunos usos generen ingresos para respaldar otros usos. También se deberán explorar otras ideas creativas de financiamiento.
- Edificio histórico**  
Debido a que algunos edificios y estructuras son históricos, hacer cambios será más complicado y costoso.

#### Cronograma

**2019** Feb: Oportunidades y Desafíos; March: Oportunidades y Desafíos GH y Campus Oeste; April: Ideas preliminares; May: Opciones de reutilización; June: Opciones de reutilización final

**2020** Jan: Opciones de reutilización; Feb: Opciones de reutilización final; March: Opciones de reutilización final; April: Opciones de reutilización final; May: Opciones de reutilización final; June: Opciones de reutilización final

Estamos aquí



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



### Board of Supervisors Direction for the Study

The Los Angeles County Board of Supervisors directed the Chief Executive Office to develop a study for the re-use of General Hospital. Highlights from the November 2018 Board Motion are listed below:

- Bring iconic County **asset back to life**
- Address the County's **tremendous need for homeless, low income, and high-need population residential options, and specifically in the area surrounding the LAC+USC Medical Campus**
- **Complement the LAC+USC Foundation's Wellness Center that provides wrap-around and community services** and the future **Restorative Care Village**
- **Mission-aligned re-use as a housing and mixed-use building**

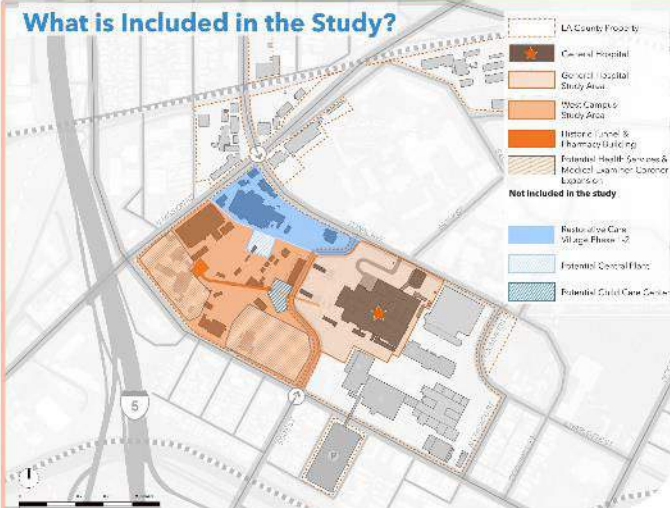
### Healthy Village Vision

The Study will help to achieve the Healthy Village vision, spearheaded by Supervisor for the First District of Los Angeles County, Hilda L. Solis.

- A Whole Person Care concept to meet individuals' needs
- A healthy and economically resilient community in East LA
- Help most vulnerable population, and provide recuperative care and wraparound services to empower residents



### What is Included in the Study?



- General Hospital
- General Hospital Study Area
- West Campus Study Area
- Historic Tunnel & Pharmacy Building
- Potential Health Services & Medical Examiner/Laboratory
- Potential Restorative Care Village Phase 1 & 2
- Potential Child Care Center
- Potential Central Plaza
- Potential Child Care Center

**Not included in the study:**

- USC County Plaza
- USC County Plaza

### What is the West Campus?

**Location:** Bounded by Marengo St., N. Mission Rd., Zonal Ave. & State St.

**Size:** 35 acres

**Historic Structures:** Tunnel, Pharmacy Building, Administration Building

**Current Use:** LAC Medical Examiner-Coroner, Parking, Facility Operations

**Planned Projects:** Restorative Care Village Phase 1 & 2, Child Care Center

**West Campus was incorporated into the Study in 2019 to:**

- Expand opportunities to address community and County needs & priorities
- Allow for a more holistic healthy village campus

### Dirección de la Junta de Supervisores para el estudio

La Junta de Supervisores del Condado de Los Ángeles ordenó a la Oficina Ejecutiva, desarrollar un estudio para la reutilización del Hospital General. Los aspectos más destacados de la Moción de la Junta de noviembre de 2018 se enumeran a continuación:

- Traer el icónico patrimonio del Condado a la vida
- Abordar la **tremenda necesidad de opciones residenciales para personas sin hogar, de bajos ingresos y de alta necesidad del Condado, y específicamente en el área alrededor del Campus Médico LAC + USC**
- **Complementar el Centro de Bienestar de la Fundación LAC + USC que proporciona servicios integrales y comunitarios y la futura Villa de Cuidado Restaurativo**
- **Alinear la reutilización a la misión como vivienda y edificio de uso mixto.**

### Visión de la Healthy Village (Aldea saludable)

El Estudio ayudará a lograr la visión de Healthy Village, encabezada por la Supervisora del Primer Distrito del Condado de Los Ángeles, Hilda L. Solis.

- Un concepto de atención integral para satisfacer las necesidades de los individuos.
- Una comunidad saludable, resistente y económicamente próspera en el este de Los Ángeles.
- Ayudar a la población más vulnerable y proporcionar servicios de recuperación y atención integral para empoderar a los residentes



### ¿Qué está incluido en el estudio?



- Hospital General
- Área de estudio del Hospital General
- Área de estudio del Campus Oeste
- "Campus Oeste" de vivienda y uso mixto
- De nuevo, oportunidades de vivienda y acceso a vivienda

**No incluido en el estudio:**

- USC County Plaza
- USC County Plaza

### ¿Qué es el Campus Oeste?

**Ubicación:** Delimitado por Marengo St., N. Mission Rd., Zonal Ave. y State St.

**Tamaño:** 35 acres

**Estructuras históricas:** Túnel, edificio de farmacia, edificio de administración

**Uso actual:** Examinador médico-forense de LAC, estacionamiento, operaciones de instalaciones

**Proyectos planificados:** Aldea de Cuidado Restaurativo Fase 1 y 2, centro de cuidado infantil

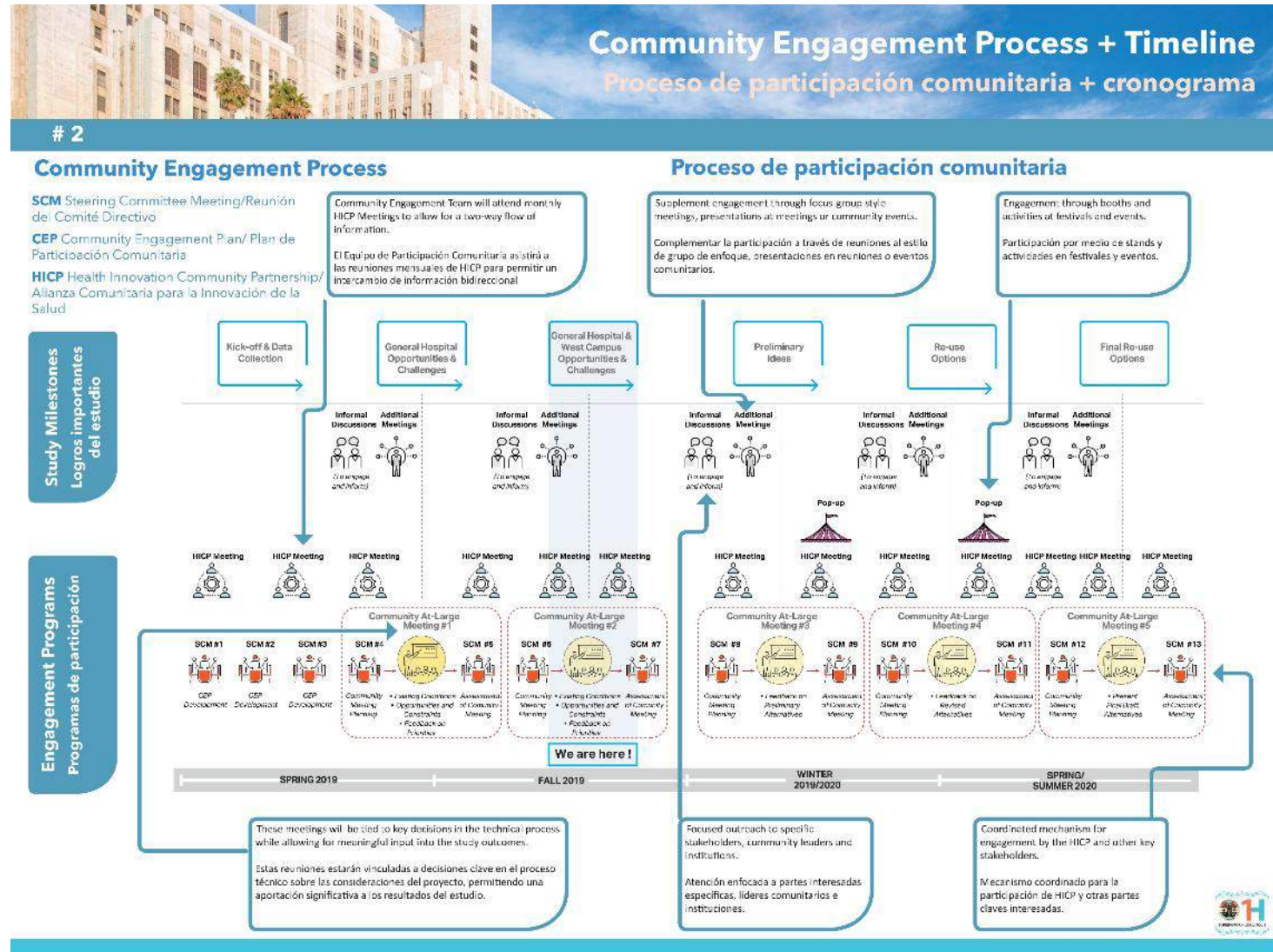
**El Campus Oeste se incorporó al Estudio en 2019 para:**

- Ampliar las oportunidades para abordar las necesidades y prioridades de la comunidad y el Condado
- Hacer posible un campus más holístico de Healthy Village



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards

## What Do We Know About the Building? ¿Qué sabemos del edificio?

# 3

### History & Overview of Building and Uses

**Age:** 86 years old

**Size:** 19 stories & nearly 1.3 million square feet (22 football fields)

**Use:** Once holding about 1,200 hospital beds /today largely vacant  
Currently used by DHS, the Wellness Center and Navy Medicine Operational Training Center

**Employees:** Approximately 1,000

**Architecture:** Iconic building contains unique spaces

**Status:** Eligible to be listed as historic resource under the National Register of Historic Places

### Historia y repaso general del edificio y sus usos

**Edad:** 86 años

**Tamaño:** 19 pisos y casi 1.3 millones de pies cuadrados (22 campos de fútbol)

**Uso:** En un tiempo se mantuvieron cerca de 1,200 camas de hospital/ hoy esta en gran parte vacante. Actualmente utilizado por DHS, el Centro de Bienestar y el Centro de Capacitación Operacional de Medicina de la Marina

**Empleados:** Aproximadamente 1,000


**Arquitectura:** Edificio icónico contiene espacios únicos.

**Status:** Elegible para ser catalogado como recurso histórico en el Registro Nacional de Lugares Históricos

### Historic Preservation and Architecture Preservación histórica y arquitectura


Gate House	Curved Driveway & Retaining Walls	Circular Fountain	Stairs	Forecourt	Forecourt Building 10.2	Retaining Walls	Gate
Portico	Entrada en curva y muros de contención	Fuente Circular	Escaleras	Espacio abierto	Entrada del edificio 1 & 2	Muro de contención	Portón

**Before | Antes**




1934  
Lobby | Vestibulo


**Después | After**



2014  
Lobby | Vestibulo



2013  
Pharmacy | Farmacia



2014  
Pharmacy | Farmacia

## What Do We Know About the Building? ¿Qué sabemos del edificio?

# 3


### Necessary Building Improvements

- Exterior Concrete Repairs; Wall/Foundation Strengthening
- New Utilities to the Building
- New AC, Heating, Plumbing, Electrical and Fire Protection
- Mechanical Elevator Upgrades and new Elevators
- Hazardous Material and Lead Abatement
- Roof and Window Replacement
- Maintain Historic Spaces
- Upgrade Central Plant
- Improve Parking Solutions
- Improve Public Transit
- Improve Pedestrian Access

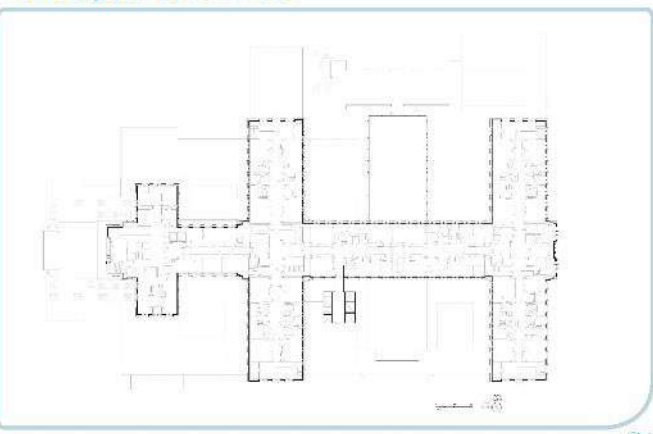
### Mejoras de construcción necesarias

- Reparaciones exteriores de concreto, fortalecimiento de paredes, cimientos
- Nuevas líneas de servicios públicos al edificio
- Nuevos sistemas de aire acondicionado, calefacción, plomería, electricidad y protección contra incendios
- Actualizaciones de ascensores mecánicos y ascensores nuevos
- Material peligroso y reducción de plomo
- Techo y reemplazo de ventanas
- Mantener los espacios históricos
- Actualizar la planta central
- Mejorar las soluciones de estacionamiento
- Mejorar el transporte público
- Mejorar el acceso peatonal

### Aerial View of General Hospital Vista aérea del hospital general



### A Typical Floorplan of the Building Plano típico del edificio



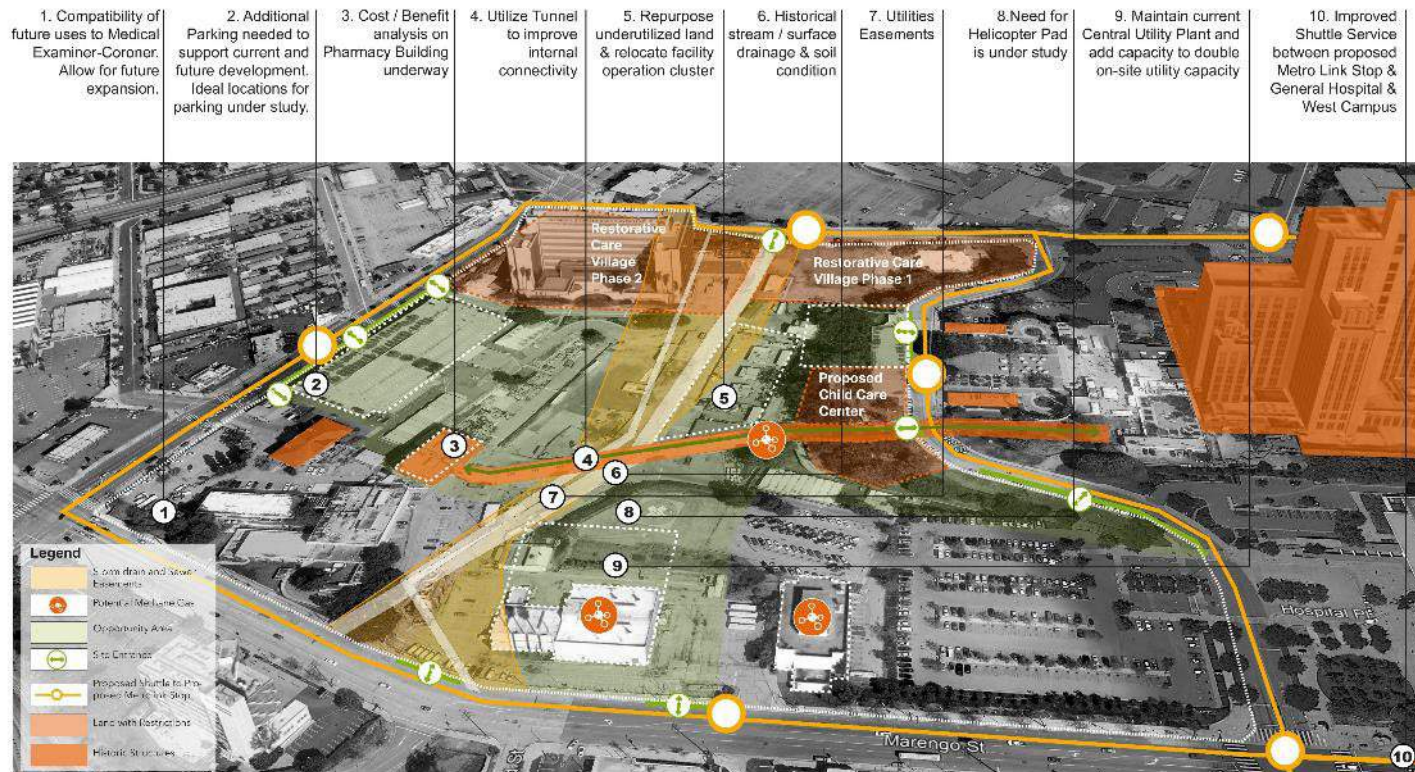


# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



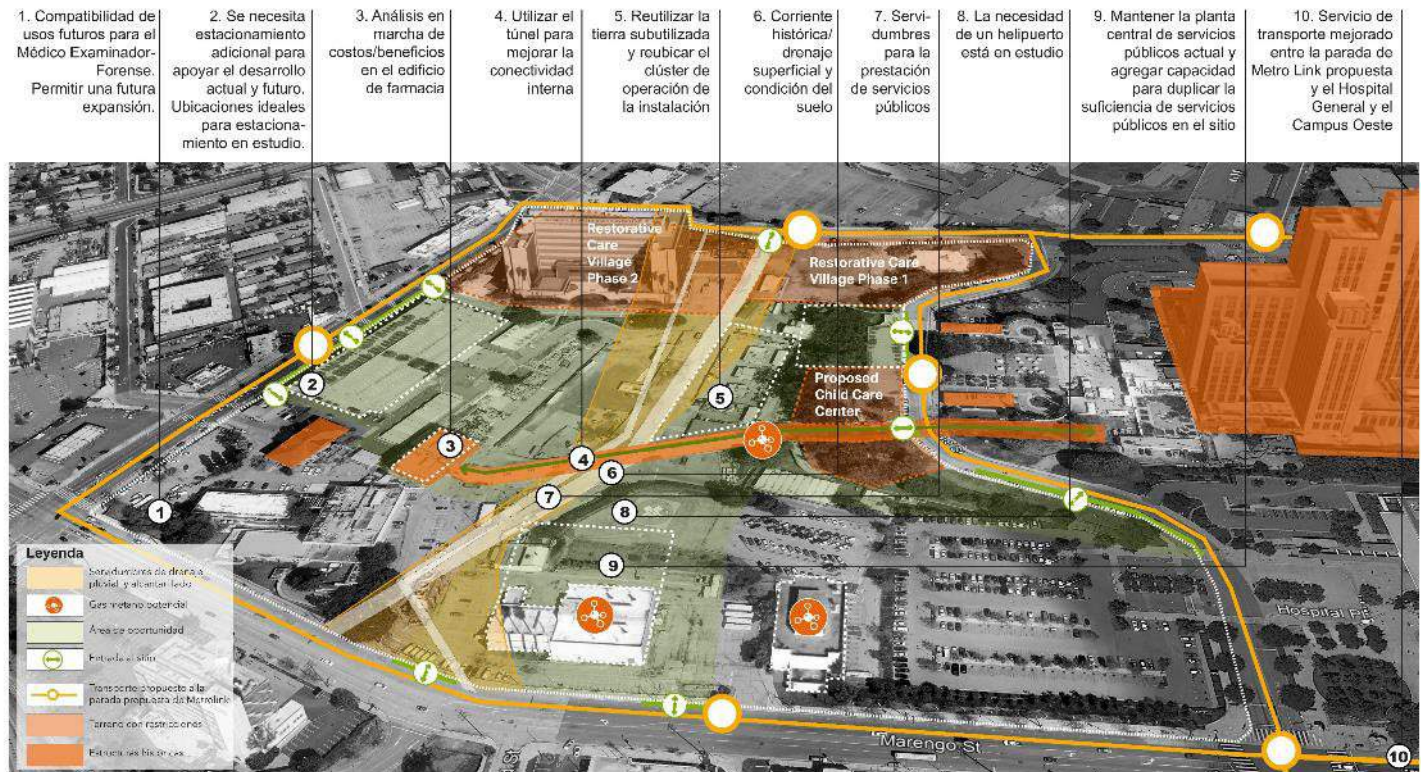
# 3



Note: On-site utilities likely require replacement, upgrades and larger utility runs/connections



# 3



Nota: Las utilidades en el sitio probablemente requieren reemplazo, actualizaciones y conexiones / ejecuciones de utilidades más grandes





# Section 3: Community at Large Meeting #2 September 19, 2019

Meeting Overview  
Meeting Format  
Photos & Videos  
Press Release  
Community Feedback  
Participant Quotes  
Meeting Summary  
Meeting Presentation  
Display Boards  
Meeting Flyers  
Comment Cards

## Transportation and Parking Overview Descripción del transporte y estacionamiento

### Accessibility | Accesibilidad

- West Campus has multiple ingress / egress points around the site perimeter along Marengo Street, N. Mission Road and Zonal Avenue
- State Street is used as primary access to General Hospital & the only street with direct connection to Boyle Heights
- Main entries along Marengo Street for staff, patients, visitors, services & emergency vehicles for Medical Center and other buildings on medical campus
- Zonal Avenue to the North serves as a secondary entrance for staff and other service uses for Medical Center and other buildings on medical campus
- Steep slopes inhibit easy pedestrian access between General Hospital and West Campus
- El Campus Oeste tiene múltiples puntos de entrada / salida alrededor del perímetro del sitio a lo largo de la calle Marengo, N. Mission Road y la avenida Zonal
- State Street se usa como acceso principal y es la única calle con conexión directa a Boyle Heights
- Las pendientes empinadas inhiben el fácil acceso de los peatones
- Entradas principales a lo largo de la calle Marengo para personal, pacientes, visitantes, servicios y vehículos de emergencia para el Centro Médico y otros edificios en el campus médico
- La avenida Zonal hacia el norte sirve como entrada secundaria para el personal y otros usos de servicio para el Centro Médico y otros edificios en el campus médico
- Las pendientes pronunciadas impiden el fácil acceso peatonal entre el Hospital General y el Campus Oeste

### Parking | Estacionamiento

- Insufficient parking capacity for current uses and future planned projects
- Approximately 6,488 total parking  
-1,494 surface parking & 4,974 within 3 parking structures
- Additional +145 spaces under GH
- Employees working in GH also park at P10 and walk or take shuttle
- Insuficiente capacidad de estacionamiento para usos actuales y futuros proyectos planificados.
- Aproximadamente un total de 6,488 estacionamientos  
-1,494 estacionamientos en la superficie y 4,974 dentro de 3 estructuras de estacionamiento
- +145 espacios adicionales abajo del Hospital General
- Los empleados que trabajan en el Hospital General también se estacionan en P10 y caminan o toman el autobús

### Public Transit | Transporte público

- Site is car or bus dependent
- Bus service with limited frequency
- Nearest Gold Line Station 1.2 miles (Mariachi Plaza)
- El sitio depende del automóvil o del autobús
- Servicio de autobús con frecuencia limitada.
- Estación de Gold Line más cercana a 1.2 millas (Mariachi Plaza)

## Transportation and Parking Overview Descripción del transporte y estacionamiento

# 4

### What would make it easier, safer, and more comfortable for you to get to and from General Hospital and West Campus, and to get where you need to go within the surrounding neighborhoods? ¿Qué lo haría más fácil, más seguro y más cómodo para que usted pueda ir/regresar del Hospital General y para llegar a donde necesita ir dentro de los vecindarios circundantes?

**Total Number of Parking Spaces on West Campus: +1483**  
Número total de espacios de estacionamiento en el Campus Oeste: +1483

Solid	Bus Stop	Vehicle Stop Access	Surface Parking	Parking Structure	Medical Center Site with Steps	DASH Stop	West Campus Visual Circulation
Job Study Region	DASH Line	Line 90	Line 90/109	DASH Line	Line 102	Line 121/122	West Campus Perimeter Circulation



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards

**# 5**

## How Could the Building and West Campus Best Be Used to Benefit the Community?

### ¿Cómo podrían utilizarse mejor el edificio y el Campus Oeste para beneficiar a la comunidad?

**How do you think General Hospital and West Campus could best be used to benefit the community?**

Place dots on the uses you would most like to see. Use post-its to tell us why these uses are important to you.

**¿Cómo cree que el Hospital General y el Campus Oeste podrían utilizarse mejor para beneficiar a la comunidad?**

Coloque los puntos adhesivos en los usos que más le gustaría ver. Use las hojas autoadhesivas para decirnos por qué estos usos son importantes para usted.

Housing Vivienda	<b>Family-sized Units</b> 2-3 bedrooms <b>Unidades de tamaño familiar</b> 2-3 dormitorios	<b>Multi-generational Units</b> 4+ bedrooms <b>Unidades Multi-generacionales</b> 4+ dormitorios	<b>Small Units</b> Studio/1 bedroom Units <b>Unidades pequeñas</b> Unidades de estudio / 1 dormitorio	<b>Seniors</b> Housing for individuals aged 55+, generally <b>Personas mayores</b> Vivienda para personas mayores de 55+ años, en general
	<b>Supportive &amp; Homeless Housing</b> Homeless and Transitional Age Youth housing with integrated social services. <b>Vivienda de apoyo para personas sin hogar</b> Vivienda para jóvenes sin hogar y en edad de transición con servicios sociales integrados.	<b>Extremely Low Income Housing</b> Households pay no more than 30% AMI on total housing costs. <b>Vivienda para personas de muy bajos ingresos</b> Los hogares no pagan más del 30% del IMA.	<b>Very Low Income Housing</b> Housing with rent based on 31-50% AMI <b>Vivienda para personas de muy bajos ingresos</b> Vivienda con renta basada en 31-50% del IMA.	<b>Low Income Housing</b> Housing with rent based on 51-80% AMI <b>Vivienda de ingresos medios</b> Vivienda con renta basada en 51-80% del IMA.
Types of Housing Tipos de viviendas	<b>Middle/Workforce Housing</b> Housing with rent based on 121-150% AMI <b>Vivienda de ingresos medios</b> Vivienda con renta basada en 121-150% del IMA.	<b>Market Rate Housing</b> 150%+ AMI, Housing without rent restrictions <b>Vivienda a precio del mercado</b> 150%+ IMA, Vivienda sin restricciones de alquiler.		

AMI = Area Median Income IMA = Ingreso medio del área



**# 5**

## How Could the Building and West Campus Best Be Used to Benefit the Community?

### ¿Cómo podrían utilizarse mejor el edificio y el campus oeste para beneficiar a la comunidad?

**How do you think General Hospital and West Campus could best be used to benefit the community?**

Place dots on the uses you would most like to see. Use post-its to tell us why these uses are important to you.

**¿Cómo cree que el Hospital General y sus alrededores podrían utilizarse mejor para beneficiar a la comunidad?**

Coloque los puntos adhesivos en los usos que más le gustaría ver. Use las hojas autoadhesivas para decirnos por qué estos usos son importantes para usted.

Support Services Servicios de apoyo	<b>Health Supportive Services</b> Servicios de apoyo a la salud	<b>Social Supportive Services</b> Servicios de apoyo social	<b>Workforce and Health Careers Training Center</b> Centro de capacitación para la fuerza laboral y profesiones de la salud
	<b>Youth and Senior</b> Jóvenes y personas mayores	<b>Childcare Center</b> Centro de cuidado infantil	<b>Afterschool Homework Help</b> Ayuda para la tarea después de la escuela
			<b>Seniors Center</b> Centro para adultos mayores



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards



**How do you think General Hospital and West Campus could best be used to benefit the community?**

**¿Cómo cree que el Hospital General y el Campus Oeste podrían utilizarse mejor para beneficiar a la comunidad?**

Place dots on the uses you would most like to see. Use post-its to tell us why these uses are important to you.

Coloque los puntos adhesivos en los usos que más le gustaría ver. Use las hojas autoadhesivas para decirnos por qué estos usos son importantes para usted.

<b>Arts and Culture</b> Artes y cultura	<b>Library</b> Biblioteca 	<b>Arts/Cultural Space</b> Space for arts and culture classes or events <b>Arte / Espacio Cultural</b> Espacio para clases de arte y cultura o eventos.	<b>Historic and Commemoration Space</b> Exhibition space <b>Espacio histórico y conmemorativo.</b> Espacio de exhibición	<b>Plaza</b> Plaza 
	<b>Health and the Outdoors</b> Salud y actividades al aire libre	<b>Fitness and Recreation Center</b> Gimnasio y centro de recreación 	<b>Community Garden</b> Jardín comunitario 	<b>Farmers Market</b> Mercado al aire libre 

**How do you think General Hospital and West Campus could best be used to benefit the community?**

**¿Cómo cree que el Hospital General y sus alrededores podrían utilizarse mejor para beneficiar a la comunidad?**

Place dots on the uses you would most like to see. Use post-its to tell us why these uses are important to you.

Coloque los puntos adhesivos en los usos que más le gustaría ver. Use las hojas autoadhesivas para decirnos por qué estos usos son importantes para usted.

<b>Commercial</b> Comercial	<b>Commercial Kitchen for Small Businesses</b> Kitchen with professional-grade equipment <b>Cocina comercial para pequeñas empresas</b> Cocina con equipo profesional	<b>Incubator Space for Small Businesses</b> Shared office space for startups or small businesses <b>Espacio de incubación para pequeñas empresas</b> Espacio de oficina compartido para nuevas o pequeñas empresas.	<b>Office Space</b> Espacio de oficina 	<b>Hotel</b> Hotel 
	<b>Retail</b> Ventas al por menor	<b>Pharmacy</b> Farmacia 	<b>Grocery Store</b> Supermercado 	<b>Small Business Retail</b> Pequeños negocios 



# Section 3: Community at Large Meeting #2 September 19, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards

## Key Community Issues Temas clave de la comunidad

# 6

The items below are what we have heard to date regarding key community issues. Are there any you would change or add? Which issues are most important to you? Why?

Place dots on the issues that are most important to you. Grab a pen and make any changes you would like to see.

Los elementos a continuación son lo que hemos escuchado hasta la fecha sobre temas clave de la comunidad. ¿Hay alguno que cambiaría o agregaría? ¿Qué temas son los más importantes para usted? ¿Por qué?

Coloque puntos adhesivos en los temas que sean más importantes para usted. Tome un bolígrafo y haga los cambios que le gustaría ver.

<p><b>Environmental Justice/ Pollution</b> Justicia ambiental/contaminación</p> <p>Potential health and safety issues, such as the presence of asbestos and lead paint, as well as concerns regarding the demolition and construction process.</p> <p>Posibles problemas de salud y seguridad, como la presencia de asbestos y plomo en plomo, así como las inquietudes relacionadas con el proceso de demolición y construcción.</p>	<p><b>Food Security / Grocery Stores</b> Disponibilidad de alimentos/ Supermercados</p> <p>Issues related to food security center on the availability of healthy, affordable food and grocery options within nearby communities.</p> <p>Asuntos relacionados con la seguridad alimentaria se centran en la disponibilidad de alimentos, alimentos saludables y opciones de comestibles dentro de las comunidades cercanas.</p>	<p><b>Gentrification and Displacement</b> Encarecimiento de las propiedades y desplazamiento</p> <p>Concerns that facilities will attract higher income individuals who will drive up the overall costs of housing and pushing out existing residents.</p> <p>Preocupación que las instalaciones atraigan a personas de mayores ingresos que aumenten los costos generales de la vivienda.</p>	<p><b>Homelessness</b> Personas sin hogar</p> <p>Issues related to housing and services for homeless individuals, and related community impacts.</p> <p>Temas con respecto a la vivienda y los servicios para personas sin hogar, y los impactos comunitarios relacionados.</p>	<p><b>Long-Term Economic Security/ Cultural Continuity and Resilience</b> Seguridad económica a largo plazo / continuidad cultural y resiliencia</p> <p>Job security, workforce development, and the ability to live and work in one's community.</p> <p>Seguridad laboral, desarrollo de la fuerza laboral, y la habilidad de vivir y trabajar en su propia comunidad.</p>
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## Key Community Issues Temas claves de la comunidad

# 6

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Los elementos a continuación son lo que hemos escuchado hasta la fecha sobre temas clave de la comunidad. ¿Hay alguno que cambiaría o agregaría? ¿Qué temas son los más importantes para usted? ¿Por qué?

Coloque puntos adhesivos en los temas que sean más importantes para usted. Tome un bolígrafo y haga los cambios que le gustaría ver.

<p><b>Mental Health</b> Salud mental</p> <p>Increased, and more comprehensive, mental health services.</p> <p>Mayor proporción de servicios de salud mental y más completos.</p>	<p><b>Open Space</b> Espacios abiertos</p> <p>Availability of community open space, including who will be able to use these spaces, types of amenities envisioned for these spaces, and what sort of security and maintenance programs will be in place for these spaces.</p> <p>Capacidad de espacio abierto para la comunidad, incluyendo quien podrá usar estos espacios, se prevén tipos de amenidades para estos espacios y qué tipo de programas de seguridad y mantenimiento se implementarán para estos espacios.</p>	<p><b>Social Justice</b> Justicia social</p> <p>Important social justice issues such as the forced sterilization of women at General Hospital in the late 1960s and early 1970s, as well as the lack of adequate HIV/AIDS care in the 1980s.</p> <p>Importantes problemas de justicia social, como la esterilización forzada de mujeres en el Hospital General a fines de los años sesenta y principios de los setenta, así como la falta de atención adecuada para el VIH/SIDA en los ochenta.</p>	<p><b>Transportation/Parking</b> Transporte/Estacionamiento</p> <p>Potential community impacts related to increased mobility and parking demands.</p> <p>Posibles impactos en la comunidad relacionados con el aumento de la movilidad y las demandas de estacionamiento.</p>	<p><b>Bioscience</b> Biotecnología</p> <p>Concerns that bioscience developments in the vicinity may not benefit nearby communities.</p> <p>Preocupación que los desarrollos de biotecnología en los alrededores pueden no beneficiar a las comunidades cercanas.</p>
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# Section 3: Community at Large Meeting #2 September 19, 2019

## Meeting Flyers

Meeting Overview  
Meeting Format  
Photos & Videos  
Press Release  
Community Feedback  
Participant Quotes  
Meeting Summary  
Meeting Presentation  
Display Boards  
Meeting Flyers  
Comment Cards

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #2

This community meeting is co-hosted by the Los Angeles County Chief Executive Office (CEO) and the Health Innovation Community Partnership (HICP). The HICP is a partnership of government and community leaders formed by the Los Angeles County Board of Supervisors to inform health, wellness and economic well-being for communities adjacent to the Medical Center Campus including Boyle Heights, Lincoln Heights, El Sereno, City Terrace, Ramona Gardens, Northeast, and East Los Angeles.

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #2

Esta reunión comunitaria es organizada conjuntamente por la Oficina del Director Ejecutivo (CEO por sus siglas en inglés) del Condado de Los Angeles y la Sociedad de Innovación de la Salud (HICP por sus siglas en inglés). El HICP es una asociación de líderes gubernamentales y comunitarios formada por la Junta de Supervisores del Condado de Los Angeles para informar sobre la salud, el bienestar y el bienestar económico de las comunidades adyacentes al recinto del centro médico, como Boyle Heights, Lincoln Heights, El Sereno, City Terrace, Ramona Gardens, noreste y este de Los Angeles.

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #2

本次社区会议由洛杉矶县首席执行官办公室 (CEO) 和战略合作伙伴健康创新社区 (HICP) 共同主办。HICP 是由洛杉矶县董事会组成的政府和社区领导的合作伙伴, 为医疗中心校区附近的社区提供健康、保健和经济福利, 包括 Boyle Heights、Lincoln Heights、El Sereno、City Terrace、拉莫纳花园、东北部和东洛杉矶。



# Section 3: Community at Large Meeting #2 September 19, 2019

## Comment Cards

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Community Feedback
- Participant Quotes
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Comment Cards


General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

① Primarily build homeless and very low income housing at Hospital site  
② Have meeting at Inglewood Heights

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: 9/19/2019




General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

I am a 29 year old resident of City Terrace and would like to say that I hope the project provides affordable housing access for my family in El Sereno and myself here. I fear that more development will continue the rent hikes so I think that if the project dedicates 50% of the land to affordable housing, both the developers and the folks in area with high rent hikes can be satisfied.

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: 9/19/2019



General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:


City Terrace Constituents

Please send the presentation because I am not able to stay for the presentation

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: 9/19/2019

Re: Community Engagement Plan & LAC-USC Hospital




General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

I hope that you consider all the traffic causing accidents also all the rodents that will be disturbed through the construction, afraid that it'll come into our community. How is this going to benefit the students and jobs for the community.

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: 9-19-19




General Hospital Feasibility Study/Estudio de Viabilidad del Hospital General  
COMMENT CARD/TARJETA DE COMENTARIOS

I would like the GHFS team to consider the following/Me gustaría que el equipo de GHFS considere lo siguiente:

Me gustaría que ofrecieran transportación. It will be better if you offered transportation.

Name/email (optional)/Nombre y correo electrónico (opcional)

DATE/FECHA: 9/19/2019



Handwritten notes on blue lined paper:

- USC
- Contest to identify Best Station
- MESA student contest
- Contact



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

<b>Type of Meeting &amp; Location:</b>	Community Meeting #3, Hollenbeck Middle School
<b>Date:</b>	December 9th, 2019
<b>Approximate Number of Attendees:</b>	105 (75 In-person & 30 via livestream)
<b>Meeting Agenda:</b>	<ul style="list-style-type: none"> <li>Study Overview</li> <li>Open House and Community Vision Mapping Activity – Visit Stations</li> <li>Q+A and Wrap-Up</li> </ul>
<b>Purpose of the Meeting:</b>	<ul style="list-style-type: none"> <li>Provide an overview of the Study</li> <li>Report back regarding what we’ve learned from the community to-date</li> <li>Provide an overview of key Study considerations, and how they influence reuse framework including community services, rental housing, job growth and training, cost and funding sources, etc.</li> <li>Help develop future reuse ideas through a community vision mapping activity</li> <li>Answer your questions about the Study</li> </ul>
<b>Presentation Content Topics:</b>	<ul style="list-style-type: none"> <li>Background</li> <li>Community Engagement Process</li> <li>What we have learned from the community</li> <li>What we have learned about General Hospital and West Campus</li> <li>Key considerations</li> <li>Cost and funding sources</li> <li>Your station input and activity</li> </ul>
<b>Next Steps:</b>	<ul style="list-style-type: none"> <li>Study team will develop preliminary reuse ideas for General Hospital and West Campus</li> <li>Dec 2019 – June 2020: Ongoing community engagement</li> <li>Spring 2020: Community at Large Meeting #4</li> </ul>



December 9, 2019 /  
 9 de diciembre de 2019  
 Hollenbeck Middle School  
 75 in-person /30 via livestream



# Section 3: Community at Large Meeting #3 December 9, 2019

## Meeting Format:

- Presentation, displays, and handouts were produced in English and Spanish
- Meeting was held in-person and live telecasted
- Spanish and Cantonese simultaneous interpreters were available, as well as staff assistance in Mandarin
- Presentations provided by members of the Community Engagement team, including Guadalupe Duran-Medina, Planning Deputy for Supervisor Hilda L. Solis, Rosa Soto, LAC+USC Medical Center Foundation, Inc., Deanna Weber and Paul Peninger, AECOM, Katherine Padilla Otanez, KPA, and Monica Alcaraz, CESC member
- Technical presentations were made by Deanna Weber, AECOM and Robert Chattel, Chattel & Associates
- Event support was provided by members of the CESC
- Meeting attendees participated in an interactive session to provide feedback

Meeting Overview  
Meeting Format  
Photos & Videos  
Press Release  
Participant Quotes  
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Meeting Flyers  
Vision Maps





# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
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## Photos & Videos:



For more information follow the link  
<https://www.hicpla.org/project-library>



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release**
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## Press Release:

For Immediate Release  
Nov. 27, 2019

CONTACT: Katherine Padilla Otanez, 626.818.3324  
[kpadilla@katherinepadilla.com](mailto:kpadilla@katherinepadilla.com)

CONTACT: Rosa Maria Santana, 213-359-0795  
[rsantana@bos.lacounty.gov](mailto:rsantana@bos.lacounty.gov)

### **LA County and Local Residents to Shape the Future of LAC+USC’s Historic General Hospital**

*Supervisor Solis hosts Community Meeting to Seek Input from Local Residents*

Los Angeles, CA. -On Monday, December 9, Los Angeles County Supervisor Hilda L. Solis and representatives from LA County Departments will host the third of five community meetings to discuss the restoration and re-use of the iconic General Hospital building and the western portion of the LAC+USC Medical Center campus. The meeting will be from 6 to 8 p.m. at Hollenbeck Middle School, 2510 E. 6<sup>th</sup> Street, in unincorporated Los Angeles County. The public is invited to attend, explore the exciting potential of these projects, and provide ideas and opinions that will help guide the discussion for adaptive re-use of this iconic public asset and surrounding available land.

In 2018, the LA County Board of Supervisors unanimously approved Supervisor Solis’ motion to initiate a feasibility study to analyze the technical, economic, and community outcomes that could come as a result of repurposing the County’s historic General Hospital building, which was often featured in exterior shots in the opening sequence of the long-running ABC soap opera "General Hospital." In response to feedback from residents and businesses, the study was expanded in early 2019 to include the western portion of the campus.

“My vision of repurposing this iconic County asset at LAC+USC will be shaped by local residents who reside in the communities near this world-class medical campus,” said Supervisor Solis, who represents the First District. “By supporting this community-driven vision, we will continue to study and consider all feasible options of adaptive reuse of the historic General Hospital. Engaging our local communities is at the heart of this process, as we begin establishing needed services that will promote wellness for future generations of community residents. I am committed to ensuring that all community voices are heard.”

The meeting will provide an overview of the feasibility study, provide an opportunity for community members to help develop and advance preliminary future re-use ideas, and allow for discussion on how the study will help provide affordable housing options and an array of other resources for local families and communities to enhance their economic and overall well-being.

(Cont).

For Immediate Release  
Nov. 27, 2019

The public is encouraged to attend this community meeting and be part of the potential renewal of the County’s General Hospital and the western campus. Interpretation services in Spanish and Cantonese will be offered. Childcare will also be provided. Light refreshments will be served. Parking will be available on-site. Several bus and shuttle options are also available.

For those who are unable to attend, a live webcast of the presentation and question and answer portion of the meeting will be webcast at [bit.ly/GHFeasibilityStudy](http://bit.ly/GHFeasibilityStudy) (case sensitive).

**When:** December 9, 2019 from 6 to 8 p.m.

**Where:** Hollenbeck Middle School  
2510 E. 6<sup>th</sup> Street, Los Angeles, CA 90023

**Parking:** Parking is available on site

Metro Bus lines 106, 251, 252, Montebello 40 (0.3) east/west bound

Metro Shuttle 605 (0.3 miles), north/southbound, Metro Rapid 751 (0.3 miles) north/southbound

RSVP at <https://hicp-ghfs-12-9-19.eventbrite.com>

For more information, contact Alex Villalobos at [alex@barrioplanners.com](mailto:alex@barrioplanners.com) or by phone at (323) 726-7734.

###



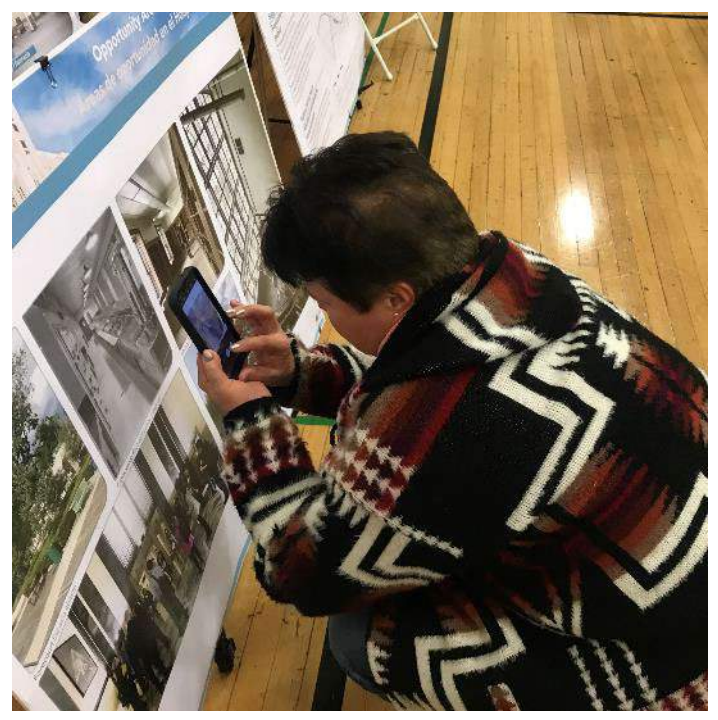
# Section 3: Community at Large Meeting #3 December 9, 2019

## Participant Quotes:

“ Thank you for the concerted effort to install new life and objectives to the General Hospital and make it relevant to L.A. for the future.”

“ I’m a local business owner in Boyle Heights... I support a balance of economic development and social justice. Without a balance our local businesses will not survive economically and be able to provide jobs.”

“ I...believe continual programming opportunities such as dance, art, support groups, etc. such as the ones already happening at The Wellness Center are also critical to community empowerment.”



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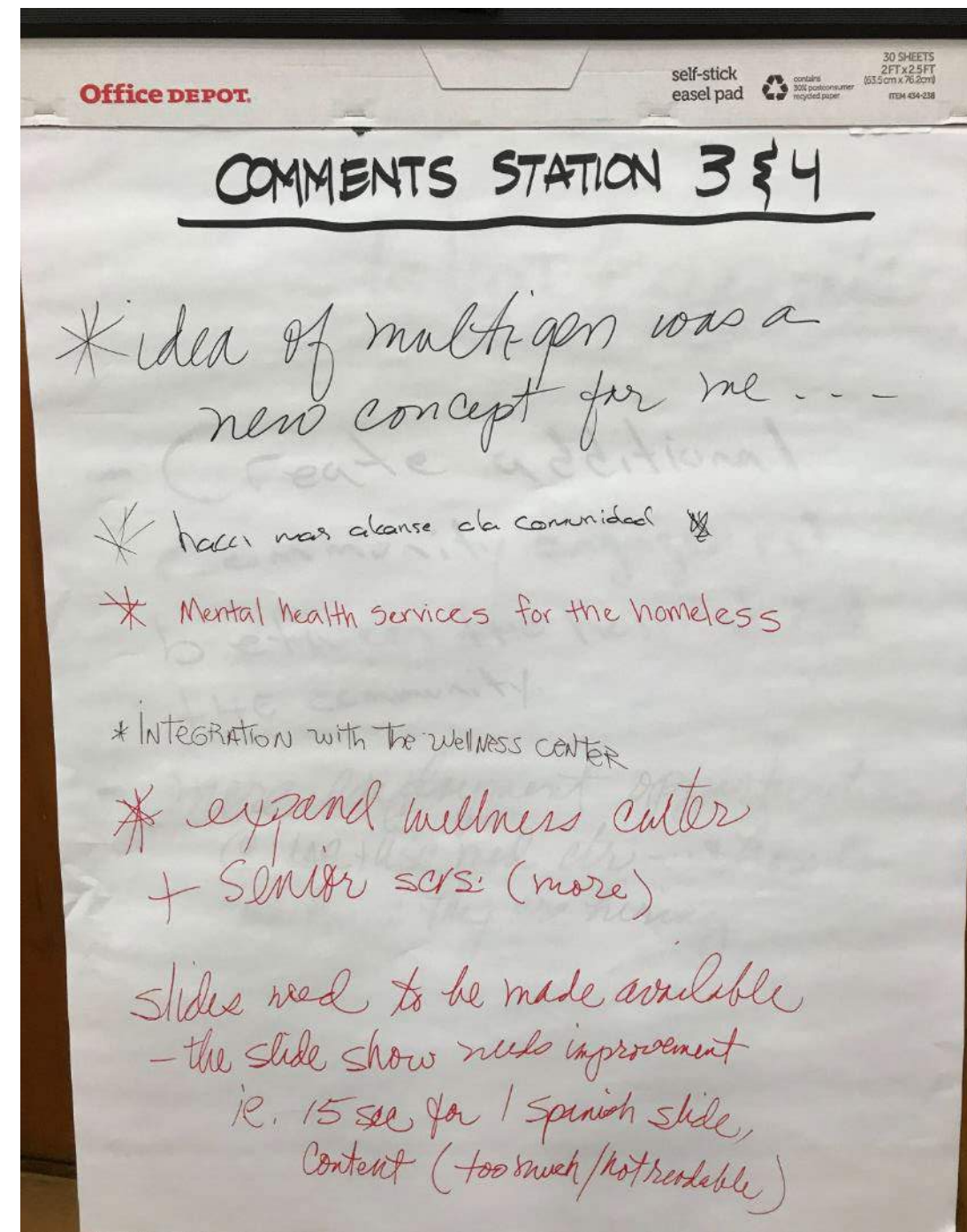
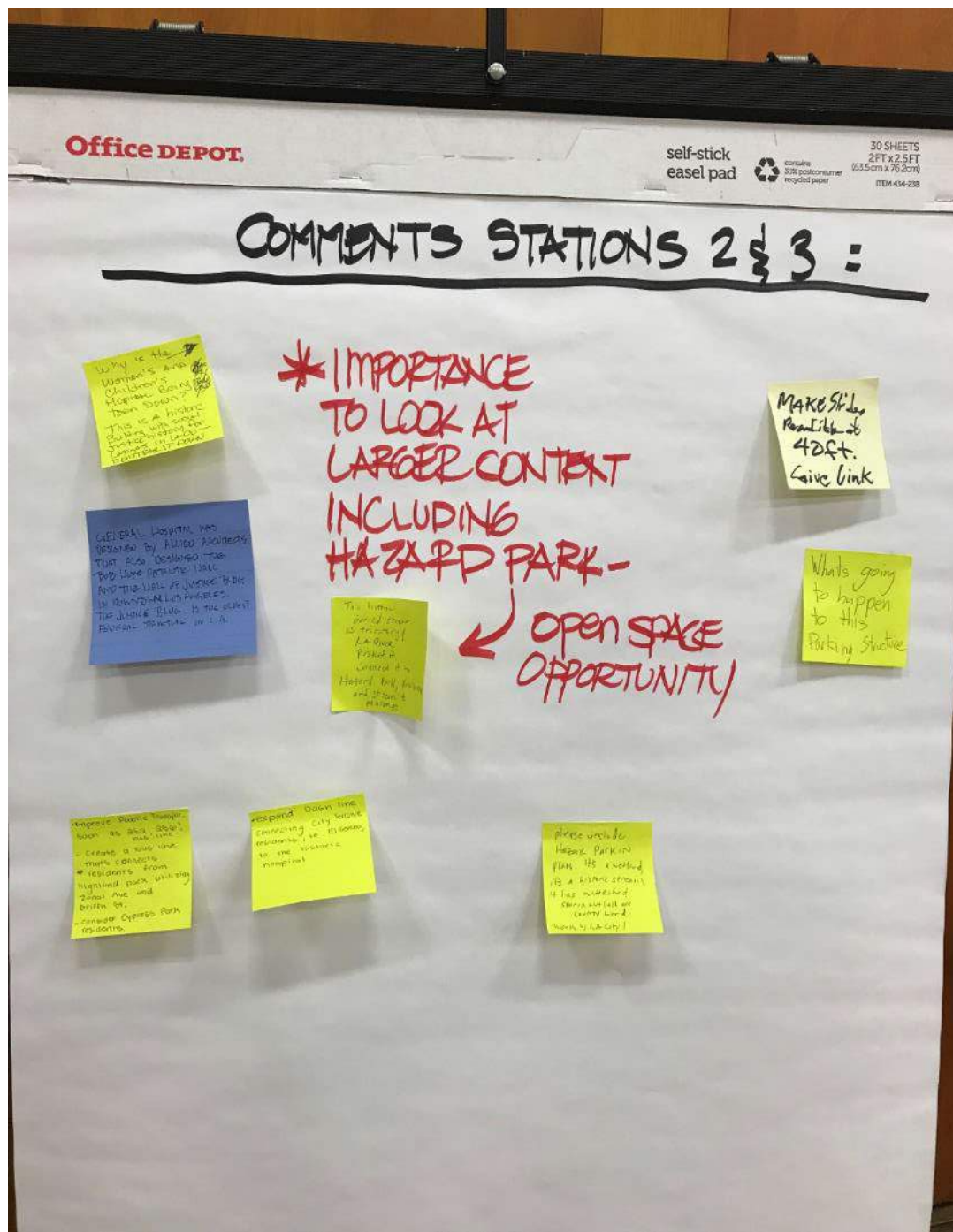


# Section 3: Community at Large Meeting #3 December 9, 2019

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## Station 2, 3 & 4

## Community Feedback:



# Section 3: Community at Large Meeting #3 December 9, 2019

## Station 4

**Why does a mix of uses create a Healthy Village?**  
**Retail / Food Services & Hospitality**  
 A vibrant mix of uses addressing community and County needs will contribute to creating a Healthy Village that can be woven into the fabric of the surrounding community.

**Example - Grand Central Market**

**Job Growth and Training - RETAIL / FOOD SERVICE**  
**Crecimiento laboral y capacitación - COMERCIO / SERVICIO DE ALIMENTOS**

Community supported retail may include **healthy bakeries, taquerias, credit union, dry cleaners, grocery store, a commercial kitchen and specialty food retailers**. El comercio apoyado por la comunidad puede incluir restaurantes saludables, taquerías, cooperativas de crédito, tintorerías, supermercados, una cocina comercial y minoristas de alimentos especializados.

These uses would **create more jobs** in the area and could provide **entrepreneurial opportunities and local business expansion**. Estos usos crearían más empleos en el área y podrían proporcionar oportunidades empresariales y expansión de negocios locales.

**Opportunity Oportunidad**

- Serve local community & future re-uses | Servir a la comunidad local y futuras reutilizaciones
- Respond to food desert & lack of healthy food choices | Responder al "desierto de alimentos" y la falta de opciones de alimentos saludables
- Contributes to a vibrant 24 hour Healthy Village campus | Contribuir a un vibrante campus de un Pueblo Saludable las 24 horas

**Challenge Reto**

- Access and parking to future retail/food service | Acceso y estacionamiento para el futuros comercios / servicio de alimentos
- Develop transit improvements that reduce automobile trips | Desarrollar mejoras de transporte que reduzcan los viajes en automóvil

**Job Growth and Training - HOSPITALITY**  
**Crecimiento laboral y capacitación - HOSPITALIDAD**

Una combinación vibrante de usos que aborden las necesidades de la comunidad y el Condado contribuirá a crear un Pueblo Saludable que pueda integrarse al tejido de la comunidad circundante.

**Opportunity Oportunidad**

- Hospitality could **create jobs and career paths** for local residents and career paths into other fields such as management, finance or food service | La hospitalidad podría **crear empleos y trayectorias profesionales** para los residentes locales y carreras profesionales en otros campos, como la administración, las finanzas o el servicio de alimentos.
- **Different hospitality types to consider** | Diferentes tipos de hospitalidad a considerar
- Non-profit community serving hotel such as McDonald House | Hotel de servicio comunitario sin fines de lucro, como la Casa Ronald McDonald
- Small, budget extended stay type hotel which could:
  - Support patients & their families receiving medical care | Apoyar a los pacientes y sus familias que reciben atención médica.
  - Visiting medical professionals | Alojar profesionales médicos visitantes
  - Short-term housing for relocating staff, etc. | Servir de alojamiento a corto plazo para personal, etc.

**Challenge Reto**

- Provide ways to help local secure job opportunities | Formas de ayudar a los residentes a asegurar oportunidades de trabajo
- Non-profit option requires philanthropic support | La opción de lucro requiere apoyo filantrópico

**Priority to give options to local residents**

**Why does a mix of uses create a Healthy Village?**  
**Office**  
 A vibrant mix of uses addressing community and County needs will contribute to creating a Healthy Village that can be woven into the fabric of the surrounding community.

**Youth Internship Center**

**Provide a variety of uses**  
 How to require the variety is equitable

**Job Growth and Training - OFFICE**  
**Crecimiento laboral y capacitación - OFICINA**

El espacio de oficina podría proporcionar trabajos sustanciales, servicios comunitarios adicionales y carreras profesionales en el área.

The creation of office space would draw people to the area, which could **support other uses**, such as eateries and restaurants. La creación de espacio de oficinas atraería a personas al área, lo que podría **apoyar otros usos**, como restaurantes y comedores.

**Potential Office uses include:**  
 Los usos potenciales de la oficina incluyen:

- LA County Office | Oficina del Condado de LA
- Medical Office | Oficina médica
- Commercial Office | Oficina comercial
- Business Incubator Space | Espacio para incubar pequeñas empresas

These uses would **create more jobs** in the area and could provide **entrepreneurial opportunities and local business expansion**. Estos usos crearían más empleos en el área y podrían proporcionar oportunidades empresariales y expansión de negocios locales.

**Opportunity Oportunidad**

- Create jobs and career paths for community and future generations | Crear empleos y carreras profesionales para la comunidad y las generaciones futuras
- Partner with schools/colleges and County to provide job training and long-term career opportunities | Asociarse con escuelas / colegios y el Condado para brindar capacitación laboral y oportunidades profesionales a largo plazo

**Challenge Reto**

- Provide ways to help local residents secure job opportunities | Proporcionar formas de ayudar a los residentes locales a asegurar oportunidades de trabajo
- Develop transit improvements that reduce automobile trips | Desarrollar mejoras de transporte que reduzcan los viajes en automóvil

**Village Concept - Non profits & services in one area**

**Focus on job growth in OFFICE space**

**Q&A**

**PROPERTY ACROSS N. MISSION STREET**

**Car help make (Use of) for future residents**

**Parking & Traffic Concerns**



# Section 3: Community at Large Meeting #3 December 9, 2019

## Station 4

### A Mix of Uses Creates a Healthy Village Una mezcla de usos crea un Pueblo Saludable

# 4

#### Why does a mix of uses create a Healthy Village? Rental Housing

A vibrant mix of uses addressing community and County needs will contribute to creating a Healthy Village that can be woven into the fabric of the surrounding community.

#### ¿Por qué una combinación de usos crea un Pueblo Saludable? Vivienda de alquiler

Una combinación vibrante de usos que aborden las necesidades de la comunidad y el Condado contribuirá a crear un Pueblo Saludable que pueda integrarse en el tejido de la comunidad circundante.

#### RENTAL HOUSING VIVIENDA DE ALQUILER

- Providing a balance of all types of rental housing could achieve County, community goals and support financial feasibility.
- Different types of rental housing are recommended to serve a wide spectrum of users.

*Proporcionar un equilibrio de todos los tipos de viviendas de alquiler podría lograr los objetivos del Condado, la comunidad y apoyar la viabilidad financiera.*

*Se recomiendan diferentes tipos de viviendas de alquiler para una amplia gama de usuarios.*

Multi-generational Units	Small Units	Seniors
<ul style="list-style-type: none"> <li>Unidades de tamaño familiar (2-3 habitaciones)</li> <li>Unidades Multi-generacionales (4+ habitaciones)</li> </ul>	<ul style="list-style-type: none"> <li>Unidades pequeñas (Unidades de estudio / 1 habitación)</li> </ul>	<ul style="list-style-type: none"> <li>Personas mayores (Vivienda para personas mayores de 55+ años, en general)</li> </ul>

*Unidades para personas mayores*

*Small for health support for many of their seniors for elders*

#### Types of Housing / Tipos de viviendas

<b>Supportive &amp; Homeless Housing</b> Homeless and Transitional Age Youth housing with integrated social services. <i>Vivienda con apoyo para personas sin hogar</i> Vivienda para jóvenes sin hogar y en edad de transición con servicios sociales integrados.	<b>Extremely Low Income Housing</b> Households pay no more than 30% AMI on total housing costs. <i>Vivienda para personas de ingresos extremadamente bajos</i> Los hogares no pagan más del 30% del IMA sobre los costos totales de la vivienda.	<b>Very Low Income Housing</b> Housing with rent based on 31-50% AMI. <i>Vivienda para personas de muy bajos ingresos</i> Vivienda con renta basada en 31-50% del IMA.	<b>Low Income Housing</b> Housing with rent based on 51-80% AMI. <i>Vivienda para personas de bajos ingresos</i> Vivienda con renta basada en 51-80% del IMA.	<b>Moderate Income Housing</b> Housing with rent based on 81-120% AMI. <i>Vivienda para personas de ingresos moderados</i> Vivienda con renta basada en 81-120% del IMA.	<b>Middle/Workforce Housing</b> Housing with rent based on 121-150% AMI. <i>Vivienda para personas de ingresos medios/trabajadores</i> Vivienda con renta basada en 121-150% del IMA.	<b>Market Rate Housing</b> Housing with out rent restrictions; 150% AMI. <i>Vivienda a precio de mercado</i> Vivienda sin restricciones de alquiler.
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AMI: Area Median Income  
IMA = Ingreso medio del área

#### Opportunity Oportunidad

- Rental Housing is a good fit for several of General Hospital "blocks" of space | La vivienda de alquiler es una buena opción para varios "bloques" de espacio del Hospital General.
- Provide rental housing for disadvantaged and low income residents | Proporciona viviendas de alquiler para residentes desfavorecidos y de bajos ingresos.
- Including some market rate rental units in General Hospital may help address some demand in LA specifically generated by LAC-USC Medical Campus | La inclusión de algunas unidades de alquiler a precio de mercado en el Hospital General puede ayudar a abordar cierta demanda en LA específicamente generada por el campus médico LAC + USC.

*prioritize very low income*

#### Challenge Reto

- Mix of rental housing types will require a range of subsidies and other financing strategies | La combinación de tipos de viviendas de alquiler requerirá una variedad de subsidios y otras estrategias de financiamiento.
- Some rental housing subsidies may not be available | Algunos subsidios de vivienda de alquiler pueden no estar disponibles.
- Need to proactively address displacement concerns | Necesidad de abordar de manera proactiva los problemas de desplazamiento.

*Not housing some from pressure | Not healthy*

*Very low income housing - housing for homeless - social services*

### A Mix of Uses Creates a Healthy Village Una mezcla de usos crea un Pueblo Saludable

# 4

#### Why does a mix of uses create a Healthy Village? Community Services

A vibrant mix of uses addressing community and County needs will contribute to creating a Healthy Village that can be woven into the fabric of the surrounding community.

#### ¿Por qué una combinación de usos crea un Pueblo Saludable? Servicios comunitarios

Una combinación vibrante de usos que aborden las necesidades de la comunidad y el Condado contribuirá a crear un Pueblo Saludable que pueda integrarse en el tejido de la comunidad circundante.

#### COMMUNITY SERVICES SERVICIOS COMUNITARIOS

##### Continuity of Care Services / Continuidad de los servicios de atención

- Build on the existing community service uses to include County, non-profit and for-profit entities providing necessary social, healthcare, legal and other services to the local community. *Aprovechar los usos de servicios comunitarios existentes para incluir el Condado, entidades sin fines de lucro y con fines de lucro que brinden servicios necesarios sociales, de salud, legales y de otro tipo a la comunidad local.*
- Examples of these uses include continuity of care for health services, senior and childcare centers, social support services, workforce/health careers training center, and the Wellness Center. *Ejemplos de estos usos incluyen la continuidad de la atención de los servicios de salud, centros de cuidado infantil y para personas mayores, servicios de apoyo social, el centro de capacitación de la fuerza laboral/de la salud y el Wellness Center.*

##### Community Amenities and Public Space / Servicios comunitarios y espacio público

- Examples of these uses include public space, cultural/arts space, historic commemoration space, and fitness and recreation center, and active and passive recreation amenities (such as walking trails, pocket parks). *Ejemplos de estos usos incluyen el espacio público, espacio cultural/artístico, espacio histórico conmemorativo, gimnasio y centro de recreación, y servicios de recreación activa y pasiva (como senderos para caminar, miniparques).*

##### Community Services and Benefits / Servicios y beneficios comunitarios

- After-School STEAM Center | Centro STEAM después de la escuela
- Art Culture Space | Espacio para las artes y la cultura
- Historic/Commemorative Space | Espacio histórico o para conmemorar
- Job Training Center / Classrooms | Centro de capacitación laboral/salones de clase
- Library | Biblioteca
- Meeting Rooms | Salones para reuniones

*Clases de Música Para Jóvenes y Niños*

*Jobs Development Center*

##### Opportunity Oportunidad

- Serve local community | Servicio a la comunidad local
- Provide needed community services | Proporcionar los servicios comunitarios necesarios
- Complement other uses as part of the holistic Health Village | Complementar otros usos como parte del histórico Pueblo Saludable

##### Challenge Reto

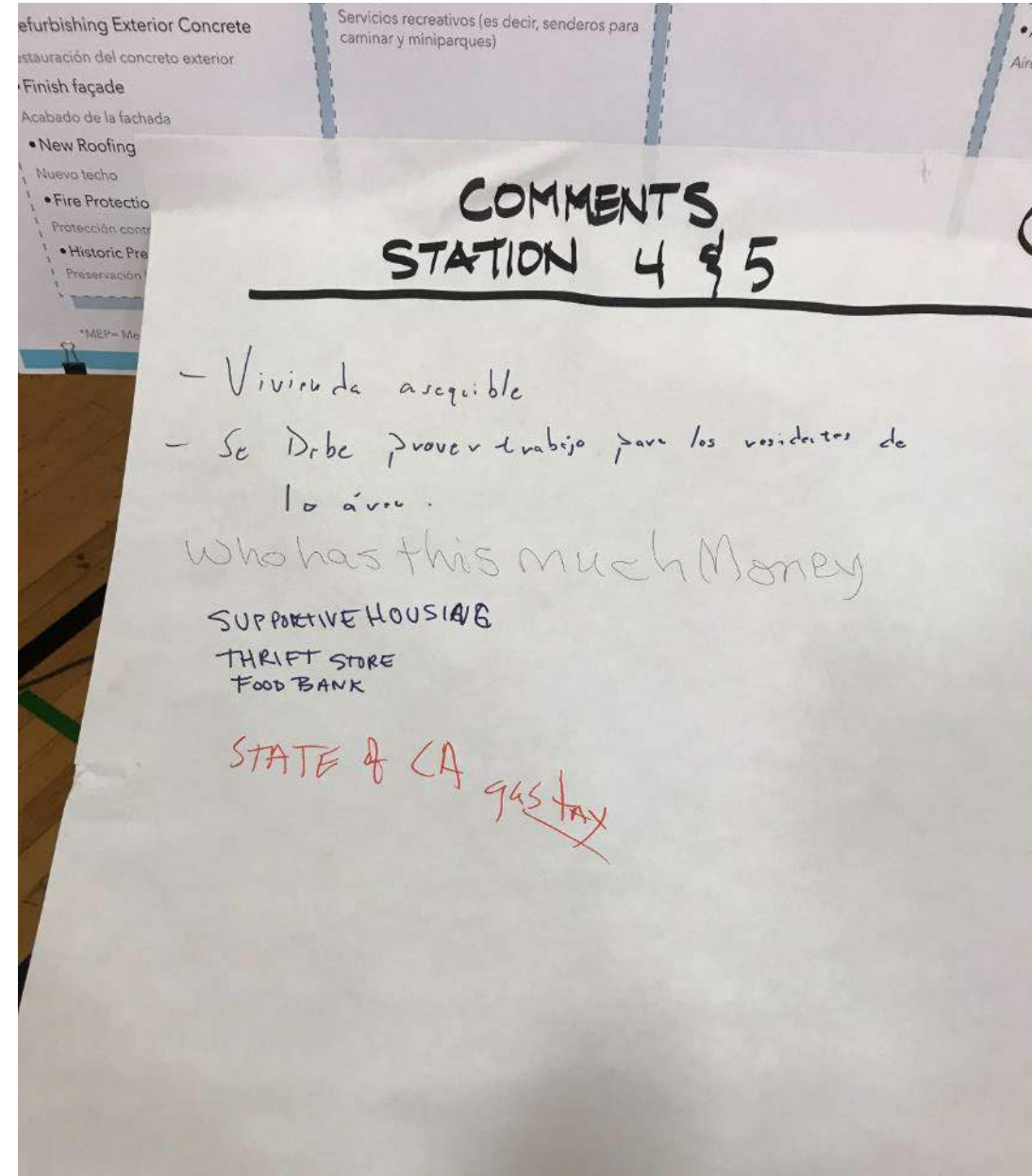
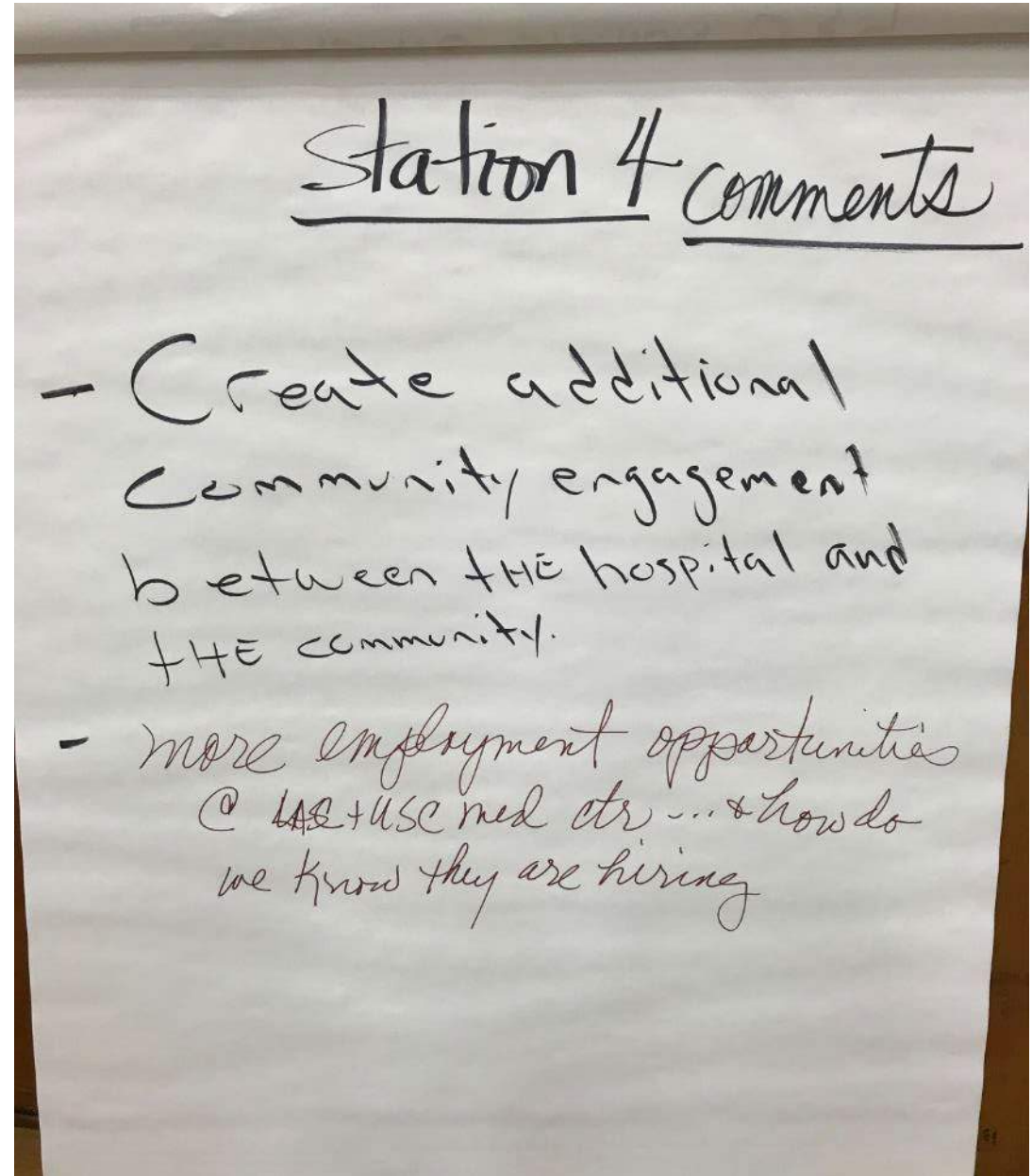
- Identify funding sources | Identificar fuentes de financiación



# Section 3: Community at Large Meeting #3 December 9, 2019

## Station 4 & 5

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



# Section 3: Community at Large Meeting #3 December 9, 2019

## Station 6

**Community Vision Mapping Act**  
Ejercicio del mapa de la visión de la comunidad

# 6

**STEP-BY-STEP INSTRUCTION**  
**INSTRUCCIONES PASO A PASO**

Identify where you would like to see potential uses in General Hospital and on West Campus to make a Healthy Village. Identifique dónde le gustaría ver posibles usos en el Hospital General y en el Campus Oeste para hacer una Pueblo Saludable:

- Write your name at the bottom. Escriba su nombre abajo
- Place your stickers to locate uses where they would best benefit the community. Coloque sus calcomanías para localizar los usos donde mejor puedan beneficiar a la comunidad
- Turn in your vision map to a facilitator. Entregue su mapa a un facilitador(a)

**What are your ideas for General Hospital and West Campus?**

How Do I Complete the Community Vision Map Exercise?  
The re-use of General Hospital and West Campus is a complex process because it will need to balance community input and needs, technical challenges, and funding sources. We'd like to hear your ideas to create a Healthy Village. 1) Write your name at the bottom 2) Place your stickers to locate uses where they would best benefit the community 3) Turn in your map to a facilitator

What Happens After I Complete My Community Vision Map?  
We will use the input provided on the maps to help guide where the community would like to see various uses and report back to the community in March 2020.

**COMMUNITY VISION MAP: What are your ideas for General Hospital and West Campus?**

- After School STEAM Center
- Arts/Culture Space
- Commercial Conference Space
- Community Garden
- Bakery/Restaurant
- Fitness Center
- Grocery
- Health Supportive Services (County or Non-profit)
- Historic/Commemorative Space
- Hotel
- Incubator Space for Small Businesses
- Job Training Center/Classrooms
- Library
- Meeting Rooms
- Office (County, Medical, Commercial)
- Parking (Structured)
- Pre-School/Daycare
- Pocket Parks/Traffic Plazas
- Rental Housing (all types)
- Retail (Dry Cleaners, Pharmacy, Bank)
- Senior Center
- Social/Supportive Services (County or Non-profit)
- Wellness Center Expansion

Other Ideas? Create your own sticker!

Map labels: MEDICAL EXAMINER-CORONER'S OFFICE, PHARMACY, CHILD CARE CENTER, RESTORATIVE CARE VILLAGE PHASE 1 & 2, ZONAL AVE, STATE ST, WELLNESS CENTER, GENERAL HOSPITAL, LAC+USC MEDICAL CENTER, FUTURE HEALTH SERVICES, MARENGO ST, CENTRAL PLANK, TUNNEL, N. MISSION RD.

Your Name: \_\_\_\_\_ Comments: \_\_\_\_\_

Here are my ideas for uses to help make General Hospital and West Campus a Healthy Village.  
Aquí están mis ideas de usos para ayudar a que el Hospital General y el Campus Oeste sean un Pueblo Saludable

Office DEPOT self-stick easel pad 30 SHEETS 2FT x 2.5FT (63.5cm x 76.2cm) contains 30% postconsumer recycled paper ITEM 454-290

**Questions/Comments**

⇒ Please post notices about these meetings in the same places neighborhood councils have to post their agendas! (library, Dina's restaurant...)

1 second That motion

Also meetings should be close by where development is taking place since construction place will be taking place near Lincoln heights & Boyle heights Area.

Low income & homeless housing please (Help our community) please

Biggest need is for low income & homeless housing ↑↑

No hotels, offices, "market rate" housing

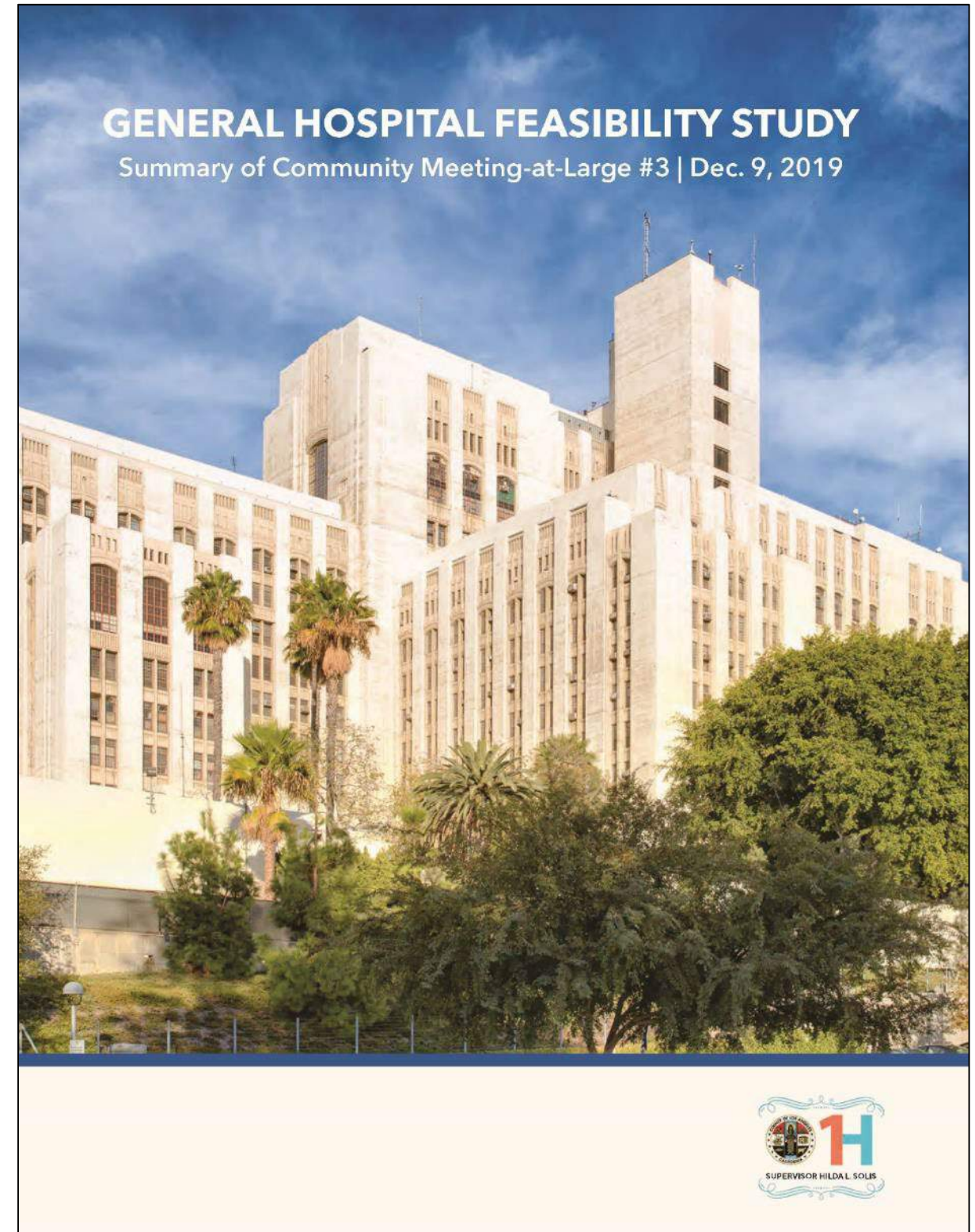




# Section 3: Community at Large Meeting #3 December 9, 2019

## Meeting Summary

The following pages provide a detailed documentation of all outcomes of Community at Large Meeting #3.



- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #3

[General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #1](#)

## TABLE OF CONTENTS

I.	INTRODUCTION.....	2
II.	OVERVIEW OF GENERAL HOSPITAL FEASIBILITY STUDY .....	2
III.	OUTREACH CONDUCTED .....	2
IV.	MEETING FORMAT .....	3
V.	STATIONS DISPLAYS AND COMMENTS .....	4
	STATION 1. WHAT IS THE GENERAL HOSPITAL FEASIBILITY STUDY?.....	5
	STATION 2. COMMUNITY ENGAGEMENT PROCESS AND TIMELINE.....	5
	STATION 3. WHAT WE'VE LEARNED ABOUT GENERAL HOSPITAL.....	5
	STATION 4. A MIX OF USES CREATES A HEALTHY VILLAGE.....	5
	STATION 5. KEY CONSIDERATIONS: COST AND FUNDING SOURCES .....	6
	STATION 6. COMMUNITY VISION MAPPING ACTIVITY.....	6
	QUESTIONS AND COMMENTS FROM THE COMMUNITY .....	6
	COMMENT CARDS SUBMITTED .....	7
	COMMUNITY VISION MAPPING SUMMARY.....	8
VI.	NEXT STEPS .....	21
	APPENDIX A: POWER POINT PRESENTATION	
	APPENDIX B: DISPLAYS	
	APPENDIX C: MEETING FLYER	
	APPENDIX D: COMMUNITY VISION MAP	

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General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #3

### I. Introduction

The purpose of this report is to present the comments and suggestions received from stakeholders at the third community-at-large meeting held on Monday, December 9, 2019, from 6-8pm at Hollenbeck Middle School in Boyle Heights for the General Hospital Feasibility Study (Feasibility Study). The LA County Chief Executive Office, Supervisorial District 1, and the Health Innovation Community Partnership (HICP) held the meeting to obtain community input that will help shape possible re-use options for General Hospital and the West Campus of the LAC+USC Medical Center. Similar in format to Meeting #1 and #2, the third community-at-large meeting introduced the study, presented key project considerations, and attendees provided feedback that will help develop and advance preliminary re-use ideas. Approximately 75 community members attended the meeting at the school. The meeting was webcast live for the first time, and the recording is available for viewing online. As of January 20, 2020, 136 interested parties have watched the December 9<sup>th</sup> Community Meeting video.

### II. Overview of General Hospital Feasibility Study

In November 2018, Supervisor Solis authored a board motion directing the LA County Chief Executive Office (CEO) to develop a feasibility study for the adaptive re-use of General Hospital in collaboration with various County departments. In 2019 the study was expanded to include portions of the western campus of LAC+USC Medical Center. By Fall 2020, three financially feasible re-use options are expected to be presented to the Los Angeles County Board of Supervisors based on the results of the study. The re-use options will include services, housing, and perhaps retail and recreation, integrating the community's perspectives with technical challenges. Since there is no funding currently available to improve the Hospital, the study will explore potential funding opportunities. Community input is essential for making sound decisions that will lead to the most viable and effective re-use options and respond to needs and values of the surrounding community and of the greater Los Angeles area.

### III. Outreach conducted

Outreach was a collaborative effort conducted by Supervisorial District 1, HICP, the LAC+USC Medical Center Foundation, Inc., the Community Engagement Steering Committee (CESC) and the Project Community Engagement Team (CE Team). Outreach consisted of the following:

- Supervisorial District 1 placed the meeting flyer in their weekly e-newsletter and distributed social media messages;
- CESC disseminated flyers to their networks;
- The CE Team conducted presentations to HICP and to 3 additional community organizations;
- Outreach pop-up event at Mariachi Festival;
- HICP and the CE Team sent eblasts to approximately 1,200 persons as well as reminder eblasts/follow-up emails;
- The CE Team distributed 2,500 flyers to community organizations;

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 Rev. 1/28/2020



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #3

- Five thousand (5,000) flyers were distributed door-to-door: 2,500 to businesses and residences in a ¼-mile radius from the Hospital, and 2,500 to residences and businesses within a ¼-mile radius of Hollenbeck Middle School.

#### IV. Meeting Format

##### Informational Presentation

Katherine Padilla Otanez, KPA, convened the meeting, welcomed all attendees and reviewed collateral materials available - the agenda, frequently asked questions, and a worksheet with stickers for a visioning activity later in the evening.

The first speaker, Guadalupe Duran-Medina, Planning Deputy for Supervisor Hilda Solis, provided opening remarks on behalf of Supervisor Solis, emphasizing the significance of General Hospital's re-use as a cornerstone of the Healthy Village Initiative spearheaded by the Supervisor. Ms. Duran-Medina spoke about the need to address the community's needs and desires as the Feasibility Study is carried out and thanked the participants for their involvement. She stressed that the proposed re-use options must be financially feasible by tapping into various local, state and federal resources. The re-use options should combine a mix of uses to provide a greater amount of services and career opportunities for future and current residents. They should address the housing needs of all income levels with a special emphasis on disadvantaged/low-income residents to create an inclusive, vibrant Healthy Village.

Ari Gutierrez, Co-Founder of the Latino Equality Alliance and member of the CESC spoke about the relationships among community organizations such as her relationship with the HICP and the County in order to collaborate and focus on meeting the needs of the community.

Rosa Soto, Executive Director of the Wellness Center and leader of the HICP provided a description of the HICP. She described the HICP's role in the Feasibility Study - to oversee the engagement process for promoting and advancing healthy, economically resilient communities that attract and support public/private enterprise and investments. The Feasibility Study is one of several projects the HICP is involved with.

Jorge Orozco, Chief Executive of LAC+USC Medical Center, thanked members for participating and added that the evening's meeting was an important step in advancing overall improvements at the LAC+USC Medical Center campus. He stressed that whatever improvements are done must benefit the surrounding community.

Kelly Quinn, Manager of the Master Planning Division in the CEO's office, welcomed community members and introduced the consultant teams. Ms. Quinn noted that the purpose of the meeting is to impart an understanding of the Feasibility Study's goals, share responses from the community obtained at previous meetings, and capture community concerns, observations and ideas to help inform feasible options for the re-use of the General Hospital and West Campus. Ms. Quinn recognized the members of the Community Engagement Steering Committee (CESC) who have taken the time to help shape the future of General Hospital.

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 Rev. 1/28/2020

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #3

AECOM Principal Deanna Weber then conducted a PowerPoint presentation in English with Spanish subtitles and with simultaneous interpretation in Spanish and Cantonese. Ms. Weber opened the presentation by providing the background of the Feasibility Study covered at the first two community-at-large meetings. She described the study area including West Campus. Ms. Weber further emphasized the Healthy Village Vision, which can be more fully realized due to increased opportunities with the inclusion of West Campus. The expanded West Campus can help realize salient goals, such as integrating General Hospital's re-use with the surrounding communities and increasing connectivity with other major capital projects on the LAC+USC Medical Center Campus. She stated the purpose of the study is to respond to the Board motion and engage the community, with the goal of providing three financially viable options for re-use and developing a road map for implementation. The Board of Supervisors will then determine the next steps in the process.

Ms. Weber also mentioned the purpose of community-at-large meetings, and the goals, objectives, and timeline for the Feasibility Study including the determination of options for future uses. She also described the current condition of the building and the West Campus in terms of technical challenges such as the age of the Hospital (approaching 100 years old), its size (1.2 million sq. ft.), the need to preserve its historic integrity and the current lack of funding.

An overview of the outreach program and tools utilized to engage the community were presented by Monica Alcaraz, a CESC member. She briefly described the role of the CESC. Ms. Weber then reviewed some of the feedback received from the two previous meetings and noted potential future uses, such as the need for support services and the importance of youth and senior services, commercial, retail/space opportunities, to name a few. The General Hospital building has 13 elevator systems, which creates somewhat separated spaces within the building that would allow for a variety of uses to be provided within the building. She also mentioned the Feasibility Study will incorporate clean energy solutions for resiliency and to get the campus ready for future needs. Ms. Weber closed the presentation portion of the meeting by inviting Mr. Paul Peninger, AECOM Director of Sustainable Economics, to present information about cost considerations and opportunities for local, state, and federal funding sources.

After the presentation for the informal, interactive portion of the meeting, Ms. Jessica Sisco, AECOM Associate Director of Planning and Stakeholder Engagement, invited attendees to visit six information stations, view displays, talk with team members and express their opinions. Attendees provided feedback through comment cards or by writing their opinions on flip charts available at each station. Members of the community were asked to participate in the Community Vision Mapping Activity in order to collect their ideas as to what would best benefit the community. The exercise consisted of placing pre-made stickers that described various uses (e.g., rental housing, senior center, supermarket, etc.) on a map of the General Hospital and West Campus in places where they felt it would best fit the need of the community. The map was available in English, Spanish and Cantonese. A "dry-run" of the same exercise took place at the HICP meeting on December 6, 2019. Results from the HICP meeting are also presented in the Appendix.

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 Rev. 1/28/2020



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #3

The meeting was reconvened at approximately 7:30 pm for Q & A. Comments and questions from the audience appear below in the Station Displays and Comments section.

## V. Station Displays and Comments

The comments are presented below by stations. There were six stations. All displays were in English and Spanish and each station offered bi-lingual (English-Spanish) staff. A Cantonese and Spanish interpreter were also available to assist attendees as needed.

**Station 1. What is the General Hospital Feasibility Study?** Displays and staff provided information about the scope and the timeline. No comments were received.

**Station 2. Community Engagement Process.** Staff provided an overview of the community engagement program, describing how engagement opportunities are linked with technical study milestones. No comments were received.

**Station 3. What We've Learned About General Hospital and West Campus? What Improvements to General Hospital are Needed? What Improvements are Needed on West Campus? What about Access, Public Transit, and Parking at General Hospital and West Campus? Questions and comments included:**

1. Why is the Women's and Children's Hospital being torn down? This is a historic building with a social justice history for Latinas in LA. Don't tear it down.
2. General Hospital was designed by Allied Architects who also designed the Bob Hope Patriotic Hall and the Hall of Justice Building in downtown Los Angeles. The Justice building is the oldest federal structure in L.A.
3. Improve public transportation such as 252, 256 bus line. Create a bus line that connects residents from Highland Park utilizing Zonal Avenue and Griffith Street. Consider Cypress Park residents.
4. Expand Dash line connecting City Terrace residents to El Sereno, to the historic hospital.
5. Important to look at the larger context including Hazard Park – open space opportunity.
6. Make slides readable at 40ft. (for the audience) Give a link (to the PowerPoint)
7. What's going to happen to this parking structure?
8. Please include Hazard Park in plan. It's a wetland. It's a historic stream. It was watershed storing (water) (all on county land). Work with LA City.
9. Idea of multi-gen was a new concept for me.
10. Mental health services for the homeless
11. Integration with the Wellness Center
12. Expand Wellness Center & senior services (more). Slides need to be made available. The slide show needs improvement. Example: 15 sec for 1 Spanish slide content (Too much not readable)

## Station 4. A Mix of Uses Creates a Healthy Village

**Why does a mix of uses create a Healthy Village? Community Services**

1. Music classes for youth and children
2. Youth development, Intern center

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General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #3

## Why does a mix of uses create a Healthy Village? Rental Housing

1. Please take into consideration age and gender. Older senior women should be given priority. Trans folks of color too.
2. Housing for people without homes/homeless (Spanish)
3. Emphasis on low income families (Sp)
4. Low-income housing (Sp)
5. Housing for homeless people (Sp)
6. Small & Senior units important for young & those caring for elders
7. Put housing away from freeway! Not healthy!
8. Prioritize very low income
9. Very low-income housing/Housing for homeless/Social services

## Why does a mix of uses create a Healthy Village? Office

1. Youth internship center
2. Provide a variety of uses. How to regulate the variety is equitable.
3. Focus on job growth & office space
4. Village concept – Nonprofits & services in one area
5. Put parking site & all site for valuable uses
6. Parking & traffic concerns
7. Make services available (Uber & Lyft) for future residents
8. Fix google map locations (at LAC+USC campus) and create designated pick-up locations

## Why does a mix of uses create a Healthy Village? Retail/Food Service

1. Example – Grand Central Market
2. Commissary Street Vendors
3. Prioritize surrounding retailers, street vendors
4. Priority to give jobs to local residents (Sp)

## Station 5: Key Considerations: Cost and Funding Sources

1. Living space that is affordable (Sp)
2. Work/Jobs must be provided for area residents (Sp)
3. Provide work for the residents that are able
4. Who has this much money?
5. Supportive housing, thrift store, food bank
6. State of LA gas tax

## Station 6. Community Vision Mapping Activity

1. Move the Coroner's office site

## Q&A Comments:

Following the Open House, the meeting was reconvened for a Q & A session and closing remarks. Community members provided the following comments and suggestions to the project team.

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 Rev. 1/28/2020



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #3

1. Property across North Mission Street & Zonal – Site planned for supportive housing
2. Slides are hard to read – Provide link to slides
3. Relationship between LA County & USC
4. USC is not part of this project
5. Concern on hotel, office, & market rate housing
6. Presentation online is requested
7. Worried about the homeless
8. Entire presentation is being recorded and will be posted online
9. Please let people know about the events – We want to hear your voice
10. Parking with small businesses is important
11. Balance with both low-income & market-rate housing is needed to support small businesses
12. Please post notices about these meetings in the same places that neighborhood councils have to post their agendas.
13. Also, meetings should be close by where development is taking place, since construction place will be taking place near Lincoln Heights & Boyle Heights area.
14. Low-income & homeless housing please. (Help our community please)
15. Biggest need is for low-income & homeless housing. No hotels, offices, market rate housing.
16. Homeless & low-income housing – We see many people that can't afford market rates.

**Additional Comments Received from Comment Cards:**

1. You, who have the power, have the homeless sleep in the auditorium in the school. I know this has nothing to do with what we are talking about, but the Homeless can't wait x 8 years. It is urgent. Don't wait till our fake president (the 45) helps us. That will never happen in my lifetime.
2. Issues about traffic & freeway pollution. How are they being addressed? Should not have any market value housing on site. Move coroner's office off site. Need to improve the community outreach. First time hearing about project meeting. Address parking (very limited).
3. How will services already provide onsite be integrated in this plan? Who will coordinate the critical assessment of the demand for services? What changes or any should agencies housed at the wellness center expect? Relocation? Expansion (additional agencies/CBOs)? Who will benefit from the child-care center? How many slots will be available for the community at large?
4. EDD offices, movie theatre, rental housing & 99 cent store
5. I'm a local business owner in BH. I have personally seen the economic struggles that our local businesses face due to the lack of parking and the heavy concentration of low-income housing. I support a balance of economic development and social justice. Without a balance our local business will not survive economically and be able to provide jobs to any local low-income housing recipients who without this balance will not be able to be lifted out of poverty. We cannot just create an environment of poverty. We need to create an environment of prosperity to all.
6. Make the slides large and clear enough to read. Make it clear where to park and where the entrance is. Put lights or the signs or mark a path in corner – something! Dark and creepy coming in. Have the meeting at the hospital site or at least in Lincoln Heights. Is the neighborhood council (Lincoln Heights) involved? If so how? Make all of the presentations available on a website so we can review in depth. Improve outreach to residents, business owners, mailers? Housing, housing, housing, housing!

Prepared by KPA  
Rev. 1/28/2020

Page | 7

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #3

7. Please make sure to inform the community where area of construction is going to take place. This building should be to help people from the community need special social services, low-income services and homeless and homeless rehab centers. Helping a community will help build a stronger community where people low income and homeless can thrive.
8. The Wellness Center is great to our community. Brings health education classes and exercise classes. Helps the community to have a better health. People that have chronic health issues diabetes, high cholesterol, cancer, they have lowered blood pressure to exercising and keeping a healthy diet. The Wellness Center is about health and wellness.
9. I would like for you to please consider implementing emergency shelter for youth, families, adults and elderly. Case management services should also be made available so as to encourage eventual self-sufficiency and reintegration into society. I also believe continual programming opportunities such as dance, art, support groups, etc. such as the ones already happening at the Wellness Center are also critical to community empowerment.
10. In the Restorative Care Village, what will happen to the Women's and Children's hospital building? Will the building be repurposed? I do not support tearing it down.
11. What happens to original General Hospital on Mission Rd. next to Coroner's office?
12. A rehabilitation center for people with drugs and mental problems where they can be admitted until they recover; a center where they can be admitted so that they don't stay on the streets making their lives worse. It's better to admit them and provide them with treatment so that they can recover. People of all ages. (Sp)
13. Thank you for the concerted effort to install new life and objectives to the General Hospital and make it relevant to L.A. for the future. Please consider coming to Chinatown to speak about this project the community there.
14. I would like that you do not use money from the federal government for housing so that families that have mixed legal status are not affected. If federal funds are needed, use them in other facilities where they don't have to consider asking for legal status. I am a citizen of this country as well as my whole family (it is not personal) but it becomes personal when my immigrant community is affected or impacted. (Sp)
15. USC involvement – effective controls LAC/USC. All land between UPRR North /Soto on East /I-5 on West. All Vacant lands /car parking goes to 4-6 floors for cooperative housing/supportive / 50% Med Hhd Inc./year. Many slides, number & 12 lines text were not readable, especially in Spanish. 1/3 time given for English, 15 second for one. Could not write down links in time. Could not read English slides in blue.

**Community Vision Mapping Activity**

Fifty-four (54) maps were submitted by attendees (see Appendix D). A total of 1084 stickers collected indicated their preferences in terms of uses for General Hospital and West Campus.

The top three (3) preferred uses for both General Hospital and West Campus combined were: Rental Housing (11%), Parking (9%), and Eateries/Restaurants (6.5%). The lowest ranked uses were: Commercial Conference Space (1.5%), Fitness Center (2.3%), and After School STEAM Center (2.4%). See Fig. 1.

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Rev. 1/28/2020

Page | 8

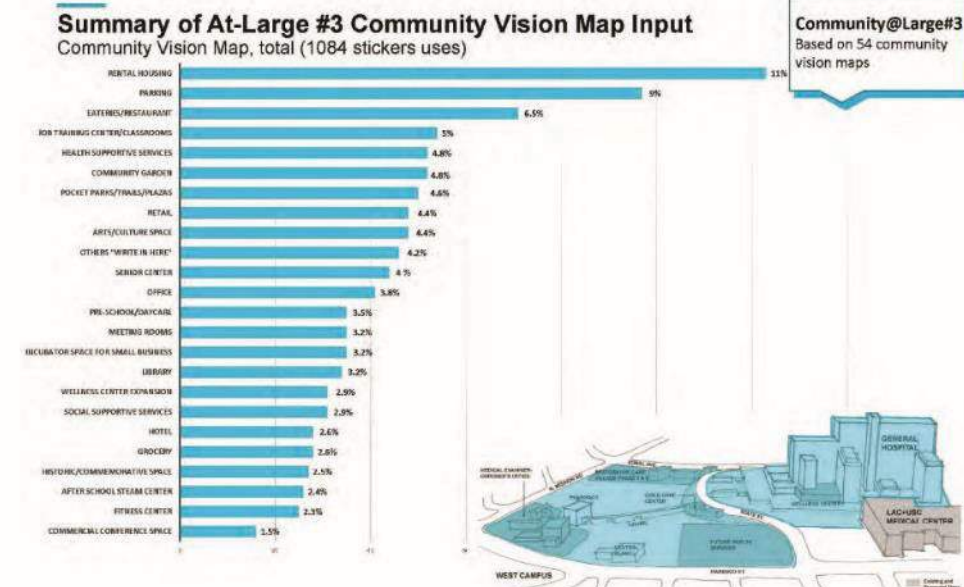


# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #3

Fig. 1

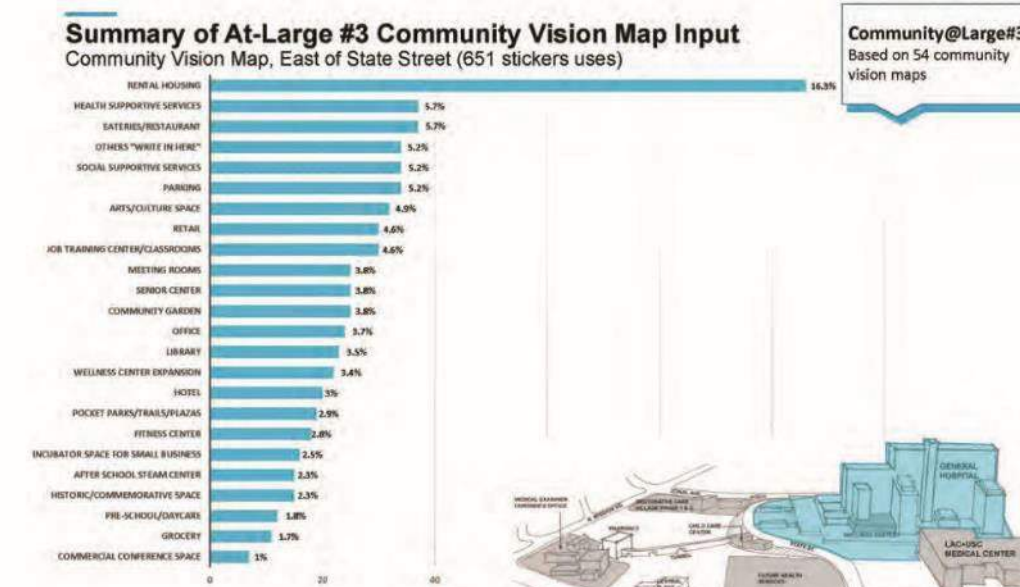


Results were also compiled individually for the West and East side of State Street; they are as follow:

651 stickers were counted for the East side of State Street. The three preferred uses were: Rental Housing (16.3%), Health Supportive Services (5.7%), and Eateries/Restaurant (5.7%). The least preferred options were: Commercial Conference Space (1%), Grocery (1.7%), Pre-school/Day Care (1.8%). See Fig. 2.

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #3

Fig. 2



433 stickers were counted on the West side of State Street and the three preferred uses were: Parking (14.7%), Eateries/Restaurant (7.9%), and Pocket Parks/Trails/Plazas (7.2%). The least preferred uses were: Fitness Center (1.6%), Hotel (1.8%), and Commercial Conference Space (2%). See Fig. 3:

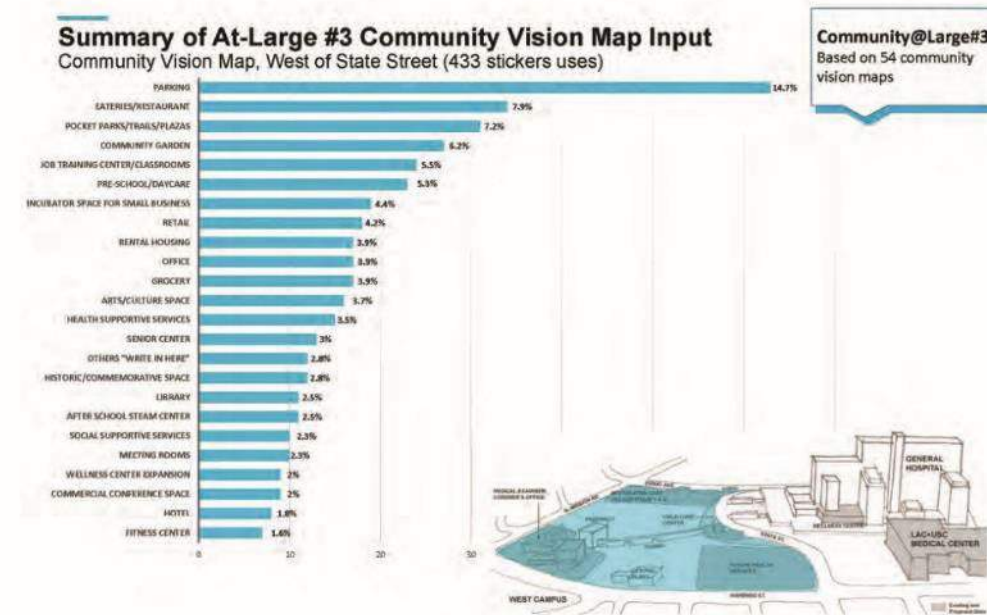


# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #3

Fig. 3

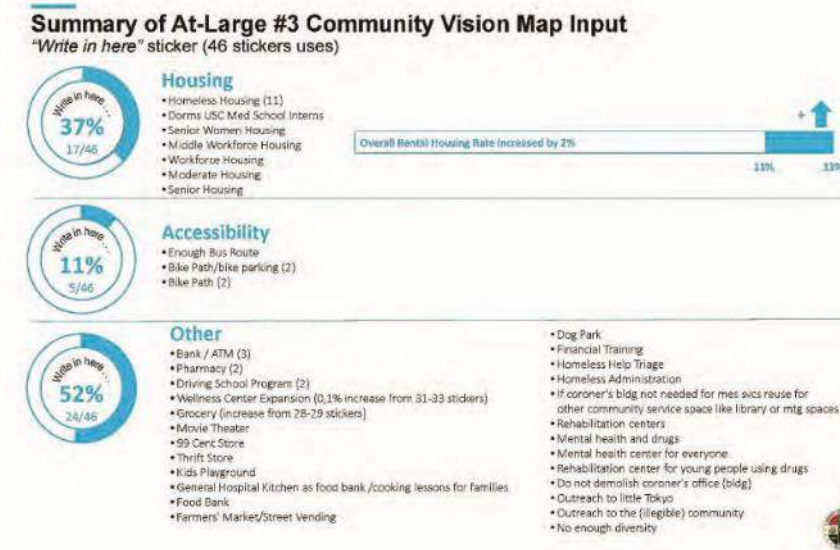


The exercise included a "Write in Here" sticker. Participants had the opportunity to write the type of use they thought would benefit the community. Forty-six (46) "Write in Here" stickers were received and fell in the following categories: Other (52%), Housing (37%), and Accessibility (11%). See Fig. 4.

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General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #3

Fig. 4



### Community Vision Map Input from December 6, 2019 HICP Meeting

As mentioned earlier, the team did a dry-run of the Community Visioning Map Exercise at the HICP meeting in December. Below are the results:

Twenty-nine (29) Community Vision Maps were submitted. A total of 908 stickers were counted. The top preferred uses for General Hospital and West Campus combined were: Rental Housing (12.3%), Parking (8.3%), and Pocket Parks/Trails/Plazas (6.6%). The least preferred uses were: Fitness Center (1.5%), Commercial Conference Space (1.7%), and After School STEAM Center (2%). See Fig. 5.

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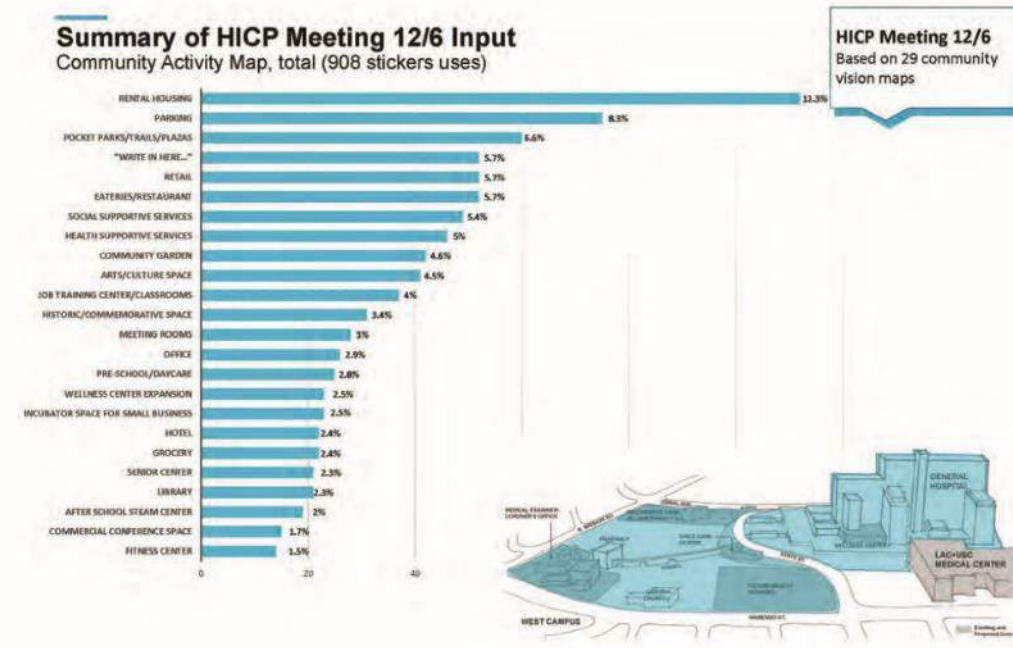


# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #3

Fig. 5

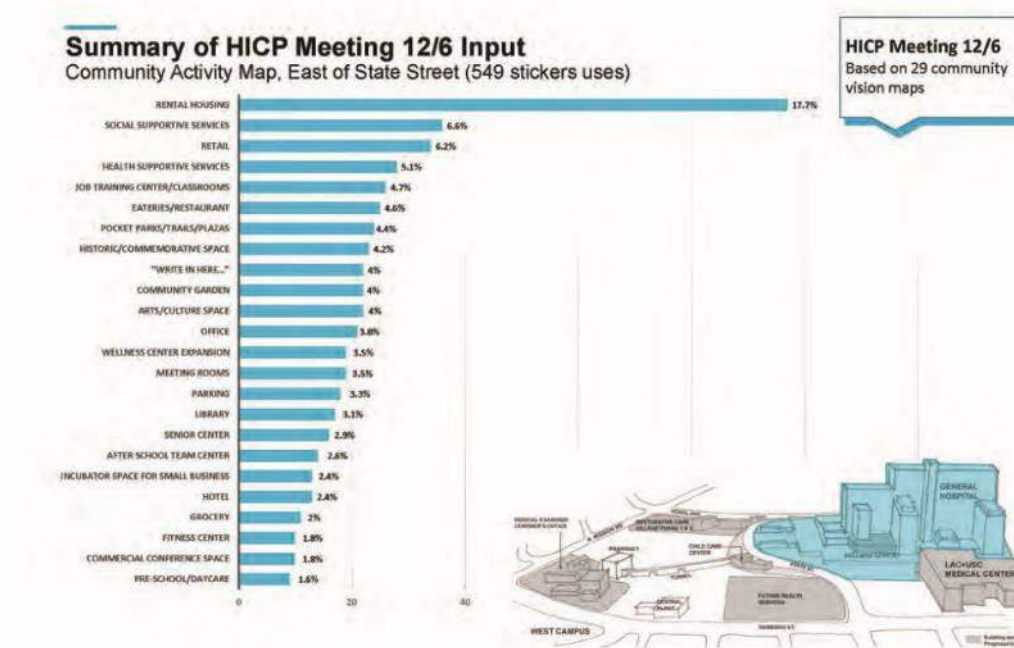


549 sticker uses were identified on the East of State Street. The preferred uses were: Rental Housing (17.7%), Social Supportive Services (6.6%), and Retail (6.2%). The least preferred uses identified were: Pre-school/Daycare (1.6%), Commercial Conference Space (1.8%), and Fitness Center (1.8%). See Fig. 6.

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General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #3

Fig. 6



359 sticker uses were identified on West of State Street. The preferred uses were: Parking (16%), Street Parks/Trails/Plazas (10%), and "Write in Here" (8.4%). The least preferred uses were Fitness Center (1%), Library (1.1%), and Fitness Center Expansion (1.1%). See Fig. 7.

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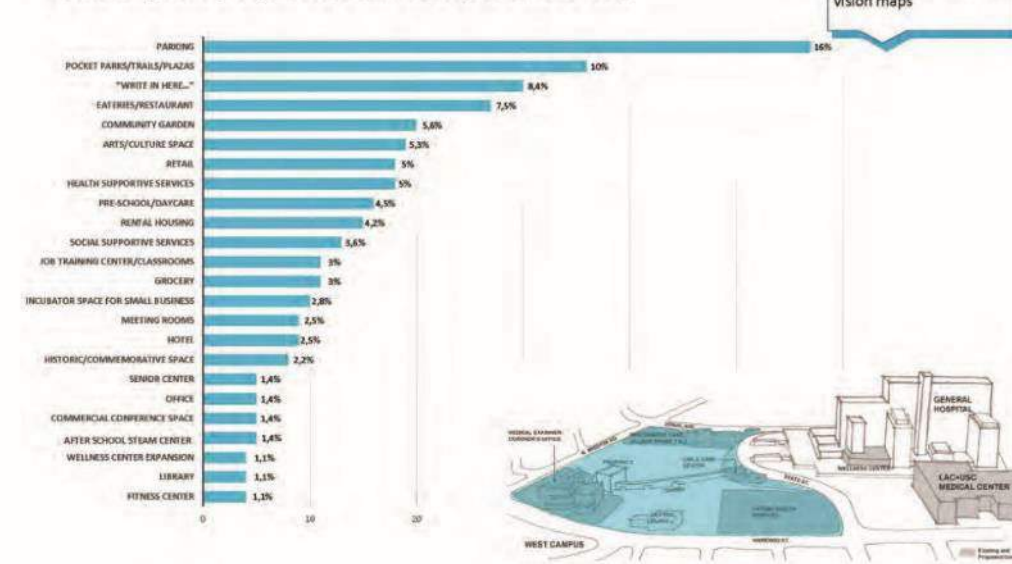
# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #3

Fig. 7

**Summary of HICP Meeting 12/6 Input**  
Community Activity Map, West of State Street (359 stickers uses)



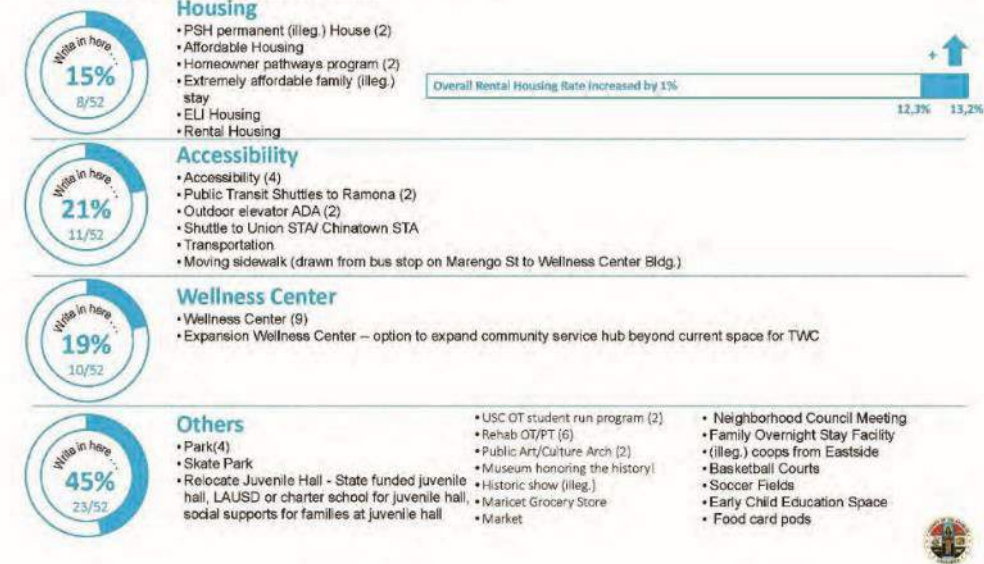
HICP Meeting 12/6  
Based on 29 community vision maps

The "Write in Here" sticker results were as follow: Others (45%), Accessibility (21%), Wellness Center (19%), Housing (15%). See Fig.8.

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #3

Fig. 8

**Summary of HICP Meeting 12/6 Input**  
"Write in here" sticker (52 stickers uses)



**Community-at-Large #3 and HICP Input Combined Results**

The combined results of from the Community-at-Large #3 Meeting and the HICP Meeting are below. For both General Hospital and West Campus combined, the three preferred uses were Rental Housing (11.8%), Parking (8.6%), and Eateries/Restaurant (6.2%). The least preferred uses were Commercial Conference Space (1.6%), Fitness Center (2%), After School Steam Center (2.3%). See Fig. 9.

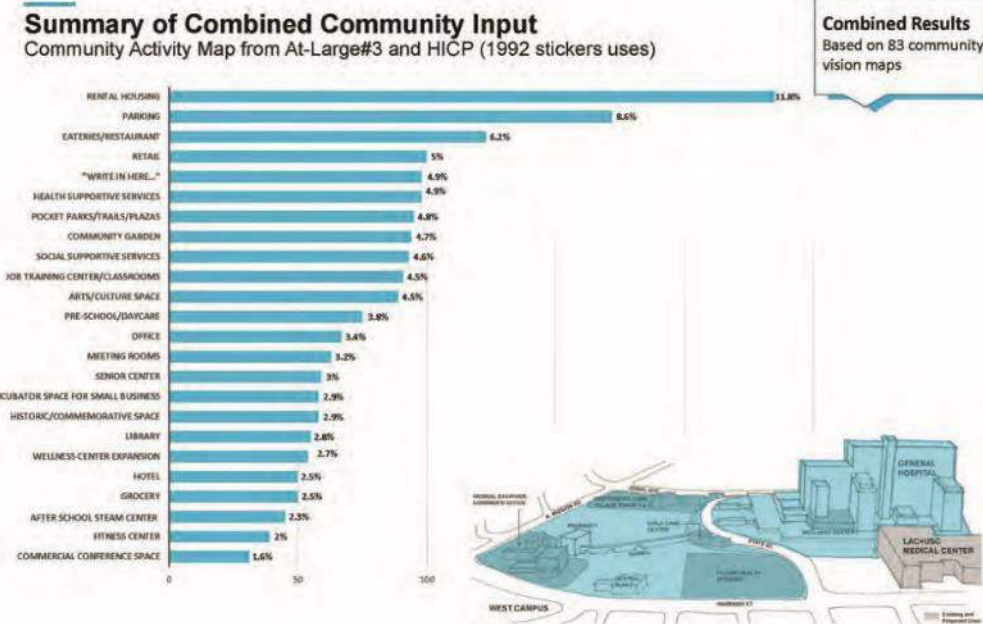


# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #3

Fig. 9



Below are general comments written on blank space on the activity map from the Community-at-Large Meeting #3:

- 1: E. M.  
C: walking path around campus would be great; dog park; community re-use center paint, household items; exchange
- 2: V. O.  
C: walking path around campus would be great; dog park; community re-use center paint, household items; exchange
- 3: R. E.  
W: The linking of this buildings is critical to create a feeling of place and connection. Community gardens and landscaping elements are critical.  
E: Subsidized rent for nonprofits serving community directly.
- 4: (no name)  
C: I live down here. The homeless situation is BIGGEST problem & has only gotten worse.

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General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #3

(crossed out everything but the following:)

- Health Supportive Services
- Job Training Center/Classrooms
- Office: Medical
- Parking
- Pre-School/Daycare
- Rental Housing - LOW
- Senior Center
- Social/Supportive Services
- Wellness Center Expansion

- 5: J. W.  
W: Separate elevators (between buildings)
- 7: (no name)  
W: Add parkway landscaping, walking path, multi-use, around the perimeter of the campus
- 8: R. L.  
C: What happens to original hospital? (Mission Rd next to coroner office)
- 9: J. C.  
W: Coroner's move it off site not next to housing.  
W: Higher barrier walls/dividing freeway from property or site due to air pollution  
C: Need to address traffic & parking. MTA transit use is low in area. Fwy pollution a concern.
- 10: Z. F.  
W: Holistic living environments  
C: Holistic wrap around environments (schools w/ outlets of active engagement) (housing w/ wrap around wellness factors -- food, education, health, social services)
- 14: E. F.  
C: Most of the time there is no parking so we need that.  
C: to engage the community
- 26: M. A.  
C: Asegurar comercio para la comunidad (*secure commerce for the community*)  
C: (crossed out Hotel) mas vivienda (*more housing*)  
C: (crossed out all types on Rental Housing) solo bajos recursos (*only low income*)  
C: Apoyar a familias que que sean de bajos recursos y se beneficien de todas las oportunidades que genere (*Provide support to low-income families so that they can benefit from all of the future opportunities that this will generate*)
- 28: V. G.  
C: My question is not how, but when thanks (peace sign)
- 29: G. S.  
C: lots of lighting and walkability for senior/blind/wheelchair bound handicap access
- 31: (no name)

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# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #3

- C: ¿Pueden considerar negocios locales, pequeños negocios que beneficien las familias de nuestra comunidad? *(Can you consider local, small businesses that benefit the families of our community?)*
- 36: M. K.  
 C: Please emphasize homeless & low-income housing; NO hotels, NO office, NO market rate housing. Homeless & low-income housing for entire main General Hospital
- 37: M. K. K.  
 C: No Hotels; No "market rate" housing
- 38: B.  
 C: Do the right thing for once!!! Do the right thing for our community. Better our community please. No Hotels. No Market Rate. No Office.  
 (crossed out everything but the following:)
- After School STEAM Center
  - Arts/Culture Space
  - Health Supportive Services
  - Pre-School/Daycare
  - Pocket Parks/Trails/Plazas
  - Rental Housing - homeless extreme low income only
  - Senior Center
  - Social/Supportive Services
  - Wellness Center Expansion
- 41: A. G.  
 C: Please clarify planned use ""dedicated"" to who? (move pharmacy to Med Center/Senior Center) (financial training) (bank/federal credit union/approved by community who has the best rates for our village?) (drivers' school for Latinos - connection to CA program for liability insurance)
- C: Arts/Culture Space - Gallery not vocations  
 C: Incubator Space - Access to technologies  
 C: Job Training - access to technologies  
 C: night school - ESL/driving classes  
 C: Rental Housing - availability for LGBTQ transfusion gender  
 C: Social/Supportive Services - LGBTQ space; California auto insurance liability program office (Ricardo Lara-D)
- 42: I. C.  
 C: Who/How/What will regulate "variety" to be equitable and think about people over profits?
- 43: L. B.  
 C: more senior women homeless and low-income housing
- 44: J. M.  
 C: Rental Housing (to include) for transgender persons

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 Rev. 1/28/2020

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #3

- 46: A. C.  
 C: Que hagan anuncios en televisión y radio para que la gente se entere de lo que pasa en su comunidad *(Make TV and radio ads so people know what is going on in their community)*
- 47: A. T.  
 C: Que hagan anuncios por la radio para que se enteren de las reuniones que se hacen para bien de la comunidad. *(Make radio announcements about the meetings so that people find out about the meetings that are held for the good of the community.)*
- 48: B. Z.  
 C: Housing - mixed income levels
- 50: R. H.  
 C: the need of green areas in the community & workforce housing is highly needed. A healthy family is a productive society.

**General comments written on blank space on the activity map from the HICP meeting:**

- 1: A. A.  
 Relocate pharmacy for homeless triage/temporary housing; Small business/ grocery/ retail / eateries/ etc. (in place of coroner's office). Golf cart transport (thru tunnel); Pharmacy locate to TWC; Shuttle to Metro/stop on I10
- 2: I. C.  
 When we talk about mix-use, it's important to understand how that may perpetuate displacement. Low-income affordable housing and free services should be prioritized -- especially when using public dollars (unreadable) and neglected.
- 3: A. M. - Jovenes, Inc.  
 Underground or multilevel parking (Mission Rd & Marengo St corner of West Campus); Mix use commercial ground floor (Mission Rd side of West Campus)
- 4: L. C.:  
 (more) parking; expand services (State St. side); (more) parking
- 5: D. A. - USC  
 Homeless St Medicine; All housing 600 units of housing parking
- 6: No Name  
 (crossed out "Hotel") use other word; (tunnel) walking/run trail
- 7: Felipe - SEIU Local 721  
 crossed out "all types" in Rental Housing) No need for market rate

Prepared by KPA  
 Rev. 1/28/2020



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #3

- 8: P. A. - Eastside LEADS  
 Yes (to After School STEAM Center); Yes (to Arts/Culture Space) open to residents; (crossed out "Fitness Center"); Yes (to Grocery) but a Northgate or culturally (illeg.) one; (crossed out "Hotel") No! Change to (illeg.) stay at affordable rates; (crossed out "all types" in Rental Housing) Extremely Low; (crossed out "Dry Cleaners" in Retail); Yes (to Social/Supportive Services); Yes (to Wellness Center Expansion)
  
- 9: G. B.  
 (crossed out "Hotel") other word; (pointing to instructions on how to complete the Community Vision Map Exercise) Clarify that orange is in use/(illeg.) use
  
- 10: R. R. - Legacy LA  
 (crossed out "Hotel") Family overnight space, (pointing to State St.) Dash that passes go into Ramona Gardens; make the area more accessible to RG residents; (crossed out "all types" in Rental Housing) affordable
  
- 11: No Name  
 Working together (pointing at Health Supportive Services, Social/Supportive Services, and Wellness Center Expansion)
  
- 12: C. S.S  
 Cluster of youth & child development & Arts & green spaces!; Cluster of Education & Job Training (pointing at GH bldg.); Cluster of health wellness (pointing at Wellness Center bldg.)

**VI. Next Steps**

The meeting closed at 8 pm. Community members were invited to return to the next community meeting, tentatively scheduled in Spring 2020. They were thanked for their participation and were asked to invite their friends and family to the next meeting when draft proposed re-use options will be presented to the community for feedback.

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 Rev. 1/28/2020

Page | 21



# Section 3: Community at Large Meeting #3 December 9, 2019

## Meeting Presentation



### Language Support at Today's Meeting *Apoyo multilingüe en la reunión de hoy*

Meeting is available through live webcast at: [bit.ly/GHFeasibilityStudy](https://bit.ly/GHFeasibilityStudy) (case sensitive)  
La reunión transmitirá por en vivo por Internet: [bit.ly/GHFeasibilityStudy](https://bit.ly/GHFeasibilityStudy) (distingue entre mayúsculas y minúsculas)



Headsets available for interpretation into:  
Audífonos disponibles para interpretación en:

- Spanish/Español
- Cantonese/Cantonés



Multi-lingual facilitators/interpreters that can provide assistance during open house:  
*Facilitadores / intérpretes multilingües que pueden brindar asistencia durante la reunión:*

- Spanish "Hablo español"
- Cantonese "我卷廣東話"
- Mandarin "我说普通话"



- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



## Meeting Agenda *Agenda de la reunión*

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**General Hospital and West Campus Feasibility Study Overview**  
*Resumen general del Estudio de Viabilidad del Hospital General y el Campus Oeste*

**Open House and Community Vision Mapping Activity – Visit Stations**  
*Reunión abierta al público y ejercicio de Mapa de la Visión de la Comunidad – visite las estaciones*

**Q+A and Wrap-Up**  
*Preguntas y respuestas y cierre de la reunión*



## Purpose of Today's Meeting *Propósito de la reunión de hoy*

- Provide an overview of the General Hospital and West Campus Feasibility Study  
*Proporcionar una resumen general del Estudio de Viabilidad del Hospital General y el Campus Oeste*
- Report back regarding what we've learned from the community to-date  
*Informar sobre lo que hemos aprendido de la comunidad hasta la fecha.*
- Provide an overview of key study considerations, and how they influence re-use options including community services, rental housing, job growth and training, cost and funding sources, etc.  
*Proporcionar una visión general de las consideraciones clave del estudio, y cómo éstas influyen en las opciones de reutilización, incluyendo servicios comunitarios, viviendas de alquiler, crecimiento y capacitación laboral, costos y fuentes de financiamiento, etc.*
- Help develop future re-use ideas through a community vision mapping activity  
*Ayudar a desarrollar futuras ideas de reutilización a través de una ejercicio del mapa de la visión de la comunidad*
- Answer your questions about the Study  
*Responder a sus preguntas acerca del Estudio*



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



## Board of Supervisors Direction for the Study *Dirección de la Junta de Supervisores para el Estudio*

In November 2018 Supervisor Hilda L. Solis authored a board motion to study the re-use of General Hospital in order to: *En noviembre de 2018, la Supervisora Hilda L. Solis fue la autora de una moción ante la Junta para que se estudiará la reutilización del Hospital General a fin de:*

- Bring iconic County **asset back to life** *Dar nueva vida a esta propiedad emblemática del Condado.*
- Address the County's **tremendous need for homeless, low income, and high-need population residential options, and specifically in the area surrounding the LAC+USC Medical Campus** *Abordar la gran necesidad de opciones residenciales para personas sin hogar, de bajos recursos y de alta necesidad, específicamente en el área alrededor del Centro Médico LAC+USC*
- Complement the LAC+USC Foundation's Wellness Center that provides wrap-around and community services and the future Restorative Care Village *Complementar al Centro de Bienestar de la Fundación LAC+USC que provee servicios integrales y comunitarios y la futura Villa de Cuidados Restaurativos*
- Mission-aligned re-use as a housing and mixed-use building *Alineándose a su misión en que el edificio sea para vivienda y uso mixto*



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



General Hospital Feasibility Study

## The Healthy Village Vision *Visión del Pueblo Saludable*

The Study will help to achieve the Healthy Village vision, spearheaded by Supervisor Hilda L. Solis. *Este estudio facilitará el cumplimiento de la visión del Pueblo Saludable (Healthy Village en inglés) propuesta por la Supervisora Hilda L. Solis.*

- A Whole Person Care concept to meet individuals' needs
- *Un concepto de atención integral de la persona para poder satisfacer sus necesidades*
- A healthy and economically resilient community in East LA
- *Una comunidad sana y económicamente resiliente en el Este de LA*
- Help most vulnerable population, and provide recuperative care and wraparound services to empower residents
- *Ayudar a la población más vulnerable, y proveer cuidados para la recuperación y servicios integrales para empoderar a los residentes*



7



General Hospital Feasibility Study

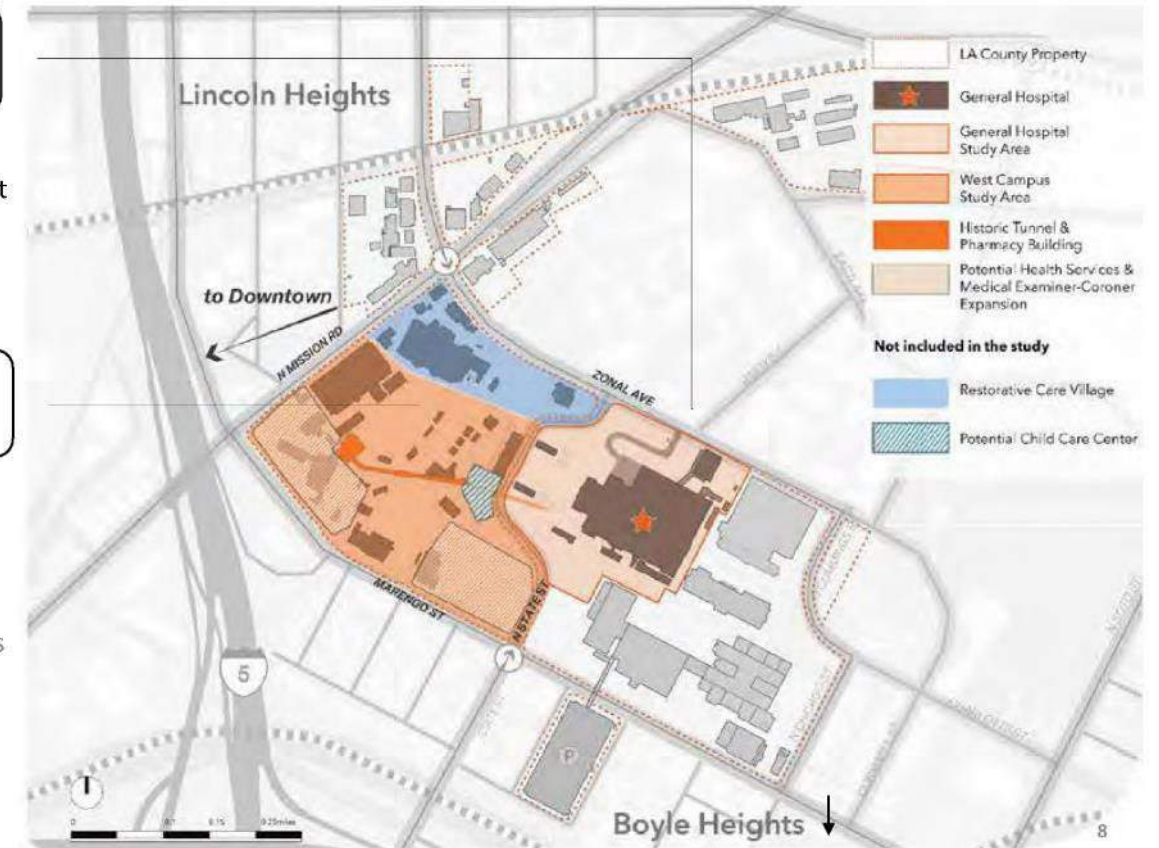
## Study Area *Área del Estudio*

### Study Area General Hospital

- Approximately 1.2 Million Square Feet
- Aproximadamente 1.2 millones de pies cuadrados

### Study Area West Campus

- Approximately 12 developable Acres (of 31 Acres)
- Aproximadamente 12 acres desarrollables (de 31 acres)



8





# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



## Purpose of the Feasibility Study

- **Effectively** respond to the Board Motion
- **Engage** County and community stakeholders throughout the process
- **Analyze** the re-use of General Hospital and develop 3 **financially feasible alternatives** for consideration based on technical and community input from cross-disciplinary team
- **Develop a roadmap for implementation** for the reuse of General Hospital and West Campus

### What is a feasibility study?

A study of an existing building/area that looks at existing conditions, required improvements, opportunities and constraints associated with community input and needs, cost and financing



## Propósito del Estudio de Viabilidad

- Responder **eficazmente** a la Moción de la Junta de Supervisores
- **Analizar** la posibilidad de reutilizar el Hospital General y desarrollar 3 **alternativas económicamente viables**, tomando en cuenta las recomendaciones técnicas y comunitarias presentadas por un equipo multidisciplinario
- **Desarrollar un plan de implementación** para la reutilización del Hospital General y el Campus Oeste
- **Involucrar** a los interesados del Condado y la comunidad a lo largo del proceso

### ¿Qué es un estudio de viabilidad?

El estudio de un edificio/área existente que examina las condiciones existentes, las mejoras necesarias, las oportunidades y las limitaciones asociadas con los aportes y necesidades de la comunidad, el costo y el financiamiento



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study

## Balancing Community Input and Needs

- Community needs are being identified through multiple community engagement efforts
- A number of priority community needs have been raised so far
- Re-use options will need to address community input and needs, technical challenges, and funding sources
- Ultimately, the Board of Supervisors will determine next steps
- Making necessary and extensive repairs and improvements is challenging because of the historical status of structures
- County plans to maintain ownership of land and structures and will have future requirements for health services expansion and various department needs
- Making repairs to General Hospital and West Campus will cost 100s of millions of dollars. The County does not currently have dedicated funding to make these repairs
- Multiple funding sources will need to be explored: public, private, and revenue-generating uses

11

General Hospital Feasibility Study

## Equilibrando los aportes y las necesidades de la comunidad

- Las necesidades de la comunidad se están identificando a través de múltiples esfuerzos de participación comunitaria
- Hasta ahora se han planteado una serie de necesidades prioritarias de la comunidad.
- Las opciones de reutilización deberán abordar los aportes y las necesidades de la comunidad, los desafíos técnicos y las fuentes de financiación.
- En última instancia, la Junta de Supervisores determinará los próximos pasos.
- Hacer reparaciones y mejoras necesarias y extensas es un reto debido al carácter histórico de las estructuras
- El Condado planea continuar siendo propietario del suelo y las estructuras y tendrá requisitos futuros para la expansión de los servicios de salud y diversas necesidades del departamento.
- Hacer reparaciones en el Hospital General y el Campus Oeste costará cientos de millones de dólares. El Condado actualmente no tiene fondos dedicados para hacer estas reparaciones.
- Será necesario explorar múltiples fuentes de financiamiento: usos públicos, privados y generadores de ingresos.

12

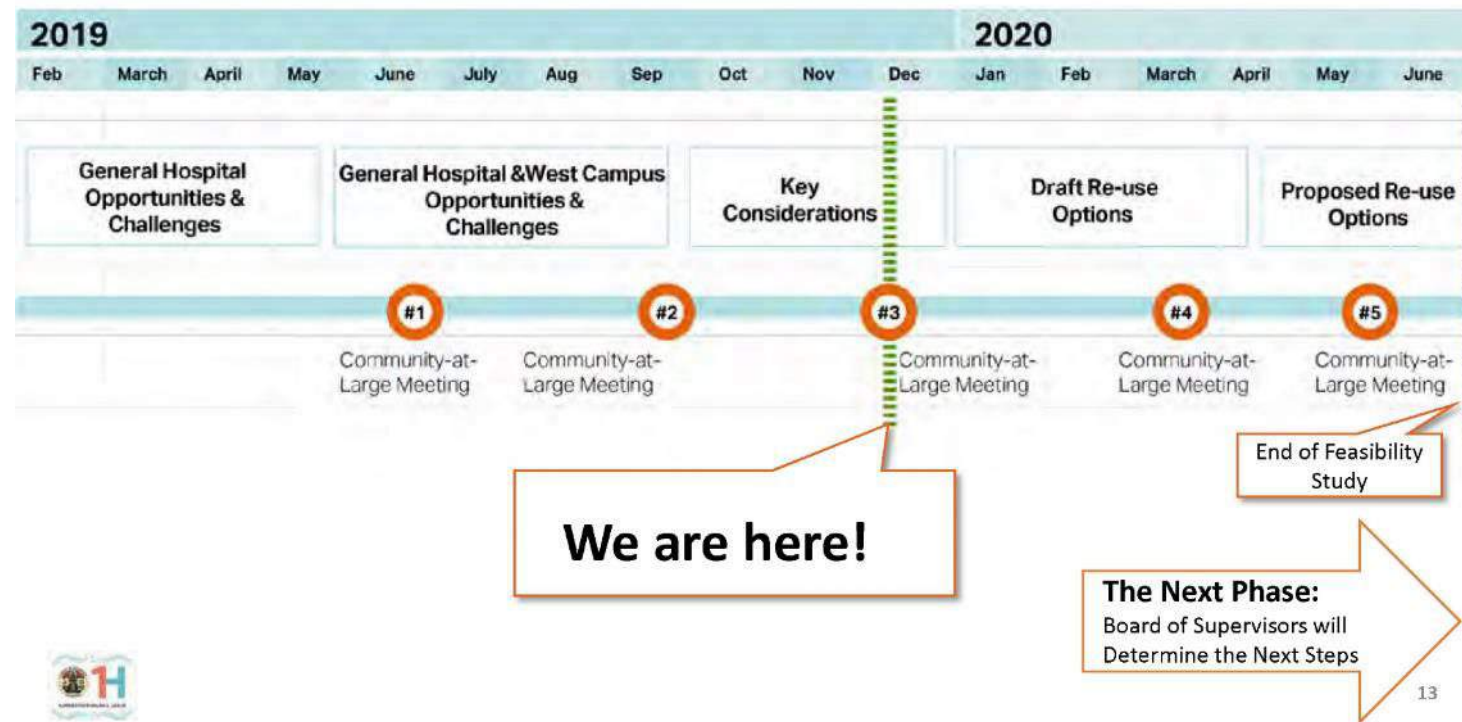


# Section 3: Community at Large Meeting #3 December 9, 2019

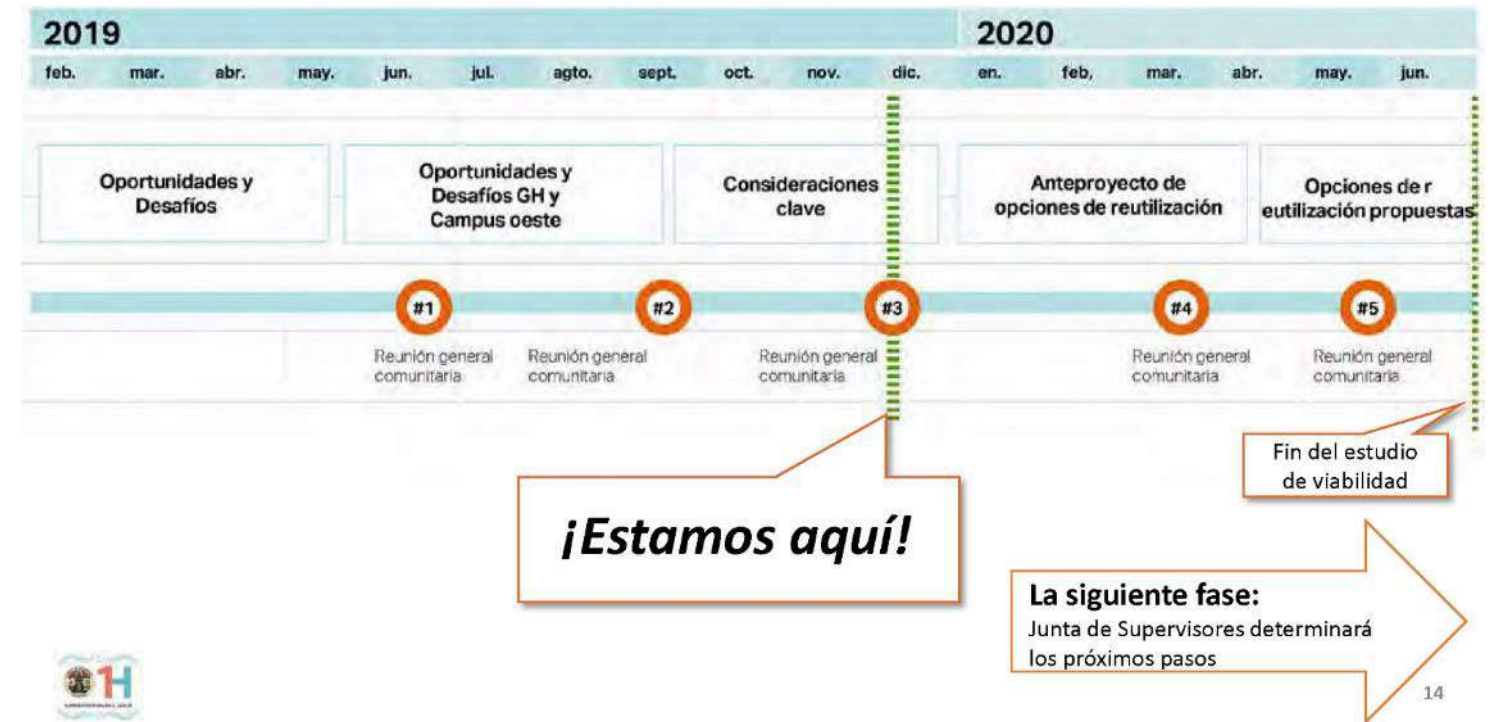
- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



## Project Timeline *Cronograma del Proyecto*



## Project Timeline *Cronograma del Proyecto*



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study

## Community Engagement *Participación de la comunidad*

- **Community Engagement (CE) Team:** AECOM + Barrio Planners (BPI) + Katherine Padilla & Associates (KPA) *Equipo de Participación Comunitaria (CE, en inglés): AECOM + Barrio Planners (BPI) + Katherine Padilla & Associates (KPA)*
- Close coordination with the **Health Innovation Community Partnership (HICP) and the Community Engagement Steering Committee (CESC)** *Coordinación estrecha con la Alianza Comunitaria para la Innovación de la Salud (HICP) y el Comité Directivo de Participación de la Comunidad (CESC)*
- Robust and comprehensive with **5 Community At-Large Meetings** *Proceso de participación amplio y exhaustivo con 5 reuniones generales con la comunidad*
- **Additional meetings, informal discussions with stakeholders; pop-up events** *Reuniones adicionales, pláticas informales con las partes interesadas; eventos emergentes*
- **Communication tools:** social media, media coordination, printed flyers, E-blasts etc. *Herramientas de comunicación: redes sociales, coordinación mediática, volantes impresos, difusión amplia por correo electrónico o mensajes de texto, etc.*



16

General Hospital Feasibility Study

## Community Engagement Steering Committee (CESC) *Comité Directivo de Participación Comunitaria (CESC)*

A big thank you to all of our volunteer CESC members that are helping to guide the community engagement process

*Muchas gracias a todos nuestros miembros voluntarios de CESC que están ayudando a guiar el proceso de participación comunitaria.*

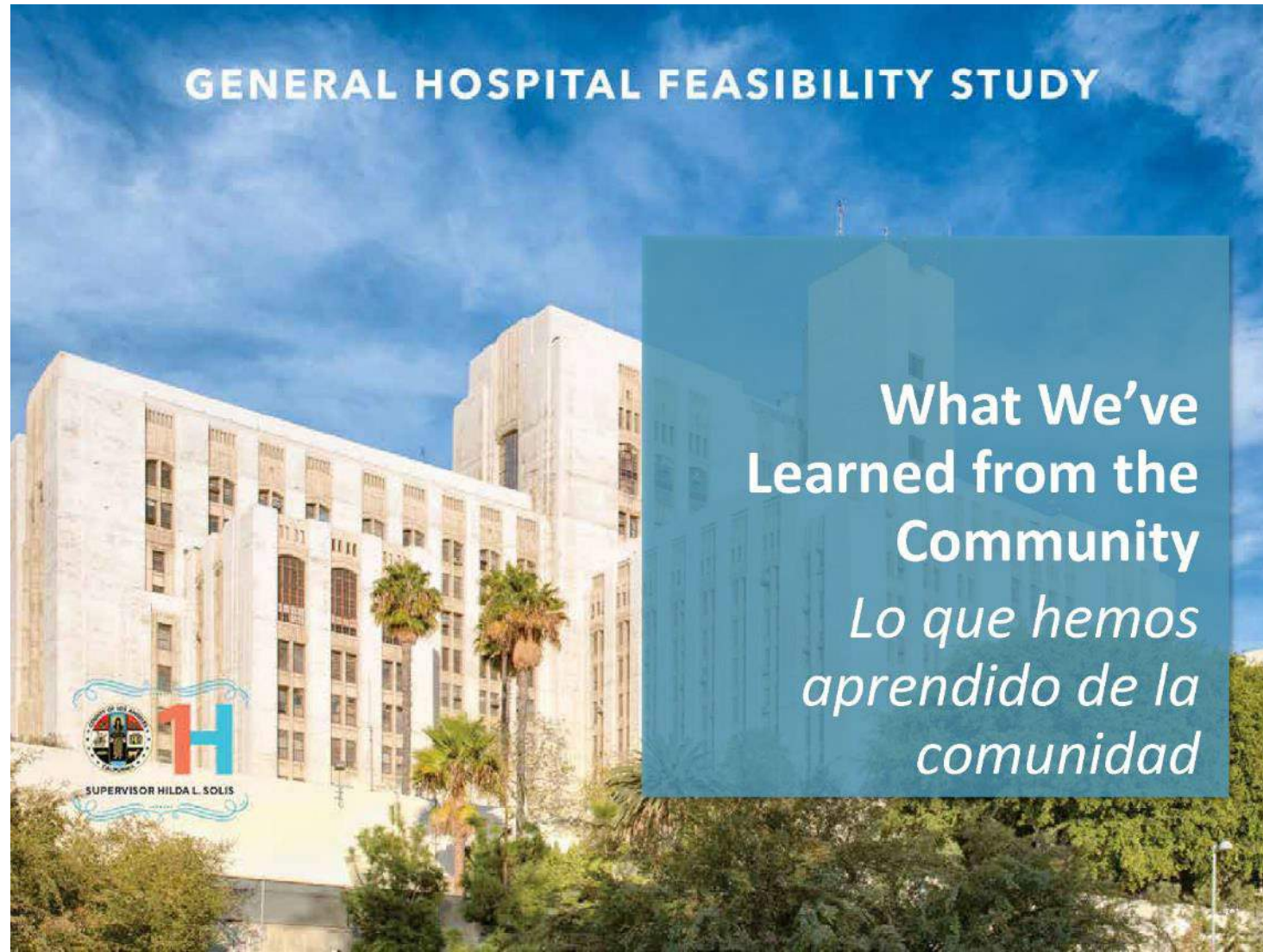


Individual	Organization
Al Ballesteros	JWCH Institute
Andrea Rodriguez	ELA Skills Center
Pending	Public Counsel
Ari Gutierrez Arambula	Latino Equality Alliance
Betty Avila	Self Help Graphics
Father Chris Ponnet	St. Camillus Catholic Center
Guadalupe Duran-Medina	Supervisor Office
Isela Gracian	ELA Community Corporation
Ivan Matthews	Chief Executive Office
Henry Perez	Inner City Struggle
Jorge Orozco	LAC+USC Medical Center
Kelly Quinn	Chief Executive Office
Luis Lopez	Bravo Medical Magnet High
Lynda L. Daniel Farnsworth	ELA Skills Center
Elsa Tinoco	LAUSD Local District Eastside PACE
Michael Sinclair	Bravo Medical Magnet High
Monica Alcaraz	Northeast Regional CES Coordinator SPA4
Munson Kwok	Chinatown Advocate and Community Leader
Norma Gomez	Latino Business Chamber
Ozzie Lopez	ELA Community College
Rosa Soto	LAC+USC Medical Center Foundation   HICP
Teresa Nuno	Supervisor Office
Waqas Rehman	Supervisor Office
Yolanda Duarte-White	Alma Family Services



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
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**We have held two other Community-at-Large Meetings**  
*Hemos celebrado otras dos reuniones de la comunidad en general*



- June 13, 2019 | Junio 13 de 2019
- East LA Skills Center ELASC



- September 19, 2019 | Septiembre 19 de 2019
- City Terrace Park Community Room



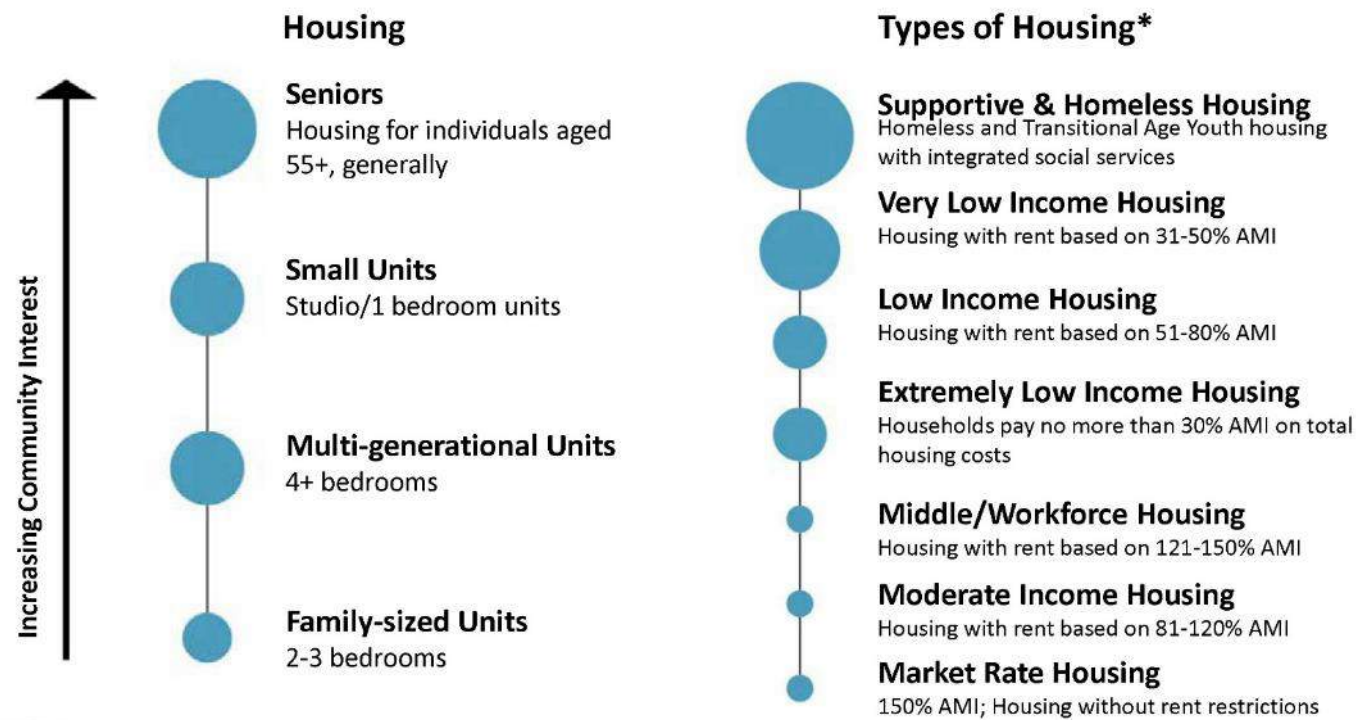
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- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study

## What We've Learned from the Community

Feedback from 2 Community-at-Large Meetings on Potential Future Uses

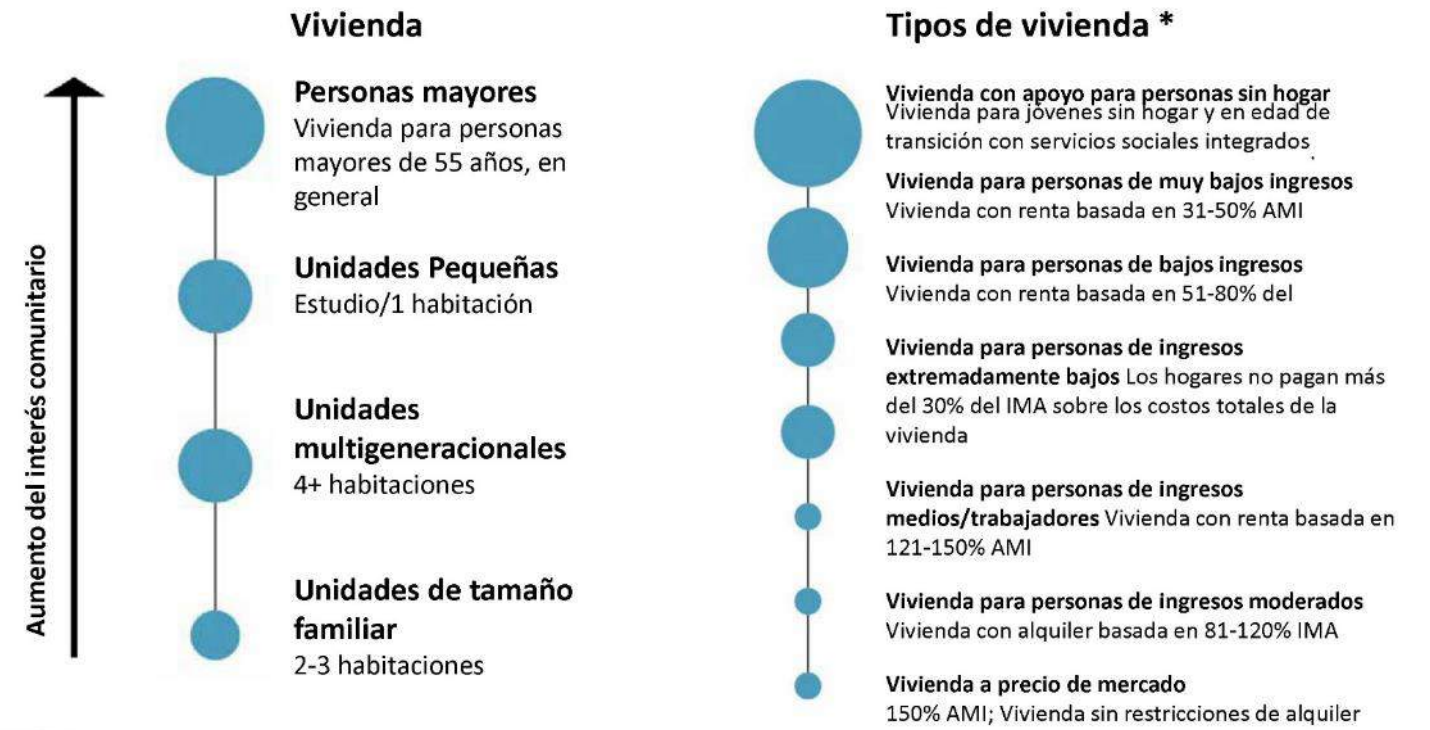


AMI: Area Median Income  
\*Please refer to Affordable Housing Handout regarding income ranges

General Hospital Feasibility Study

## Lo que hemos aprendido de la comunidad

Comentarios de 2 reuniones de la comunidad en general sobre posibles usos futuros



IMA = Ingreso medio del área  
\*Consulte el folleto de vivienda asequible con respecto a los rangos de ingresos



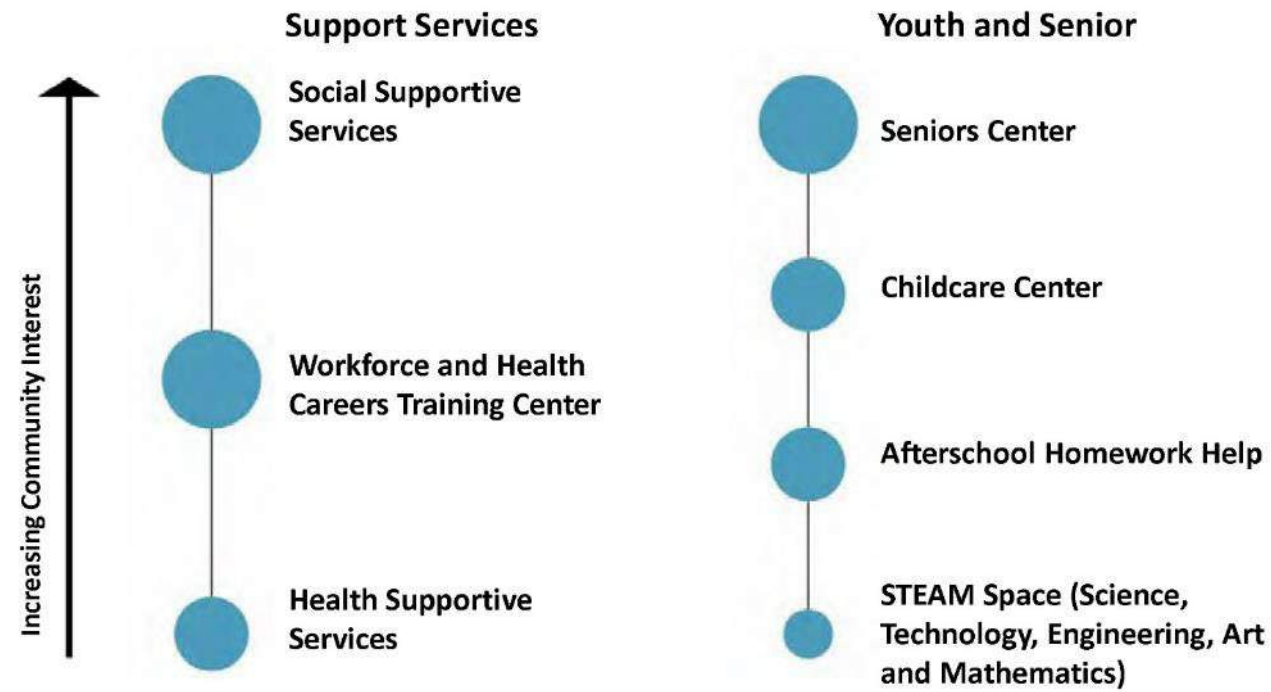
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- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



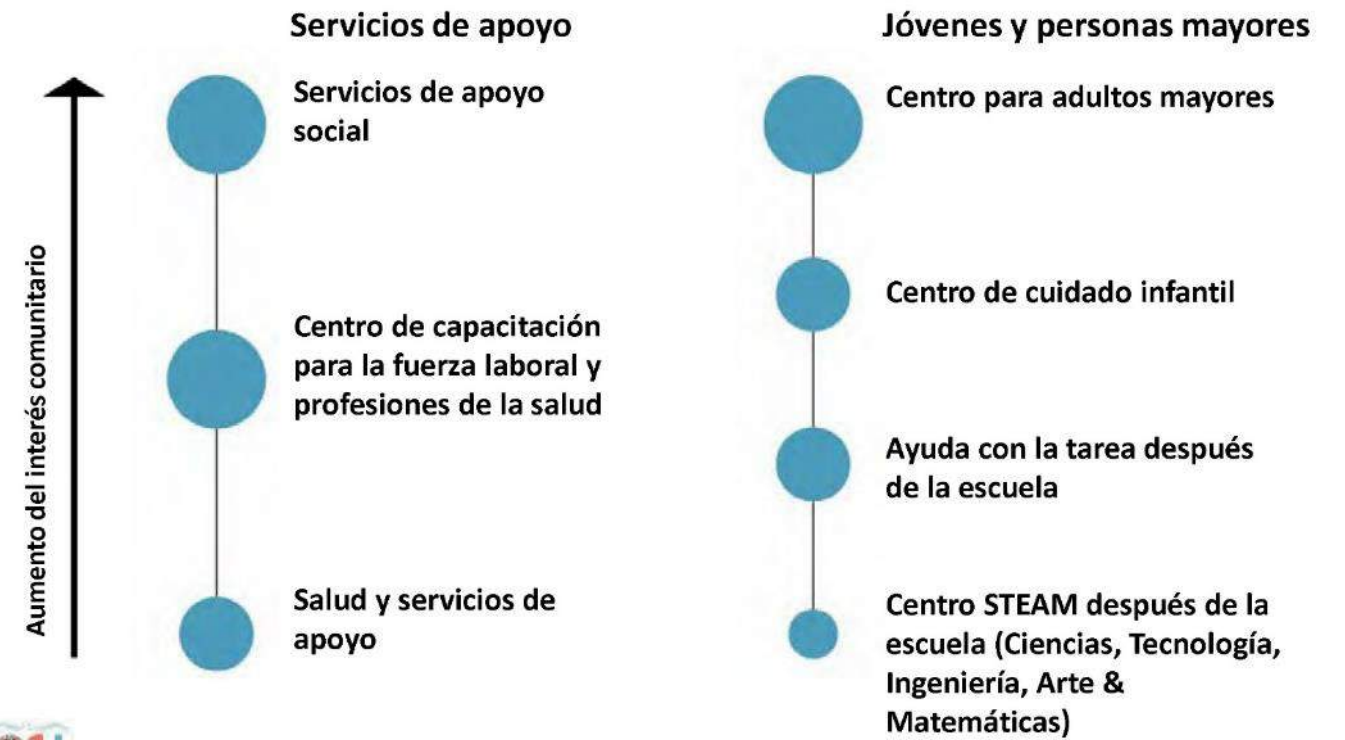
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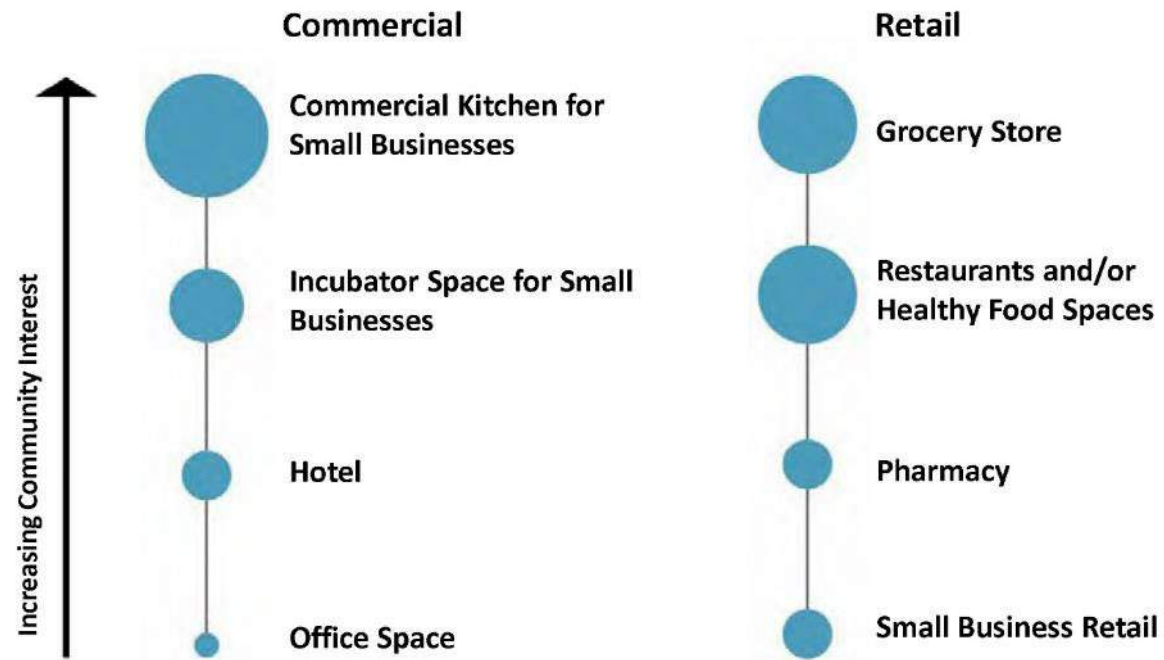
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- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



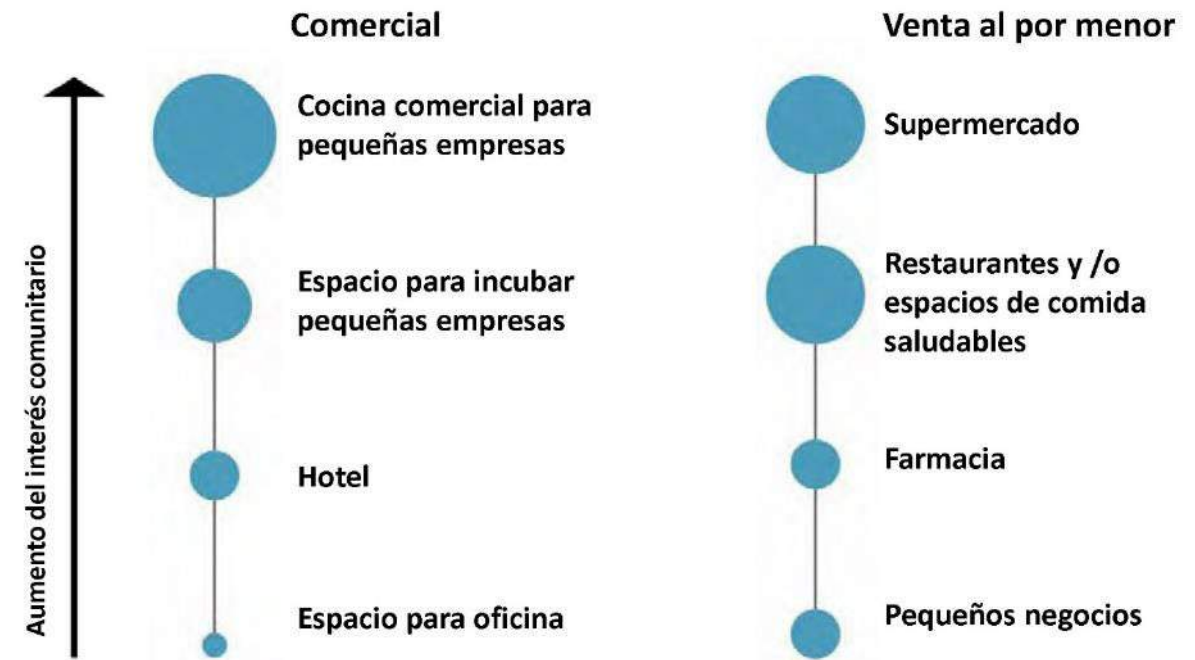
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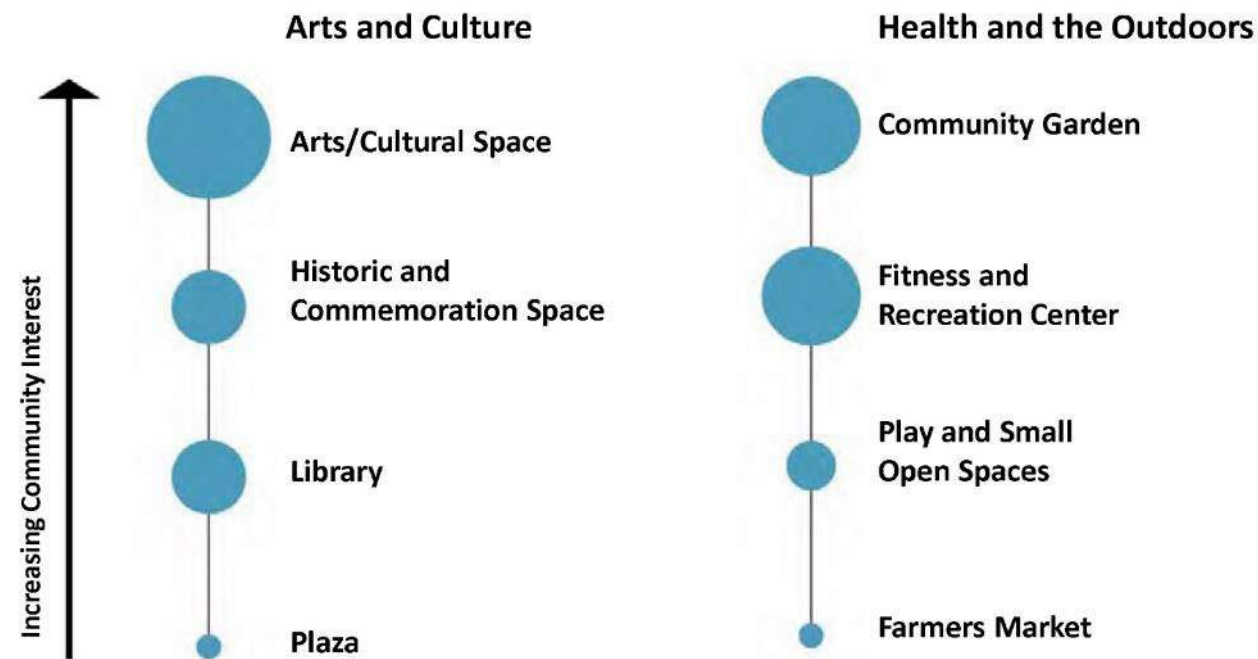
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- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



## What We've Learned from the Community

Feedback from 2 Community-at-Large Meetings on Potential Future Uses



## Lo que hemos aprendido de la comunidad

Comentarios de 2 reuniones de la comunidad en general sobre posibles usos futuros



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



## General Hospital Basics *Datos básicos del Hospital General*

- 86 years old, 19 stories
- *86 años de edad, 19 pisos*
  
- 1.2 million square feet
- *1.2 millones de pies cuadrados*
  
- Officially determined eligible for listing on the National Register of Historic Places
- *Se determinó oficialmente que reúne los requisitos para incluirse en el Registro Nacional de Lugares Históricos*



29



## General Hospital Opportunity Areas *Áreas de oportunidad del Hospital General*



Chattel, Inc.  
Lobby Vestibulo



AECOM  
Library Biblioteca



Mott Studios, 1933  
Commercial Kitchen Cocina comercial



Chattel, Inc.  
Surgery Theatre Quirófano

30



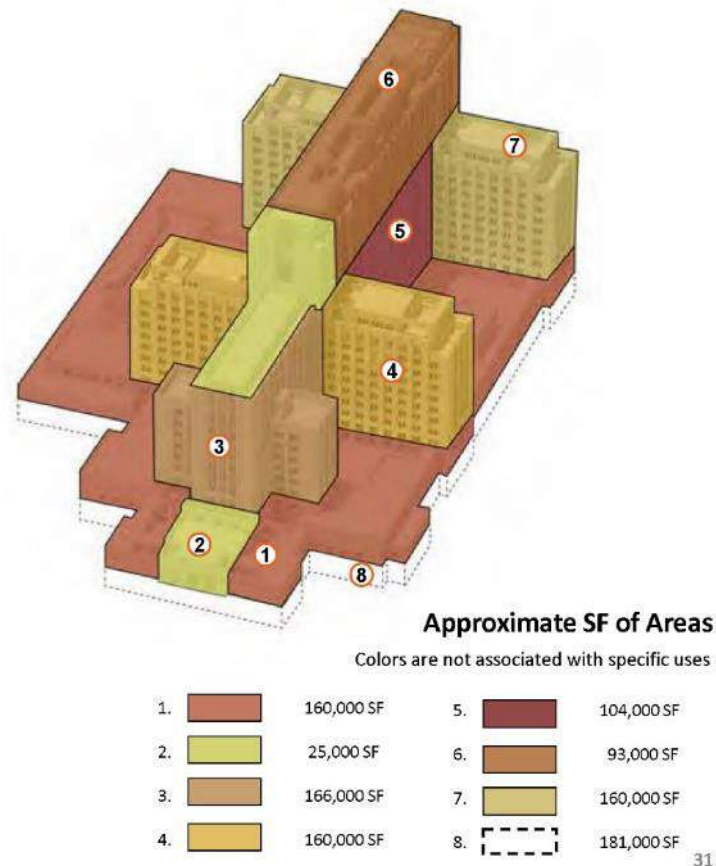
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- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



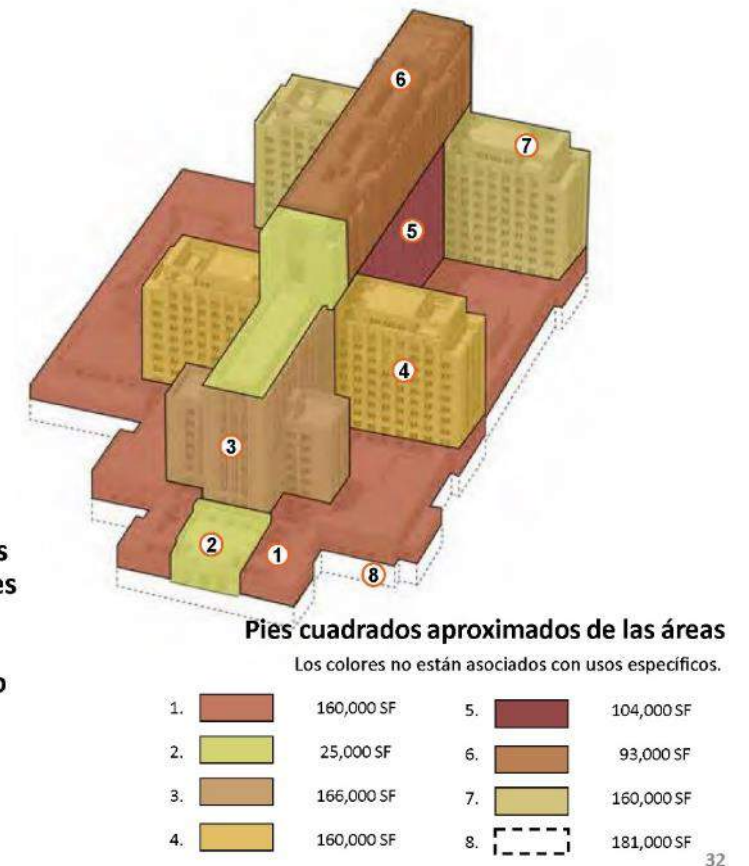
## Architecture

- Preserve and utilize unique historic spaces
- Reflect local community and culture
- Build strong connections to surrounding communities and provide linkage between the campus, hospital and surrounding neighborhood
- Provide open space network for current and future users
- Major building blocks are each serviced by elevators and lobby, allowing for distinct uses to be developed
- **1/3 of building (approx. 340,000 SF on Basement and Floor 1) has large areas without sufficient daylight for office or residential use; only certain types of uses (such as parking and storage in the basement and retail and training/meeting rooms for the first floor) will thrive in these locations**



## Arquitectura

- Preservar y utilizar espacios históricos únicos
- Reflejar la comunidad y la cultura local
- Establecer conexiones sólidas con las comunidades aledañas y proporcionar vínculos entre el campus, el hospital y el vecindario circundante
- Proporcionar una red de espacios abiertos para los usuarios actuales y futuros
- Bloques de edificios principales se mantienen (son atendidos) por ascensores y vestíbulos, lo que permite desarrollar usos distintos.
- **1/3 del edificio (aproximadamente 340,000 pies cuadrados en el sótano y el piso 1) tiene grandes áreas sin suficiente luz natural para uso residencial o de oficina; solo ciertos tipos de usos (como estacionamiento y almacenamiento en el sótano y tiendas y salas de entrenamiento/reuniones para el primer piso) prosperarán en estos lugares**



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

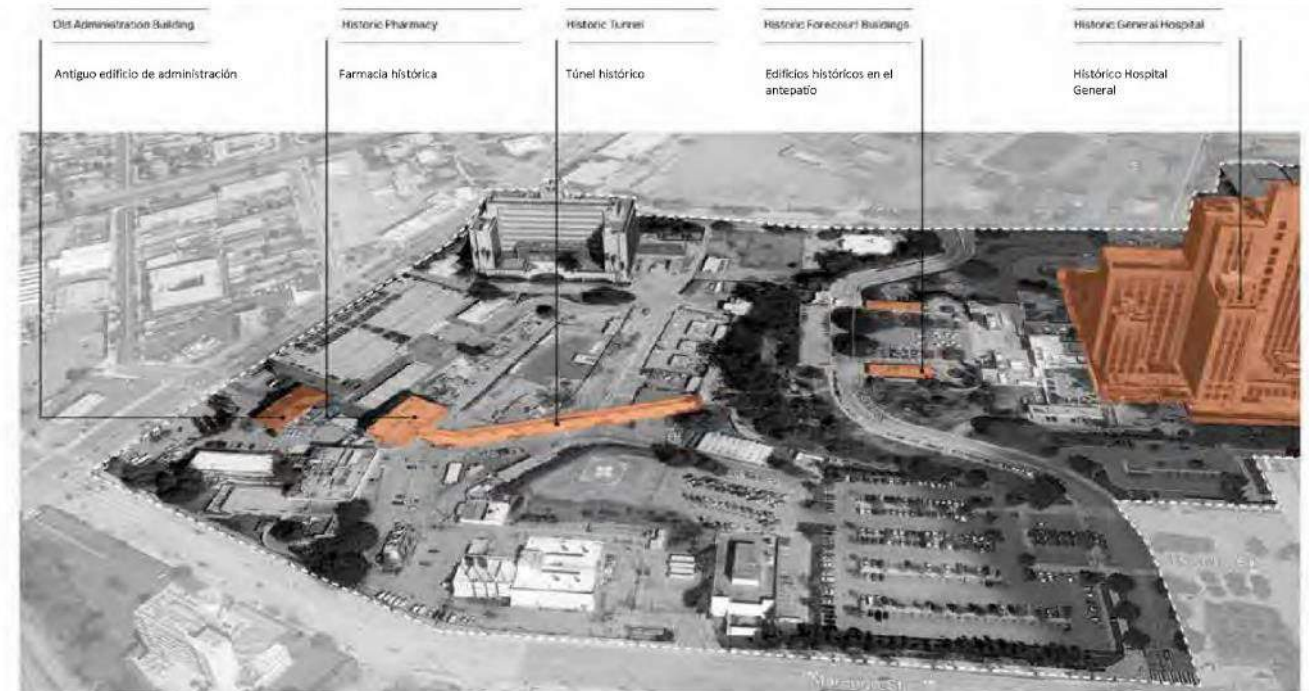


## What Improvements to General Hospital are Needed? *¿Qué mejoras se requieren?*

- Structural Wall / Foundation Strengthening
- Hazardous Material and Lead Abatement
- New Fire Protection, AC, Heating, Plumbing and Electrical
- Maintain Historic Spaces + Preservation
- Develop Parking Solutions
- Improve Public Transit & Pedestrian Access
- *Fortalecer muros y cimientos*
- *Eliminación de materiales peligrosos y el plomo*
- *Nueva protección contra incendios, aire acondicionado, calefacción, tuberías y electricidad*
- *Preservación de espacios históricos*
- *Desarrollar soluciones de estacionamiento*
- *Mejorar el transporte público y acceso para peatones*



## What We've Learned About West Campus *Lo que hemos aprendido sobre el Campus Oeste*



Buildings/structures in orange are formally determined eligible for the National Register of Historic Places

Los edificios / estructuras en anaranjado se determinan formalmente como elegibles para el Registro Nacional de Lugares Históricos

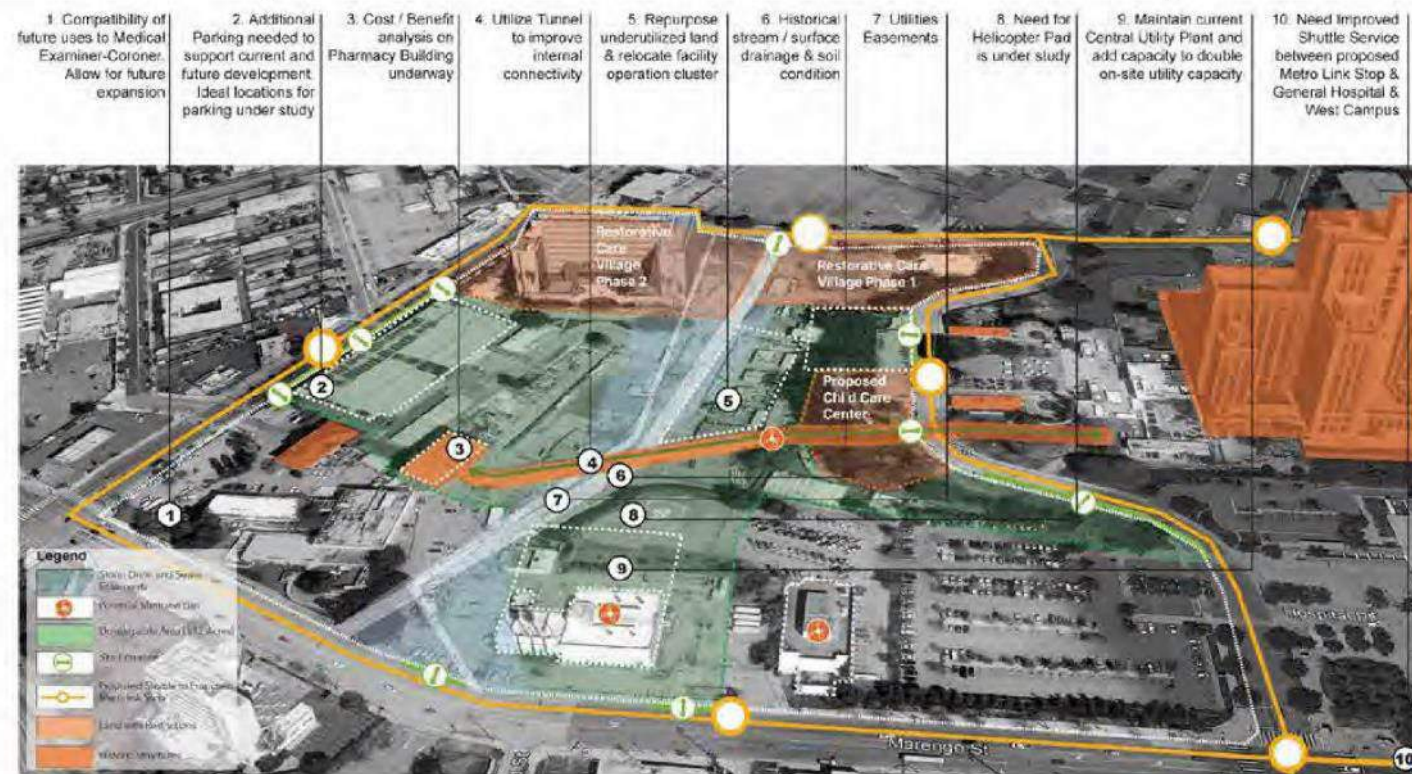


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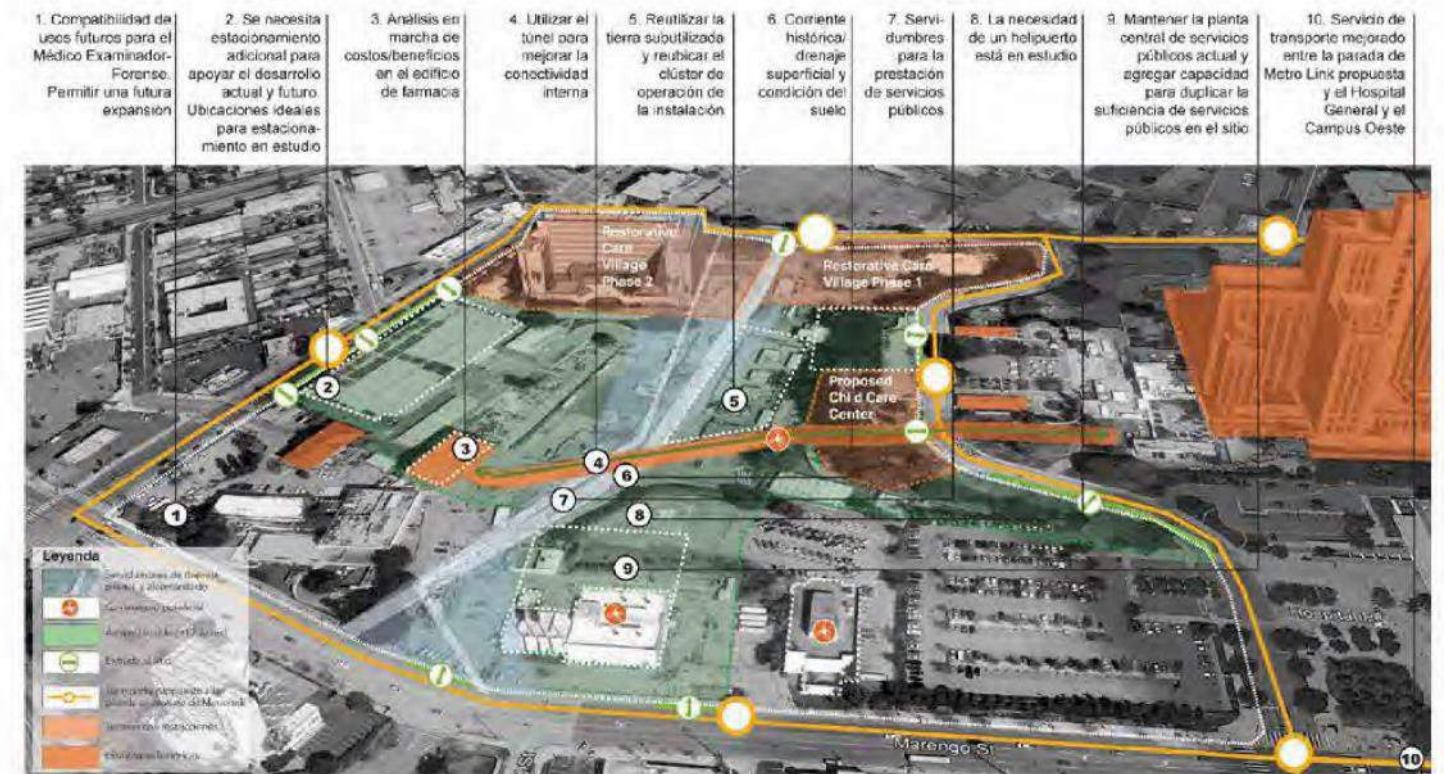
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Meeting Summary  
Meeting Presentation  
Display Boards  
Meeting Flyers  
Vision Maps



## What Improvements Are Needed on West Campus?



## ¿Qué mejoras se necesitan en el Campus Oeste?



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
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## Key Considerations *Consideraciones clave*

- Community Services  
*Servicios comunitarios*
- Rental Housing  
*Vivienda de alquiler*
- Job Growth and Training – Office  
*Crecimiento laboral y capacitación - Oficina*
- Job Growth and Training – Retail/ Food Service  
*Crecimiento de empleo y capacitación - Venta minorista / servicio de alimentos*
- Job Growth and Training – Hospitality/Hotel  
*Crecimiento de empleo y capacitación - Hospitalidad / Hotel*
- Access, Public Transit, and Parking  
*Acceso, transporte público y estacionamiento*
- Clean Energy and Sustainability  
*Energía limpia y sostenibilidad*
- Cost  
*Costo*
- Funding Sources  
*Fuentes de financiamiento*





# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study

## Community Services



### Continuity of Care Services

- **Build on the existing community service uses to include County, non-profit and for-profit entities** providing necessary social, healthcare, legal and other services to the local community
- **Examples of these uses** include continuity of care for health services, senior and childcare centers, social support services, workforce/health careers training center, and the Wellness Center

### Community Amenities and Public Space

- **Examples of these uses** include public space, cultural/arts space, historic commemoration space, and fitness and recreation center, and active and passive recreation amenities (such as walking trails, pocket parks)

### Opportunity

- Service the local community
- Provide needed community services
- Compliment other uses as part of the historic Healthy Village

### Challenge

- Identify funding sources

### Community Services and Benefits:

- After-School STEAM Center
- Art Culture Space
- Historic / Commemorative Space
- Job Training Center / Classrooms
- Library
- Meeting Rooms
- Pre-school / Daycare
- Senior Center
- Social / Health Supportive Services (County or Non-Profit)
- Expanding the Wellness Center
- And More

39



General Hospital Feasibility Study

## Servicios comunitarios



### Continuidad de los servicios de atención

- **Aprovechar los usos de servicios comunitarios existentes para incluir el Condado, entidades sin fines de lucro y con fines de lucro** que brinden servicios necesarios sociales, de salud, legales y de otro tipo a la comunidad local
- **Ejemplos de estos usos** incluyen la continuidad de la atención de los servicios de salud, centros de cuidado infantil y para personas mayores, servicios de apoyo social, el centro de capacitación de la fuerza laboral/de la salud y el Wellness Center

### Servicios comunitarios y espacio público

- **Ejemplos de estos usos** incluyen el espacio público, espacio cultural/artístico, espacio histórico conmemorativo, gimnasio y centro de recreación, y servicios de recreación activa y pasiva (como senderos para caminar, miniparques)

### Oportunidad

- Servicio a la comunidad local
- Proporcionar los servicios comunitarios necesarios
- Complementar otros usos como parte del histórico Pueblo Saludable

### Reto

- Identificar fuentes de financiación

### Servicios y beneficios comunitarios:

- Centro STEAM después de la escuela (Ciencias, Tecnología, Ingeniería, Arte & Matemáticas)
- Espacio para las artes y la cultura
- Espacio histórico o para conmemorar
- Centro de capacitación laboral/Salones de clase
- Biblioteca
- Salones para reuniones
- Centro pre-escolar/guardería
- Centro para adultos mayores
- Servicios Sociales o de apoyo (Condado u organización sin fines de lucro)
- Expansión del Wellness Center
- y más

40



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study

## Rental Housing



### RENTAL HOUSING

- **Providing a balance** of all types of rental housing could achieve County, community goals and support financial feasibility
- **Different types of rental housing are recommended** to serve a wide spectrum of users
- Attracting people to live on the Medical Center will require establishing a **Healthy Village**, and a **vibrant mix of diverse uses** found in neighborhoods that grow organically

*\*The Feasibility Study is not researching or proposing any for sale housing*



41

### Opportunity

- Rental housing is a good fit for several of General Hospital "blocks" of space
- Provides rental housing for disadvantaged and low income residents
- Including some market rate rental units in General Hospital may help address some demand in LA specifically generated by LAC+USC Medical Campus

### Challenge

- Mix of rental housing types will require a range of subsidies and other financing strategies
- Some rental housing subsidies may not be available
- Need to proactively address displacement concerns

## Vivienda de alquiler



### VIVIENDA DE ALQUILER

- **Proporcionar un equilibrio** de todos los tipos de viviendas de alquiler podría lograr los objetivos del Condado, la comunidad y respaldar la viabilidad financiera.
- **Se recomiendan diferentes tipos de viviendas de alquiler** para servir a una amplia gama de usuarios
- Atraer a la gente a vivir en el Centro Médico requerirá establecer un **Pueblo Saludable**, y una **vibrante mezcla de diversos usos** que se encuentran en los vecindarios que crecen orgánicamente

*\*El estudio de viabilidad no está investigando ni proponiendo ninguna vivienda a la venta*



42

### Oportunidad

- La vivienda de alquiler es una buena opción para varios "bloques" de espacio del Hospital General
- Proporciona viviendas de alquiler para residentes desfavorecidos y de bajos ingresos.
- La inclusión de algunas unidades de alquiler a precio de mercado en el Hospital General puede ayudar a abordar cierta demanda en LA específicamente generada por el campus médico LAC+USC Campus

### Reto

- La combinación de tipos de viviendas de alquiler requerirá una variedad de subsidios y otras estrategias de financiamiento.
- Algunos subsidios de vivienda de alquiler pueden no estar disponibles
- Necesidad de abordar de manera proactiva los problemas de desplazamiento

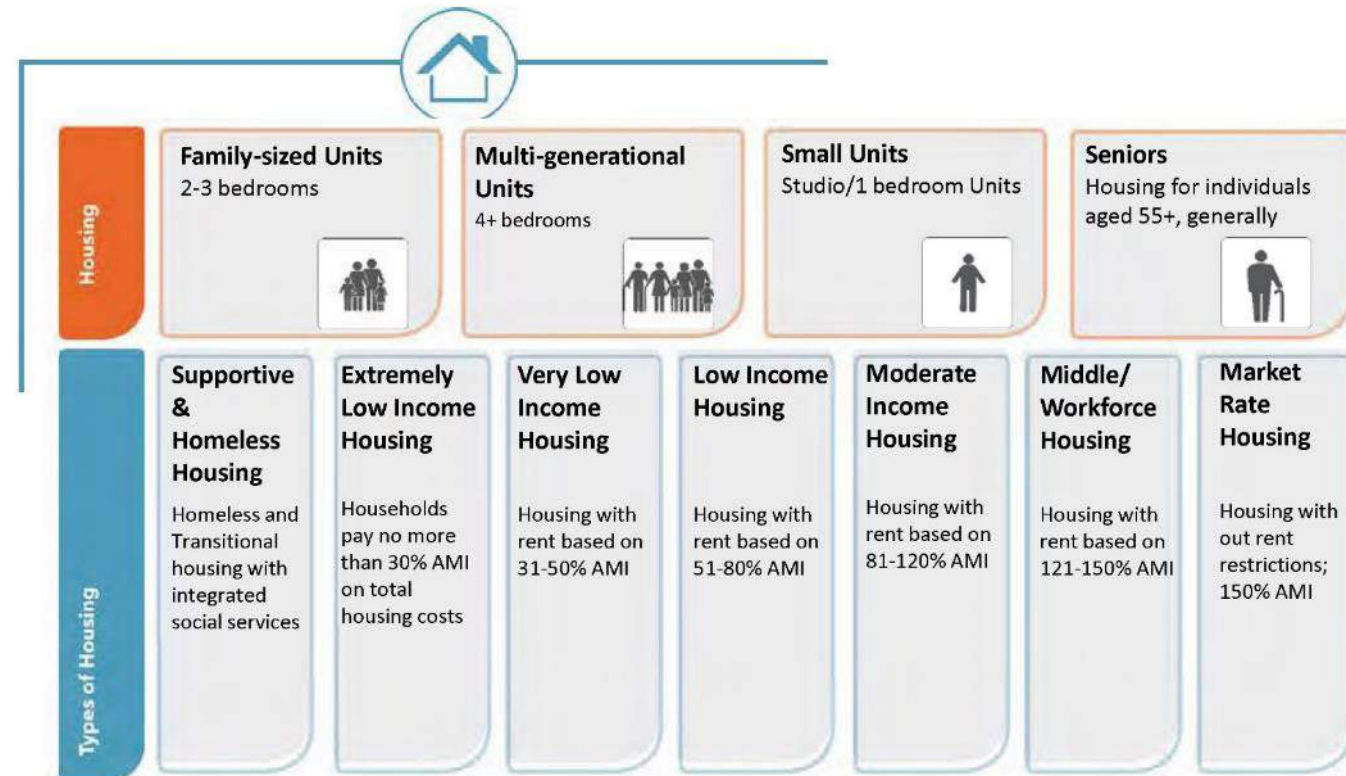


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- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study

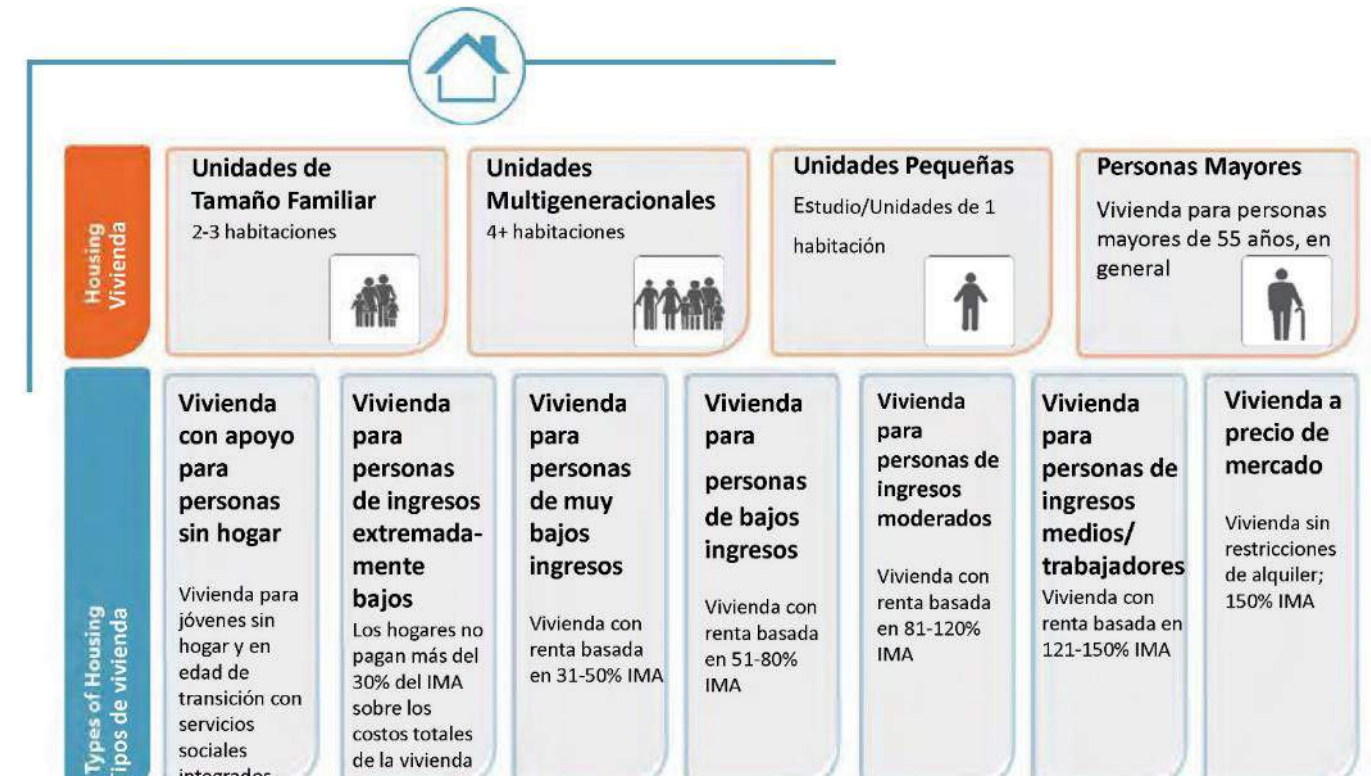
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General Hospital Feasibility Study

## Vivienda de alquiler



IMA = Ingreso medio del área  
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# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study

## Job Growth and Training - Office



### OFFICE

- Office space could provide substantial jobs, additional community services and career paths in the area
- The creation of office space would draw people to the area, which could **support other uses**, such as eateries and restaurants
- **Potential Office** uses include:
  - LA County Office
  - Medical Office
  - Commercial Office
  - Business Incubator Space
- These uses would **create more jobs** in the area and could provide **entrepreneurial opportunities and local business expansion**

### Opportunity

- Create jobs and career paths for community and future generations
- Partner with schools/colleges and County to provide job training and long-term career opportunities

### Challenge

- Provide ways to help local residents secure job opportunities
- Develop transit improvements that reduce automobile trips

45



General Hospital Feasibility Study

## Crecimiento laboral y capacitación - OFICINA



### OFICINA

- El espacio de oficina podría proporcionar trabajos sustanciales, servicios comunitarios adicionales y carreras profesionales en el área
- La creación de espacio de oficinas atraería a personas al área, lo que podría **apoyar otros usos**, como restaurantes y comedores.
- Los **usos potenciales de la oficina** incluyen:
  - Oficina del Condado de LA
  - Oficina médica
  - Oficina comercial
  - Espacio para incubar pequeñas empresas
- Estos usos **crearían más empleos** en el área y podrían **proporcionar oportunidades empresariales y expansión de negocios locales**.

### Oportunidad

- Crear empleos y carreras profesionales para la comunidad y las generaciones futuras.
- Asociarse con escuelas / colegios y el Condado para brindar capacitación laboral y oportunidades profesionales a largo plazo

### Reto

- Proporcionar formas de ayudar a los residentes locales a asegurar oportunidades de trabajo.
- Desarrollar mejoras de transporte que reduzcan los viajes en automóvil.

46



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study

## Job Growth and Training - Retail / Food Service



### RETAIL / FOOD SERVICE

- Community supported retail may include **healthy eateries, taquerias, credit union, dry cleaners, grocery store, a commercial kitchen and specialty food retailers**
- These uses would **create more jobs** in the area and could provide **entrepreneurial opportunities and local business expansion**

#### Opportunity

- Serve local community & future re-uses
- Respond to food desert & lack of healthy food choices
- Contributes to a vibrant 24 hour Healthy Village campus

#### Challenge

- Access and parking to future retail/food service
- Develop transit improvements that reduce automobile trips

47



General Hospital Feasibility Study

## Crecimiento laboral y capacitación - Comercio / servicio de alimentos



### COMERCIO / SERVICIO DE ALIMENTOS

- El comercio apoyado por la comunidad puede incluir **restaurantes saludables, taquerías, cooperativas de crédito, tintorerías, supermercados, una cocina comercial y minoristas de alimentos especializados.**
- Estos usos **crearían más empleos** en el área y podrían proporcionar **oportunidades empresariales y expansión de negocios locales.**

#### Oportunidad

- Servir a la comunidad local y futuras reutilizaciones
- Responder al “desierto de alimentos” y la falta de opciones de alimentos saludables.
- Contribuir a un vibrante campus de Healthy Village las 24 horas

#### Reto

- Acceso y estacionamiento para el futuros comercios / servicio de alimentos
- Desarrollar mejoras de transporte que reduzcan los viajes en automóvil.

48



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study

## Job Growth and Training – Hospitality



### HOSPITALITY

- Hospitality could **create jobs and career paths** for local residents and career paths into other fields such as management, finance or food service
- **Different hospitality types to consider:**
  - Non-profit community serving hotel such as a Ronald McDonald House
  - Small, budget, extended Stay Type Hotel which could:
    - Support patients & their families receiving medical care
    - Visiting medical professionals
    - Short-term housing for relocating staff, etc.
- These uses would **create more jobs** in the area and could provide **entrepreneurial opportunities and local business expansion**

### Opportunity

- Partner with schools/colleges and County to provide job training and long term career opportunities
- Employment at multiple income levels
- Career paths in a large established industry
- Community services for those visiting their loved ones at the Medical Center

### Challenge

- Provide ways to help local residents secure job opportunities
- Non-profit option requires ongoing philanthropic support

49



General Hospital Feasibility Study

## Crecimiento laboral y capacitación - Hospitalidad



### HOSPITALIDAD

- La hospitalidad podría **crear empleos y trayectorias profesionales** para los residentes locales y carreras profesionales en otros campos, como la administración, las finanzas o el servicio de alimentos.
- **Diferentes tipos de hospitalidad a considerar:**
  - Hotel de servicio comunitario sin fines de lucro, como la Casa Ronald McDonald
  - Hotel de estadia prolongada que podría:
    - Apoyar a los pacientes y sus familias que reciben atención médica.
    - Alojar profesionales médicos visitantes
    - Servir de alojamiento a corto plazo para reubicar personal, etc.
- Estos usos **crearían más empleos** en el área y podrían **proporcionar oportunidades empresariales y expansión de negocios locales.**

### Oportunidad

- Asociarse con escuelas / colegios y el Condado para brindar capacitación laboral y oportunidades profesionales a largo plazo
- Empleo en niveles de ingresos múltiples
- Carreras profesionales en una gran industria establecida
- Servicios comunitarios para quienes visitan a sus seres queridos en el Centro Médico

### Reto

- Proporcionar formas de ayudar a los residentes locales a asegurar oportunidades de trabajo.
- La opción sin fines de lucro requiere apoyo filantrópico continuo

50



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



## Access, Public Transit, and Parking

### Improve Pedestrian and Bike Access

- Improve sidewalks and pathways
- Provide barrier free, ADA access

### Suggested Public Transit Improvements

- Increase frequency of local commuter buses
- Add Metrolink stop on the existing Metrolink San Bernardino Line between Cal State and Union Station
- Expand shuttle service from proposed Metrolink stop to General Hospital and West Campus

### Address Parking Needs

- Provide additional parking and vehicular access to the site to support new development
- Provide parking management solutions



## Acceso, transporte público y estacionamiento

### Mejorar el acceso para peatones y bicicletas

- Mejorar las aceras y caminos
- Provide barrier free, ADA access | Proporcionar acceso ADA sin barreras

### Sugerencias de mejoras para el transporte público

- Aumentar la frecuencia de los autobuses locales
- Agregar una parada de Metrolink en la línea existente de Metrolink San Bernardino entre Cal State y Union Station
- Ampliar el servicio de transporte desde la parada propuesta de Metrolink hasta el Hospital General y el Campus Oeste

### Abordar las necesidades de estacionamiento

- Proporcionar estacionamiento adicional y acceso vehicular al sitio para apoyar el nuevo desarrollo
- Proporcionar soluciones de gestión de estacionamiento.



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



## Clean Energy and Sustainability

- Incorporate clean energy solutions for resilience and target financing sources
- Provide a sustainable and resilient campus for the future
- Futureproof (consider future needs) improvements and infrastructure to respond to forthcoming changes
- Incorporate Los Angeles Countywide Sustainability Plan goals

### Opportunity

- Flexibility / Adaptability of building program
- Adopt LA County sustainability goals

### Challenge

- Potential additional cost associated with sustainability measures may increase overall investment required to implement project



53



## Energía limpia y sostenibilidad

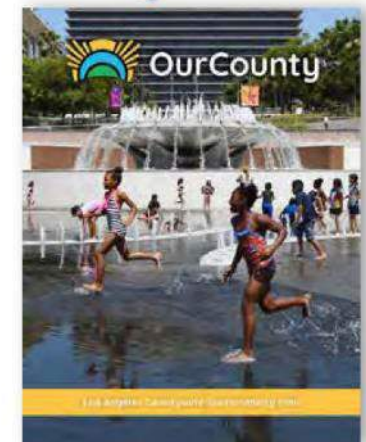
- Incorporar soluciones de energía limpia para la resiliencia y destinar fuentes de financiamiento específicas
- Proporcionar un campus sostenible y resistente para el futuro
- Mejoras e infraestructura a prueba del futuro (considere las necesidades futuras) para responder a los cambios futuros
- Incorporar las metas del plan de sostenibilidad del Condado de Los Ángeles

### Oportunidad

- Flexibilidad / Adaptabilidad del programa de construcción
- Adoptar objetivos de sostenibilidad del Condado de Los Ángeles

### Reto

- El costo adicional potencial asociado con las medidas de sostenibilidad puede aumentar la inversión general requerida para implementar el proyecto



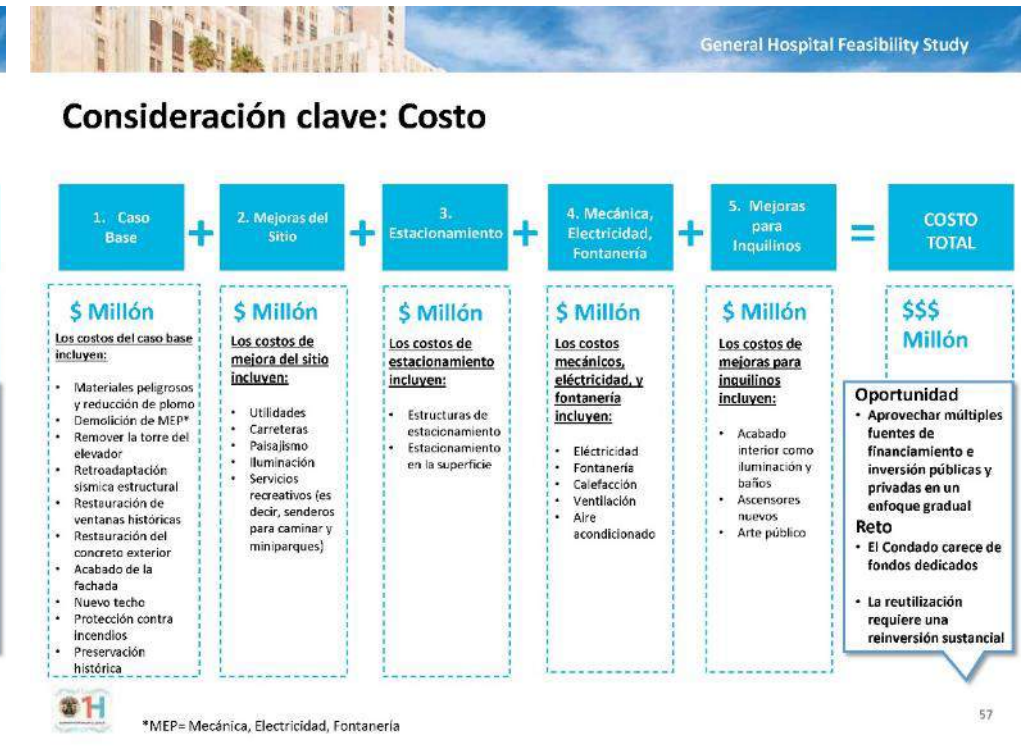
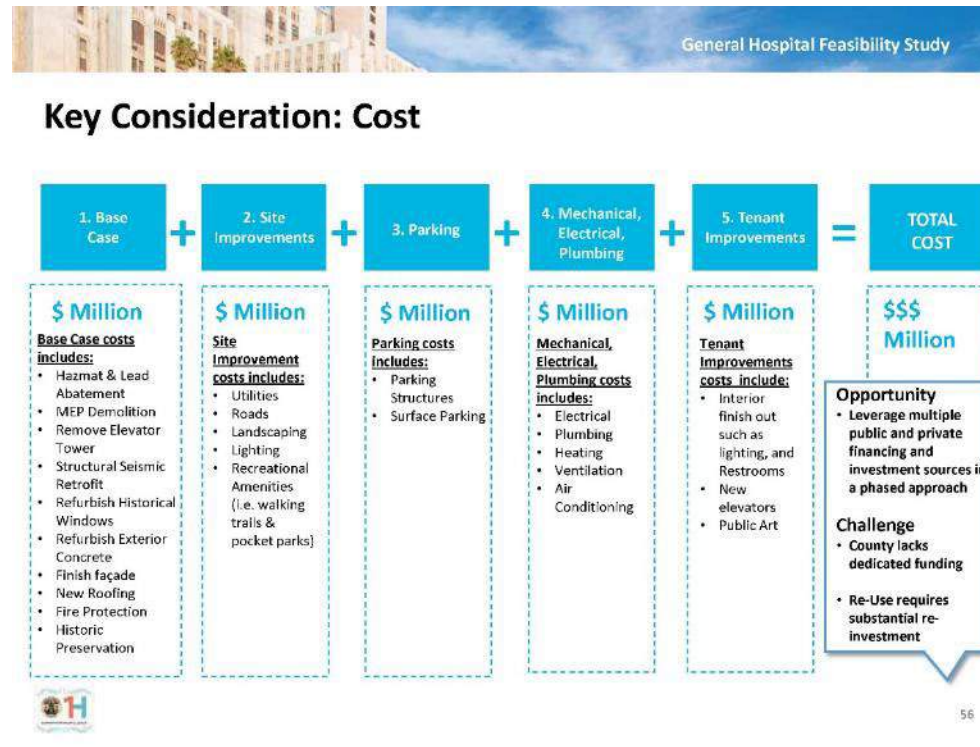
54





# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



\*MEP= Mecánica, Electricidad, Fontanería



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



## Key Consideration: Funding Sources

PUBLIC SOURCES	PRIVATE SOURCES
<p><b>FEDERAL SOURCES</b></p> <p><b>Low Income Housing Tax Credit</b> 4% and 9%; on average \$40 million per year for LA County (9%) 2018 allocation of Federal 9% Low Income Housing Tax Credits Statewide (\$106.7M) 2018 allocation of Federal 4% Tax Credits Statewide (\$124.9M)</p> <p><b>Federal Historic Preservation Tax Credits</b> 20% income tax credit is available for the rehabilitation of certified historic buildings</p> <p><b>Project-Based Vouchers</b> Section 8 &amp; Veterans Administration Supportive Housing</p> <p><b>Opportunity Zones</b></p> <p><b>STATE/ REGIONAL / LOCAL SOURCES</b></p> <p>Community Facilities Districts, Enhanced Infrastructure Finance Districts, Joint Powers Authorities and Other Special Districts</p> <p><b>Federal Home Loan Bank Affordable Housing Program:</b> \$65 million in FY18 for CA</p> <p><b>Low Income Housing Tax Credit</b> 2018 Allocation of State Tax of CA Tax Credits (\$98.6M)</p> <p><b>State of CA Affordable Housing and Sustainable Communities Grants</b> on average \$165 million per year for CA</p> <p><b>Public Transportation Funding</b></p> <p><b>Municipal Bonds</b></p> <p><i>*Note: Proposition HHH funds have been committed to other projects and are exhausted</i></p>	<p><b>Public Private Partnership</b></p> <p><b>Private Investors</b></p> <p><b>Lenders</b></p> <p><b>Revenue-Generating Uses</b></p> <p><b>Donations + Philanthropy</b></p>



## Consideración clave: Fuentes de financiamiento

FUENTES PÚBLICAS	FUENTES PRIVADAS
<p><b>FUENTES FEDERALES</b></p> <p><b>Crédito Fiscal de Vivienda de Bajos Ingresos</b> 4% y 9%; en promedio \$ 40 millones por año para el Condado de Los Ángeles (9%)</p> <p>Asignación 2018 de créditos fiscales federales de vivienda de bajos ingresos del 9% en todo el estado (\$ 106.7M)</p> <p>Asignación 2018 de créditos fiscales federales del 4% en todo el estado (\$ 124.9M)</p> <p><b>Créditos fiscales federales para la preservación histórica</b> - El crédito fiscal del 20% está disponible para la rehabilitación de edificios históricos certificados</p> <p><b>Vales restringidos al proyecto:</b> Sección 8 y administración de viviendas de apoyo para veteranos</p> <p><b>Zonas de oportunidad</b></p> <p><b>FUENTES ESTATALES / REGIONALES / LOCALES</b></p> <p>Districtos de instalaciones comunitarias, distritos financieros de infraestructura mejorada, autoridades de poderes conjuntos y otros distritos especiales</p> <p><b>Programa de vivienda asequible del Federal Home Loan Bank:</b> \$ 65 millones en AF18 para CA</p> <p><b>Crédito fiscal para viviendas de bajos ingresos</b> Asignación 2018 de impuestos estatales de créditos fiscales de California (\$ 98.6M)</p> <p><b>Subsidios para viviendas asequibles y comunidades sostenibles del estado de CA</b> en promedio \$165 millones por año para CA</p> <p><b>Financiamiento de transporte público</b></p> <p><b>Bonos municipales</b></p> <p><i>* Nota: los fondos de la Propuesta HHH se han comprometido con otros proyectos y están agotados</i></p>	<p><b>Asociación público-privada</b></p> <p><b>Inversionistas privados</b></p> <p><b>Prestamistas</b></p> <p><b>Usos generadores de ingresos</b></p> <p><b>Donaciones + Filantropía</b></p>



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



## Station Overview *Descripción general de las estaciones*

<b>Station 1</b>	<b>Station 2</b>	<b>Station 3</b>
What is the General Hospital Feasibility Study?	Community Engagement Process	What We've Learned about General Hospital & West Campus
<b>Station 4</b>	<b>Station 5</b>	<b>Station 6</b>
Key Considerations and Uses Considered	Cost and Funding Sources	Community Vision Mapping Activity
<b>Resource Table</b>	<b>Resource Table</b>	<b>Resource Table</b>
Wellness Center & Health Innovation Community Partnership	Supervisor Solis' Representative & DCBA	County & Metro Transportation

DCBA = Department of Consumer Business Affairs



## Descripción general de las estaciones

<b>Estación 1</b>	<b>Estación 2</b>	<b>Estación 3</b>
¿Qué es el estudio de viabilidad del hospital general?	Proceso de participación comunitaria	Lo que hemos aprendido sobre el Hospital General y el Campus Oeste
<b>Estación 4</b>	<b>Estación 5</b>	<b>Estación 6</b>
Consideraciones clave y usos considerados	Costo y fuentes de financiamiento	Ejercicio del mapa de la visión de la comunidad
<b>Mesa de Recursos</b>	<b>Mesa de Recursos</b>	<b>Mesa de Recursos</b>
Wellnes Center y Alianza Comunitaria para la Innovación de la Salud	Representante de la Oficina de la Supervisora Solis & Departamento de Consumo y Asuntos Empresariales (DCBA)	Condado de Los Ángeles & Metro Transporte

DCBA (por sus siglas en inglés)= Departamento de Asuntos Comerciales del Consumidor



# Section 3: Community at Large Meeting #3 December 9, 2019

Meeting Overview  
Meeting Format  
Photos & Videos  
Press Release  
Participant Quotes  
Community Feedback  
Meeting Summary  
Meeting Presentation  
Display Boards  
Meeting Flyers  
Vision Maps



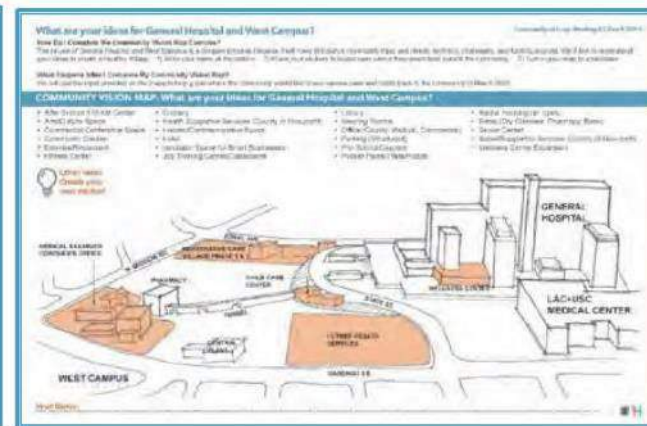
Station 6

## Community Vision Mapping Activity Ejercicio del mapa de la visión de la comunidad

### STEP-BY-STEP INSTRUCTION INSTRUCCIONES PASO A PASO

Identify where you would like to see potential uses in General Hospital and on West Campus to make a Healthy Village | Identifique dónde le gustaría ver posibles usos en el Hospital General y en el Campus Oeste para hacer una Pueblo Saludable:

1. Write your name at the bottom  
Escriba su nombre abajo
2. Place your stickers to locate uses where they would best benefit the community  
Coloque sus calcomanías para localizar los usos donde mejor puedan beneficiar a la comunidad
3. Turn in your vision map to a facilitator  
Entregue su mapa a un facilitador(a)



Q: Why should I identify where potential uses could go in General Hospital and on West Campus to make a Healthy Village? *¿Por qué debería identificar dónde podrían ir los usos potenciales en el Hospital General y en el Campus Oeste para hacer un Pueblo Saludable?*



Station 6

## Community Vision Mapping Activity Ejercicio del mapa de la visión de la comunidad



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

General Hospital Feasibility Study

## Next Steps *Próximos pasos*

- Project team will develop preliminary re-use ideas/scenarios for General Hospital and West Campus
- *El equipo del proyecto desarrollará ideas preliminares de reutilización para el Hospital General y el Campus Oeste*
- Dec 2019 – June 2020: Ongoing community engagement
- *Diciembre 2019-Junio 2020: Continuación de la participación comunitaria*
- Spring 2020: Community At-Large Meeting #4
- *Primavera de 2020: Cuarta reunión de la comunidad en general*



General Hospital Feasibility Study

## For More Information *Para más información*

**Project Lead | Encargada del proyecto**  
 Kelly Quinn | Chief Executive Office  
 Ivan Matthews | Chief Executive Office  
 IMatthews@ceo.lacounty.gov or 213-202-5825

**Contact | Contacto**  
 Alex Villalobos | Barrio Planners  
 Alex@barrioplanners.com or (323) 726-7734

**Sign up to receive email updates at sign-in table | Inscribese en la mesa de recepción para recibir actualizaciones por correo electrónico**



# Section 3: Community at Large Meeting #3 December 9, 2019

## Display Boards



### Station 1

#### What is the General Hospital Feasibility Study

#### ¿Qué es el Estudio de Viabilidad del Hospital General?

Meeting attendees are visiting Stations, viewing displays, and talking with staff. The meeting will reconvene for Q & A in approximately 40 minutes, at roughly 7:40 pm. Please view the displays on screen with us. Comments and questions can be submitted to the Community Engagement Team. Contact Alex Villalobos at [Alex@BarrioPlanners.com](mailto:Alex@BarrioPlanners.com). A team member will follow up to respond to questions received in the weeks following the meeting.

Los asistentes en la reunión están visitando las diferentes estaciones, viendo tableros de exhibición y hablando con el personal. Los asistentes volverán a reunirse para un tiempo de preguntas y respuestas en aproximadamente 40 minutos, alrededor de las 7:40 pm. Por favor vea los tableros de exhibición en pantalla con nosotros. Comentarios y preguntas se pueden enviar al equipo de participación comunitaria. Por favor, póngase en contacto con Alex Villalobos en [Alex@BarrioPlanners.com](mailto:Alex@BarrioPlanners.com). Un miembro del equipo hará un seguimiento para responder a las preguntas recibidas en las semanas posteriores a la reunión.



- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards**
- Meeting Flyers
- Vision Maps



# Section 3: Community at Large Meeting #3 December 9, 2019

Meeting Overview  
Meeting Format  
Photos & Videos  
Press Release  
Participant Quotes  
Community Feedback  
Meeting Summary  
Meeting Presentation  
Display Boards  
Meeting Flyers  
Vision Maps



### What is the General Hospital Feasibility Study?

# 1

#### Why Do We Need a Feasibility Study?

1933	2008	2018

#### Re-using General Hospital and West Campus – What are the Main Challenges?

- Old, Damaged and Large**  
Because General Hospital and West Campus structures, facilities, and infrastructure are large, damaged, and old, they will need significant repairs and improvements.
- Lack of Funding**  
The County does not have funds to repair or improve General Hospital and West Campus. That means some future uses will need to generate income to support other uses. Other creative funding ideas will need to be explored as well.
- Historic Buildings**  
Because some buildings and structures are historic, making changes will be more complicated and costly.

#### Determining Future Uses

There are many possible ways that General Hospital and West Campus could be returned to productive uses. The Study will consider:

- Review options for re-using existing community housing and needs, such as affordable and building options.
- Consult with the Board of Supervisors of County of Los Angeles.
- Identify any necessary and/or special repairs and improvements to challenge the condition of the existing structures.
- County plan to maintain existing structures and improve them as needed.
- County requires health services to be provided in a safe and secure manner.
- Working closely with General Hospital and West Campus will cost 100s of millions of dollars. The County does not currently have dedicated funding to meet these needs.
- With the feasibility study, we will be able to help with public assets, and revenue generation.

#### Timeline

2019	2020															
Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June
General Hospital Opportunities & Challenges	General Hospital & West Campus Opportunities & Challenges	Key Considerations	Draft Re-use Options	Proposed Re-use Options												
					We are here											
											The Next Phase: Public Hearings					

### ¿Qué es el Estudio de Viabilidad del Hospital General?

# 1

#### ¿Por qué necesitamos un estudio de viabilidad?

1933	2008	2018

#### Reutilización del Hospital General y el Campus Oeste: ¿cuáles son los principales desafíos?

- Edificio viejo, dañado y grande**  
Debido a que el Hospital General y las estructuras, instalaciones o infraestructura en el Campus Oeste son grandes, dañadas y viejas, necesitarán reparaciones y mejoras significativas.
- Falta de fondos**  
El Condado no tiene fondos para reparar o mejorar el Hospital General ni el Campus Oeste. Eso significa que será necesario que algunos usos generen ingresos para respaldar otros usos. También se deberán explorar otras ideas creativas de financiamiento.
- Edificios históricos**  
Debido a que algunos edificios y estructuras son históricos, hacer cambios será más complicado y costoso.

#### Determinación de usos futuros

Hay muchas formas posibles en que el Hospital General y el Campus Oeste podrían volver a tener usos productivos. El estudio considerará:

- Las necesidades de la comunidad y las necesidades de la comunidad.
- Las opciones de reutilización de edificios y estructuras.
- El Condado planea continuar con el estudio de reutilización del Hospital General y el Campus Oeste.
- El estudio considerará las necesidades de la comunidad y las necesidades de la comunidad.
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#### Cronograma

2019	2020															
Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Opportunities & Challenges	Opportunities & Challenges	Opportunities & Challenges	Opportunities & Challenges	Opportunities & Challenges	Opportunities & Challenges	Opportunities & Challenges	Opportunities & Challenges	Opportunities & Challenges	Opportunities & Challenges	Opportunities & Challenges	Opportunities & Challenges	Opportunities & Challenges	Opportunities & Challenges	Opportunities & Challenges	Opportunities & Challenges	Opportunities & Challenges
Estamos aquí											La siguiente fase: Public Hearings					





# Section 3: Community at Large Meeting #3 December 9, 2019

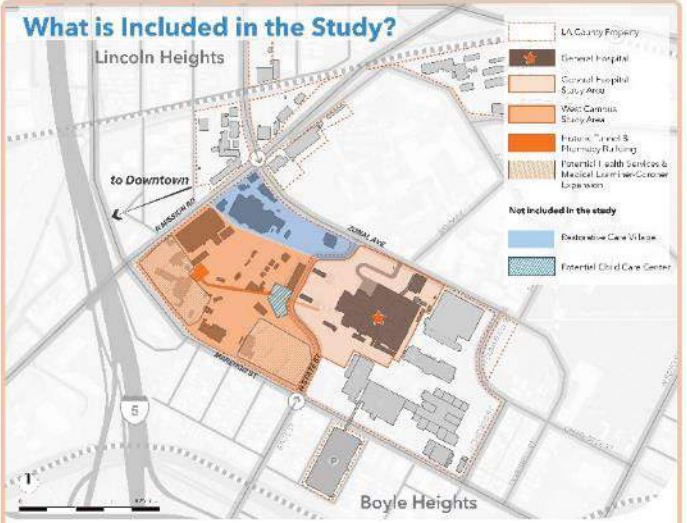
- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



### Board of Supervisors Direction for the Study

The Los Angeles County Board of Supervisors directed the Chief Executive Office to develop a study for the re-use of General Hospital. Highlights from the November 2018 Board Motion are listed below:

- Bring iconic County **asset back to life**
- Address the County's **tremendous need for homeless, low income, and high-need population residential options, and specifically in the area surrounding the LAC+USC Medical Campus**
- **Complement the LAC+USC Foundation's Wellness Center that provides wrap-around and community services** and the future **Restorative Care Village**
- **Mission-aligned re-use as a housing and mixed-use building**



### Healthy Village Vision

The Study will help to achieve the Healthy Village vision, spearheaded by Supervisor for the First District of Los Angeles County, Hilda L. Solis.

- A Whole Person Care concept to meet individuals' needs
- A healthy and economically resilient community in East LA
- Help most vulnerable population, and provide recuperative care and wraparound services to empower residents

### What is the West Campus?

**Location:** Bounded by Marengo St., N. Mission Rd., Zonal Ave. & State St.

**Size:** 31 acres / **approximately 12 acres buildable land**

**Historic Structures:** Tunnel, Pharmacy Building, Administration Building

**Current Use:** LAC Medical Examiner-Coroner, Parking, Facility Operations

**Planned Projects:** Restorative Care Village and Child Care Center

**West Campus was incorporated into the Study in 2019 to:**

- Expand opportunities to address community and County needs & priorities
- Allow for a more holistic Healthy Village campus

### Dirección de la Junta de Supervisores para el estudio

La Junta de Supervisores del Condado de Los Ángeles ordenó a la Oficina Ejecutiva, desarrollar un estudio para la reutilización del Hospital General. Los aspectos más destacados de la Moción de la Junta de noviembre de 2018 se enumeran a continuación:

- Traer el icónico patrimonio del Condado a la vida
- Abordar la **tremenda necesidad de opciones residenciales para personas sin hogar, de bajos ingresos y de alta necesidad del Condado, y específicamente en el área alrededor del Campus Médico LAC + USC**
- **Complementar el Centro de Bienestar de la Fundación LAC + USC que proporciona servicios integrales y comunitarios y la futura Villa de Cuidado Restaurativo**
- **Alinear la reutilización a la misión como vivienda y edificio de uso mixto.**



### Visión de la Healthy Village (Pueblo saludable)

El Estudio ayudará a lograr la visión de Healthy Village, encabezada por la Supervisora del Primer Distrito del Condado de Los Ángeles, Hilda L. Solis.

- Un concepto de atención integral para satisfacer las necesidades de los individuos.
- Una comunidad saludable, resistente y económicamente próspera en el este de Los Ángeles.
- Ayudar a la población más vulnerable y proporcionar servicios de recuperación y atención integral para empoderar a los residentes

### ¿Qué es el Campus Oeste?

**Ubicación:** Delimitado por Marengo St., N. Mission Rd., Zonal Ave. y State St.

**Tamaño:** 31 acres / aproximadamente 12 acres desarrollables

**Estructuras históricas:** Túnel, edificio de farmacia, edificio de administración

**Uso actual:** Examinador médico-forense de LAC, estacionamiento, operaciones de instalaciones

**Proyectos planificados:** Aldea de Cuidado Restaurativo, centro de cuidado infantil

**El Campus Oeste se incorporó al Estudio en 2019 para:**

- Ampliar las oportunidades para abordar las necesidades y prioridades de la comunidad y el Condado
- Hacer posible un campus más holístico de Healthy Village



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



## Station 2 Community Engagement Proceso de participación comunitaria + cronograma

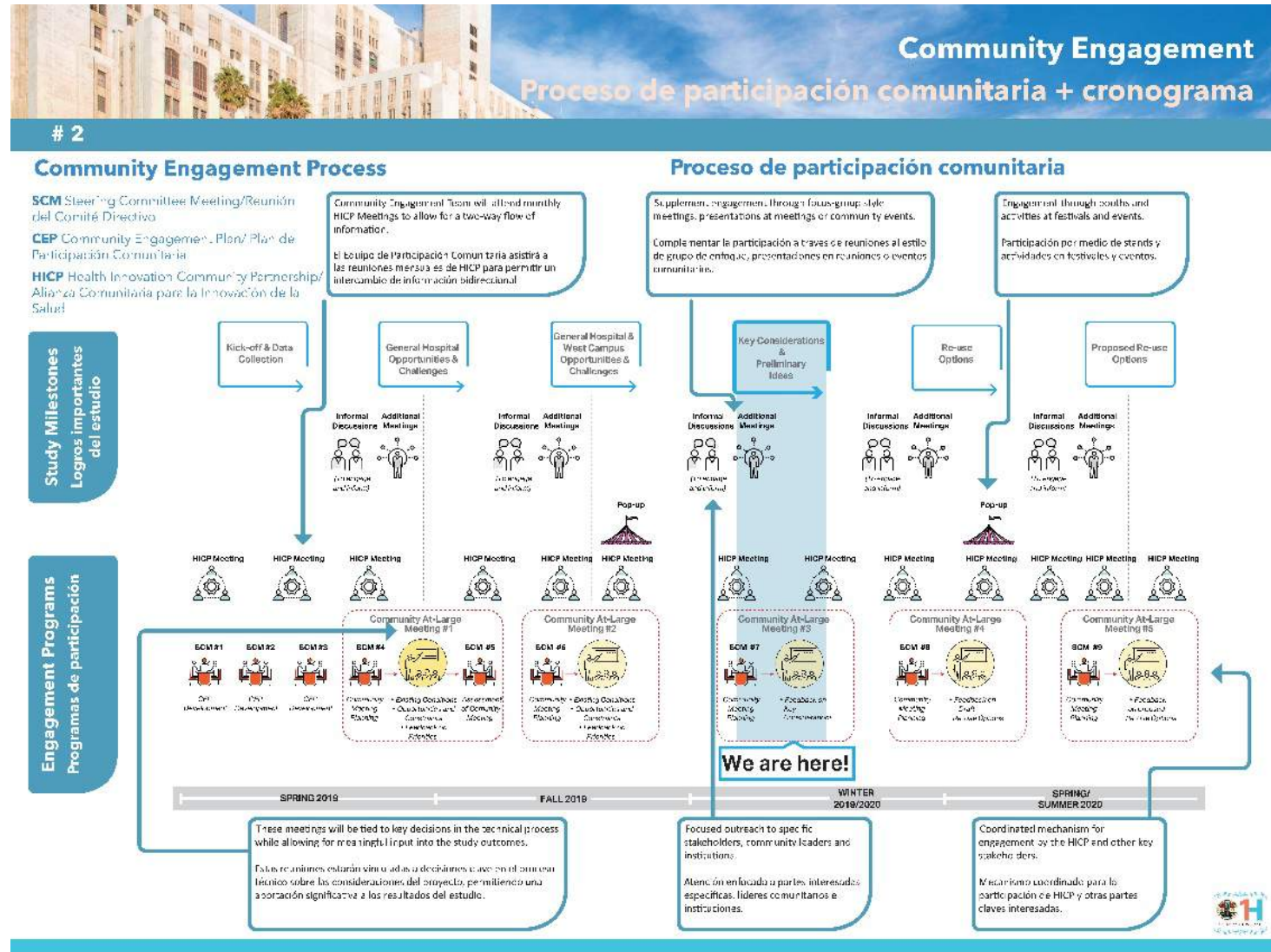
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# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps



### Community Engagement Proceso de participación comunitaria + cronograma

# 2

#### Community Engagement Steering Committee (CESC) Comité Directivo de Participación Comunitaria (CESC)

A big thank you to all of our **volunteer** CESC members that are helping guide the community engagement process:

Un gran agradecimiento a todos nuestros miembros **voluntarios** de CESC que están ayudando a guiar el proceso de participación de la comunidad:

Individual	Organization
Al Ballesteros	JWCH Institute
Andrea Rodriguez	ELA Skills Center
Pending	Public Counsel
Ari Gutierrez Arambula	Latino Equality Alliance
Betty Avila	Self Help Graphics
Father Chris Ponnet	St. Camillus Catholic Center
Guadalupe Duran-Medina	Supervisor Office
Isela Gracian	ELA Community Corporation
Ivan Matthews	Chief Executive Office
Henry Perez	Inner City Struggle
Jorge Orozco	LAC+USC Medical Center
Kelly Quinn	Chief Executive Office
Luis Lopez	Bravo Medical Magnet High
Lynda L. Daniel Farnsworth	ELA Skills Center
Elsa Tinoco	LAUSD Local District Eastside PACE
Michael Sinclair	Bravo Medical Magnet High
Monica Alcaraz	Northeast Regional CES Coordinator SPA4
Munson Kwok	Chinatown Advocate and Community Leader
Norma Gomez	Latino Business Chamber
Ozzie Lopez	ELA Community College
Rosa Soto	LAC+USC Medical Center Foundation   HICP
Teresa Nuno	Supervisor Office
Waqas Rehman	Supervisor Office
Yolanda Duarte-White	Alma Family Services

#### Community Engagement Guiding Principles Principios Rectores de la Participación Comunitaria

Ensure community engagement is **accessible and inclusive**.

Garantizar que la participación comunitaria sea **accesible e inclusiva**.

Provide **multiple opportunities** and methods for people to provide input.

Proporcionar **múltiples oportunidades** y métodos para que las personas **aporten información**.

Be **sensitive** to existing community concerns.

**Ser sensible** a las preocupaciones existentes de la comunidad.

**Simplify** complex technical concepts.

**Simplificar** conceptos técnicos complejos.

Support attendees participating in the **language most comfortable** for them.

Apoyar a los asistentes que participan en el **idioma más cómodo para ellos**.

Establish **channels of communication** with stakeholders.

Establecer **medios de comunicación** con los grupos de interés.

Strive to **integrate** the Study and HICP engagement processes.

Procurar **integrar** el estudio con el proceso de participación de HICP.

Ensure that **concerns raised reach** the technical team, County staff and Supervisors Office.

Asegurar que las **inquietudes planteadas lleguen** al equipo técnico, al personal del Condado y a la Oficina de Supervisores.

Consider **input** before **technical decisions** are made and report back.

Considerar el **aporte** recibido antes de **tomar decisiones técnicas** e informar de nuevo.



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Display Boards
- Meeting Flyers
- Vision Maps

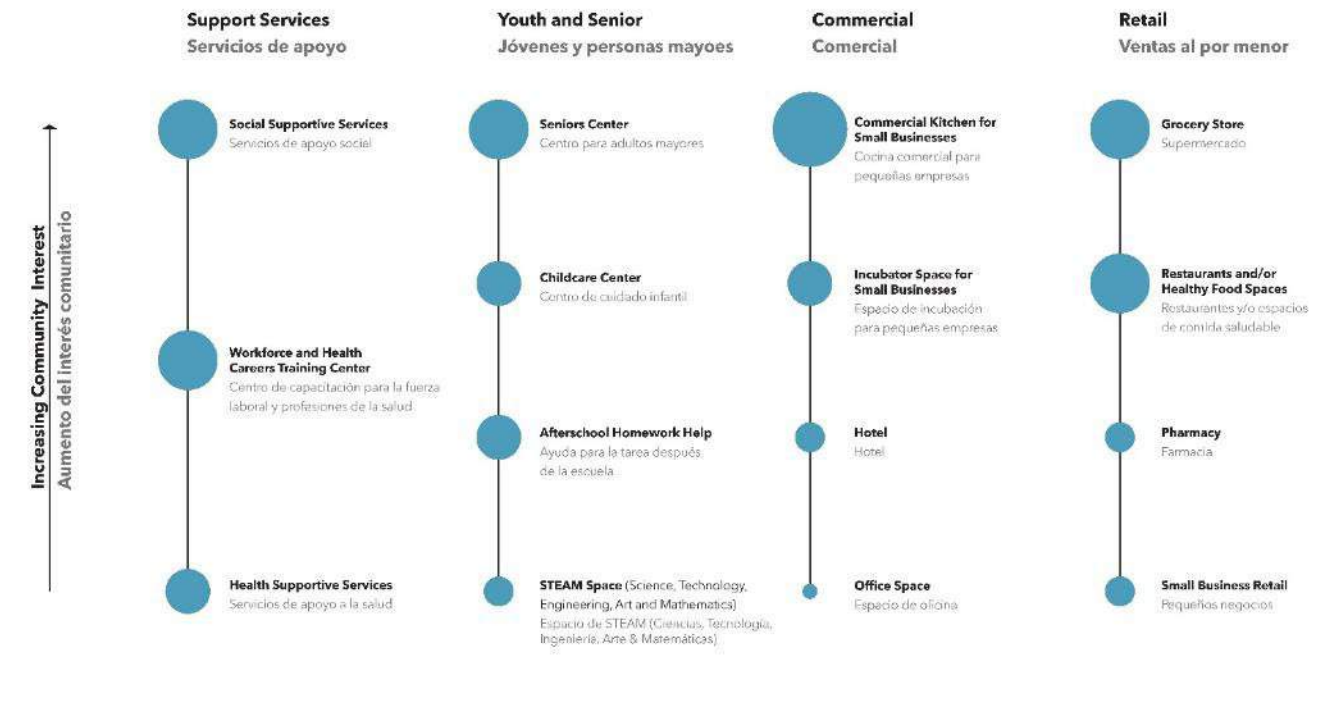
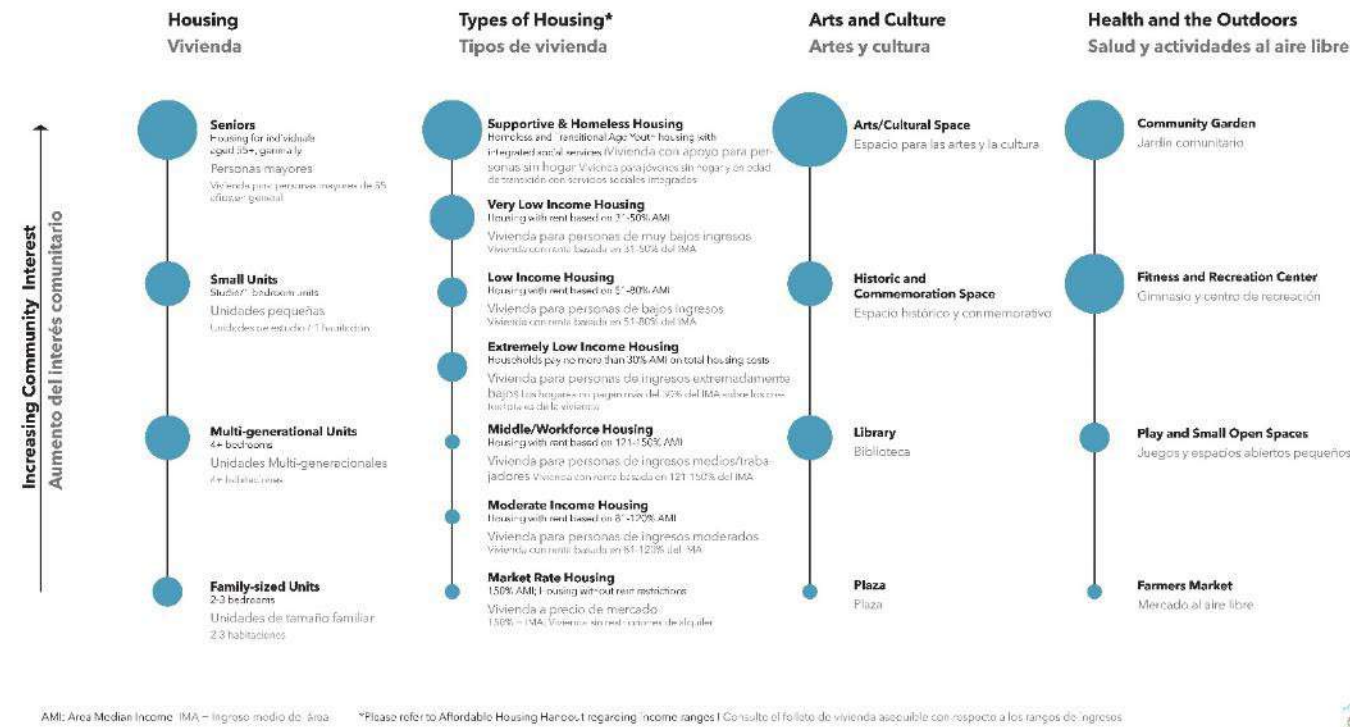


**What We've Learned from the Community**  
Feedback from 2 Community-at-Large Meetings on Potential Future Uses

**Lo que hemos aprendido de la comunidad**  
Comentarios de 2 reuniones de la comunidad en general sobre posibles usos futuros

**What We've Learned from the Community**  
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# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
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## Station 3 What We've Learned about General Hospital and West Campus Qué hemos aprendido sobre el Hospital General y el Campus Oeste

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# 3

### History & Overview of Building and Uses

- Age:** 86 years old
- Size:** 19 stories & nearly 1.2 million square feet (22 football fields)
- Use:** Once holding about 1,200 hospital beds /today largely vacant  
Currently used by DHS, the Wellness Center and Navy Medicine Operational Training Center
- Employees:** Approximately 1,000
- Architecture:** Iconic building contains unique spaces
- Status:** Eligible to be listed as historic resource under the National Register of Historic Places

### Historia y resumen general del edificio y sus usos

- Edad:** 86 años
- Tamaño:** 19 pisos y casi 1.2 millones de pies cuadrados (22 campos de fútbol)
- Uso:** En un tiempo se mantuvieron cerca de 1,200 camas de hospital/ hoy esta en gran parte vacante. Actualmente utilizado por DHS, el Centro de Bienestar y el Centro de Capacitación Operacional de Medicina de la Marina
- Empleados:** Aproximadamente 1,000
- Arquitectura:** Edificio icónico contiene espacios únicos.
- Status:** Elegible para ser catalogado como recurso histórico en el Registro Nacional de Lugares Históricos

Gate House Curved Driveway & Retaining Walls Circular Fountain Stairs Forecourt Forecourt Building 19-2 Retaining Walls Gate House



### Historic Preservation and Architecture Preservación histórica y arquitectura

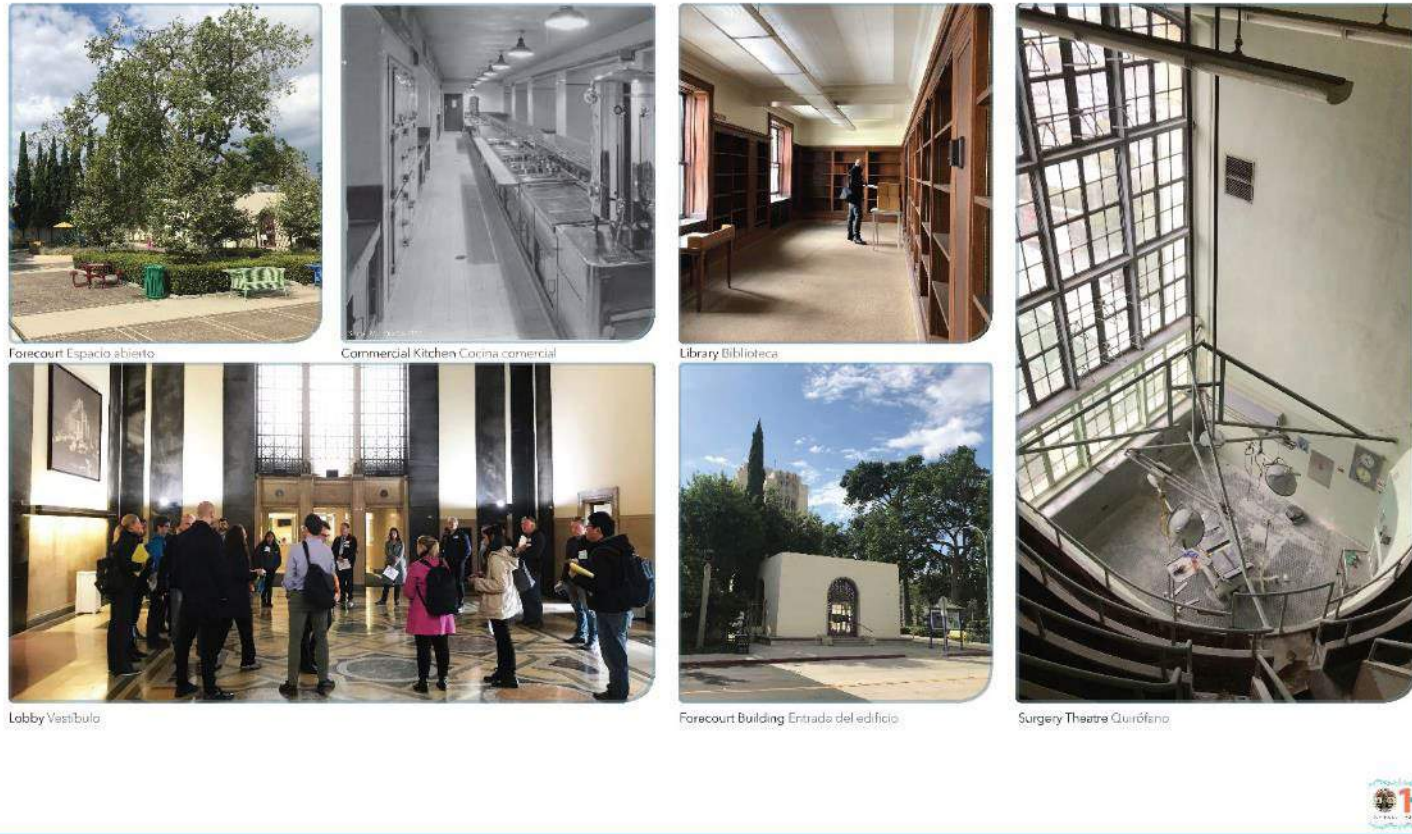


# Section 3: Community at Large Meeting #3 December 9, 2019

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## Opportunity Areas in General Hospital Áreas de oportunidad en el Hospital General

# 3



## What Improvements to General Hospital are Needed? ¿Qué mejoras son necesarias en el Hospital General?

# 3

### Necessary Building Improvements | Mejoras de construcción necesarias

- Exterior Concrete Repairs; Wall/Foundation Strengthening | Reparaciones exteriores de concreto, fortalecimiento de paredes, cimientos
- New Utilities to the Building | Nuevas líneas de servicios públicos al edificio
- New AC, Heating, Plumbing, Electrical | Nuevos sistemas de aire acondicionado, calefacción, plomería, electricidad
- Fire Protection | Protección contra incendios
- Mechanical Elevator Upgrades and new Elevators | Actualizaciones de ascensores mecánicos y ascensores nuevos
- Hazardous Material and Lead Abatement | Material peligroso y reducción de plomo
- Roof and Window Replacement | Techo y reemplazo de ventanas
- Maintain Historic Spaces & Preservation | Mantener los espacios históricos & preservación
- Upgrade Central Plant | Actualizar la planta central
- Improve Parking Solutions | Mejorar las soluciones de estacionamiento
- Improve Public Transit | Mejorar el transporte público
- Improve Pedestrian Access | Mejorar el acceso peatonal

• Each colored area represents a possible tenant/use with existing separate elevator and lobby access | Cada área de color representa un posible inquilino / Each colored area represents a possible tenant/use with existing separate elevator and lobby access uso con ascensor separado existente y acceso al vestíbulo.

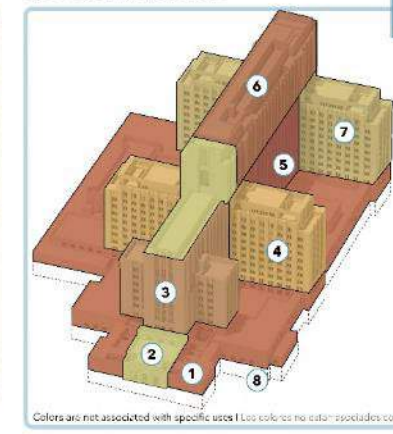
• There are multiple ways to use each colored area | Hay varias maneras de usar cada área de color

• 1/3 of building (approx. 340,000 SF on Basement and Floor 1) has large areas without sufficient daylight for office or residential use; only certain types of uses (such as parking and storage in the basement and retail and training/meeting rooms for the first floor) will thrive in these locations | 1/3 del edificio (aproximadamente 340,000 pies cuadrados en el sótano y el piso 1) tiene grandes áreas sin suficiente luz natural para uso residencial o de oficina; solo ciertos tipos de usos (como estacionamiento y almacenamiento en el sótano y tiendas y salas de entrenamiento/reuniones para el primer piso) prosperarán en estos lugares.

### Aerial View of General Hospital Vista aérea del hospital general



### Basic Building Block Diagram Diagrama básico de bloques de construcción



**Approximate SF of Areas**  
Pies cuadrados aproximados de las áreas

1.	180,000 SF
2.	25,000 SF
3.	186,000 SF
4.	160,000 SF
5.	104,000 SF
6.	93,000 SF
7.	160,000 SF
8.	181,000 SF

Colors are not associated with specific uses | Los colores no están asociados con usos específicos.

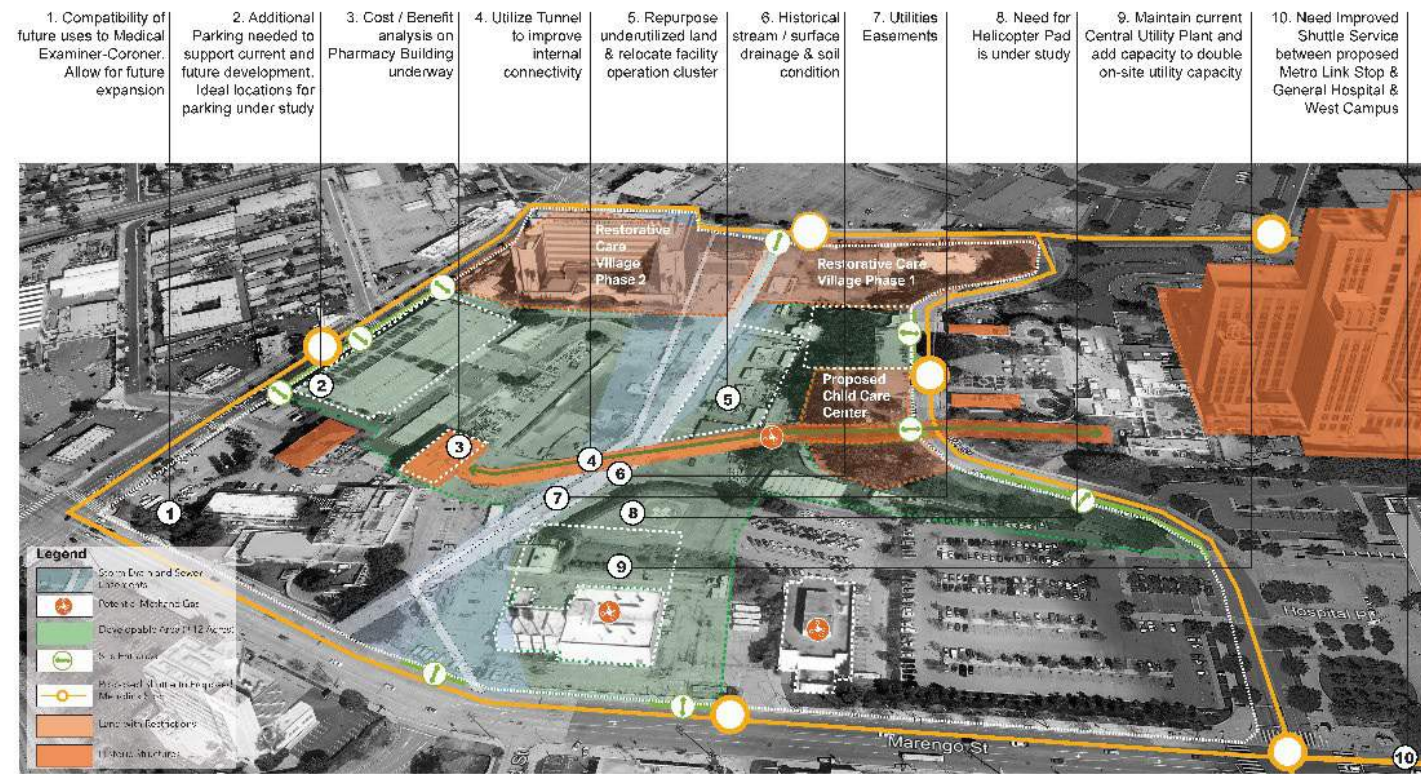


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Meeting Format  
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Press Release  
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Display Boards  
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## What Improvements Are Needed on West Campus?

# 3

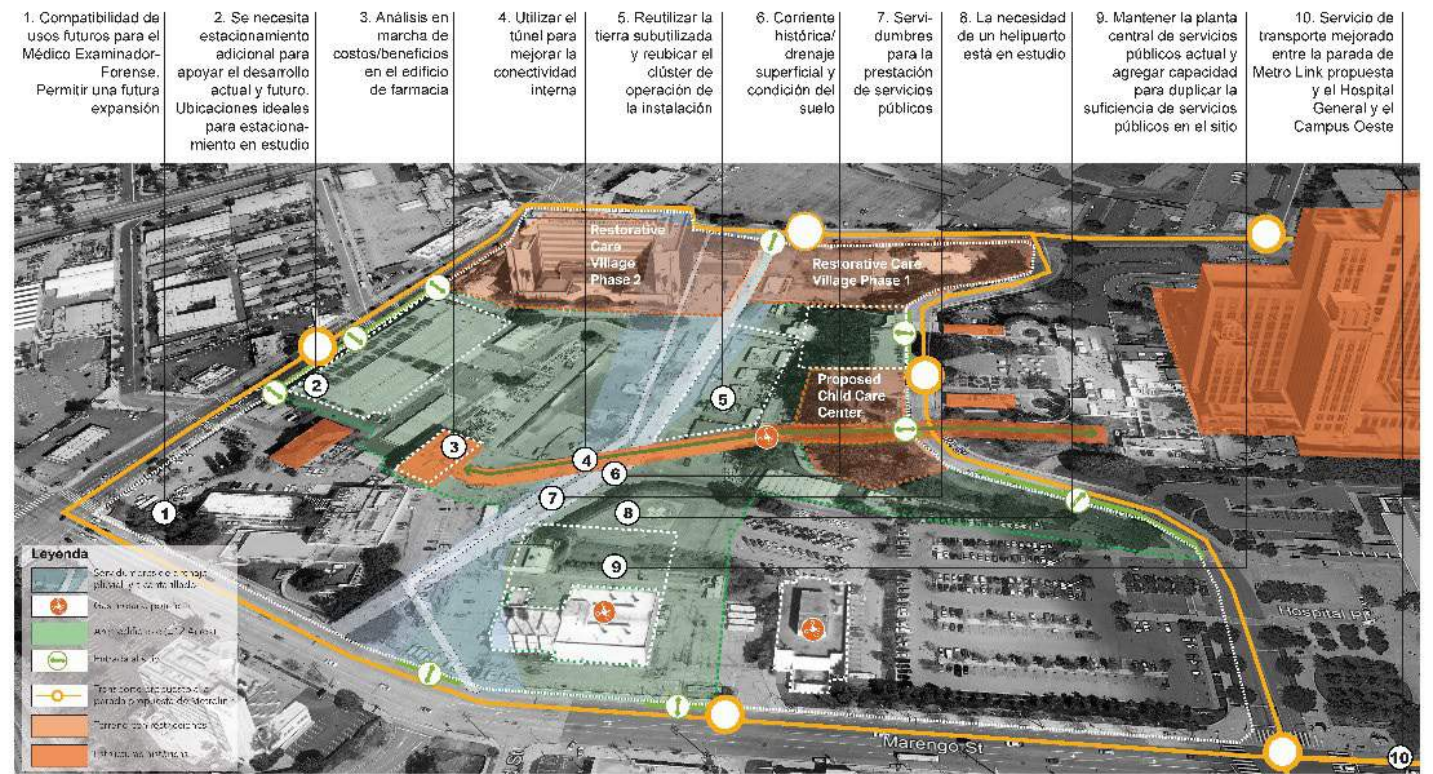


Note: Certain utilities likely require separate study, engineering, and construction by third parties.



## ¿Qué mejoras se necesitan en el Campus Oeste?

# 3



Note: Las utilidades que requieren estudio de ingeniería y construcción por terceros.



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- Press Release
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# 3

### Improve Pedestrian and Bike Access

#### Mejorar el acceso para peatones y bicicletas

- Improve sidewalks and pathways | Mejorar las aceras y caminos
- Provide barrier free, ADA access | Proporcionar acceso ADA sin barreras

### Suggested Public Transit Improvements

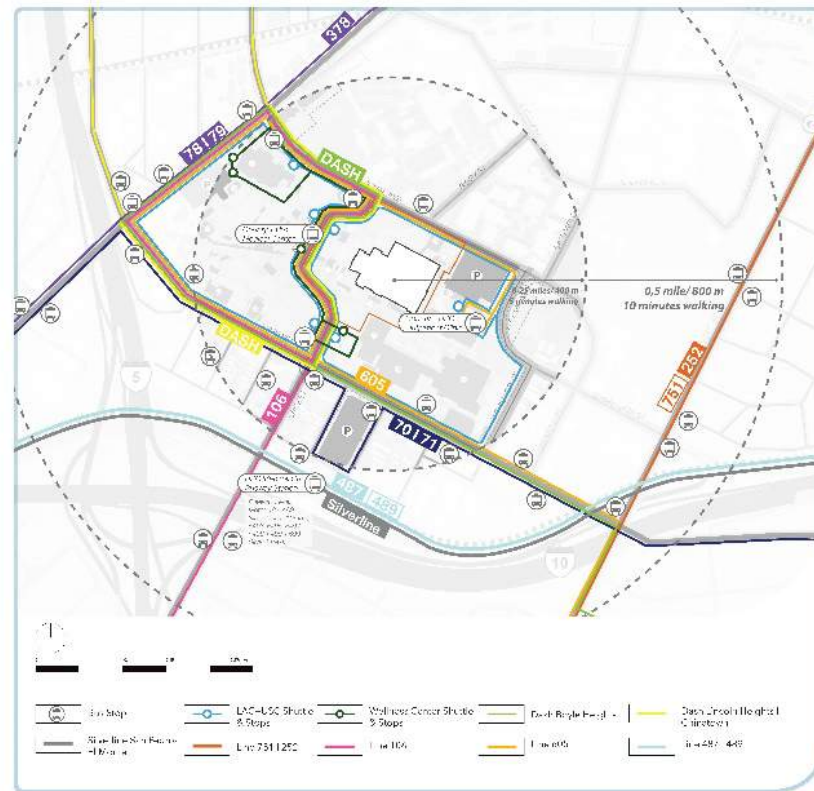
#### Sugerencias de mejoras para el transporte público

- Increase frequency of local commuter buses | Aumentar la frecuencia de los autobuses locales
- Add Metrolink stop on the existing Metrolink San Bernardino Line between Cal State and Union Station | Agregar una parada de Metrolink en la línea existente de Metrolink San Bernardino entre Cal State y Union Station
- Expand shuttle service from proposed Metrolink stop to General Hospital and West Campus | Ampliar el servicio de transporte desde la parada propuesta de Metrolink hasta el Hospital General y el Campus Oeste

### Address Parking Needs

#### Abordar las necesidades de estacionamiento

- Provide additional parking and vehicular access to the site to support new development | Proporcionar estacionamiento adicional y acceso vehicular al sitio para apoyar el nuevo desarrollo
- Provide parking management solutions | Proporcionar soluciones de gestión de estacionamiento.





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- Meeting Format
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- Press Release
- Participant Quotes
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## Station 4 A Mix of Uses Creates a Healthy Village Una mezcla de usos crea un Pueblo Saludable

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### Why does a mix of uses create a Healthy Village? Community Services

A vibrant mix of uses addressing community and County needs will contribute to creating a Healthy Village that can be woven into the fabric of the surrounding community.

### ¿Por qué una combinación de usos crea un Pueblo Saludable? Servicios comunitarios

Una combinación vibrante de usos que aborden las necesidades de la comunidad y el Condado contribuirá a crear un Pueblo Saludable que pueda integrarse en el tejido de la comunidad circundante.

#### COMMUNITY SERVICES SERVICIOS COMUNITARIOS

**Continuity of Care Services**  
Continuidad de los servicios de atención

- Build on the existing community service uses to include County, non-profit and for-profit entities providing necessary social, healthcare, legal and other services to the local community. **Aprovechar los usos de servicios comunitarios existentes para incluir el Condado, entidades sin fines de lucro y con fines de lucro que brinden servicios necesarios sociales, de salud, legales y de otro tipo a la comunidad local.**
- Examples of these uses include continuity of care for health services, senior and childcare centers, social support services, workforce/health careers training center, and the Wellness Center. **Ejemplos de estos usos incluyen la continuidad de la atención de los servicios de salud, centros de cuidado infantil y para personas mayores, servicios de apoyo social, el centro de capacitación de la fuerza laboral/de la salud y el Wellness Center.**

**Community Amenities and Public Space**  
Servicios comunitarios y espacio público

- Examples of these uses include public space, cultural/arts space, historic commemoration space, and fitness and recreation center, and active and passive recreation amenities (such as walking trails, pocket parks). **Ejemplos de estos usos incluyen el espacio público, espacio cultural/artístico, espacio histórico conmemorativo, gimnasio y centro de recreación, y servicios de recreación activa y pasiva (como senderos para caminar, miniparques).**

**Opportunity Oportunidad**

- Serve local community. **Servicio a la comunidad local.**
- Provide needed community services. **Proporcionar los servicios comunitarios necesarios.**
- Compliment other uses as part of the holistic Health Village I. **Complementar otros usos como parte del histórico Pueblo Saludable.**

**Challenge Reto**

- Identify funding sources. **Identificar fuentes de financiación.**

- Community Services and Benefits | Servicios y beneficios comunitarios:**
- After-School STEAM Center | Centro STEAM después de la escuela
  - Art Culture Space | Espacio para las artes y la cultura
  - Historic/Commemorative Space | Espacio histórico o para conmemorar
  - Job Training Center / Classrooms | Centro de capacitación laboral/salones de clase
  - Library | Biblioteca
  - Meeting Rooms | Salones para reuniones
  - Pre-school / Daycare | Centro pre-escolar/guardería
  - Senior Center | Centro para adultos mayores
  - Social / Health Supportive Services (County or Non-Profit) | Servicios Sociales o de apoyo
  - Expanding the Wellness Center | Expansión del Wellness Center
  - And More | y más

### Why does a mix of uses create a Healthy Village? Rental Housing

A vibrant mix of uses addressing community and County needs will contribute to creating a Healthy Village that can be woven into the fabric of the surrounding community.

### ¿Por qué una combinación de usos crea un Pueblo Saludable? Vivienda de alquiler

Una combinación vibrante de usos que aborden las necesidades de la comunidad y el Condado contribuirá a crear un Pueblo Saludable que pueda integrarse en el tejido de la comunidad circundante.

#### RENTAL HOUSING VIVIENDA DE ALQUILER

- Providing a balance of all types of rental housing could achieve County, community goals and support financial feasibility. **Proporcionar un equilibrio de todos los tipos de viviendas de alquiler podría lograr los objetivos del Condado, la comunidad y respaldar la viabilidad financiera.**
- Different types of rental housing are recommended to serve a wide spectrum of users. **Se recomiendan diferentes tipos de viviendas de alquiler para servir a una amplia gama de usuarios.**

Proporcionar un equilibrio de todos los tipos de viviendas de alquiler podría lograr los objetivos del Condado, la comunidad y respaldar la viabilidad financiera.

Se recomiendan diferentes tipos de viviendas de alquiler para servir a una amplia gama de usuarios.

#### Opportunity Oportunidad

- Rental Housing is a good fit for several of General Hospital "blocks" of space. **La vivienda de alquiler es una buena opción para varios "bloques" de espacio del Hospital General.**
- Provide rental housing for disadvantaged and low income residents. **Proporciona viviendas de alquiler para residentes desfavorecidos y de bajos ingresos.**
- Including some market rate rental units in General Hospital may help address some demand in LA specifically generated by LAC+USC Medical Campus. **La inclusión de algunas unidades de alquiler a precio de mercado en el Hospital General puede ayudar a abordar cierta demanda en LA específicamente generada por el campus médico LAC + USC.**

<b>Family-sized Units</b> 2-3 bedrooms	<b>Multi-generational Units</b> 2-3 bedrooms	<b>Small Units</b> 1 bedroom, studio, etc.	<b>Seniors</b> Housing for older adults
<b>Unidades de tamaño familiar</b> 2-3 habitaciones	<b>Unidades Multi-generacionales</b> 2-3 habitaciones	<b>Unidades pequeñas</b> 1 habitación, estudio, etc.	<b>Personas mayores</b> Vivienda para personas mayores de 65 años, en general
<b>Supportive &amp; Homeless Housing</b> Housing for homeless youth, transitional housing, etc.	<b>Extremely Low Income Housing</b> Housing for extremely low income households	<b>Very Low Income Housing</b> Housing for very low income households	<b>Low Income Housing</b> Housing for low income households
<b>Vivienda con apoyo para personas sin hogar</b> Vivienda para jóvenes sin hogar o con otros problemas de vivienda	<b>Vivienda para personas de ingresos extremadamente bajos</b> Vivienda para personas con ingresos de menos de 30% del ingreso medio del área.	<b>Vivienda para personas de muy bajos ingresos</b> Vivienda para personas con ingresos de 31-50% del área.	<b>Vivienda para personas de bajos ingresos</b> Vivienda para personas con ingresos de 51-80% del área.
	<b>Moderate Income Housing</b> Housing for moderate income households	<b>Middle/Workforce Housing</b> Housing for middle income households	<b>Market Rate Housing</b> Housing for market rate households
	<b>Vivienda para personas de ingresos moderados</b> Vivienda para personas con ingresos de 81-120% del área.	<b>Vivienda para personas de ingresos medios/trabajadores</b> Vivienda para personas con ingresos de 121-150% del área.	<b>Vivienda a precio de mercado</b> Vivienda para personas con ingresos de más de 150% del área.

**Challenge Reto**

- Mix of rental housing types will require a range of subsidies and other financing strategies. **La combinación de tipos de viviendas de alquiler requerirá una variedad de subsidios y otras estrategias de financiamiento.**
- Some rental housing subsidies may not be available. **Algunos subsidios de vivienda de alquiler pueden no estar disponibles.**
- Need to proactively address displacement concerns. **Necesidad de abordar de manera proactiva los problemas de desplazamiento.**

AM = Area Median Income  
IVA = ingreso medio del área



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## Why does a mix of uses create a Healthy Village? Office

A vibrant mix of uses addressing community and County needs will contribute to creating a Healthy Village that can be woven into the fabric of the surrounding community.

## ¿Por qué una combinación de usos crea un Pueblo Saludable? Oficina

Una combinación vibrante de usos que aborden las necesidades de la comunidad y el Condado contribuirá a crear un Pueblo Saludable que pueda integrarse en el tejido de la comunidad circundante.

## Why does a mix of uses create a Healthy Village? Retail/ Food Services & Hospitality

A vibrant mix of uses addressing community and County needs will contribute to creating a Healthy Village that can be woven into the fabric of the surrounding community.

## ¿Por qué una combinación de usos crea un Pueblo Saludable? Comercio / servicio de alimentos y hospitalidad

Una combinación vibrante de usos que aborden las necesidades de la comunidad y el Condado contribuirá a crear un Pueblo Saludable que pueda integrarse en el tejido de la comunidad circundante.

### Job Growth and Training - OFFICE

**Crecimiento laboral y capacitación - OFICINA**

- Office space could provide substantial jobs, additional community services and career paths in the area. El espacio de oficina podría proporcionar trabajos sustanciales, servicios comunitarios adicionales y carreras profesionales en el área.
- The creation of office space would draw people to the area, which could support other uses, such as eateries and restaurants. La creación de espacio de oficinas atraería a personas al área, lo que podría apoyar otros usos, como restaurantes y comedores.
- Potential Office uses include:**
  - LA County Office | Oficina de Condado de LA
  - Medical Office | Oficina médica
  - Commercial Office | Oficina comercial
  - Business Incubator Space | Espacio para incubar pequeñas empresas
- These uses would create more jobs in the area and could provide entrepreneurial opportunities and local business expansion. Estos usos crearían más empleos en el área y podrían proporcionar oportunidades empresariales y expansión de negocios locales.

**Opportunity Oportunidad**

- Create jobs and career paths for community and future generations. Crear empleos y carreras profesionales para la comunidad y las generaciones futuras.
- Partner with schools/colleges and County to provide job training and long-term career opportunities. Asociarse con escuelas / colegios y el Condado para brindar capacitación laboral y oportunidades profesionales a largo plazo.

**Challenge Reto**

- Provide ways to help local residents secure job opportunities. Proporcionar formas de ayudar a los residentes locales a asegurar oportunidades de trabajo.
- Develop transit improvements that reduce automobile trips. Desarrollar mejoras de transporte que reduzcan los viajes en automóvil.

### Job Growth and Training - RETAIL / FOOD SERVICE

**Crecimiento laboral y capacitación - COMERCIO / SERVICIO DE ALIMENTOS**

- Community supported retail may include healthy eateries, taquerías, credit union, dry cleaners, grocery store, a commercial kitchen and specialty food retailers. El comercio apoyado por la comunidad puede incluir restaurantes saludables, taquerías, cooperativas de crédito, tintorerías, supermercados, una cocina comercial y minoristas de alimentos especializados.
- These uses would create more jobs in the area and could provide entrepreneurial opportunities and local business expansion. Estos usos crearían más empleos en el área y podrían proporcionar oportunidades empresariales y expansión de negocios locales.

**Opportunity Oportunidad**

- Serve local community & future re-uses. Servir a la comunidad local y futuras reutilizaciones.
- Respond to food desert & lack of healthy food choices. Responder al "desierto de alimentos" y la falta de opciones de alimentos saludables.
- Contributes to a vibrant 24 hour Healthy Village campus. Contribuir a un vibrante campus de un Pueblo Saludable las 24 horas.

**Challenge Reto**

- Access and parking to future retail/ food service. Acceso y estacionamiento para el futuro comercio / servicio de alimentos.
- Develop transit improvements that reduce automobile trips. Desarrollar mejoras de transporte que reduzcan los viajes en automóvil.

### Job Growth and Training - HOSPITALITY

**Crecimiento laboral y capacitación - HOSPITALIDAD**

- Hospitality could create jobs and career paths for local residents and career paths into other fields such as management, finance or food service. La hospitalidad podría crear empleos y trayectorias profesionales para los residentes locales y carreras profesionales en otros campos, como la administración, las finanzas o el servicio de alimentos.
- Different hospitality types to consider. Diferentes tipos de hospitalidad a considerar:
  - Non-profit community serving hotel such as a Ronald McDonald House. Hotel de servicio comunitario sin fines de lucro, como la Casa Ronald McDonald.
  - Small, budget extended stay type hotel which could:
    - Support patients & their families receiving medical care. Apoyar a los pacientes y sus familias que reciben atención médica.
    - Visiting medical professionals. La opción sin fines de lucro requiere apoyo filantrópico continuo.
    - Short-term housing for relocating staff, etc. Servir de alojamiento a corto plazo para reubicar personal, etc.
- These uses would create more jobs in the area and could provide entrepreneurial opportunities and local business expansion. Estos usos crearían más empleos en el área y podrían proporcionar oportunidades empresariales y expansión de negocios locales.



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## Station 5 Key Considerations: Cost and Funding Sources Consideración clave: Costo y fuentes de financiamiento

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**# 5**

**Key Consideration: Cost**  
The Re-Use of General Hospital and West Campus requires substantial reinvestment. The cost of Re-Use includes several components from hazardous material removal, structural improvements, overall site improvements and parking. Total hard and soft costs will be developed for each scenario.

**Consideración clave: Costo**  
La reutilización de General Hospital y el Campus Oeste requiere una reinversión sustancial. El costo de la reutilización incluye varios componentes desde la eliminación de materiales peligrosos, mejoras estructurales, mejoras generales del sitio y estacionamiento. Los costos totales duros y blandos se desarrollarán para cada escenario.

<b>1. Base Case</b> Caso base	<b>+</b>	<b>2. Site Improvements</b> Mejoras del sitio	<b>+</b>	<b>3. Parking</b> Estacionamiento	<b>+</b>	<b>4. MEP *</b> Mecánica, Electricidad, Fontanería	<b>+</b>	<b>5. Tenant Improvements</b> Mejoras para inquilinos	<b>=</b>	<b>Total Cost</b> Costo total
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<p><b>\$ Million</b></p> <p><b>Base Case costs includes:</b> Los costos del caso base incluyen:</p> <ul style="list-style-type: none"> <li>•Hazard and Lead Abatement: Material peligroso y reducción de plomo</li> <li>•MFP Demolition: Demolición - de MFP</li> <li>•Remove Elevator Tower: Remover la torre del elevador</li> <li>•Structural Seismic Retrofit: Necesidad de reparación sísmica estructural</li> <li>•Refurbishing Historical Windows: Restauración de ventanas históricas</li> <li>•Refurbishing Exterior Concrete: Restauración del concreto exterior</li> <li>•Finish facade: Acabado de la fachada</li> <li>•New Roofing: Nuevo techo</li> <li>•Fire Protection: Protección contra incendios</li> <li>•Historic Preservation: Preservación histórica</li> </ul>	<p><b>\$ Million</b></p> <p><b>Site Improvements costs includes:</b> Los costos de mejora del sitio incluyen:</p> <ul style="list-style-type: none"> <li>•Utilities: Utilidades</li> <li>•Roads: Carreteras</li> <li>•Landscaping: Paisajismo</li> <li>•Lighting: Iluminación</li> <li>•Recreational Amenities (i.e. walking trails &amp; pocket parks): Servicios recreativos (por ejemplo, senderos para caminar y parques)</li> </ul>	<p><b>\$ Million</b></p> <p><b>Parking costs includes:</b> Los costos de estacionamiento incluyen:</p> <ul style="list-style-type: none"> <li>•Parking Structures: Estructuras de estacionamiento</li> <li>•Surface Parking: Estacionamiento en la superficie</li> </ul>	<p><b>\$ Million</b></p> <p><b>Mechanical, electrical, and plumbing costs include:</b> Los costos mecánicos, electricidad, y fontanería incluyen:</p> <ul style="list-style-type: none"> <li>•Electrical: Electricidad</li> <li>•Plumbing: Fontanería</li> <li>•Heating: Calefacción</li> <li>•Ventilation: Ventilación</li> <li>•Air Conditioning: Aire acondicionado</li> </ul>	<p><b>\$ Million</b></p> <p><b>Tenant Improvements costs include:</b> Los costos de mejoras para inquilinos incluyen:</p> <ul style="list-style-type: none"> <li>•Interior finish out such as lighting, and restrooms: Acabado interior como iluminación y baños</li> <li>•New elevators: Ascensores nuevos</li> <li>•Public Art: Arte público</li> </ul>	<p><b>\$\$\$Million</b></p> <p><b>Opportunity Oportunidad</b> •Leverage multiple public and private financing and investment sources in a phased approach   Aprovechar múltiples fuentes de financiamiento e inversión públicas y privadas en un enfoque gradual</p> <p><b>Challenge Reto</b> •County lacks dedicated funding   El Condado carece de fondos dedicados •Re-Use requires substantial re-investment   La reutilización requiere una reinversión sustancial</p>
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\*MEP = Mechanical, Electrical, Plumbing



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
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- Press Release
- Participant Quotes
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# 5

# 5

## Key Consideration: Funding Sources

Because the County does not have dedicated funds to repair or improve the site, the study explores leveraging multiple public and private financing and investment sources. Funding sources that are available today may not be available in the future. For example, Proposition HHH funds have been committed to other projects and are exhausted.

PUBLIC SOURCES	PRIVATE SOURCES
<p><b>Federal Sources</b></p> <ul style="list-style-type: none"> <li><b>Low Income Housing Tax Credit:</b> \$40 million on average per year for LA County 2018 allocation of Federal 9% Low Income Housing Tax Credits Statewide (\$106.7M) 2018 allocation of Federal 4% Tax Credits Statewide (\$124.9M)</li> <li><b>Federal Historic Preservation Tax Credits:</b> 20% income tax credit is available for the rehabilitation of certified historic buildings</li> <li><b>Project-Based Vouchers:</b> Section 8 &amp; Veterans Administration Supportive Housing</li> <li><b>Opportunity Zones</b></li> </ul> <p><b>State/ Regional / Local Sources</b></p> <ul style="list-style-type: none"> <li><b>Community Facilities Districts, Enhanced Infrastructure Finance Districts, Joint Powers Authorities and Other Special Districts</b></li> <li><b>Federal Home Loan Bank Affordable Housing Program:</b> \$65 million in FY18 for CA</li> <li><b>Low Income Housing Tax Credit:</b> 2018 Allocation of State Tax of CA Tax Credits (\$95.6M)</li> <li><b>State of CA Affordable Housing and Sustainable Communities Grants:</b> \$165 million on average per year for CA</li> <li><b>Public Transportation Funding</b></li> <li><b>Municipal Bonds</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Public Private Partnership</b></li> <li><b>Private Investors</b></li> <li><b>Lenders</b></li> <li><b>Revenue-Generating Uses</b></li> <li><b>Donations &amp; Philanthropy</b></li> </ul>

## Consideración clave: Fuentes de financiamiento

Debido a que el Condado no tiene fondos dedicados para reparar o mejorar el sitio, el estudio explora el aprovechar múltiples fuentes de financiamiento e inversión públicas y privadas. Las fuentes de financiación que están disponibles hoy pueden no estar disponibles en el futuro. Por ejemplo, los fondos de la Propuesta HHH se han comprometido con otros proyectos y se han agotados.

FUENTES PÚBLICAS	FUENTES PRIVADAS
<p><b>FUENTES FEDERALES</b></p> <ul style="list-style-type: none"> <li><b>Crédito Fiscal de Vivienda de Bajos Ingresos:</b> En promedio \$ 40 millones por año para el Condado de Los Angeles Asignación 2018 de créditos fiscales federales de vivienda de bajos ingresos del 9% en todo el estado (\$ 106.7M) Asignación 2018 de créditos fiscales federales del 4% en todo el estado (\$ 124.9M)</li> <li><b>Créditos fiscales federales para la preservación histórica:</b> El crédito fiscal del 20% está disponible para la rehabilitación de edificios históricos certificados</li> <li><b>Vales restringidos al proyecto:</b> Sección 8 y administración de viviendas de apoyo para veteranos</li> <li><b>Zonas de oportunidad</b></li> <li><b>Opportunity Zones</b></li> </ul> <p><b>Fuentes estatales/regionales/locales</b></p> <ul style="list-style-type: none"> <li><b>Distritos de instalaciones comunitarias, distritos financieros de infraestructura mejorada, autoridades de poderes conjuntos y otros distritos especiales</b></li> <li><b>Programa de vivienda asequible del Federal Home Loan Bank:</b> \$65 millones en AF-18 para CA</li> <li><b>Crédito fiscal para viviendas de bajos ingresos:</b> Asignación 2018 de impuesto estatal de créditos fiscales de California (\$ 95.6M) Allocation of State Tax of CA Tax Credits (\$95.6M)</li> <li><b>Subsidios para viviendas asequibles y comunidades sostenibles del estado de CA:</b> En promedio \$165 millones por año para CA</li> <li><b>Financiamiento de transporte público</b></li> <li><b>Bonos municipales</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Asociación público-privada</b></li> <li><b>Inversionistas privados</b></li> <li><b>Prestamistas</b></li> <li><b>Usos generadores de ingresos</b></li> <li><b>Donaciones + Filantropía</b></li> </ul>



# Section 3: Community at Large Meeting #3 December 9, 2019

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
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## Station 6 Community Vision Mapping Activity Ejercicio del mapa de la visión de la comunidad

Meeting attendees are visiting Stations, viewing displays, and talking with staff. The meeting will reconvene for Q & A in approximately 40 minutes, at roughly 7:40 pm. Please view the displays on screen with us. Comments and questions can be submitted to the Community Engagement Team. Contact Alex Villalobos at [Alex@BarrioPlanners.com](mailto:Alex@BarrioPlanners.com). A team member will follow up to respond to questions received in the weeks following the meeting.

Los asistentes en la reunión están visitando las diferentes estaciones, viendo tableros de exhibición y hablando con el personal. Los asistentes volverán a reunirse para un tiempo de preguntas y respuestas en aproximadamente 40 minutos, alrededor de las 7:40 pm. Por favor vea los tableros de exhibición en pantalla con nosotros. Comentarios y preguntas se pueden enviar al equipo de participación comunitaria. Por favor, póngase en contacto con Alex Villalobos en [Alex@BarrioPlanners.com](mailto:Alex@BarrioPlanners.com). Un miembro del equipo hará un seguimiento para responder a las preguntas recibidas en las semanas posteriores a la reunión.



**STEP-BY-STEP INSTRUCTION**  
**INSTRUCCIONES PASO A PASO**

Identify where you would like to see potential uses in General Hospital and on West Campus to make a **Healthy Village**. Identifique dónde le gustaría ver posibles usos en el Hospital General y en el Campus Oeste para hacer una **Pueblo Saludable**.

1. Write your name at the bottom. *Escriba su nombre abajo*
2. Place your stickers to locate uses where they would best benefit the community. *Coloque sus calcomanías para localizar los usos donde mejor puedan beneficiar a la comunidad*
3. Turn in your vision map to a facilitator. *Entregue su mapa a un facilitador(a)*

What are your ideas for General Hospital and West Campus?  
¿Cuáles son sus ideas para el Hospital General y el Campus Oeste?

**COMUNITY VISION MAP: What are your ideas for General Hospital and West Campus?**

Here are my ideas for uses to help make General Hospital and West Campus a Healthy Village.  
*Aquí están mis ideas de usos para ayudar a que el Hospital General y el Campus Oeste sean un Pueblo Saludable.*



# Section 3: Community at Large Meeting #3 December 9, 2019

Meeting Overview  
Meeting Format  
Photos & Videos  
Press Release  
Participant Quotes  
Community Feedback  
Meeting Summary  
Meeting Presentation  
Display Boards  
Meeting Flyers  
Vision Maps

## Community Vision Mapping Activity Ejercicio del mapa de la visión de la comunidad

# 6

**How Do I Complete the Community Vision Map Exercise?**  
The re-use of General Hospital and West Campus is a complex process because it will need to balance community input and needs, technical challenges, and funding sources. We'd like to understand your ideas to create a Healthy Village. 1) Write your name at the bottom 2) Place your stickers to locate uses where they would best benefit the community 3) Turn in your map to a facilitator

**What Happens After I Complete My Community Vision Map?**  
We will use the input provided on the maps to help guide where the community would like to see various uses and report back to the community in March 2020.

**COMMUNITY VISION MAP: What are your ideas for General Hospital and West Campus?**

<ul style="list-style-type: none"> <li>• After School STEAM Center</li> <li>• Arts/Culture Space</li> <li>• Commercial Conference Space</li> <li>• Community Garden</li> <li>• Eateries/Restaurant</li> <li>• Fitness Center</li> </ul>	<ul style="list-style-type: none"> <li>• Grocery</li> <li>• Health Supportive Services (County or Non-profit)</li> <li>• Historic/Commemorative Space</li> <li>• Hotel</li> <li>• Incubator Space for Small Businesses</li> <li>• Job Training Center/Classrooms</li> </ul>	<ul style="list-style-type: none"> <li>• Library</li> <li>• Meeting Rooms</li> <li>• Office (County, Medical, Commercial)</li> <li>• Parking (Structured)</li> <li>• Pre-School/Daycare</li> <li>• Pocket Parks/Trails/Plazas</li> </ul>	<ul style="list-style-type: none"> <li>• Rental Housing (all types)</li> <li>• Retail (Dry Cleaners, Pharmacy, Bank)</li> <li>• Senior Center</li> <li>• Social/Supportive Services (County or Non-profit)</li> <li>• Wellness Center Expansion</li> </ul>
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**Other idea? Create your own sticker!**

## Community Vision Mapping Activity Ejercicio del mapa de la visión de la comunidad

# 6

**¿Cómo Puedo Completar este Ejercicio del Mapa de la Visión de la Comunidad?**  
La reutilización del Hospital General y el Campus Oeste es un proceso complejo porque deberá balancear los aportes y necesidades de la comunidad, los desafíos técnicos, y las fuentes de financiamiento. Buscamos entender sus ideas para crear un Pueblo Saludable. 1) Escriba su nombre al final de esta página, 2) Coloque sus calcomanías para localizar los usos donde mejor benefician a la comunidad, 3) Entregue su mapa a un(a) facilitador(a).

**¿Qué sucederá después de que complete mi Mapa de la Visión de la Comunidad?**  
Utilizaremos los aportes proporcionados en los mapas para guiarnos a donde la comunidad desea considerar los diferentes usos y regresaremos con un informe a la comunidad en marzo de 2020.

**MAPA DE LA VISIÓN DE LA COMUNIDAD: ¿Cuáles son sus ideas para el Hospital General y el Campus Oeste?**

<ul style="list-style-type: none"> <li>• Biblioteca</li> <li>• Centro de capacitación laboral/ Salones de clase</li> <li>• Centro para Adultos Mayores</li> <li>• Centro pre-escolar/guardería</li> <li>• Centro STEAM después de la escuela (Ciencias, Tecnología, Ingeniería, Arte &amp; Matemáticas)</li> </ul>	<ul style="list-style-type: none"> <li>• Espacio comercial para conferencias</li> <li>• Espacio histórico o para conmemorar</li> <li>• Espacio para las artes y la cultura</li> <li>• Estructura de estacionamiento</li> <li>• Expansión del "Wellness Center" (Gimnasio)</li> </ul>	<ul style="list-style-type: none"> <li>• Hotel</li> <li>• Jardín de la comunidad</li> <li>• Miniparques/senderos/plazas</li> <li>• Negocios (Tintorería, Farmacia, Banco)</li> <li>• Oficinas (Condado, Médicas, Comercial)</li> <li>• Restaurantes/comedores</li> <li>• Salones para reuniones</li> </ul>	<ul style="list-style-type: none"> <li>• Servicios para la Salud (del Condado u organización sin fines de lucro)</li> <li>• Servicios Sociales o de apoyo (Condado u organización sin fines de lucro)</li> <li>• Supermercado</li> <li>• Vivienda de Alquiler (de todo tipo)</li> </ul>
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**¿Otras ideas? Diseñe su propia calcomanía!**



# Section 3: Community at Large Meeting #3 December 9, 2019

## Meeting Flyers

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #3

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #3

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #3

*Help us*  
**SHAPE THE FUTURE OF HISTORIC GENERAL HOSPITAL**

**COMMUNITY MEETING**

- Learn about the General Hospital Feasibility Study
- Discover how community input is reflected in key project considerations
- Explore key project considerations involved in re-purposing the historic General Hospital building and portions of the West Campus
- Help develop and advance preliminary future reuse ideas

**MONDAY 6-8 pm** | **9** | **DECEMBER 2019**

**Hollenbeck Middle School - Auditorium**  
2510 E. 6th Street, Los Angeles, CA 90023

Onsite parking: The school can be accessed by Metro Bus Lines 106, 251, 252, Montebello 40 (east/westbound) 0.30 mi; Metro Shuttle 605 (north/southbound) 0.30 mi; Metro Rapid 751 (north/southbound) 0.30 mi

If you cannot attend, please watch the Community Meeting introduction, presentation, and Q&A live. It will be webcast at: [bit.ly/GHFeasibilityStudy](http://bit.ly/GHFeasibilityStudy) (case sensitive).

For more information, contact:  
Alex Villalobos  
Alex@barrioplanners.com  
or (323) 726-7734

- Light refreshments and childcare will be provided.
- Spanish and Cantonese interpretation will be available.

**THIS IS A FREE EVENT AND ALL ARE WELCOME!**

This community meeting is co-hosted by the Los Angeles County Chief Executive Office (CEO) and the Health Innovation Community Partnership (HICP). The HICP is a partnership of government and community leaders formed by the Los Angeles County Board of Supervisors to inform health, wellness and economic well-being for communities adjacent to the Medical Center Campus including Boyle Heights, Lincoln Heights, El Sereno, City Terrace, Ramona Gardens, Northeast, and East Los Angeles.

*Ayúdenos*  
**A DEFINIR EL FUTURO DEL HISTÓRICO HOSPITAL GENERAL**

**REUNIÓN COMUNITARIA**

- Infórmese sobre el estudio de viabilidad del Hospital General
- Descubra cómo la contribución de la comunidad se refleja en las consideraciones principales del proyecto
- Examine las consideraciones principales del proyecto involucradas en la reutilización del histórico edificio del Hospital General y partes del Campus Oeste
- Ayude a desarrollar y promover ideas preliminares de reutilización para el futuro

**LUNES 6-8 pm** | **9** | **DICIEMBRE 2019**

**Hollenbeck Middle School - Auditorio**  
2510 E. 6th Street, Los Angeles, CA 90023

Estacionamiento en el lugar. La escuela se puede por las líneas 106, 251, 252 de Metro Bus, Montebello 40 (este / oeste) 0.30 mi; Metro Shuttle 605 (norte / sur) 0.30 mi; Metro Rapid 751 (norte / sur) 0.30 mi

Si no puede asistir, vea la introducción, presentación y preguntas y respuestas de la reunión comunitaria en vivo. Se transmitirá por Internet en: [bit.ly/GHFeasibilityStudy](http://bit.ly/GHFeasibilityStudy) (sensible al uso de mayúsculas y minúsculas.)

Para más información contacte a:  
Alex Villalobos  
Alex@barrioplanners.com  
o (323) 726-7734

- Se proporcionará refrigerio y cuidado infantil.
- Habrà interpretación en español y cantonés.

**¡ESTE ES UN EVENTO GRATIS Y TODOS SON BIENVENIDOS!**

Esta reunión comunitaria es organizada conjuntamente por la Oficina del Director Ejecutivo (CEO por sus siglas en inglés) del Condado de Los Angeles y la Sociedad de Innovación de la Salud (HICP por sus siglas en inglés). El HICP es una asociación de líderes gubernamentales y comunitarios formada por la Junta de Supervisores del Condado de Los Angeles para informar sobre la salud, el bienestar y el bienestar económico de las comunidades adyacentes al recinto del centro médico, como Boyle Heights, Lincoln Heights, El Sereno, City Terrace, Ramona Gardens, noreste y este de Los Angeles.

**幫助我們 塑造未來**  
具历史性的综合医院的未來

**社区会议**

- 综合医院可行性研究
- 了解社区的投入 反映在关键项目考虑中
- 探索关键项目注意事项 参与重新利用历史 综合医院大楼和 西区的一部分
- 助发展和推进初步 未来重用的想法

**星期一 下午6-8** | **9** | **2019年 十二月**

**霍伦贝克中学-大礼堂**  
2510 E.6th Street, 洛杉矶, CA 90023

现场可停车。可以乘坐106、251、252号公交车前往学校。Montebello 40 (东/西向) 0.30英里; 605班车 (北/南向) 0.30英里; 751号快速路 (北/南向) 0.30英里

如果您不能参加, 此次包括社区会议将通过以下网址进行网络播放, 请观看介绍, 演示和问答的现场直播。 [bit.ly/GHFeasibilityStudy](http://bit.ly/GHFeasibilityStudy) (按大小写输入)。

有关更多信息, 请联系:  
Alex Villalobos  
Alex@barrioplanners.com  
或 (323) 726-7734

- 现场提供简便晚餐和儿童照顾服务
- 提供西班牙语和粤语口译服务。

**这是一个免费的活动, 欢迎所有的人参加!**

本次社区会议由洛杉矶县首席执行官办公室 (CEO) 和具有合作伙伴关系的健康创新社区 (HICP) 共同主办。HICP 是由洛杉矶县监督委员会组成的政府和社区领导的合作伙伴。为医疗中心校园附近的社区提供健康、保健和经济福利。包括 Boyle Heights、Lincoln Heights、El Sereno、City Terrace、拉莫纳花园、东北部和东洛杉矶。





# Section 3: Community at Large Meeting #3 December 9, 2019

## Community Vision Maps - English

### What are your ideas for General Hospital and West Campus?

#### How Do I Complete the Community Vision Map Exercise?

The re-use of General Hospital and West Campus is a complex process because it will need to balance community input and needs, technical challenges, and funding sources. We'd like to understand your ideas to create a Healthy Village. 1) Write your name at the bottom 2) Place your stickers to locate uses where they would best benefit the community 3) Turn in your map to a facilitator

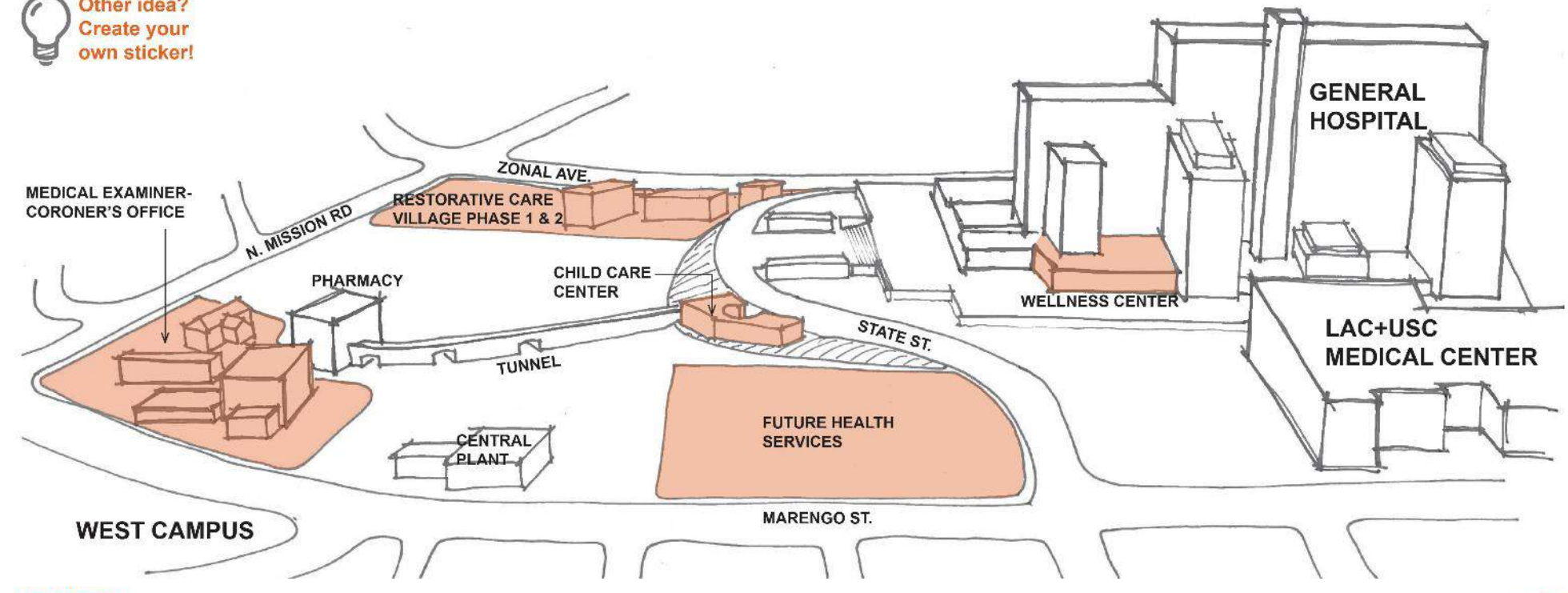
#### What Happens After I Complete My Community Vision Map?

We will use the input provided on the maps to help guide where the community would like to see various uses and report back to the community in March 2020.

### COMMUNITY VISION MAP: What are your ideas for General Hospital and West Campus?

- After School STEAM Center
- Arts/Culture Space
- Commercial Conference Space
- Community Garden
- Eateries/Restaurant
- Fitness Center
- Grocery
- Health Supportive Services (County or Non-profit)
- Historic/Commemorative Space
- Hotel
- Incubator Space for Small Businesses
- Job Training Center/Classrooms
- Library
- Meeting Rooms
- Office (County, Medical, Commercial)
- Parking (Structured)
- Pre-School/Daycare
- Pocket Parks/Trails/Plazas
- Rental Housing (all types)
- Retail (Dry Cleaners, Pharmacy, Bank)
- Senior Center
- Social/Supportive Services (County or Non-profit)
- Wellness Center Expansion

Other idea? Create your own sticker!



Your Name: \_\_\_\_\_

Meeting Overview  
Meeting Format  
Photos & Videos  
Press Release  
Participant Quotes  
Community Feedback  
Meeting Summary  
Meeting Presentation  
Display Boards  
Meeting Flyers  
Vision Maps



# Section 3: Community at Large Meeting #3 December 9, 2019

## Community Vision Maps - Spanish

### ¿Cuáles son sus ideas para el Hospital General y el Campus Oeste?

Reunión de la Comunidad en General #3, 9 de diciembre de 2019

#### ¿Cómo Puedo Completar este Ejercicio del Mapa de la Visión de la Comunidad?

La reutilización del Hospital General y el Campus Oeste es un proceso complejo porque deberá balancear los aportes y necesidades de la comunidad, los desafíos técnicos, y las fuentes de financiamiento. Buscamos entender sus ideas para crear un Pueblo Saludable. 1) Escriba su nombre al final de esta página, 2) Coloque sus calcomanías para localizar los usos donde mejor benefician a la comunidad, 3) Entréguele su mapa a un(a) facilitador(a)

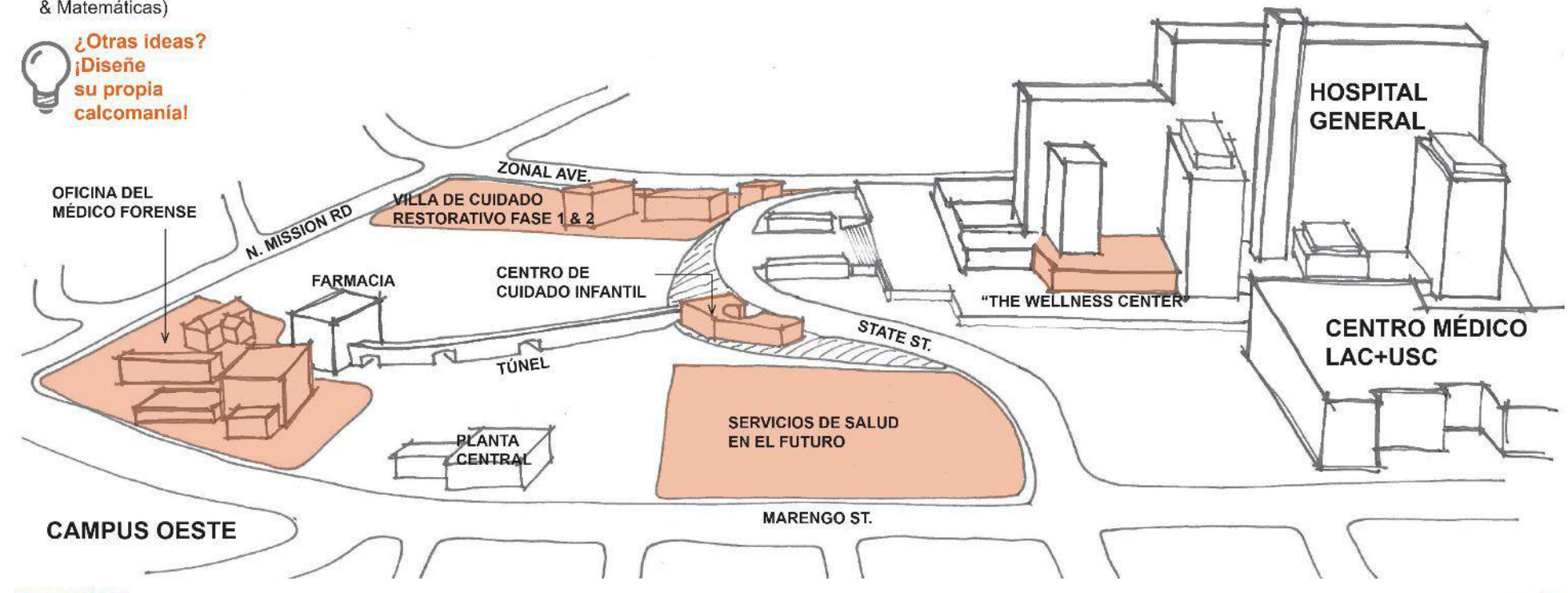
#### ¿Qué sucederá después de que complete mi Mapa de la Visión de la Comunidad?

Utilizaremos los aportes proporcionados en los mapas para guiarnos a donde la comunidad desea considerar los diferentes usos y regresaremos con un informe a la comunidad en marzo de 2020.

### MAPA DE LA VISIÓN DE LA COMUNIDAD: ¿Cuáles son sus ideas para el Hospital General y el Campus Oeste?

- Biblioteca
- Centro de capacitación laboral/ Salones de clase
- Centro para Adultos Mayores
- Centro pre-escolar/guardería
- Centro STEAM después de la escuela (Ciencias, Tecnología, Ingeniería, Arte & Matemáticas)
- Espacio comercial para conferencias
- Espacio histórico o para conmemorar
- Espacio para incubar pequeñas empresas
- Espacio para las artes y la cultura
- Estructura de estacionamiento
- Expansión del "Wellness Center"
- Gimnasio
- Hotel
- Jardín de la comunidad
- Miniparques/senderos/plazas
- Negocios (Tintorería, Farmacia, Banco)
- Oficinas (Condado, Médicas, Comercial)
- Restaurantes/comedores
- Salones para reuniones
- Servicios para la Salud (del Condado u organización sin fines de lucro)
- Servicios Sociales o de apoyo (Condado u organización sin fines de lucro)
- Supermercado
- Vivienda de Alquiler (de todo tipo)

¿Otras ideas?  
¡Diseñe su propia calcomanía!



Su nombre: \_\_\_\_\_

Meeting Overview  
Meeting Format  
Photos & Videos  
Press Release  
Participant Quotes  
Community Feedback  
Meeting Summary  
Meeting Presentation  
Display Boards  
Meeting Flyers  
Vision Maps



# Section 3: Community at Large Meeting #3 December 9, 2019

## Community Vision Maps - Chinese

### 您对洛杉矶综合医院和西区有何想法？

社区市民第三次会议 · 2019年12月9日

#### 我如何完成社区愿景地图练习？

综合医院和西区的重新使用是一个复杂的过程，因为该项工作需要平衡多方因素，包括社区市民的需求，技术层面的各项挑战和项目资金的来源。我们想了解您对于创建一个健康小镇的想法。请您完成以下三个步骤：1) 在下方填入您的姓名 2) 请把贴纸贴在您认为最能使社区受益的地方 3) 将完成的地图交给会场服务人员

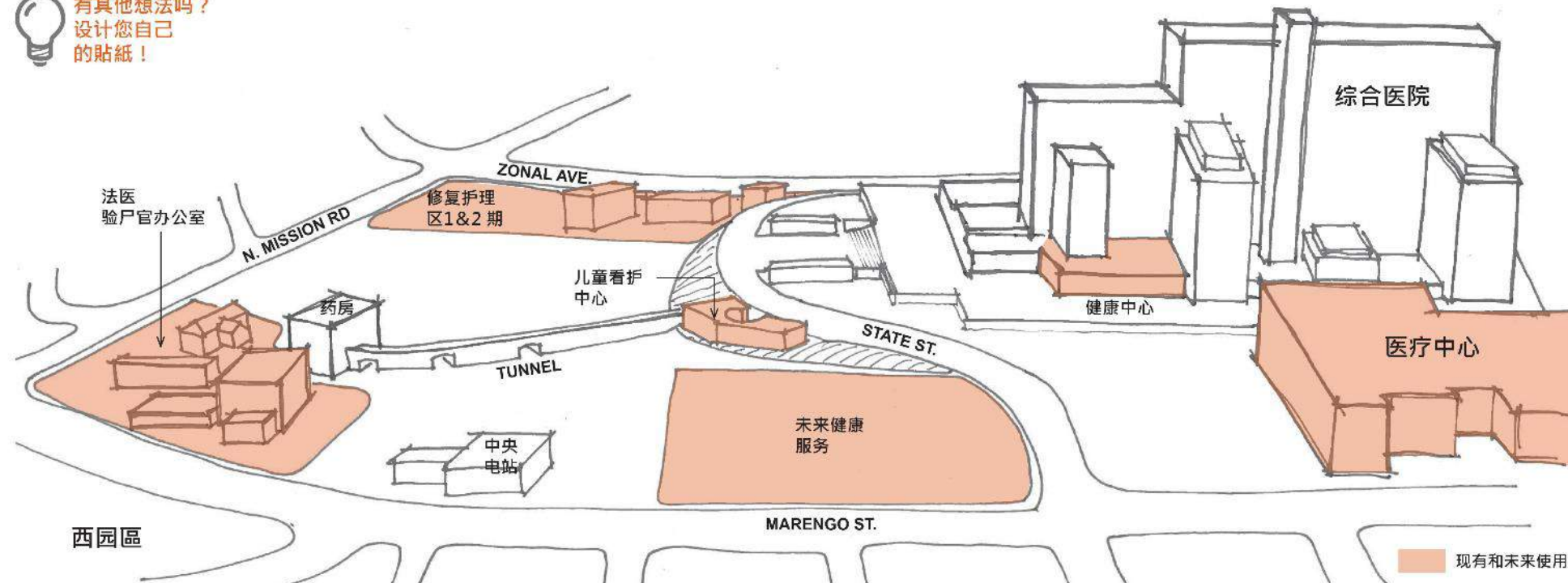
#### 在我完成了社区愿景图之后，项目后续将会如何进展？

我们将收集所有市民所提供的信息，用来帮助指导我们更好的理解社区市民所希望看到的各类使用内容，并在2020年3月向社区市民再次汇报。

### 社区愿景图：您对综合医院和西区有何想法？

- 课后幼儿教育STEAM中心
- 艺术/文化场所
- 商业会议场所
- 社区花园
- 简便饮食店/餐厅
- 健身中心
- 杂货店
- 健康协助服务（县或非营利组织）
- 历史/纪念场所
- 住宿酒店
- 小型企业孵化办公空间
- 职业培训中心/教室
- 图书馆
- 会议室
- 办公室（县，医疗，商业）
- 停车场（结构化）
- 学前班/日间托儿
- 小型公园/步道/广场
- 出租房屋（各种类型）
- 零售（干洗店，药房，银行）
- 老年中心
- 社区/协助服务（县或非营利组织）
- 健康中心扩建

有其他想法吗？  
设计您自己的  
贴纸！



你的姓名： \_\_\_\_\_ 建议： \_\_\_\_\_

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Meeting Presentation  
Display Boards  
Meeting Flyers  
Vision Maps



# Section 3: Community at Large Meeting #3 December 9, 2019

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**What Happens After I Complete My Community Vision Map?**  
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Other idea? Create your own sticker!

Your Name: EUGENIO MOY 梅曼 山  
 Comments:

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Your Name: Vanessa Olin  
 Comments: Walking with normal people would be great. LAC+USC center front hospital exchange.

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Your Name: Rick Edge  
 Comments:

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Your Name:  
 Comments: I live down here. Homeless situation is BIGGEST & has only gotten worse. Homeless.

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Your Name: Joanne Wright  
 Comments: See how many homeless in village. Separate elevator.

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Other idea? Create your own sticker!

Your Name:  
 Comments:



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Other idea? Create your own sticker!

Your Name: 7af54  
 Comments: Add parkway landscaping, walking paths, multi-use, around the perimeter of the campus.

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Other idea? Create your own sticker!

Your Name: 8af54  
 Comments: what happens to original hospital?

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Other idea? Create your own sticker!

Your Name: Juan Connal  
 Comments: higher walls/sounding freeway from property - MTA transit use is low in area. Fine pollution a concern.

**¿Cuáles son sus ideas para el Hospital General y el Campus Oeste?**  
 ¿Cómo Puedo Completar este Ejercicio del Mapa de la Visión de la Comunidad?  
 La reutilización del Hospital General y el Campus Oeste es un proceso complejo, porque deberá balancear los aportes y recomendaciones de la comunidad, los desafíos técnicos, y las fuentes de financiamiento. Buscamos entender sus ideas para crear un Pueblo Saludable. 1) Escriba su nombre al final de esta página. 2) Coloque sus marcadores para localizar los usos donde mejor beneficien a la comunidad. 3) Entregue su mapa a un facilitador(a).

**MAPA DE LA VISIÓN DE LA COMUNIDAD: ¿Cuáles son sus ideas para el Hospital General y el Campus Oeste?**

- Biblioteca
- Centro de capacitación laboral
- Salones de cine
- Centro para Adultos Mayores
- Centro pre-escolar/guardería
- Centro STEAM después de la escuela (Ciencias, Tecnología, Ingeniería, Arte & Matemáticas)
- Espacio comercial para conferencias
- Espacio histórico o para conmemorar
- Espacio para incluir pequeñas empresas
- Espacio para las artes y la cultura
- Estructura de estacionamiento
- Expansión del 'Wellness Center'
- Gimnasio
- Hotel
- Jardín de la comunidad
- Mercaderías/vendedores/pizarras
- Negocios (Tintorería, Farmacia, Banco)
- Oficinas (Condado, Médicas, Comerciales)
- Restaurantes/comedores
- Salones para reuniones
- Servicios para la Salud (del Condado u organización sin fines de lucro)
- Servicios Sociales o de apoyo (Condado u organización sin fines de lucro)
- Supermercado
- Vivienda de Alquiler (de todo tipo)

Other idea? Create your own sticker!

Your Name: 10af54  
 Comments: Habitat map around environment (schools in districts of engagement) (cleaning up ramp around freeway)

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 Comments:

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Your Name: 12af54  
 Comments:



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*Most of the time there is no parking so we need to*

Comments: \_\_\_\_\_

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*Use of space including the priority for patients*

*expand on the dance studio*

Comments: \_\_\_\_\_

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**¿Qué sucederá después de que complete mi Mapa de la Visión de la Comunidad?**  
 Utilizaremos los aportes proporcionados en los mapas para guiar a donde la comunidad desea considerar los diferentes usos y regresaremos con un informe a la comunidad en marzo de 2020.

**MAPA DE LA VISIÓN DE LA COMUNIDAD: ¿Cuáles son sus ideas para el Hospital General y el Campus Oeste?**

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- Espacio para incluir pequeñas empresas
- Espacio para las artes y la cultura
- Estructura de estacionamiento
- Expansión del "Wellness Center"
- Gimnasio
- Hotel
- Jardín de la comunidad
- Miniparques senderos/plazas
- Negocios (Tintorería, Farmacia, Banco)
- Oficinas (Condado, Médicas, Comercial)
- Restaurantes/comedores
- Salones para reuniones
- Servicios para la Salud (del Condado u organización sin fines de lucro)
- Servicios Sociales a de apoyo (Condado u organización sin fines de lucro)
- Supermercado
- Vivienda de Alquiler (de todo tipo)

Other idea? Create your own sticker!

*Disculpe mi propia calcomanía!*

Comments: \_\_\_\_\_



# Section 3: Community at Large Meeting #3 December 9, 2019

Meeting Overview  
Meeting Format  
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**What are your ideas for General Hospital and West Campus?**  
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**COMMUNITY VISION MAP: What are your ideas for General Hospital and West Campus?**

- After School STEAM Center
- Arts/Culture Space
- Commercial Conference Space
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- Fitness Center
- Grocery
- Health Supportive Services (County or Non-profit)
- Historic/Commemorative Space
- Hotel
- Incubator Space for Small Businesses
- Job Training Center/Classrooms
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- Meeting Rooms
- Office (County, Medical, Commercial)
- Parking (Structured)
- Pre-School/Daycare
- Pocket Parks/Trails/Plazas
- Rental Housing (all types)
- Retail (Dry Cleaners, Pharmacy, Bank)
- Senior Center
- Social/Supportive Services (County or Non-profit)
- Wellness Center Expansion

Other idea? Create your own sticker!

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- Supermercado
- Vivienda de Alquiler (de todo tipo)

Other idea? Diseñe su propia calcomanía!

Su nombre: *Mr. Elan Rodriguez* Comentarios: *Banco*

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- Wellness Center Expansion

Other ideas? Create your own sticker!

Our Name: *[Handwritten Name]*  
Comentarios: *[Handwritten Comments]*

### ¿Cuáles son sus ideas para el Hospital General y el Campus Oeste?

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Other ideas? Diseñe su propia calcomanía!

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Your Name: *[Handwritten Name]*  
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Other ideas? Diseñe su propia calcomanía!

Su nombre: *[Handwritten Name]*  
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¿Otras ideas? (Diseño su propia calcomanía!)

Comentarios: Pueden considerar negocios locales, pequeñas negocios... que beneficien a las familias de nuestra comunidad?

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Comentarios:

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- Pocket Parks/Trails/Plazas
- Rental Housing (all types)
- Retail (Dry Cleaners, Pharmacy, Bank)
- Senior Center
- Social/Supportive Services (County or Non-profit)
- Wellness Center Expansion

Other idea? Create your own sticker!

Your Name: Guillermo Martinez

**What are your ideas for General Hospital and West Campus?**  
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**COMMUNITY VISION MAP: What are your ideas for General Hospital and West Campus?**

- After School STEAM Center
- Arts/Culture Space
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Other idea? Create your own sticker!

Your Name: Mari Angeles Martinez

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Other idea? Create your own sticker!

Your Name:

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Other idea? Create your own sticker!

Please emphasize + families  
 Low income housing  
 No Hotels  
 No office  
 No market place  
 Housing

Your Name: MKelker



# Section 3: Community at Large Meeting #3 December 9, 2019

Meeting Overview  
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- Senior Center
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Other idea? Create your own sticker!

WEST CAMPUS  
MARENGO ST  
STATE ST  
ZONAL AVE  
RESTORATIVE CARE VILLAGE PHASE 1 & 2  
CHILD CARE CENTER  
WELLNESS CENTER  
LAC+USC MEDICAL CENTER  
FUTURE HEALTH SERVICES  
CENTRAL PLANT  
TUNNEL  
PHARMACY  
MEDICAL EXAMINER-CORONER'S OFFICE

Your Name: *Orlando*  
Comments:

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CENTRAL PLANT  
TUNNEL  
PHARMACY  
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Your Name: *Bricia*  
Comments: *Do the right thing for our community. Better our community please.*

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Other idea? Create your own sticker!

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CENTRAL PLANT  
TUNNEL  
PHARMACY  
MEDICAL EXAMINER-CORONER'S OFFICE

Your Name: *Trene Palomar*  
Comments:

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¿Qué sucederá después de que complete mi Mapa de la Visión de la Comunidad?  
 Utilizaremos los aportes proporcionados en los mapas para guiar a dónde la comunidad desea considerar diferentes usos y reportaremos con un informe a la comunidad en marzo de 2020.

MAPA DE LA VISIÓN DE LA COMUNIDAD: ¿Cuáles son sus ideas para el Hospital General y el Campus Oeste?

- Biblioteca
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- Centro para Adultos Mayores
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- Espacio histórico o para conmemorar
- Espacio para incubar pequeñas empresas
- Espacio para las artes y la cultura
- Estructura de estacionamiento
- Expansión del "Wellness Center"
- Gimnasio
- Hotel
- Jardín de la comunidad
- Miniparques/senderos/plazas
- Negocios (Tintorería, Farmacia, Banco)
- Oficinas (Condado, Médicas, Comercial)
- Restaurantes/comedores
- Salones para reuniones
- Servicios para la Salud (del Condado u organización sin fines de lucro)
- Servicios Sociales o de apoyo (Condado u organización sin fines de lucro)
- Supermercado
- Vivienda de Alquiler (de todo tipo)

Other idea? (Diseñe su propia calcomanía)

CAMPUS OESTE  
MARENGO ST  
STATE ST  
ZONAL AVE  
RESTORATIVE CARE VILLAGE PHASE 1 & 2  
CENTRO DE CUIDADO INFANTIL  
WELLNESS CENTER  
CENTRO MÉDICO LAC+USC  
SERVICIOS DE SALUD EN EL FUTURO  
CENTRAL PLANT  
TUNNEL  
PHARMACY  
OFICINA DEL MÉDICO FORENSE

Su nombre: *...*  
Comentarios:

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- Senior Center
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- Wellness Center Expansion

Other idea? Create your own sticker!

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CENTRAL PLANT  
TUNNEL  
PHARMACY  
MEDICAL EXAMINER-CORONER'S OFFICE

Your Name: *Anthony Gutierrez*  
Comments:

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Other idea? Create your own sticker!

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MEDICAL EXAMINER-CORONER'S OFFICE

Your Name: *Ismael Castro*  
Comments: *What will you be able to do to be equitable and think about people over profits?*



Section 3: Community at Large Meeting #3 December 9, 2019

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- Wellness Center Expansion

Other idea? Create your own sticker!

Comments: USA Bus. Clinic, D's mail, com

Your Name: \_\_\_\_\_

**¿Cuáles son sus ideas para el Hospital General y el Campus Oeste?**

¿Cómo Puedo Completar este Ejercicio del Mapa de la Visión de la Comunidad?  
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**MAPA DE LA VISIÓN DE LA COMUNIDAD: ¿Cuáles son sus ideas para el Hospital General y el Campus Oeste?**

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- Estructura de estacionamiento
- Expansión del "Wellness Center"
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- Restaurantes/comedores
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- Supermercado
- Vivienda de Alquiler (de todo tipo)

Other idea? Diseñe su propia calcomanía!

Comments: Salon for women

Nombre: Salvo Rojas

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Other idea? Create your own sticker!

Comments: More housing

Your Name: Melissa Rodriguez

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- Supermercado
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Other idea? Diseñe su propia calcomanía!

Comments: Quiero un gimnasio

Nombre: Ana Lopez

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Comments: Quiero un gimnasio

Nombre: Ana Lopez

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Other idea? Create your own sticker!

Comments: Housing - mixed income levels

Your Name: Estelle Sanchez



# Section 3: Community at Large Meeting #3 December 9, 2019

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**COMMUNITY VISION MAP: What are your ideas for General Hospital and West Campus?**

- After School STEAM Center
- Arts/Culture Space
- Commercial Conference Space
- Community Garden
- Eateries/Restaurant
- Fitness Center
- Grocery
- Health Supportive Services (County or Non-profit)
- Historic/Commemorative Space
- Hotel
- Incubator/Space for Small Businesses
- Job Training Center/Classrooms
- Library
- Meeting Rooms
- Office (County, Medical, Commercial)
- Parking (Structured)
- Pre-School/Daycare
- Pocket Parks/Traik/Piazas
- Rental Housing (all types)
- Retail (Dry Cleaners, Pharmacy, Bank)
- Senior Center
- Social/Supportive Services (County or Non-profit)
- Wellness Center Expansion

Other idea? Create your own sticker!

WEST CAMPUS

Comments: *San Antonio*

**¿Cuáles son sus ideas para el Hospital General y el Campus Oeste?**  
 ¿Cómo Puedo Completar este Ejercicio del Mapa de la Visión de la Comunidad?  
 La reutilización del Hospital General y el Campus Oeste es un proceso complejo porque deberá balancear los aportes y necesidades de la comunidad, los desafíos técnicos, y las fuentes de financiamiento. Buscamos entender sus ideas para crear un Pueblo Saludable. 1) Escriba su nombre al final de esta página. 2) Coloque sus calcomanías para localizar los usos donde mejor beneficien a la comunidad. 3) Entregue su mapa a un(a) facilitador(a).

**MAPA DE LA VISIÓN DE LA COMUNIDAD: ¿Cuáles son sus ideas para el Hospital General y el Campus Oeste?**

- Biblioteca
- Centro de capacitación laboral
- Salones de clase
- Centro para Adultos Mayores
- Centro pre-escolar/guardería
- Centro STEAM después de la escuela (Ciencias, Tecnología, Ingeniería, Arte & Matemáticas)
- Exposicio comercial para conferencias
- Espacio histórico o para conmemorar
- Espacio para incubar pequeñas empresas
- Estructura de estacionamiento
- Expansión del "Wellness Center"
- Gimnasio
- Hotel
- Jardín de la comunidad
- Miniparques/senderos/plazas
- Negocios (Tintorería, Farmacia, Banco)
- Oficinas (Condado, Médicas, Comercial)
- Restaurants/comedores
- Salones para reuniones
- Servicios para la Salud (del Condado u organización sin fines de lucro)
- Servicios Sociales o de apoyo (Condado u organización sin fines de lucro)
- Supermercado
- Vivienda de Alquiler (de todo tipo)

Other ideas? ¡Diseño su propia calcomanía!

CAMPUS OESTE

Su nombre: *Krabi fernandez* Comentarios: *El ruido de las áreas con la comunidad de una familia es muy necesario. A healthy family is a productive society.*

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WEST CAMPUS

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CAMPUS OESTE

Su nombre: *San Antonio* Comentarios: *San Antonio*



# Section 3: Community at Large Meeting #4 February 17, 2022

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

<b>Type of Meeting &amp; Location:</b>	Community Meeting #4, Virtual Meeting Via Zoom
<b>Date:</b>	February 17, 2022 (4:00 PM – 5:30 PM)
<b>Approximate Number of Attendees:</b>	171
<b>Meeting Agenda:</b>	<ul style="list-style-type: none"> <li>• Supervisor Hilda L. Solis’ Vision for the Study</li> <li>• Opening Remarks</li> <li>• Study Overview                             <ul style="list-style-type: none"> <li>Community Engagement</li> <li>Technical Analysis</li> <li>Next Steps</li> <li>Q&amp;A</li> </ul> </li> <li>• County-Community Projects Panel (LA County Public Works and Resident Leaders, LA County Development Authority, LA County CEO Homeless Initiative and Affordable Housing)                             <ul style="list-style-type: none"> <li>Q&amp;A</li> </ul> </li> </ul>
<b>Purpose of the Meeting:</b>	<ul style="list-style-type: none"> <li>• Present Supervisor Hilda L. Solis’ Vision for the Study</li> <li>• Provide an Update on the Study and Answer Participant Questions</li> <li>• Answer Questions About County-Community Projects via a Panel and Q&amp;A</li> </ul>



# Section 3: Community at Large Meeting #4 February 17, 2022

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## Presentation Content Topics:

- What is the Study?
- What we have heard through our community engagement
- Community vision mapping activity
- Key community issues identified through community engagement
- How has community input influenced the Study process?
- How has community input influenced the approach to housing, community-serving spaces, workforce development and economic opportunity, and culture, arts and open spaces?
- County input and considerations
- Technical challenges
- Current status
- What elements will the proposed Reuse Framework include?
- Larger context: landscape of the healthy village

## Next Steps:

- Spring 2020: Conclude Study and Provide Update via Community at Large Meeting #5



# Section 3: Community at Large Meeting #4 February 17, 2022

## Meeting Format:

- Presentation was conducted via Zoom webinar in response to ongoing COVID-19 protocols
- Meeting was conducted in English, with Spanish interpretation option available
- Presentation provided by Community Engagement team, members of the Community Engagement Steering Committee, and County staff with ongoing roles in housing development, affordable housing, and homeless services
- Welcome comments from Supervisor Hilda L. Solis, Senator Maria-Elena Durazo, Assembly Member Wendy Carrillo and Jorge Orozco, CEO, LAC+USC Medical Center
- Question & Answer Session captured participant input

**Restorative Care Village Zonal Avenue**

- 5 buildings with 160 beds of supportive, transitional housing
- 5 edificios con 160 camas de vivienda transitoria de apoyo
- Recuperative Care Center (1 building, 96 beds) provides placement for individuals discharged from inpatient

**Restorative Care Village (RCV) Sites**  
Sitios del Restorative Care Village (RCV)

- Restorative Care Village PH1 - Yellow
  - Recuperative Care and Residential Treatment Transitional Housing
- Restorative Care Village PH1 - Amarillo
  - Atención de Recuperación y Tratamiento Residencial en Vivienda de Transición

**Balancing Input and Needs** *Equilibrio entre Contribuciones y Necesidades*

• Community needs and priorities have been voiced through multiple community engagement efforts

• Community engagement will continue as the study moves into future phases

• Las necesidades y prioridades de la comunidad han sido expresadas a través de múltiples esfuerzos de participación comunitaria.

• La participación de la comunidad continuará a medida que el estudio avance hacia fases futuras

• Reuse Framework will address community input and needs, technical challenges, and funding sources

• Reuse Framework abordará las contribuciones y las necesidades de la comunidad, los desafíos técnicos y las fuentes de financiación

• Making necessary and extensive repairs and improvements is challenging because of the historical status of structures

• County plans to maintain ownership of land and structures and will have future requirements for health services expansion and various department needs

• Hacer las reparaciones y mejoras necesarias y extensas es un desafío debido al estado histórico de las estructuras.

• El Condado planea mantener titularidad del terreno y estructuras y tendrá requisitos futuros para la expansión de los servicios de salud y varias necesidades del departamento.

• Repurposing General Hospital and developing West Campus will cost 100s of millions of dollars

• Multiple funding sources will need to be pursued: federal, state, County, private and revenue-generating uses

• Reconvertir el Hospital General y desarrollar el Campus Oeste costará cientos de millones de dólares

• Será necesario buscar múltiples fuentes de financiación: usos federales, estatales, del condado, privados y generadores de ingresos

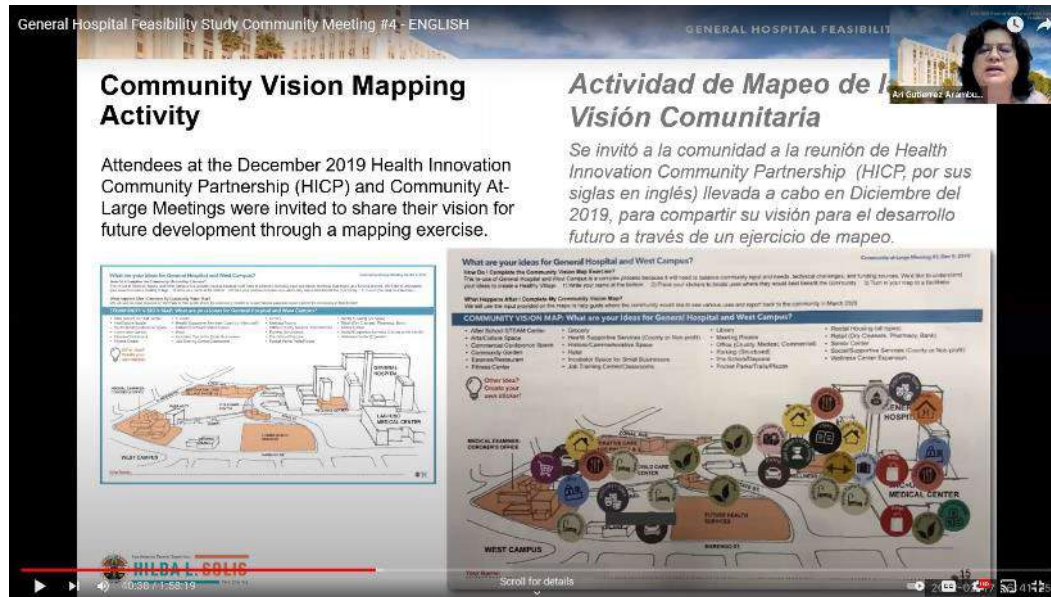
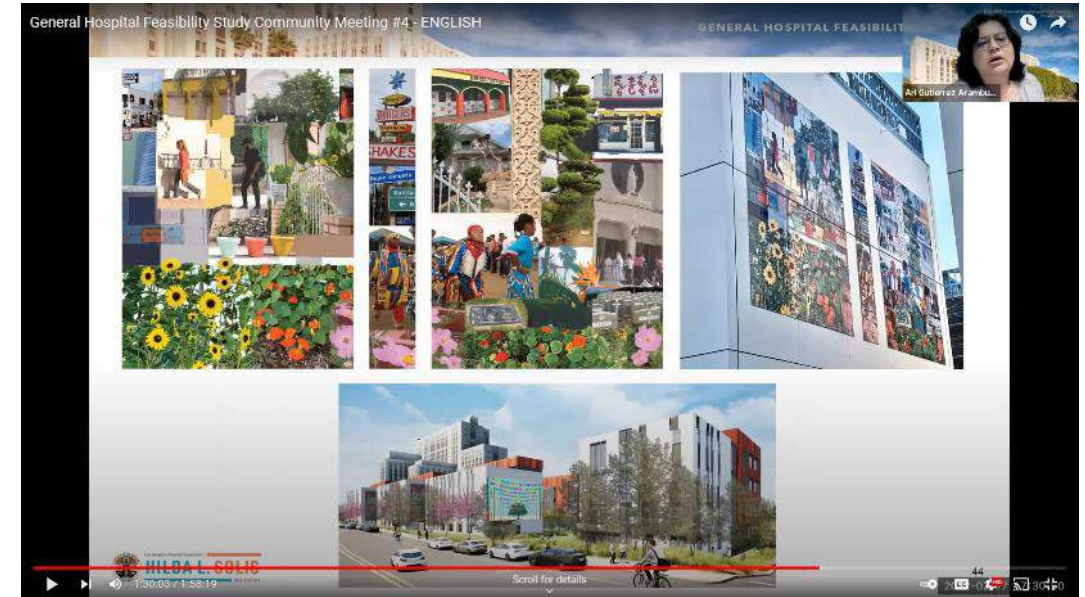
Meeting Overview  
Meeting Format  
Photos & Videos  
Press Release  
Participant Quotes  
Community Feedback  
Meeting Summary  
Meeting Presentation  
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# Section 3: Community at Large Meeting #4 February 17, 2022

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## Photos & Videos:



For more information follow the link <https://www.hicpla.org/project-library>





# Section 3: Community at Large Meeting #4 February 17, 2022

## Press Release:

Media Contact:  
 Jessica Padilla Bowen  
 Katherine Padilla & Associates, Inc.  
[ipadillabowen@katherinepadilla.com](mailto:ipadillabowen@katherinepadilla.com)

February 8, 2022

For Immediate Release

**LA County and Supervisor Solis to host February 17  
 Virtual Community Meeting for  
 LAC+USC General Hospital and West Campus Feasibility Study**

Los Angeles, CA – The public is invited to a virtual community meeting for the LAC+USC General Hospital and West Campus Feasibility Study on Thursday, February 17, from 4 to 5:30 p.m. The meeting will be hosted via Zoom, and the meeting link and call-in information is available at [hicpla.org](http://hicpla.org). Spanish interpretation will be provided.

“We invite the community to discover the progress we’ve made on the General Hospital and West Campus Feasibility Study,” said Los Angeles County Supervisor Hilda L. Solis, First District. “It is only together that we can deliver important solutions to the Eastside’s pressing housing, health, and economic development needs.”

In 2019, the LAC+USC General Hospital and West Campus Feasibility Study was launched to explore the reuse of this historic structure and its ability to once again serve the surrounding neighborhoods and the County-at-large. The project will contribute to the Healthy Village Vision, spearheaded by Supervisor Solis. The Healthy Village Vision will bring a range of benefits to families and communities in the related areas of health, economic opportunity, and well-being.

The General Hospital could contribute significantly to addressing housing and economic development needs by providing residential units and related services for future residents and the broader County community. This reuse would complement the LAC+USC Foundation’s Wellness Center that occupies the General Hospital’s ground floor and provides both wrap-around and community services to the LAC+USC Medical Campus visitors.

The February 17 meeting will focus on the next steps for the feasibility study, how community input has shaped the project, and how the County and campus are responding to community needs. For those unable to attend the meeting, it will be recorded and posted to [hicpla.org](http://hicpla.org). A second community meeting will be held later this spring, along with additional outreach events to be announced pending LA County health guidelines.

This community meeting is co-hosted by the Los Angeles County Chief Executive Office (CEO) and the Health Innovation Community Partnership (HICP). The HICP is a partnership of government and community leaders formed by the Los Angeles County Board of Supervisors to inform health, wellness, and economic well-being for communities adjacent to the LAC+USC Medical Center Campus.

For more information, visit <https://www.hicpla.org/general-hospital-feasibility-study> or contact Alex Villalobos at [Alex@barrioplanners.com](mailto:Alex@barrioplanners.com) or (323) 726-7734.

###

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release**
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
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# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

## Participant Quotes

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
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“ I’m happy and proud to be part of this Community, Boyle Heights. I was at the December 9th session. We were talking about our vision for the General Hospital. My son was writing his suggestions, and I’m gonna let him know that his voice is heard and now it’s gonna be a reality. Like somebody said before this is our General Hospital, so thank you so much for letting me speak. Thank you for all the work that you’re doing. ”

“ I am very grateful to be in a health meeting for the entire community. I have daughters who work in the health sector. One of my daughters works at LAC+USC and the truth is that the immediate renovation of this medical center is necessary. ”

“ Many thanks to the Directors of Programs and Projects. Many thanks to the speakers. Many thanks to Supervisor Hilda Solis. To the Senator, thank you. Thanks to Assemblywoman Carrillo. Thanks to all the people who have been interested in the Community. They deserve to be recognized for all their work and effort. They deserve our respect and gratitude. ”



## Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

### Community Feedback:

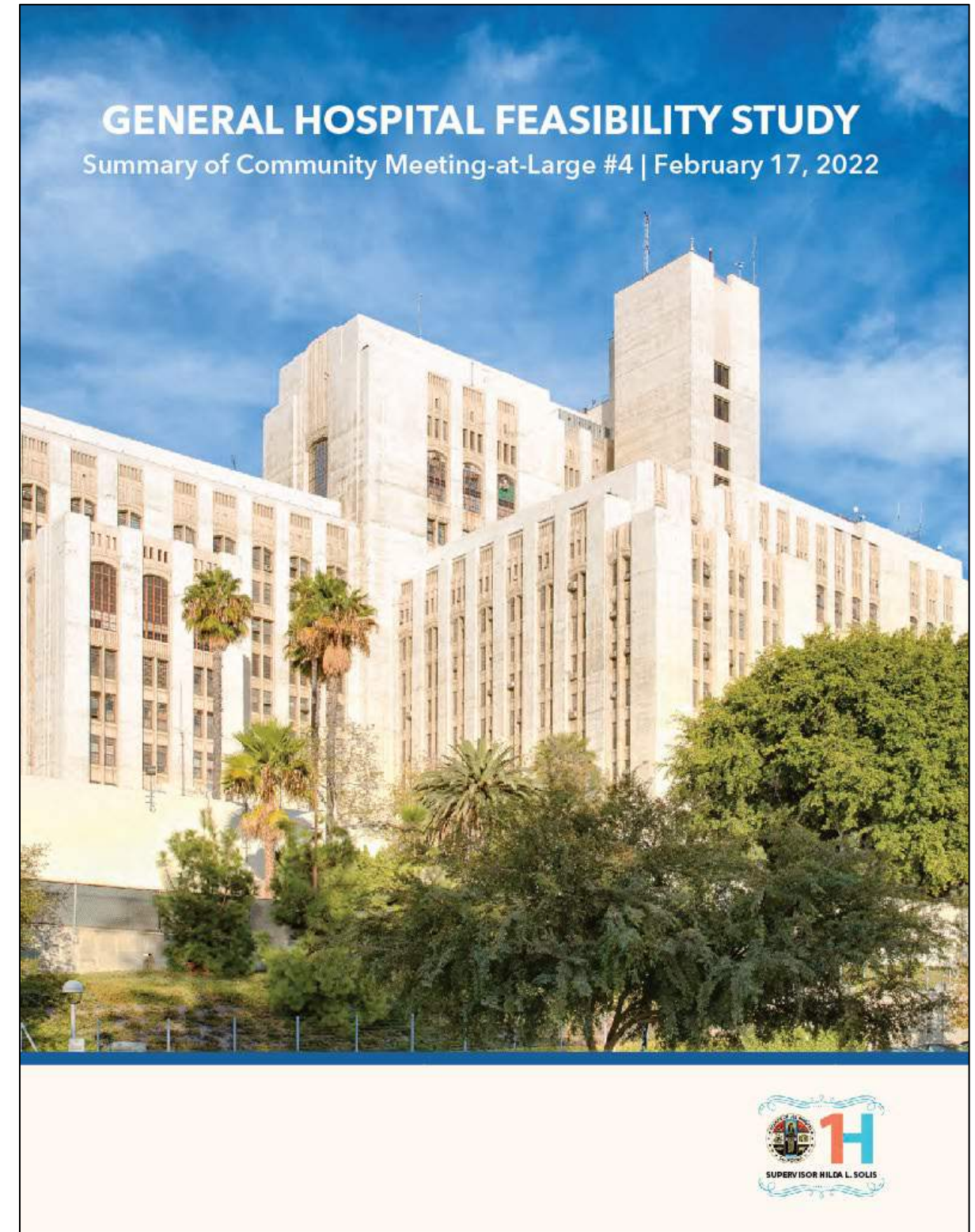
Please see “Participant Comments and Questions, and Team Responses” in the following section for a compilation of comments and questions, as well as responses from the Study team.

Meeting  
OverviewMeeting  
FormatPhotos &  
VideosPress  
ReleaseParticipant  
QuotesCommunity  
FeedbackMeeting  
SummaryMeeting  
PresentationMeeting  
FlyersAffordable Housing  
Factsheet

# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

## Meeting Summary

The following pages provide a detailed documentation of all outcomes of Community at Large Meeting #4.



- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
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# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
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- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #4

## TABLE OF CONTENTS

- I. INTRODUCTION
  - II. OVERVIEW OF THE FEASIBILITY STUDY
  - III. OUTREACH CONDUCTED
  - IV. MEETING FORMAT
  - V. PARTICIPANT COMMENTS AND QUESTIONS, AND TEAM RESPONSES
  - VI. NEXT STEPS
- ATTACHMENT A: POWERPOINT PRESENTATION
- ATTACHMENT B: MEETING FLYER
- ATTACHMENT C: AFFORDABLE HOUSING FACT SHEET

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #4

### I. Introduction

The purpose of this summary is to present the questions received from stakeholders at the fourth Community at Large meeting held Thursday, February 17, 2022, 4-5:30 for the LAC+USC General Hospital and West Campus Feasibility Study (Feasibility Study). The LA County Chief Executive Office and Supervisorial District 1 hosted the meeting to provide an update on the Feasibility Study, and answer questions from the community. The meeting was held via Zoom due to ongoing COVID-19 protocols. Approximately 171 community members attended the meeting. The PowerPoint presentation is provided in Attachment A. The meeting flyer is provided in Attachment B. The recording and additional meeting materials are available for viewing online at: <https://www.hicpla.org/project-library> An Affordable Housing Fact Sheet was also posted to the project website for those community members that wanted an additional resource regarding affordable housing definitions and levels of affordability (see Attachment C).

### II. Overview of the Feasibility Study

In November 2018, Supervisor Hilda L. Solis authored a Board Motion directing the LA County Chief Executive Office (CEO) to develop a Feasibility Study for the reuse of General Hospital (Study) in collaboration with various County departments. The Study was expanded in 2019 to include western portions of the LAC+USC Medical Center Campus.

The Study is analyzing the technical and economic factors associated with reuse of the historic, but largely vacant, General Hospital and redeveloping portions of West Campus to maximize rental housing opportunities at all levels of affordability. The Board Motion also directed the implementation of a robust community engagement process that ensures community ideas and concerns are incorporated into the Study.

By April 2022, the Study is expected to be delivered to the Board of Supervisors with a potential Reuse Framework that includes a mix of uses including mixed income rental housing, community service spaces, open space, office, and neighborhood-serving retail such as a grocery store, among others.

### III. Outreach Conducted

Outreach was a collaborative effort conducted by Supervisorial District 1, the Community Engagement Steering Committee (CESC), the Community Engagement team, and the LAC+USC Medical Center. Outreach consisted of the following:

- Supervisorial District 1, LAC+USC Medical Center, the HICP, and The Wellness Center distributed the event flyer via their media channels and/or membership lists. Specifically, the HICP and the Community Engagement team sent eblasts to approximately 755 persons as well as reminder eblasts/follow-up emails;
- CESC disseminated flyers to their networks;
- The CE Team conducted presentations to HICP and to additional community organizations;
- The CE Team distributed flyers to community organizations;
- Flyers were distributed around the LAC+USC Medical Center Campus and within the local community;



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

[General Hospital Feasibility Study Summary of Community Meeting-at-Large #4](#)

## IV. Meeting Format

Alex Villalobos (Barrio Planners, Inc.) and Juliana Vidal (LAC+USC Medical Center Foundation) convened the meeting via Zoom Webinar, welcomed all participants, reviewed Zoom logistics for participation in the meeting, and reviewed the logistics for accessing Spanish interpretation.

Kelly Quinn, Manager of the Master Planning Division in the CEO’s office, welcomed community members and introduced the consultant teams. Ms. Quinn noted that the purpose of the meeting is to provide an update on Feasibility Study progress. Ms. Quinn recognized the members of the community who have taken the time to help shape the future of General Hospital and West Campus and welcomed those that are new to the process.

Rosa Soto, Executive Director of the Wellness Center and leader of the Health Innovation Community Partnership (HICP) noted that she is delighted to be part of the Community Engagement team that is working on the study to ensure that we have community views and voices as part of our study process. Ms. Soto provided an overview of the meeting agenda and then introduced Supervisor Hilda L. Solis.

Supervisor Hilda L. Solis provided an overview of her vision for the Feasibility Study via a recorded video message. She noted, that while reimagining this healthcare campus of the future, we need to create a system that addresses the intersection of needs of our most vulnerable. Her vision for the area is of a healthy village that includes services for those in need, as well as integration with the surrounding community, with a sustainable mix of uses, population and amenities.

Senator Maria Elena Durazo spoke about how community efforts will help reuse the iconic & historic General Hospital building & underused portions of West Campus, to help support a regional solution to all issues faced by the community, such as affordable housing, health and wellness, living wages and jobs, as well as health equity.

Assemblywoman Wendy Carrillo noted that being a part of the community where General Hospital and West Campus are located, she is committed to improving health and community services, to finding state and federal funding ,and to supporting efforts to work together to identify opportunities for residents, the workforce, and students.

Jorge Orozco, Chief Executive of LAC+USC Medical Center, thanked members for participating and added that the importance of health equity has become clearer in the last couple of years. He supported the overall vision of having affordable housing on the LAC+USC Medical Center Campus that contributes to a thriving healthy community. He encouraged all to continue voicing their opinions in shaping the future of the campus.

Alex Villalobos and Heather Hays (LAC+USC Medical Center Foundation) then conducted a PowerPoint presentation in English with Spanish subtitles and with simultaneous interpretation in Spanish. Mr. Villalobos opened the presentation by providing an overview of the Study area and reminding participants that General Hospital is a massive building, most of which is currently vacant and in need of repair. He also noted that the LAC+USC Medical Center West Campus is the portion of the campus west of State Street and bordered by Zonal, Mission and Marengo. Mr. Villalobos mentioned that on this portion of campus, there are three parcels of land that are being considered for development, which add up to 10.5 acres. Mr. Villalobos then went on to provide a timeline of events for General Hospital and the Study, an orientation to the Study, and introduced and acknowledged the participation and contributions of the Community Engagement Steering Committee (CESC).

An overview of the previous Community At Large meetings was presented by Monica Alcaraz, member of the CESC. Ari Gutierrez Arambula, Co-Founder of the Latino Equality Alliance and member of the CESC spoke about the community feedback that had been collected throughout the community engagement process. Mr. Villalobos then provided an overview of how community input has influenced the Study process, and the approach to specific uses, such as housing, community-serving spaces, workforce development and economic opportunity, culture, arts and open spaces.

[General Hospital Feasibility Study Summary of Community Meeting-at-Large #4](#)

Ms. Hays then summarized County input and considerations, and the technical challenges that need to be considered for the Reuse Framework. Ms. Hays then spoke about how the Study is balancing various input and needs. Ms. Hays then went on to provide an update regarding the current status of the Study and described the elements that will be included in the Reuse Framework.

Doug Cohen, Los Angeles County Economic and Development Services, noted that the Study will be incorporated into a County-led Request for Proposals (RFP) process, and went on to provide an overview of the RFP process. To conclude this portion of the presentation, Ms. Hays highlighted opportunities for the community to continue to stay involved and connected.

The presentation was followed by roughly 15 minutes devoted to open discussion and questions and answers regarding the Study. Comments and questions from participants appear below *in Section V. Participants Comments and Questions, and Team Responses.*

Next, Heather Hays moderated a County-Community Projects Panel that included the following representatives:

- Los Angeles County Department of Public Works – Alicia Ramos
- Resident Leaders – Monica Alcaraz, Ari Gutierrez Arambula
- Los Angeles County Development Authority - Matthew Lust
- Los Angeles County Homeless Initiative and Affordable Housing – Elizabeth Ben-Ishai

Comments and questions from participants raised during the panel session appear below *in Section V. Participants Comments and Questions, and Team Responses.*

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
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# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #4

## IV. Participant Comments and Questions, and Team Responses

#	Question	Answer
<b>Affordable Housing</b>		
1	<b>What is affordable? Affordable to residents who now live here?</b>	<p>The Feasibility Study conducted an affordable housing market analysis and leveraged other affordable housing studies. The Study looked at all levels of affordability to include deeply low income and extremely low income levels and the report back will explain those results. For more information on affordability levels and definitions, please review our Affordable Housing Fact Sheet on our Feasibility Study <a href="#">website</a>.</p> <p>Answered by LA County Chief Executive Office</p>
2	<b>Why is affordable housing not built in high resource areas?</b>	<p>There are a few reasons why we may not see a lot of affordable housing projects applying for funding in high resource areas, including the cost of land and availability of suitable sites for development. In 2018, the County noted this need to encourage more affordable housing projects in high resource areas to apply for County funding and consequently bring units to those areas and began a strategic focus on how to encourage these types of development.</p> <p>Developers find and purchase land for supportive housing projects in advance of searching for funding, so it typically takes a year or so for County priorities to influence project locations. Beginning in 2018, the County increased its focus on high resource areas and developed new scoring for such projects to promote more of these developments. The increased focus by the County is starting to show dividends, as our most recent Notice of Funding Availability attracted three project applications in highest resource areas, six applications in high resource areas, and three projects in moderate resource areas. We are still in the initial evaluation stages of these projects, so at this time there is no information on how such projects will fare with their funding applications, but the number of applications is encouraging. The County will continue to focus efforts on attracting more projects in high resource areas and will adjust our strategy accordingly to ensure a good mix of project locations throughout the County.</p> <p>Answered by LA County Development Authority</p>

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #4

## IV. Participant Comments and Questions, and Team Responses

#	Question	Answer
<b>Community Priorities, Needs and Services</b>		
3	<b>We want accessible rental apartments for low income people, and stores for people who are starting their businesses to support themselves. I appreciate your attention to it, thanks again.</b>	<p>Thank you for your comments; the community has shared these desires with the Study team and the Reuse Framework will identify these community needs. Affordable housing is one of the most significant priorities of the Study per the direction of Supervisor Solis, as well as integrating with the local community and economy.</p> <p>Answered by LA County Chief Executive Office</p>
4	<b>Will there be any efforts to ensure green ways to travel? For example, running paths, walking paths, bike paths around the campus? It would be great if those also connected to Cal State LA to give the community a long exercise route across Boyle Heights and East LA.</b>	<p>The Study Reuse Framework will uplift green space and pedestrian improvement recommendations, such as walkways, signage, landscaping, and improved bus stops. Also, as part of Metro’s study to add a Metrolink Station at LAC+USC Medical Center, Metro will also be looking at first/last mile connections to improve transportation access and to make the campus more walkable/bikeable. Once these preliminary recommendations are made later this Spring, the County will work to advance recommendations into design.</p> <p>The idea of connecting Cal State LA to the LAC+USC Medical Center Campus is very interesting. We appreciate all new ideas!</p> <p>Answered by Office of Supervisor Hilda L. Solis and LA County Chief Executive Office</p>
5	<b>Will there be more parking designated for all future employees?</b>	<p>Parking spaces required for staff and clients will be addressed as a campus wide solution. In other words, parking for the new buildings may be located within the new development as well as nearby within adjacent lots and structures. Parking will be added to the campus as part of the renovation of General Hospital and the redevelopment of West Campus.</p> <p>For the future re-use of General Hospital, the selected developer will be ultimately designing exactly how the various uses will be laid out.</p> <p>Answered by LA County Department of Public Works and LA County Chief Executive Office</p>
6	<b>Can we have training for injured people? It’s hard to find a job when you are injured.</b>	<p>Thank you for your question. We will share this desire with the County Department that leads workforce training, the Department of Workforce Development, Aging, and Community Services (to become the Department of Economic Opportunity).</p> <p>In addition, across the street from the Medical Center on Marengo is the local office of the <a href="#">CA Department of Rehabilitation</a> which provides employment and independent living services for those with disabilities.</p> <p>Answered by LA County Chief Executive Office; LAC+USC Medical Center Foundation</p>

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet





# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #4

## IV. Participant Comments and Questions, and Team Responses

#	Question	Answer
<b>Community Priorities, Needs and Services</b>		
7	<b>I am also very concerned about traffic, violence, and prostitution.</b>	<p>These issues are very concerning to everyone on the campus and in the community. There are several efforts underway to improve transit and safety, and alleviate the concerns you mention. The Restorative Care Village and the permanent supportive housing being developed at the intersection of Zonal and Mission will help house persons experiencing homelessness in the community and provide supportive services to help stabilize these individuals. Please feel free to continue to join HICP monthly meetings to express ongoing concerns. These areas will continue to be addressed in future phases of the project.</p> <p>Generally, roadways around the LAC+USC Medical Center are under the jurisdiction of the City of Los Angeles. Recently, new pedestrian crosswalks have been installed across Marengo to improve safe access to the Medical Center. If there are specific concerns you have regarding traffic at specific locations, e.g., a new stop sign is needed at a certain intersection, we are happy to connect with the City of Los Angeles to help address those issues.</p> <p>Answered by Los Angeles County Homeless Initiative and Affordable Housing and Office of Supervisor Hilda L. Solis</p>
8	<b>Can you provide the materials in Braille? Can you address what is being discussed around all of these plans and SAFETY?</b>	<p>Thank you for your suggestion; We want to make the Feasibility Study accessible to as many people as possible. We will explore opportunities to make the Study more accessible once it is made public after it is presented to the Board of Supervisors.</p> <p>Answered by LAC+USC Medical Center Foundation</p>
9	<b>What kind of resources are offered for underage students that are or were a victim of drugs and gang violence in Boyle Heights?</b>	<p>Our heart goes out to youth victims of violent crime related to drugs and / or gangs. For resources to support this specific population, we encourage you to reach out to <a href="https://almafamilyservices.org/youth-development-services/">Alma Family Services</a>, the lead agency for a collaborative Gang Reduction Youth Development Program (GRYD) serving youth and families who reside in the Boyle Heights / Hollenbeck area of the City of Los Angeles. Although GRYD is not specifically a victim's resource organization, they do serve youth who are impacted by and / or at risk of gang-involvement. You can also always contact <a href="https://www.wellnesscenter.org/">The Wellness Center</a> at 213-784-9191</p> <p><a href="https://almafamilyservices.org/youth-development-services/">https://almafamilyservices.org/youth-development-services/</a></p> <p>Answered by LAC+USC Medical Center Foundation</p>

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #4

## IV. Participant Comments and Questions, and Team Responses

#	Question	Answer
<b>Community Priorities, Needs and Services</b>		
10	<b>Also communities with differently abled persons, disabled, developmental disabled, and those on the Autism Spectrum / children AND adults.</b>	<p>Community serving spaces in the General Hospital and West Campus are being considered for a range of potential services, including programs for special needs adults and children.</p> <p>This is certainly a big concern for residents in the area with disabled and differently abled family members, which we have heard at many community meetings.</p> <p>There are many wonderful organizations serving this community. For more information, please contact <a href="#">The Wellness Center</a> at 213-784-9191.</p> <p>Answered by LAC+USC Medical Center Foundation</p>
11	<b>Will there be a legal aid component to this project?</b>	<p>It is not clear what information the questioner is seeking as it relates to the Feasibility Study and campus projects at the LAC+USC Medical Center. The Feasibility Study will address potential uses in the community and technical sections of the report but will not specifically describe programs or partners. However, The Wellness Center and the LAC+USC Medical Center have a partnership with Neighborhood Legal Services of Los Angeles County (NLSLA). NLSLA is one of the tenant partners at The Wellness Center and is available for legal consultation on a range of issues. Please call The Wellness Center at 213-784-9191 for a referral or visit <a href="#">NLSLA's website</a> to learn more (nlsla.org).</p> <p>Answered by LAC+USC Medical Center Foundation</p>

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #4

## IV. Participant Comments and Questions, and Team Responses

#	Question	Answer
<b>Homelessness: Prevention, Housing and Services</b>		
12	<b>The developments around the LAC+USC Medical Center and the USC Health Campus are contributing to displacement from rising rents and home prices. What is being done to address the causes of homelessness in addition to building affordable units?</b>	<p>The County has a range of programs to try to prevent homelessness by providing rental assistance and supportive services to people who self-identify or are identified through analysis of County data as at-risk of homelessness. The Department of Health Services' Homeless Prevention Unit is described here: <a href="https://dhs.lacounty.gov/housing-for-health/programs/">https://dhs.lacounty.gov/housing-for-health/programs/</a> In addition, the County's Department of Consumer and Business Affairs (DCBA) Stay Housed Program provides legal assistance to tenants facing eviction: <a href="https://dcba.lacounty.gov/newsroom/stay-housed-l-a-county-tenant-assistance-program-launched-free-legal-services-to-tenants-facing-eviction/">https://dcba.lacounty.gov/newsroom/stay-housed-l-a-county-tenant-assistance-program-launched-free-legal-services-to-tenants-facing-eviction/</a>. The Los Angeles Homeless Services Authority (LAHSA) also provides prevention services, administered by community-based organizations throughout the County: <a href="https://www.lahsa.org/documents?id=4357-homelessness-prevention-flyer">https://www.lahsa.org/documents?id=4357-homelessness-prevention-flyer</a>.</p> <p>Answered by Los Angeles County Homeless Initiative and Affordable Housing</p>
13	<b>Despite the reported more than 180,000 temporary and permanent units built, it seems that the number of homeless did not diminish rather seems to increase. Is this the case? Can you elaborate please?</b>	<p>Unfortunately, although we are housing more people than ever, we are seeing a continual inflow into homelessness as folks struggle with the cost of living and others struggle to exit homelessness due to various barriers. We need to continue to increase the supply of housing, while also making sure that we are catching people before they fall into homelessness. The County has been working hard to revamp our strategies so that we can do a better job preventing homelessness and stemming the inflow into homelessness.</p> <p>Although we have been successful in housing more people experiencing homelessness than ever before, we still do not have enough resources to keep up with the number of people who are falling into homelessness each year and those who become "stuck" in homelessness due to various barriers. We need to continue to build our supply of permanent units and work with landlords to encourage them and incentivize them to accept tenants with rental assistance vouchers. Without sufficient access to permanent housing, our temporary housing sites do not have sufficient turnover to accept new participants and there are few opportunities for people to leave the streets. Through projects like Project Homekey and other state, local, and federally funded programs, we are building our supply of housing and hope that this will increase "throughput" in our system, allowing more people to access the help they need.</p> <p>Answered by Los Angeles County Homeless Initiative and Affordable Housing</p>

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #4

## IV. Participant Comments and Questions, and Team Responses

#	Question	Answer
<b>Homelessness: Prevention, Housing and Services</b>		
14	<b>Regarding Homeless Persons. Are there any resources such as job opportunities, counseling and funds that go towards minors who are homeless to get them back on their feet or back on track with schooling? Are there any funds that go towards transportation or to make them look professional?</b>	<p>Yes, partnerships between our workforce development system, homeless services system, and other public benefits programs do serve youth seeking to exit homelessness and access education, training, and jobs. One such program is LA:RISE, a subsidized employment program that involves partnerships between social enterprises and work force centers: <a href="https://redf.org/what-we-do/larise/">https://redf.org/what-we-do/larise/</a>. Further, the Department of Child and Family Services offers programs specifically for youth aging out of the foster care system. In addition, the Youth Coordinated Entry System, administered by the Los Angeles Homeless Services Authority (LAHSA), provides programming targeted for youth and their families. Many programs administered by LAHSA, the Department of Public Social Services, the Workforce Development Aging and Community Services (WDACS) department, and others offer funding for transportation and clothing for eligible clients.</p> <p>We also have a partner organization at The Wellness Center, <a href="#">Jovenes, Inc.</a>, which provides a home, support and a family for youth, ages 18-24 to end their cycle of homelessness. Located in Boyle Heights and serving communities throughout Southeast LA County, Jovenes works deeply with our youth focusing on not only their needs for housing, but also healthcare, education, employment and trauma recovery.</p> <p>Answered by Los Angeles County Homeless Initiative and Affordable Housing and LAC+USC Medical Center Foundation</p>
15	<b>Will the building include services for homeless individuals who have dual diagnosis of drug addiction and mental health illness?</b>	<p>There is an acknowledged urgent need for these services on our healthcare campus and for our community. While the General Hospital building is not being considered for this specific purpose, there is a dedicated facility on the campus with doors to open in Spring 2022 that is dedicated to providing services for this highly vulnerable population.</p> <p>The Restorative Care Village (RCV) project, located on West Campus along Zonal Avenue, is designed to serve medical center patients with health, mental health and substance use disorder needs facing unstable living conditions. The project will provide 160 transitional beds across five new buildings. These include the Recuperative Care Center (RCC) which provides transitional housing and support services to assist patients exiting acute medical care facilities (hospitals) who lack stable housing and a care network to ensure their successful recoveries. The other four buildings comprise the Residential Treatment Programs (RTP), which will be operated by the Department of Mental Health and their contractors to assist patients with mental health conditions by providing transitional housing and support services to improve recovery outcomes. Both programs will offer resources to connect patients with continued care and permanent supportive housing options to safely transition back into the community, including substance abuse recovery programs.</p> <p>All supportive housing projects that receive County funding are required to provide a supportive services plan for residents that includes individualized case management, mental health care, and substance use services, among other supportive services.</p> <p>Answered by LA County Department of Public Works; LA County Chief Executive Office; LA County Development Authority; Office of Supervisor Hilda L. Solis; LAC+USC Medical Center Foundation</p>

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #4

## IV. Participant Comments and Questions, and Team Responses

#	Question	Answer
<b>Homelessness: Prevention, Housing and Services</b>		
16	<b>I wonder if low-cost housing can be very intentional with making sections to keep everyone safe where those that need more services can be clustered in the same unit of housing.</b>	<p>The Restorative Care Village (RCV) offers transitional, temporary housing for patients suffering from both medical and mental health conditions. The intent of the RCV development is to offer concentrated assistance to those experiencing similar health conditions within a safe housing situation to support their continued recovery. Housing at the RCV is not on a payment basis and is part of the continuum of health care services for those populations needing this type of assistance. Counseling services will be offered at the RCV to connect patients with permanent supportive housing resources once they are ready to leave the RCV.</p> <p>For the future re-use of General Hospital, the selected developer will be ultimately designing exactly how the various uses will be laid out.</p> <p>Answered by LA County Department of Public Works and LA County Chief Executive Office</p>

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #4

## IV. Participant Comments and Questions, and Team Responses

#	Question	Answer
<b>Feasibility Study Financing</b>		
17	<b>Why are commercial office space &amp; market rate housing included in the Feasibility Study?</b>	<p>The Study analyzed many different potential re-uses because the General Hospital building and West Campus are so large. Additionally commercial office space may allow for new career opportunities for local residents. Supervisor Solis wants to attract multiple Best-in-Class developers to transform General Hospital and West Campus into a thriving, sustainable community hub which may require a multitude of uses, allowing potential developers the flexibility to bring their best ideas and approaches forward. The community would continue to have opportunities to uplift community priorities through future phases of development.</p> <p>For the future re-use of General Hospital, the selected developer will be ultimately designing exactly how the various uses will be laid out.</p> <p>Answered by LA County Chief Executive Office</p>
18	<b>What would be those requirements for federal subsidies? Could you give examples?</b>	<p>Different federal subsidies have different, specific requirements to receive the funds. These can include a requirement for the funds to be spent by a certain date; a contribution of additional funding from local government (referred to as a "local match"); or that certain programs or functions occur. The Feasibility Study is identifying a range of options funding options for future developers.</p> <p>Answered by LA County Chief Executive Office</p>

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary**
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #4

## IV. Participant Comments and Questions, and Team Responses

#	Question	Answer
<b>Feasibility Study Release and Community Participation</b>		
19	<b>When will the feasibility study be available to the public? Will there be any other opportunities for community feedback prior to the approval?</b>	<p>The Study will be provided to the Board of Supervisors at the end of April 2022, at which time it will also become a public document and posted to the General Hospital Feasibility Study website.</p> <p>The planned May 2022 Community at Large meeting is an opportunity to learn about the Study. The RFP process includes opportunities for the community to provide feedback on future phases of this initiative.</p> <p>Additionally, the Study will help inform the Request for Proposals (RFP) and portions of the Study document will be incorporated into the RFP. For example, the HICP has uplifted to the County the desire that each developer should be required to submit a Community Engagement Plan as part of their proposal. We know this is of great importance to the community, and are confident there will be strong community engagement opportunities. We will share more information as we know more. To stay updated, join our <a href="#">mailing list</a>.</p> <p>Answered by LA County Chief Executive Office</p>
20	<b>We went to 2 of your 3 prior meetings. We only received your email about this meeting yesterday. Hardly anyone is in this meeting as a result. Why was this sent to us so last minute?</b>	<p>We are very sorry that this happened. We did identify a technical problem when we imported our outreach list into our email application. Some email addresses were inadvertently left-off and therefore did not receive the first round of invitations. We are very happy you were able to join despite the late notice.</p> <p>Answered by LAC+USC Medical Center Foundation</p>
21	<b>I would like to request that this presentation is provided IN PERSON to the employees of LAC-USC Medical Center</b>	<p>We would be delighted to bring a version of this presentation to the Medical Center staff and will connect with the Medical Center Executive Team to see what's possible. We also invite everyone to stay up-to-date via our <a href="#">website</a> and to join our monthly Health Innovation Community Partnership, HICP meetings as their schedule permits.</p> <p>Answered by LAC+USC Medical Center Foundation</p>

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #4

## IV. Participant Comments and Questions, and Team Responses

#	Question	Answer
<b>Feasibility Study Release and Community Participation</b>		
22	<b>How can I officially take part in this Study?</b>	<p>The Study Community Engagement process has concluded.</p> <p>You are welcome to join our public conversations by attending our Health Innovation Community Partnership Meetings the first Friday of every month. To register, <a href="#">click here</a>. For more information, visit our HICP website <a href="http://hicpla.org">hicpla.org</a>. We will also host another Community At-Large Meeting on the Feasibility Study in Late May 2022. To stay connected, please join our <a href="#">mailing list</a>.</p> <p>Answered by LAC+USC Medical Center Foundation</p>
23	<b>Is this available to replay the recording and share with others?</b>	<p>Yes, absolutely. Materials are available in English and Spanish at the <a href="#">General Hospital Feasibility Study website</a>.</p> <p>Answered by LAC+USC Medical Center Foundation</p>
24	<b>Why aren't Wilson and Lincoln High School part of the steering committee?</b>	<p>The Community Engagement Steering Committee (CESC) for this project was formed in 2019 with 20 members invited to represent a wide range of community perspectives and help guide the Study's outreach efforts. There were limited spots for each particular area, so some community leading organizations were not included in this aspect of the Study. However, it is always our goal to ensure a broad range of participation and perspectives be represented, and so we have hosted meetings related to LAC+USC Medical Center development projects at Wilson High School and Hollenbeck Middle School, as well as Lincoln Heights Senior Center, Centro Maravilla, City Terrace Park, Santa Teresita Church, Boyle Heights City Hall, and the East Los Angeles Skills Center.</p> <p>We are delighted to learn of your interest to be more involved. There will be several ongoing opportunities for community engagement in the future phases of the project and we will be sure to reach out to invite you to participate.</p> <p>You are welcome to join our public conversations by attending our Health Innovation Community Partnership Meetings the first Friday of every month. To register, <a href="#">click here</a>. For more information, visit our HICP website <a href="http://hicpla.org">hicpla.org</a>. We will also host another Community At-Large Meeting on the Feasibility Study in Late May 2022. To stay connected, please join our <a href="#">mailing list</a>.</p> <p>Answered by LAC+USC Medical Center Foundation</p>

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet





# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #4

## IV. Participant Comments and Questions, and Team Responses

#	Question	Answer
<b>Future Project Implementation</b>		
25	<b>Where would the employees who work at the old General would be relocated?</b>	<p>The County and Supervisor’s Office staff have begun initial discussions to address this very important issue. During the post Feasibility Study phase this topic will need to be addressed in more depth, and incorporate input from the County, LAC+USC Medical Center Foundation, non-profits, and non-County entities with employees who work in General Hospital.</p> <p>Answered by LA County Chief Executive Office</p>

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary**
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #4

## IV. Participant Comments and Questions, and Team Responses

#	Question	Answer
<b>Future Request for Proposals</b>		
26	<b>Will there be community input in developing the RFP and deciding on the developers?</b>	<p>The County is evaluating different options for the community to provide input in the RFP and developer selection phases of the project. HICP has uplifted the desire that each developer should be required to submit a Community Engagement Plan as part of their proposal. We know this is of great importance to the community, and are confident there will be strong community engagement opportunities. We will share more information as we know more. To stay updated, join our <a href="#">mailing list</a>.</p> <p>Answered by LAC+USC Medical Center Foundation</p>
27	<b>Will the future Restorative Care Village Permanent Supportive Housing be developed after the RFP-selected developer is in place? Would the RFP-selected developer coordinate the selection of the Permanent Supportive Housing developer?</b>	<p>A Request for Proposals (RFP) for the Restorative Care Village Permanent Supportive Housing project was issued in October 2021 with a closing date of January 2022. Responses are in the process of being evaluated, with anticipated selection of a developer by Summer 2022. The RFP for the redevelopment of General Hospital and West Campus is a separate process to unfold later in 2022.</p> <p>Answered by LA County Chief Executive Office and Los Angeles County Development Authority</p>

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #4

## IV. Participant Comments and Questions, and Team Responses

#	Question	Answer
<b>LAC+USC Medical Center Campus Projects and Services</b>		
28	<b>When will the Restorative Care Village, RCV - Phase 1 be open and operational?</b>	<p>At this time, the official opening and operation of the LAC+USC Medical Center <a href="#">Restorative Care Village Phase 1</a>, which includes the Recuperative Care Center (RCC) and the Residential Treatment Programs (RTP) Care Center, has not been scheduled. Construction will be completed in April 2022, however, most of the buildings still need to undergo the licensing process which will take a few months. All buildings will be open and operational within 2022.</p> <p>Answered by LA County Department of Public Works</p>
29	<b>I have been working here at the LAC+USC Medical Center VIP 24-hour forensic clinic since 2006 and have firsthand knowledge that child victims of physical and sexual abuse have a very difficult time accessing the Outpatient Building B on our campus. Is it feasible to ask to consider a more accessible and separate space to hold a specialty forensic clinic for this special and high-risk population? Taking into consideration both physical and sensory issues. Thank you! I am willing to spearhead this endeavor.</b>	<p>This is a very interesting observation and concern, and not one we have heard in our community engagement efforts to date. We will provide your suggestion to the LAC+USC Medical Center Executive Team for their consideration. We appreciate your compassion and advocacy for some of the most vulnerable patients of our Medical Center.</p> <p>One project in particular we wanted to note does not address your specific question, but does relate to access and mobility around the campus. A project currently underway in the main hospital courtyard aims to improve the access from the Outpatient Building to the main Hospital with the addition of an elevator. The project will provide two new elevator cabs where the circular stair was previously located. This project will be complete in summer 2022.</p> <p>Answered by LA County Department of Public Works and LAC+USC Medical Center Foundation</p>
30	<b>When will the childcare applications be available?</b>	<p>The exact opening dates of the center are not yet determined as there are still some licensing requirements that are ongoing. The center will be available to both employees and community members. For more information, please contact the center's operators:</p> <p><a href="http://cdcla.org/all-locations/lacusc-childrens-center/">http://cdcla.org/all-locations/lacusc-childrens-center/</a></p> <p>Answered by LAC+USC Medical Center Foundation</p>
31	<b>Will there be possible job promotions for those working already at LAC+USC Medical Center?</b>	<p>The Study does not address the present footprint of LAC+USC Medical Center nor any specific need for expansion of related healthcare services, nor any related job promotions.</p> <p>Answered by LA County Chief Executive Office</p>

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

General Hospital Feasibility Study  
 Summary of Community Meeting-at-Large #4

## IV. Participant Comments and Questions, and Team Responses

#	Question	Answer
<b>Other</b>		
32	<b>May I get the Health Innovation Community Partnership meetings' link?</b>	The Health Innovation Community Partnership, HICP meets the first Friday of the month. The meetings are virtual via Zoom and open to the public. To register, <a href="#">click here</a> .  For more information, visit HICP website <a href="http://hicpla.org">hicpla.org</a> .  Answered by LAC+USC Medical Center Foundation
33	<b>Does the County have a plan to improve the City Terrace corridor and Marengo?</b>	The County does have pavement improvement scheduled for City Terrace Drive. At the request of Supervisor Solis' Office, Public Works is looking at recommendations to convert the project into a Complete Streets project for City Terrace Drive. Public Works plans to present these recommendations to City Terrace in the coming months.  Answered by Office of Supervisor Hilda L. Solis

### Comments

- I am very grateful to be able to be in a health meeting for the entire community. I have daughters who work for the health sector and care for each one of the people. One of my daughters works at LAC+USC Medical Center and the truth is that the immediate renovation of this medical center is necessary.
- Thank you for the future Closed Captioning service.
- It would be great to have a dedicated and annual Christmas Tree for the community. It would be an investment, like a Citadel Tree but the community and campus community both would benefit - after all we are a major landmark and beacon of hope!
- Many thanks to the Directors of Programs and Projects. Many thanks to the speakers. Many thanks to Supervisor Hilda Solis. To the Senator, thank you. Thanks to Assemblywoman Carrillo. Thanks to all the people who have been interested in the Community. They deserve to be recognized for all their work and effort. They deserve all respect and gratitude. Thanks. Thank you very much to each and every exponent.
- It all sounds so overwhelming and great. When looking at the design of campus and incorporating the community I hope you mean the all the communities that has been served by this campus and all that can be served in the future. We need to look toward the future as not to be caught unaware, As Level 1 Trauma Center there should be no limits.

Meeting Overview  
 Meeting Format  
 Photos & Videos  
 Press Release  
 Participant Quotes  
 Community Feedback  
 Meeting Summary  
 Meeting Presentation  
 Meeting Flyers  
 Affordable Housing Factsheet



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

[General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #4](#)

[General Hospital Feasibility Study  
Summary of Community Meeting-at-Large #4](#)

## V. Next Steps

The meeting closed at approximately 6:30 pm. Participants were thanked for their time and contributions. Community members were invited to continue to stay engaged in shaping the future of General Hospital and West Campus by attending the next Community At Large Meeting, or by attending monthly HICP Meetings.

Meeting Overview

Meeting Format

Photos & Videos

Press Release

Participant Quotes

Community Feedback

Meeting Summary

Meeting Presentation

Meeting Flyers

Affordable Housing Factsheet



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)


- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet




GENERAL HOSPITAL FEASIBILITY STUDY

## Language Accommodations

### Selección de Idioma

**1**  Interpretation

**2**  Spanish  
Mute Original Audio

Click on the interpretation button.

Select Spanish.

Note:  
This meeting is being recorded

For technical support during meeting, contact: Lorena Cordova at [lorena.cordova@aecom.com](mailto:lorena.cordova@aecom.com) or 619-818-0557

*Presione el botón que dice "Interpretation"*

*Seleccione Español.*

*Nota:  
Esta reunión está siendo grabada.*

*Para asistencia técnica durante esta reunión, contactar a: Lorena Córdova a [lorena.cordova@aecom.com](mailto:lorena.cordova@aecom.com) o 619-818-0557*

2





# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

GENERAL HOSPITAL FEASIBILITY STUDY

### How to Participate Today

-  **Use Chat to Get Help**
-  **During Question & Answer Session:**  
Type into Q&A
-  **Raise your hand via hand icon in Zoom.**
-  **Phone:**  
Dial \*9 to raise your hand. You will be called on by the last four digits of your phone number.

### Cómo Participar Hoy

- Use el chat para recibir ayuda*
- Durante la sesión de preguntas y respuestas:*  
*Escriba en la ventana de Q&A*
- Levante su mano a través del ícono de la mano en Zoom.*
- Teléfono:*  
*Marque \*9 para levantar su mano. Usted será llamado por los últimos cuatro dígitos de su número de teléfono.*

 **HILDA L. SOLIS**

3

GENERAL HOSPITAL FEASIBILITY STUDY



**Welcome  
Bienvenidos**

 **Kelly Quinn**  
*County of Los Angeles Chief Executive Office (CEO)*

 **HILDA L. SOLIS**

4



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

GENERAL HOSPITAL FEASIBILITY STUDY

## Meeting Agenda

- Supervisor Solis' Vision for the Study
- Opening Remarks
- General Hospital and West Campus Feasibility Study
  - Community Engagement
  - Technical Analysis
  - Next Steps
  - Q&A
- County-Community Projects Panel
  - LA Department of Public Works and Resident Leaders
  - LA County Development Authority
  - LA CEO Homeless Initiative and Affordable Housing
  - Q&A

## Agenda

- *Visión de la Supervisora Solis para el Estudio*
- *Palabras de apertura*
- *Estudio de Factibilidad del Hospital General LAC+USC y el Campus Oeste*
  - *Participación Comunitaria*
  - *Análisis Técnico*
  - *Pasos A Seguir*
  - *Preguntas Y Respuestas (Q&A)*
- *Panel de Proyectos en la Comunidad del Condado*
  - *Departamento de Obras Públicas de Los Ángeles y Líderes Locales*
  - *Autoridad de Desarrollo del Condado de Los Ángeles*
  - *Iniciativa para Personas sin Hogar y Viviendas Asequibles de la Oficina Ejecutiva de Los Ángeles*
  - *Preguntas Y Respuestas (Q&A)*


5

GENERAL HOSPITAL FEASIBILITY STUDY

# Renewed Vision for the Study

## *Visión Renovada para el Estudio*

*Supervisor / Supervisora Hilda L. Solis*


6





# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

GENERAL HOSPITAL FEASIBILITY STUDY

## Opening Remarks *Palabras de Apertura*

*Jorge Orozco, CEO, LAC+USC Medical Center*



7

GENERAL HOSPITAL FEASIBILITY STUDY

### Vision and Direction

- Bring an iconic County **asset back to life**
- Address the County’s **tremendous need for housing**
- Promote a **healthy, resilient, and economically prosperous community in East LA as a housing and mixed-use campus**
- Provide **complementary services** to the Medical Center, the Wellness Center, and the Restorative Care Village
- Help **vulnerable populations** through recuperative care, wraparound services, and resident empowerment

### Visión y Dirección

- *Dar nueva vida a una propiedad emblemática del Condado*
- *Abordar la gran necesidad de viviendas en el Condado*
- *Promover una comunidad saludable, resistente y económicamente próspera en el este de Los Ángeles como un campus de vivienda y uso mixto*
- *Brindar **servicios complementarios** al Centro Médico, al Centro de Bienestar y a la Restorative Care Village*
- *Ayudar a las **poblaciones vulnerables** a través de cuidados de recuperación, servicios integrales y empoderamiento de los residentes*



8



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

GENERAL HOSPITAL FEASIBILITY STUDY

## Larger Context: Landscape of the Healthy Village

*Contexto más Amplio: Paisaje de la Aldea Saludable*

<b>West Campus:</b> 10.5 Acres	<b>Campus Oeste</b> 10.5 Acres	<b>Easement Area</b> 1.6 Acres	<b>Área de Servidumbre</b> 1.6 Acres	<b>General Hospital</b> 1.2 million square feet, 19 floors	<b>Hospital General</b> 1.2 millones de pies cuadrados, 19 pisos
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9

GENERAL HOSPITAL FEASIBILITY STUDY

### Timeline of Events

### Cronología de Eventos

<p>1933</p> <p>General Hospital opened <i>El Hospital General es inaugurado</i></p>	<p>1994</p> <p>General Hospital closed to clinical services <i>Hospital General cerrado a servicios clínicos</i></p>	<p>2008</p> <p>General Hospital damaged by Northridge earthquake accelerating funding for new medical center <i>Hospital General dañado por el terremoto de Northridge acelerando la financiación para un nuevo centro médico</i></p>	<p>2013-2014</p> <p>\$10M investment in 1st floor to build out Wellness Center <i>Inversión de \$10M en el 1er piso para construir The Wellness Center</i></p>
		<p>2018</p> <p>Community engagement and technical analysis <i>Participación de la comunidad y análisis técnico</i></p>	<p>2019</p> <p>Board motion for Feasibility Study <i>Moción de la Junta para el Estudio de Factibilidad</i></p>
		<p>2020</p> <p>Pandemic slows Study down <i>La pandemia frena el Estudio</i></p>	<p>2021</p> <p>Recommence study with renewed vision from Supervisor Solis <i>Reanudar estudio con una visión renovada de la Supervisora Solis</i></p>
			<p>2022</p> <p>Conclude study, report to Board of Supervisors, issue RFP, developer selection <i>El Estudio concluye, se informa a la Junta de Supervisores, se emite el RFP, se eligen a los desarrolladores</i></p>

10



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

GENERAL HOSPITAL FEASIBILITY STUDY

## What is the General Hospital And West Campus Feasibility Study?

## ¿Qué es el Estudio de Factibilidad del Hospital General y Campus Oeste?

**A feasibility study typically occurs very early in the planning and visioning process, before cities or counties are ready to develop site plans and begin construction**

**The Study is assessing site conditions, technical issues, cost, funding sources, community and County needs and will produce a Reuse Framework to inform the Board of Supervisors of what is possible**

**The Study process has multiple opportunities for public and County engagement**

**The Reuse Framework will be provided to the Board of Supervisors in April 2022 and be incorporated into A Request for Proposals (RFP) will be issued following completion of the Study**

*Un estudio de factibilidad generalmente ocurre muy temprano en el proceso de planificación y visión, antes de que las ciudades o los condados estén listos para desarrollar los planes del sitio y comenzar la construcción.*

*El Estudio está evaluando las condiciones del sitio, los problemas técnicos, el costo, las fuentes de financiación, las necesidades de la comunidad y del Condado y producirá un Reuse Framework para informar a la Junta de Supervisores lo que es posible.*

*El proceso del Estudio tiene múltiples oportunidades para la participación del público y del Condado*

*El Reuse Framework se proporcionará a la Junta de en Abril del 2022 y se incorporará a una Solicitud de Propuestas (RFP, por sus siglas en inglés) luego de la finalización del Estudio.*

**HILDA L. SOLIS**

11

GENERAL HOSPITAL FEASIBILITY STUDY

## Community Engagement Steering Committee (CESC) Members 2021-2022

## Miembros del Comité Directivo de Participación Comunitaria (CESC) 2021-2022

<p><b>Advocacy / Abogacía</b> Public Counsel <i>Katie McKeon, Greg Bonnet</i></p> <p><b>Arts and Education</b> Artes y Educación Self-Help Graphics &amp; Art, Inc. <i>Betty Avila</i></p> <p><b>Business / Comercios</b> Los Angeles Latino Chamber of Commerce <i>Lilly Rocha</i></p> <p><b>Community Development</b> Desarrollo Comunitario Barrio Planners Incorporated <i>Frank Villalobos</i></p> <p><b>Community Development - Chinatown</b> Desarrollo Comunitario Chinatown Chinatown Community for Equitable Development / SEACA <i>King Cheung, Sissy Trinh</i></p>	<p><b>County</b> Condado County of Los Angeles Chief Executive Office <i>Kelly Quinn, Ivan Matthews</i> Office of Supervisor Hilda L. Solis <i>Waqas Rehman, Guadalupe Duran-Medina</i></p> <p><b>Education</b> Educación Bravo Medical Magnet High School <i>Luis Lopez, Michael Sinclair</i></p> <p><b>Faith-Based / Spiritual</b> A Base de Fe/spiritual St. Camillus Catholic Center <i>Father Chris Ponnet</i></p> <p><b>Families</b> Familias InnerCity Struggle <i>Maria Brenes, Ruby Rivera</i></p>	<p><b>Health Equity</b> Equidad de Salud LAC+USC Medical Center Foundation, Inc. <i>Teresa Nuno</i> The Wellness Center/LAC+USC Medical Center Foundation, Inc. <i>Rosa Soto</i></p> <p><b>Health Services</b> Servicios de Salud JWCH Institute <i>Al Ballesteros</i> LAC+USC Medical Center – Executive Team <i>Jorge Orozco, Edgar Solis</i> LAC+USC Medical Center – Provider Team <i>Josh Banerjee, MD</i></p> <p><b>Homeless Services</b> Servicios de Vagabundos Exodus Recovery <i>Monica Alcaraz</i></p> <p><b>Labor and Workforce</b> Personal y Fuerza Laboral SEIU Local 721 - Southern California Public Service Workers <i>Felipe Caceres, Wendy Knight</i></p>	<p><b>LGBTQ</b> LGBTQ Latino Equality Alliance <i>Ari Gutierrez Arambula</i></p> <p><b>Mental Health</b> Salud Mental Alma Family Services <i>Yolanda Duarte-White</i></p> <p><b>Real Estate Financing &amp; Development</b> Financiamiento y Desarrollo de Propiedad Inmobiliaria Independent Consultant <i>William Pavao</i> Independent Policy Advisor/Analyst <i>Joan Ling</i></p> <p><b>Workforce Development</b> Desarrollo de Fuerza Laboral East Los Angeles College <i>Ozzie Lopez</i> East Los Angeles Skills Center <i>Vladimir Tigno, Lynda Farnsworth</i></p>
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**HILDA L. SOLIS**

12




# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

GENERAL HOSPITAL FEASIBILITY STUDY


### Community Engagement helping “Shape the Future” of General Hospital and West Campus



**165**  
Participants  
Participantes


June 13, 2019 /  
13 de enero de 2019  
East Los Angeles /  
Skills Center

### Participación Comunitaria Ayudando a “Dar forma al Futuro” del Hospital General y el Campus Oeste



**125**  
Participants  
Participantes

September 19, 2019 /  
19 de septiembre de 2019  
City Terrace Park  
Community Room



**105**  
Participants  
Participantes

December 9, 2019 /  
9 de diciembre de 2019  
Hollenbeck Middle School  
75 in-person /30 via livestream

13

GENERAL HOSPITAL FEASIBILITY STUDY

### What We Have Heard Through Our Community Engagement

“Thank you for the concerted effort to install new life and objectives to the General Hospital and make it relevant to L.A. for the future.”

“I’m a local business owner in Boyle Heights... I support a balance of economic development and social justice. Without a balance our local businesses will not survive economically and be able to provide jobs.”

“I...believe continual programming opportunities such as dance, art, support groups, etc. such as the ones already happening at The Wellness Center are also critical to community empowerment.”

### Lo que Hemos Escuchado a través de nuestra Participación en la Comunidad

“Gracias por el esfuerzo para instalar una nueva vida y objetivos en el Hospital General y hacerlo relevante para Los Ángeles en el futuro.”

“Soy propietario de un negocio local en Boyle Heights... Apoyo un equilibrio entre el desarrollo económico y la justicia social. Sin un equilibrio, nuestras empresas locales no sobrevivirán económicamente y no podrán generar empleos”.

“Yo... creo que las oportunidades de programación continua, como danza, arte, grupos de apoyo, etc., como las que ya están sucediendo en The Wellness Center, también son fundamentales para el empoderamiento de la comunidad”.

14



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

Meeting Overview  
Meeting Format  
Photos & Videos  
Press Release  
Participant Quotes  
Community Feedback  
Meeting Summary  
Meeting Presentation  
Meeting Flyers  
Affordable Housing Factsheet

GENERAL HOSPITAL FEASIBILITY STUDY

## Community Vision Mapping Activity

Attendees at the December 2019 Health Innovation Community Partnership (HICP) and Community At-Large Meetings were invited to share their vision for future development through a mapping exercise.

## Actividad de Mapeo de la Visión Comunitaria

*Se invitó a la comunidad a la reunión de Health Innovation Community Partnership (HICP, por sus siglas en inglés) llevada a cabo en Diciembre del 2019, para compartir su visión para el desarrollo futuro a través de un ejercicio de mapeo.*

## Vision Mapping Activity: Summary of Community Input

### Actividad de Mapeo de la Visión: Resumen de los Aportes de la Comunidad

**Combined Results**  
Based on 83 community vision maps and 1922 stickers

**Resultados Combinados**  
Basados en 83 mapas de visión comunitaria y 1922 stickers

Facility Type	Percentage
RENTAL HOUSING	11.8%
PARKING	8.6%
EATERIES/RESTAURANT	6.2%
RETAIL	5%
"WRITE IN HERE..."	4.9%
HEALTH SUPPORTIVE SERVICES	4.9%
POCKET PARKS/TRAILS/PLAZAS	4.8%
COMMUNITY GARDEN	4.7%
SOCIAL SUPPORTIVE SERVICES	4.6%
JOB TRAINING CENTER/CLASSROOMS	4.5%
ARTS/CULTURE SPACE	4.5%
PRE-SCHOOL/DAYCARE	3.8%
OFFICE	3.4%
MEETING ROOMS	3.2%
SENIOR CENTER	3%
INCUBATOR SPACE FOR SMALL BUSINESS	2.9%
HISTORIC/COMMEMORATIVE SPACE	2.9%
LIBRARY	2.8%
WELLNESS CENTER EXPANSION	2.7%
HOTEL	2.5%
GROCERY	2.5%
AFTER SCHOOL TEAM CENTER	2.3%
FITNESS CENTER	2%
COMMERCIAL CONFERENCE SPACE	1.6%

Community feedback from December 2019 Community Meeting and HICP Meeting



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)


- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

GENERAL HOSPITAL FEASIBILITY STUDY

### Key Community Issues Identified Through Community Engagement\*

- Homelessness
- Affordable Housing for Lowest Income Neighbors
- Mental Health
- Gentrification and Displacement
- Long-Term Economic Security
- Cultural Continuity & Resilience
- Food Security/Grocery Stores
- Transportation/Parking
- Environmental Justice/Pollution
- Social Justice
- More Open Space
- Bioscience
- Need for Equity Framework
- COVID-19 Specific Stressors
- High Unemployment

*\*List is not in priority order*



### Problemas Clave de la Comunidad Identificados a través de la Participación Comunitaria\*

- Falta de viviendas
- Vivienda asequible para vecinos de ingresos más bajos
- Salud mental
- Gentrificación y desplazamiento
- Seguridad Económica a Largo Plazo
- Continuidad Cultural y Resiliencia
- Seguridad Alimentaria/Tiendas de Comestibles
- Transporte/Estacionamiento
- Justicia Ambiental/Contaminación
- Justicia social
- Más espacio abierto
- Biociencia
- Marco de Necesidad de Equidad
- Estrés específicos de COVID-19
- Alto desempleo

*\*La lista no está en orden de prioridad*

17

GENERAL HOSPITAL FEASIBILITY STUDY

### How Has Community Input Influenced the Study Process?

- Expansion of study area to include West Campus**
  - Supervisor directed study to better address Healthy Village Vision and support County requirements and community needs
- Adjustment of the study timeline**
  - Allowed for more community input and feedback opportunities for first 18 months
- Greater allocation of square footage for community serving spaces**
  - Greater total square footage allocated into Reuse Framework
- Inclusion of Community Vision Mapping**
  - Unique feedback approach identified community-driven spatial allocation of various uses that will be identified in the Reuse Framework and then report back to the Board of Supervisors
- Expedited completion of study to issue Request for Proposals (RFP)**
  - Emphasis on affordable housing
- Ongoing community input during RFP phase and developer selection**

### ¿Cómo ha Influido la Comunidad en el Estudio?

*Expansión del área del estudio hacia el Campus Oeste*

- La Supervisora orientó al estudio para que abordara mejor la visión de la Aldea Saludable y apoye los requisitos del Condado y las necesidades de la comunidad

*Ajuste de la línea de tiempo del estudio*

- Permitted más aportes de la comunidad y oportunidades de comentarios durante los primeros 18 meses

*Mayor asignación de pies cuadrados para espacios que sirvan a la comunidad*

- Mayor cantidad total de pies cuadrados asignados al Reuse Framework

*Inclusión del Mapeo de la Visión Comunitaria*

- El exclusivo enfoque de retroalimentación identificó la asignación espacial impulsada por la comunidad de varios usos que se identificarán en el Reuse Framework y luego se informará a la Junta de Supervisores

*Finalización acelerada del Estudio para emitir la Solicitud de Propuestas (RFP, por sus siglas en inglés)*

- Énfasis en viviendas asequibles

*Aportes continuos de la Comunidad durante la fase de RFP y selección de desarrolladores*

18

Note: The Reuse Framework will provide an example of possible reuses. The RFP will identify minimum requirements and developers will have some flexibility regarding how they reimagine uses  
 Nota: El Reuse Framework proporcionará un ejemplo de posibles reutilizaciones. El RFP identificará los requisitos mínimos y los desarrolladores tendrán cierta flexibilidad con respecto a cómo reinventan los usos.



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)


- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

GENERAL HOSPITAL FEASIBILITY STUDY

## How Has Community Input Influenced the Approach to Housing?


**Community input has pushed the study to:**

- Exceed typical rates of affordable housing
- Increase the number of 3-bedroom units
- Incorporate minimum requirements for percentages of affordable housing and preferred ranges of affordable units to be included in the RFP
- Conduct detailed analyses and creative approaches to incorporate deeper levels of affordable housing mixes
- Hosted an Affordable Housing & Community Benefits Panel at July 10, 2020 HICP Meeting featuring Ozzie Lopez (Moderator), Bea Stotzer, Manuel Bernal, and Paul Peninger



19

## ¿Cómo ha Influido el Aporte de la Comunidad en el Enfoque de la Vivienda?

- Los aportes de la comunidad han llevado al estudio a:**
- Superar las tasas típicas de vivienda asequible
  - Aumentar el número de unidades de 3 dormitorios
  - Incorporar requisitos mínimos para porcentajes de viviendas asequibles y rangos preferidos de unidades asequibles que se incluirán en la RFP
  - Llevar a cabo análisis detallados y enfoques creativos para incorporar niveles más profundos de combinaciones de viviendas asequibles
  - Organizar un Panel de Vivienda Asequible y Beneficios Comunitarios en la reunión de HICP del 10 de Julio de 2020 con Ozzie Lopez (Moderador), Bea Stotzer, Manuel Bernal y Paul Peninger
- 

GENERAL HOSPITAL FEASIBILITY STUDY

## How Has Community Input Influenced the Approach to Community-Serving Spaces?

- Increased emphasis of community serving space overall
- Retail may include local and healthy food options, restaurants, and vendors
- Hospitality options may focus on non-profit or low-cost lodging to support patients and families (e.g., an extended stay hotel with discounted rates)
- Education and Childcare
- Inclusion of transportation and mobility access improvements (e.g., shuttles, walking and bike paths, mass transit connections to campus, ADA accessibility)
- Open and green spaces for public use
- Addition of commemorative and cultural arts spaces



20

## ¿Cómo ha Influido el Aporte de la Comunidad en el Enfoque de los Espacios de Servicio Comunitario?

- Mayor énfasis en el espacio de servicio comunitario en general
- El comercio minorista puede incluir opciones de comida local y saludable, restaurantes y vendedores.
- Las opciones de hospitalidad pueden centrarse en alojamiento sin fines de lucro o de bajo costo para ayudar a los pacientes y sus familias (ej., un hotel de estancias prolongadas con tarifas con descuento)
- Educación y cuidado de niños
- Inclusión de mejoras en el acceso al transporte y la movilidad (ej., transporte, senderos para caminar y andar en bicicleta, conexiones de transporte público al campus, accesibilidad ADA)
- Espacios abiertos y verdes de uso público
- Adición de espacios artísticos conmemorativos y culturales



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
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GENERAL HOSPITAL FEASIBILITY STUDY

## How Has Community Input Influenced Workforce Development and Economic Opportunity?

### ¿Cómo ha Influido el Aporte de la Comunidad en el Desarrollo de la Fuerza Laboral y las Oportunidades Económicas?

- Local and Targeted Hire goals included in study and RFP
- Job Opportunities, at multiple levels of education and income
- Range of office spaces and uses
- Opportunities may include:
  - Job Training Center
  - Incubator Space for Small Business/Social Enterprise
  - Support for local business expansion

- *Metas de contratación local y específica incluidas en el estudio y RFP*
- *Oportunidades de trabajo, en múltiples niveles de educación e ingresos*
- *Variedad de espacios de oficina y usos*
- *Las oportunidades pueden incluir:*
  - *Centro de Capacitación Laboral*
  - *Espacio de incubación para pequeñas empresas/empresas sociales*
  - *Apoyo a la expansión de negocios locales*



HCP Meeting February 2019



HCP Meeting April 2019



Supervisor tour of the historic General Hospital



21

GENERAL HOSPITAL FEASIBILITY STUDY

## How Has Community Input Influenced the Approach to Culture, Arts and Open Spaces?

### ¿Cómo ha Influido el Aporte de la Comunidad en el Enfoque de la Cultura, las Artes y los Espacios Abiertos?

- Inclusion of cultural values in design, décor and landscaping elements
- Addition of commemorative and cultural arts spaces
- Open and green spaces for public use
- Bike lanes and walking trails

- *Inclusión de valores culturales en elementos de diseño, decoración y paisajismo*
- *Adición de espacios artísticos conmemorativos y culturales*
- *Espacios al aire libre y verdes de uso público*
- *Carriles para bicicletas y senderos para caminar*







22





# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet


GENERAL HOSPITAL FEASIBILITY STUDY

## County Input and Considerations

- County will maintain ownership of land and structures
- County needs to continue to operate multiple public facilities nearby, and on the campus, to include the world-class LAC+USC Medical Center
- Leverage County asset to support Board priorities such as expanding the supply of affordable housing
- Maintain unique historic asset on a long-term basis
- Feasibility Study will support an RFP process that leads to best-in-class proposals from qualified developers

## Aportes y Consideraciones del Condado

- *El Condado mantendrá la titularidad del terreno y las estructuras*
- *El Condado necesita continuar operando múltiples instalaciones públicas cercanas y en el recinto, para incluir el Centro Médico LAC+USC de clase mundial*
- *Aprovechar los activos del condado para apoyar las prioridades de la Junta, como expandir la oferta de viviendas asequibles*
- *Mantener un activo histórico único a largo plazo*
- *El Estudio de Factibilidad respaldará un proceso de RFP que conduce a las mejores propuestas de desarrolladores calificados*




23

GENERAL HOSPITAL FEASIBILITY STUDY

## Technical Challenges

### General Hospital

- Old, large and needs renovations
- 89 years old
- 19 stories, 1.2 million square feet
- Largely vacant
- Needs environmental remediation and structural improvements
- Needs comprehensive renovation
- Eligible for National Register of Historic Places (adds complexity and expense to renovate and/or change)

### Desafíos Técnicos

#### Hospital General

- *Viejo, grande y necesita renovaciones.*
- *89 años de antigüedad*
- *19 pisos, 1.2 millones de pies cuadrados*
- *En gran parte vacante*
- *Necesita remediación ambiental y mejoras estructurales*
- *Necesita reforma integral*
- *Elegible para el Registro Nacional de Lugares Históricos (agrega complejidad y gastos para renovar y/o cambiar)*


24



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

GENERAL HOSPITAL FEASIBILITY STUDY

## Technical Challenges

### West Campus

#### Need to sustain core functions

- Continue to operate multiple public facilities on the campus, including the world-class LAC+USC Medical Center
- Restorative Care Village Phase 1 (opening in 2022)
- Restorative Care Village Phases 2 and 3
- Central utility plant
- Helipad
- Accessibility and easements
- Parking

## Desafíos Técnicos

### Campus Oeste

#### Necesidad de mantener las funciones básicas

- Continuar operando múltiples instalaciones públicas en el recinto, incluido el Centro Médico LAC+USC de clase mundial
- Restorative Care Village Fase 1 (apertura en 2022)
- Restorative Care Village Fases 2 y 3
- Planta de servicio central
- Helipuerto
- Accesibilidad y servidumbres
- Estacionamiento

25

GENERAL HOSPITAL FEASIBILITY STUDY

## Balancing Input and Needs

- Community needs and priorities have been voiced through multiple community engagement efforts
- Community engagement will continue as the study moves into future phases
- Las necesidades y prioridades de la comunidad han sido expresadas a través de múltiples esfuerzos de participación comunitaria.
- La participación de la comunidad continuará a medida que el estudio avanza hacia fases futuras

## Equilibrio entre Contribuciones y Necesidades

- Reuse Framework will address community input and needs, technical challenges, and funding sources
- Reuse Framework abordará las contribuciones y las necesidades de la comunidad, los desafíos técnicos y las fuentes de financiación
- Making necessary and extensive repairs and improvements is challenging because of the historical status of structures
- County plans to maintain ownership of land and structures and will have future requirements for health services expansion and various department needs
- Hacer las reparaciones y mejoras necesarias y extensas es un desafío debido al estado histórico de las estructuras.
- El Condado planea mantener titularidad del terreno y estructuras y tendrá requisitos futuros para la expansión de los servicios de salud y varias necesidades del departamento.
- Repurposing General Hospital and developing West Campus will cost 100s of millions of dollars
- Multiple funding sources will need to be pursued: federal, state, County, private and revenue-generating uses
- Reconvertir el Hospital General y desarrollar el Campus Oeste costará cientos de millones de dólares
- Será necesario buscar múltiples fuentes de financiación: usos federales, estatales, del condado, privados y generadores de ingresos

26



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet


GENERAL HOSPITAL FEASIBILITY STUDY


## Current Status

- **Develop an example of what's possible: a Reuse Framework**
- **Accelerate the study timeline** to make-up lost time and take advantage of potential funding streams
- **Move to the Request For Proposals (RFP) phase and attract creative, best in class proposals from multiple developers to ensure the project moves forward quickly**
- **Continue to ensure community voices are central to the study and future phases**

## Estado Actual

- *Desarrollar un ejemplo de lo que es posible: un Reuse Framework*
- *Acelerar el cronograma del estudio para recuperar el tiempo perdido y aprovechar potenciales fuentes de financiación*
- *Pasar a la fase de Solicitud de Propuestas (RFP, por sus siglas en inglés) y atraer las mejores propuestas creativas de varios desarrolladores para garantizar que el proyecto avance rápidamente*
- *Continuar asegurando que las voces de la comunidad son fundamentales para el estudio y las fases futuras*




27

GENERAL HOSPITAL FEASIBILITY STUDY

## What Elements Will the Proposed Reuse Framework Include?

Below are examples of potential uses that could be incorporated into a future development program. The list was informed by community input, market analysis, and county discussions. The list is not comprehensive or listed in order of priority.

**Rental Housing**

- A mix of unit types, including multi-generational and family-size units
- A mix of affordability: extremely low income, moderate income, and market rate

**Community Service Spaces**

- Health and Social Support Services (non-profit & govt)
- Job Training Center / Classrooms / Meeting Rooms
- Senior Center
- Preschool/ Daycare
- After School STEAM Center
- Social Enterprise Space / Business Incubator Space

**Open Space**

- Community Garden
- Pocket Parks / Trails / Plazas

## ¿Qué Elementos Incluirá el Reuse Framework?

*A continuación se presentan ejemplos de usos potenciales que podrían incorporarse en un futuro programa de desarrollo. La lista está basada en aportes de la comunidad, análisis de mercado y discusiones del condado. La lista no está completa ni se enumera en orden de prioridad.*

**Vivienda de Alquiler**


- *Una combinación de tipos de unidades, incluidas unidades multigeneracionales y de tamaño familiar*
- *Una combinación de asequibilidad: extremadamente bajos ingresos, ingresos moderados, y tasa de mercado*


**Espacios de Servicio Comunitario**

- *Servicios de salud y apoyo social (sin fines de lucro y gubernamentales)*
- *Centro de Formación Laboral / Aulas / Salas de Reuniones*
- *Centro para personas mayores*
- *Preescolar / Guardería*
- *Centro STEAM después de la escuela*
- *Espacio Empresa Social / Espacio de Incubación de Empresas*

**Espacio abierto**

- *Jardín comunitario*
- *Parques / Senderos / Plazas*





Continued on next slide

Continúa en la siguiente diapositiva

28



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

GENERAL HOSPITAL FEASIBILITY STUDY

## Reuse Framework Elements, Continued

**Retail (Neighborhood Serving)**

- Grocery
- Local Vendors
- Healthy Food
- Taquerias

**Office**

- County Office
- Medical Office
- Creative & Commercial Office
- Job Opportunities, at multiple levels of education and income

**Other**

- Arts / Culture Space
- Library
- Commemorative Space
- Parking

The Community weighed in on potential uses through engagement in Community At-Large Meetings

## Elementos del Reuse Framework, Continuado

**Venta al por menor (servicio de vecindario)**

- Tienda de comestibles
- Proveedores locales
- Comida sana
- Taquerías


**Oficina**

- Oficina del Condado
- Oficina Médica
- Oficina Creativa y Comercial
- Oportunidades de trabajo, en múltiples niveles de educación e ingresos

**Otro**

- Espacio de Arte / Cultura
- Biblioteca
- Espacio Conmemorativo
- Estacionamiento

*La comunidad opinó sobre los usos potenciales a través de la participación en las reuniones de la comunidad en general.*

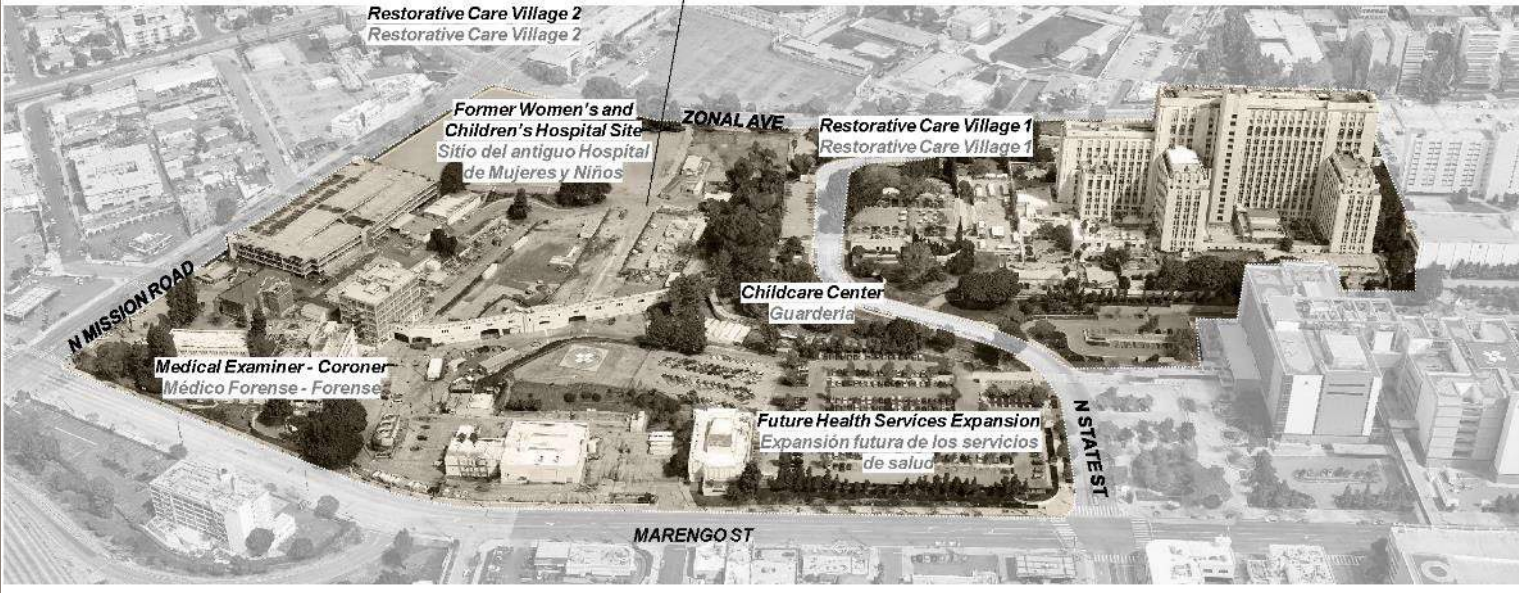


29

GENERAL HOSPITAL FEASIBILITY STUDY

## Larger Context: Landscape of the Healthy Village Contexto más Amplio: Paisaje de la Aldea Saludable

<b>West Campus:</b> 10.5 Acres	<b>Camous Oeste</b> 10.5 Acres	<b>Easement Area</b> 1.6 Acres	<b>Área de Servidumbre</b> 1.6 Acres	<b>General Hospital</b> 1.2 million square feet, 19 floors	<b>Hospital General</b> 1.2 millones de pies cuadrados, 19 pisos
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30



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

GENERAL HOSPITAL FEASIBILITY STUDY

## Larger Context: Landscape of the Healthy Village

**Multiple Projects:**

- Restorative Care Village Phase 1- opening 2022; 160 beds; Future Phases include affordable housing (up to 300 units; includes 120 permanent supportive housing)
- Childcare Center
- General Hospital & West Campus Reuse Feasibility Study

**Multiple Uses/Needs:**

- Recuperative care
- Wrap-around services
- Affordable housing
- Community services
- Parking and access
- Green spaces
- Office and retail
- Hospital/healthcare expansion
- County office space
- Economically vibrant/resilient community


## Contexto más amplio: Paisaje de la Aldea Saludable

**Múltiples Proyectos:**

- Fase 1 del Restorative Care Village: apertura en 2022; 160 camas; las fases futuras incluyen viviendas asequibles (hasta 300 unidades; incluye 120 viviendas de apoyo permanentes)*
- Guardería de Niños*
- Estudio de Factibilidad de Reutilización del Hospital General y el Campus Oeste*

**Múltiples usos/necesidades:**

- Cuidado recuperativo*
- Servicios integrales*
- Vivienda asequible*
- Servicios comunitarios*
- Estacionamiento y acceso*
- Espacios verdes*
- Oficina y comercio*
- Expansión hospitalaria/sanitaria*
- Espacio de oficina del condado*
- Comunidad económicamente vibrante/resiliente*


31

GENERAL HOSPITAL FEASIBILITY STUDY

## What is a Request for Proposals?


The Study will be incorporated in a County-led Request for Proposals (RFP) process.

- An RFP is a document that is the basis for the evaluation and selection of a developer to contract to build the project
- The RFP describes the project size; County, community, and stakeholder expectations; minimum required programming to include affordable housing and retail; expected timeline(s) for the project delivery; the mandatory, minimum requirements for qualification of bidders and the guidelines upon which the Bidder's proposal will be evaluated.
- The County will draft the RFP and manage the process to ultimately contract for Developer Services
- The County will assess proposals for:
  - The developer's capacity to successfully deliver their proposed development
  - Creative solutions that maximize the project requirements and desires as described in the RFP
  - Financial qualifications of the developer
  - Maximum valuation of public assets

## ¿Qué es una Solicitud de Propuestas?

*El estudio se incorporará a un Proceso de Solicitud de Propuestas (RFP, por sus siglas en inglés) dirigido por el Condado.*

- Una RFP es un documento que es la base para la evaluación y selección de un desarrollador para contratar para construir el proyecto.*
- El RFP describe el tamaño del proyecto; Expectativas del condado, la comunidad y las partes interesadas; la programación mínima requerida para incluir vivienda asequible y comercio minorista; cronograma(s) esperado(s) para la entrega del proyecto; los requisitos mínimos obligatorios para la calificación de los Licitantes y las pautas sobre las cuales se evaluará la propuesta del Licitante.*
- El Condado redactará el RFP y llevará a cabo un proceso para el eventual contrato de Servicios de Desarrollador*
- El Condado evaluará propuestas para:*
  - La capacidad del desarrollador para entregar con éxito su desarrollo propuesto*
  - Soluciones creativas que maximizan los requisitos y deseos del proyecto como se describe en el RFP*
  - Calificaciones financieras del desarrollador*
  - Valoración máxima de los bienes públicos*


32



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)


Meeting Overview  
Meeting Format  
Photos & Videos  
Press Release  
Participant Quotes  
Community Feedback  
Meeting Summary  
Meeting Presentation  
Meeting Flyers  
Affordable Housing Factsheet

**Stay Involved and Stay Connected!**

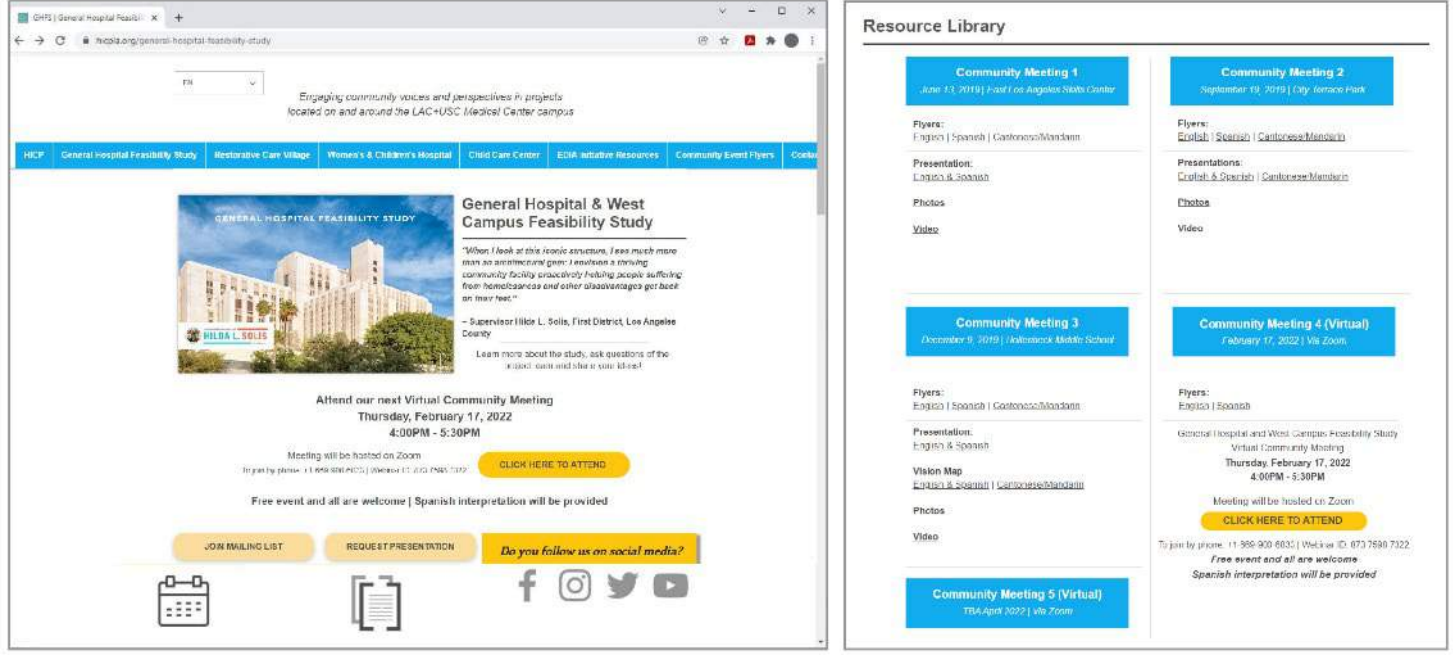
- Attend our next Community At-Large meeting in April 2022
  - Join the mailing list today for reminders and updates!
- Attend The Wellness Center Anniversary Celebration and Site Tour: **Saturday, March 12, 2022**
- Follow us on Social Media
  - Facebook (HICPLA), Instagram (HICP\_LA), Twitter (HICP\_LA)
- Visit our website ([www.hicpla.org](http://www.hicpla.org))
  - Select the General Hospital Feasibility Study tab
- Attend our monthly Health Innovation Community Partnership meetings
  - First Fridays of the month at 8:45 AM via Zoom

**¡Manténganse Involucrados y Manténganse Conectados!**

- Asista a nuestra próxima Reunión de la Comunidad en Abril 2022
  - Únase a la lista de correo hoy para recibir información actualizada
- Asista a el aniversario de celebración del Wellness Center y un recorrido del lugar: **Sábado 12 de Marzo de 2022**
- Síguenos en las redes sociales
  - Facebook (HICPLA), Instagram (HICP\_LA), Twitter (HICP\_LA)
- Visite el sitio web ([www.hicpla.org](http://www.hicpla.org))
  - Seleccione el tabulador "General Hospital Feasibility Study"
- Asista a nuestras reuniones mensuales del Health Innovation Community Partnership
  - Primer Viernes del mes a las 8:45 AM por Zoom


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<https://www.hicpla.org/general-hospital-feasibility-study>



**Resource Library**

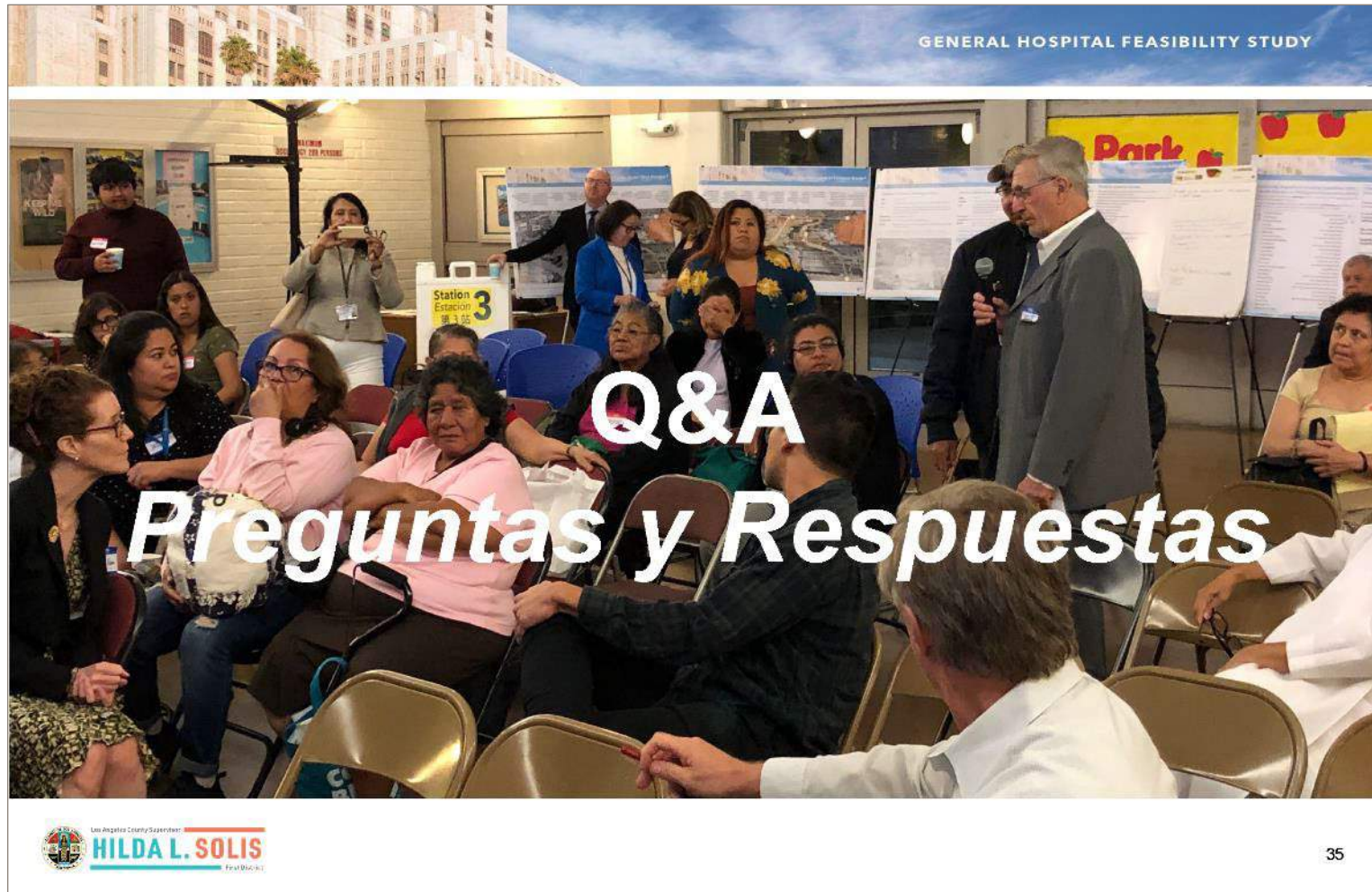
- Community Meeting 1** (June 13, 2019) | Fall | Los Angeles State Center
- Community Meeting 2** (September 19, 2019) | City Terrace Park
- Community Meeting 3** (December 9, 2019) | Antares/Metro School
- Community Meeting 4 (Virtual)** (February 17, 2022) | Via Zoom
- Community Meeting 5 (Virtual)** (TBA April 2022) | Via Zoom

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# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



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**County-Community Projects**

*Los Angeles County Department of Public Works*

*Resident Leaders*

*Los Angeles County Development Authority*

*Los Angeles County Homeless Initiative and Affordable Housing*

Q&A

**Proyectos en la Comunidad del Condado**

*Departamento de Obras Públicas del Condado de Los Ángeles*

*Líderes Residentes*

*Iniciativa para Personas Sin Hogar del Condado de Los Ángeles y Vivienda Asequible*

*Autoridad de Desarrollo del Condado de Los Ángeles*

*Preguntas y respuestas*

Los Angeles County Supervisor  
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# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

GENERAL HOSPITAL FEASIBILITY STUDY

<p><b>County-Community Projects:</b></p> <p><b>LAC+USC Projects</b></p> <p><b>Alicia Ramos</b> Los Angeles County Department of Public Works</p>	<p><i>Proyectos en la Comunidad del Condado:</i></p> <p><i>Proyectos LAC+USC</i></p> <p><i>Alicia Ramos</i> <i>Departamento de Obras Públicas del Condado de Los Angeles</i></p>
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37

**LAC+USC MEDICAL CAMPUS  
Construction Projects Update**

**CAMPUS MÉDICO LAC+USC Actualización de  
Proyectos de Construcción**

February 17, 2022  
17 de Febrero de 2022





# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

## Restorative Care Village Zonal Avenue



- **5 buildings with 160 beds of supportive, transitional housing**
- 5 edificios con 160 camas de vivienda transitoria de apoyo
- **Recuperative Care Center (1 building, 96 beds) provides placement for individuals discharged from inpatient hospital setting who lack a supportive place to live.**
- El Centro de Atención de Recuperación (1 edificio, 96 camas) ofrece alojamiento para personas dadas de alta del hospital que carecen de un lugar de apoyo para vivir.
- **Residential Treatment Program (4 buildings, 64 beds total) provides transitional housing to address patients experiencing mental health needs.**
- El Programa de Tratamiento Residencial (4 edificios, 64 camas) proporciona alojamiento de transición para atender a los pacientes que experimentan necesidades de salud mental.



## Restorative Care Village Zonal Avenue



Transitional housing with on-site support services, health oversight, case management, therapy, rehabilitation, and linkage to permanent supportive housing to safely transition residents back to their communities.

Vivienda de transición con servicios de apoyo en el lugar, supervisión de la salud, administración de casos, terapia, rehabilitación y vinculación con viviendas de apoyo permanentes para hacer una transición segura de los residentes de regreso a sus comunidades.

- **Completed March 2022**
- **Finalizado en Marzo de 2022**




# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

## Future Phases of the Restorative Care Village Futuras Fases del Restorative Care Village

- Interim use as overflow surface parking
- Usó provisional como estacionamiento en superficie
- Future site for next RCV phases including a Mental Health Wellness Center, Urgent Care Center and Inpatient Tower
- Futuro sitio para las próximas fases de RCV, incluido un Centro de Bienestar de Salud Mental, un Centro de Atención de Urgencias y una Torre para Pacientes Internos
- Demolition of old Women's and Children's Hospital - completed 2021
- Demolición del antiguo Hospital de Mujeres y Niños - finalizado en 2021

## Child Care Center State Street Guardería State Street

- Building and site utilities complete, foundations and building pad complete
- Los servicios públicos del edificio y del sitio están completos, los cimientos y la plataforma de construcción están completos
- Working on vertical construction and framing
- Trabajando en la construcción vertical y enmarcado
- Completion anticipated Spring 2022
- Finalización prevista para la primavera de 2022



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

GENERAL HOSPITAL FEASIBILITY STUDY

## County-Community Projects: Community Involvement

**Ari Gutierrez Arambula**  
**Monica Alcaraz**  
Resident Leaders

## *Proyectos en la Comunidad del Condado: Participación de la Comunidad*

*Ari Gutierrez Arambula*  
*Monica Alcaraz*  
*Líderes Residentes*

 43

GENERAL HOSPITAL FEASIBILITY STUDY





 44



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



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GENERAL HOSPITAL FEASIBILITY STUDY

**County-Community Projects:**

**Supportive and Affordable Housing**

**Matt Lust**  
*Los Angeles County Development Authority*

*Proyectos en la Comunidad del Condado:*

*Vivienda Asequible y de Apoyo*

**Matt Lust**  
*Autoridad de Desarrollo del Condado de Los Angeles*

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# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

## Benefits of Affordable Housing

- Community stability
- Gains in quality of life
- Increasing mental and physical health of residents
- Job creation, increased job retention, and productivity
- Addressing inequality
- Increasing housing options

## Beneficios de Viviendas Asequible

- Estabilidad de la comunidad
- Ganancias en calidad de vida
- Mejorar la salud mental y física de los residentes
- Creación de empleo, mayor retención de empleo y productividad
- Abordar la desigualdad
- Aumentar las opciones de vivienda

## The County's Approach

- Producing more affordable housing
- Preserving existing affordable housing
- Protection and assistance for tenants

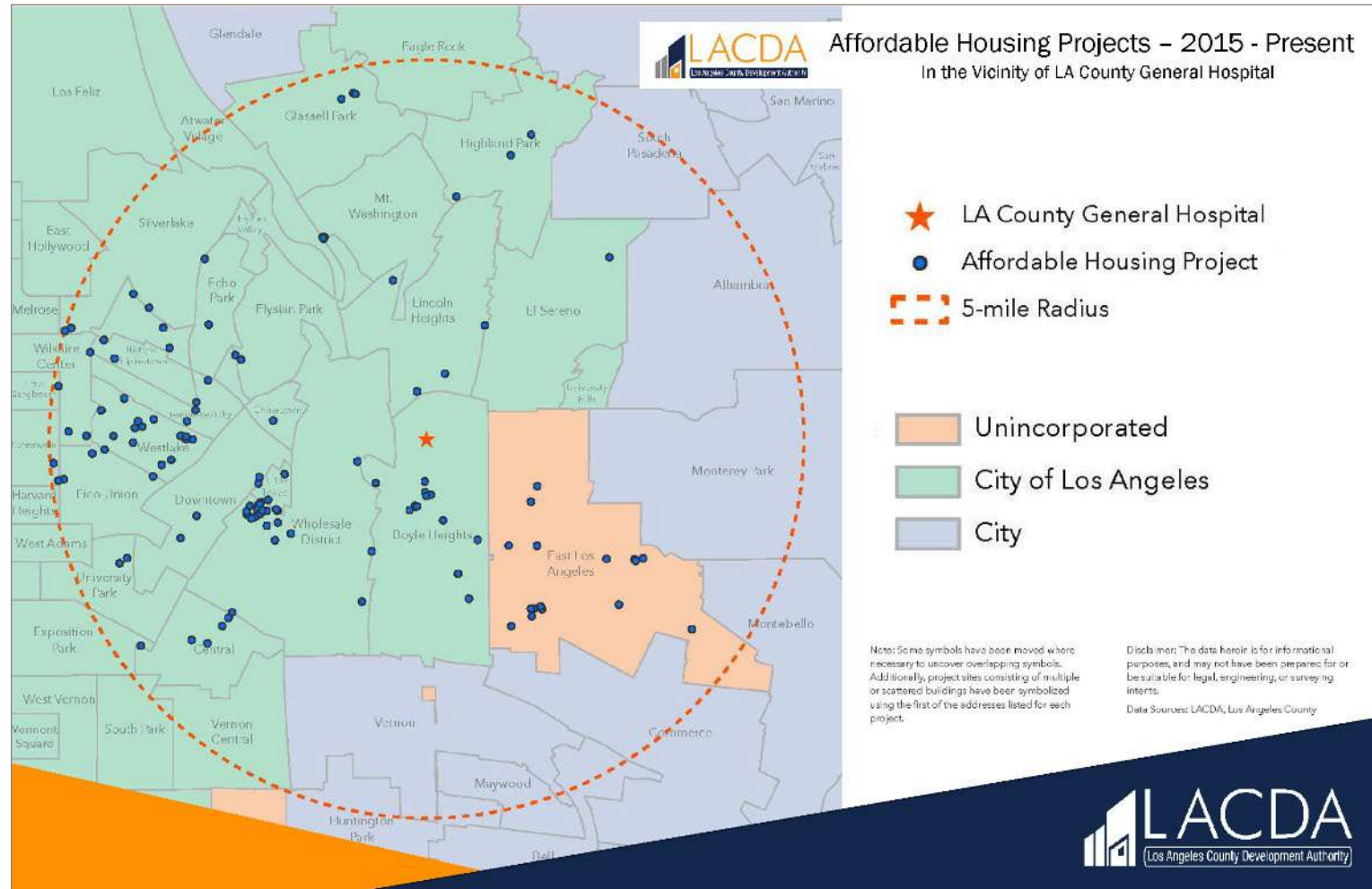
## El Enfoque del Condado

- Producir más viviendas asequibles
- Preservar las viviendas asequibles existentes
- Protección y asistencia a los inquilinos



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



## Restorative Care Village (RCV) Sites

### Sitios del Restorative Care Village (RCV)

- Restorative Care Village PH1 - Yellow
  - Recuperative Care and Residential Treatment Transitional Housing
- Restorative Care Village PH1 – Amarillo
  - Atención de Recuperación y Tratamiento Residencial en Vivienda de Transición
- Restorative Care Village – Orange
  - Mental Health Wellness Center
- Restorative Care Village – Naranja
  - Centro de Bienestar de Salud Mental
- Restorative Care Village - Blue
  - Permanent Supportive Housing
- Restorative Care Village - Azul
  - Vivienda de Apoyo Permanente



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet

GENERAL HOSPITAL FEASIBILITY STUDY

**County-Community Projects:**

**Homeless and Affordable Housing**


**Elizabeth Ben-Ishai, PhD**  
*Los Angeles County Homeless Initiative and Affordable Housing*

**Proyectos en la Comunidad del Condado:**

**Vivienda Asequible y para Personas Sin hogar**

**Elizabeth Ben-Ishai, PhD**  
*Iniciativa para Personas Sin Hogar del Condado de Los Angeles y Vivienda Asequible*

51



Los Angeles County HOMELESS INITIATIVE

**Los Angeles County Homeless Initiative Overview**  
**Descripción General de la Iniciativa para Personas Sin Hogar del Condado de Los Ángeles**

General Hospital and West Campus Feasibility Study Community Meeting  
 Reunión Comunitaria del Estudio de Factibilidad del Hospital General y el Campus Oeste

**February 17, 2022**  
 17 de Febrero de 2022

52



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



The Los Angeles County Homeless Initiative is the central coordinating body for the County's work related to homelessness. We oversee the implementation of strategies approved by the Board of Supervisors to prevent and combat homelessness, and coordinates agencies and funding that serve our unhoused residents.

*La Iniciativa para Personas Sin Hogar del Condado de Los Ángeles es el organismo central de coordinación del trabajo del condado relacionado con la falta de vivienda. Supervisamos la implementación de estrategias aprobadas por la Junta de Supervisores para prevenir y combatir la falta de vivienda, y coordinamos agencias y fondos que atienden a nuestros residentes sin vivienda.*



## MEASURE / MEDIDA H

On March 7, 2017, the citizens of Los Angeles County passed Measure H with 69.34% of the vote.

*El 7 de Marzo de 2017, los ciudadanos del Condado de Los Ángeles aprobaron la Medida H con el 69,34 % de los votos.*

Measure H generates \$355 million each year for 10 years to fund homeless solutions.

*La Medida H genera \$355 millones cada año durante 10 años para financiar soluciones para personas sin hogar.*



**¼ CENT**  
SALES TAX  
IMPUESTO A  
LAS VENTAS

**\$355M**  
ANNUALLY  
ANUAL

**10 YEARS**  
(2017-2027)





# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

- Meeting Overview
- Meeting Format
- Photos & Videos
- Press Release
- Participant Quotes
- Community Feedback
- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



## FUNDING / FONDOS

This year, the Homeless Initiative's budget is **\$527 million**, mostly from Measure H revenues. This includes funding for:

- **Interim Housing:** \$150 million to provide 5,441 beds
- **Permanent Supportive Housing:** \$132 million to support 13,000 households
- **Rapid Re-Housing:** \$89 million
- **Outreach:** \$39 million
- **Prevention:** \$23 million

*Este año, el presupuesto de la Iniciativa para Personas Sin Hogar es de \$527 millones, principalmente de los ingresos de la Medida H. Esto incluye financiación para:*

- ***Vivienda provisional:** \$150 millones para proporcionar 5,441 camas*
- ***Vivienda de Apoyo Permanente:** \$132 millones para apoyar a 13,000 hogares*
- ***Reubicación rápida:** \$ 89 millones*
- ***Alcance:** \$39 millones*
- ***Prevención:** \$23 millones*



## PROGRESS REPORT REPORTE DE PROGRESO

July 2017 – December 2021  
Julio 2017 – Diciembre 2021



**78,101**

People placed in permanent housing  
Personas alojadas en vivienda permanente

**Measure H** completely or partially funded:

- **41%** of permanent housing placements (**31,898 people**)
- **54%** of interim housing placements (**56,453 people**)



**104,681**

People placed in interim housing  
Personas alojadas en viviendas provisionales

**Medida H** financiada total o parcialmente:

- **41%** de los alijamientos de vivienda permanente (**31,898 personas**)
- **54%** de los alojamientos de viviendas provisionales (**56,453 personas**)



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)

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- Meeting Summary
- Meeting Presentation
- Meeting Flyers
- Affordable Housing Factsheet



57



58



# Section 3: Community at Large Meeting #4 February 17, 2022 (Virtual)


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GENERAL HOSPITAL FEASIBILITY STUDY

### Stay Involved and Stay Connected!

1. Attend our next Community At-Large meeting in April 2022
  - Join the mailing list today for reminders and updates!
2. Attend The Wellness Center Anniversary Celebration and Site Tour:
 

**Saturday, March 12, 2022**
3. Follow us on Social Media
  - Facebook (HICPLA), Instagram (HICP\_LA), Twitter (HICP\_LA)
4. Visit our website ([www.hicpla.org](http://www.hicpla.org))
  - Select the General Hospital Feasibility Study tab
5. Attend our monthly Health Innovation Community Partnership meetings
  - First Fridays of the month at 8:45 AM via Zoom



### ¡Manténganse Involucrados y Manténganse Conectados!

1. Asista a nuestra próxima Reunión de la Comunidad en Abril 2022
  - Únase a la lista de correo hoy para recibir información actualizada
2. Asista a el aniversario de celebración del Wellness Center y un recorrido del lugar:
 

**Sábado 12 de Marzo de 2022**
3. Síguenos en las redes sociales
  - Facebook (HICPLA), Instagram (HICP\_LA), Twitter (HICP\_LA)
4. Visite el sitio web ([www.hicpla.org](http://www.hicpla.org))
  - Seleccione el tabulador "General Hospital Feasibility Study"
5. Asista a nuestras reuniones mensuales del Health Innovation Community Partnership
  - Primer Viernes del mes a las 8:45 AM por Zoom


59

GENERAL HOSPITAL FEASIBILITY STUDY

# Thank You!

## ¡Gracias!

**For more information, please contact**  
**Para obtener más información, contacte a**  
**Alex Villalobos**  
[Alex@BarrioPlanners.com](mailto:Alex@BarrioPlanners.com)



60



# Section 3: Community at Large Meeting #4 February 17, 2022

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- Meeting Presentation
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## Meeting Flyers:

*Join us*  
**Moving Forward Together**  
 LAC+USC General Hospital and West Campus Feasibility Study

**VIRTUAL COMMUNITY MEETING**

- Learn about the General Hospital and West Campus Feasibility Study
- Discover how community input has informed the study
- Hear about next steps
- Learn how the campus and County are responding to community needs, including housing, health, economic development, and access

**THURSDAY 4-5:30 pm** | **17** | **FEBRUARY 2022**

Meeting will be hosted on Zoom; click [here](#) to attend.  
 To join by phone: +1-669-900-6833 | Webinar ID: 873 7598 7322  
 Free event and all are welcome | Spanish interpretation will be provided

For more information on the study and to receive current updates, visit us at [hicpla.org/general-hospital-feasibility-study](http://hicpla.org/general-hospital-feasibility-study). If you're unable to attend, the meeting video and materials will be available online.

**Questions?**  
 Contact Alex Villalobos at [Alex@barrioplanners.com](mailto:Alex@barrioplanners.com) or (323) 726-7734.

This community meeting is co-hosted by the Los Angeles County Chief Executive Office (CEO) and the Health Innovation Community Partnership (HICP). The HICP is a partnership of government and community leaders formed by the Los Angeles County Board of Supervisors to inform health, wellness and economic well-being for communities adjacent to the LAC+USC Medical Center Campus including Boyle Heights, Lincoln Heights, El Sereno, City Terrace, Ramona Gardens, Northeast, and East Los Angeles.

2/1/2022

*Acompáñenos*  
**Avanzando Juntos**  
 Estudio de Factibilidad del Hospital General LAC+USC y el Campus Oeste

**REUNIÓN COMUNITARIA VIRTUAL**

- Conozca sobre el Estudio de Viabilidad del Hospital General y del Campus Oeste
- Descubra cómo las aportaciones de la comunidad han informado el estudio
- Conozca los próximos pasos
- Aprenda cómo el campus y el condado están respondiendo a las necesidades de la comunidad, incluyendo la vivienda, la salud, el desarrollo económico y el acceso

**JUEVES 4-5:30 pm** | **17** | **FEBRERO 2022**

La reunión se realizará en Zoom; haga clic [aquí](#) para asistir.  
 Para unirse por teléfono: +1-669-900-6833 | ID del seminario web: 873 7598 7322  
 Evento gratuito y todos son bienvenidos | Habrá interpretación en español

Para obtener más información sobre el estudio y recibir las últimas actualizaciones, visítenos en [hicpla.org/general-hospital-feasibility-study](http://hicpla.org/general-hospital-feasibility-study). Si no puede asistir, el video y los materiales de la reunión estarán disponibles en línea.

**¿Preguntas?**  
 Contacte Alex Villalobos en [Alex@barrioplanners.com](mailto:Alex@barrioplanners.com) o (323) 726-7734.

Esta reunión comunitaria es organizada conjuntamente por la Oficina del Director Ejecutivo (CEO por sus siglas en inglés) del Condado de Los Angeles y la Sociedad de Innovación de la Salud (HICP por sus siglas en inglés). El HICP es una asociación de líderes gubernamentales y comunitarios formada por la Junta de Supervisores del Condado de Los Angeles para informar sobre la salud, el bienestar y el bienestar económico de las comunidades adyacentes al Campus del Centro Médico LAC+USC, como Boyle Heights, Lincoln Heights, El Sereno, City Terrace, Ramona Gardens, noreste y este de Los Angeles.

2/1/2022



# Section 3: Community at Large Meeting #4 February 17, 2022

## Affordable Housing Fact Sheet

### How do we define Affordable Housing?

- Housing is considered affordable when a family or individual pays no more than 30% of household income on the total costs of housing (rent, utilities, etc.). Households that pay more than 30% of their income on housing costs are considered cost burdened, and those that pay more than 50% of their income on housing costs are considered severely cost burdened. Unfortunately, most households in Boyle Heights are considered cost burdened or severely cost burdened.
- For new housing to be built to serve community needs, affordability is defined by income level as a percent of the Area Median Income (AMI) as defined by the Department of Housing and Urban Development (HUD). In LA County, the maximum annual income for a family of 4 earning 80% AMI in 2021, as defined by HUD is \$94,600. This income would mean that an affordable rent or mortgage payment would be around \$2,400 a month for this Low-Income family.
- Most new affordable housing built in LA is now targeted to households earning up to 50% of AMI (Very Low), or \$59,100 for a family of 4, which equates to approximately \$1,500 a month in rent. For supportive housing involving services, the target income levels are usually much lower and always geared to what the families or individuals can reasonably afford based on income.

Los Angeles County Household Income and Estimated Rent 2021								
Number of Persons in Household / Maximum Defined Annual Income by Income Range								
Income (% AMI)	1	2	3	4	5	6	7	8
Deeply Low (Up to 15%) <sup>1</sup>	\$12,420	\$14,190	\$15,960	\$17,730	\$19,155	\$20,580	\$21,990	\$23,415
Extremely Low (15 to 30%) <sup>2</sup>	\$24,850	\$28,400	\$31,950	\$35,450	\$38,300	\$41,150	\$44,000	\$46,800
Very Low (31-50%)	\$41,400	\$47,300	\$53,200	\$59,100	\$63,850	\$68,600	\$73,300	\$78,050
Low (51-80%) <sup>3</sup>	\$66,250	\$75,700	\$85,150	\$94,600	\$102,200	\$109,750	\$117,350	\$124,900
Moderate (81-120%) <sup>4</sup>	\$99,360	\$113,520	\$127,680	\$141,840	\$153,240	\$164,640	\$175,920	\$187,320
Middle Income (120-160%) <sup>5</sup>	\$132,480	\$151,360	\$170,240	\$189,120	\$204,320	\$219,520	\$234,560	\$249,760
Area Median Income (100%) <sup>6</sup>	\$56,000	\$64,000	\$72,000	\$80,000	\$86,400	\$92,800	\$99,200	\$105,600
Estimated Rent	Maximum Estimated Monthly Rents for Each Income Range							
Deeply Low (Up to 15%)	\$311	\$355	\$399	\$443	\$479	\$515	\$550	\$585
Extremely Low (15 to 30%)	\$621	\$710	\$799	\$886	\$958	\$1,029	\$1,100	\$1,170
Very Low (31-50%)	\$1,035	\$1,183	\$1,330	\$1,478	\$1,596	\$1,715	\$1,833	\$1,951
Low (51-80%)	\$1,656	\$1,893	\$2,129	\$2,365	\$2,555	\$2,744	\$2,934	\$3,123
Moderate (81-120%)	\$2,484	\$2,838	\$3,192	\$3,546	\$3,831	\$4,116	\$4,398	\$4,683
Middle Income (120-160%)	\$3,312	\$3,784	\$4,256	\$4,728	\$5,108	\$5,488	\$5,864	\$6,244
(1) According to the US Department of Housing and Urban Development (HUD), calculated by multiplying the Very Low Income Limit by 30% (2) Approximately 30%, normalized by the federal poverty line adjusted for local conditions (3) According to LAHD, "80% median income exceeding median income is an anomaly just for this county due to HUD historical high-cost adjustments" (4) According to the California Housing Partnership, calculated by multiplying the Very Low Income Limit by 2.4 (5) Middle Income is not an official income category for HUD or HCD. Calculated by multiplying the Very Low Income Limit by 3.2 (6) Based on data from California Department of Housing and Community Development (HCD), 2021 Source: California Department of Housing and Community Development (HCD), Los Angeles Housing & Community Investment Department (LAHD), 2021, 2022 AECOM								

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Affordable Housing Factsheet



## Section 3: Frequently Asked Questions

The following FAQ's were gathered over the course of the various Community at Large meetings and helped influence material that was covered during Community at Meetings.

### 1. What is the purpose of the General Hospital and West Campus Feasibility Study?

In November 2018, Supervisor Hilda L. Solis authored a Board Motion directing the LA County Chief Executive Office (CEO) to develop a Feasibility Study for the reuse of General Hospital (Study) in collaboration with various County departments. The Study was expanded in 2019 to include western portions of the LAC+USC Medical Center Campus.

The Study is analyzing the technical and economic factors associated with reuse of the historic, but largely vacant, General Hospital and redeveloping portions of West Campus to maximize rental housing opportunities at all levels of affordability. The Board Motion also directed the implementation of a robust community engagement process that ensures community ideas and concerns are incorporated into the Study.

By April 2022, the Study is expected to be delivered to the Board of Supervisors with a potential Reuse Framework that includes a mix of uses including mixed income rental housing, community service spaces, open space, office, and neighborhood-serving retail such as a grocery store, among others.

### 2. Will the Study include privately owned land?

The Reuse Framework developed as part of the Study will only include existing County-owned land on and adjacent to the LAC+USC Medical Center. No land purchases or other use of non-County owned land is included in the Study or intended in future phases of the project.



## Section 3: Frequently Asked Questions, continued

### 3. How has the community been involved with the Study? What are future opportunities for engagement?

The Project Team and County leadership has committed to ensuring that the community and local residents are engaged and informed throughout the Study process. Community input is central to the Study. Stakeholders have, and will, be asked to provide their opinions about the opportunities and challenges associated with the reuse of General Hospital and West Campus over the course of five Community at Large meetings as well as multiple other community engagement activities, such as presentations to local community groups, participation in local community events, and regular presentations at the Health Innovation Community Partnership which meets monthly. All these activities have been guided and supported by the CESC, consisting of a diverse set of community leaders. A publicly available Study website provides a document library of Study materials and an overview of community engagement activities and findings. Upon conclusion of the Study, ongoing opportunities for engagement will be incorporated into the future phases of the project. Visit the project website to be kept informed of future opportunities, to access project materials, and/or to request a presentation to a community group. <https://www.hicpla.org/general-hospital-feasibility-study>

### 4. How will the Study be used?

The Study analyzes a Reuse Framework combining technical, community, and County requirements. The Study will be provided to the Board of Supervisors for their information; the Board will not adopt the Study's findings, but will decide next steps. The Study will be an Exhibit to the Request for Proposal (RFP) for the General Hospital and West Campus development project.

### 5. What is a Request for Proposals (RFP) process?

An RFP is a public advertisement to seek proposals from qualified developers to contract to build a project. The County will be leading the process to select a qualified developer based on criteria and requirements laid out in the RFP. An RFP describes the project size; County, community, and stakeholder expectations; minimum requirements to include affordable housing and retail; and expected timeline(s) for the project delivery. The RFP outlines the mandatory, minimum requirements for qualification of bidders and the guidelines upon which the Bidder's proposal will be evaluated.

The County will assess proposals for:

- The developer's capacity to successfully deliver their proposed development
- Creative solutions that maximize the project requirements and desires as described in the RFP
- Financial qualifications of the developer
- Maximum valuation of public assets



## Section 3: Frequently Asked Questions

### 6. What is the Healthy Village Vision? How does reuse of General Hospital and West Campus fit into the Vision?

Supervisor Solis' Vision focuses on a whole person care concept to improve individuals' and the community's health and well-being; and to create a healthy, resilient and economically prosperous community in East Los Angeles.

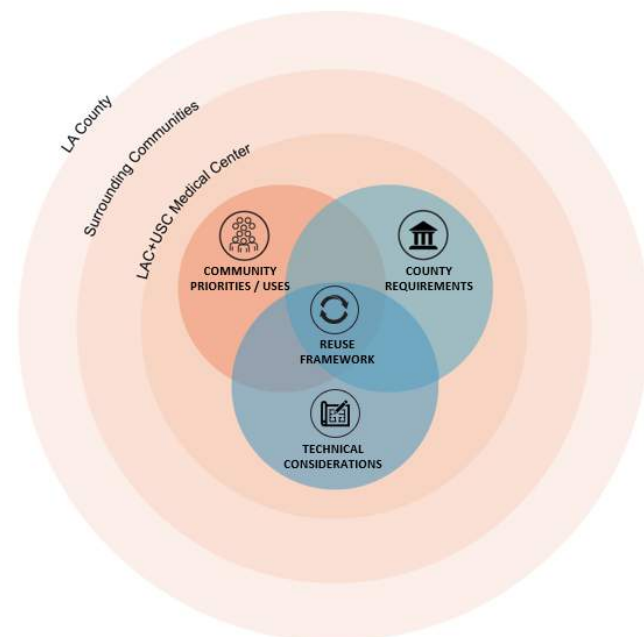
The reuse of General Hospital and West Campus supports the Healthy Village Vision through the mission aligned reuse as a housing and mixed-use area that can address the County's tremendous need for high need population residential options and complement the LAC+USC Medical Center Foundation's Wellness Center and Restorative Care Village.

### 7. What types of technical issues will need to be addressed in repurposing General Hospital and West Campus?

The proposals from developer teams will need to address a range of technical issues such as:

- architecture and historic characteristics
- seismic/geotechnical
- structural
- mechanical, electrical, and plumbing
- financial resources
- accessibility, transportation, and parking
- rental housing at a range of affordability levels

### 8. How will the Reuse Framework be determined?



The Reuse Framework will combine what the Study team learned from the community about stressors, priorities, and uses, the requirements of the County, and a range of technical considerations given the size and condition of General Hospital and West campus.





## Section 3: Frequently Asked Questions

### 9. How will reuse of General Hospital be funded?

The County does not currently have available funding to improve the historic General Hospital building and bring it into a fully reusable condition or to develop the parcels on West Campus. A development project of this scale will need to consider and access a vast array of creative local, state, and federal funding mechanisms coupled with private equity, philanthropy, and other private market capital.

### 10. What are some basic facts about General Hospital?

- 19 stories, 1.2 million square feet (22 football fields)
- Historically significant former hospital, built in 1933
- Need to replace all mechanical, plumbing, electrical systems, roofs, elevator cabs, and repair / replace windows
- Need to upgrade structural system and utilities
- Requires hazardous material abatement

For more information, join Huell Howser in a one-hour special tour filmed in 2010 for KCET:

<https://www.kcet.org/shows/visiting-huell-howser/episodes/county-usc-medical-center>

### 11. How can I learn more about the Study and community engagement?

A publicly available Study website provides a document library of Study materials and an overview of community engagement activities and findings. Upon conclusion of the Study, ongoing opportunities for engagement will be incorporated into the future phases of the project. Visit the project website to be kept informed of future opportunities, to access project materials, and/or to request a presentation to a community group. <https://www.hicpla.org/general-hospital-feasibility-study>



## Section 4: Health Innovation Community Partnership

The HICP is a well-established community stakeholder group which provides a monthly forum for interactive dialogue and communication between community members, advocacy groups, and County staff including the First Supervisorial District.

Providing updates at monthly HICP meetings allowed the Community Engagement team to share Study updates, listen to community member concerns, and answer questions. Presentations to HICP allowed for greater community collaboration and were extremely informative to the Study process.

The following pages document all the HICP meeting presentations on the Study.



## Section 4: Health Innovation Community Partnership Meetings - Overview

MEETING #	DATE	FOCUS
1	11/16/2018	Update on General Hospital Reuse Motion & Feasibility Study, Welcome by Supervisor Hilda L. Solis, Presentation by County CEO's Office
2	12/7/2018	Presentation and Discussion on the General Hospital Reuse
3	1/11/2019	Presentation Update by County CEO's Office, Invitation to Serve on Study Subcommittee
4	2/8/2019	Study Update from CEO's Office
5	3/8/2019	Study Update from CEO's Office
6	4/5/2019	Study Update: CESC Report Back
7	6/7/2019	Study Update: CESC Report Back
8	7/12/2019	Study Update: CESC Report Back
9	8/2/2019	Study Update, Community at Large Meeting #1 Report-Out
10	9/6/2019	Study Update
11	10/4/2019	Study Update – Community at Large Meeting #2 Report-Out
12	11/1/2019	Study Update
13	12/5/2019	12/9 Community at Large Meeting, Community Engagement Study management
14	1/10/2020	Community Engagement Study Team Presentation, 12/9 Community at Large Meeting #3 Report-Out
15	2/7/2020	Community Engagement Timeline Update
16	4/3/2020	AECOM Technical Team Update on Technical Considerations for General Hospital
17	5/1/2020	AECOM Technical Team Update: Study Timeline and West Campus Technical Considerations
18	7/10/2020	Affordable Housing & Community Benefits Panel
19	1/7/2022	Supervisor Hilda L. Solis' Renewed Vision for the Study, relaunch overview, 2022 Timeline and Engagement Opportunities
20	2/4/2022	Study Update, 2022 Timeline and Engagement Opportunities
21	3/4/2022	Community Meeting Report Back, Next Steps and Study Update, Site Tour at Anniversary Day
22	4/1/2022	Update on the Study



## Section 5: Stakeholder Interviews

The purpose of the stakeholder interviews was to facilitate focused discussion on the market economics of the Study. The next two pages provide a high-level summary of the outcome of these discussions. Due to confidentiality, names of stakeholders have not been included.



## Section 5: Stakeholder Interviews

**Key themes emerged from interviews.** (Note: multiple views on certain topics)



### DRIVERS OF DEMAND

- Locations close to Downtown LA, such as Boyle Heights & Lincoln Heights, are in high demand
- USC is a major driver of change, bringing in more development and people from across the region
- Redevelopment of Arts District has commenced on the other side of the river and is entering Boyle Heights. With the completion of 6<sup>th</sup> Street Bridge improvements, this redevelopment process will accelerate further
- USC and others have invested in biotech entities, which pose a potential opportunity to further the County's biotech cluster goals by creating social and collaborative workspaces



### ADDITIONAL FACTORS

- Quite a few long-term residents have been priced-out, with real estate prices shooting up
- There is resistance from some community members regarding proposed development, including community-benefitting projects such as affordable housing



### ECONOMIC DEVELOPMENT

- Economic development and job creation should be the top priority. Focus should be on creating technical jobs that require 6-12 months of training over those requiring an advance degree



### DESIGN & ACCESS

- Site is hard to access without a car
- Circulation routes are unclear, and walking distances are long, such as the walk from Marengo to General Hospital
- Freeway is a major impediment to circulation between Boyle Heights and Lincoln Heights, which may maintain the two communities as distinct sub-markets
- Limited pedestrian access and crossing Soto Street is challenging
- The size and location of General Hospital suggests that the future program must feature a diverse range of uses and services so that it can function as a city within the city for tenants

## Section 5: Stakeholder Interviews



### REAL ESTATE OPPORTUNITIES

#### RETAIL

- High demand for good-quality neighborhood retail
- A need for a grocery store / supermarket. Note that most supermarket retailers have extremely specific site needs that emphasize high visibility and easy access and parking
- Iconic, visible, and freeway accessible, General Hospital may be a good location for destination retail such as a food hall. But note that the space needs to work for this type of use (i.e., high ceilings, appropriate column widths)
- Opportunity to connect retail with economic development and locally serving incubator businesses
- Opportunity to develop retail as ground-up in West Campus

#### RESIDENTIAL

- Spillover demand from younger residents seeking less expensive housing near Downtown LA
- High demand for larger units for multi-generational living
- An all-affordable housing project not recommended by all developers, including those focusing on affordable development projects. Mix-income development could be incorporated

#### MEDICAL OFFICE

- Strong demand due to tight supply and needs arising from LAC+USC Medical Center and Adventist Hospital

#### NON-MEDICAL OFFICE

- Creative offices have longer-term potential

#### NON-COMMERCIAL USES

- Vocational schooling or community college to serve community needs



## Section 6: Informal Discussions + Additional Meetings

The following pages document informal discussions and additional meetings completed as part of the community engagement process.

**Informal Discussions** were opportunities for the Community Engagement team to personally connect with community leaders and groups to help gain deeper support and interest in the Study.

**Additional Meetings** were supplemental opportunities to provide updates to organizations regarding the Study and Community Engagement.



## Section 6: Informal Discussions With Government Leaders and Staff

### U.S. House of Representatives

- Office of Jimmy Gomez: 34th Congressional District  
Ronaldo Chavez Field Deputy

### California State Senate

- Maria Elena Durazo: 24<sup>th</sup> Senate District

### California Assembly

- Wendy Carrillo: 51st Assembly District

### City of Los Angeles

- Office of Mayor Eric Garcetti
- Ana Gomez Orellana - Legislative Deputy

### City Council Members

- Office of City of Los Angeles Council District 1
- Office of City of Los Angeles Council District 14

### City of Los Angeles

- Department of City Planning
- Department of Transportation





## Section 6: Informal Discussions with Organizations

### Neighborhood Councils

- Boyle Heights
- El Sereno
- Elysian Valley Riverside
- LA 32 Neighborhood Council
- Lincoln Heights

### Community Based Organizations

- Alma Family Services
- Chinatown Service Center
- Chinese American Museum
- East LA Community Corporation
- Environmental Justice Network
- Home Boy Industries
- Inclusive Action for the City
- Latino Equality Alliance
- Latino Heritage Museum
- Maravilla Community Advisory Committee
- Mothers of East Los Angeles

### Youth Groups

- East L.A. Community Youth Center
- InnerCity Struggle

### Places of Worship

- Resurrection Church
- San Gabriel Deanery
- Santa Teresita Church



## Section 6: Informal Discussions with Organizations

### Education

- Abraham Lincoln High School
- Bishop Mora Salesian High School
- California State University, Los Angeles
- Cathedral High School
- East Los Angeles College
- Esteban E. Torres High School
- Felicitas & Gonzalo Mendez High School
- Francisco Bravo Medical Magnet High School
- James A. Garfield High School
- Los Angeles Unified School District
- Sacred Heart High School
- Theodore Roosevelt Senior High School
- University of Southern California
- Woodrow Wilson Senior High School

### Health Services

- Adventist Health White Memorial
- AltaMed
- Northeast Community Clinics
- Via Care Community Health Center

### Commercial/Business

- Belvedere Merchants Association
- Boyle Heights Chamber of Commerce
- City Terrace Merchants Association
- East LA Chamber of Commerce
- Four Corners Insurance
- Latino Business Chamber of Commerce, Los Angeles
- Lincoln Heights Chamber of Commerce (remaining participants)
- Maravilla Merchants Association .
- Union Pacific
- Whittier Blvd Merchants Association



## Section 6: Additional Meetings - Activity Report

**Type of Meeting & Location:** Resurrection Church - Community Watch / Mothers of East LA meeting

**Date:** May 12, 2019

**Approximate Number of Attendees:** 13

**Summary:**

Questions at this meeting centered on access to opportunities and services. Who would benefit from this Study, who would be allowed in, and would the community be given priority for housing? Concerns were raised regarding gentrification and displacement of residents. Questions about transportation options to and around the General Hospital were posed. Will transportation issues be solved; how would users of these future potential uses gain access to General Hospital, and what transportation services would be available to get people from the community to and from General Hospital?

**Type of Meeting & Location:** Los Angeles Latino Chamber of Commerce

**Date:** May 21, 2019

**Approximate Number of Attendees:** 10

**Summary:**

Concerns and questions at this event focused on funding. Chamber members asked where funding to implement the Study would come from. Questions arose regarding how the completed project would be financially sustained. Chamber members also asked how they might get involved with the Study and indicated interest in future participation and attending scheduled event.



## Section 6: Additional Meetings - Activity Report

<b>Type of Meeting &amp; Location:</b>	East Los Angeles Chamber of Commerce - Wake up with East LA Event (A morning business owner / entrepreneur networking event)
<b>Date:</b>	May 29, 2019
<b>Approximate Number of Attendees:</b>	34, including representation from SD1
<b>Summary:</b>	<p>Questions from attendees focused on where funding sources would come to implement the Study. One attendee suggested that the Historic General Hospital building should be demolished. This question led to an open discussion between attendees of whether the demolition of the General Hospital was a reasonable suggestion. Attendees were interested in exploring ideas of leasable space for small businesses. There were also concerns regarding how the residential and business community of East Los Angeles would be taken into consideration. The idea of reuse of the building was met favorably by most attendees but there was also some apprehension when considering how long this effort could take.</p>

<b>Type of Meeting &amp; Location:</b>	Boyle Heights Chamber of Commerce Board / General Membership
<b>Date:</b>	June 11, 2019
<b>Approximate Number of Attendees:</b>	27
<b>Summary:</b>	<p>Several questions were asked regarding where funding sources would come from. Concerns were posed regarding the potential competition from businesses new to the community. Questions were asked of how homelessness would be addressed in the proposed General Hospital Feasibility Study. Some attendees noted that they wanted homelessness to be addressed by providing solutions that would spread across multiple communities.</p> <p>The overall primary concern from Chamber members focused on local hiring, job creation, and access to business development resources. The Chamber members expressed that they want the voice of the local business community to be addressed. Suggested solutions were shared, including local hiring, and setting goals for the utilization of products, goods and services provided in Boyle Heights and the Eastside.</p>



## Section 6: Additional Meetings - Activity Report

<b>Type of Meeting &amp; Location:</b>	Lincoln Heights Neighborhood Council (LHNC) (Area 1) Planning and Land Use Committee Meeting
<b>Date:</b>	June 12, 2019
<b>Approximate Number of Attendees:</b>	17
<b>Summary:</b>	<p>Attendees had questions regarding where the funding for the implementation of the preferred reuse option would come from once the Study was complete. Attendees from Cypress Park expressed opposition to creating homeless housing, and voiced opposition of a project that would lead to gentrification and displacement of residents. Questions were asked if the General Hospital Feasibility Study was related to the 3 City-sponsored parking lot homeless housing efforts in Lincoln Heights, our presentation clarified that the initiatives were unrelated. This question was important in that it is a reminder to the General Hospital Feasibility Study Community Engagement team that part of the message to the community will be to clarify the General Hospital Feasibility Study as a distinct effort. LHNC concluded our allotted presentation time with a vote to unanimously support the General Hospital Feasibility Study. General impressions following this meeting were focused on how this Study would impact the community in a permanent way. A fear was voiced regarding potentially changing the community landscape for some other group.</p>



## Section 6: Additional Meetings - Activity Report

**Type of Meeting & Location:** Boyle Heights Neighborhood Council

**Date:** June 26, 2019

**Approximate Number of Attendees:** 10 BHNC Board Members, Approximately 30 community

**Summary:**

Questions at this meeting were concerned with access to opportunities and services. Who would benefit from this Study, who would have access to the services within the future project? Community members were concerned about how the process of community engagement would be made and whether they would be informed as the Study progressed. Concerns were made regarding gentrification and displacement of residents. Community members added that they would not accept a project that could potentially remove them or future generations.

**Type of Meeting & Location:** Early Care Alliance Board Meeting, hosted by Inner City Struggle, Boyle Heights

**Date:** July 30, 2019

**Approximate Number of Attendees:** 14 Board Members

**Summary:**

The Early Care Alliance's mission is to promote resources, funding, and awareness of the needs of families with care needs for children from 0-3 years of age. Questions from the Early Care Alliance included what educational groups had been contacted and been involved with the General Hospital Feasibility Study to date. The group was enthusiastic about staying informed as to the progress of the Study and how they might find a place in getting involved to represent the needs of their community. Questions at this meeting included where funding would come from. Questions were asked regarding how this Study related to other projects at LAC+USC Medical Center.



## Section 6: Additional Meetings - Activity Report

<b>Type of Meeting &amp; Location:</b>	LA32 Board Meeting, at El Sereno Senior Center
<b>Date:</b>	August 4, 2019
<b>Approximate Number of Attendees:</b>	15 LA32 Board Members, 31 Stakeholders
<b>Summary:</b>	<p>The presentation content consisted of an introduction to the Study, a brief history of the General Hospital, the Community Engagement Steering Committee and other participants of this team, the introduction to the West Campus expanded scope, and a general update as to the collective progress of the technical analysis and Community Engagement team.</p> <p>Questions included the housing crisis, homelessness, Gentrification and displacement, and what sort of amenities might be made available on-site. There were questions regarding what effect this would have on services provided by the Wellness Center; one attendee recommended that the Wellness Center should be expanded. In attendance were students from Cal State Los Angeles who express their interest in participating in the Community at Large Meeting #2. Objections were made to the inclusion of any franchise or big box stores. Some attendees insisted that healthy food options be made available as well as supermarket / grocery stores.</p> <p>Attendees voiced great interest in hearing more about our Study.</p>



## Section 6: Additional Meetings - Activity Report

<b>Type of Meeting &amp; Location:</b>	Historic Highland Park Neighborhood Council
<b>Date:</b>	August 5, 2019
<b>Approximate Number of Attendees:</b>	11 Board Members, 34 Stakeholders
<b>Summary:</b>	<p>The presentation content consisted of an introduction to the Study, a brief history of the General Hospital, the Community Engagement Steering Committee and other participants of this team, the introduction to the West Campus expanded scope, and a general update as to the collective progress of the technical analysis and Community Engagement team.</p> <p>Issues were brought up from the other presenters and community members regarding the housing crisis, homelessness, gentrification and displacement. A few questions were asked after our presentation regarding the date of completion of the Study and of construction a future development. All other questions that followed were regarding the possible configuration of housing within the General Hospital and West Campus. Other questions focused on what sort of housing would be made available and whether any accommodation for affordable housing would be permanent or temporary.</p> <p>Attendees were informed that there had yet to be any final decisions made and that the needs and wants of the community are vital and that they should attend our meetings to voice their valuable input. Interest was enthusiastic in attending Community at Large Meeting #2.</p>





## Section 6: Additional Meetings - Activity Report

<b>Type of Meeting &amp; Location:</b>	Chinatown sustainability dialogue group - Community of Chinatown
<b>Date:</b>	August 27, 2019
<b>Approximate Number of Attendees:</b>	14 Members
<b>Summary:</b>	<p>Mr. Munson Kwok introduced the Study and our team, a brief history of the General Hospital, the Community Engagement Steering Committee and other participants of this team, the introduction to the West Campus expanded scope, and a general recap of the first Community at Large event. Questions comments and concerns from attendees included concerns related to the housing crisis, affordable housing, the rights of renters and the financial feasibility of the Study. Attendees voiced their concerns regarding specific situations surrounding the broader conversation of housing: <i>“Will there be Family housing specific environments, will there be considerations to homeless people with animal companions, Will there be services / there should be services that provide the “un-housed community” pathways to reintegration. Also, if affordable housing is provided then there should be no change in the properties with affordable and below to market rate.”</i></p> <p>There was concern that there are housing solutions that have been provided that do not help the needs of people with unresolved trauma.</p> <p>Attendees were interested in the financial feasibility of an environment dedicated to the homeless population. In that, consideration should be made to developing a financial feasibility report and / or the need for leasing opportunities that would supplement the financial needs of a provider-based environment. Attendees appreciated the Wellness Center and the holistic approach it provides to the community.</p> <p>Attendees also requested that the HICP reached out to include Chinatown, and that the Wellness Center ought to provide translation in Mandarin to enable the Wellness Center to provide services to the Mandarin speaking community.</p>



## Section 6: Additional Meetings - Activity Report

<b>Type of Meeting &amp; Location:</b>	Wake up with East L.A., East Los Angeles Chamber of Commerce
<b>Date:</b>	October 29, 2019
<b>Approximate Number of Attendees:</b>	Wendy Carrillo, Assembly Member District 51, CA Highway Patrol, L.A. County Sheriff Dept. - East L.A. Office, 10 ELACOC Board Members, 20 ELACOC Members
<b>Summary:</b>	

The presentation content consisted of an introduction to Study, a brief history of the General Hospital, the Community Engagement Steering Committee and other participants of this team, the introduction to the West Campus expanded scope, and a general update as to the collective progress of the technical analysis and Community Engagement team. This presentation paid acknowledgment to the importance of participation from the business community as vital to the success of a balanced and comprehensive Study.

In the question-and-answer portion of our presentation, questions from attendees were initially apprehensive. BPI then asked attendees if they could imagine themselves participating in the described endeavor. Responses from attendees reflected a business community that did not imagine a role for them in this effort and the overall Study and future environment developed.

BPI tried to dispel this notion and encourage the participation of both the business and residential community and reminded them that there was opportunity for their perspective to lend valuable information to an environment that could serve their interests as stakeholders.

The most important takeaway from this meeting was the understanding that the business community did not see a clear roll in this process. Attendees who were skeptical left reassured that their contributions were vital and would be put to good use and that their support could be in the way of scrutiny over our progress. This left attendees reassured and appreciative of our team's goals of full transparency.

Wendy Carrillo, Assembly Member District 51, a featured speaker at this event, provided legislative updates. After the event, the Assembly Member and her staff were able to take some time to discuss the Study and requested to be contacted for further progress and invitations for any upcoming meetings and correspondence. BPI joined Wendy Carrillo, Assembly Member in the *Walk Meet and Greet with the ELA Chamber of Commerce*.



## Section 6: Additional Meetings - Activity Report

<b>Type of Meeting &amp; Location:</b>	Boyle Heights Chamber of Commerce, Hollenbeck Community Police Station
<b>Date:</b>	November 12, 2019
<b>Approximate Number of Attendees:</b>	
<b>Summary:</b>	<p>The presentation content consisted of an introduction to the Study, a brief history of the General Hospital, the Community Engagement Steering Committee and other participants of this team, the introduction to the West Campus expanded scope, and a general update as to the collective progress of the technical analysis and Community Engagement team. This presentation paid acknowledgment to the importance of participation from the business community as vital to the success of a balanced and comprehensive Feasibility Study.</p> <p>Concerns were brought up by this business community regarding gentrification and displacement, the effects that any changes to this environment would have on the surrounding communities in terms of rent and availability of rentable space.</p> <p>Attendees unanimously decided to make our invitation to the Community at Large meeting available on their social media outlets. Attendees voiced great interest in hearing more about our Study and requested a future presentation.</p>

<b>Type of Meeting &amp; Location:</b>	Los Angeles Latino Chamber of Commerce
<b>Date:</b>	November 19, 2019
<b>Approximate Number of Attendees:</b>	7 Attendees for Conference Call
<b>Summary:</b>	<p>The presentation content consisted of an introduction to Study, a brief history of the General Hospital, the Community Engagement Steering Committee and other participants of this team, the introduction to the West Campus expanded scope, and a general update as to the collective progress of the technical analysis and Community Engagement team.</p> <p>Attendees included Board Members of the Latino business chamber, who were interested in knowing more about the Study, committed to attending the next Community at Large meeting and were interested in learning more about renting / leasing opportunities that may become available at the future site.</p>



## Section 6: Additional Meetings - Activity Report

**Type of Meeting & Location:** Los Angeles Latino Chamber of Commerce

**Date:** November 19, 2019

**Approximate Number of Attendees:** 7 Attendees for Conference Call

**Summary:**

The presentation content consisted of an introduction to the Study, a brief history of the General Hospital, the Community Engagement Steering Committee and other participants of this team, the introduction to the West Campus expanded scope, and a general update as to the collective progress of the technical analysis and Community Engagement team.

Attendees included Board Members of the Latino business chamber, who were interested in knowing more about the Study, committed to attending the next Community at Large meeting and were interested in learning more about renting / leasing opportunities that may become available at the future site.



## Section 7: Pop-Up Events

The purpose of the pop-up events was to leverage local community events to engage community, inform residents of the Study, and invite their participation at future community meetings. The following pages document the three events that were held as part of this Study.



# Section 7: Pop-Up Event #1: East Los Angeles Mexican Independence Day Festival

- Belvedere Community Regional Park, Mednik and 1st in East Los Angeles
- September 8, 2019
- ~ 165 people signed up to be a part of the Study newsletter
- ~300 people stopped by to see what the booth was about
- Advertisement for event was produced in English, Spanish and Chinese
- Fliers distributed for upcoming Community at Large meeting



*Help us*  
**SHAPE THE FUTURE OF HISTORIC GENERAL HOSPITAL**

**COMMUNITY MEETING**

- Learn about the General Hospital Feasibility Study
- Explore potential re-use opportunities and challenges involved in re-purposing the historic General Hospital building and portions of the West Campus
- Advocate for community priorities
- Give feedback that will help define the future of General Hospital and the West Campus

**THURSDAY 6-8 pm** **19** **SEPTEMBER 2019**

City Terrace Park Community Room  
1126 N. Hazard Avenue, Los Angeles, CA 90063

Parking is available onsite. The City Terrace Park Community Room can also be accessed by Metro Bus Line 256; Dash El Sereno, El Sol ELA Shuttle Rte A, El Sol ELA Shuttle Rte B

For more information, contact:  
Alex Villalobos  
Alex@barrioplanners.com  
or (323) 726-7734

- Light refreshments and childcare will be provided.
- Spanish and Cantonese interpretation will be available.

**THIS IS A FREE EVENT AND ALL ARE WELCOME!**



This community meeting is co-hosted by the Los Angeles County Chief Executive Office (CEO) and the Health Innovation Community Partnership (HICP). The HICP is a partnership of government and community leaders formed by the Los Angeles County Board of Supervisors to inform health, wellness and economic well-being for communities adjacent to the Medical Center Campus including Boyle Heights, Lincoln Heights, El Sereno, City Terrace, Ramona Gardens, Northside, and East Los Angeles.

**幫助我們 塑造未來**  
具历史性的综合医院的未來

**社区会议**

- 综合医院可行性研究
- 探索潜在的再利用机会和重新利用历史悠久的综合医院大楼和部分西区的挑战
- 引导推动社区需要的优先事项
- 提供意見的反馈有助于规划综合医院和西校区的未来

**星期四 晚上 6 点至 8 点** **19** **9月 2019年**

城市露台公园社区活动室；  
1126 N. Hazard Avenue 洛杉矶·加利福尼亚州 90063

場內停車場提供停車。城市露台公園社區也可乘坐都交256線；  
Dash El Sereno, El Sol ELA Shuttle Rte A線,  
El Sol ELA Shuttle Rte B線

有关更多信息，請联系：  
Alex Villalobos  
Alex@barrioplanners.com  
或 (323) 726-7734

- 現場提供簡便晚餐和兒童照顧服務
- 提供西班牙語和粵語口譯服務。

**這是一個免費的活動，歡迎所有的人參加！**



本次社區會議由縣首席行政官辦公室（CEO）和衛生創新社區夥伴關係（HICP）共同主辦。HICP是由洛杉磯縣議會和社區領袖組成的政府與社區合作夥伴關係，旨在改善醫療中心校園周邊社區的健康、福祉和經濟繁榮，包括Boyle Heights、Lincoln Heights、El Sereno、City Terrace、Ramona Gardens、北側和東洛杉磯。

*Ayúdenos*  
**A DEFINIR EL FUTURO DEL HISTÓRICO HOSPITAL GENERAL**

**REUNIÓN COMUNITARIA**

- Infórmese sobre el estudio de viabilidad del Hospital General
- Explore las posibles oportunidades de reutilización y los desafíos involucrados en la readaptación del histórico edificio del Hospital General y partes del Campus Oeste
- Abogue por las prioridades de la comunidad
- Proporcione comentarios que ayuden a definir el futuro del Hospital General y el Campus Oeste

**JUEVES 6-8 pm** **19** **SEPTIEMBRE 2019**

City Terrace Park (Salón Comunitario)  
1126 N. Hazard Avenue, Los Angeles, CA 90063

Estacionamiento disponible en el sitio de la reunión. El Salón Comunitario del Parque City Terrace se puede acceder por el servicio de autobuses de Metro línea #256; DASH El Sereno, El Sol ELA Shuttle Ruta A, El Sol ELA Shuttle Ruta B

Para más información contacte a:  
Alex Villalobos  
Alex@barrioplanners.com  
o (323) 726-7734

- Se proporcionará refrigerio y cuidado infantil.
- Habrà interpretación en español y cantonés.

**¡ESTE ES UN EVENTO GRATIS Y TODOS SON BIENVENIDOS!**



Esta reunión comunitaria es organizada conjuntamente por la Oficina del Director Ejecutivo (CEO) por sus siglas en inglés) del Condado de Los Angeles y la Sociedad de Innovación de la Salud (HICP) por sus siglas en inglés). El HICP es una asociación de líderes gubernamentales y comunitarios formada por la Junta de Supervisores del Condado de Los Angeles para informar sobre la salud, el bienestar y el bienestar económico de las comunidades adyacentes al recinto del centro médico, como Boyle Heights, Lincoln Heights, El Sereno, City Terrace, Ramona Gardens, noroeste y este de Los Angeles.



## Section 7: Pop-Up Event #2: Mariachi Plaza Festival

- Mariachi Plaza  
1831 E. First Street  
Los Angeles
- November 19, 2019



¡El 30° Aniversario de!

**MARIACHI FESTIVAL**

*Evento gratis  
Por un día!*

**FIESTA ANUAL DE SANTA CECILIA**

*A todos se les hace la cordial invitación  
para festejar a la Patrona de los Músicos*

Martes 19 de Noviembre del 2019  
10:00 a.m. a 10:00 p.m., Mariachi Plaza  
1831 E. First Street, Los Angeles, CA 90033

*Para más Información Llame a Arturo a (323) 309-4818*

Mariachi Vargas de Tecalitlan



## Section 7: Pop-Up Event # 3 – The Wellness Center 8<sup>th</sup> Anniversary Celebration

- Saturday, March 12, 2022 (11 AM to 2 PM)
- 609 Attendees / 415 Adults and 194 kids
- The event was advertised via:
  - The Wellness Center and HICP social media
  - Eblast
  - Flyer distribution
  - Word-of-mouth





# Section 7: Pop-Up Event # 3 – The Wellness Center 8<sup>th</sup> Anniversary Celebration



# Section 7: Pop-Up Event # 3 – The Wellness Center 8<sup>th</sup> Anniversary Celebration



## Section 8: Study Website / Social Media

The purpose of the Study website and social media was to disseminate information regarding the Study to the public. The Study website and social media handles were updated at regular intervals.

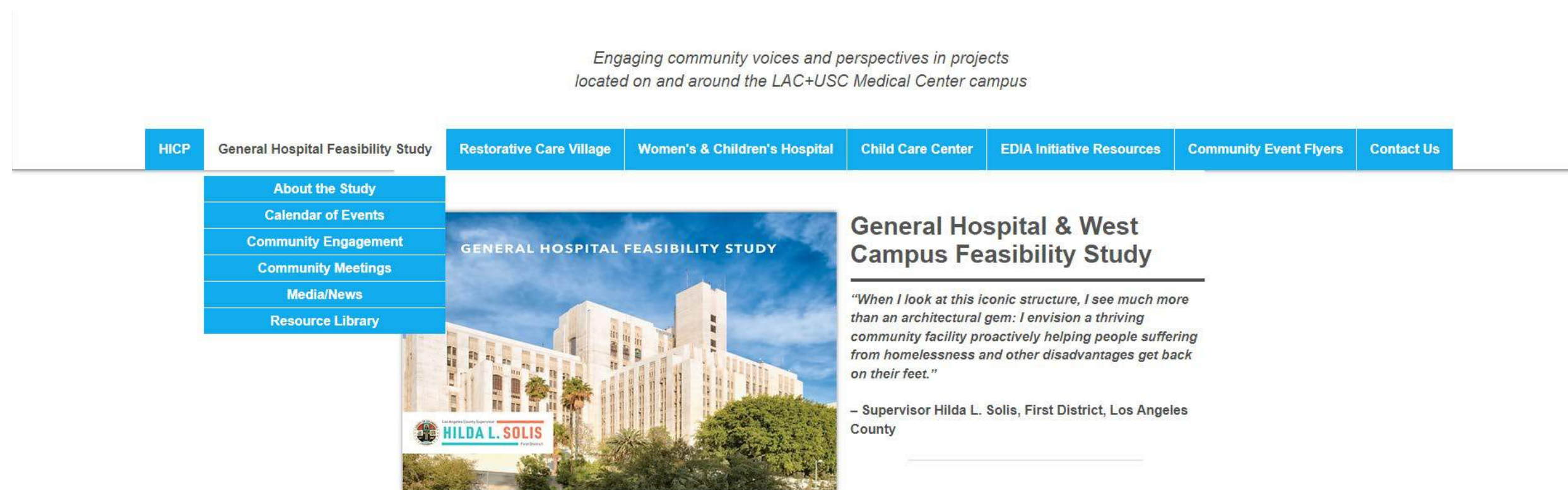
The following pages document all the information that was shared on the Study's website and social media handles managed by LAC+USC Medical Center Foundation.



## Section 8: Study Website

The Study website is hosted on the LAC+USC Medical Center website. Upon entering the website there is a tab that contains a drop-down menu with Study information. The diagram on the next page explains what information can be found within the drop-down menu.

Study Website Link: <https://www.hicpla.org/general-hospital-feasibility-study>



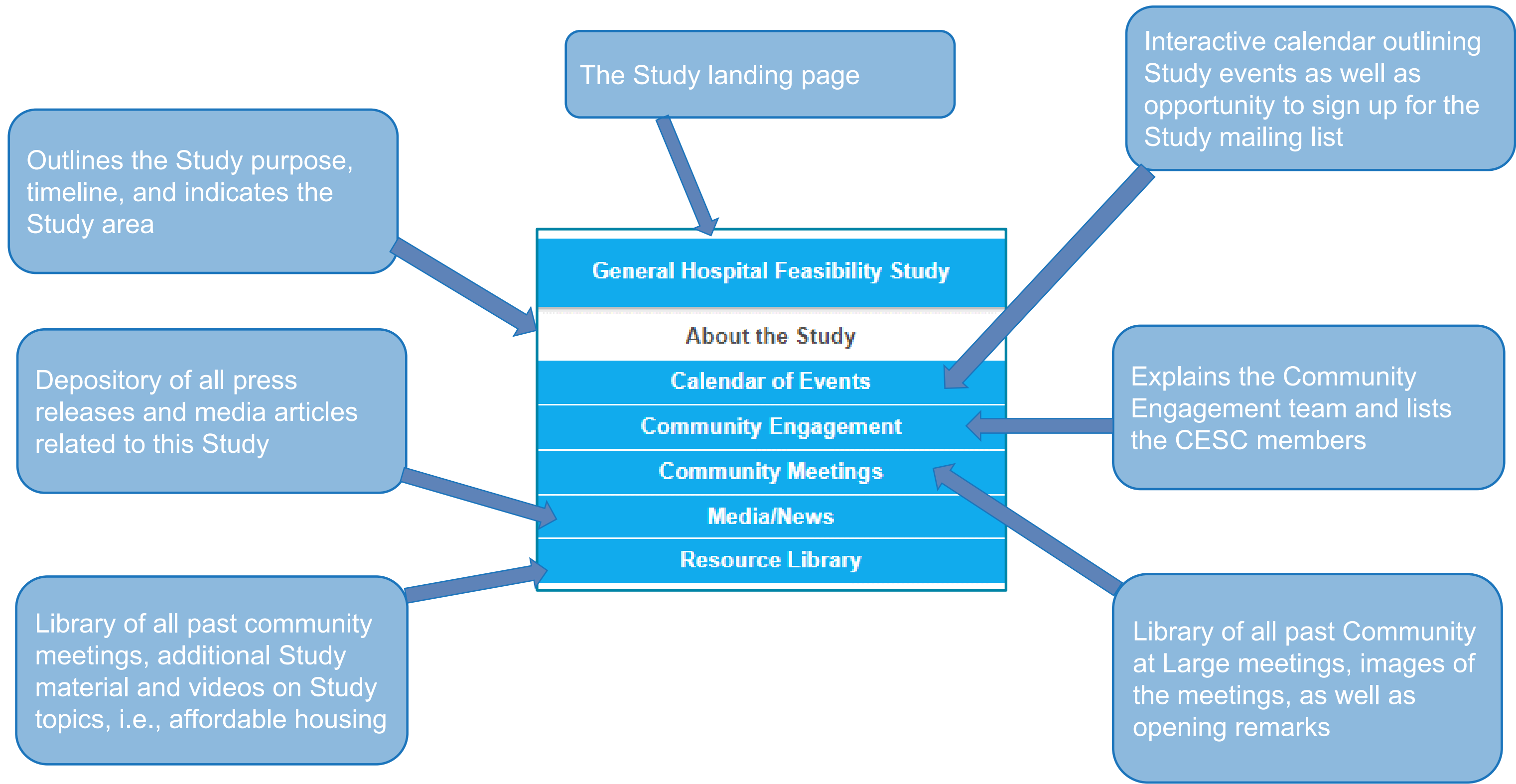
Thanks to everyone who attended our February 17 meeting!

If you missed it, please visit our [resource library](#) to watch the recording of the meeting and view copies of the meeting materials.

Join our [mailing list](#) for news about the next meeting in April.



# Section 8: Study Website



# Section 8: Study Website

- General Hospital Feasibility Study
- About the Study
- Calendar of Events
- Community Engagement
- Community Meetings
- Media/News
- Resource Library



## About the Study

### What is a Feasibility Study?

A study of an existing building/area that looks at existing conditions, required improvements, opportunities, and constraints associated with community input and needs, cost and financing.

The study's purpose is to:

- Bring iconic County asset back to life
- Address the County's tremendous need for housing
- Complement services to the LAC+USC Foundation's Wellness Center and Restorative Care Village
- Develop a mission aligned reuse concept for a housing and mixed-use campus
- Promote the Healthy Village Concept:
- Focus on a Whole Person Care concept
- Support a healthy, resilient and economically prosperous Eastside community
- Help vulnerable populations
- Develop an example of what's possible: a Reuse Framework
- Accelerate the study timeline to make-up lost time and take advantage of potential funding streams that have become available this year
- Move to the Request For Proposals (RFP) phase and attract creative, best-in-class proposals from multiple developers to ensure this initiative moves forward quickly
- Ensure community voices are central to the study and future phases

## Vision for a Healthy Village

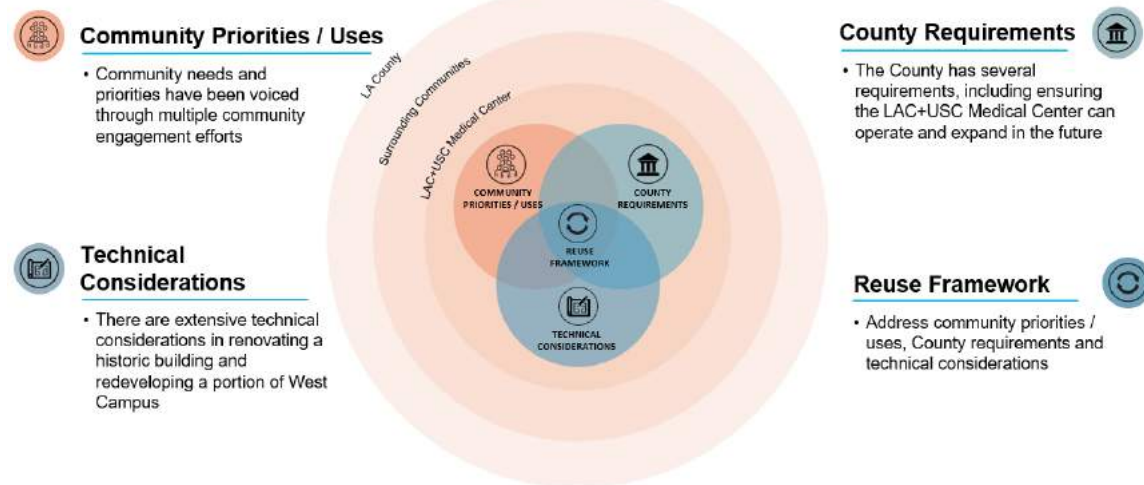
The study will help to achieve Supervisor Hilda L. Solis' Healthy Village vision for Los Angeles' eastside. A Healthy Village supports:

- A Whole Person Care concept to meet individuals' needs
- A healthy and economically resilient community
- Help for our most vulnerable citizens, including recuperative care and wraparound services that empower residents

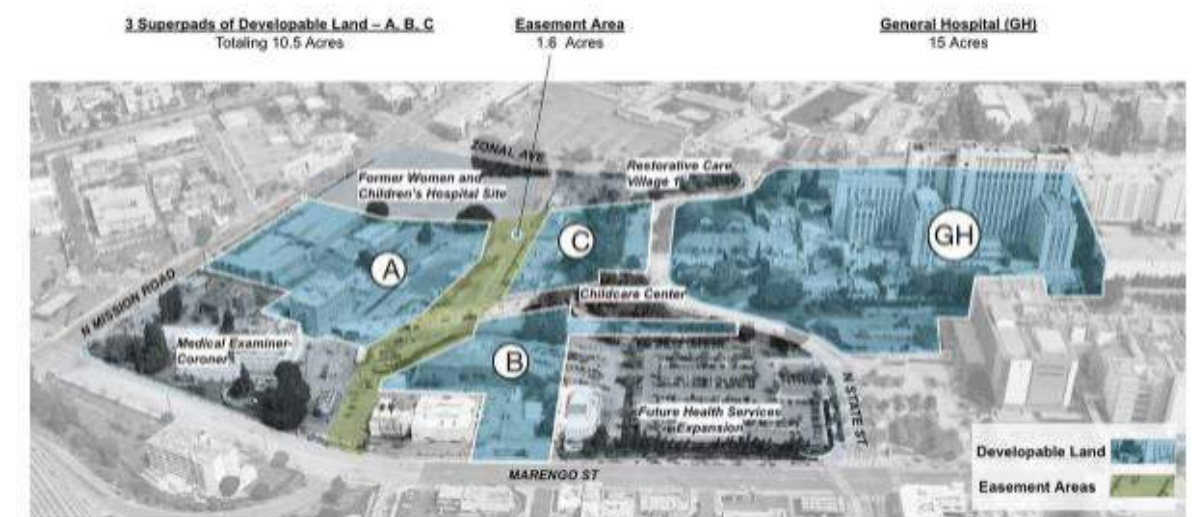
Given the County's tremendous need for homeless, low income, and high-need population residential options, and specifically in the area surrounding the LAC+USC Medical Campus, the General Hospital could contribute significantly to addressing that need by providing a number of residential units and related services for future residents and the broader County community. This reuse would complement the LAC+USC Foundation's Wellness Center that occupies the General Hospital's ground floor and provides both wrap-around and community services to the LAC+USC Medical Campus visitors. Additionally, the potential reuse of the General Hospital can leverage the Restorative Care Village's vision to provide holistic care to our residents.



## Balancing Community Input and Needs



## Study Area



# Section 8: Study Website

- General Hospital Feasibility Study
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March 2022				
Mon	Tue	Wed	Thu	Fri
28	1	2	3	4 HICP Monthly
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	1 HICP Monthly
4	5	6	7	8

## Calendar of Events

### HICP Monthly Partners' Meetings:

Open to the public. We invite all community members, business owners, residents, students, etc. to share ideas and be a part of the discussion. If you would like to include a topic on the next HICP meeting agenda, please contact [info@hicpla.org](mailto:info@hicpla.org)

Thanks to everyone who attended our February 17 meeting.

Join our mailing list for news about the next meeting later this spring.

Click [here](#) to view the meeting videos and a presentation!

JOIN MAILING LIST

## Join Mailing List

If you would like to be informed of future meetings or events please complete the form below.

We will not sell or share your contact information with outside organizations. By submitting your information here, you consent to receive email communications from the Health Innovation Community Partnership.

Name	
Organization	Phone
Email	Zip code

We'd like to understand more about your interest in this project. Please check the option that best applies:

- I am a local resident
- I am a local business owner
- I work in the area
- I go to school in the area
- Other \_\_\_\_\_

CONNECT WITH US ONLINE



Submit



# Section 8: Study Website

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## Community Engagement

"Since opening its doors in 1933, the historic Los Angeles County General Hospital served as a beacon of hope, healing and caring for millions of Angelenos. Through a thoughtful well executed process, this incredible resource, which today lies idle and in significant disrepair, will be transformed into a marquee facility that again fuels hope, health, and caring for many Angelinos for the years to come."

– Supervisor Hilda L. Solis, First District, Los Angeles County



Thanks to everyone who attended our February 17 meeting!

If you missed it, please visit our [resource library](#) to watch the recording of the meeting and view copies of the meeting materials.

Join our [mailing list](#) for news about the next meeting in April.

## Project Team

The study is directed by the County's Chief Executive Office which is working with AECOM as the technical project lead and a team of community engagement partners, which include the LAC+USC Medical Center Foundation, Inc., Barrio Planners Incorporated, and Katherine Padilla & Associates.

Community engagement efforts are conducted in close coordination with the Health Innovation Community Partnership (HICP) with guidance and support from a volunteer Community Engagement Steering Committee (CESC).

## Community Engagement Overview 2019-2020



### Key Community Issues Identified Through Community Engagement\*

- Homelessness
- Affordable Housing for Lowest Income Neighbors
- Mental Health
- Gentrification and Displacement
- Long-Term Economic Security/Cultural Continuity & Resilience
- Food Security/Grocery Stores
- Transportation/Parking
- Environmental Justice/Pollution
- Social Justice
- More Open Space
- Bioscience
- Need for Equity Framework
- COVID-19 Specific Stressors
- High Unemployment

### Community Engagement in Action

\*List is not in priority order



## Community Engagement Steering Committee (CESC)

Organizational Representation	Organization	Member and Alternate
Advocacy	Public Counsel	Katie McKeon, Greg Bonnet
Arts and Education	Self-Help Graphics & Art, Inc.	Betty Avila
Business	Los Angeles Latino Chamber of Commerce	Lilly Rocha
Community Development	Barrio Planners Incorporated	Frank Villalobos
Community Development/Chinatown	Chinatown Community for Equitable Development / SEACA	King Cheung, Sissy Trinh
County	County of Los Angeles Chief Executive Office	Kelly Quinn, Ivan Matthews
County	Office of Supervisor Hilda L. Solis	Waqas Rehman, Guadalupe Duran-Medina
Education	Bravo Medical Magnet High School	Luis Lopez, Michael Sinclair
Faith-Based / Spiritual	St. Camillus Catholic Center	Father Chris Ponnet
Families	InnerCity Struggle	Maria Brenes, Ruby Rivera
Health Equity	LAC+USC Medical Center Foundation, Inc.	Teresa Nuno
Health Services	The Wellness Center/LAC+USC Medical Center Foundation, Inc.	Rosa Solo
Health Services	JWCH Institute	Al Ballesteros
Health Services	LAC+USC Medical Center - Executive Team	Jorge Orozco, Edgar Solis
Health Services	LAC+USC Medical Center - Provider Team	Josh Banerjee
Homeless Services	Exodus Recovery	Monica Alcaraz
Labor and Workforce	SEIU Local 721 - Southern California Public Service Workers	Felipe Caceres, Wendy Knight
LGBTQ	Latino Equality Alliance	Ari Gutierrez Anambula
Mental Health	Alma Family Services	Yolanda Duardo-White
Real Estate Financing & Development	Independent Consultant	William Pavao
Real Estate Financing & Development	Independent Policy Advisor/Analyst	Joan Ling
Workforce Development	East Los Angeles College	Ozzie Lopez
Workforce Development	East Los Angeles Skills Center	Vladimir Tigno, Lynda Farnsworth





# Section 8: Study Website

- General Hospital Feasibility Study
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## Past Community Meetings

### Community Meeting #4 - February 17, 2022 | Via Zoom



Meeting Video in English



Video de la Reunión en Español



Supervisor Hilda Solis



Senator Maria Elena Durazo



California State Representative Wendy Carrillo

Opening Remarks from Supervisor Hilda L. Solis, Senator Maria Elena Durazo, and Assemblywoman Wendy Carrillo

### Community Meeting #3 - December 9, 2019 | Hollenbeck Middle School



Click to view video



### Community Meeting #2 - September 19, 2019 | City Terrace Park



Click to view video



### Community Meeting #1 - June 13, 2019 | East Los Angeles Skills Center



Click to view video



**Don't Miss an Update.**  
**Get more information on our next meeting**  
**by joining our mailing list [here](#).**

**Follow us on social media today!**



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- Resource Library

## Media/News

- Articles
- Press Releases
- Social Media



Visiting with Huell Howser: County USC Medical Center

## Articles

- [L.A.'s real General Hospital](#)  
Los Angeles Times | October 27, 2008
- [L.A. County considers adaptive reuse of Historic General Hospital](#)  
Urbanize Los Angeles | November 12, 2018
- [County supervisors move ahead with plan to reuse County General Hospital as housing](#)  
Curbed Los Angeles | November 14, 2018
- [Los Angeles County to study feasibility of re-adapting LAC+USC General Hospital for low-income housing](#)  
Hilda L. Solis | November 14, 2018
- [L.A. might repurpose its General Hospital as affordable housing](#)  
The Architects Newspaper | November 16, 2018
- [L.A. plans to repurpose General Hospital as affordable housing](#)  
ArchDaily | November 20, 2018
- [Los Angeles County to study feasibility of turning historic hospital into low-income housing](#)  
The Construction Specifier | November 22, 2018
- [Second community meeting explores future of former County Hospital](#)  
Boyle Heights Beat | September 18, 2019
- [Could an iconic abandoned hospital ease LA's housing crisis?](#)  
KCRW | December 17, 2019

## Press Releases

- [Community Meeting #4](#)  
Katherine Padilla & Associates | February 17, 2022
- [Community Meeting #3](#)  
Katherine Padilla & Associates | December 9, 2019
- [E-newsletter Community Meeting #2](#)  
Rosa Santana, SD1 | December 9, 2019
- [Community Meeting #2](#)  
Katherine Padilla & Associates | September 19, 2019
- [Community Meeting #1](#)  
Katherine Padilla & Associates | June 4, 2019



# Section 8: Study Website

- General Hospital Feasibility Study
- About the Study
- Calendar of Events
- Community Engagement
- Community Meetings
- Media/News
- Resource Library

## Resource Library

### Community Meeting 5 (Virtual)

TBD

More information to come.  
Join our mailing list to stay informed!

[JOIN MAILING LIST](#)

### Community Meeting 4 (Virtual)

February 17, 2022 | Via Zoom

**Flyers and Handouts:**  
[2/17 Meeting Announcement](#)  
[Meeting Question and Answers](#)  
[Affordable Housing Fact Sheet](#)  
[Feasibility Study Fact Sheet](#)

**Presentation:**  
[English & Spanish](#)

**Videos:**  
[Meeting Video in English](#)  
[Video de la Reunión en Español](#)  
[Opening Remarks from Supervisor Hilda L. Solis](#)  
[Opening Remarks from Senator Maria Elena Durazo](#)  
[Opening Remarks from Assemblywoman Wendy Carrillo](#)

### Community Meeting 3

December 9, 2019 | Hollenbeck Middle School

**Flyers:**  
[English](#) | [Spanish](#) | [Cantonese/Mandarin](#)

**Presentation:**  
[English & Spanish](#)

**Vision Map**  
[English & Spanish](#) | [Cantonese/Mandarin](#)

**Photos**

**Video**

### Community Meeting 2

September 19, 2019 | City Terrace Park

**Flyers:**  
[English](#) | [Spanish](#) | [Cantonese/Mandarin](#)

**Presentations:**  
[English & Spanish](#) | [Cantonese/Mandarin](#)

**Photos**

**Video**

### Community Meeting 1

June 13, 2019 | East Los Angeles Skills Center

**Flyers:**  
[English](#) | [Spanish](#) | [Cantonese/Mandarin](#)

**Presentation:**  
[English & Spanish](#)

**Photos**

**Video**

## Additional Videos



AECOM Technical Team Update on Existing Conditions Analysis<sup>1</sup> presented by Deanna Weber, AECOM, to the Health Innovation Community Partnership on April 3, 2020 (webinar recording via Zoom)

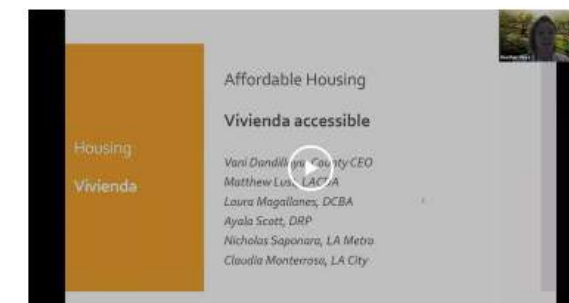


General Hospital Feasibility Study Relaunch HICP Monthly Partners Meeting | January 7, 2022  
Learn more from Alex Villalobos from Barrio Planners about The General Hospital Feasibility Study from the HICP meeting on January 7, 2022.

**Want to learn more about Affordable Housing in our community? Check out this video to learn more about it from these Affordable Housing experts:**



HICP Monthly Partners Meeting | July 10, 2020



# Section 8: Study Social Media - YouTube

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Uploads SORT BY

**HICP Monthly Meeting**

March 4th, 2022 2:15:06

**HICP Monthly March Partners Meeting 3/04/22**

2 views • 2 weeks ago

**General Hospital Feasibility Study Community Meeting ...**

February 17, 2022 1:58:01

**General Hospital Feasibility Study Community Meeting ...**

7 views • 1 month ago

**General Hospital Feasibility Study Community Meeting ...**

February 17, 2022 1:58:20

**General Hospital Feasibility Study Community Meeting ...**

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**HICP Monthly Meeting**

February 4th, 2022 2:20:00

**HICP Monthly February Partners Meeting 2/04/22**

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**HICP Monthly Meeting**

January 7th, 2022 2:14:58

**HICP Monthly January Partners Meeting 1/07/22**

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**HICP Monthly Meeting**

December 3, 2021 2:06:20

**HICP Monthly December Partners Meeting 12/03/21**

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**HICP Monthly Meeting**

November 5, 2021 2:31:09

**HICP Monthly November Partners Meeting 9/10/21**

12 views • 3 months ago

**HICP Monthly Meeting**

September 10, 2021 1:12:14

**HICP Monthly September Partners Meeting 9/10/21**

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**HICP Monthly Meeting**

August 6, 2021 1:47:59

**HICP Monthly August Partners Meeting 08/06/21**

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**HICP Monthly Meeting**

July 9, 2021 2:11:06

**HICP Monthly July Partners Meeting 7/09/21**

2 views • 6 months ago

**HICP Monthly Meeting**

June 2, 2021 2:14:23

**HICP Monthly June Partners Meeting 6/02/21**

1 view • 6 months ago

**HICP Monthly Meeting**

May 11, 2021 1:32:05

**HICP Monthly May Partners Meeting 5/11/21**

1 view • 6 months ago

**HICP Monthly Meeting**

April 14, 2021 1:51:55

**HICP Monthly April Partners Meeting 4/14/21**

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**HICP Monthly Meeting**

March 10, 2021 2:06:05

**HICP Monthly Meeting 3/10/21**

1 view • 6 months ago

**HICP Monthly Meeting**

February 10, 2021 2:25:47

**HICP Monthly Partners Meeting 2/10/21**

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**HICP Monthly June Partners Meeting 06/04/2021**


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**HICP Monthly May Partners Meeting 05/07/2021**


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2:17:22

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2:07:21

**HICP Monthly Meeting Partners Meeting...**


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2:10:32

**HICP Monthly Partners Meeting 02/05/2021**


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2:01:35

**HICP Monthly Partners Meeting 01/08/21**


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2:17:20

**HICP Monthly Partners Meeting 12/04/2020**


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1:07:14

**HICP Monthly Partners Meeting 11/06/2020**


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2:31:50

**HICP Monthly Partners Meeting 10/02/2020**


7 views • 1 year ago



2:00:21

**HICP Monthly Partners Meeting 09/04/2020**


2 views • 1 year ago



20:04

**HICP Monthly Partners Meeting 08/07/2020**


4 views • 1 year ago



2:15:38

**Community-at-Large Meeting #2**


3 views • 2 years ago



2:33

**Community-at-Large Meeting #1**


4 views • 2 years ago



0:19

**Community-at-Large Meeting #2**


2 views • 2 years ago



1:45:04

**Community-at-Large Meeting #3**

15 views • 2 years ago





# Section 8: Study Social Media - Twitter

Health Innovation Community Partnership HICP  
140 Tweets



**Health Innovation Community Partnership HICP**  
@HICP\_LA

Health Innovation Community Partnership HICP

Boyle Heights, Los Angeles | Joined January 2019

96 Following | 59 Followers

Tweets | Tweets & replies | Media | Likes

Health Innovation Community Partnership HI... @HICP... · Feb 16 ...

¡RECORDATORIO! Mañana, 17 de febrero: Reunión virtual de la comunidad para el estudio de factibilidad del Hospital General y el Campus Oeste. ¿No puede asistir? Inscríbese para recibir actualizaciones por correo electrónico y más información: [bit.ly/GHFS217](http://bit.ly/GHFS217)



Compañeros en una  
**Reunión comunitaria virtual**  
Jueves, 17 de febrero  
4 - 5:30 pm en Zoom

HILDA L. SOLIS

Health Innovation Community Partnership HI... @HICP... · Feb 14 ...

Happy Valentine's Day from @HICP\_LA! We'd love for the #eastside community to join us Thursday, Feb. 17, 4-5:30 pm, for a virtual community meeting. Hear how the General Hospital & West Campus Feasibility Study is responding to community housing, health & economic needs.



Moving Forward Together  
Join us for a  
**Virtual Community Meeting**  
Thursday, February 17  
4 - 5:30 pm on Zoom

HILDA L. SOLIS

Health Innovation Community Partnership HICP @HICP\_LA · Feb 9 ...

Join us next week! Thursday, Feb. 17, 4-5:30 pm. Virtual community meeting for General Hospital & West Campus Feasibility Study. Hear how the study is responding to community housing, health & economic needs. More info: [bit.ly/GHFS217](http://bit.ly/GHFS217) #eastside #historicgeneralhospital



hicpla.org  
GHFS | General Hospital Feasibility Study | Los Angeles  
In November 2018, Supervisor Hilda L. Solis authored a board motion to initiate a feasibility study to analyze the technical, economic, and ...

Health Innovation Community Partnership... @HICP... · Jul 2, 2020 ...

Have you heard of the Los Angeles County General Hospital Feasibility Study? We want YOU and our community to be up-to-date on the iconic study that is happening in your backyard. Request a presentation today at... [instagram.com/p/CCKOZamAMJP/...](https://www.instagram.com/p/CCKOZamAMJP/)

Health Innovation Community Partnershi... @HICP... · Jun 9, 2020 ...

Dear Community,

We cannot imagine continuing the work of our future development projects on the campus of LAC+USC without acknowledging the present struggle our communities are enduring with the two public health... [instagram.com/p/CBPPUOGgWQP/...](https://www.instagram.com/p/CBPPUOGgWQP/)

Health Innovation Community Partnership HICP Retweeted

Hilda Solis @HildaSolis · May 31, 2020

The @LACDMH Help Line is available 24/7. Please call 800-854-7771 or text "LA" to 741741. We are here for you to help you get through this challenging time.

Health Innovation Community Partners... @HICP... · May 29, 2020 ...

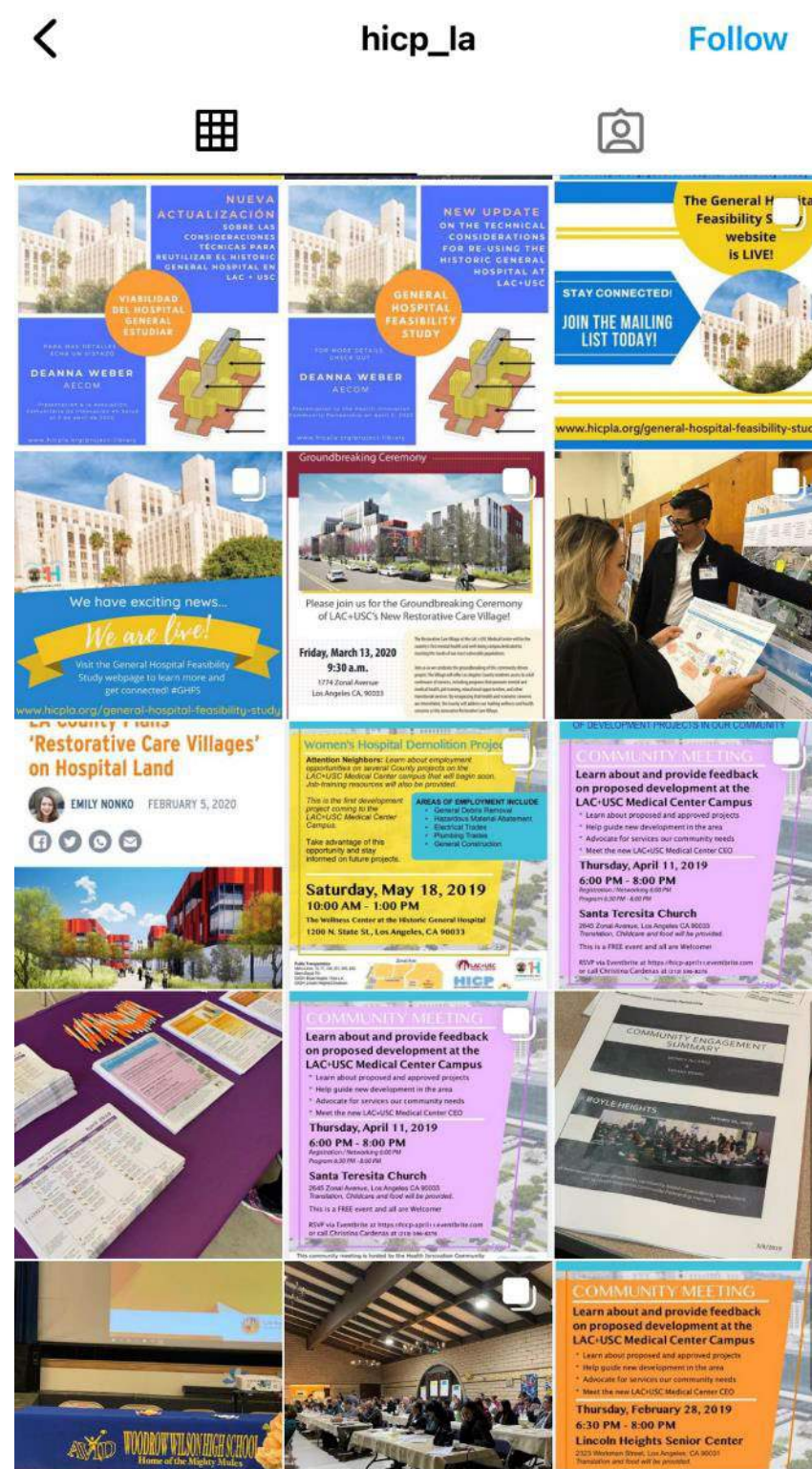
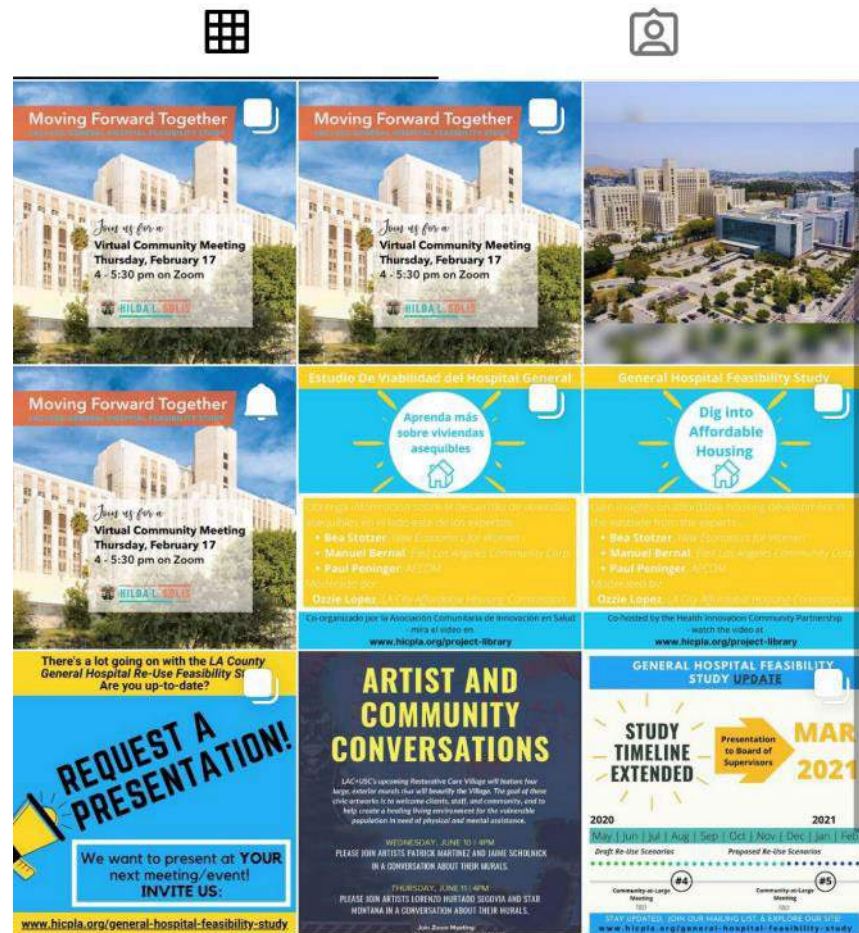
IMPORTANT NEWS! 📰 Study Timeline has been extended with a final report presented to the Board of Supervisors in March 2021.

Explore our website to learn more about the project, join our mailing list and stay...

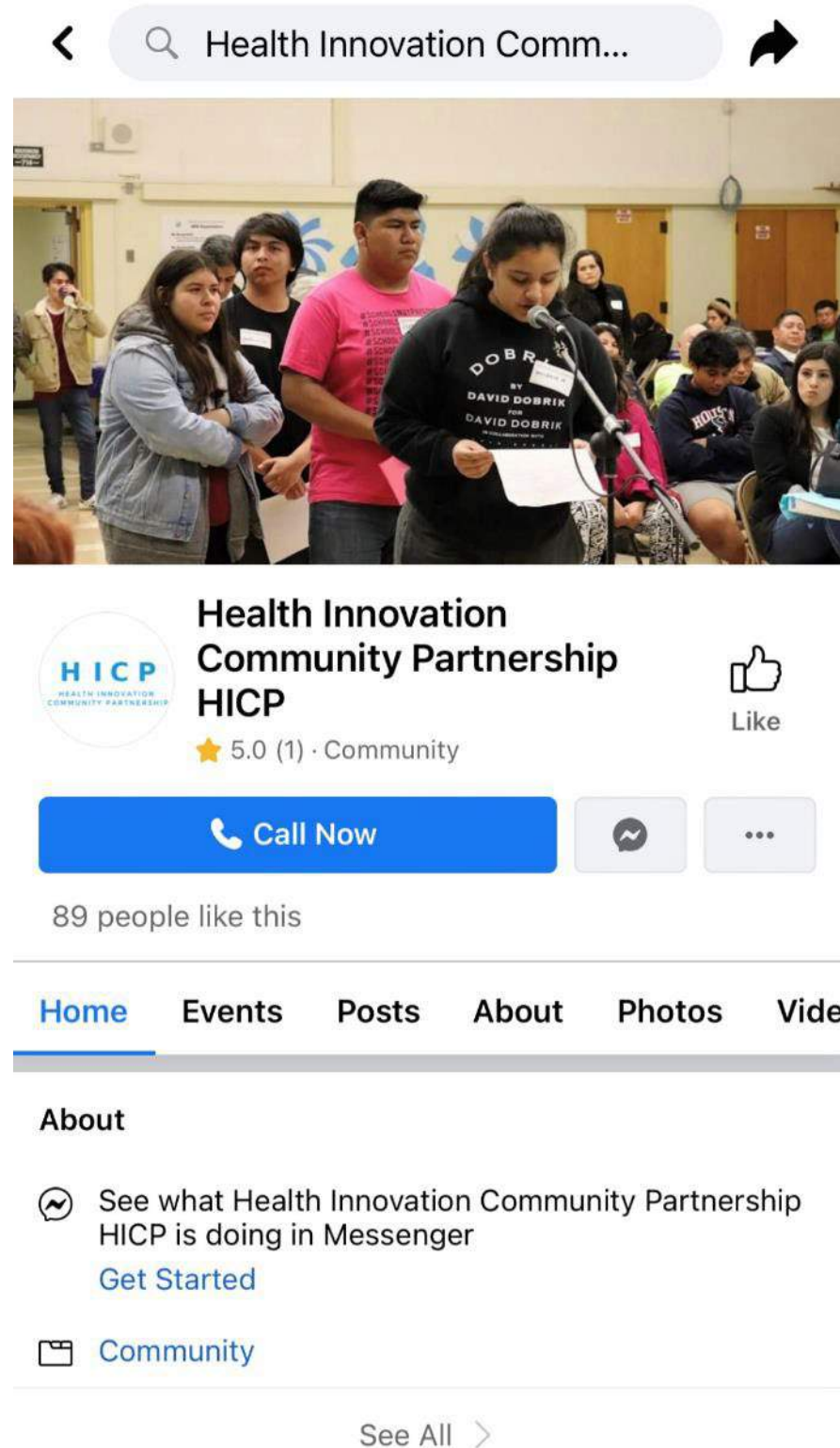
instagram.com  
HICP LA (@hicp\_la) · Instagram photos and videos



# Section 8: Study Social Media - Instagram



# Section 8: Study Social Media - Facebook



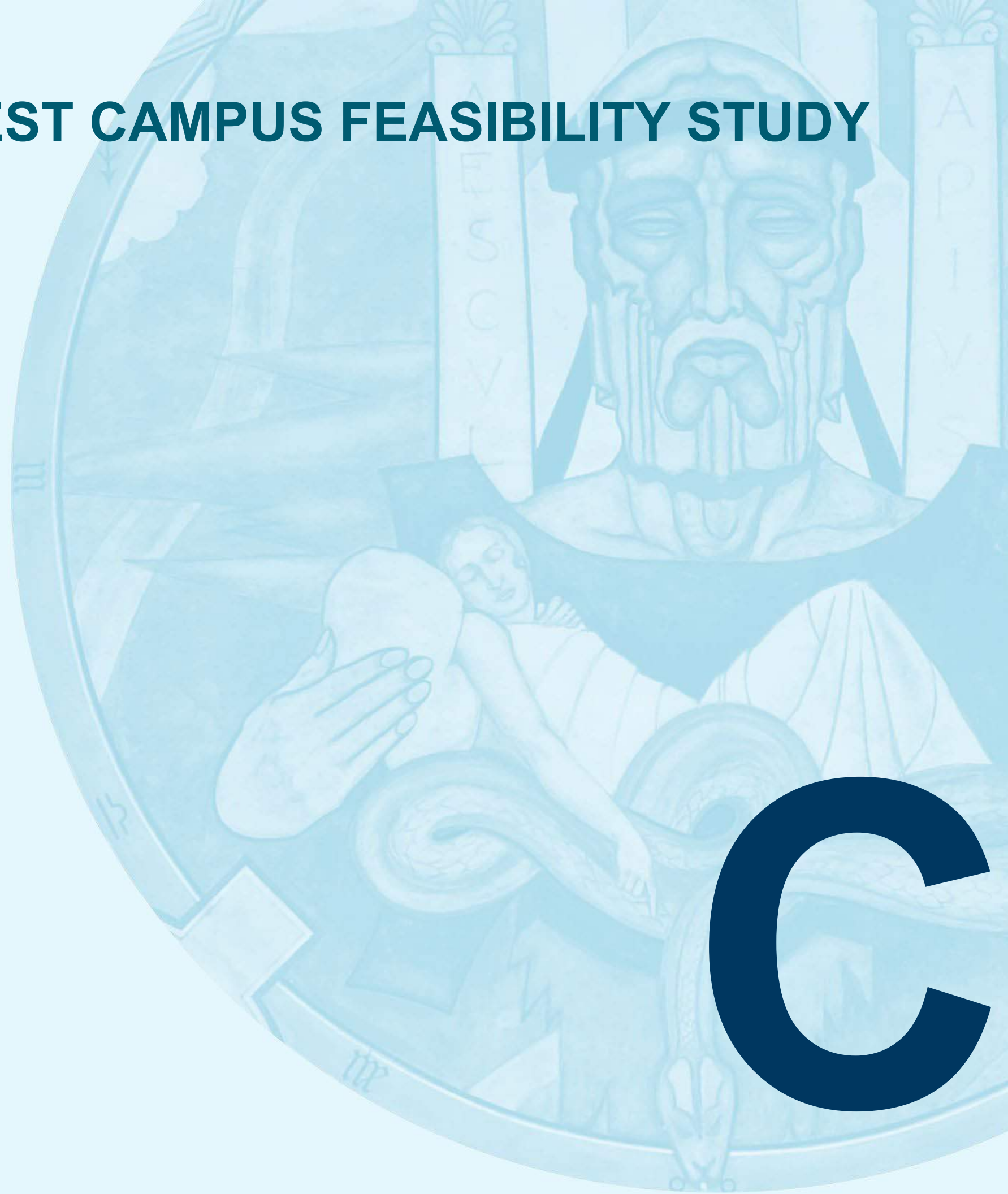


# LAC+USC MEDICAL CENTER GENERAL HOSPITAL and WEST CAMPUS FEASIBILITY STUDY

Appendix

April 2022

## Historic Analysis



# C

## Historic Analysis: Introduction

Analysis of historic resources included a review of:

- General Hospital (main building)
- General Hospital Forecourt Buildings, Plaza and Gates
- Tunnel
- Pharmacy
- Information on the Historic Registration process and Federal and State historic tax credits

The following section summarizes the historic resource findings; makes recommendations regarding treatment of exterior paint, concrete, and windows; and identifies areas of high and low integrity and significance.

High and low integrity refers to retention of physical character from an early period.

Significance refers to relative importance of building features and ability to convey history.



Spence Air Photos, Inc. Collection, UCLA Department of Geography

## Historic Analysis: Summary





- Environmental review for the LAC+USC Medical Center replacement hospital, the Memorandum of Agreement between the County, the Federal Emergency Management Agency, and the State Historic Preservation Office, and the Mothballing Plan all utilized a map describing General Hospital, Tunnel and Pharmacy
- The 1917 Pharmacy was identified as a contributor to the historic district of support buildings in the Determination of Eligibility
- While the Pharmacy predates construction of the 1933 General Hospital and Tunnel, it effectively serves as the western terminus of the Tunnel and is thus integral to the three-part composition of General Hospital, Tunnel and Pharmacy
- Records indicate General Hospital is separately eligible to be listed on the National Register of Historic Places, the Tunnel is separately eligible, and the Pharmacy is only eligible as a contributor to the three-part grouping. The Historic Property Data File shows General Hospital with a California Historical Resources Status Code of 2B, meaning National Register eligible as an individual or separate property and as a contributor to an eligible historic district
- General Hospital also includes the forecourt, two small forecourt buildings, configuration of North State Street (a private driveway), and other retaining walls, roadways, gates, lampposts and features associated with the 1933 construction of the General Hospital



Hearst Newspaper Collection, Department of Special Collections, University of Southern California Library , circa 1934

# Historic Analysis: Historic Status

- The site includes several historical elements that could be utilized / regenerated
- Pictures A-D below are structures to be considered for reuse

Historic Buildings	
Historic Forecourt	
Potential Historic Stream	
Available/ Unbuildable Land	



*General Hospital*



*Forecourt Building*



*Tunnel*



*Pharmacy*



# Historic Analysis: General Hospital

## Unique Spaces of High Integrity

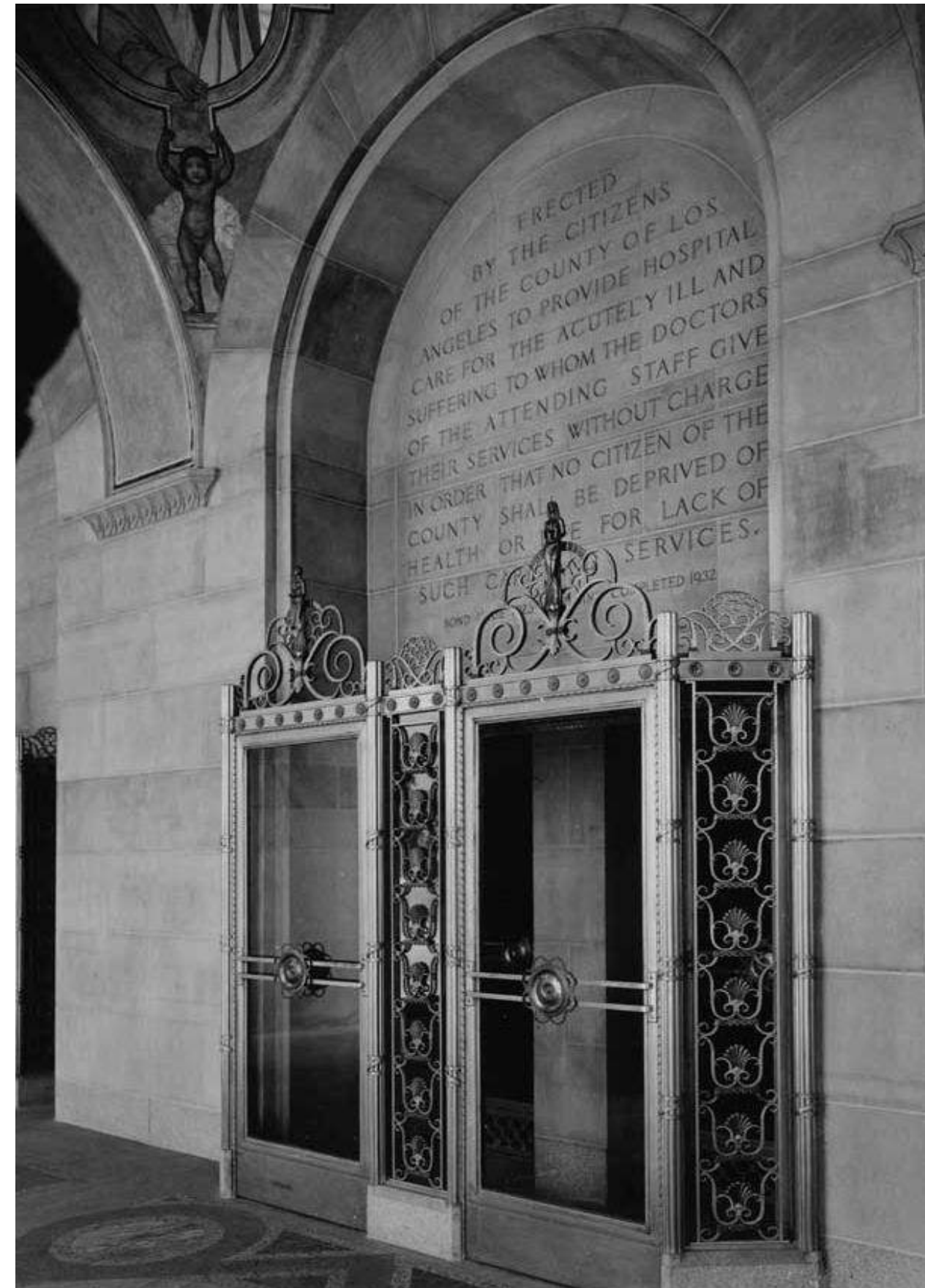
- Exterior forecourts
- Lobby
- Circulation / Corridors
- Kitchen
- Rehabilitation Pool
- Pharmacy (1<sup>st</sup> floor used by Wellness Center)
- Library
- Morgue
- Surgery Auditorium (15<sup>th</sup>-17<sup>th</sup> floors)
- Surgery Areas (preserve one intact area)

## Unique Spaces with Moderate Integrity

- Trauma Ward

## Unique Spaces with Low Integrity

- Cafeteria



Mott Studios, 1933

# Recommended Approach to Renovations Based on Historic Integrity Level

## Unique Spaces with High Integrity

- Retain integrity of circulation, interior, and materials
- Avoid shotcrete walls or other seismic reinforcements in these areas to prevent alteration to character-defining features
- In areas which have already been altered, further alterations may occur

## Unique Spaces with Moderate Integrity

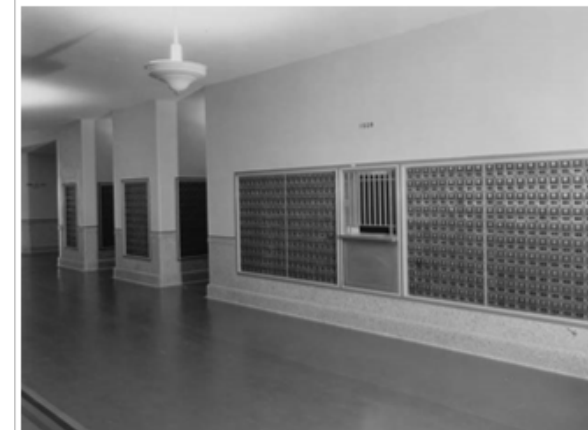
- Retain remaining integrity of circulation, interior, and materials to the extent feasible
- Avoid shotcrete walls or other seismic reinforcements in this area to the extent feasible
- In areas which have already been altered, further alterations may occur

## Unique Spaces with Low Integrity

- Integrity of circulation, interior and materials is likely low
- These areas may receive shotcrete walls or other seismic reinforcement
- Alterations have likely occurred in these areas, additional alterations may occur



Mott Studios, 1933



Mott Studios, 1933



Spence Air Photos, Inc. Collection, UCLA Department of Geography



Mott Studios, 1933

## Recommendations for General Hospital - Lobby (1<sup>st</sup> floor)



Chattel, 2014

- **High integrity**
- **High significance:** one of the most important building spaces
- **Character-defining features**
  - Open plan
  - Door surrounds on north, east, south elevations
  - Coffered ceiling
  - Black stone pilasters
  - Terrazzo and marble patterned floor
  - Was partially modified to create an entrance to the adjoining room through the former Pharmacy service counter
- **Recommendations**
  - Retain lobby as a circulation space
  - Assess condition and prepare recommendations for mural restoration
  - Needs new lighting and fire protection
  - Suggest encapsulating lead-based paint by painting over
  - Avoid any further alterations in this area
  - Do not include shotcrete walls or other seismic interventions in this area if possible

## Recommendations for General Hospital - Kitchen (1<sup>st</sup> floor)



Mott Studios, 1933

- **High integrity**
- **High significance**
- **Recommendations**
  - Avoid shotcrete walls or other seismic reinforcement in this area
  - Should be reused as a food preparation space
  - Should retain its high ceilings
  - Retain wall tile and steel panels
  - Identify method of restoring original floor finish in areas where original flooring is covered with temporary asphalt; repair or replace in kind with original materials
  - Identify more efficient and less visible kitchen exhaust systems; replace existing systems as necessary
  - Needs new mechanical, electrical, plumbing and lighting; structural improvements (see seismic basis of design)



## Recommendation for General Hospital - Pharmacy (1<sup>st</sup> floor)



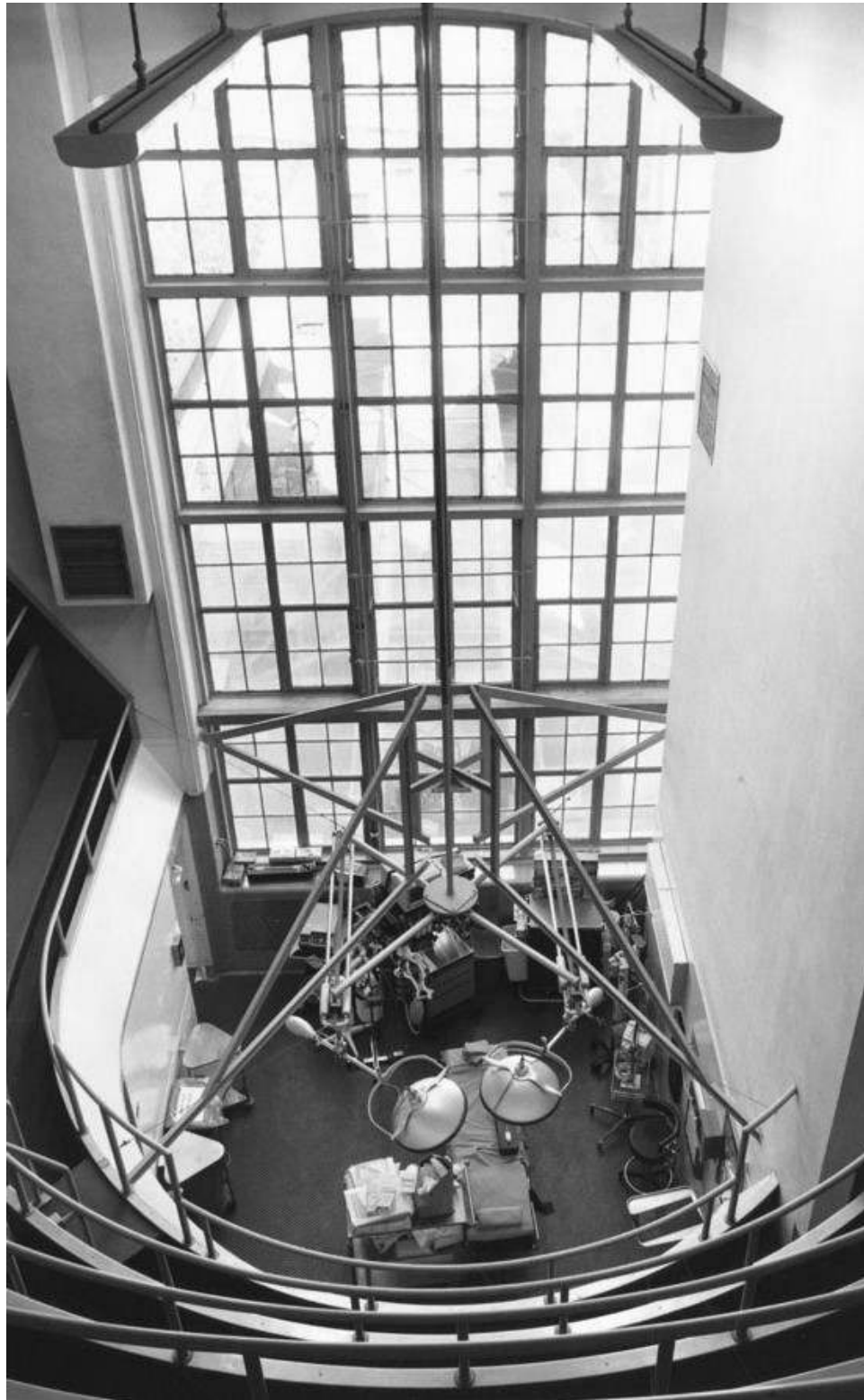
Chattel, 2014



Chattel, 2013

- **High integrity**
- **High significance**
- **Reused as part of the Wellness Center**
- **Recommendations**
  - Maintain high-volume space with second floor gallery spaces
  - Confirm if new mechanical, electrical, plumbing and lighting is needed; confirm if structural improvements are needed

## Recommendation for General Hospital - Surgery Auditorium (15<sup>th</sup>-17<sup>th</sup> floor)



Tom Zimmerman

- **High integrity**
- **High significance**
- **Recommendations**
  - Retain original features
  - To the maximum extent feasible, also retain original features in adjacent spaces
  - Avoid shotcrete walls or other seismic reinforcement in this area (if possible)
  - Needs new mechanical, electrical, and plumbing and lighting

## Recommendation for General Hospital - Morgue (2<sup>nd</sup> floor)



Chattel, 2019

- **High integrity**
- **High significance**
- **Recommendations**
  - Maintain openings for crypt freezers
  - Retain floor-to-ceiling tiling, including tiled numbers for each container
  - Avoid shotcrete walls or other seismic reinforcement in this area (if possible)
  - Needs new mechanical, electrical, and plumbing and lighting

## Recommendation for General Hospital - Library (2<sup>nd</sup> floor)



Chattel, 2019

- **High integrity**
- **High significance**
- **Recommendations**
  - Retain original wood doors
  - Retain terrazzo wainscoting and baseboards
  - Retain original wall shelving and integrated grills
  - Avoid shotcrete walls or other seismic reinforcement in this area (if possible)
  - Needs new mechanical, electrical, plumbing and lighting

## Recommendation for General Hospital - Surgery Areas (8<sup>th</sup> floor, 000 wing; 15<sup>th</sup> floor, 400 wing)



Chattel, 2009

- **High integrity**
- **High significance**
- **Recommendations**
  - Retain one intact surgery area (potentially the 400 wing on 15<sup>th</sup> floor, which is highly intact)
  - Avoid shotcrete walls or other seismic reinforcement in these areas (if possible)
  - Needs new mechanical, electrical, plumbing and lighting pending future use

## Recommendation for General Hospital - Rehabilitation Pool (1<sup>st</sup> floor)



Chattel, 2014



Chattel, 2009

- **High integrity**
- **High significance**
- Infilled in 2014 as part of the Wellness Center
- **Recommendations**
  - Retain tile surrounding the rehabilitation pool
  - Could be restored but tiles have asbestos and are encapsulated in concrete

## Recommendations for General Hospital - Curved Floor and Wall Edges



Chattel, 2009

- **High integrity**
- **High significance**
- Intact interior spaces were designed to reduce the number of hard corners with the goal to eliminate crevices where dirt and grime could accumulate
- Curved walls are present throughout the building in nearly all intact interior spaces
- Bases of doorframes were constructed in a manner that allows for curved wall base to continue uninterrupted from room to room
- One of the most important character-defining features of the interior and the most widespread
- **Recommendations**
  - Retain curved floor and wall edges in high integrity and high significance areas in particular, and elsewhere to the maximum extent feasible

## Recommendations for General Hospital - Circulation Spaces



Chattel, 2009

- **High integrity**
- **High significance**
- 63% of wings have high circulation integrity
- Circulation space integrity is highest on the first floor
- **Recommendations**
  - Maintain 1<sup>st</sup> floor central corridor as a circulation space
  - Approximately 75% of terrazzo wainscoting present throughout building should be retained to the maximum extent feasible or removed and reinstalled
  - Retain historic circulation pattern including corridors, stairways, and elevators
  - Needs new mechanical, electrical, plumbing and lighting; structural improvements (see seismic basis of design)
  - Removal of hazardous materials (i.e., asbestos)
  - Suggest encapsulating lead-based paint by painting over



## Recommendation for General Hospital - Trauma Ward (1<sup>st</sup> floor)



Chattel, 2009

- **Low integrity**
- **Moderate significance**
- **Recommendations**
  - Needs new mechanical, electrical, plumbing and lighting; structural improvements

## Recommendation for General Hospital - Cafeteria (1<sup>st</sup> floor)

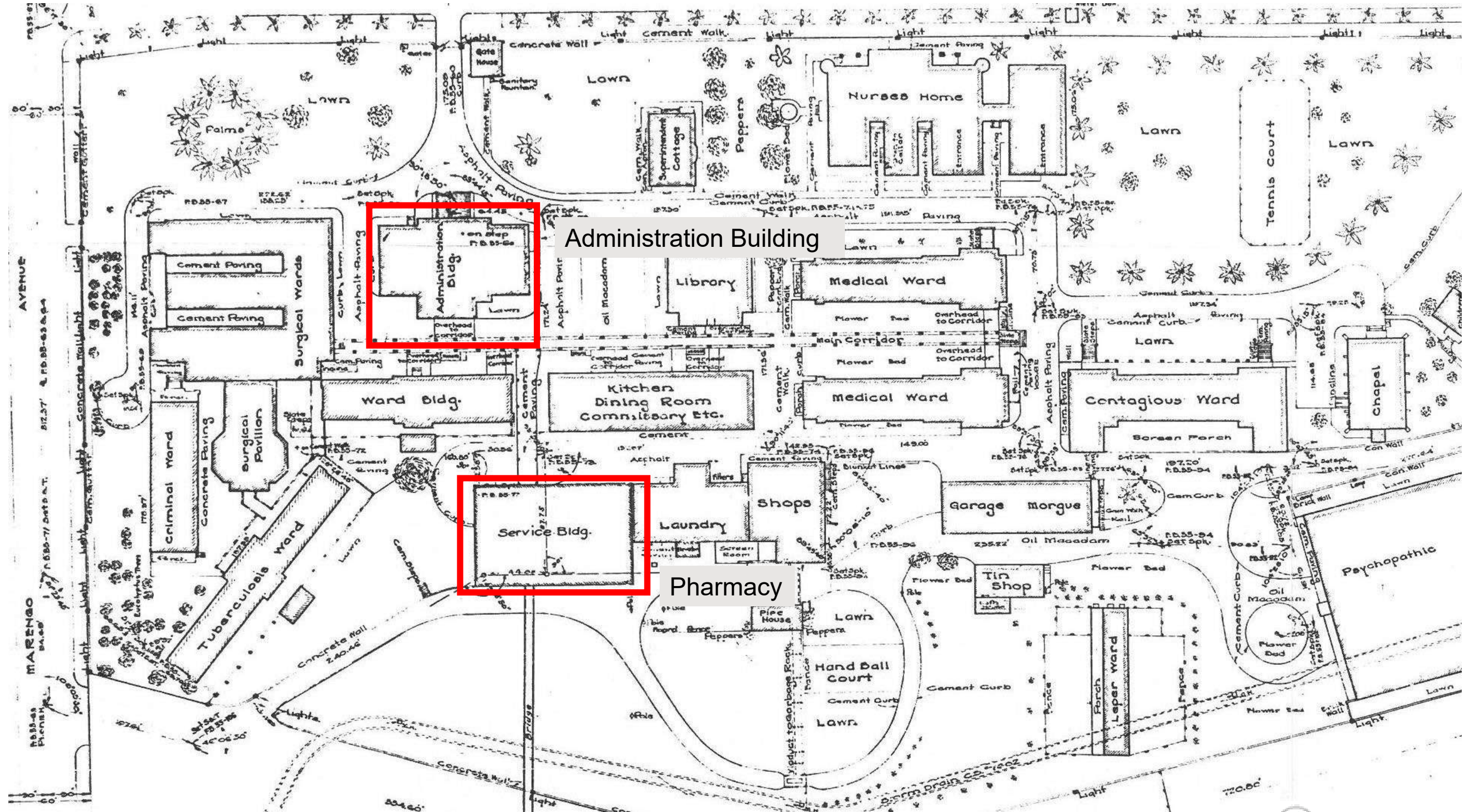


Chattel, 2009

- **Low integrity**
- **High significance**
- **Recommendations**
  - Retain high-volume open space with columns
  - Avoid shotcrete walls or other seismic reinforcement in this area (if possible)
  - Needs new mechanical, electrical, plumbing and lighting; structural improvements

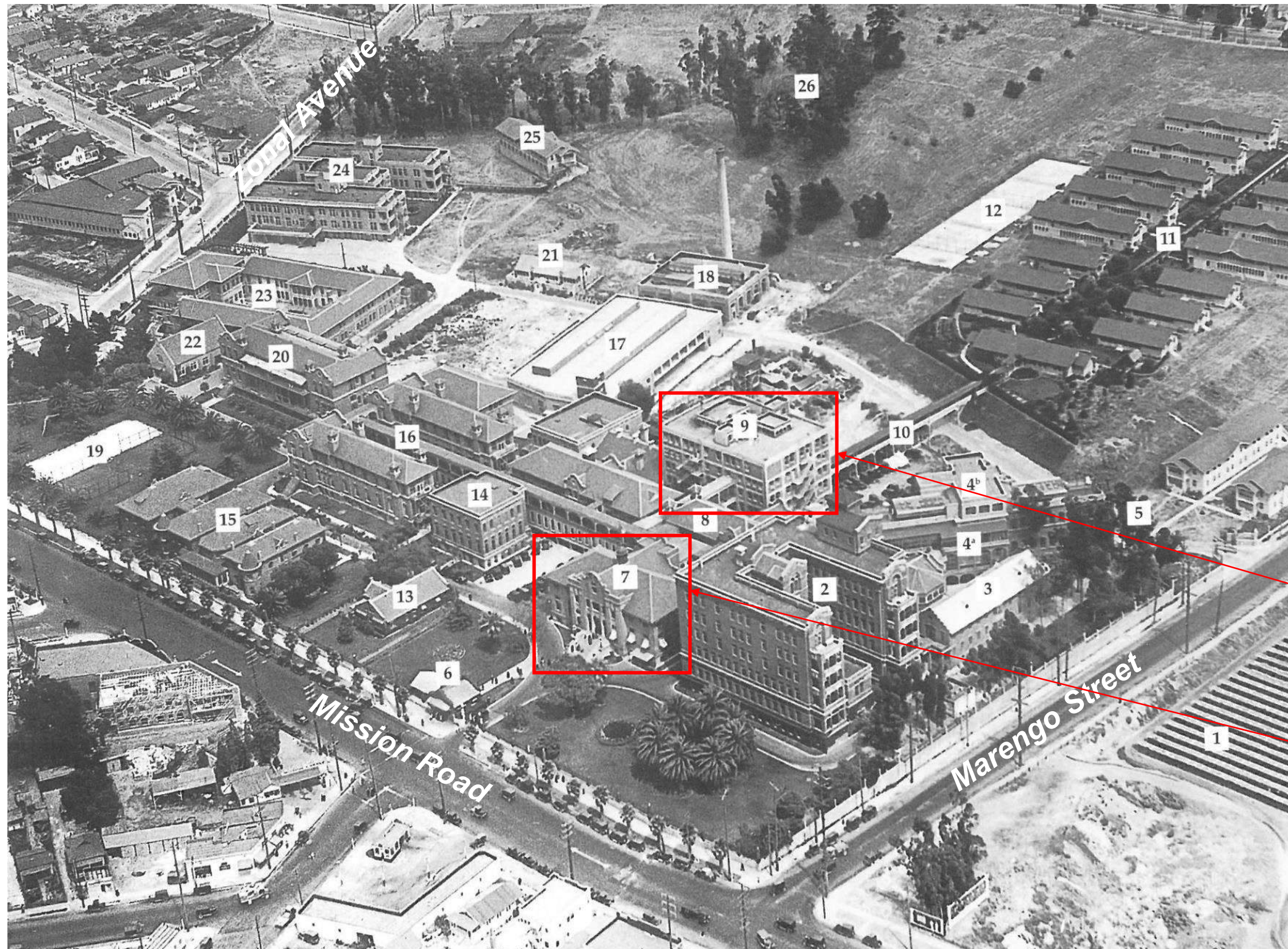
# Historic Resources: West Campus 1917

Buildings / structures in red below are eligible for the Natural Register of Historic Places



# Historic Resources: West Campus

Looking Back on the Historic Hospital in 1927



**Three buildings on West Campus are formally determined eligible for the National Register of Historic Places:**

**Tunnel (not shown in image)**

- Constructed between 1926-1933
- Approximately 750 feet in length
- Above and below ground

**Pharmacy (#9)**

- Constructed 1917
- Approximately 43,000 square feet

**Administration Building (#7)**

- Constructed 1910
- Renovated in 2004 using FEMA funding and now used by the Medical Examiner-Coroner

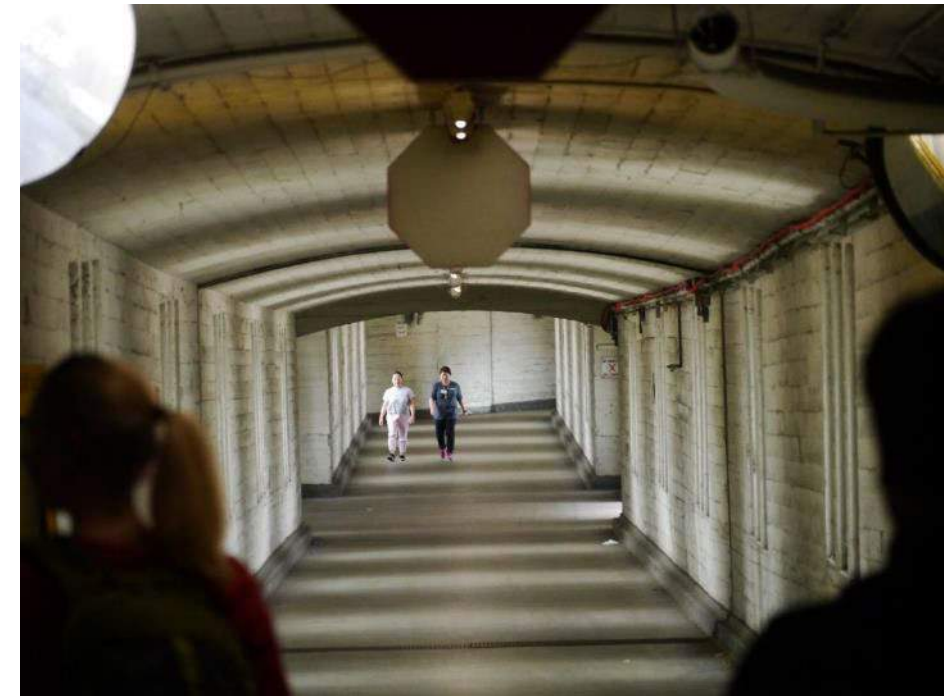
# View of West Campus Tunnel and Pharmacy

Pharmacy

Tunnel



# View of Tunnel In Use Then (1940s) and Now



LAC+USC Medical Center Photography Department



# Tunnel is in Disrepair and Needs Structural Improvements



## Suggested Tunnel Improvements



- **Exterior:** same treatment as General Hospital
- **Interior:** Seismic improvements
- Hazardous material removal
- New mechanical, electrical and fire protection



# Suggested Pharmacy Improvements



View of Pharmacy from Masonry Building

- Retain concrete frame
- Significant seismic improvements
- New mechanical, electrical, plumbing, lighting, elevators, and fire protection

# Pharmacy is Used Today for Storage and Offices to Support the LAC+USC Medical Center



# Concrete Repair and Painting Suggestions for General Hospital and Tunnel

Special attention to concrete and paint treatment to address restoration

## Exterior Concrete Treatment

- Remove loose and spalling concrete
  - Use care with repairing concrete to match pattern and color of existing concrete

## Exterior Paint Treatment

- Remove loose and flaking paint, encapsulate lead-based paint and repaint building
  - Investigation is likely to reveal areas of the reinforced concrete walls which will require repair
  - Do not attempt to remove all the paint from the building

## Window Treatment

- Steel sash window frames were likely installed concurrently with the reinforced concrete walls
- Rehabilitate steel sash windows using *Preservation Brief 13: The Repair and Thermal Upgrading of Historic Steel Windows*
- Rehabilitate steel window frames in place and remove window sashes for rehabilitation
- Replacement of glass and glazing is acceptable
- Replacement of whole windows should be done in-kind



# Historic Analysis: Historic Status, Registration Process, and Historic Tax Credits

HISTORICAL PRESERVATION SUMMARY MEMO (Source: Chattel, Inc.)

## General Hospital, Tunnel and Pharmacy: Eligibility for National Register of Historic Places

Property was initially surveyed in 1976 by the Los Angeles County National History Museum. After the 1994 Northridge Earthquake, General Hospital and Tunnel/Tramway (Tunnel), Old Administration Building and a group of support buildings including the Pharmacy at the West Campus were officially determined eligible for listing in the National Register of Historic Places by consensus between the Federal Emergency Management Agency (FEMA) and the State Historic Preservation Office (SHPO) as part of the County's request for earthquake recovery funds under the Stafford Act and 1994 Northridge Earthquake Programmatic Agreement (PA). The County prematurely demolished support buildings on West Campus without FEMA approval. County secured approximately \$497 million in FEMA funds, the majority of which was allocated to rehabilitation of General Hospital. However, rehabilitation funds for General Hospital and other campus buildings were reallocated by the County to the proposed replacement hospital. Because rehabilitation funds allocated to General Hospital were repurposed, FEMA and SHPO required preparation of a Memorandum of Agreement (MOA), executed in 2000, to resolve adverse effects of the reallocation of funds. The MOA addressed direct and indirect impacts of the replacement hospital. Direct impacts involved widening of the State Street driveway and relocation of gateposts completed in 2006, prior to opening of the replacement hospital in 2008. Indirect impacts required preparation of Reuse and Protective Storage (Mothballing) Plan completed and accepted by SHPO in 2010, effectively closing out the MOA.

Environmental review for the replacement hospital, MOA and Mothballing Plan all utilized a map describing General Hospital, Tunnel, and Pharmacy. The 1917 Pharmacy was identified as a contributor to the historic district of support buildings in the determination of eligibility. While it predates construction of the 1933 General Hospital and Tunnel, it effectively serves as the western terminus of the Tunnel and is thus integral to the 3-part composition of General Hospital, Tunnel and Pharmacy. It appears General Hospital is separately eligible, the Tunnel is separately eligible, and the Pharmacy is only eligible as a contributor to the 3-part grouping. This is consistent with the Historic Property Data File that shows General Hospital with a California Historical Resource Status Code of 2B, meaning National Register eligible as an individual or separate property and as a contributor to an eligible historic district. It should be noted that General Hospital also includes the forecourt, two small forecourt buildings, configuration of North State Street (a private driveway), and other retaining walls, roadways, gates, lamp posts, and features associated with the 1933 construction of General Hospital.

## Frequently Asked Questions Regarding Historical Preservation for General Hospital and West Campus

### 1) What are the pros and cons of Development Teams to proceed with National Register designation?

Early or advance affirmative listing in the National Register would help facilitate the project for several reasons. First, it would provide clarity of what site, structure and building features are part of General Hospital. An advance affirmative listing may also be an opportunity to exclude the Pharmacy and describe it as a contributor to the group of support buildings that were previously determined eligible but have now been demolished. Advance listing in the National Register would eliminate the need to prepare a Part 1 Historic Preservation

Certification Application and eliminate the need to either mobilize at the beginning of the project to list the property in the National Register, during or after the work is substantially complete. And finally, only an affirmative listing provides potential historic tax credits.

An application for listing in the National Register is based on the current condition of the property. It is difficult to present a property for listing that is under construction, so the affirmative listing is best accomplished prior to the work. This approach was taken in relation to the Veterans Affairs West Los Angeles campus that was affirmatively listed in the National Register prior to solicitation and selection of the master developer.

### 2) What are risks of not pursuing historic designation?

The buildings are already listed in the California Register as they were officially determined eligible for listing the National Register in federal project review under Section 106 of the National Historic Preservation Act of 1966, as amended, following the Northridge Earthquake.

There are no inherent risks in affirmative listing of the property. Listing in the National Register is an honorific and provides a degree of protection from adverse effects resulting from a federally funded undertaking or project. A project that may cause substantial adverse changes in the significance of a registered property may require compliance with the California Environmental Quality Act (CEQA). As the property is already listed in the California Register, there is no greater or additional requirements under CEQA.

In fact, there might be greater clarity with respect to the Pharmacy Building and other contributing features that would be described in the National Register registration form should advance listing be pursued. Without greater clarity, identification of the Pharmacy Building as a district contributor would stand. While it is possible to prepare the Part 1 and have some assurances of eventual listing, only an affirmative listing provides potential historic tax credits.

### 3) What additional amount of time should be added to NEPA/CEQA, Design schedule to incorporate historic designation and historic tax credits process and approval?

Approximately 1 year is typically needed to complete National Environmental Policy Act (NEPA) and California Environmental Quality Act (CEQA) review for a project of this size. The NEPA review could be accomplished through a process called "substitution" which allows the National Historic Preservation Act (NHPA) Section 106 (Section 106) process to proceed concurrently within the NEPA process. "Use NEPA documents to facilitate Section 106 consultation, and use Section 106 to inform the development and selection of alternatives in NEPA documents," see <https://www.achp.gov/digital-library-section-106-landing/nepa-and-nhpa-handbook-integrating-nepa-and-section-106>.

The federal agency, assuming it would be U.S. Department of Housing and Urban Development (HUD) or Department of Commerce, Economic Development Administration (EDA), would need to actively participate in scoping the environmental review document. Mostly likely, a Programmatic Agreement (PA) and/or Memorandum of Agreement (MOA)

Source: Chattel, Inc.



# Historic Analysis: Historic Status, Registration Process, and Historic Tax Credits

would need to be negotiated and executed currently with preparation of the NEPA document, as was done with a Program Environmental Impact Statement (PEIS) for the Veterans Affairs West Los Angeles project where a PA was adopted concurrently with the PEIS and subsequent MOA(s) for projects that have the potential to or do result in adverse effects under Section 106.

#### 4) What is the potential range of funding that can be provided in historic tax credits?

The Federal Historic Tax Credit (FHTC) provides a 20% tax credit that can be redeemed in 20% installments over five years after project completion. Unlike many State Historic Tax Credits, there is no cap to the FHTC.

Historic tax credits generally only cover costs directly related to the rehabilitation of structural and architectural elements of a historic property. Qualified Rehabilitation Expenses (QREs) include "Any expenditure for a structural component of a building... In addition to... 'hard costs', there are 'soft costs' which also qualify. These include construction period interest and taxes, architect fees, engineering fees, construction management costs, [etc.]." See: <https://www.nps.gov/tps/tax-incentives/before-apply/qualified-expenses.htm> for more information.

The California State Historical Tax Credit (SB 451) was written into law in February 2019. The Office of Historic Preservation (OHP) is currently in the process of developing the regulations and implementation with the application process starting in late 2022-early 2023. This program has a \$50 million dollar cap and can be applied for at the same time as federal historic tax credits. For more information, see: [https://ohp.parks.ca.gov/?page\\_id=27495](https://ohp.parks.ca.gov/?page_id=27495).

#### 5) How do we identify rough cost and time implications for pursuing historic designation and historic tax credits?

Historic Tax Credits require a 3-part Historic Preservation Certification Application process:

- Part 1: Evaluation of Significance
- Part 2: Description of Rehabilitation
- Part 3: Request for Certification of Completed Work.

In order to take advantage of the historic tax credits, a 3-part application form must be prepared, submitted, and approved. State reviewers at the Office of Historic Preservation (OHP) recommend and federal reviewers at the National Park Service (NPS) approve, approve with conditions, or deny each application part. The Part 1 Historic Preservation Certification Application (Part 1) is the Evaluation of Significance and consists principally of a description of physical appearance and a statement of significance. An approved Part 1 is an official determination of National Register eligibility or preliminary determination for individual listing (PDIL) by the Keeper of the National Register. The Part 2 Historic Preservation Certification Application (Part 2) is the Description of Rehabilitation, a detailed description of the proposed rehabilitation and would need to be completed, submitted, and approved prior to commencing work. The Part 3 Historic Preservation Certification Application (Part 3) is the Request for Certification of Completed Work and would be completed once the property is placed in service or a certificate of occupancy has been issued. Typically, a consultant

meeting the Secretary of the Interior's Professional Qualifications Standards in architectural history and/or historic architecture (qualified historic preservation professional) would advise the development team throughout the design process, prepare, and submit the necessary Parts 1, 2 and 3.

Early listing in the National Register would eliminate the need to prepare a Part 1 Historic Preservation Certification Application and would advance the process. There is an additional cost associated with contracting a qualified historic preservation professional to prepare, submit and complete the review, editing and tracking process for the National Register of Historic Places (National Register) registration form. Once the registration form is complete the professional would work with OHP staff in scheduling the State Historical Resources Commission review of the National Register registration form and processing by OHP staff to the Keeper of the National Register. Listings in the National Register are published in the Federal Register. For more information, see: <https://www.nps.gov/tps/tax-incentives/application.htm>.

#### 6) Is the historic designation and historic tax credits process the same, or complimentary to, other state and federal subsidy request processes?

Listing a property in the National Register and applying for federal historic tax credits are two separate processes. A National Register listing is subject to review by the California Office of Historic Preservation (OHP) registration unit, which recommends listing to the State Historical Resources Commission, which in turn, directs the State Historic Preservation Officer (SHPO) to transmit nominated and approved properties to the Keeper of the National Register at the National Park Service (NPS). Final approval and listing in the Federal Register are by NPS Keeper staff.

A federal historic tax credit project is subject to a 3-part Historic Preservation Certification Application, each part and amendments is subject to review by OHP architectural review unit, and SHPO transmits a recommendation (or no recommendation) to Technical Preservation Services (TPS) at the NPS. Final approval of each part and amendments are by NPS TPS staff. Part 1, the Evaluation of Significance, is recommended by OHP staff to NPS staff and an official determination is made by NPS TPS staff. The historic tax credits can only be claimed after the property is affirmatively listed in the National Register. Thus, the Part 1 for an individual or separate property is treated as a preliminary determination for individual listing (PDIL). See Question 5 for additional information.

The California Qualified Allocation Plan (QAP) of Low Income Housing Tax Credit (LIHTC) program provides a guide to how funds are distributed and prioritized and includes incentives and priority to projects that "propose use of [federal] Historic Tax Credits." As the federal historic tax credits require affirmative National Register listing, it is assumed priority would be given to National Register listed properties. Use of LIHTC would thus be complementary to federal historic tax credits.

Under the new State Historical Tax Credit program, it is possible that a single application such as the 3-part Historic Preservation Certification Application could be used. However,

Source: Chattel, Inc.



# Historic Analysis: Historic Status, Registration Process, and Historic Tax Credits

given the limited 5-year allocation of a total of \$50 million, it is unlikely the project would receive a substantial share of the limited credits available.

- 7) **If the County/developer pursues other State/Federal subsidy requests, will those processes trigger historic designation and/or historic tax credit process?**

State/Federal subsidy requests do not trigger the historic tax credit process or require parties to pursue historic designation as these processes are purely voluntary.

- 8) **Does NEPA process require historic designation process?**

No.

- 9) **Does CEQA process require historic designation process?**

General Hospital and the Tunnel are eligible as historic district contributors and are separately eligible as individual or separate properties. Since they have been formally determined National Register eligible, they are automatically listed in the California Register of Historical Resources (California Register). As a property listed in the California Register, they are historical resources for purposes of CEQA regardless of designation in the National Register. The Pharmacy has only been identified as a historic district contributor and would likely need to be re-evaluated. In the case of the Pharmacy, it is the historic district that is the historical resource for the purposes of CEQA.

- 10) **What are the pros/cons and risks/tradeoffs for each course of action for the County/Developer in pursuing/not pursuing historic designation of General Hospital and Pharmacy?**

**i. County**

There are no risks/tradeoffs to the County if General Hospital, Tunnel, and the Pharmacy were designated. It is possible that the Pharmacy could be re-evaluated and found ineligible, given that the historic district of support buildings to which it once contributed no longer exists.

**ii. Developer**

The main tradeoff for the developer is deciding whether it is worth the time and money to obtain affirmative National Register listing in exchange for historic tax credits. Vice versa, if the developer did not pursue designation, historic tax credits would not be a funding option.

Pursuing historic tax credits, if successful through all 3-parts, will provide a 20% tax credit on hard costs of rehabilitation work and some soft costs (i.e., architectural, design and planning fees). With a project as large as General Hospital and Tunnel, this could be a substantial tax credit. However, pursuing the tax credit will require a more rigorous review of rehabilitation work. The historic tax credit can only be redeemed in 20% per year over 5 years after completion of the project. With the amount of funding potentially provided and its nature as a tax credit, it is very likely to be audited so documentation will need to be kept throughout the process.

Source: Chattel, Inc.



# LAC+USC MEDICAL CENTER GENERAL HOSPITAL and WEST CAMPUS FEASIBILITY STUDY

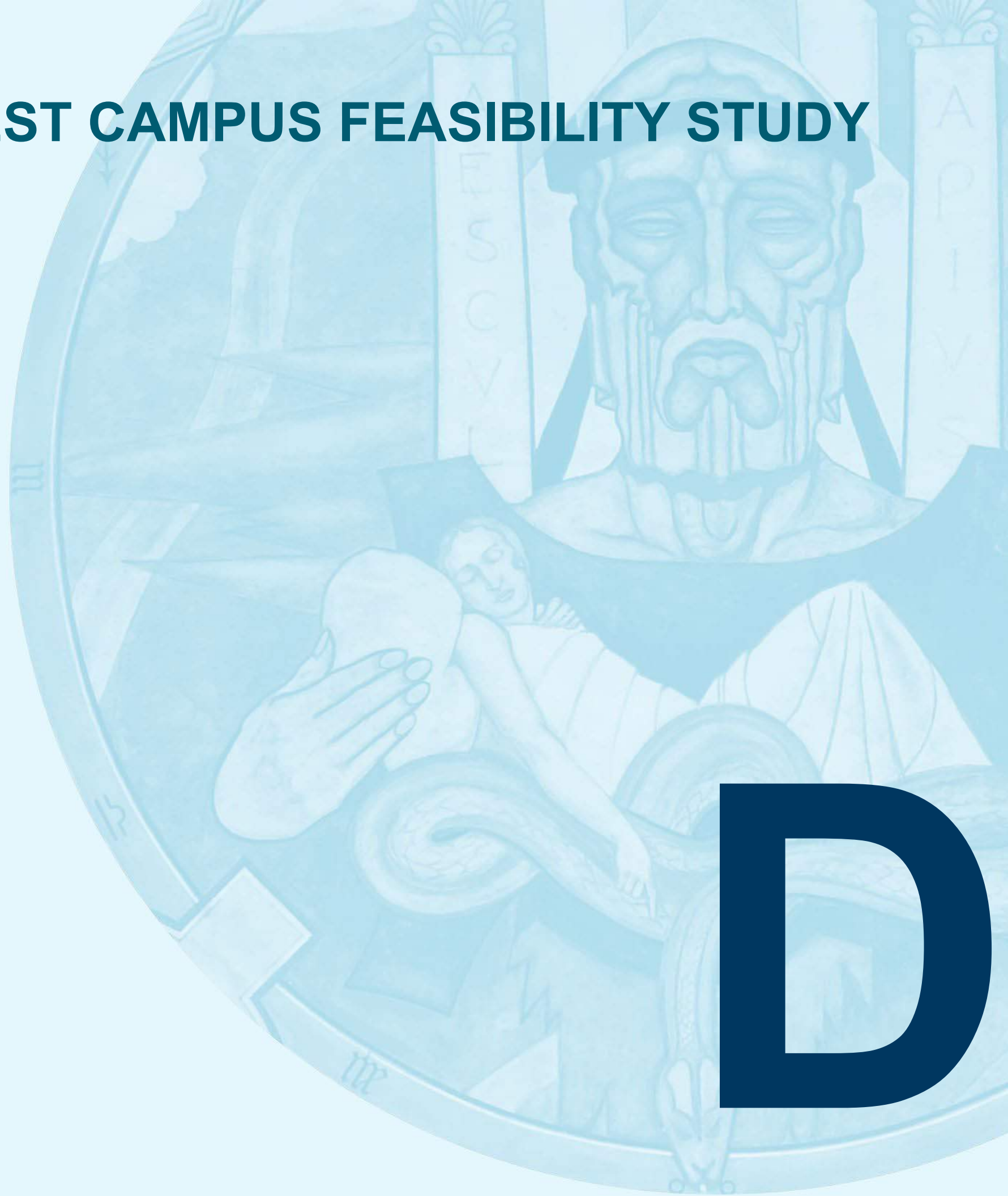
Appendix

April 2022

## Existing Conditions



D



## Existing Conditions: Introduction

Analysis of existing conditions at the General Hospital and West Campus includes the following:

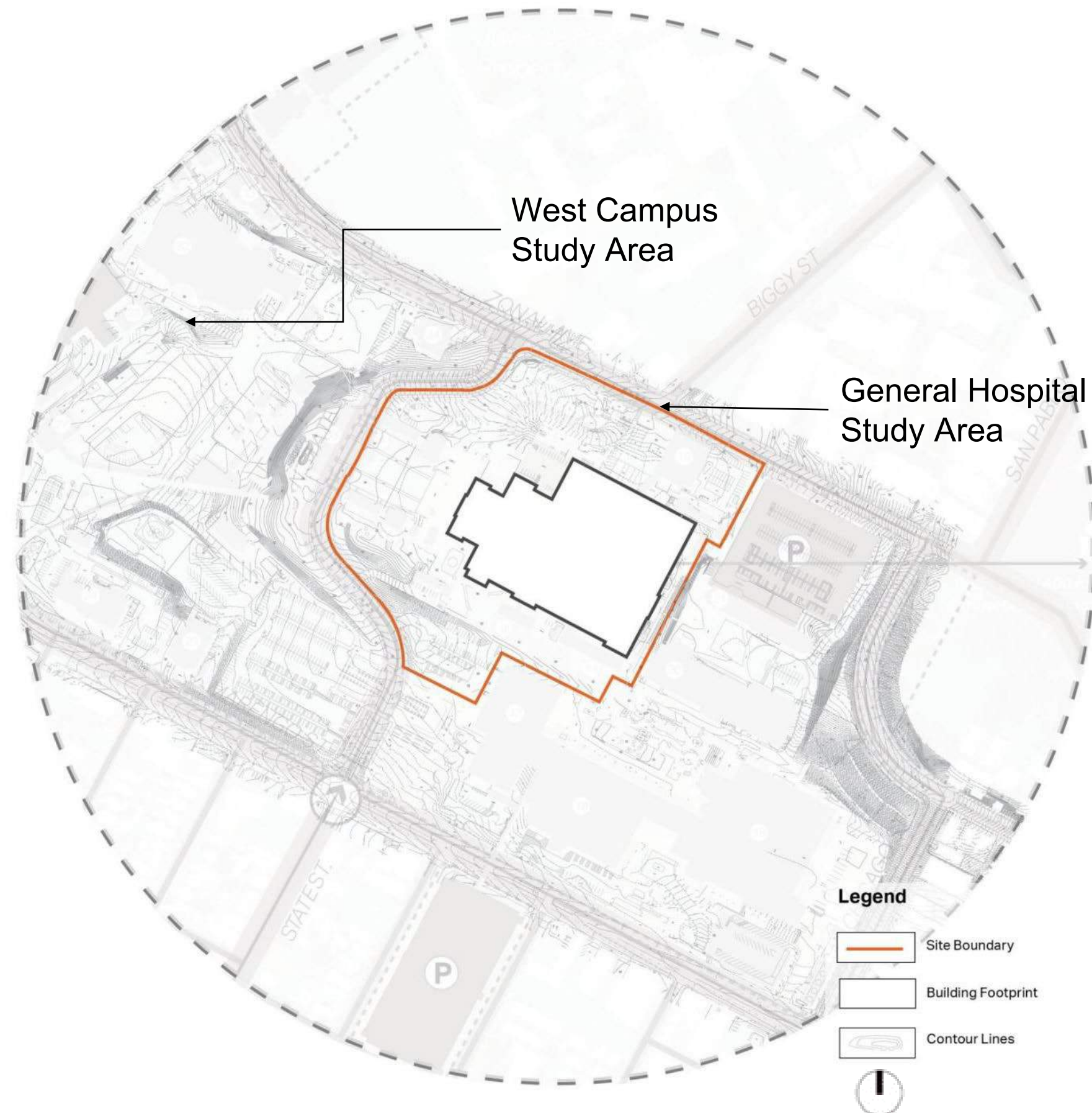
- Topography
- Geotechnical
- Building considerations
- Structural
- Utilities
- Mechanical, electrical and plumbing
- Water
- Fire protection
- Environmental
- Transportation
- Parking
- Open space
- Existing tenants





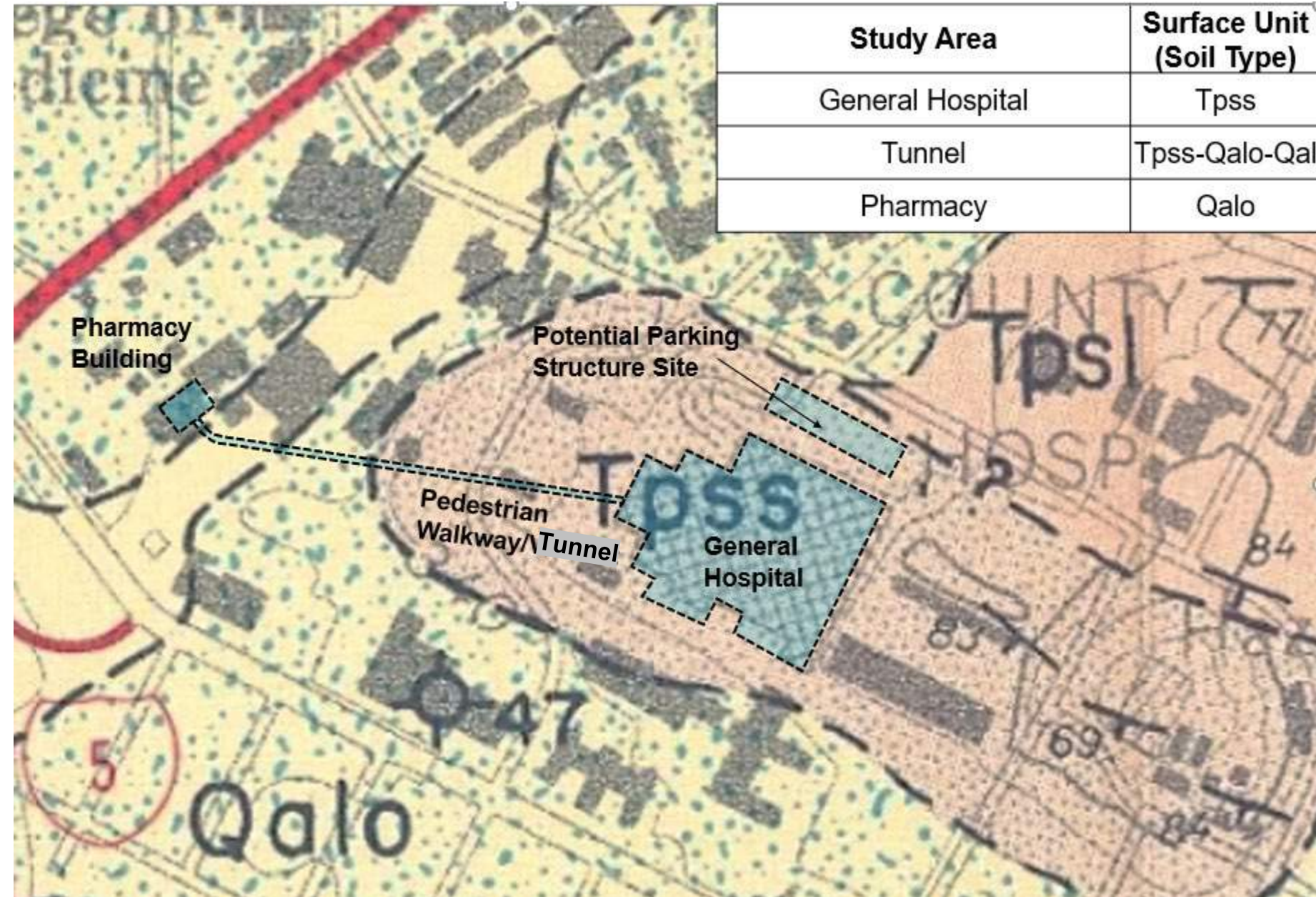
## Existing Conditions: Topography of General Hospital and West Campus

- Hillside location with significant height difference between the east and west sides of State Street
- Roughly 40-foot grade change (drop) from State Street to Mission Road
- Retaining walls
- Stairs
- Ramps on the north side of General Hospital have historic integrity
- Existing elevator west of General Hospital provides access for persons with physical mobility impairments



## Existing Conditions: Geotechnical

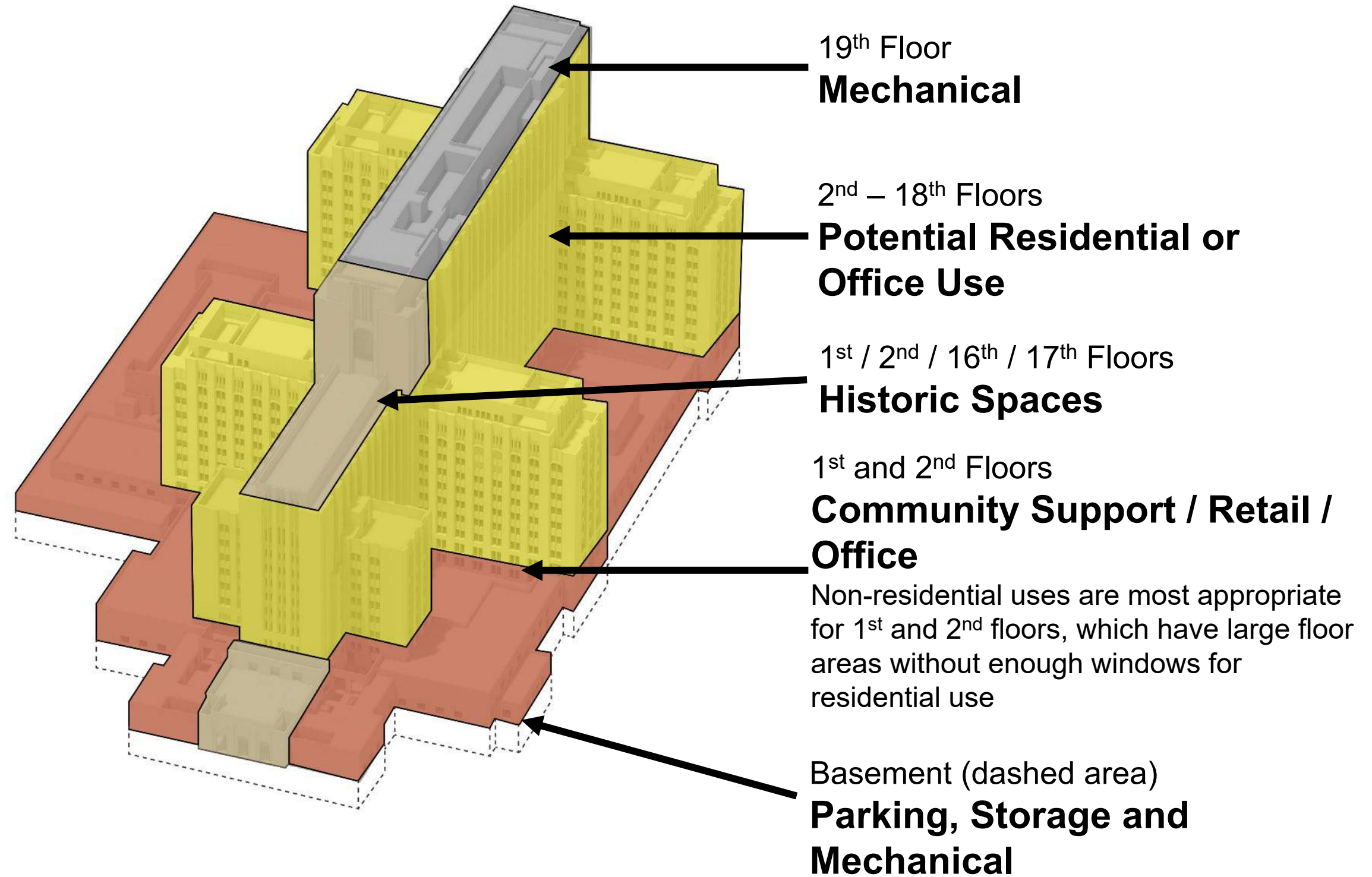
- Excluding the bedrock on which General Hospital is constructed, the West Campus area has potentially liquefiable and compressible soils likely to impact structures. Therefore, deep foundation or ground improvements may be required for new improvements or existing foundation retrofit
  - Mitigation measures such as thicker concrete cover, epoxy coating, etc. should be considered for foundation due to corrosive soils
- Shallow ground water is anticipated in the entire West Campus
  - Temporary dewatering may be required for below-grade construction
- Methane gases may be present in West Campus Central Power Plant, General Laboratory, and Tunnel
  - Mitigation measurements such as vapor barrier and/or horizontal and vertical vent pipes, in conjunction with detection and alarm systems, should be considered



Lamar, D.L., 1970, Geology of the Elysian Park-Repetto Hills area, Los Angeles County, California: California Division of Mines and Geology, Special Report 101



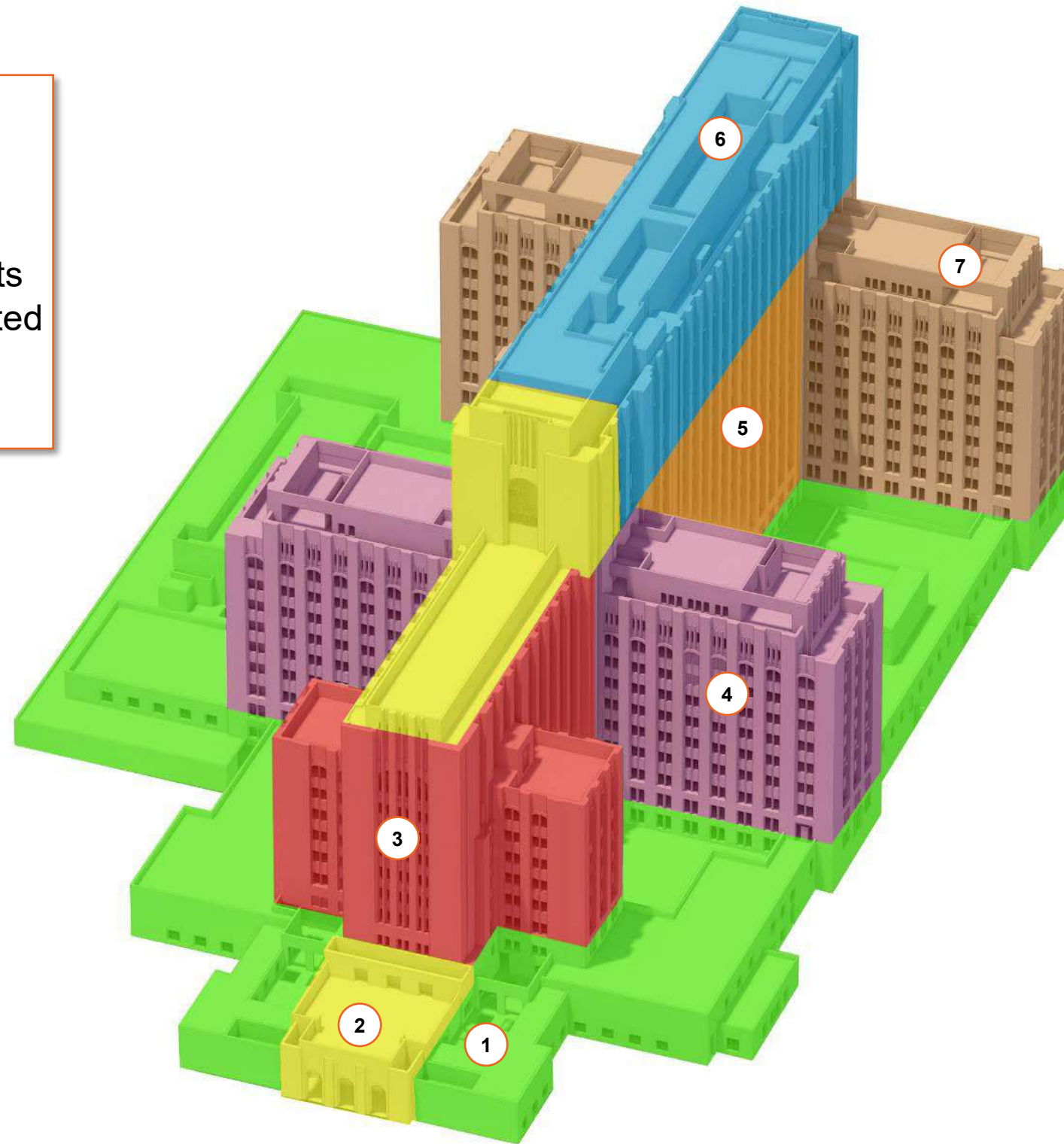
# Existing Conditions: Building Considerations – General Hospital



# Existing Conditions: Architecture – General Hospital

## Basic Building Blocks

- Each colored area represents a potential area with separated elevator and lobby access



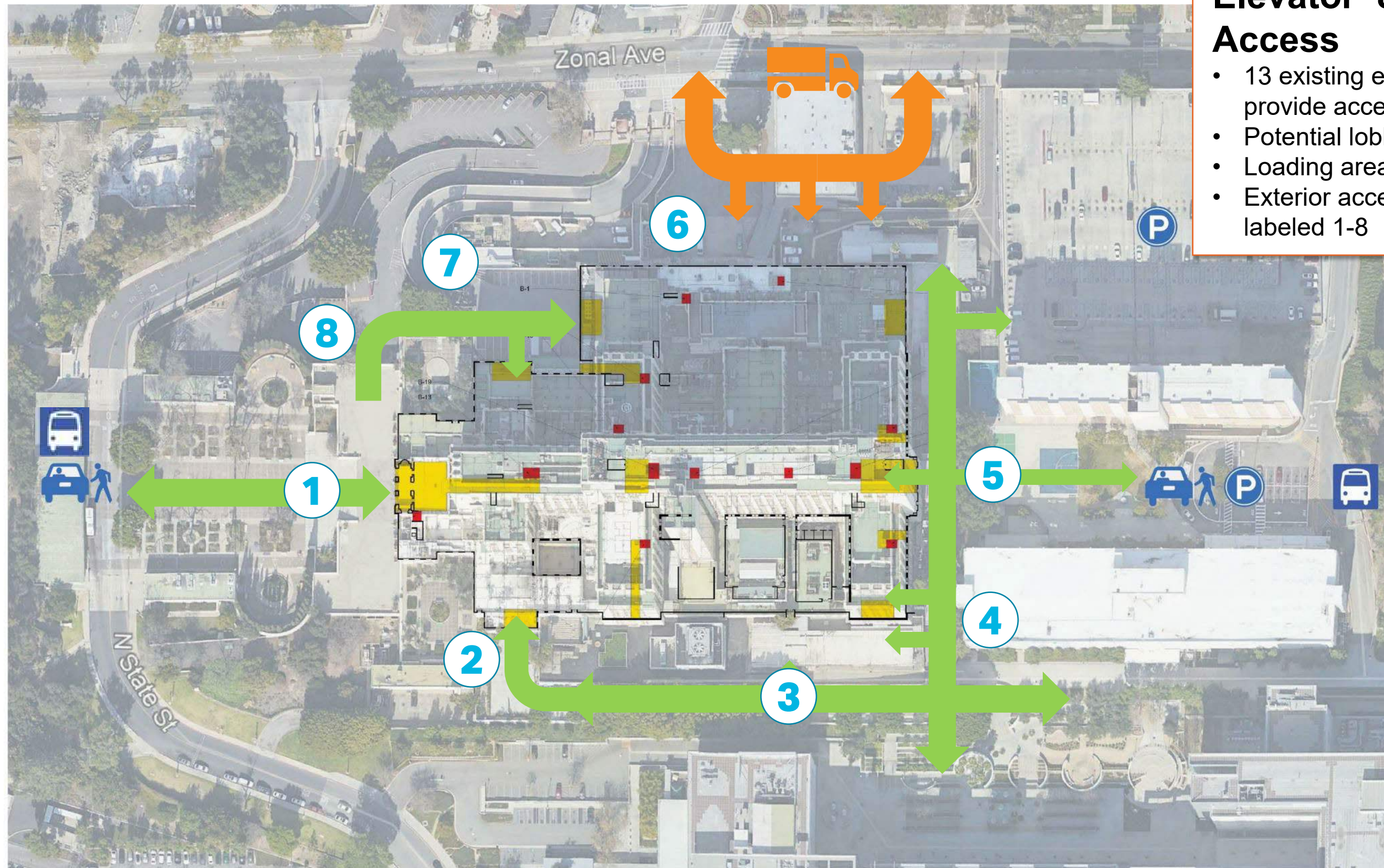
## Approximate Square Feet (SF) of Areas

- 1.  160,000 SF
- 2.  25,000 SF
- 3.  166,000 SF
- 4.  160,000 SF
- 5.  104,000 SF
- 6.  93,000 SF
- 7.  160,000 SF
- 8.  \*181,000 SF

\* Item 8 represents basement space and not shown on graphic



# Existing Conditions: Architecture – General Hospital Access Points



**Elevator & Lobby Access**

- 13 existing elevators (red) provide access to certain floors
- Potential lobbies (yellow)
- Loading areas (orange)
- Exterior access points are labeled 1-8



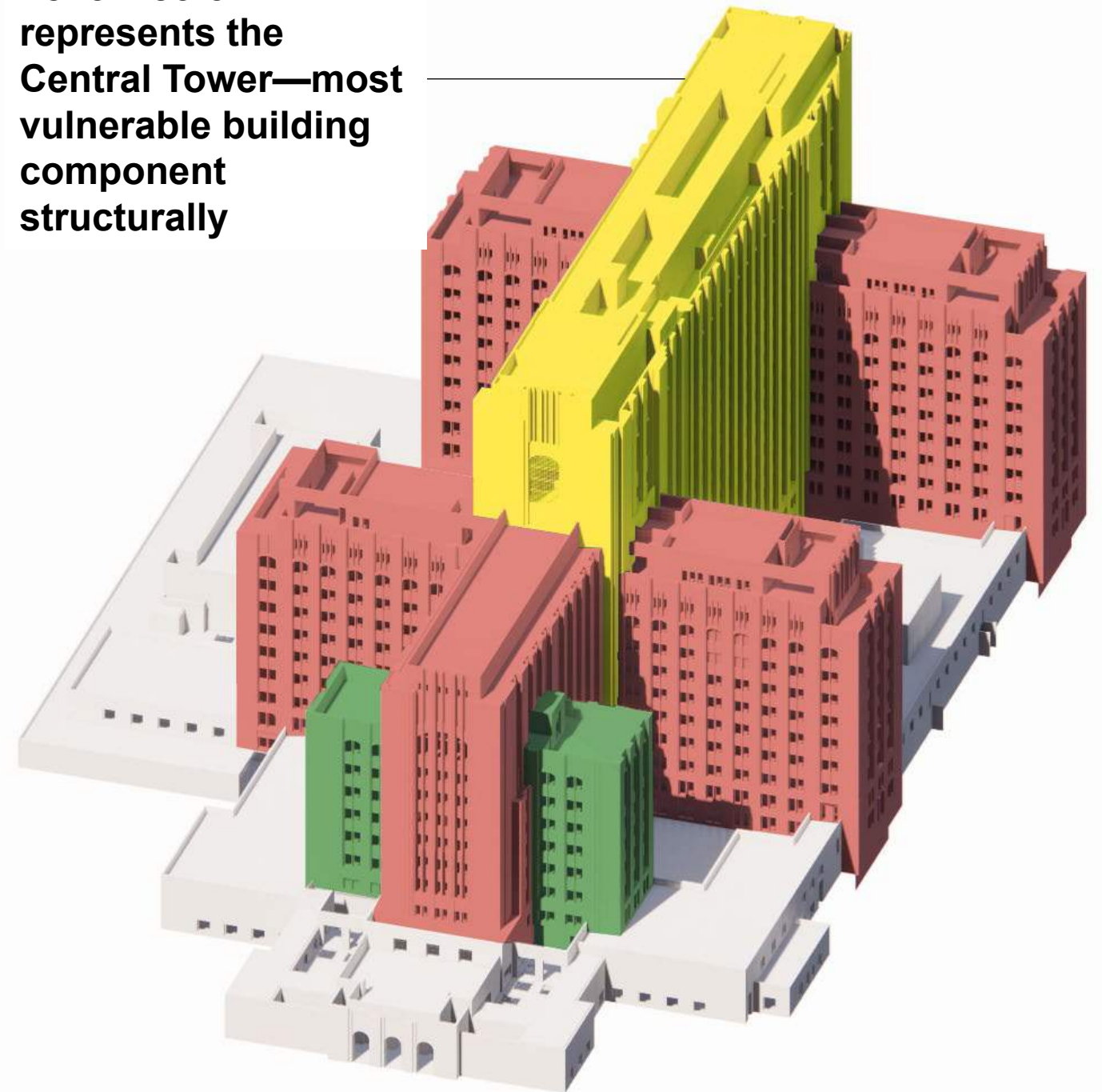
# Existing Conditions: Architecture – General Hospital



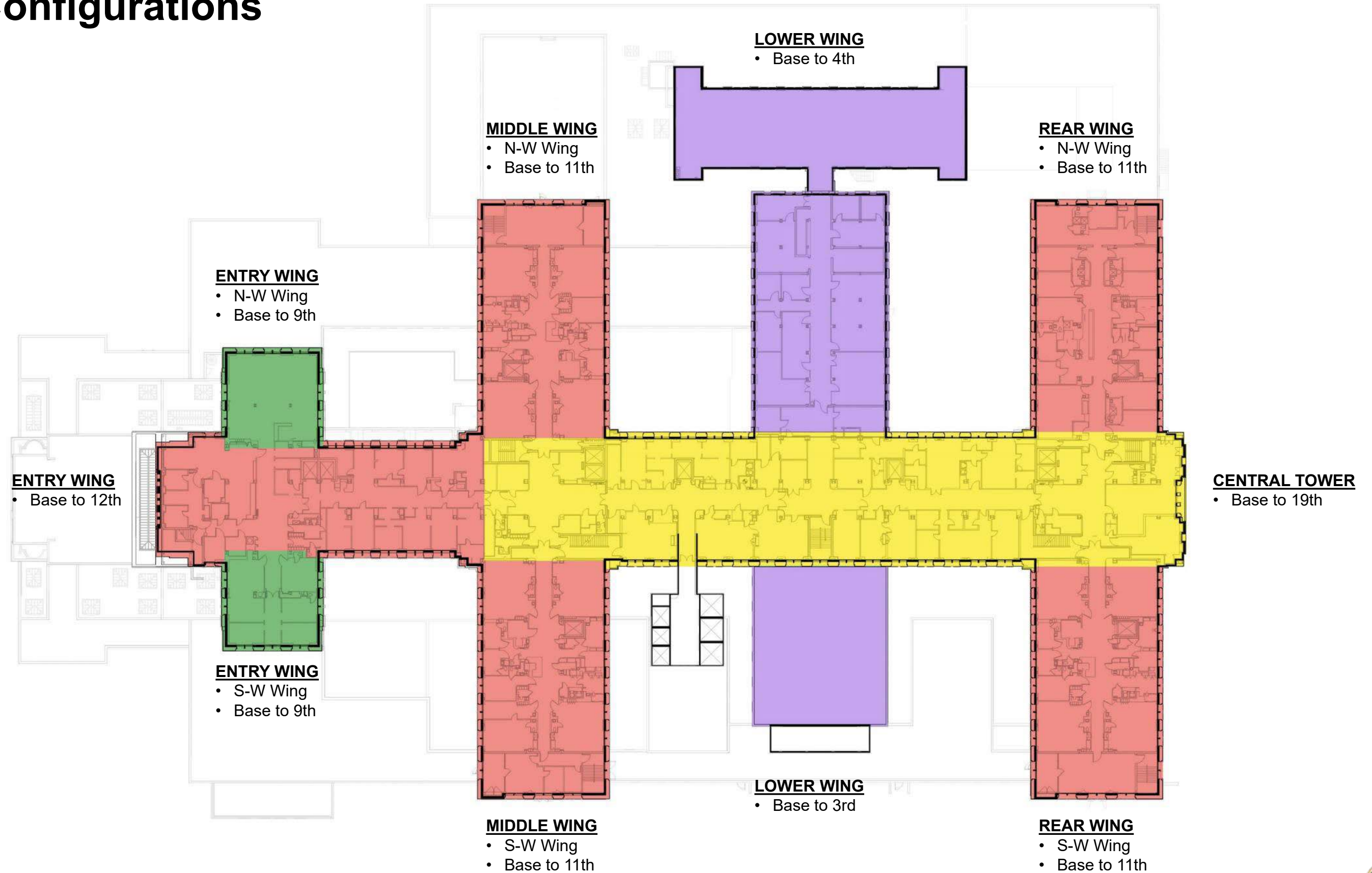
## Existing Conditions: Structural – General Hospital

- General Hospital was designed in the late 1920s and built in the early 1930s under a code with significantly lower design loads compared to the current code for renovations of existing buildings
- General Hospital has already survived one large seismic event, the 1994 Northridge Earthquake, which began to "exhaust" the lateral resisting mechanisms in the building, so they are now less effective than when the building was originally built
- The exterior consists of a lightly reinforced non-ductile concrete façade, which infills around the steel frame; there is no positive connection between the concrete façade and the steel structure
- The Central Tower (long, narrow and tall) is the most vulnerable part of the building from a structural perspective
- The expectation is that County authorities will require a structural upgrade to comply with Title 24 for a mixed-use renovation including housing, commercial and retail. While there is no clear Code mandate for retrofit, the County Building Department has the authority and is expected to require a full structural retrofit based on proposed use and visibility of the project
- The structural improvement standard for this analysis is standard occupancy, not a hospital occupancy

**Yellow color represents the Central Tower—most vulnerable building component structurally**

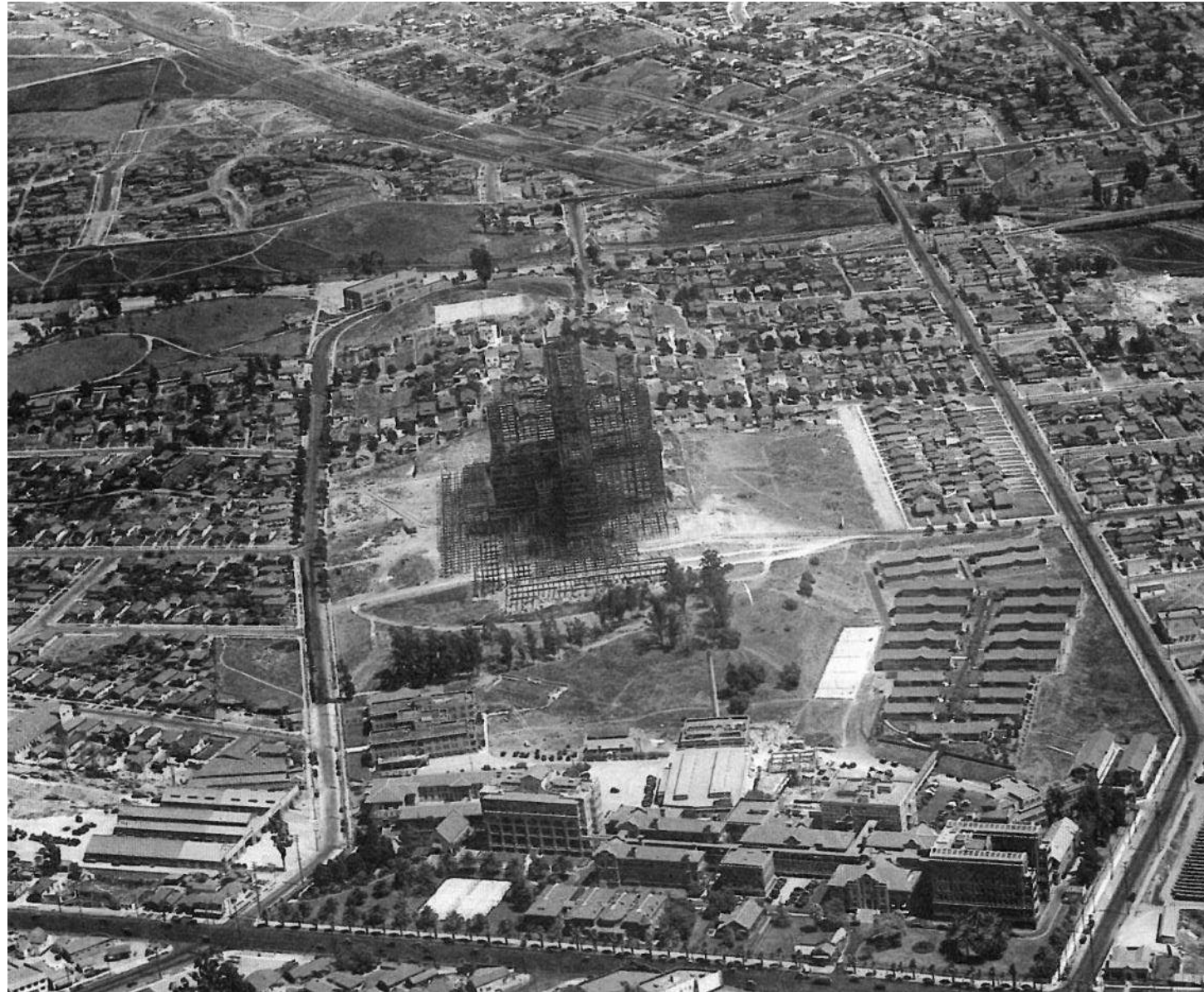


# Existing Conditions: Structural – General Hospital’s 4<sup>th</sup> Floor as Example of Wing Configurations

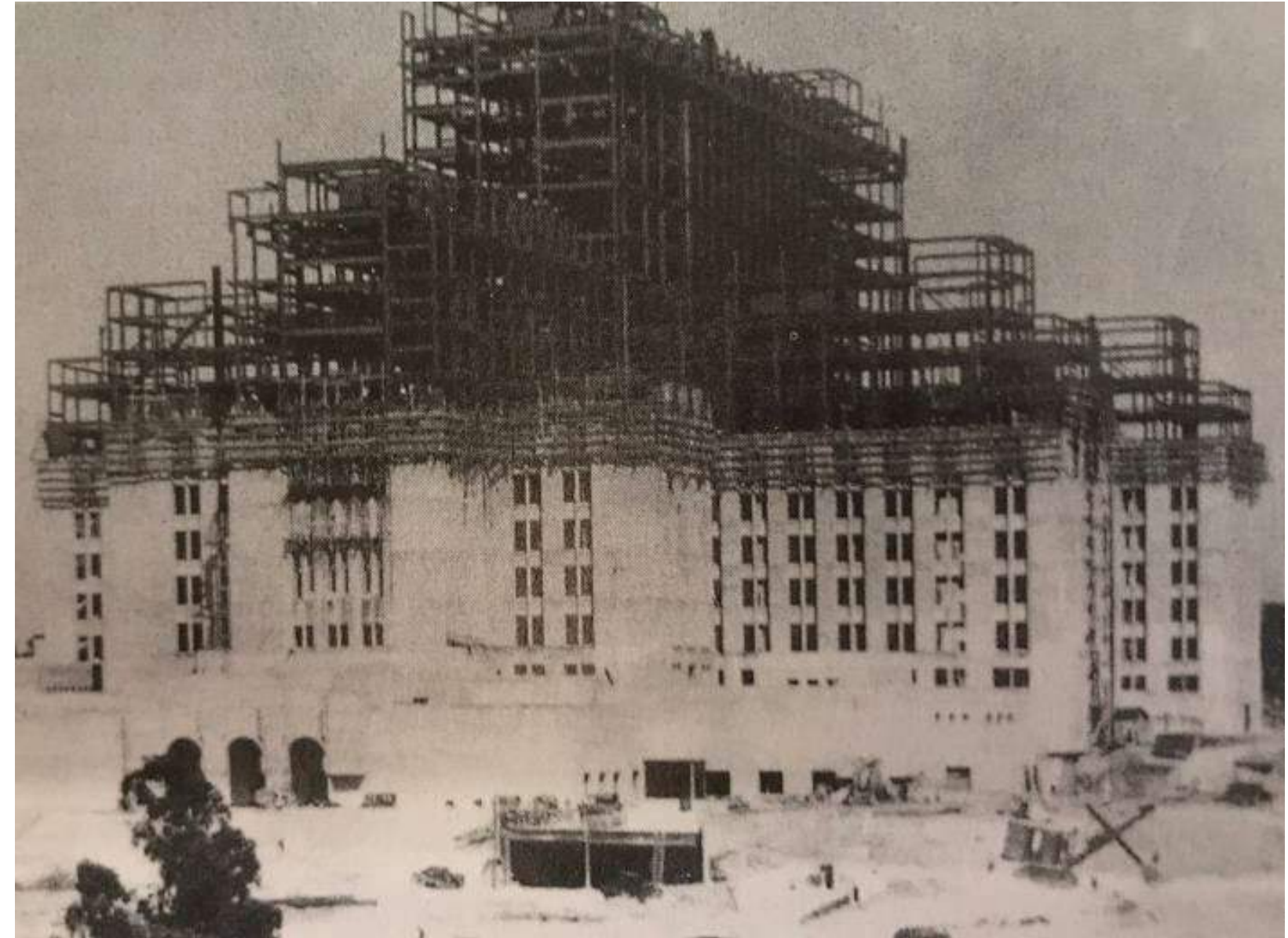




# Existing Conditions: Structural – General Hospital



Aerial of General Hospital steel frame, late 1920s



Looking Back-A Century of Nursing: The History of the Los Angeles County Medical Center School of Nursing, p. 96, photo circa 1930-1931



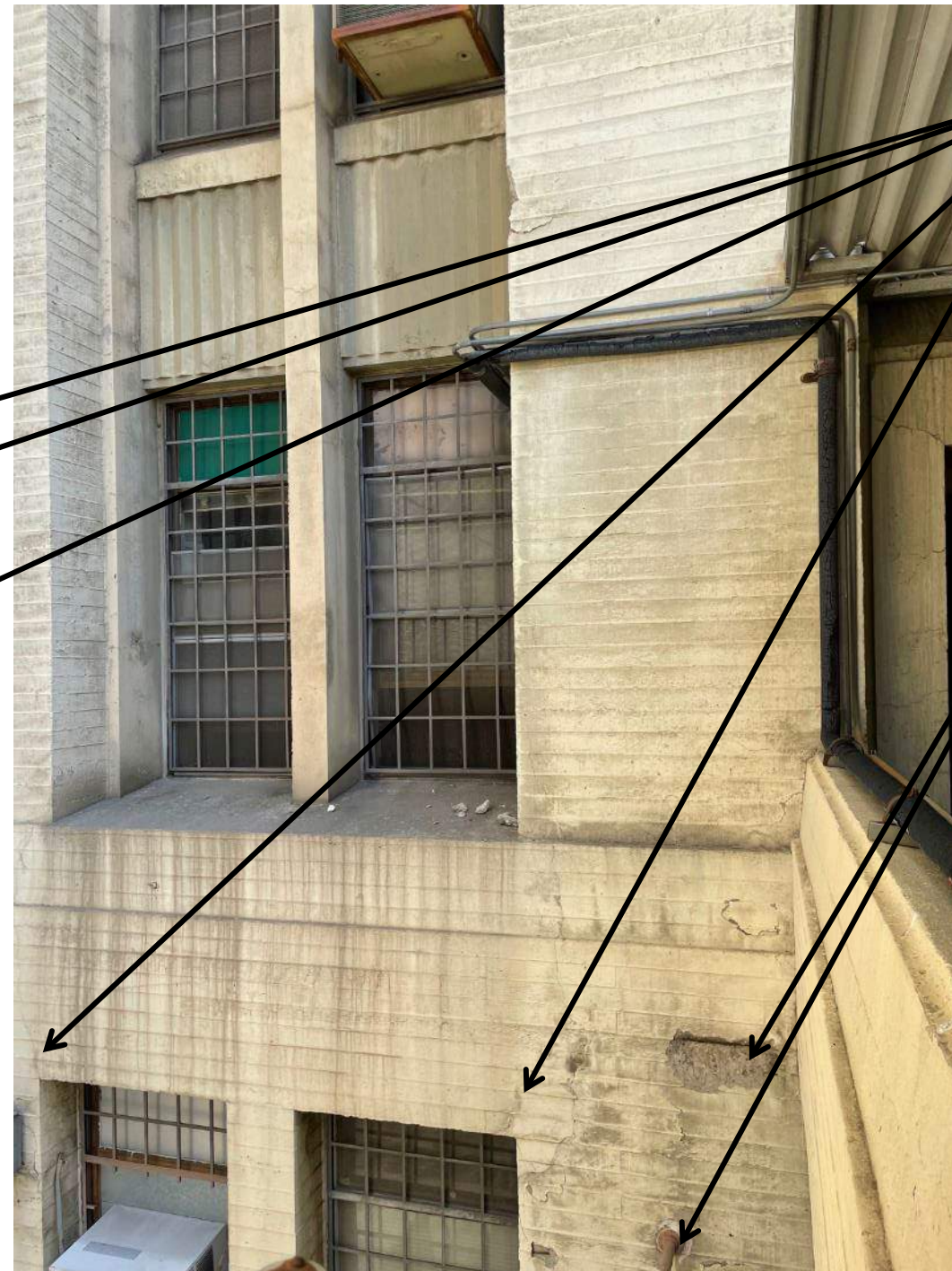
## Existing Conditions: Structural – General Hospital

Indicates concrete cracked patterns with spalled, corroded and exposed rebar that can be restored with structural injected epoxy



Concept level rehabilitation elevation – Strengthening of exterior walls in cracked and spalled areas and areas with exposed rebar

# Existing Conditions: Structural – General Hospital – Cracked Façade Frames/Walls



**Girder / column interface shear / flexural crack pattern**

**Spalled / corroded exposed rebar**



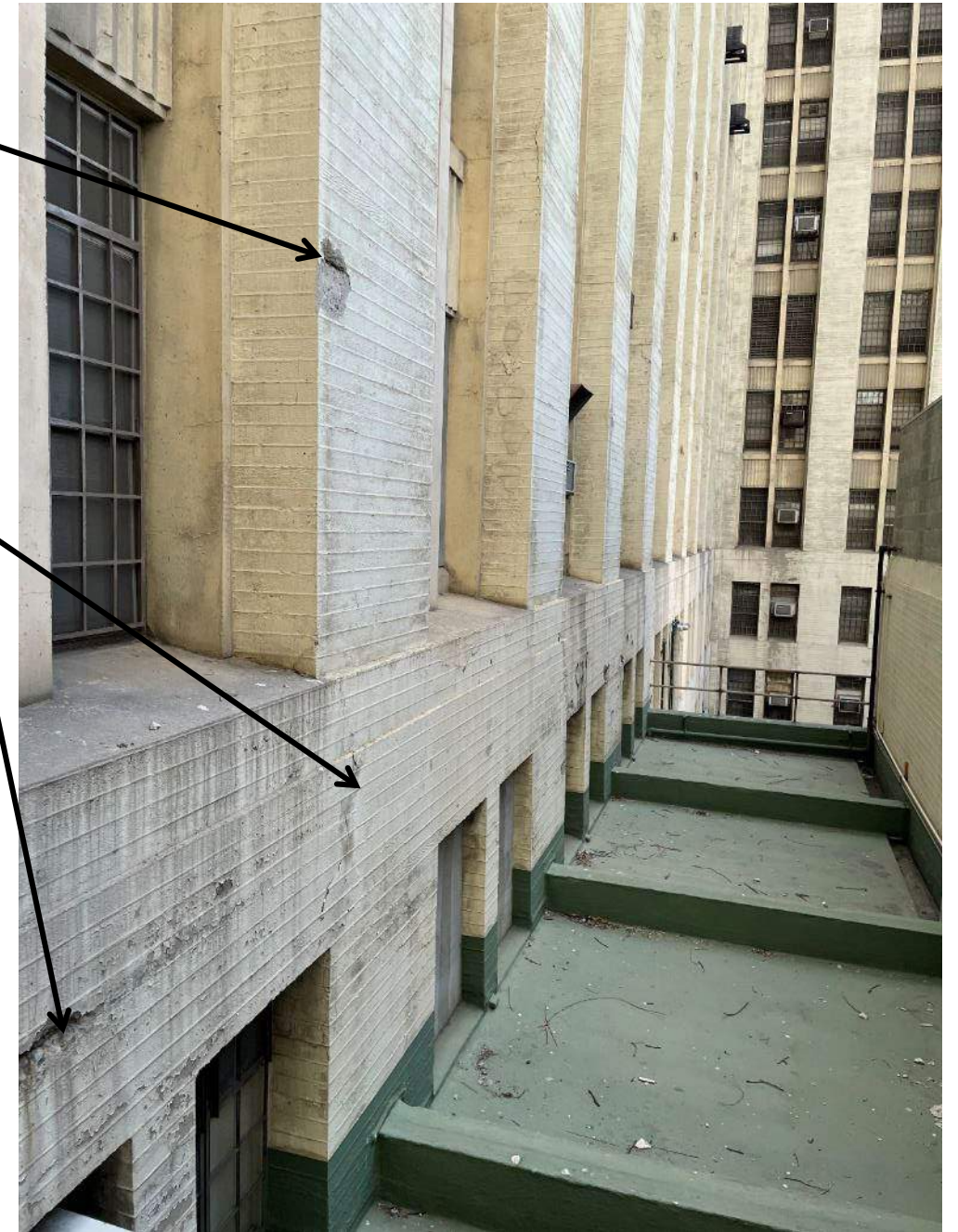
# Existing Conditions: Structural – General Hospital – Cracked Façade Frames/Walls



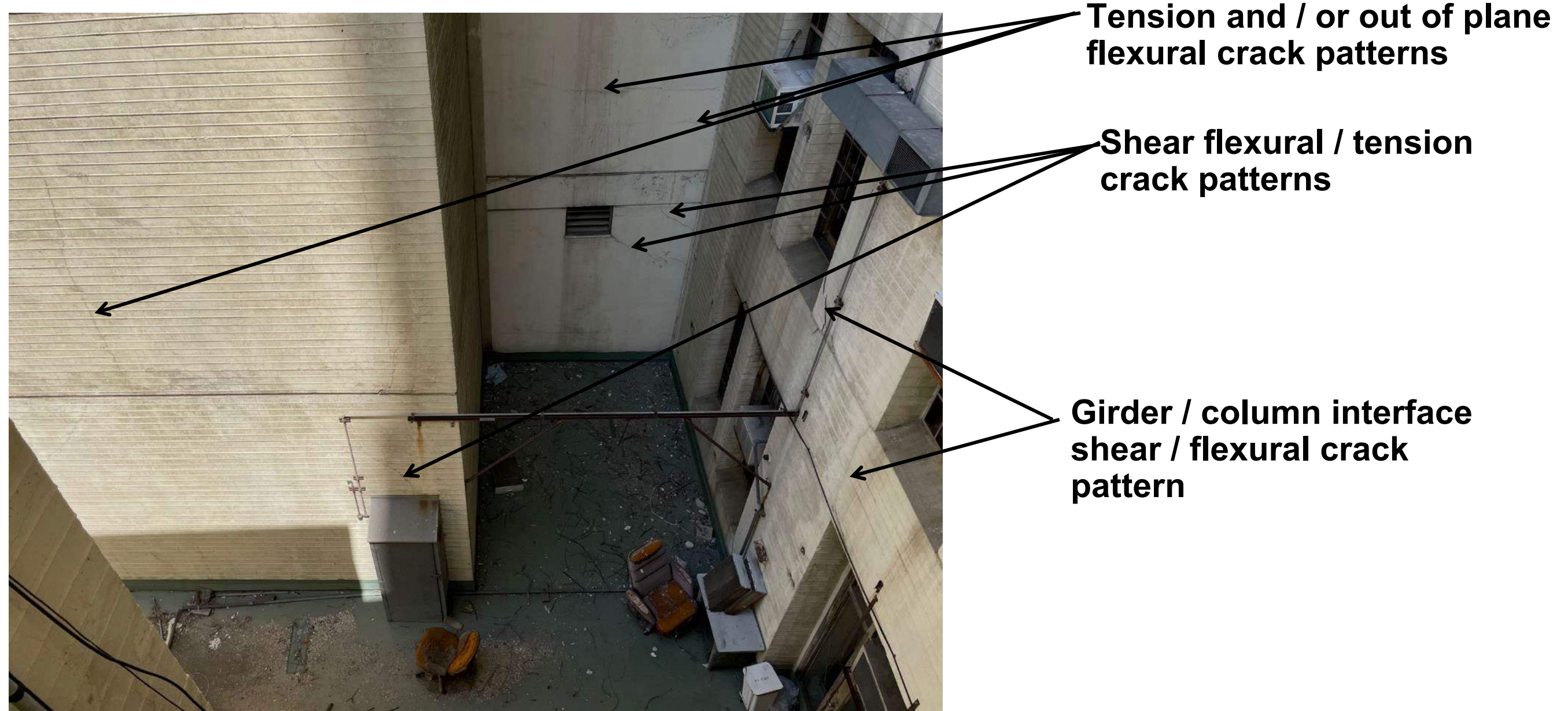
**Spalled / corroded  
exposed rebar**

**Girder / column  
interface shear /  
flexural crack  
pattern**

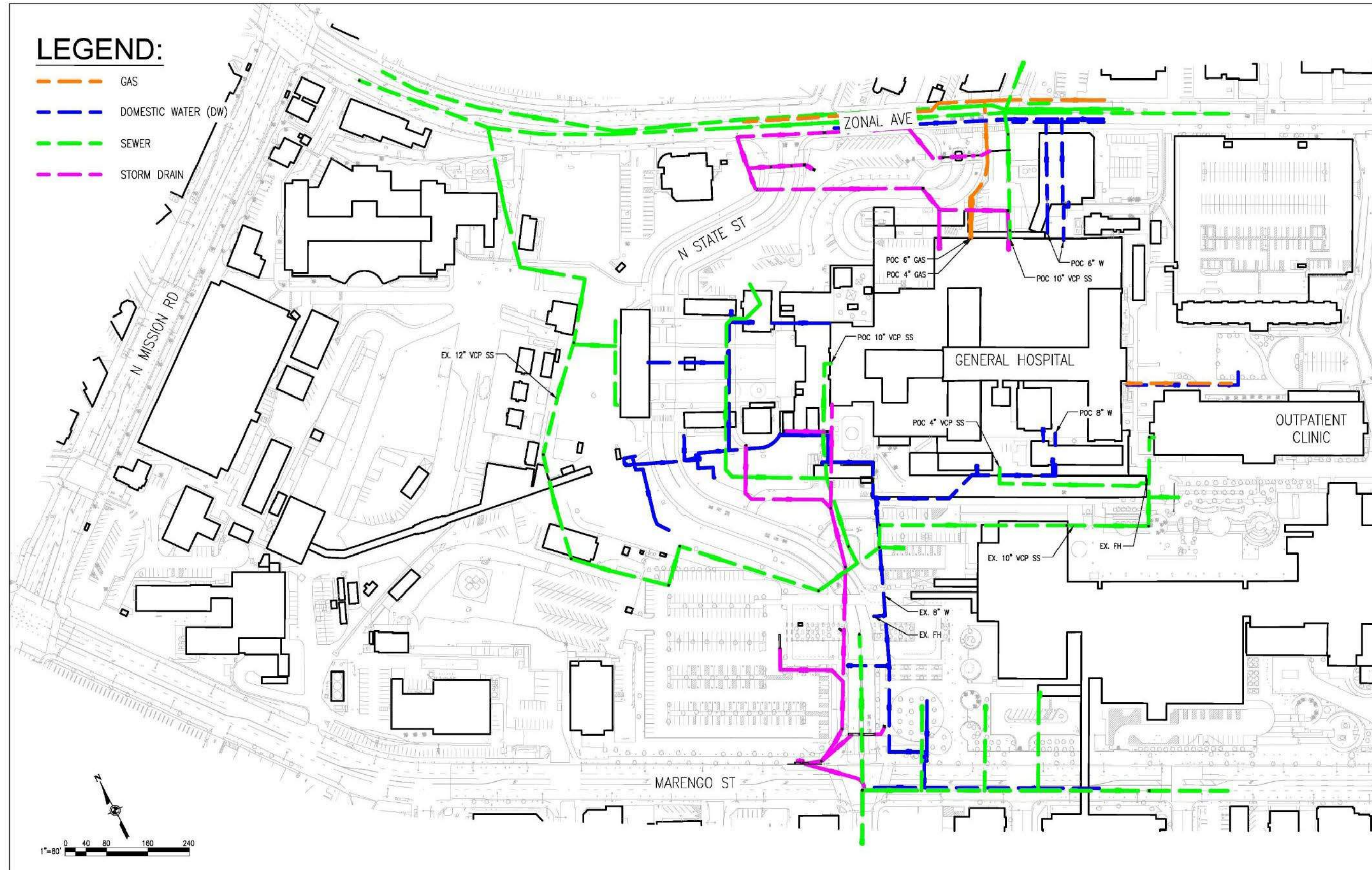
**Spandrel / Wall  
interface shear /  
flexural crack pattern**



# Existing Conditions: Structural – General Hospital – Cracked Façade Frames/Walls

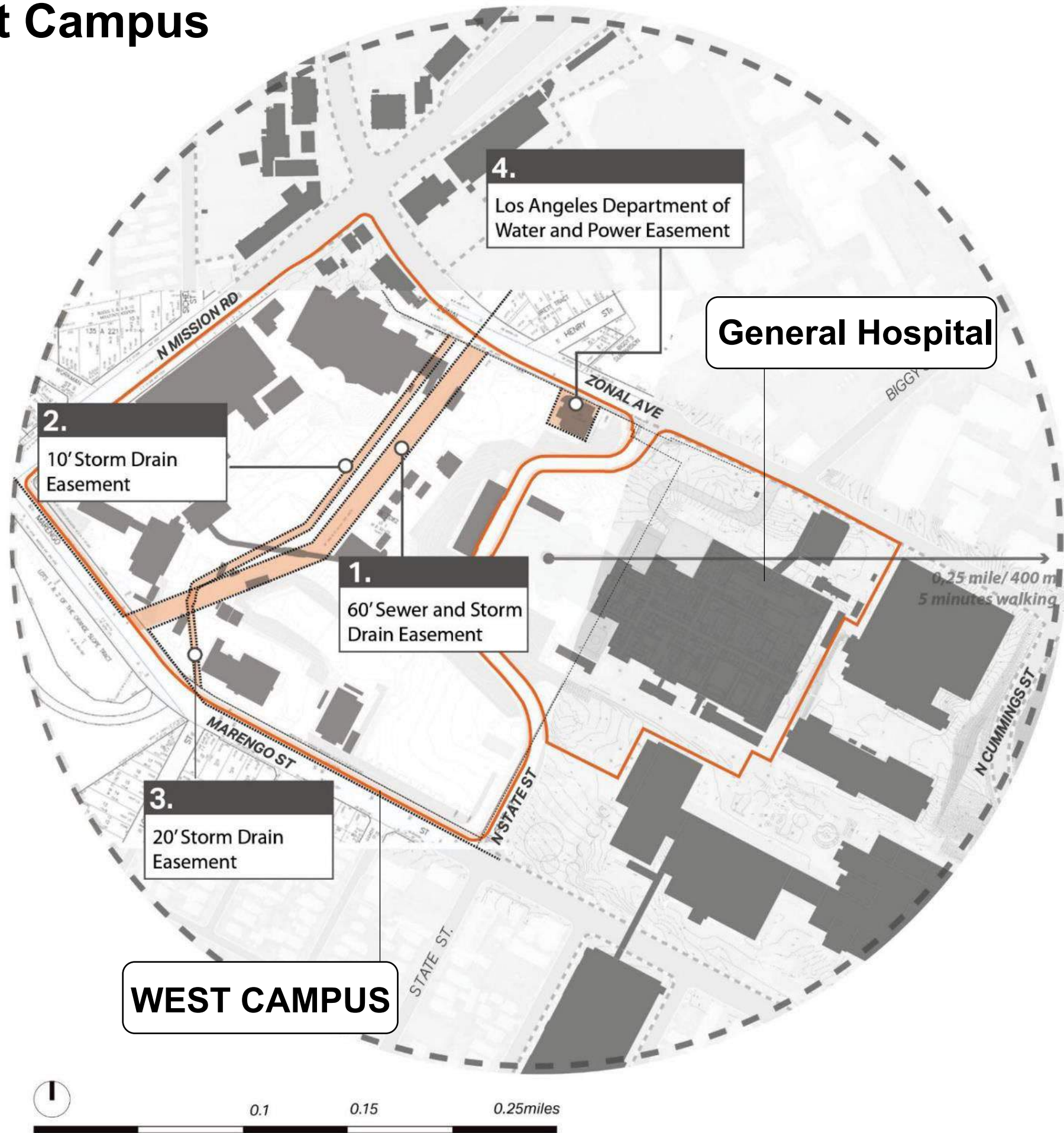


# Existing Conditions: Utilities – General Hospital



# Existing Conditions: Utilities – West Campus

- 1. 60' Sewer and Storm Drain Easement
- 2. 10' Storm Drain Easement
- 3. 20' Storm Drain Easement
- 4. Los Angeles Department of Water and Power easement at Zonal Avenue and State Street



# Existing Conditions: Mechanical, Electrical and Plumbing

## 1. Central Utility Plant (CUP)

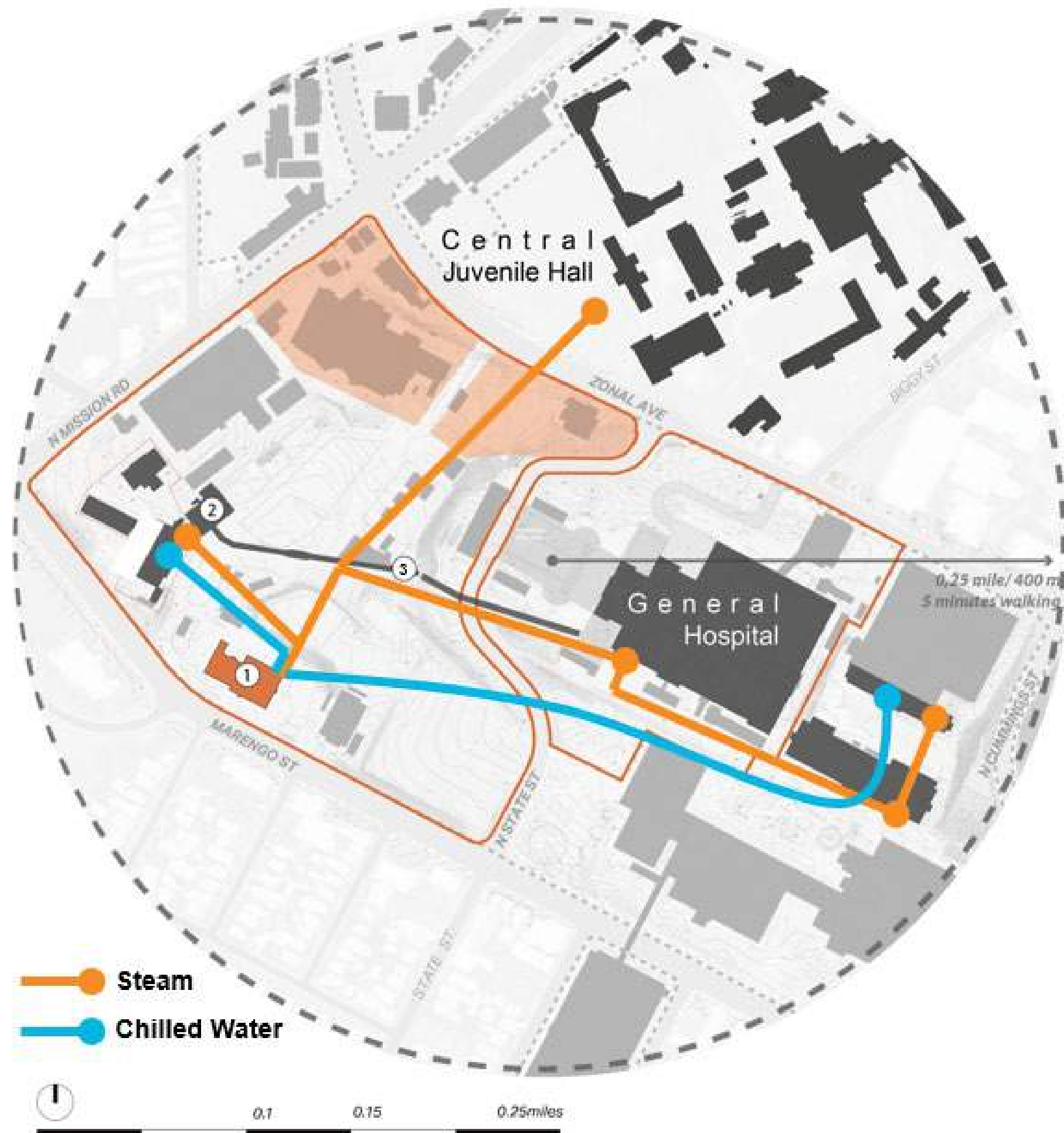
The existing CUP will not accommodate additional required cooling loads.

## 2. Pharmacy

Need completely new mechanical, electrical and plumbing systems, including fire protection if a renovation is desired.

## 3. Tunnel

Has an adjacent utility tunnel that carries utilities between the Pharmacy, central plant and other locations.





## Existing Conditions: Water Distribution in General Hospital

- Some of the plumbing equipment in the Water Distribution Room is corroded
- Hot and cold water are only supplied up to the 5<sup>th</sup> floor due to several issues at the upper floors
- Two water tanks located on the 18<sup>th</sup> floor that used to feed the 6<sup>th</sup> floor and up are not being used due to maintenance problems
- Based on feedback from the County staff, waste lines in the building are dried up and cracked



## Existing Conditions: Plumbing Equipment in General Hospital

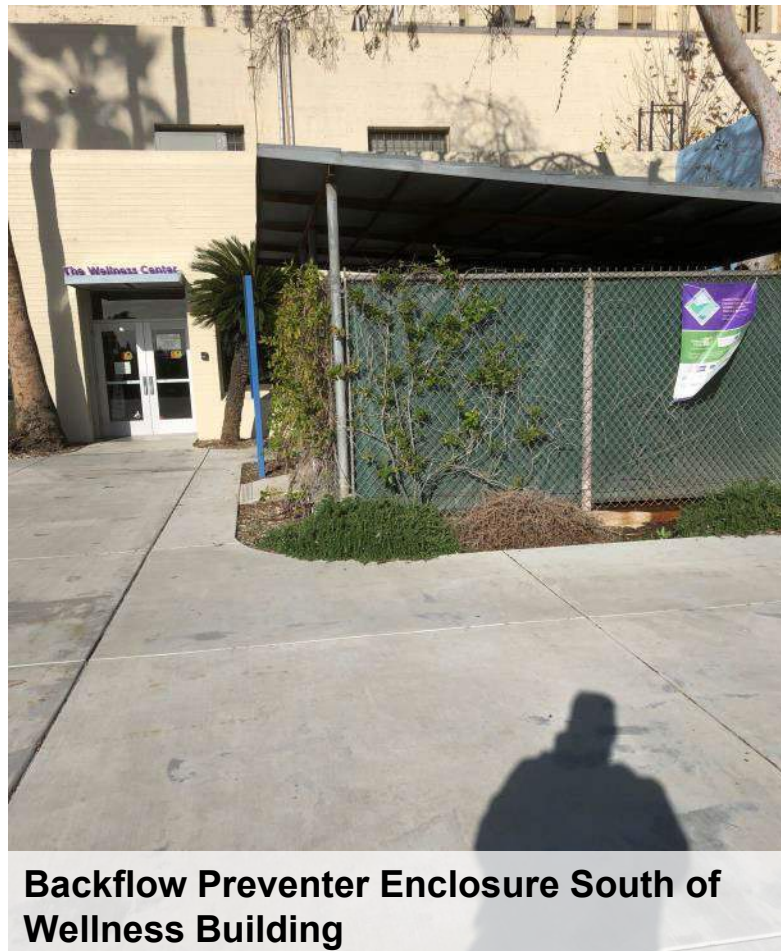
The following plumbing equipment is located in the General Hospital Water Distribution Room

- Main cold water service shut-off valves and backflow devices
- Water softener for the building
- Heat exchangers for the various hot water systems in the building
- Medical vacuum pump
- Medical air compressor



## Existing Conditions: Fire Protection Systems in General Hospital

- Lower floors have an automatic fire protection system and a combination of hose valves and hose cabinet standpipe systems. The upper floors only have hose valves and hose cabinet standpipe systems
- Main fire suppression riser is fed from two 6" domestic water mains off the loading dock
- The standpipes are all connected to the domestic water and not tied into the fire suppression system
- Additional fire backflow preventer and post indicator valve around Wellness Center not found on as-built plans
- Lack of fire hydrants around the facility



## Existing Conditions: Environmental Review Process Topics

The following topics are typically considered in an environmental review process (continued on next slide):

### Cultural / Historic Resources

- Potential impacts related to aesthetics and cultural resources for the Pharmacy and Tunnel
- Potential impacts related to excavations

### Air Quality / Green House Gas / Clean and Green Energy

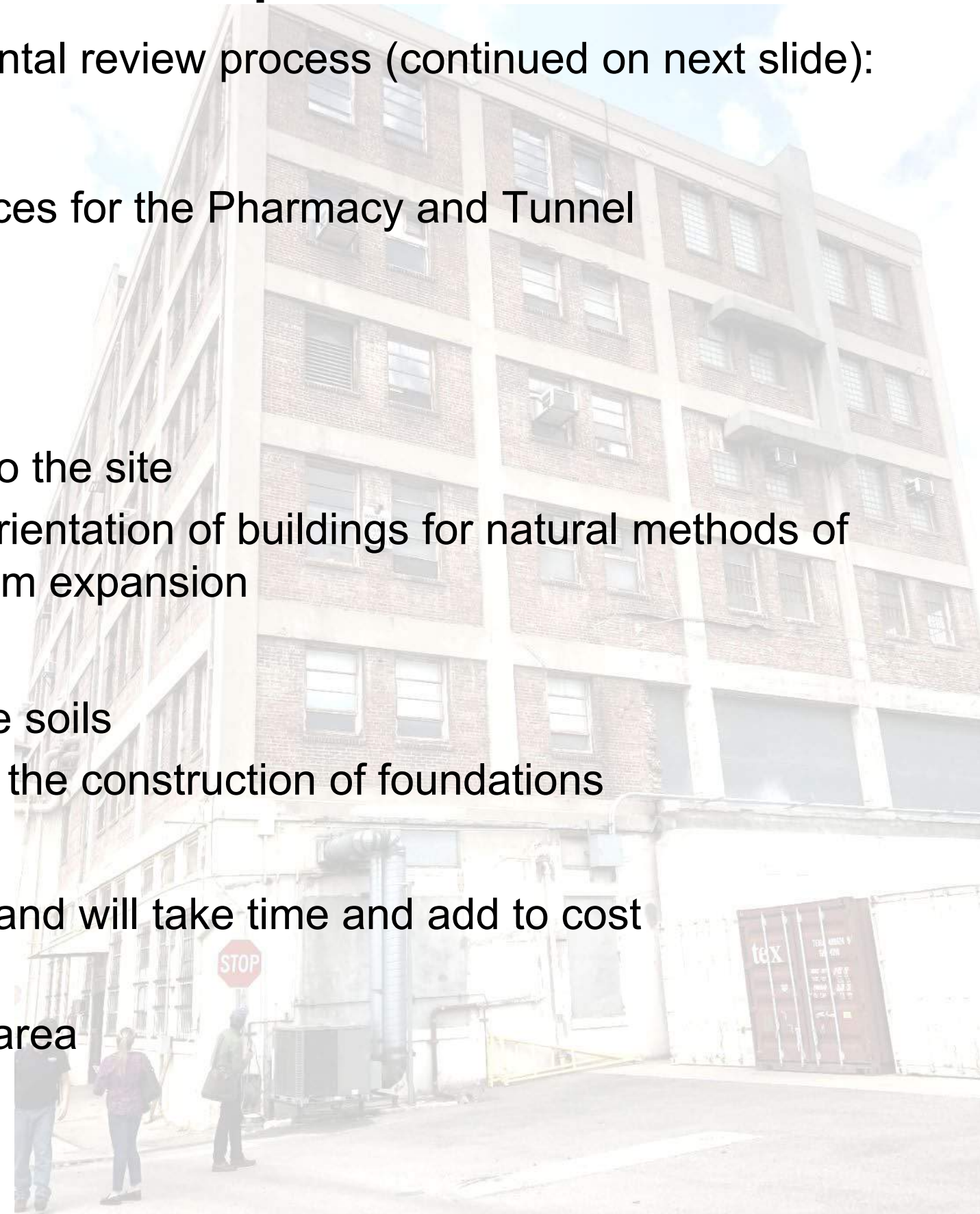
- Potential need for health risk assessment
- Potential operational impacts related to new vehicle trips to the site
- Opportunities include use of alternative energy sources; orientation of buildings for natural methods of heating and cooling; landscaping; transit and shuttle system expansion

### Geology and Soils

- West Campus is susceptible to liquefaction and collapsible soils
- Groundwater levels and compressible soils may constrain the construction of foundations

### Hazardous Materials

- Removal and disposal of hazardous materials is required and will take time and add to cost
- Methane zone(s) may be present in the Study area
- Buried / idle oil and gas well may be present in the Study area
- Potentially contaminated groundwater / soils



# Existing Conditions: Environmental Review Process Topics

## Hydrology

- Opportunities include utilizing stormwater best management practices in landscaping

## Land Use and Planning

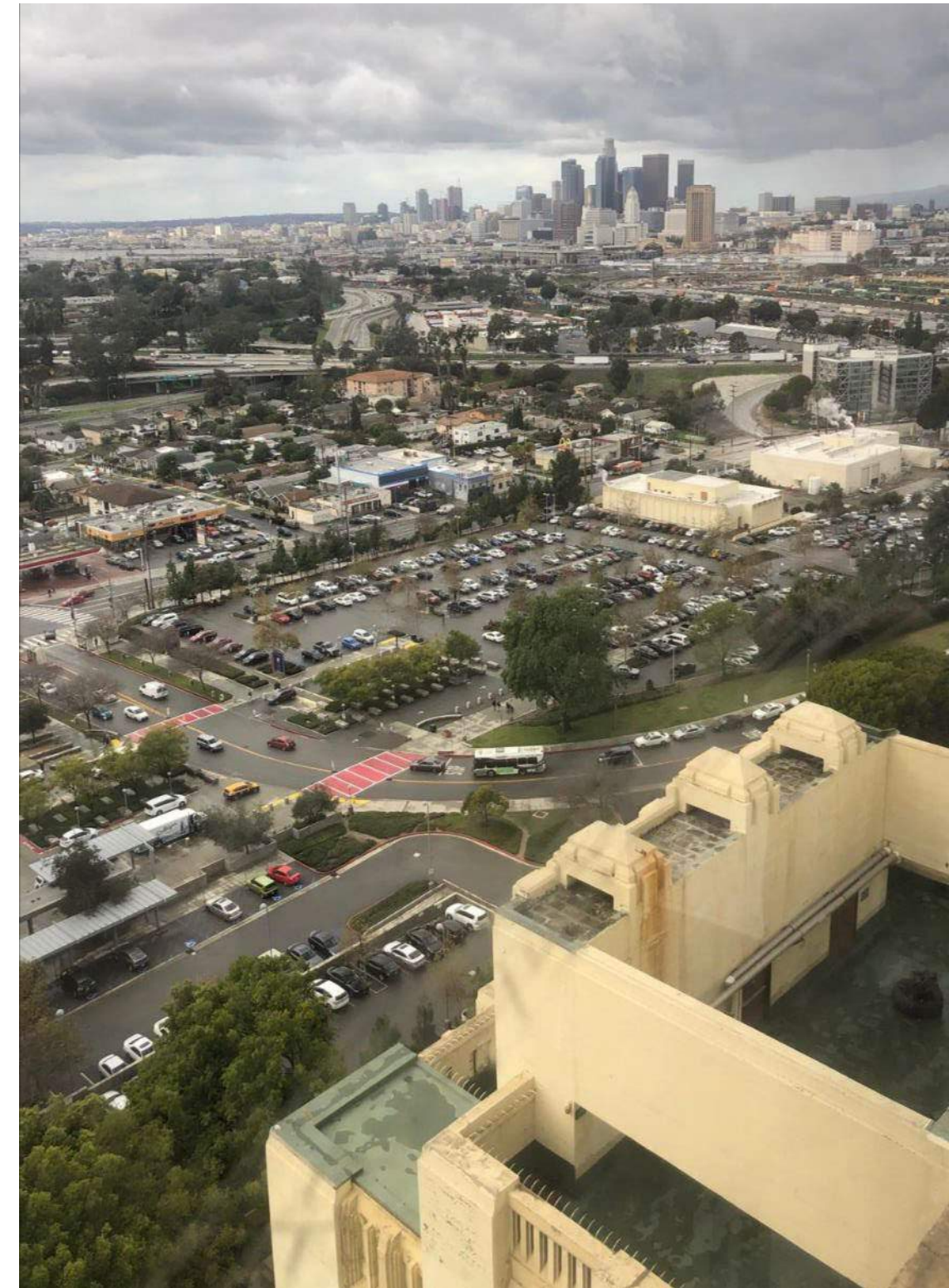
- Space is underutilized
- Opportunities include activating streets surrounding West Campus
- Building height and General Hospital view corridor

## Noise

- Potential impacts to both on- and off-site sensitive receptors (residences to the south)
- Potential operational noise related to helipad, increased vehicles to the site

## Traffic

- Opportunities include bike paths / routes along State Street and Marengo Street and additional shuttle stops
- Pedestrian circulation from General Hospital to West Campus utilizing the Tunnel



# Existing Conditions: Public Transportation

## Following are definitions related to Transit Oriented Districts and Public Transportation

### **Transit Oriented District**

A Transit Oriented District (TOD) is an area where infill development, pedestrian-friendly, and community-serving uses near high quality transit hubs (as defined by the State; see below) is encouraged to improve walkability, and transit use.

### **Major Transit Stop**

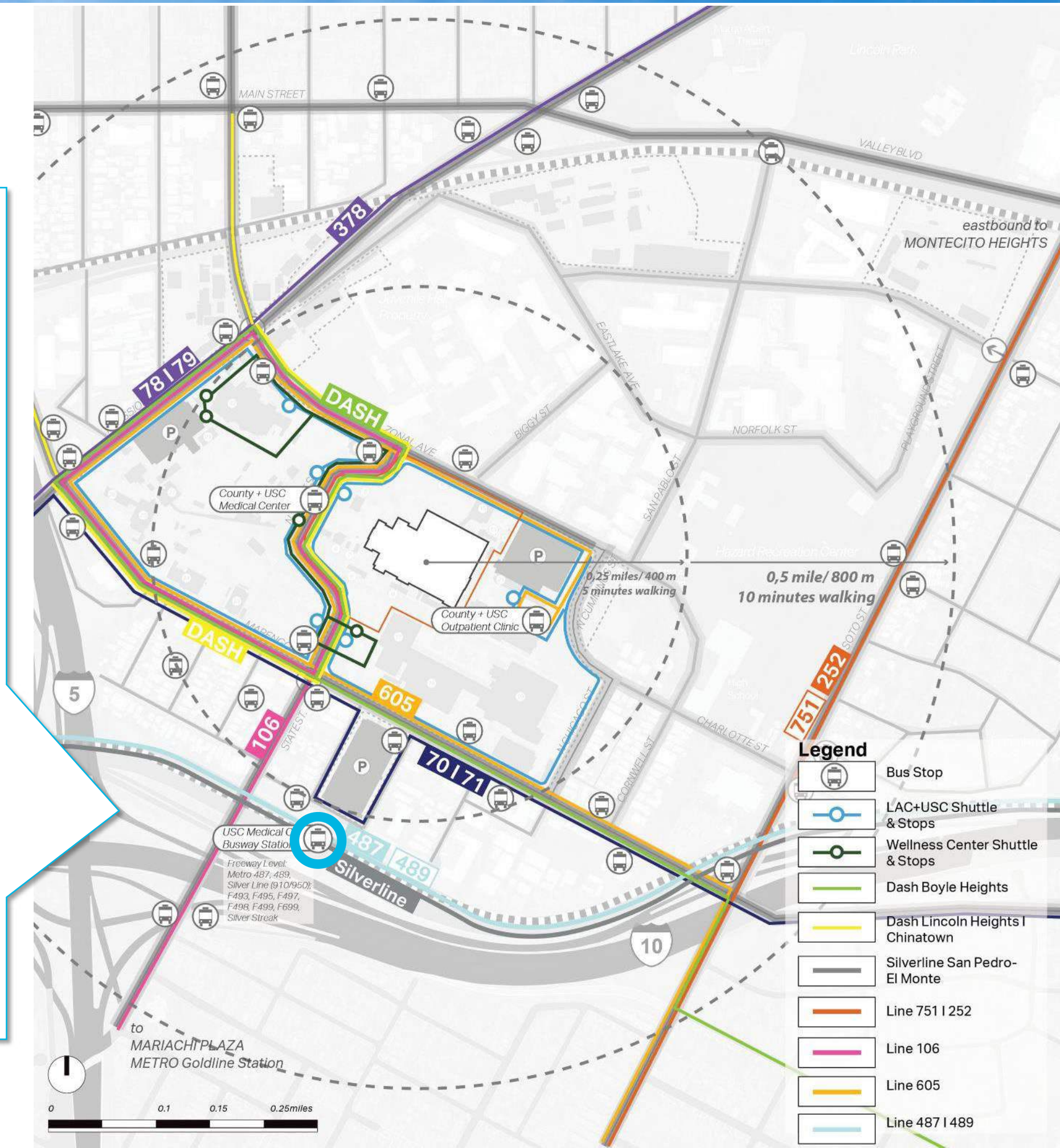
An intersection of two or more major bus routes with a frequency of service interval of 15 minutes or less during the morning and afternoon peak commute periods or Rail Linkage.

### **High-Quality Transit Station**

High quality transit service must offer travel times equal to or better than automobile travel and must provide real time schedule information to riders.

### **LA County + USC Medical Center Station**

A major transit stop, located 800 ft south of the site, services the Metro Silver Line and Line 487.



# Existing Conditions: Public Transportation and Transit Oriented Districts

## Site Status Regarding Transit Oriented Districts (TOD)

- The site is not located within a County-designated TOD, however the Study site may be eligible for inclusion on the County's TOD program and additionally, for funding under the California Department of Housing and Community Development (HCD) Transit-Oriented Development Housing Program. It is recommended that an investigation be conducted to determine a future project's eligibility for assistance under the HCD Transit-Oriented Development Housing Program
- USC Medical Center Busway Station is a major transit stop located 800 feet south of the site

## TOD Requirements

- Within a half-mile radius from a major transit stop that provides high quality service
- Meet minimum density levels based on location as defined by the State. TODs typically have a land use designation of H150 (150 dwelling units per acre). Under Title 22 of the County Code, this would be satisfied under the R-5 High Density Multiple Residence and MXD Mixed Use land use zones

## TOD Benefits

### HCD Transit-Oriented Development Housing Program

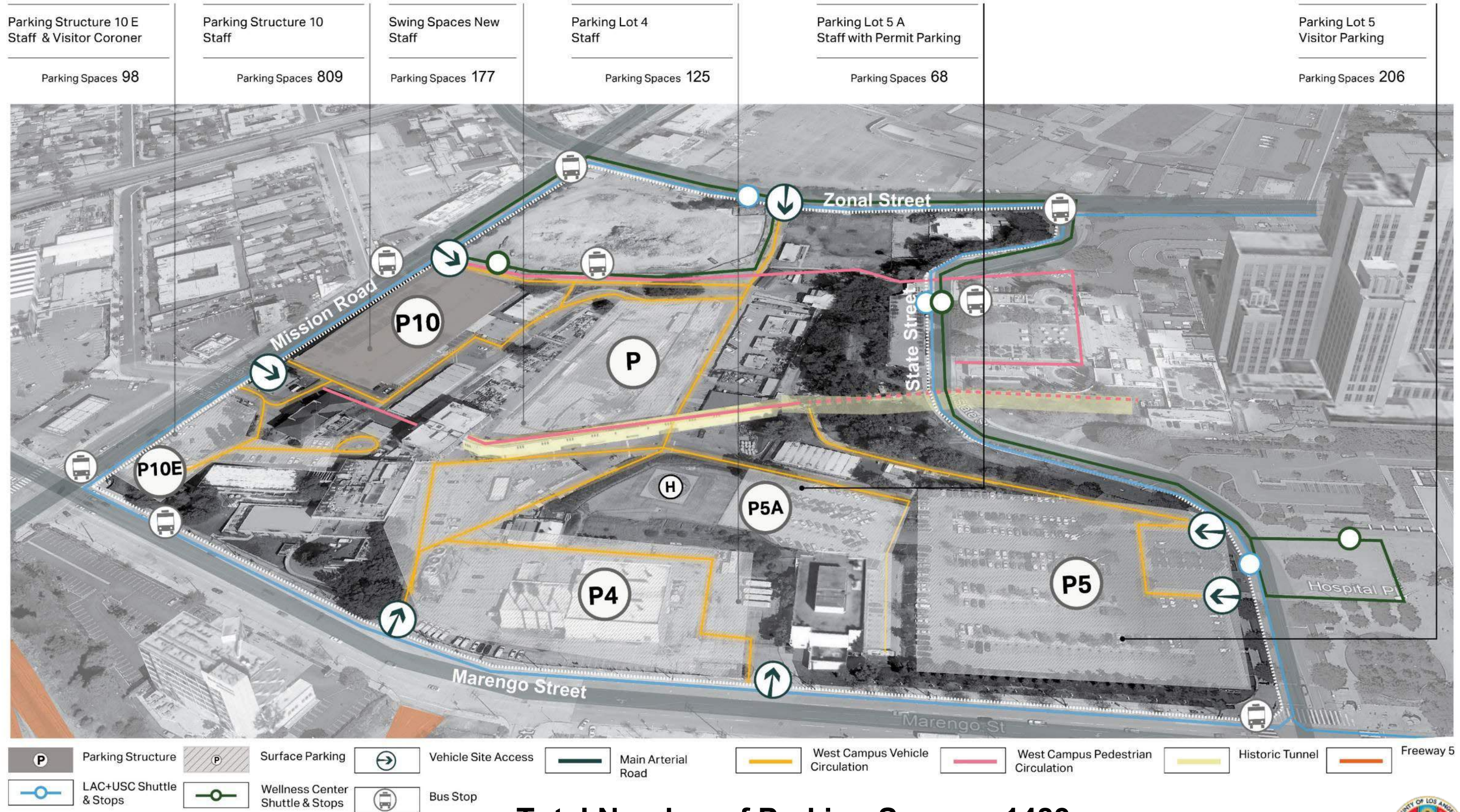
- As part of the program, low-interest loans are available as gap financing for rental housing developments that include affordable units and grants are available to counties to assist in funding infrastructure improvements necessary for the development of specified housing developments, or to facilitate connections between these developments and a transit station. Eligible criteria are assigned a point ranking and applicants must demonstrate compliance with the criteria by achieving a total score of at least 220 out of 380 available points
- Parking Reduction
- Density and Floor Area Ratio (FAR) can be tailored to the area's needs, per the TOD Specific Plan developed for a site

## TOD Recommended Next Steps

- Coordination with Los Angeles County Metropolitan Transportation Authority regarding the major transit stop options



# Existing Conditions: West Campus Access and Parking

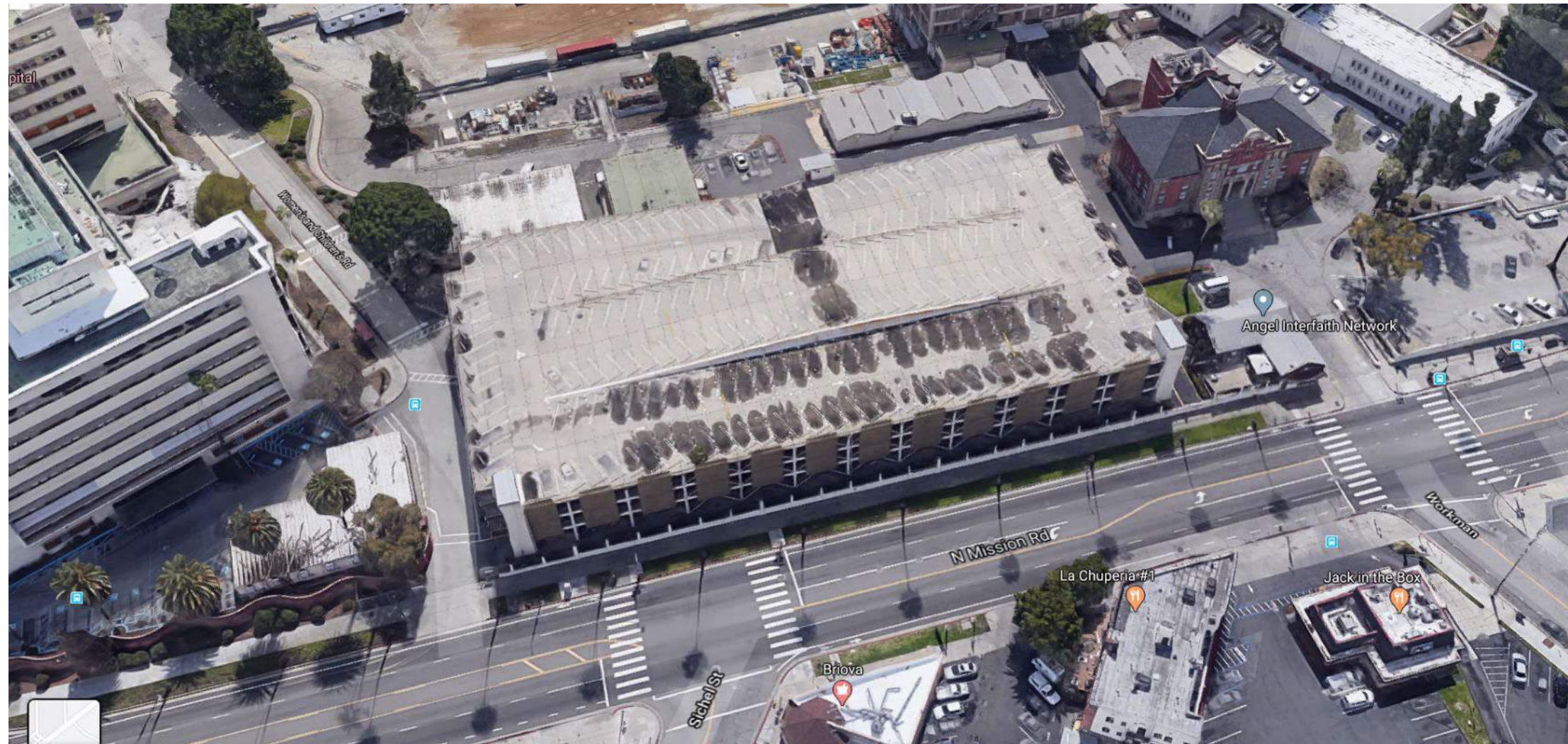


**Total Number of Parking Spaces: 1483**





## Existing Conditions: Utilization of Parking Structure P10



- This parking structure was used to primarily support the Women's and Children's Hospital. The hospital was decommissioned in 2008 and Parking Structure #10 is now used primarily by staff of the Coroner's Office. When the Wellness Center was established, clients may use this parking structure. The parking structure is in fair to poor condition
- Parking Structure P10 has 809 spaces. If the parking structure was demolished, 147 spaces associated with the Restorative Care village would likely not need to be replaced

# Existing Conditions: LAC+USC Medical Center Master Plan (2014)

Information related to building height on West Campus, and City of Los Angeles Land Use and Zoning

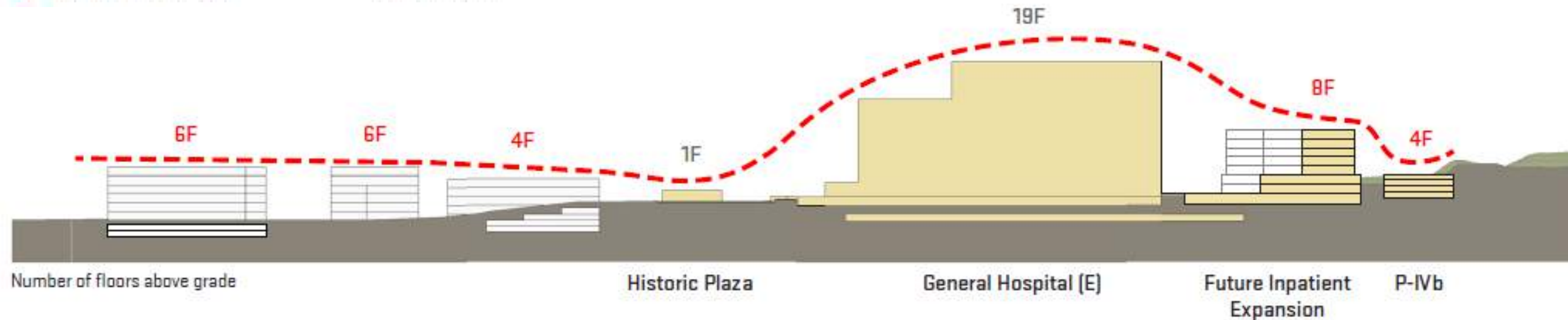
## Land Use and Zoning

The properties that comprise the LAC+USC Medical Center are zoned PF-1 by the City of Los Angeles. PF-1 zoning does not have restrictions to the height of buildings or any specific setback front, side, or rear yard setbacks.

- Maximum Height UNLIMITED
- Required Yard Setbacks NONE

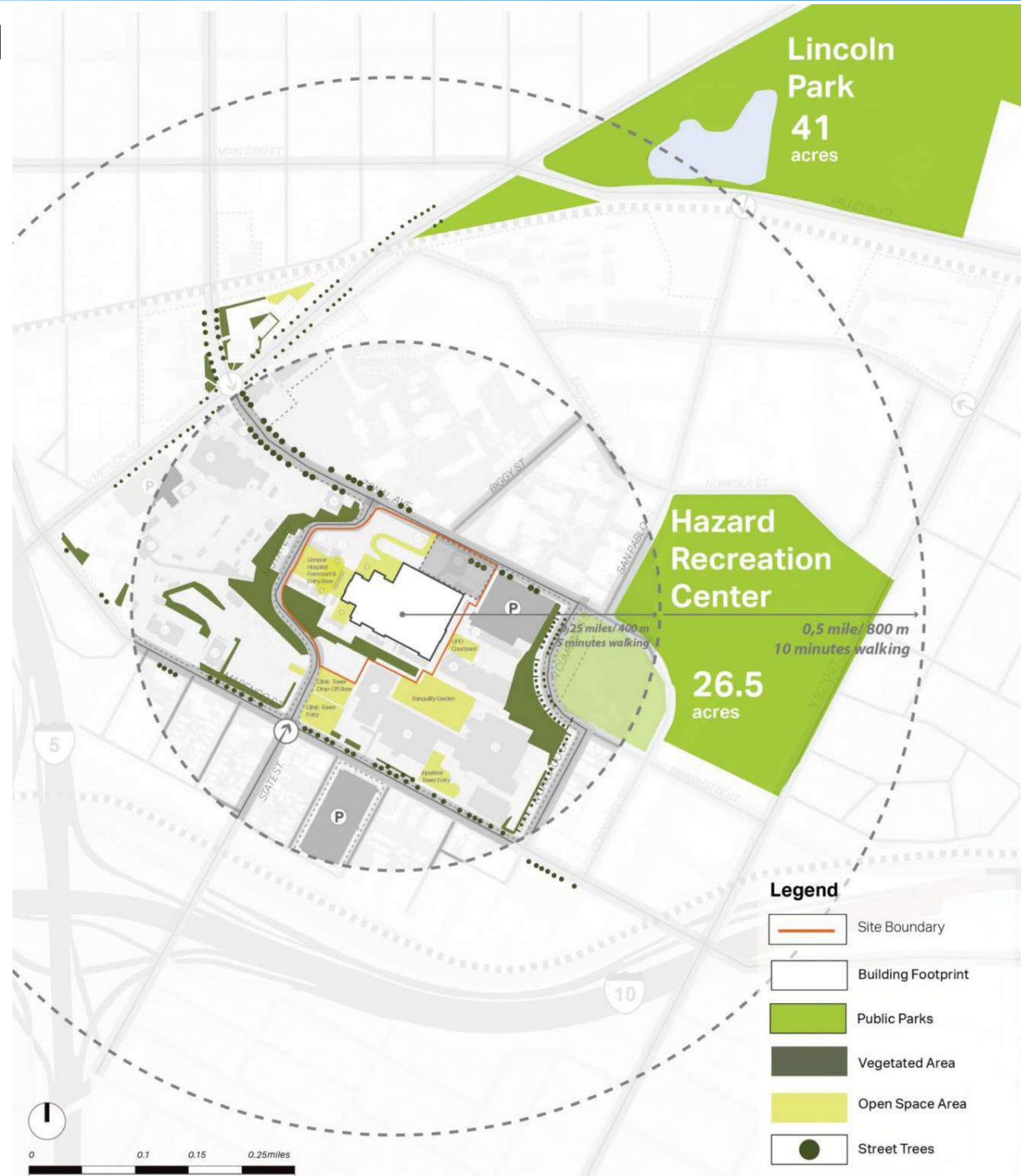
The area around the LAC+USC Medical Center is further defined by the City of Los Angeles as being part of a "Community Center" land use area. This land use designation defines the following recommended size and density of buildings:

- Building Height 2 - 6 Stories
- Floor Area Ratio 1.5:1 to 3:1



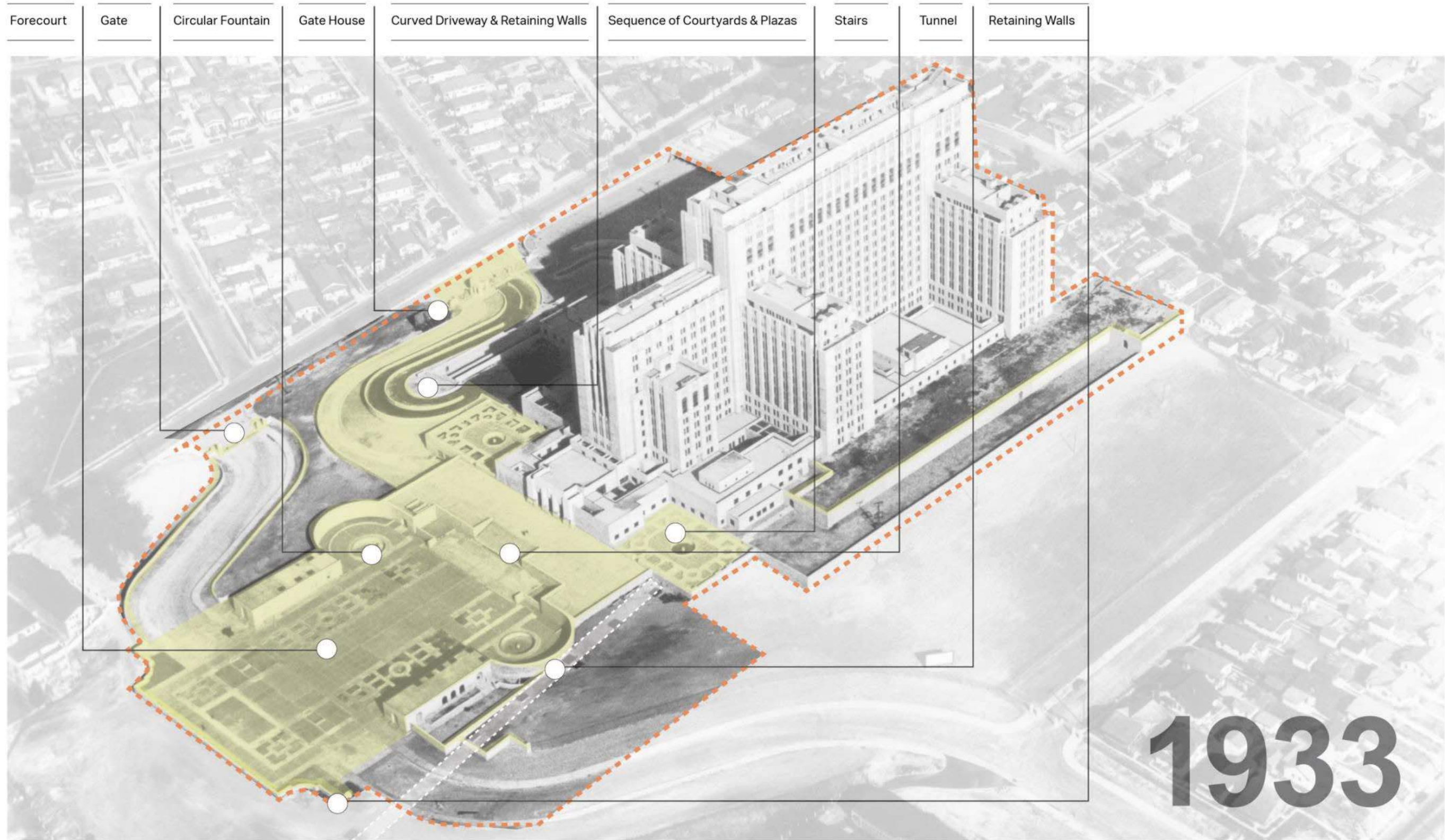
## Existing Conditions: General Hospital and West Campus Open Space

- Hazard Recreation Center facilities include auditorium, barbecue pits, basketball courts, children’s play area, community room, handball courts, indoor gym, picnic tables, tennis courts, jogging path, kitchen, multipurpose sports field, stage, athletic field, multipurpose courts, and universally accessible playground
- Lincoln Park is a historic park featuring a lake. Facilities include a skate park, barbecue pits, baseball diamond, basketball courts, children play area, picnic tables, soccer field, and tennis courts



Source: [www.laparks.org](http://www.laparks.org)

# Existing Conditions: General Hospital Historical Landscape Elements - 1933



Source: Historic Resources Report LA+USC Hospital Wellness Center Fitness Area and Medical Center Incubation Lab Los Angeles, CA 2012



# Existing Conditions: General Hospital Historical Landscape Elements - 2018



Source: Google Earth



# Existing Conditions: General Hospital - Exterior and Interior Conditions



Existing Windows



Exterior Conditions



Historical Lighting



Concrete Façade



Cafeteria (1st floor)



Lobby & Entrance to the Wellness Center



# Existing Conditions: General Hospital - Open Space

Tranquility Garden with Seating



Mature Olive Trees



Symmetric Forecourt & Pavement



Circular Fountain Elements used as Planters



Dense Trees along Sidewalks



The Wellness Center Trail



# Existing Conditions: General Hospital – Pedestrian and Vehicle Access





# Existing Conditions: Pedestrian and Vehicle Access



Stairs from new Medical Center



Main Access Stairs



State Street towards East Campus



General Hospital Platform South



Access from State Street



Vehicle Access Ramp from Zonal Avenue



# Existing Conditions: Pedestrian Access

**Pedestrian Friendly Environment**



**Signage / Wayfinding System**



**Sidewalk on Zonal Avenue**



**Sidewalk in front of the Medical Center on Marengo Street**



**Pedestrian Crossing State / Marengo Street**



**Sidewalk Marengo/ Mark Street**



# Existing Conditions: Views

View from Margengo Street



View towards Downtown Los Angeles



View from Mission Street



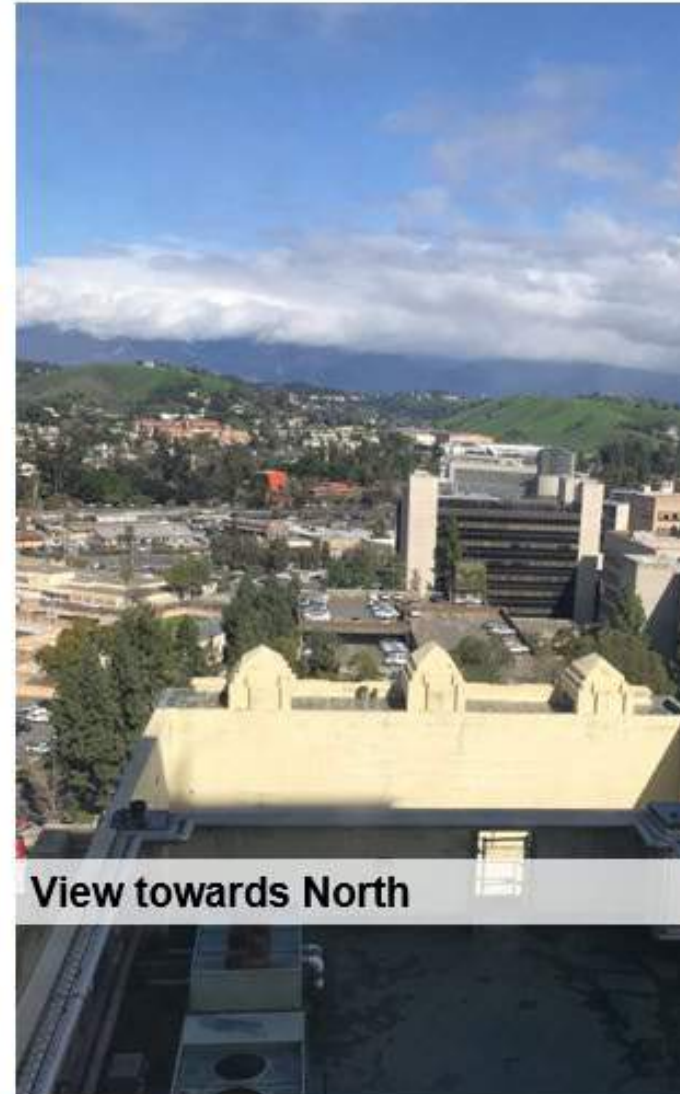
Trailer along State Street blocks visual Axis



View from Sate Street



View towards North



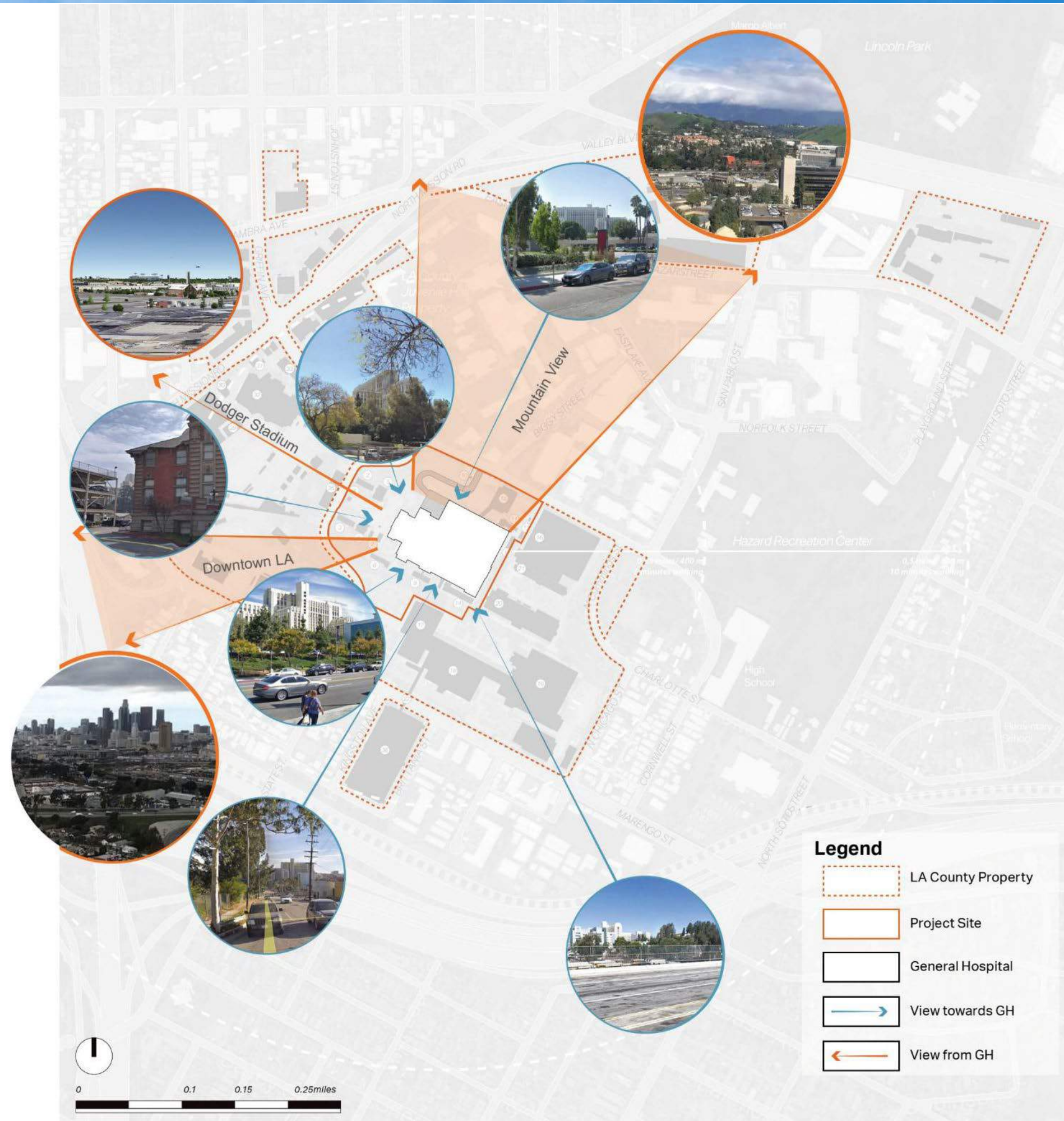
## Existing Conditions: Views

### View from General Hospital

- Elevated location provides clear views from the site
- North to San Gabriel Mountains, west to Dodger Stadium, southwest to Downtown LA

### View towards General Hospital

- General Hospital can be seen from most directions
- Landmark character of General Hospital is an opportunity

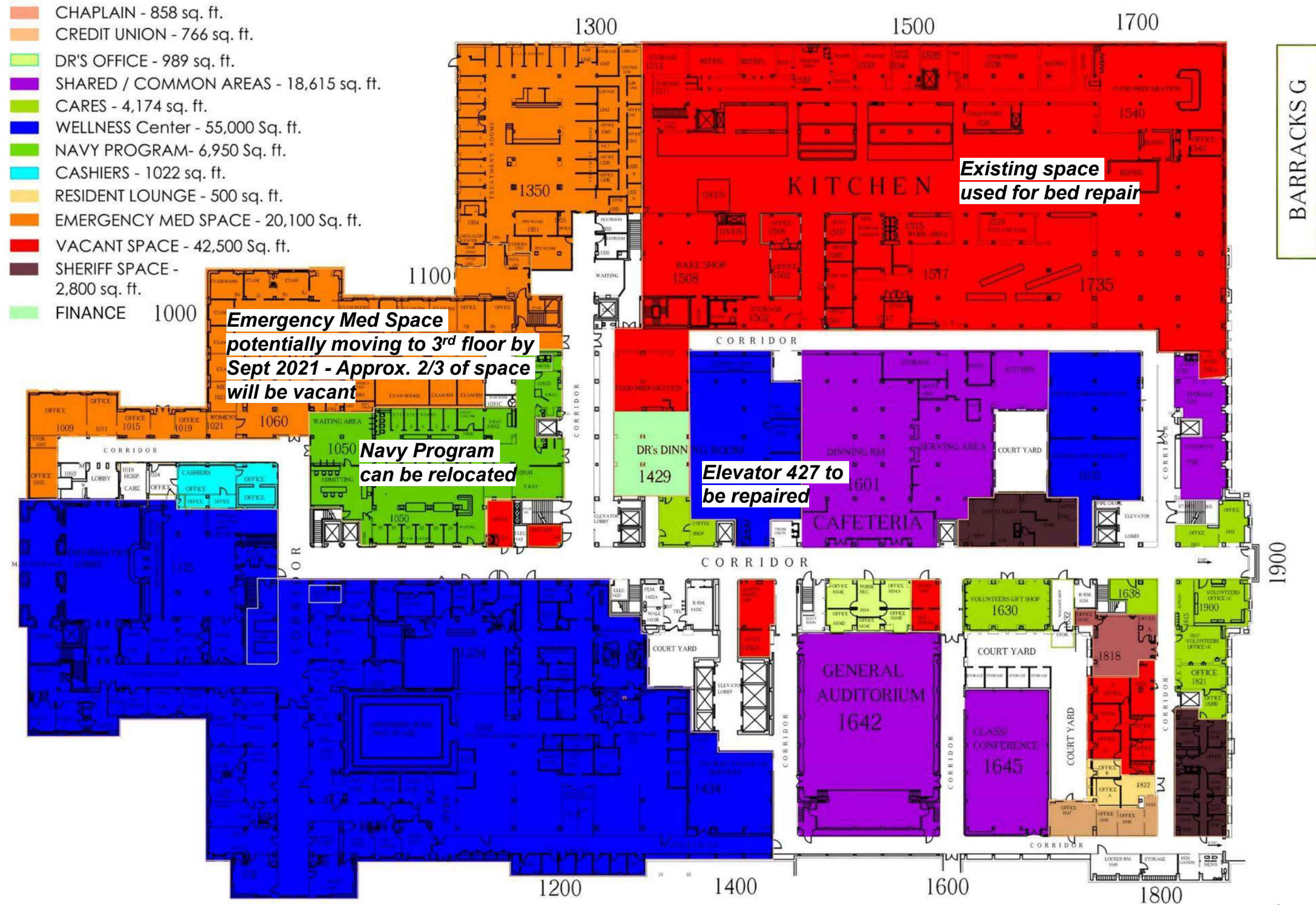


# Existing Conditions: Existing Tenants: General Hospital (Basement)

- DPW PROJECT MANAGEMENT- 552 sq. ft.
- BUILDING SERVICES & MAINTENANCE CRAFTS- 32,419 sq. ft.
- MATERIAL MANAGEMENT- 2,100 sq. ft.
- DISASTER STORES- 3,338 sq. ft.
- ENVIRONMENTAL SERVICES- 4,424 sq. ft.
- FACILITY MANAGEMENT - 22,816 sq. ft.
- MEDICAL RECORDS- 32,914 sq. ft..
- LINEN- 5,237 sq. ft.
- LASD- 1,340 sq. ft.
- VACANT SPACE

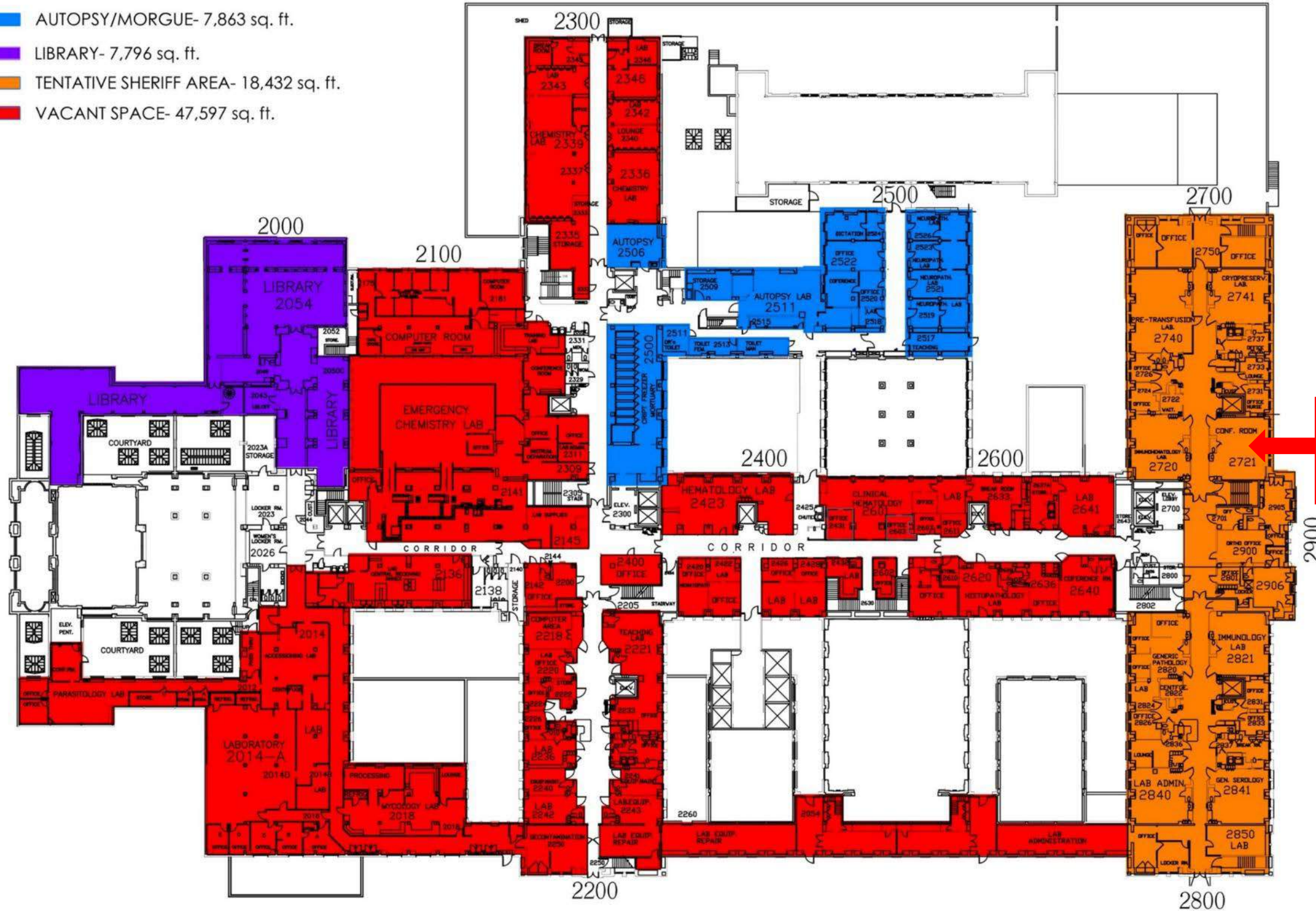


# Existing Conditions: Existing Tenants: General Hospital (1<sup>st</sup> Floor)



# Existing Conditions: Existing Tenants: General Hospital (2<sup>nd</sup> Floor)

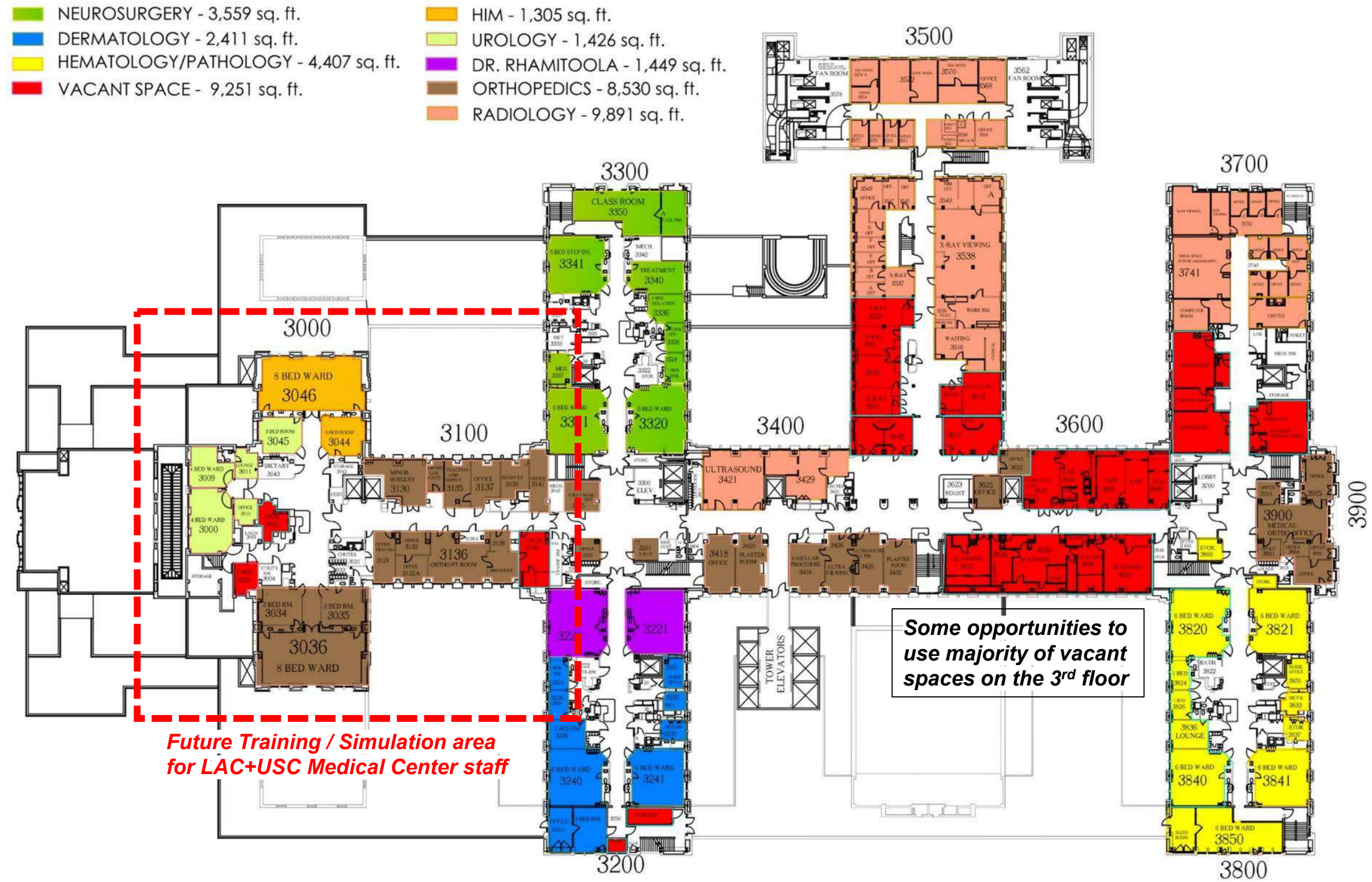
- AUTOPSY/MORGUE- 7,863 sq. ft.
- LIBRARY- 7,796 sq. ft.
- TENTATIVE SHERIFF AREA- 18,432 sq. ft.
- VACANT SPACE- 47,597 sq. ft.



**Note: Orange areas, assume 40% occupied and 60% vacant**



# Existing Conditions: Existing Tenants – General Hospital (3<sup>rd</sup> Floor)





# Existing Conditions: Existing Tenants – General Hospital (4<sup>th</sup> Floor)

- LANGUAGE SERVICES - 2744 sq. ft.
- HEALTH INFORMATION MANAGEMENT - 7,217 sq. ft.
- FINANCIAL SERVICES
- TPN - 411 sq. ft.
- PATIENT SAFETY - 1,004 sq. ft.
- ONE LEGACY - 156 sq. ft.
- USC ANESTHESIA - 4123 sq. ft.
- TRAUMA QI - 2,712 sq. ft.
- PFS - 6,888 sq. ft.
- NURSING HUMAN RESOURCES - 6670 sq. ft.
- OTOLARYNGOLOGY - 4397 sq. ft.
- VACANT SPACE



# Existing Conditions: Existing Tenants in General Hospital (2021)

	Program	Total Square Feet (SF) <sup>1</sup>
<b>BASEMENT</b>		
	Vacant (as labeled on FM PDF)	
	Storage for COVID Materials	32,914
	Nursing Center (moving in)	2,931
	DPW Project Management	552
	Building Services & Maintenance Crafts	32,419
	Material Management	2,100
	Disaster Stores	3,338
	Environmental Services	4,424
	Facility Management	22,816
	Linen	5,237
	LASD	1,340
	<b>Total Basement SF</b>	<b>108,071</b>
<b>1ST FLOOR (GROUND FLOOR)</b>		
	Chaplain	858
	Credit Union	766
	Finance	989
	Shared / Common Areas	18,615
	Cares (Shop)	4,174
	Wellness Center	55,000
	Navy Program	6,950
	Cashiers	1,022
	Resident Lounge (Finance)	500
	Emergency Med Space	20,100
	Vacant (Comm. Kitchen used for beds)	42,500
	Sheriff	2,800
	<b>Total 1st Floor</b>	<b>154,274</b>
<b>2ND FLOOR</b>		
	Autopsy / Morgue (Fresh Tissue Lab)	7,863
	Library	7,796
	Training areas	18,432
	Vacant Space	47,597
	<b>Total 2nd Floor</b>	<b>81,688</b>

<b>3RD FLOOR</b>		
	Neurosurgery	3,559
	Dermatology	2,411
	Hematology / Pathology	4,407
	Vacant Space	9,251
	HIM	1,305
	Urology	1,426
	Dr. Rhamitoola	1,449
	Orthopedics	8,530
	Radiology	9,891
	<b>Total 3rd Floor</b>	<b>42,229</b>
<b>4TH FLOOR</b>		
	Language Services	2,744
	Health Information Management	7,217
	Training areas	4,730
	TPN	411
	Patient Safety	1,004
	One Legacy	156
	USC Anesthesia	4,123
	Trauma QI	2,712
	PFS (Joe to check)	6,888
	Nursing Human Resources	6,670
	Otolaryngology	4,397
	Vacant	10,030
	<b>Total 4th Floor</b>	<b>51,082</b>
<b>TOTAL BUILDING AREA</b>		
	Total Basement	108,071
	Total 1st Floor	154,274
	Total 2nd Floor	81,688
	Total 3rd Floor	42,229
	Total 4th Floor	51,082
	<b>GRAND TOTAL</b>	<b>Total SF</b>
		<b>437,344</b>



# LAC+USC MEDICAL CENTER GENERAL HOSPITAL and WEST CAMPUS FEASIBILITY STUDY

Appendix

April 2022

## Improvements Analysis for General Hospital and West Campus

A large, semi-transparent blue letter 'E' is positioned in the bottom right corner of the page, serving as a watermark or design element. The background of the entire page features a faint, circular seal of the University of Southern California, which includes a central figure and the text 'UNIVERSITY OF SOUTHERN CALIFORNIA' and 'APRIL 9 1889'.

# Improvements Analysis for General Hospital and West Campus

The technical evaluation of General Hospital and West Campus suggests a number of minimum improvements needed to extend the useful life of the building and site for multiple decades and allow for residential and other uses, as follows:

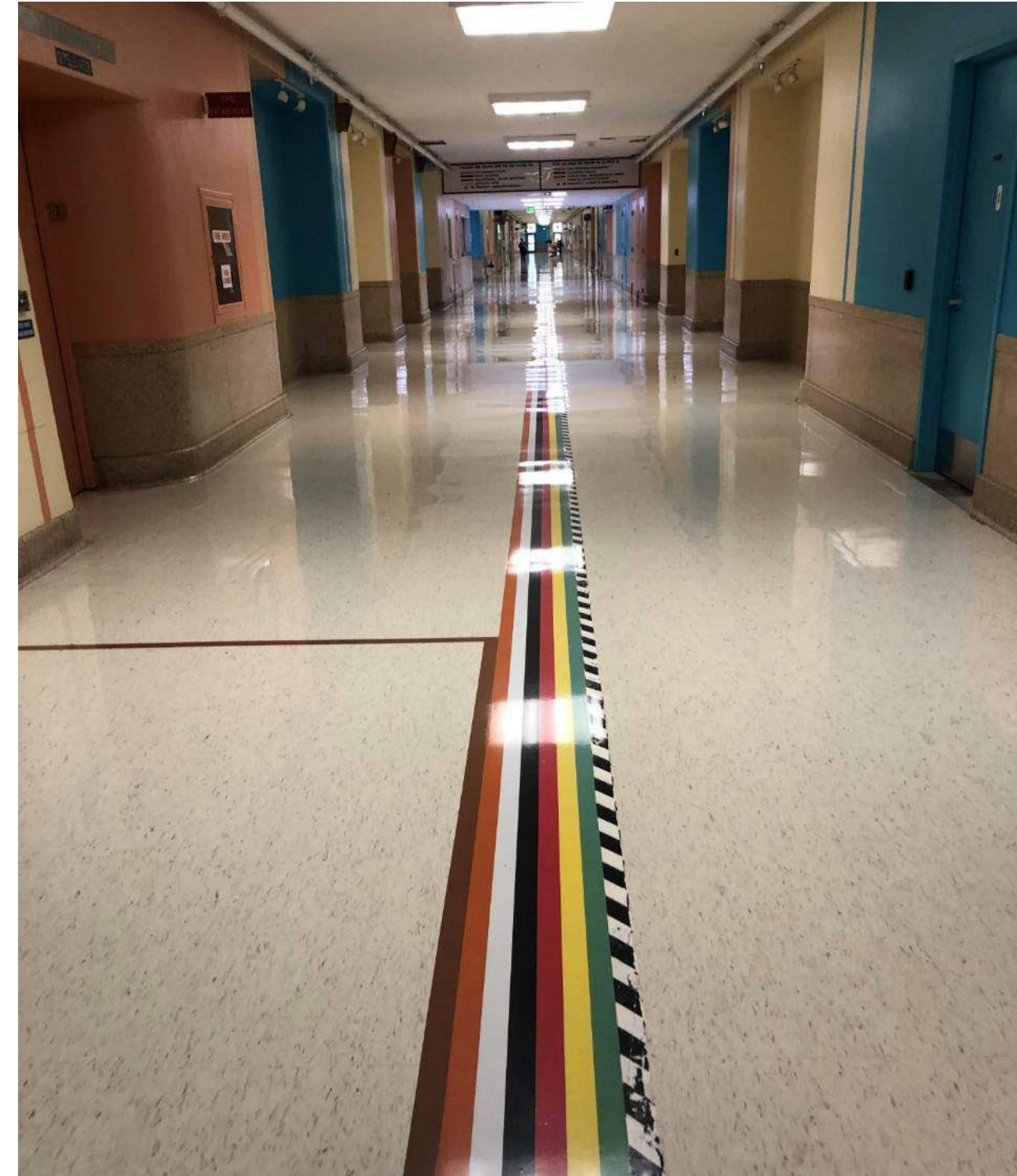
- Hazardous Materials
- Structural
- Mechanical, Electrical and Plumbing
- Fire Protection
- Site Utilities
- Transportation and Parking
- Open Space
- Sustainability and Clean Energy



# Improvements Analysis for General Hospital – Hazardous Materials Removal

The following steps are suggested to address removal of potential hazardous materials, which may include asbestos containing material, lead-based paint, mold, PCBs (Polychlorinated Biphenyls), mercury and others:

- Desktop review of available material / information related to hazardous materials
- Complete a Phase I Environmental Site Assessment as first step to determine what hazardous materials may be on-site and in the building(s) / facilities
- If needed, complete a more detailed Phase II Environmental Site Assessment which may include environmental sampling of soil and groundwater
- Hazardous material abatement / removal and remediation (excavation and removal of contaminated soil) if needed



# Improvements Analysis for General Hospital – Structural Analysis

- General Hospital does not meet current Title 24 code requirement (originally designed under 1927 Building Code) for either hospital or residential use
- To meet Title 24 compliance, the building will require substantial structural upgrades
- The expectation is that County building officials will require a structural upgrade to comply with Title 24 for reuse

Indicates concrete cracked patterns with spalled, corroded and/or exposed rebar to be restored with structural injected epoxy.

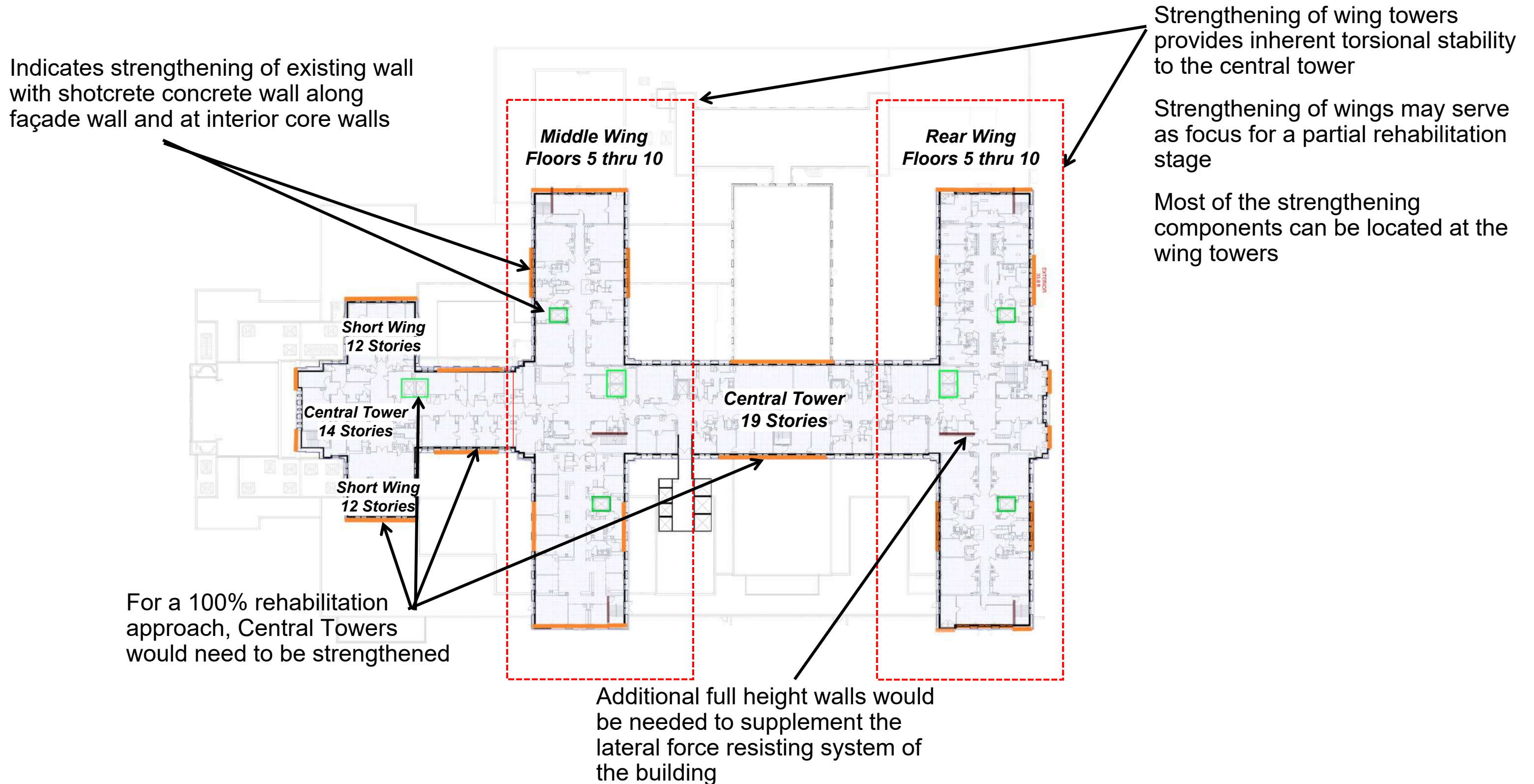
Additional fiber reinforced polymer (FRP) strips vertical and horizontal may be required for strengthening to supplement existing reinforcing.



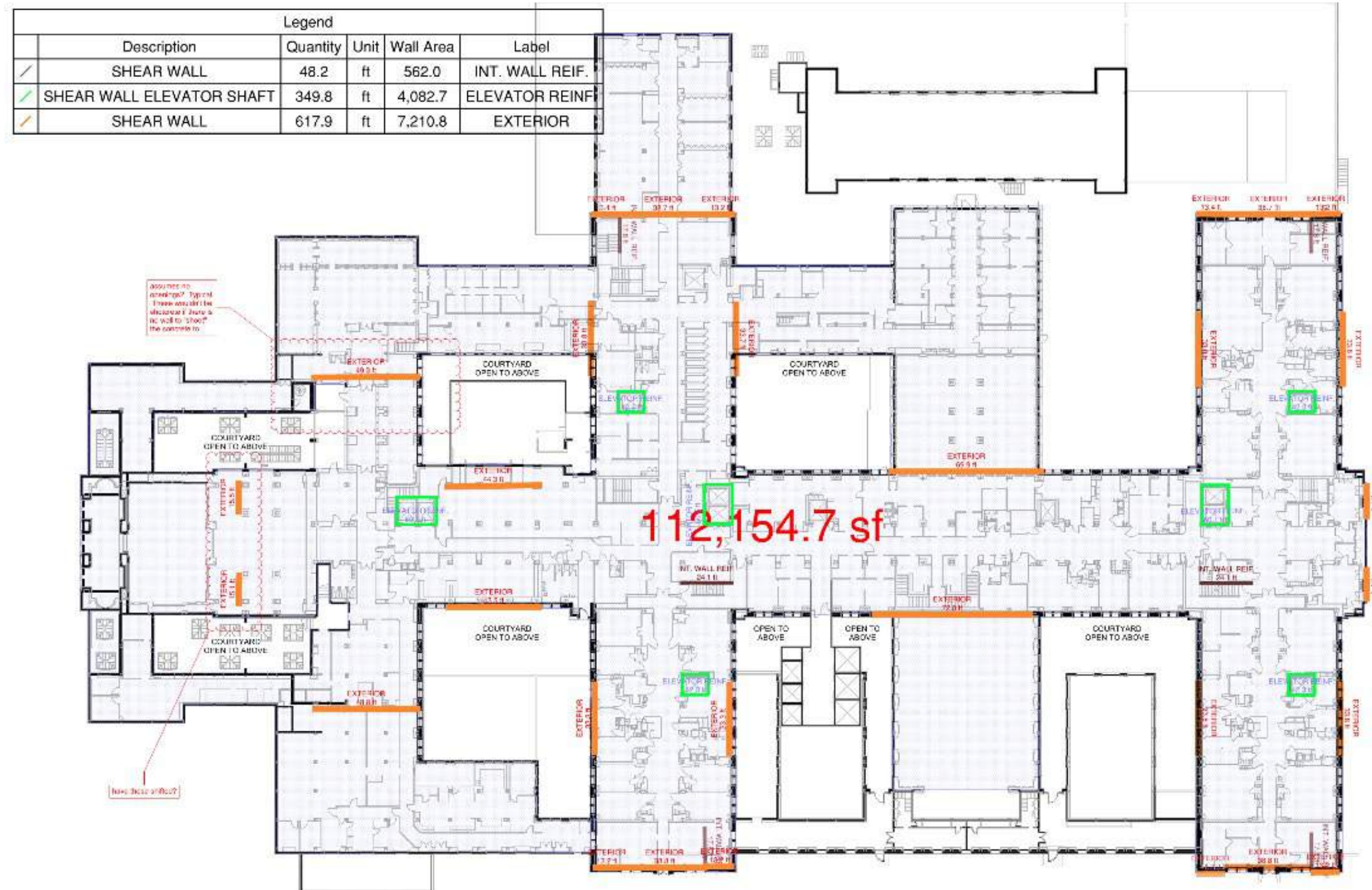
Indicates concrete cracked patterns with spalled, corroded and/or exposed rebar to be restored



# Improvements Analysis for General Hospital – Structural Analysis



# Improvements Analysis for General Hospital – Structural Analysis



Concept level structural rehabilitation 2<sup>nd</sup> floor plan



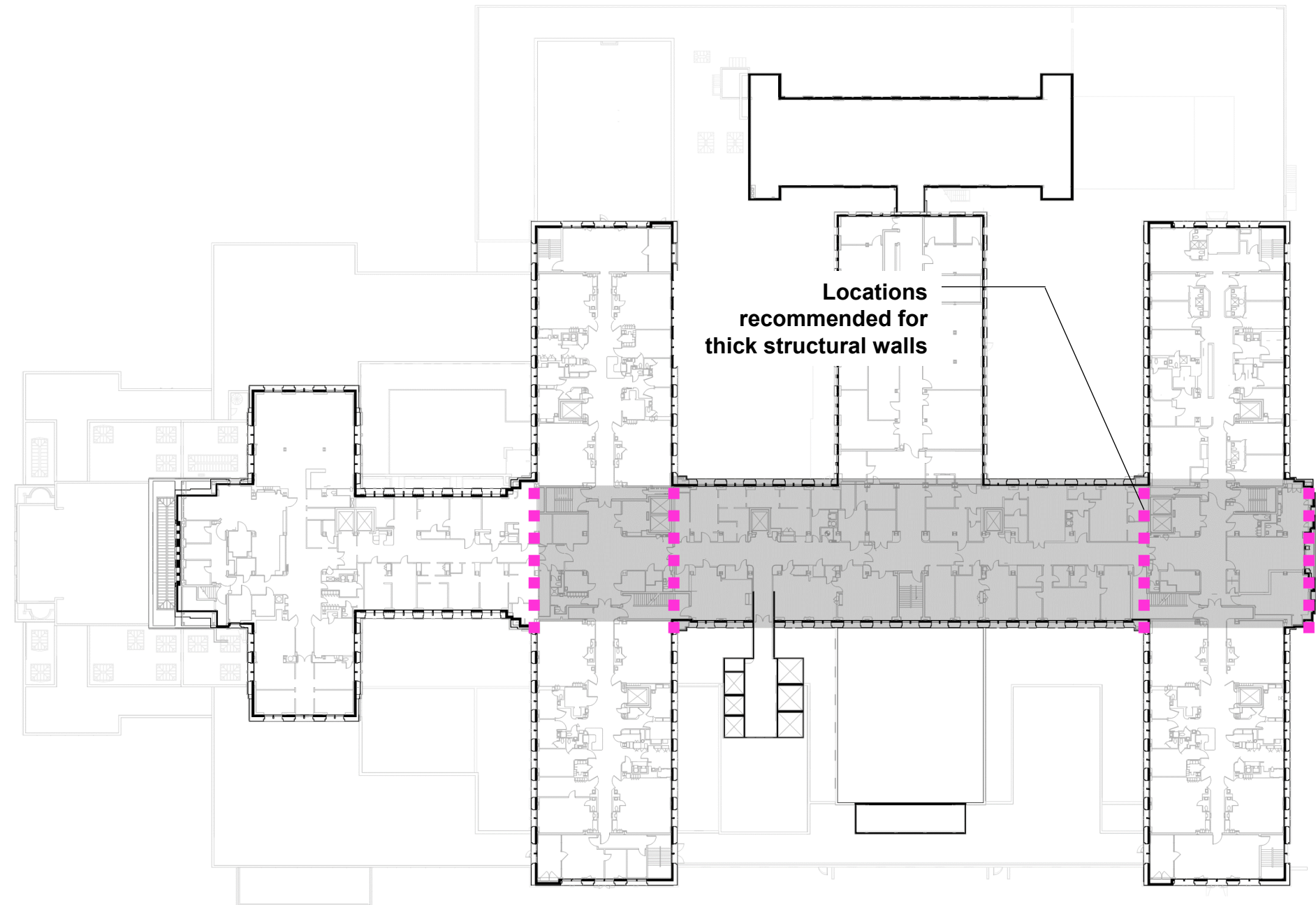


# Improvements Analysis for General Hospital – Structural Analysis

- Thick walls (14-16”) should be considered for the entire length from the foundation to the top of the central tower (as noted in diagram). Extensive coordination for utilities and corridors/openings is needed
- North-South interior walls may require demolition, long cuts through every floor slab, adding new rebar (including diagonal reinforcement), pouring concrete walls to reinforce each floor, and restoring floor slab continuity
- “Link beams” should be considered to join the walls to strengthen the long, narrow and tall central wing



Example only of reinforcement technique



# Improvements Analysis for General Hospital – Structural Analysis

- Assume a 14-16" thick wall (see prior slide) for the entire length from basement to top of tower. There will be openings and utilities that will need to be coordinated. Assume two walls with a large link / coupling beam between
- For the link beam(s), assume a 4' deep by 2' wide formed beam with heavy reinforcing

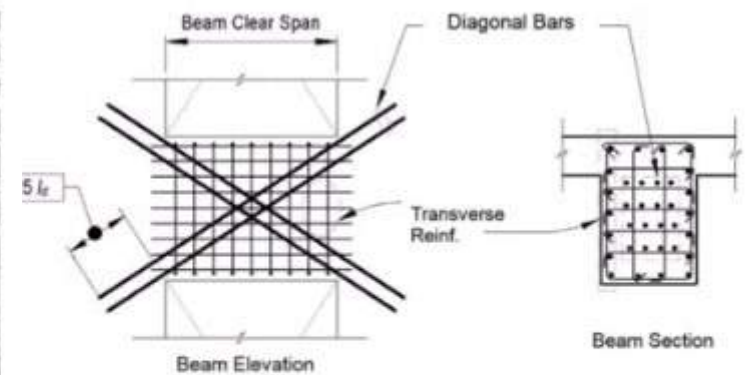
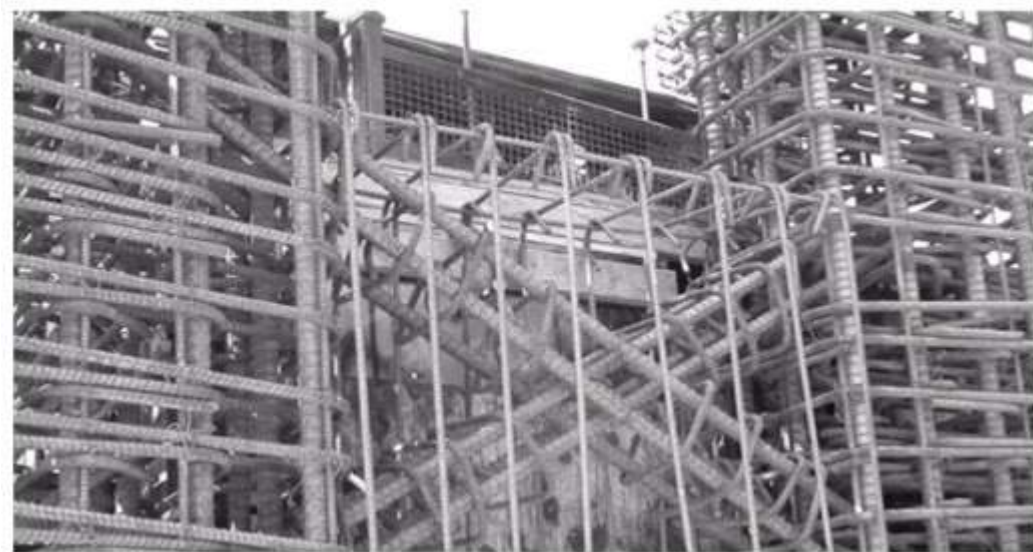
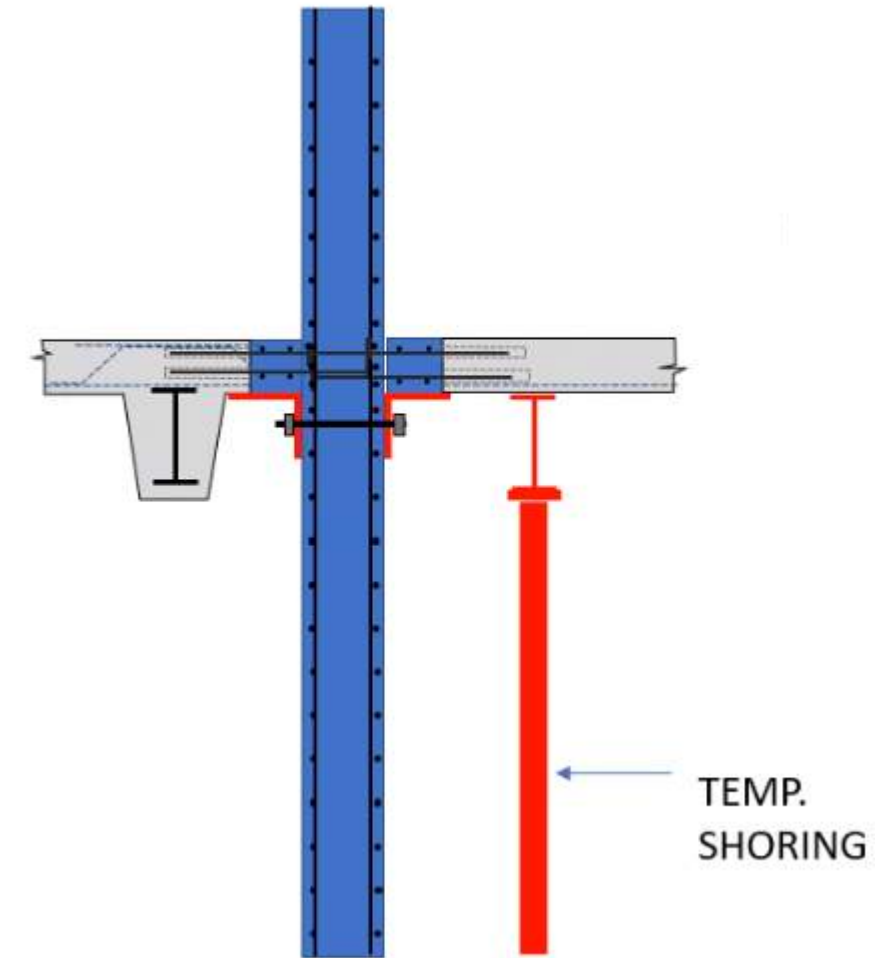
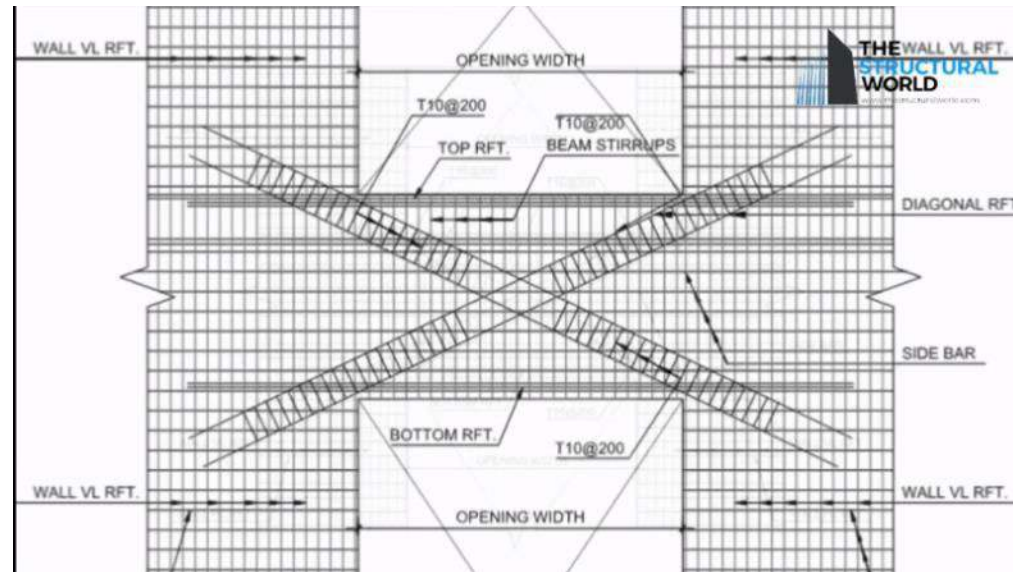
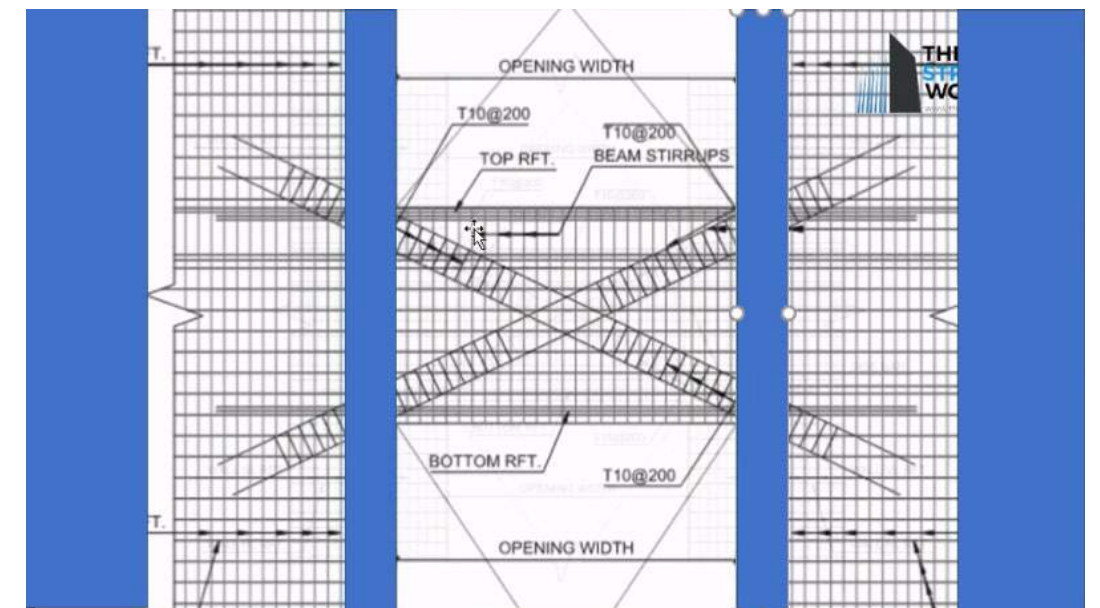


Figure 2. Typical diagonally-reinforced concrete coupling beam with full confinement.



Example only of reinforcement technique



# Improvements Analysis for General Hospital – Structural Analysis

## Following is a summary of suggested structural improvements:

- Elevator self-standing shaft tower to be removed or temporarily braced with catching frame cables for collapse mitigation. Removal of shaft tower would restore historic façade
- Building strengthening should be designed for 100% rehabilitation performance objectives for seismic
- Elevator cores should be strengthened with shotcreting
- Façade exterior walls should be strengthened with reinforced shotcrete adhered and anchored to the existing reinforced concrete walls and spandrels, continuous from top of walls to foundations
- Full height interior structural walls and corridor link / coupling beams should be constructed in east-west direction, located at the central tower north and south, on new foundations
- Structural wall foundations require supplemental capacity that may be provided with footing extension, anchored to existing foundation, and micro piles (as required)
- Exterior walls at spalled locations should be repaired at cracked and corroded areas with additional reinforcing using adhered fiber reinforced polymers layers and protected with adhered cementitious layer to mitigate the corrosion escalation
- Structural diaphragms would need to be strengthened with reinforced polymers layers along the diaphragm floors at locations as needed
- Specific reinforce concrete beams would need to be strengthened with reinforced polymers layers along the diaphragm floors with reinforced concrete beams at various locations



# Improvements Analysis for West Campus – Pharmacy Structural Analysis

Findings	Suggested Improvements
<ul style="list-style-type: none"> <li>• Structural system is concrete gravity system with concrete columns and concrete bond beams with infilling unreinforced masonry walls</li> <li>• Walls have an infill of unreinforced masonry with no gaps at the concrete interface which:               <ol style="list-style-type: none"> <li>1. Performs poorly over time</li> <li>2. Can lead to shear failure of columns</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• Significant seismic retrofit is required</li> <li>• Some areas with infill masonry (at least one bay per side on all levels and an additional bay up to level 4) should have the masonry replaced and/or strengthened by new shotcrete concrete walls</li> <li>• Existing masonry infill walls, and concrete exterior beams and columns need to be structurally injected at spalled and / or cracked locations</li> <li>• Existing exposed rebars need to be repaired for corrosion, restored as needed with adhered fiber reinforced polymer wraps (FRP) or similar</li> <li>• Repair of spalled wall areas</li> <li>• Investigation of structural integrity of the cracked concrete joints is required. It may be necessary to structurally restore the beam-column joints of the concrete frame between the masonry infills</li> <li>• New or strengthened foundations will be required along the existing walls to mitigate liquefaction</li> <li>• Additional geotechnical studies are recommended to identify settlement issues. Site specific seismic hazard studies may be required due to liquefaction</li> <li>• Additional floor reinforcement is likely required at the perimeters and around interior beam-column connections</li> </ul>



# Improvements Analysis for West Campus – Pharmacy Conditions

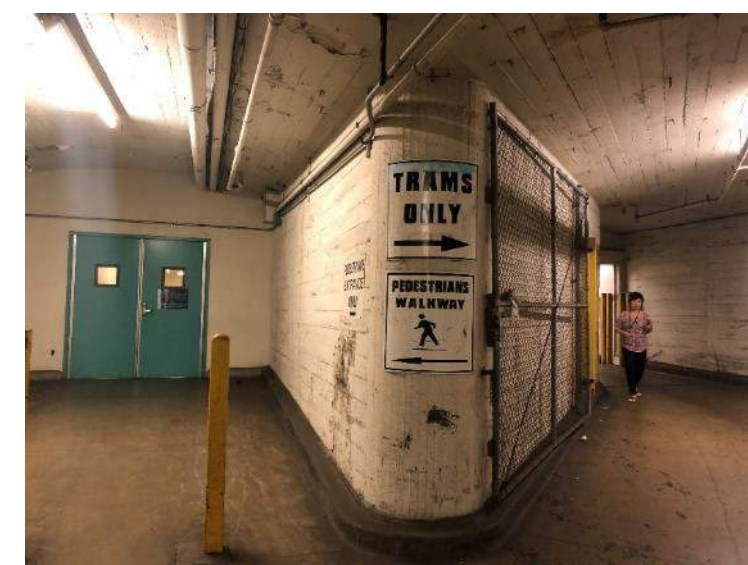
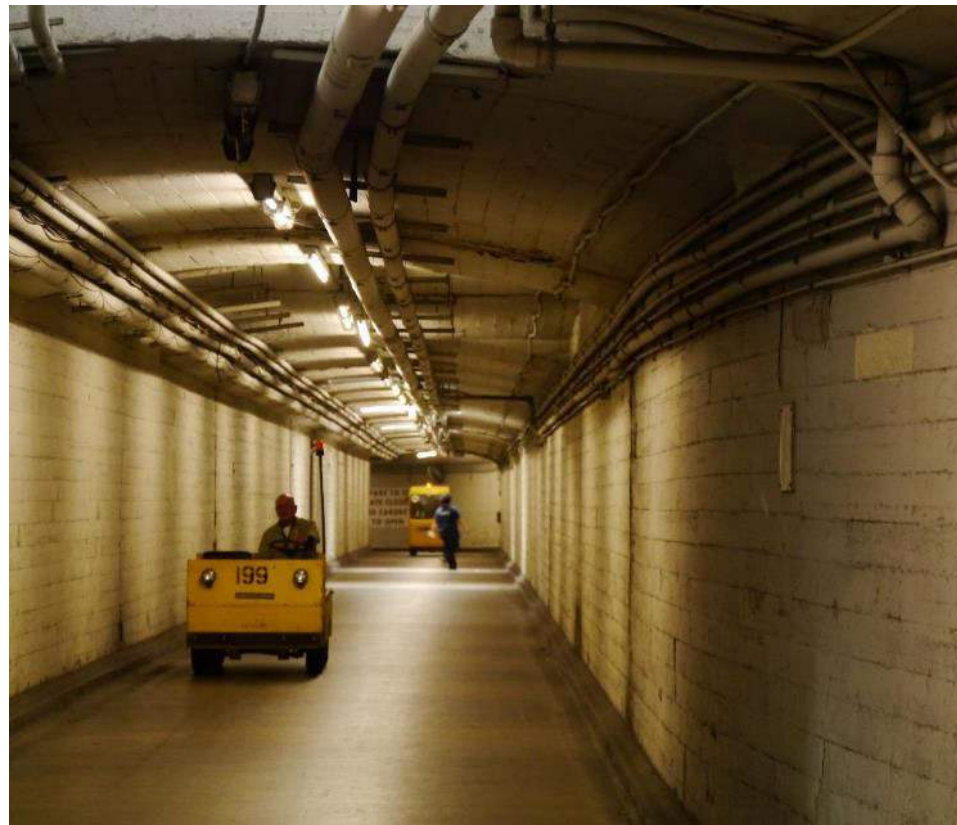


# Improvements Analysis for West Campus – Tunnel Structural Analysis

Findings	Suggested Improvements
<ul style="list-style-type: none"> <li>• Repair of spalled areas, water damage areas and corrosion is of first order importance</li> <li>• Significant spalling in many internal and external areas</li> <li>• Reinforcement appears to be old and “smooth” therefore expected to be a lower grade</li> <li>• Spalling may be associated to seismic actions in the transverse direction of the tunnel</li> <li>• Non-ductile reinforcing detailing is expected</li> <li>• Many tunnel interior areas provide support for pipes and service conduit that will need to be maintained / addressed</li> </ul>	<ul style="list-style-type: none"> <li>• Clean concrete surfaces of corrosion / repair all spalled concrete</li> <li>• Repair worn expansion joints and remove all damaged material</li> <li>• Galvanize / protect exposed metal cages, bars, or similar elements connected to the interior and exterior of the tunnel</li> <li>• Depending on planned future use, shotcrete and associated seismic retrofit may be required</li> <li>• Repair cracks / spalls to improve connection and address smooth bars / low grade steel and non-ductile connections</li> <li>• Consider addition of braces and / or new shear walls at lower level (from tunnel floor to ground/foundation) with associated piles under new lateral walls</li> <li>• Investigation of structural integrity of the cracked concrete joints at transverse beam to column and slab to wall connections. It may be necessary to structurally restore the joints of the concrete frame at column-beam connections</li> <li>• Special care and consideration should be taken to match concrete repair work with existing concrete color, texture and overall appearance</li> </ul>



# Improvements Analysis for West Campus – Tunnel Conditions



# Improvements Analysis for General Hospital – Mechanical System

**Following is a summary of suggested mechanical system improvements:**

- Potential for air cooled packaged chillers mounted on rooftops (towers or second floor roof) serving chilled water to fan coil units via vertical risers through towers
- Potential for new hydronic hot water boilers serving hydronic hot water to fan coil units via vertical risers through towers
- Potential for fan coil units to be located in bulkheads at inner side of rooms, coordinated with structure
- Vertical fan coils may be used / considered in rooms to save on ceiling space – consider architectural implications
- Potential for ventilation via dedicated outside air units on rooftops. Ducted to fan coil units in individual rooms
- Potential for roof mounted exhaust fans with duct riser mains, serving each tower and ducted to individual units where required
- Potential to provide exhaust fans and ductwork for ventilated vestibules at stair entrances

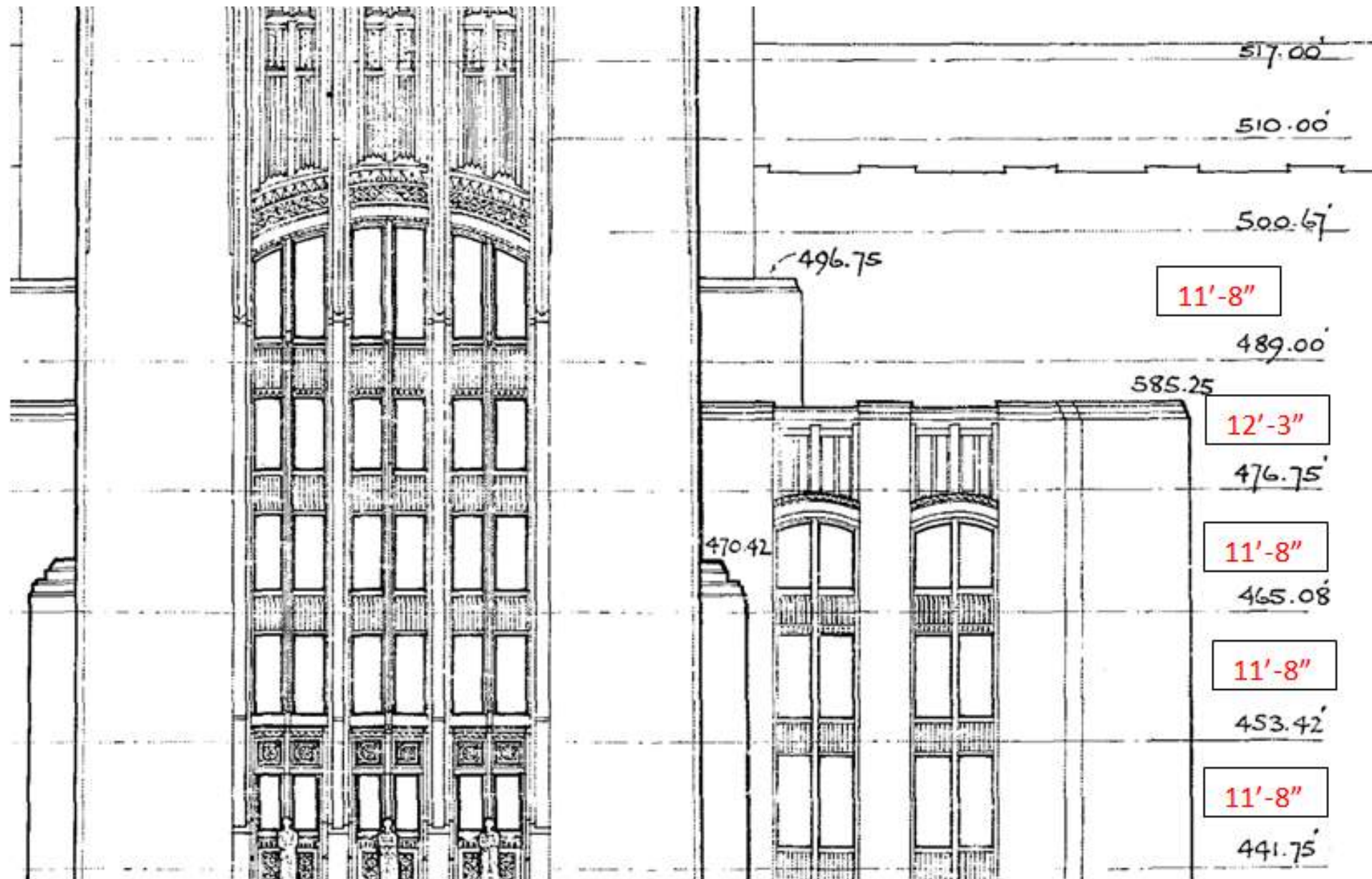


Indoor Fan Coil example (above ceiling)



# Improvements Analysis for General Hospital – Mechanical System / Ceiling Height

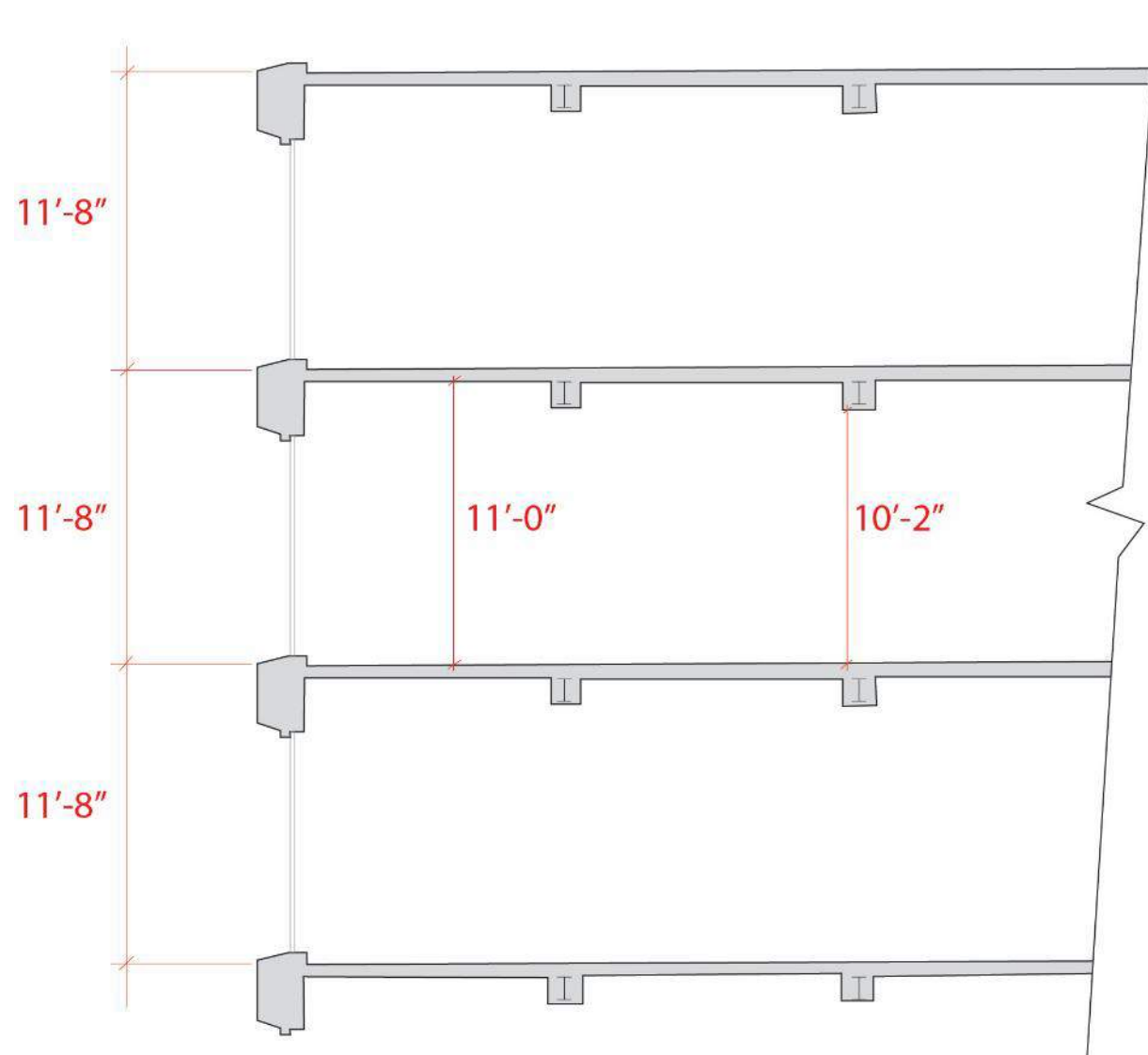
Based on General Hospital as-built drawings, typical floor-to-floor height is approximately 11'-8". While this is low for modern hospital facilities, it is sufficient for residential or non-residential uses assuming any mechanical ducting is closely coordinated to avoid pinch points under deeper girders / beams.



# Improvements Analysis for General Hospital – Mechanical System / Ceiling Height

Following is a summary of potential mechanical system improvements related to ceiling height.

## General Hospital Approximate Typical Building Section



**Potential mechanical strategy for residential floors:**  
Create a drop ceiling in the entryway of the housing unit to house a fan coil that will serve horizontally into the space. The dimension of the drop ceiling area is approx. 2'-2" to maintain an 8' entry.



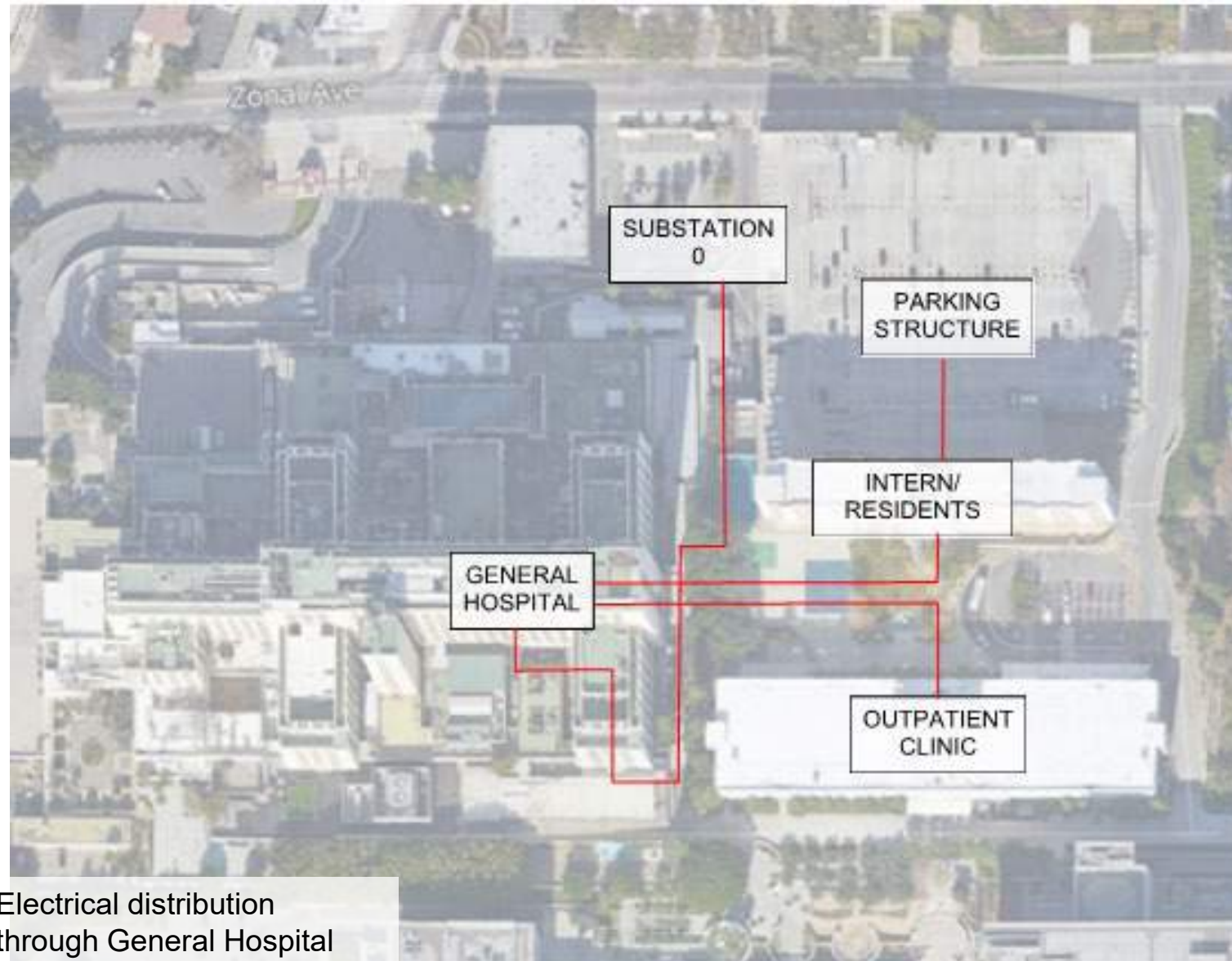
Potential options for non-residential floors:

**Option 1:** Exposed mechanical in the ceiling.

**Option 2:** Drop ceilings to house infrastructure. Depending on what system type is chosen (fan coils, chilled beams, Variable Air Volume (VAV), Variable Refrigerant Flow (VRF)) typically 8' ceilings would result by adding mechanical infrastructure.

# Improvements Analysis for General Hospital – Electrical System

Substation 0 connects General Hospital, the Outpatient Clinic, the Intern / Residents Building, and adjacent parking structure as shown below. General Hospital’s distribution center is called Substation 1.



Electrical distribution through General Hospital



# Improvements Analysis for General Hospital – Electrical System

Following is a summary of suggested electrical system improvements:

- General Hospital currently feeds three other facilities on site: the Outpatient Clinic (an intensively used patient use facility), Intern / Residents building and a parking structure. The replacement of the main switchboard and equipment in the basement of General Hospital will result in down-time for these existing facilities; temporary power will need to be provided to these three facilities if renovation requires the electricity be disconnected for any length of time
- Existing stacked power risers in General Hospital will need to shift for structural upgrades, if new power risers required
- New lighting and lighting control system
- Complete replacement of 5kV power distribution system at General Hospital
  - General Hospital is fed from three 5kV MV feeds from Substation Zero; these could be maintained and reused
  - Remove and replace all unit substations in General Hospital
  - Complete replacement of the generator and emergency power distribution system at General Hospital
  - Replace two 1250kW 480V diesel generators in existing generator room
  - Replace existing 480V transfer switches and power distribution equipment to serve facility

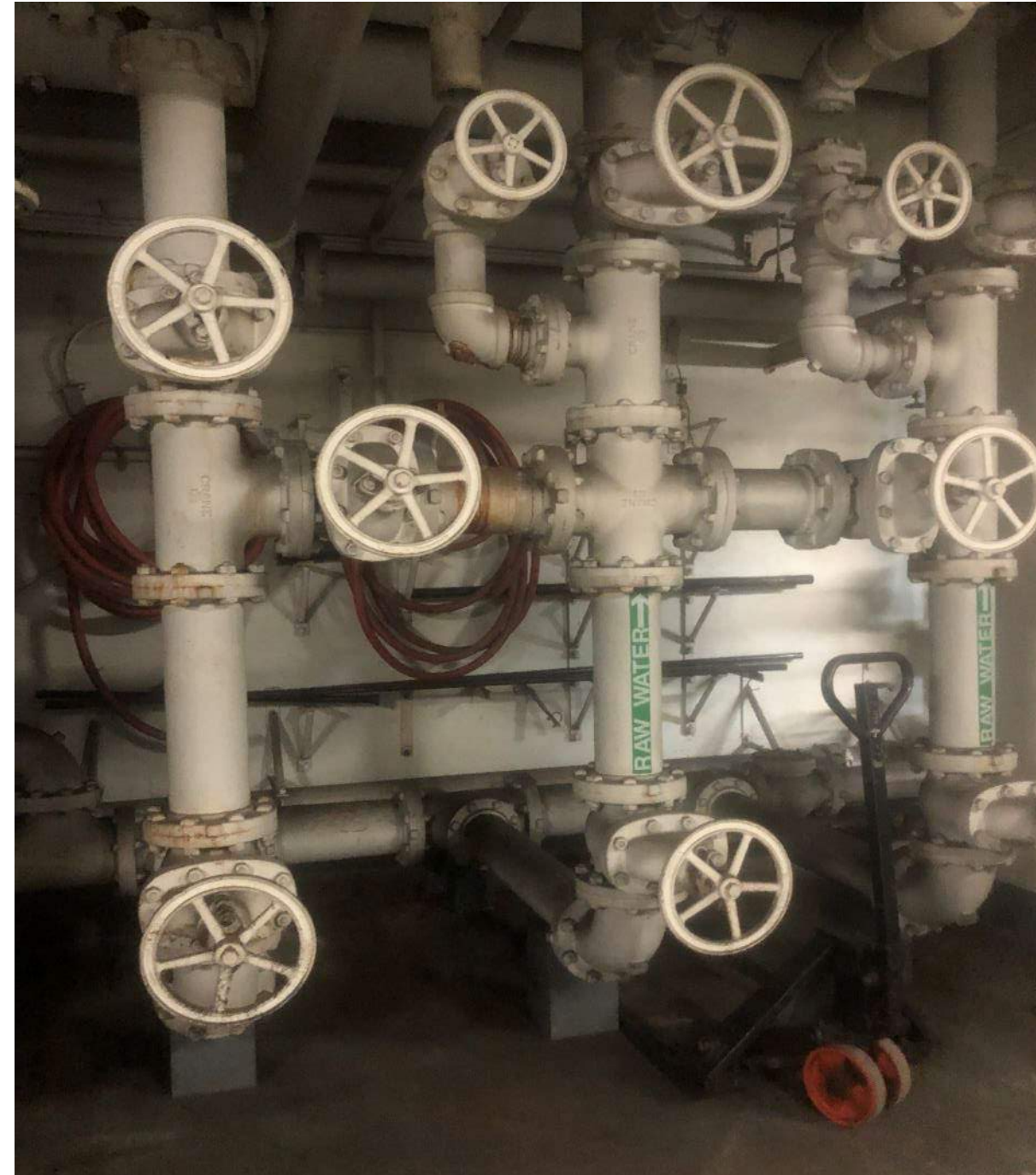


General Hospital electrical equipment at end of useful life

# Improvements Analysis for General Hospital – Plumbing System

## Suggested plumbing system improvements:

- Removal of existing plumbing systems (including domestic water distribution pipework) and installation of new pipework
- Removal of existing sanitary drain pipework and new sanitary drain pipework installation



Existing Potable Water Valve Manifold

# Improvements Analysis for General Hospital – Fire Protection System

Following is a summary of suggested fire protection system improvements:

- Retrofit sprinkler system
- Provide fire pump (and exterior fire pump house) with new dedicated fire water main to building
- Retrofit Voice Evacuation Fire Alarm System throughout building (need in Wellness Center area, will need to be evaluated based on condition and age of relatively new system)
- Upgrade stair construction to "smokeproof enclosures," requiring either stair pressurization or ventilated vestibules
- Upgrades to fire resistive construction may be required throughout



Fire Hydrant Southwest of General Hospital

# Improvements Analysis for General Hospital – Site Utilities

## Suggested site utilities improvements:

- Upgrade existing on-site sewer line based on age and proposed demand
- Upgrade existing on-site water lines
- Additional fire hydrants to meet fire code
- The existing mainline utilities on the periphery of the property (gas and water) and the mainline utilities bisecting the site (sewer and storm drain) need to be evaluated for capacity
- The existing water system on the periphery of the site needs to be evaluated for pressure and volume requirements



Gas Meter by Central Plant

# Improvements Analysis for West Campus – Site Utilities

## Suggested site utilities improvements:

- Upgrade existing sewer line based on age and proposed demand
- Upgrade existing water lines
  - Zonal Ave. from two 6” Domestic Water line / Fire Water line to accommodate potential demand
  - Marengo St. from one 8” Domestic Water and one 10” Fire Water line to accommodate potential demand
- Additional fire hydrants may be required to meet fire code
- The existing mainline utilities on the periphery of the property (gas and water) and the mainline utilities bisecting the site (sewer and storm drain) need to be evaluated for capacity
- The existing water system on the periphery of the site needs to be evaluated for pressure and volume requirements
- Provide detention basin locations to conform with County of Los Angeles Low Impact Development Standards and Regional Water Quality Board requirements





# Improvements Analysis for General Hospital and West Campus – Transportation and Parking

Following is a list of potential transportation improvements to improve mobility and access within the Study area and from the Study area to the community.

## Improve Pedestrian and Bike Access

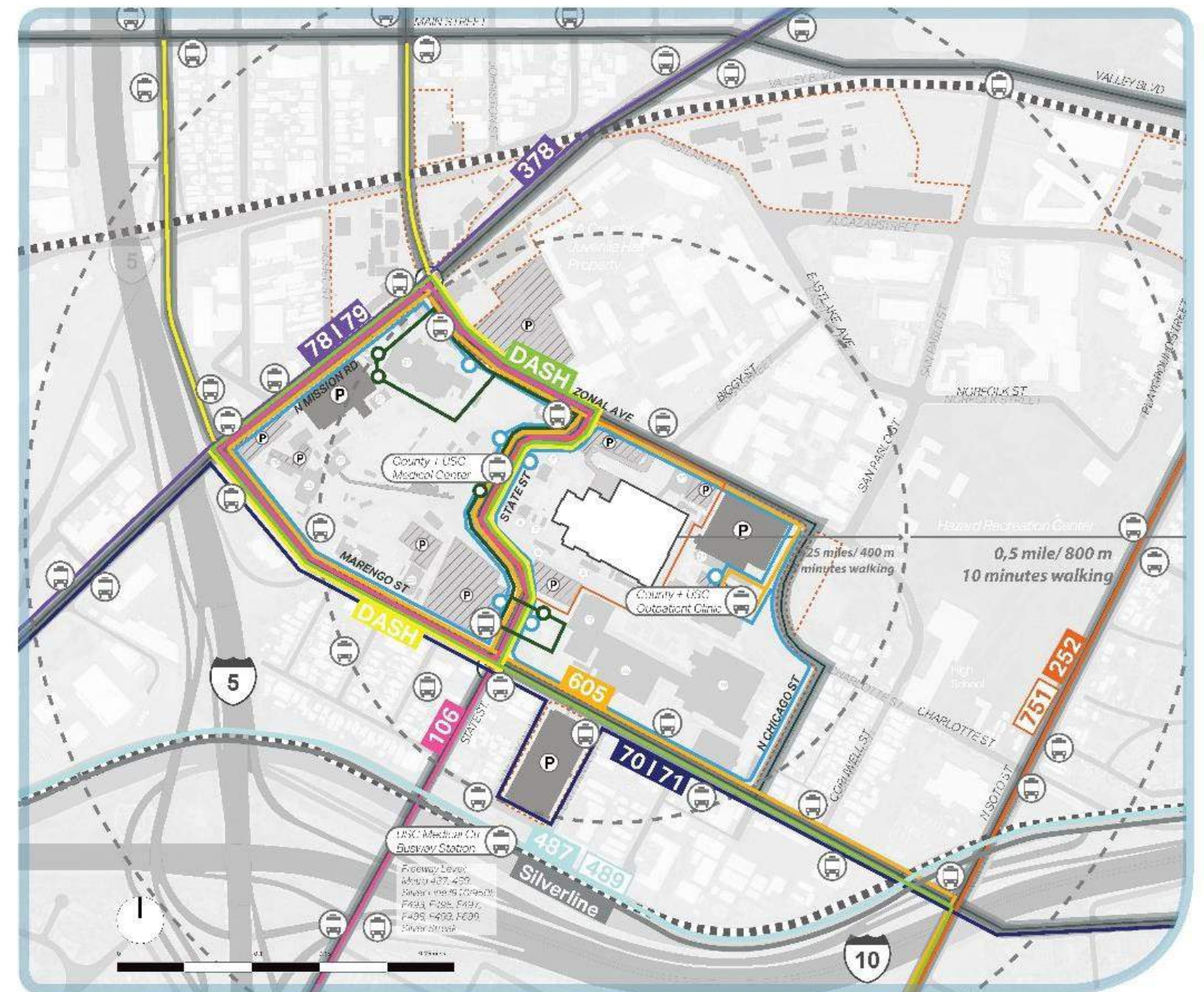
- Improve sidewalks and pathways
- Provide barrier free, ADA access

## Suggested Public Transit Improvements

- Increase frequency of local commuter buses (not funded by private sector)
- Add Metrolink stop on the existing Metrolink San Bernardino Line between Cal State Los Angeles and Union Station (not funded by private sector)
- Expand shuttle service from proposed Metrolink stop to General Hospital and West Campus (County system)

## Address Parking Needs

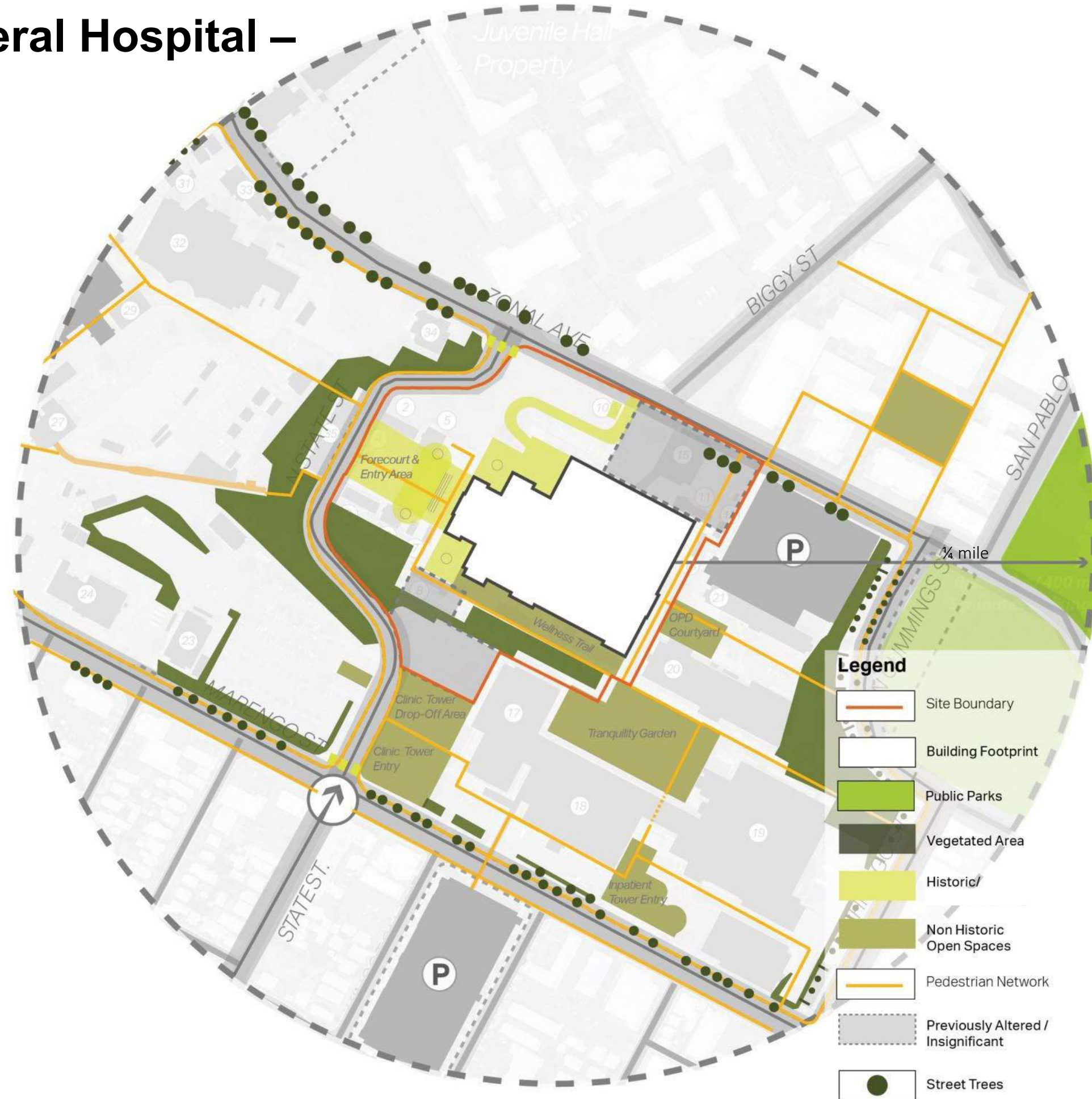
- Provide additional parking and vehicular access to the site to support new development
- Provide parking management solutions



# Improvements Analysis for General Hospital – Open Space

## Suggested open space improvements:

- Utilize series of existing open spaces and expand to and connect with West Campus
- Restore and use historic forecourt, courtyards with circular fountains (currently used as planters), curved driveways, gates etc.
- Open space network can be strengthened and linked with pedestrian access to surrounding areas



# Improvements Analysis for West Campus – Open Space

## Suggested open space improvements:

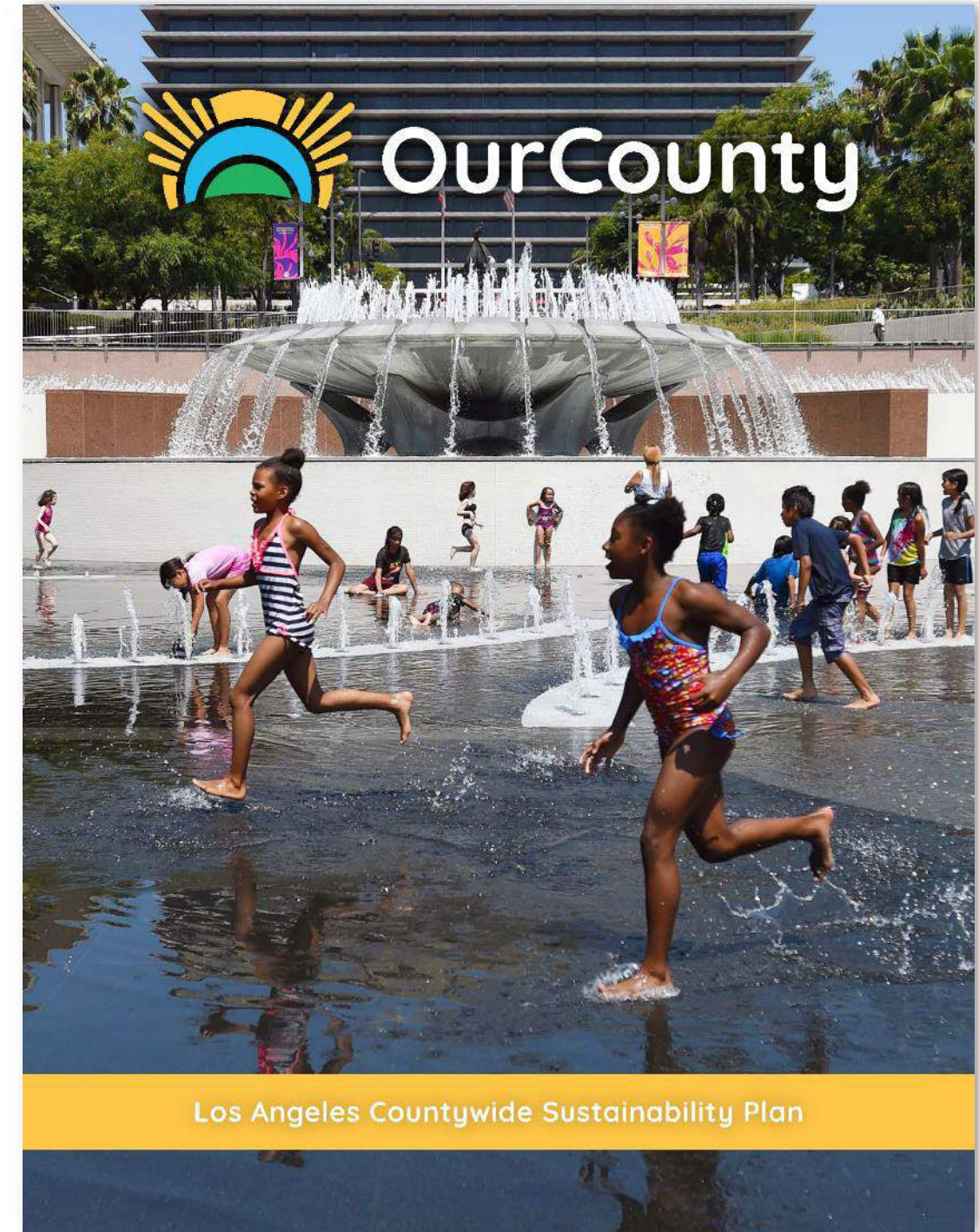
- Because West Campus has few open space / landscape elements, enhance open space network potentially with pocket parks, playground, community gardens and seating areas
- Expand existing landscaped areas identified in areas 1-4 below:
  1. Landscaped area at Coroner building / Marengo entrance
  2. Landscaped sloped area at west of State Street
  3. Landscaped sloped Area at Marengo between P5 & sidewalk
  4. Landscaped area with trees in front of former Women’s & Children Hospital



# Improvements Analysis for General Hospital and West Campus – Sustainability and Clean and Green Energy

## Suggested opportunities related to sustainability and clean energy:

- Provide a sustainable and resilient campus for the future
- Incorporate clean energy solutions for resilience and target financing sources
- Futureproof (consider future needs) improvements and infrastructure to respond to forthcoming changes
- Incorporate Los Angeles Countywide Sustainability Plan goals



# Improvements Analysis for General Hospital and West Campus – Sustainability and Clean and Green Energy

## Suggested opportunities related to clean energy:

- Incorporating photovoltaics (PV), battery energy storage, and electric vehicle (EV) charging to help achieve state and local sustainability goals, meet CALGreen requirements, and improve resilience by providing backup power, and serve the community (e.g., provide for electric car sharing opportunities)
- Incorporating clean energy (e.g., renewable energy) may create opportunities to attract grants and additional funding sources

	Service to Community	Potential Scale
<b>Solar Photovoltaic (PV)</b>	Sustainability / Resilience	2 MW PV (over 6 acres) (@\$2/W)
<b>Battery Energy Storage</b>	Resilience	4 MWh to > 20 MWh (@\$500/kWh)
<b>Electric Vehicle Charging</b>	Low-cost community charging	Number of charging stations to be determined

Note: Preliminary high-level information; further study required to verify results, high level estimate only of solar PV and battery energy storage.



# LAC+USC MEDICAL CENTER GENERAL HOSPITAL and WEST CAMPUS FEASIBILITY STUDY

Appendix

April 2022

## Market Research Analysis



# Table of Contents

## Market Research Analysis

1. Market Analysis Methodology and Context
2. Socio-Economic Trends
3. Residential Market Analysis
4. Office Market Analysis
5. Retail Market Analysis
6. Hotel Market Analysis
7. Market Analysis - Summary of Key Interviews



# Introduction

The following details the Market Analysis for various potential land uses in the areas surrounding LAC+USC Medical Center Campus.

The majority of the research was completed in April 2020 and may present data from several prior years. More recent data is noted.

The research identifies opportunities for reuse such as market rate and affordable housing, retail, office, industrial, hotel and specialty uses. The market analysis highlights the local and regional demographic and economic trends that are driving supply and demand for the relevant land uses. In addition, to inform the market feasibility of proposed uses, an inventory of recent construction and development pipeline projects was collected.







# 1. Market Analysis Methodology and Context

# Market Opportunity Assessment Approach



## Area Planning Efforts (Information dated 2020)

The General Hospital neighborhood is surrounded by number of visionary planning and development efforts that could transform the economic base of the area.

Initiative/Plan Area	Description	Planned/Recent Projects	Potential Impact on General Hospital Site
<b>USC Health Services Campus Expansion</b>	Expansion of USC Health Services campus to accommodate growth and an emphasis on biotechnology research	<ul style="list-style-type: none"> <li>• New hospital (proposed, 2026)</li> <li>• 200-Bed Hyatt House Hotel with 18,000 square feet conference center (construction, 2020)</li> <li>• 272-bed graduate student housing project (construction, 2020)</li> <li>• Norris Healthcare Center (2018)</li> <li>• Currie Hall: 450-bed graduate student housing complex (2016)</li> </ul>	Increased area employment and visitation support all real estate uses including residential, retail, office, and specialty industrial
<b>Lincoln Heights Tech Corridor</b>	Vision for a biotech ecosystem anchored by LAC+USC Medical Center in the west and Cal State LA in the east	<ul style="list-style-type: none"> <li>• HatchLAB bioscience Incubator (2018)</li> <li>• LA BioSpace Incubator (construction, 2019)</li> </ul>	Bioscience area employment growth could support medical office, specialty industrial, residential, and retail
<b>Cornfield Arroyo Specific Plan</b>	Area Plan covering area north and west of General Hospital Neighborhood	<ul style="list-style-type: none"> <li>• Multiple commercial, mixed-use, and public projects in the pipeline near the Lincoln Heights Gold Line Station including the adaptive reuse of Lincoln Heights Jail into Lincoln Heights Makers District, a mixed-use residential/extended-stay hotel, and a mixed-use project on the Goodwill site</li> </ul>	2 miles north of General Hospital, but the direction of redevelopment will flow south
<b>Boyle Heights Community Plan</b>	Area Plan covering area south of the General Hospital neighborhood	<ul style="list-style-type: none"> <li>• Proposed Wyvernwood Redevelopment</li> <li>• Sears Building redevelopment (Initial phase on hold due to Sears Bankruptcy)</li> </ul>	“Innovation District” designation west of General Hospital could support office, specialty industrial, and retail
<b>Piggyback Yard</b>	Conceptual Master Plan adds 45-71 acre park and commercial/ industrial corridor	<ul style="list-style-type: none"> <li>• No projects</li> </ul>	Within one-quarter mile of General Hospital, but challenging land assembly issues

# General Context Development and Planning

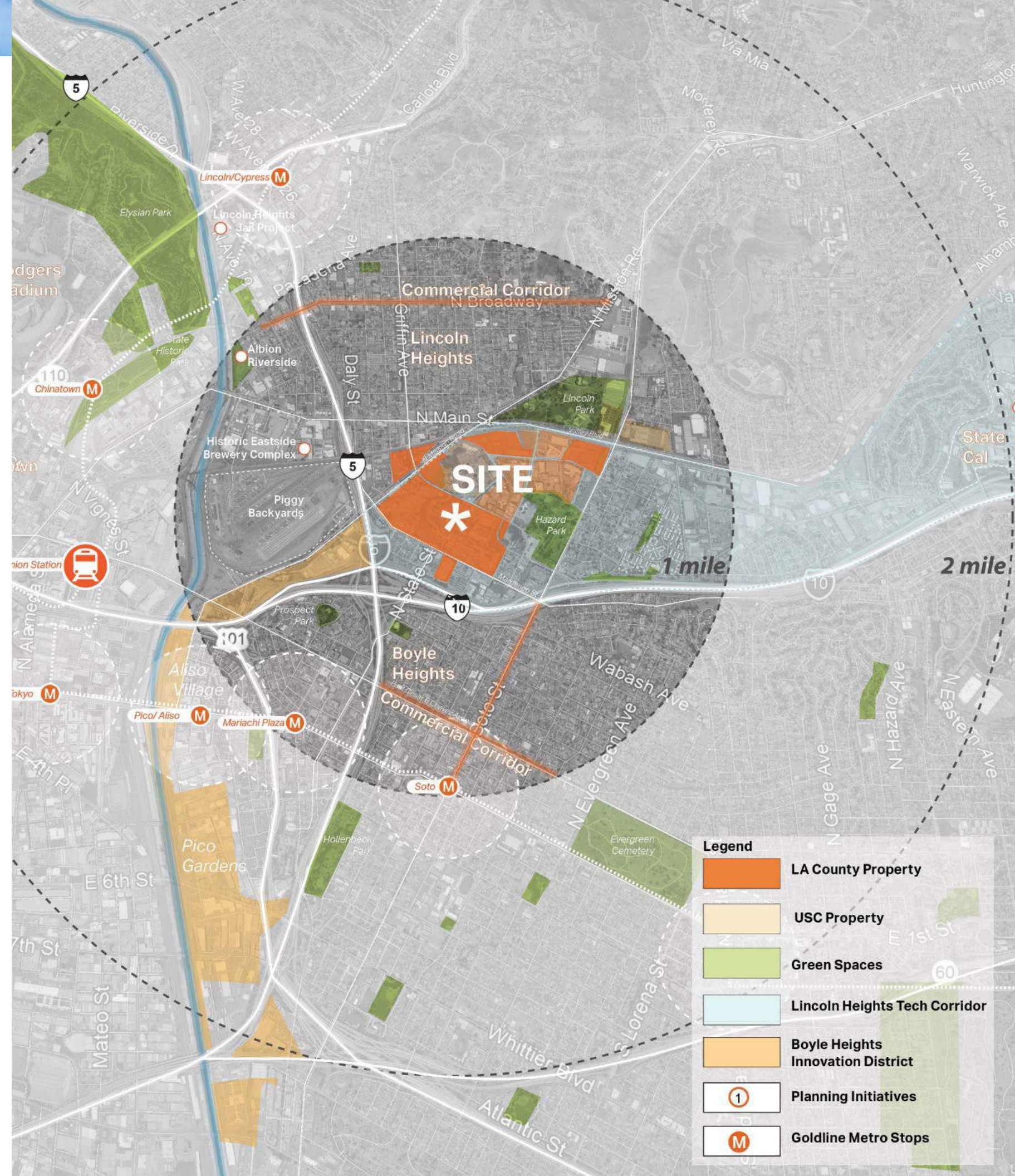
(Information dated 2020)

## Planning Initiatives

- USC Health Services Campus Expansion
- Lincoln Heights Tech Corridor vision
- Cornfield Arroyo Specific Plan
- Boyle Heights Community Plan
- Boyle Heights Innovation District
- Piggyback Yard Development Plan

## Demand Drivers

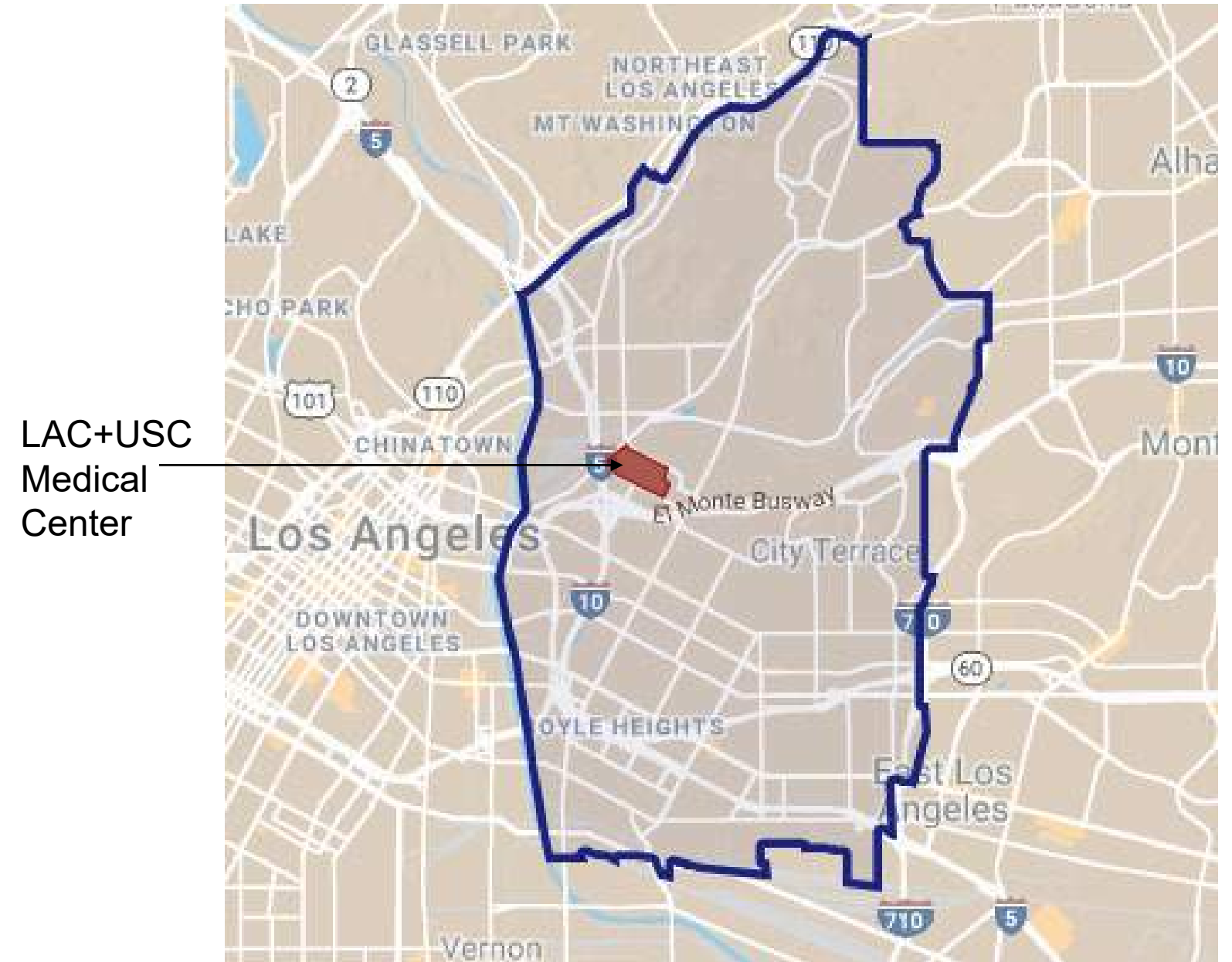
- USC Health Sciences Campus investment and expansion
- Regional housing shortage
- Spill-over demand and growth from Downtown LA / Arts District
- Spill-over demand and growth from LA River-adjacent areas in Lincoln Heights



## Market Area

The market area is the socio-economic and real estate context in which the General Hospital neighborhood competes to attract talent and development.

- Represents a roughly 10-minute drive time from the LAC+USC Medical Center
- Defined by: LA River to the west, municipal boundaries to the north, northeast and south, and the 710 freeway to the east
- Corresponds to existing income and home value patterns
- Approximately 19 square miles with a population of 236,685



Source: Google Earth, AECOM

## Market Analysis – Market Sub-Areas

The General Hospital market area, presented in the diagram below, was first defined and then subdivided into four sub-areas corresponding to boundaries defined by all or portions of City of Los Angeles community planning areas and Council Districts.

### Sub-area A (Boyle Heights)

- Encompasses the Boyle Heights Community Planning Area (as identified by the LA Department of City Planning and the Los Angeles General Plan)

### Sub-area B (Lincoln Heights)

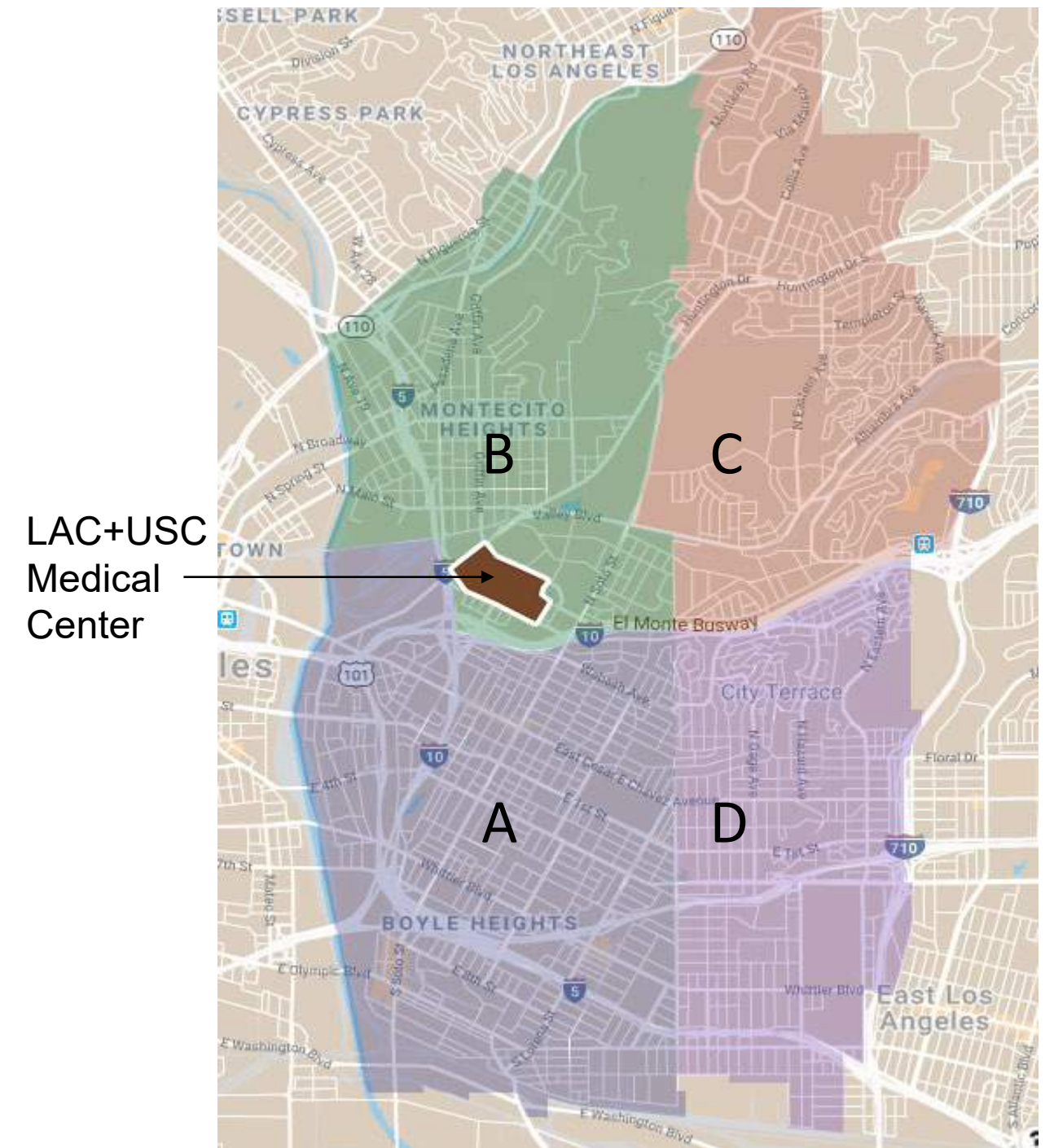
- Comprises the 7 sub-areas Lincoln Heights Neighborhood Council and Montecito Heights district of the Arroyo Seco Neighborhood Council (only a portion of what is commonly referred to as Lincoln Heights)

### Sub-area C (El Sereno)

- Comprises the 4 regions of the LA-32 Neighborhood Council and the Hermon and Monterey Hills districts of the Arroyo Seco Neighborhood Council (only a portion of what is commonly referred to as El Sereno)

### Sub-area D (East LA)

- Includes the western portion of the East Los Angeles Community Plan (as identified by the LA County Planning Department)



Source: Google Earth, AECOM



# 2. Socio-Economic Trends

## Market Area Socio-Economic Key Findings (Information dated 2020)

Findings	Implications
<ul style="list-style-type: none"> <li>Market area median household income (2017) of \$42,000 is 31% lower than the County Average of \$61,000</li> <li>Sub-area C (El Sereno) has significantly higher median household income at \$51,000 than sub-area A (Boyle Heights) at \$37,000, sub-area B (Lincoln Heights) at \$38,000, or sub-area D (East LA) at \$44,000</li> </ul>	<ul style="list-style-type: none"> <li>The income gap suggests new market rate development may not be affordable to many of the community's existing residents, especially in sub-areas A (Boyle Heights), B (Lincoln Heights) and D (East LA)</li> </ul>
<ul style="list-style-type: none"> <li>Since 2000, the reported market area population growth has remained static while the County grew 6%</li> <li>Projections indicate population growth will continue to lag the County's but exceed the recent historical trend</li> </ul>	<ul style="list-style-type: none"> <li>After a long period of slow historical population growth, acceleration will be noticeable and potentially disorienting to existing long-term residents</li> </ul>
<ul style="list-style-type: none"> <li>In 1996, Boyle Heights, Lincoln Heights, El Sereno, and East LA median home values were 23%, 23%, 19%, and 22% lower than the County average respectively</li> <li>By 2018, the value gap increased in Boyle Heights to 30%, decreased in Lincoln Heights to 8%, decreased in El Sereno to 2%, and increased in East LA to 24%</li> </ul>	<ul style="list-style-type: none"> <li>Lagging home appreciation in Boyle Heights and East LA has contributed to affordability but also low wealth accumulation, which helps explain community sensitivity to new development. Conversely, the growth in the Lincoln Heights and El Sereno sub-areas market suggests greater familiarity with new development</li> </ul>
<ul style="list-style-type: none"> <li>47% of market area residents lack a high school degree compared with 22% for the County</li> <li>Residents in sub-area B (Lincoln Heights) and C (El Sereno) have larger share with a Bachelor's Degree or better, although both lag the County significantly in this category</li> </ul>	<ul style="list-style-type: none"> <li>Low market area educational attainment highlights the community's challenge of participating in higher-paying sectors such as biotechnology and high tech</li> </ul>

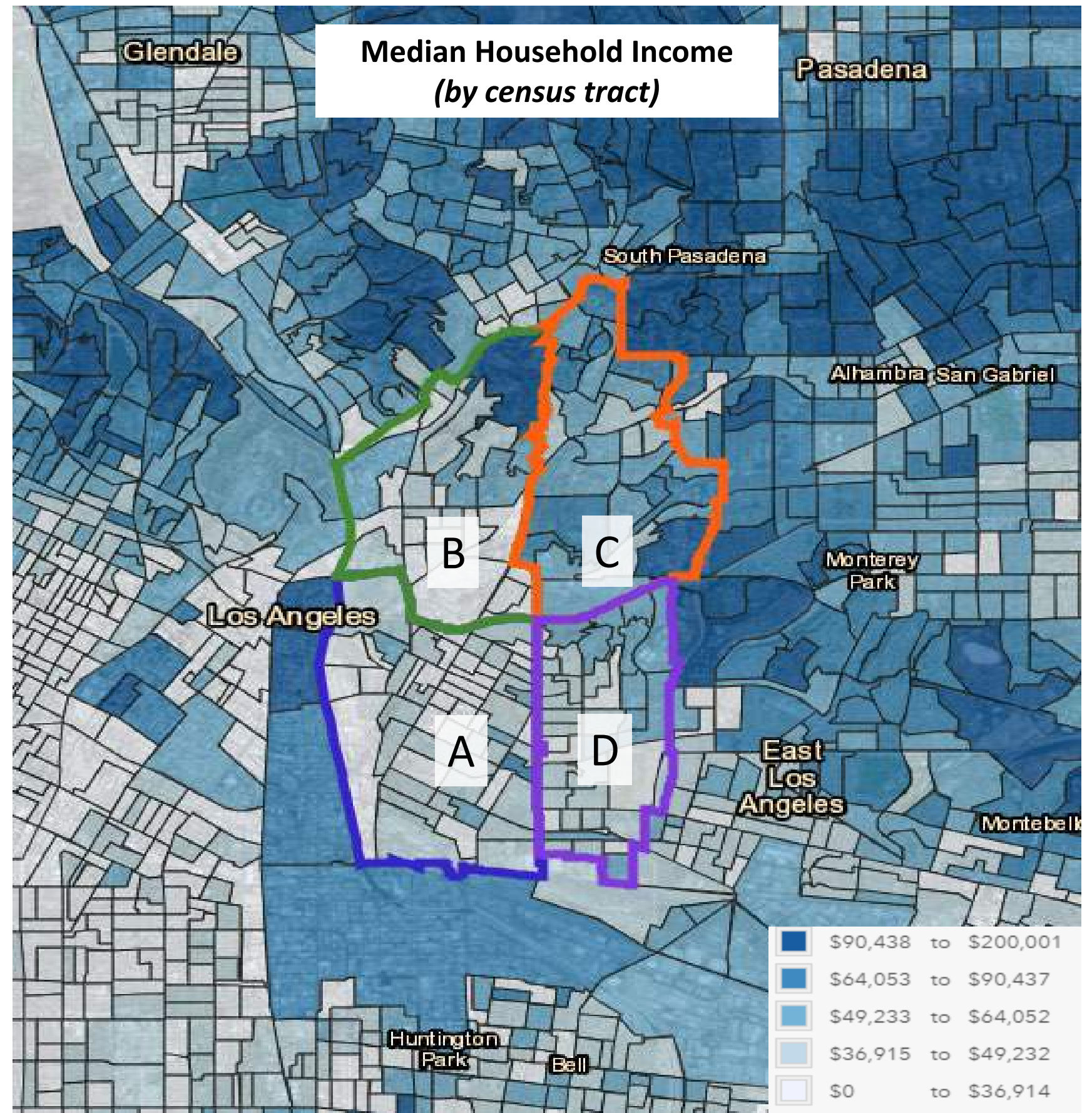


# Market Area Median Household Income (Information dated 2020)

The market area is the socio-economic and real estate context in which the General Hospital neighborhood competes to attract talent and development.

- Sub-area A is Boyle Heights
- Sub-area B is Lincoln Heights
- Sub-area C is El Sereno
- Sub-area D is East Los Angeles

Census-level household income patterns show the market area to be generally surrounded by higher-income areas with income levels increasing in a northerly direction.



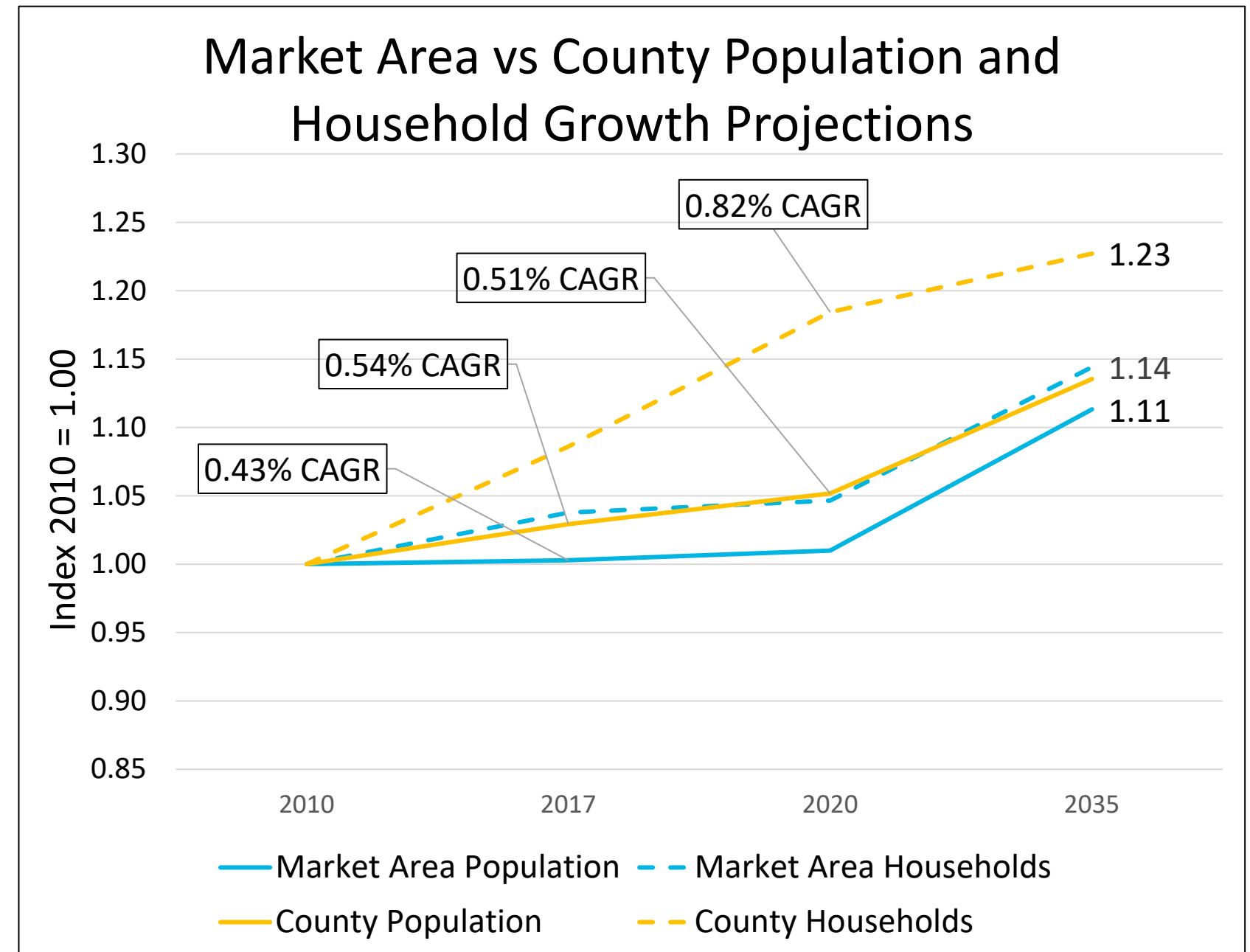
Source: ESRI, AECOM



# Market Area Population and Household Growth Projections (Information dated 2020)

The market area has been a slow-growth area with a population that’s projected to grow more quickly than historical rates but still lag the County.

- The County is projected to grow faster than the market area in both population and number of households
- Projected market area population and household growth between 2010 and 2035 (0.43% and 0.51% Compound Annual Growth Rate (CAGR) respectively) is expected to be faster than 2000 to 2017 historical growth (0.02% and 0.45% CAGR respectively)



Source: SCAG, AECOM



# Population, Household, and Income Trends in the Market Area (Information dated 2017)

**Market area average household income is low relative to the County, and population growth has been static since 2000.**

- High household size in the market area relative to County (3.6 persons vs. 3.0)
- A greater share of renters in market area (66%) than in the County (54%)
- Market area median household income of \$41,786 is 32% lower than the County average
- However, market area income growth has been faster than the County's, which fell 3% in real terms since 2010
- Nearly static population growth in the market area (<1%) compared with the County (6.2%) since 2000

Population and Household Trends		
	Market Area	LA County
<b>Population</b>		
2017	236,685	10,105,722
2000-2017 Change	0.3%	6.20%
2000-2017 CAGR	0.02%	0.35%
<b>Households</b>		
2017	64,039	3,295,198
Owner %	34%	46%
Renter %	66%	54%
Average HH Size	3.64	3.01
2000-2017 Change	7.9%	5.2%
2000-2017 CAGR	0.45%	0.30%
<b>Median Household Income</b>		
2017		
Current (2017 Dollars)	\$41,786	\$61,015
2010-2017 Change		
Nominal	15%	10%
Real	2%	-3%
Source: US Census Bureau, ESRI, AECOM		



# Population, Household, and Income Trends in Market Sub-Areas (Information dated 2017)

**Growth and income patterns vary within the market sub-areas with sub-area C (El Sereno) outperforming the market area average in all categories.**

- The **population** of sub-area C (El Sereno) grew at nearly twice the County rate between 2000 and 2017, remained static in both sub-area A (Boyle Heights) and sub-area B (Lincoln Heights), and fell in sub-area D (East LA)
- **Median household incomes** for sub-area A (Boyle Heights) and sub-area B (Lincoln Heights), at \$37,000 and \$38,000, are 40% and 37% lower than the County average respectively and the lowest in the sub-areas. Sub-area C (El Sereno), at \$51,000, is the highest in the sub-areas but still lower (by 16%) than the County average
- The **home ownership** rate of 53% in sub-area C (El Sereno) is higher than the County average of 46%, while sub-areas A, B, and D are all significantly lower. In a transitioning residential real estate market, a high share of renters to owners may mean higher vulnerability to displacement

Population and Household Trends						
	Market Area				Total	LA County
	Sub-area A (Boyle Heights)	Sub-area B (Lincoln Heights)	Sub-area C (El Sereno)	Sub-area D (East LA)		
<b>Population</b>						
2017	86,647	45,651	44,757	59,630	236,685	10,105,722
2000-2017 Change	0.90%	1.20%	5.00%	-4.50%	0.30%	2.92%
2000-2017 CAGR	0.10%	0.10%	0.30%	-0.30%	0.00%	0.41%
<b>Households</b>						
2017	22,379	13,243	13,245	15,172	64,039	3,295,198
Owner %	26%	30%	53%	32%	34%	46%
Renter %	74%	70%	47%	68%	66%	54%
Average HH Size	3.85	3.36	3.26	3.92	3.64	3.01
2000-2017 Change	7.00%	12.90%	6.80%	6.30%	8%	5.20%
2000-2017 CAGR	0.40%	0.70%	0.40%	0.40%	0%	0.30%
<b>Median HH Income</b>						
2017						
Current (2017 Dollars)	\$36,688	\$38,437	\$51,387	\$44,243	\$41,786	\$61,015
2010-2017 Change						
Nominal	15%	20%	5%	18%	15%	10%
Real	1%	6%	-7%	4%	2%	-3%

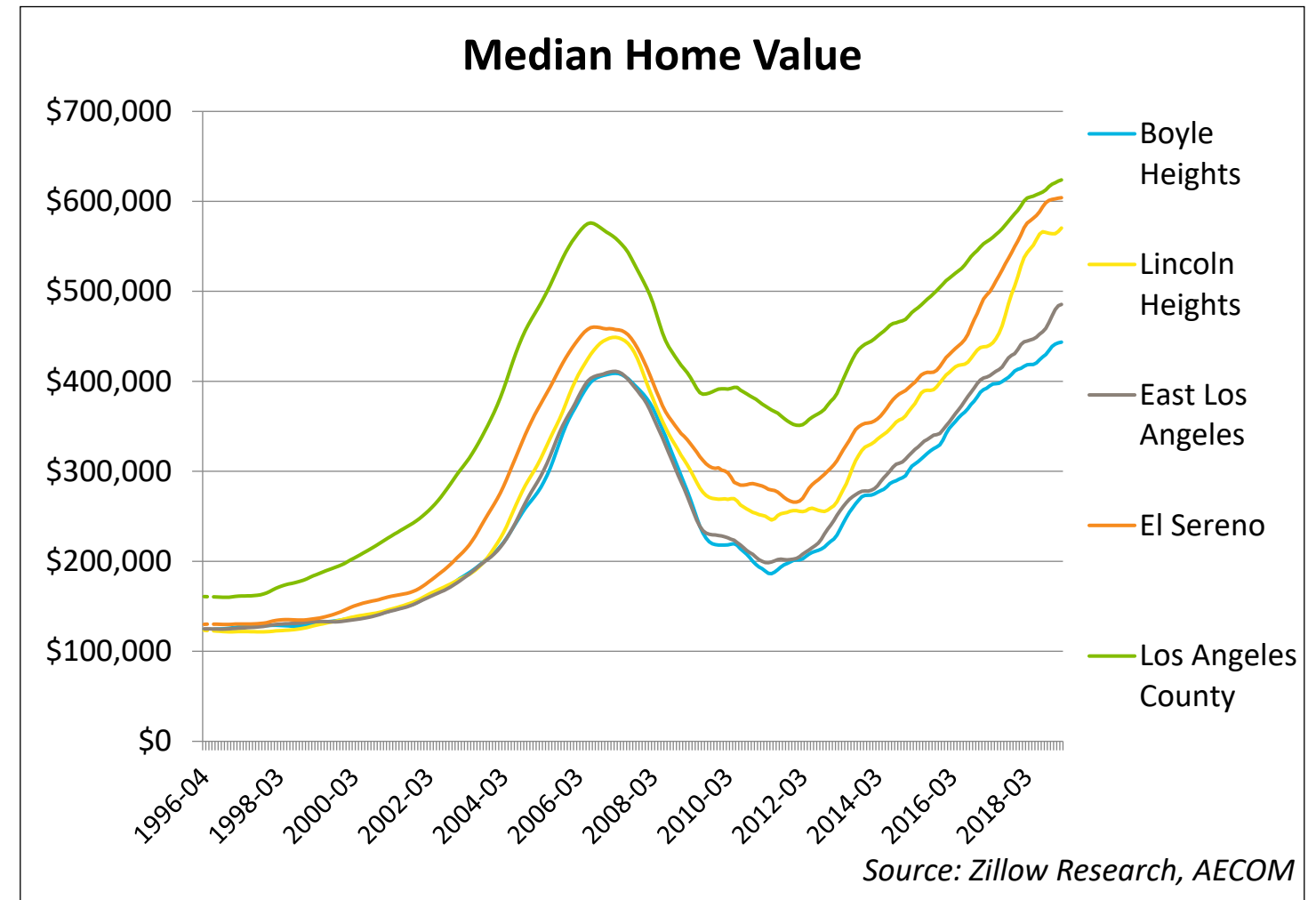
Source: US Census Bureau, ESRI, AECOM



# Market Area Home Values (Information dated 2018)

**Median home values in the market area are lower than the County average, although the value gap in the El Sereno and Lincoln Heights neighborhoods has narrowed significantly.**

- Home values have recovered from the 2008 recession and are continuing the growth trajectory that began in the late 1990s
- In 1996, Boyle Heights, Lincoln Heights, El Sereno, and East LA median home values were 23%, 23%, 19%, and 22% lower than the County average, respectively. By 2018, the value gap increased in Boyle Heights and East LA to 30% and 24% and decreased in Lincoln Heights and El Sereno to 8% and 2%
- Slow home appreciation in Boyle Heights and East LA has contributed to affordability but also low wealth accumulation, which helps explain community sensitivity to the impact of new development



*\*The Boyle Heights, Lincoln Heights, El Sereno, and East Los Angeles neighborhoods referenced in the analysis, using Zillow’s geographic boundaries, correspond closely but not completely to sub-areas A, B, C, and D.*

Median Home Values				
	Median Value		4/96-10/18	
	Apr-96	Oct-18	%	CAGR
<b>Boyle Heights</b>	\$124,200	\$434,200	250%	5.9%
<b>Lincoln Heights</b>	\$123,400	\$564,500	357%	7.2%
<b>El Sereno</b>	\$130,000	\$601,000	362%	7.2%
<b>East Los Angeles</b>	\$125,300	\$465,400	272%	6.2%
<b>Los Angeles County</b>	\$160,800	\$616,300	283%	6.3%

Source: Zillow Research, AECOM

## Market Area Age Data (Information dated 2017)

The market area population overall is younger than the County's, although sub-area C (El Sereno) has older age patterns that more closely resemble the County's.

- With a median age of 32, the market area is significantly younger than the County average of 36
- With fastest growth in the >64 age cohort, the market area and County are both aging in place, although the County is aging more quickly
- Age patterns in sub-area C (El Sereno) closely resemble the County's, while sub-areas A, B, and D indicate a greater concentration in the youngest age cohort and lower overall median age

	Age by Cohort					LA County
	Market Area				Total	
	Sub-area A (Boyle Heights)	Sub-area B (Lincoln Heights)	Sub-area C (El Sereno)	Sub-area D (East LA)		
<b>2017</b>						
Population	86,647	45,651	44,757	59,630	236,685	10,105,722
Age Cohort						
0-19	31%	28%	25%	32%	30%	25%
19-64	59%	61%	62%	59%	60%	62%
>64	10%	11%	13%	10%	11%	13%
Median Age	31	33	34	31	32	36
<b>2010-17 Change</b>						
Total	1.8%	-0.3%	0.8%	-1.1%	0.5%	3.5%
0-19	-11.0%	-17.0%	-11.0%	-10.0%	-12.0%	-8.0%
19-64	9.0%	6.0%	5.0%	2.0%	6.0%	5.0%
>64	12.0%	20.0%	9.0%	18.0%	14.0%	23.0%

Source: US Census Bureau, AECOM



# Market Area Educational Attainment (Information dated 2017)

**Educational attainment is lower in the market area than in the County, but the gap is narrowing—especially in sub-area C (El Sereno).**

- The market area lags the County significantly in terms of educational attainment, with 47% of the population over age 25 lacking a high-school degree compared to 22% for the County
- However, educational attainment in the market area appears to be increasing with meaningful gains since 2010 in some college / associates, bachelor’s, and graduate degree segments
- By sub-area, C (El Sereno) has the greatest proportion of residents with a bachelor’s degree or better and is closest to parity with the County, followed in order by B (Lincoln Heights), A (Boyle Heights) and D (East LA)

Educational Attainment for Population >25						
	Market Area					LA County
	Sub-area A (Boyle Heights)	Sub-area B (Lincoln Heights)	Sub-area C (El Sereno)	Sub-area D (East LA)	Total	
<b>2017</b>						
Population >25	52,046	29,019	29,365	35,255	145,685	6,801,851
No HS Degree	52%	44%	33%	53%	47%	22%
HS Degree Only	22%	20%	21%	21%	21%	21%
Some College/Associate's	16%	19%	25%	18%	19%	26%
Bachelor's Degree	7%	12%	14%	5%	9%	20%
Graduate Degree	2%	5%	7%	2%	4%	11%
<b>2010-17 Change</b>						
Population >25	9%	7%	6%	5%	7%	9%
No HS Degree	4%	-4%	1%	-2%	0%	-2%
HS Degree Only	2%	-14%	-7%	-5%	-5%	6%
Some College/Associate's	20%	33%	18%	37%	25%	11%
Bachelor's Degree	59%	57%	16%	2%	32%	16%
Graduate Degree	39%	131%	13%	121%	50%	19%

Source: US Census Bureau, AECOM



# Market Area Employment and Industry Key Findings (Information dated 2020)

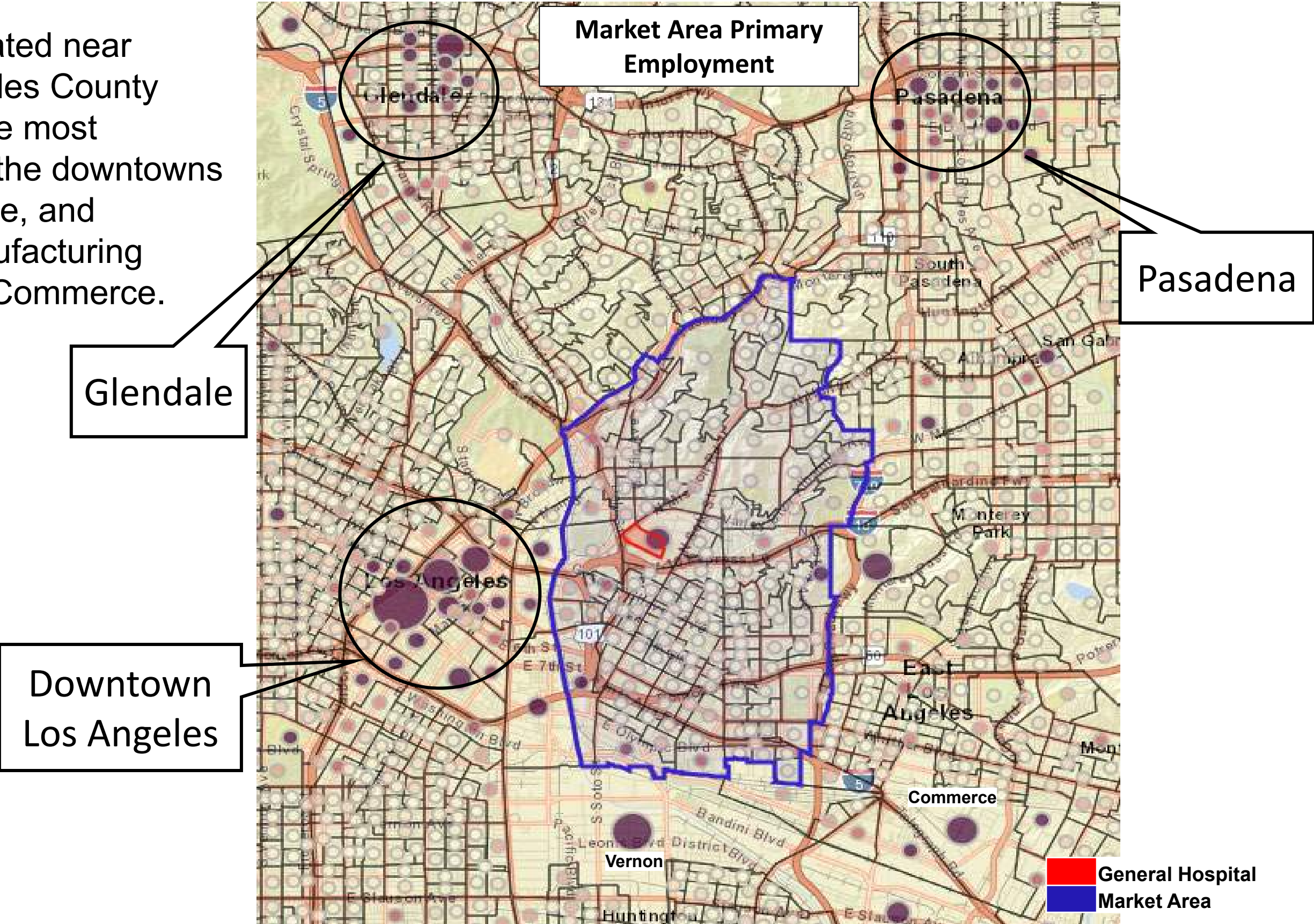
Findings	Implications
<ul style="list-style-type: none"> <li>Market area jobs / household ratio of 0.85 compared to the County’s 1.2 suggests a residential orientation that exports workers to other parts of the City</li> <li>Among sub-areas, B (Lincoln Heights), which includes General Hospital, functions as a jobs center that imports workers; the other sub-areas are worker-exporting residential communities primarily</li> </ul>	<ul style="list-style-type: none"> <li>The day population is smaller than the residential population, which may indicate a lack of support for retail expansion</li> <li>More residential development in the vicinity of General Hospital could help shift its current jobs center orientation to a more balanced live / work neighborhood</li> </ul>
<ul style="list-style-type: none"> <li>Since 2002, employment in the market area grew faster than in the County (21% vs. 12%)</li> <li>Healthcare, manufacturing, wholesale trade, and educational services dominate the market area job mix with 68% of total jobs, compared to 37% for the same sectors in the County</li> </ul>	<ul style="list-style-type: none"> <li>While wholesale and manufacturing uses cluster at the southern edge of the trade area in Boyle Heights, healthcare and educational employment is concentrated near General Hospital, which has the highest employment concentration in the market area</li> </ul>
<ul style="list-style-type: none"> <li>County-wide employment growth projections indicate fast future growth in three of the market area’s four largest sectors: health care, education, and warehousing, which benefit all sub-areas</li> <li>Projected declines in manufacturing will likely be a drag on sub-areas A (Boyle Heights), and C (El Sereno)</li> </ul>	<ul style="list-style-type: none"> <li>Preliminary estimates suggest the market area could add up to 10,000 additional jobs by 2025 (a 19% increase over 2015), of which approximately 7,500 are in healthcare and education</li> <li>At the same time, nearly 700 jobs may be lost in manufacturing, impacting sub-areas A (Boyle Heights) and C (El Sereno) disproportionately</li> </ul>





# Market Area Employment Concentration (Information dated 2020)

The market area is situated near several major Los Angeles County employment centers, the most prominent of which are the downtowns of Los Angeles, Glendale, and Pasadena and the manufacturing clusters of Vernon and Commerce.

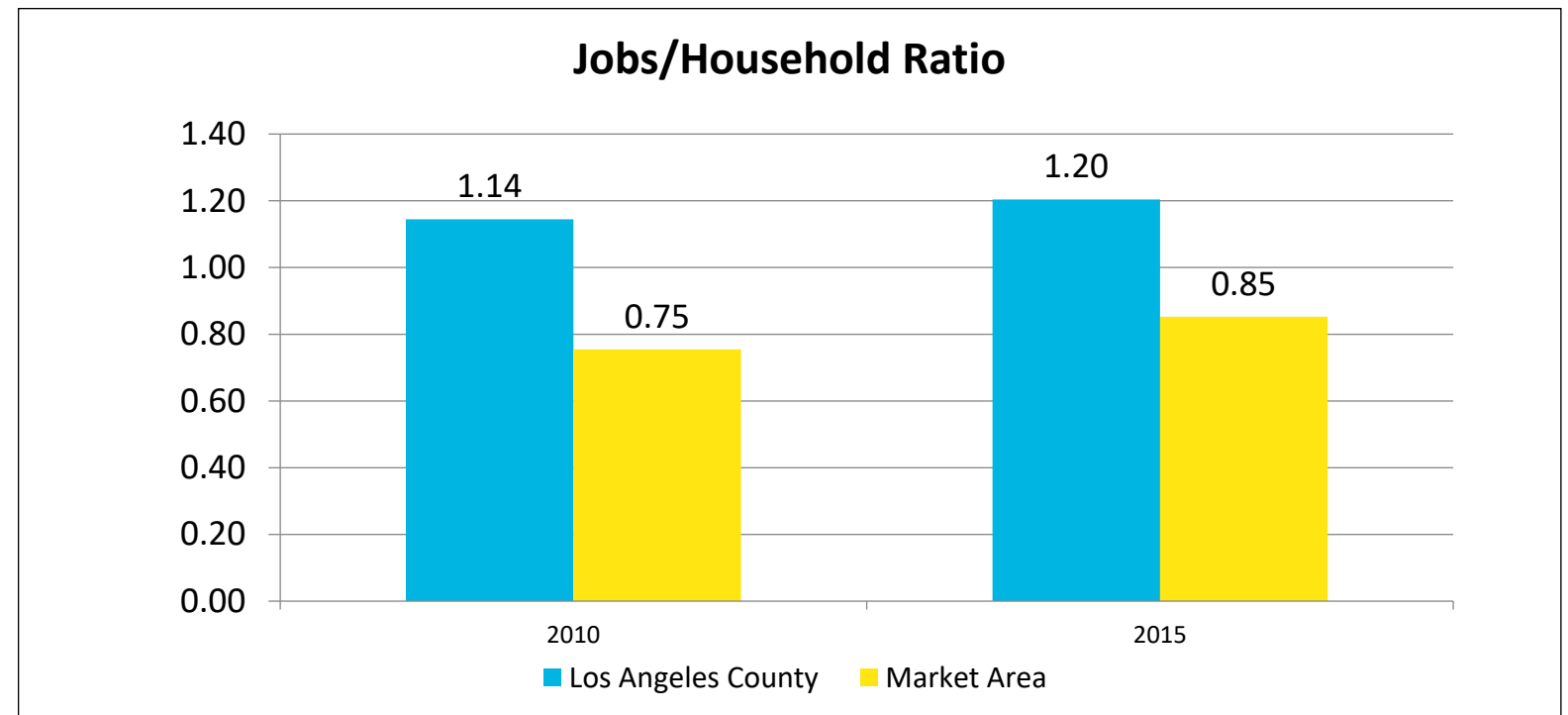


# Jobs / Household Ratio, Inflow / Outflow, and Day Population in Market Area

(Information dated 2015)

**Market area functions mainly as a residential center that exports workers to other parts of the City.**

- The market area jobs / household ratio of 0.85 is well below the County average of 1.2
  - Indicates the market area functions largely as residential community that exports workers to other parts of the City
  - Results in a day population that is smaller than the residential population, indicating a possible lack of support for retail expansion
- As the number of working market area residents has grown, the share of workers with jobs in the market area has largely held constant at between 6.6% and 6.9% of jobs
  - Indicates that the degree of mismatch between available area jobs and residents' skills has not improved



Item	2002	2010	2015
<b>Market Area Working Residents</b>	<b>63,243</b>	<b>66,102</b>	<b>74,113</b>
% who commute out of the Market Area	93.1%	93.4%	93.2%
% who work in the Market Area	6.9%	6.6%	6.8%
<b>Day Population</b>	<b>217,155</b>	<b>215,204</b>	<b>214,903</b>
Day Population/Residential Population	92%	92%	91%

Source: LEHD, US Census Bureau, AECOM



# Jobs / Households Ratio in Market Sub-Areas (Information dated 2015)

**Sub-area B (Lincoln Heights), which includes General Hospital, functions as a jobs center that imports workers; the other sub-areas are worker-exporting residential communities primarily.**

- Sub-area B (Lincoln Heights), which includes General Hospital, has a jobs / household ratio of 1.54, which is significantly higher than the County average of 1.19 and indicates the sub-area functions primarily as a jobs center
- Sub-areas A,C, and D all have jobs / household ratios substantially below the County average of 1.19, which indicates each functions primarily as a bedroom community that exports workers to other parts of the City
- Between 2002 and 2015, employment in sub-areas B and D grew by over 50% while remaining somewhat static in sub-areas A and C

	Jobs/Household Ratio			
	Market Area			
	Sub-area A (Boyle Heights)	Sub-area B (Lincoln Heights)	Sub-area C (El Sereno)	Sub-area D (East LA)
<b>Households</b>				
2015	21,806	12,926	12,940	14,984
2002-2015 Change	4%	9%	4%	4%
<b>Jobs</b>				
2015	20,187	19,880	6,875	6,476
2002-2015 Change	4%	50%	-5%	52%
<b>Jobs/HH Ratio</b>				
2015	0.93	1.54	0.53	0.43
2002-2015 Change	0%	38%	-8%	46%
<i>Source: US Census Bureau, LEHD, ESRI, AECOM</i>				

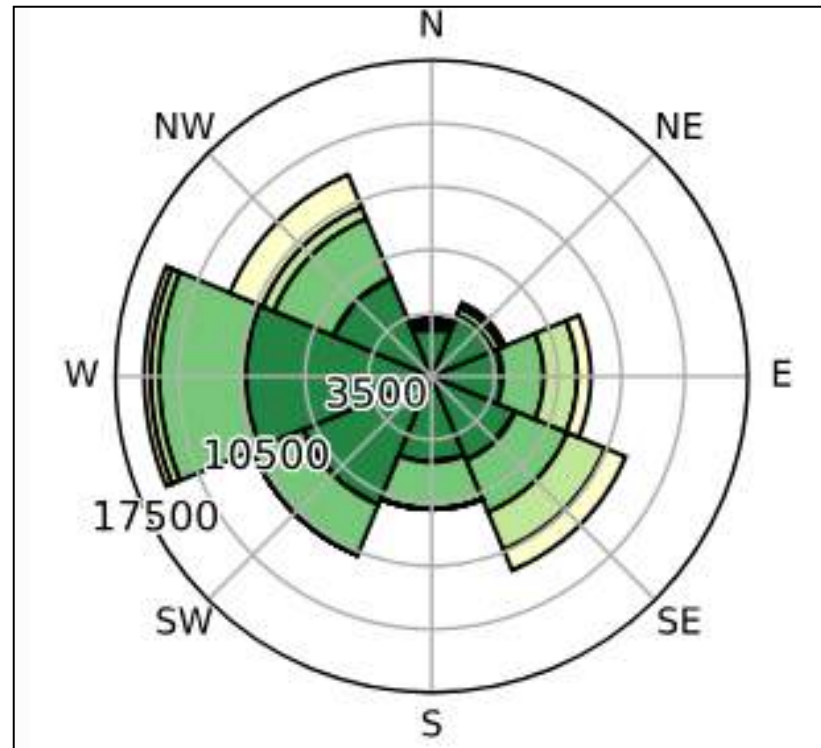


# Market Area Commuter Patterns (Information dated 2015)

A high proportion of market area out-commuters travel in a westerly direction towards Downtown LA while more in-commuters come from the east and southeast.

- Out-commuters travel mainly to the west towards Downtown LA
- In-commuters come from multiple directions but most heavily from the east and southeast
- The City of Los Angeles is the greatest destination for and source of workers in the market area

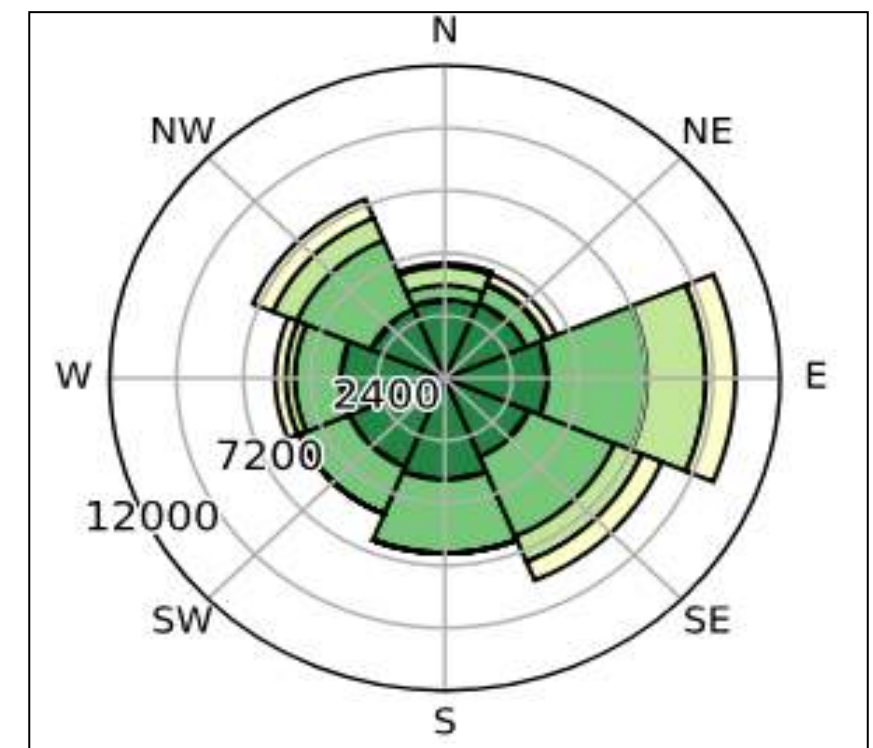
Out-Commute (2015)



Market Area Job Destination 2015	
Los Angeles	42.2%
Pasadena	3.0%
Commerce	2.9%
Vernon	2.5%
East Los Angeles	2.4%
Other	47%

Source: LEHD, AECOM

In-Commute (2015)



Market Area Worker Origin 2015	
Los Angeles	34.6%
East Los Angeles	4.6%
Glendale	1.9%
Long Beach	1.7%
Alhambra	1.6%
Other	55.7%

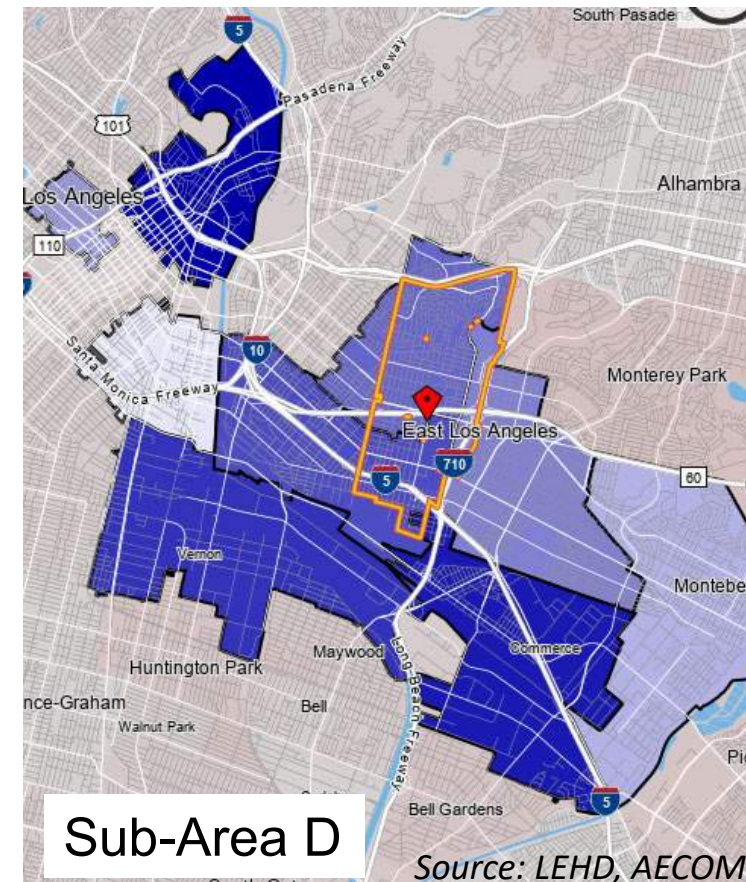
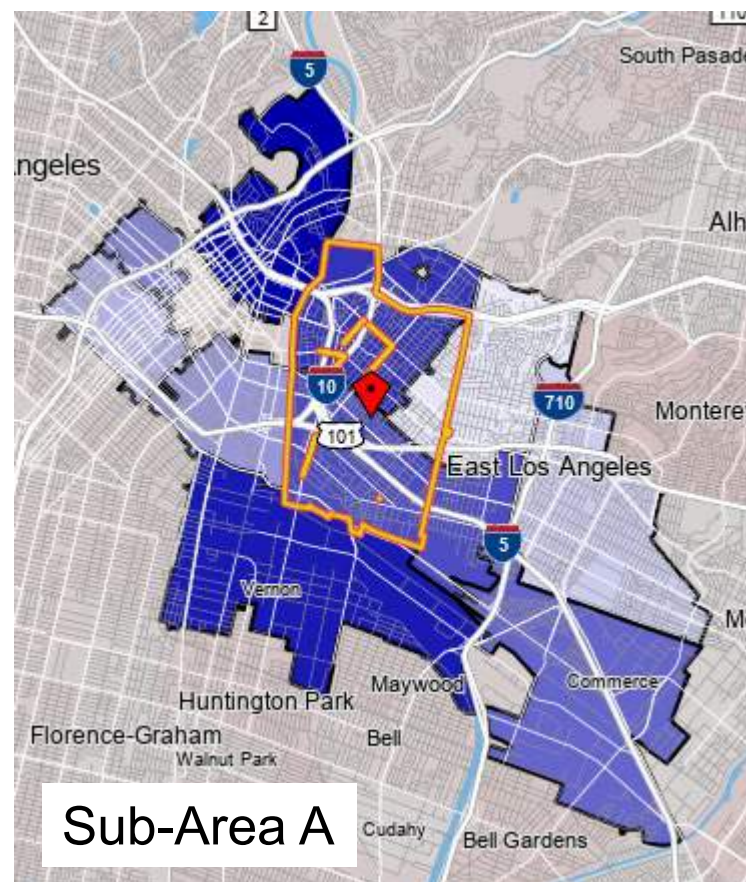
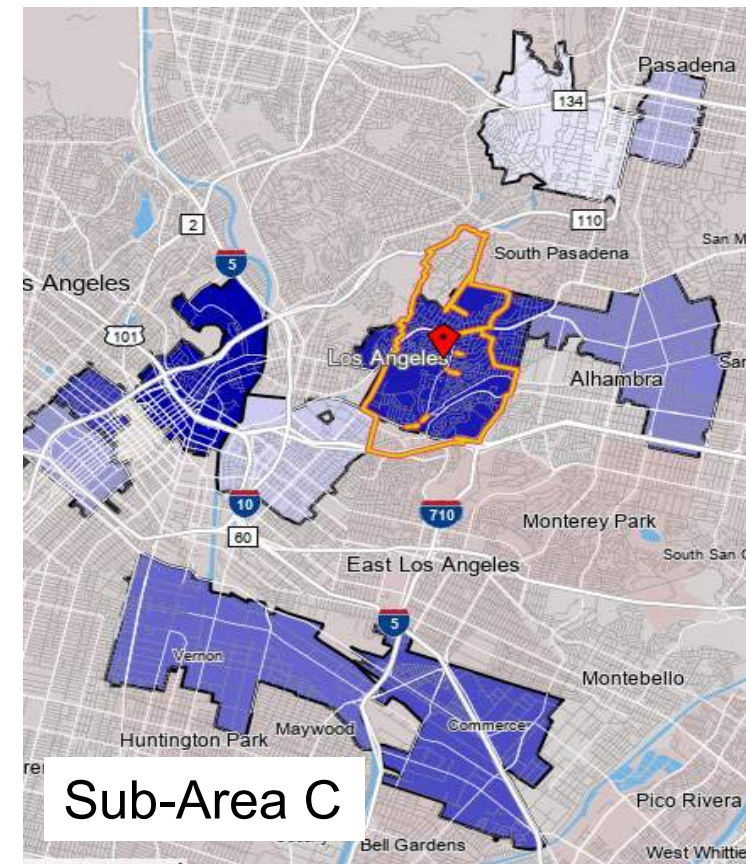
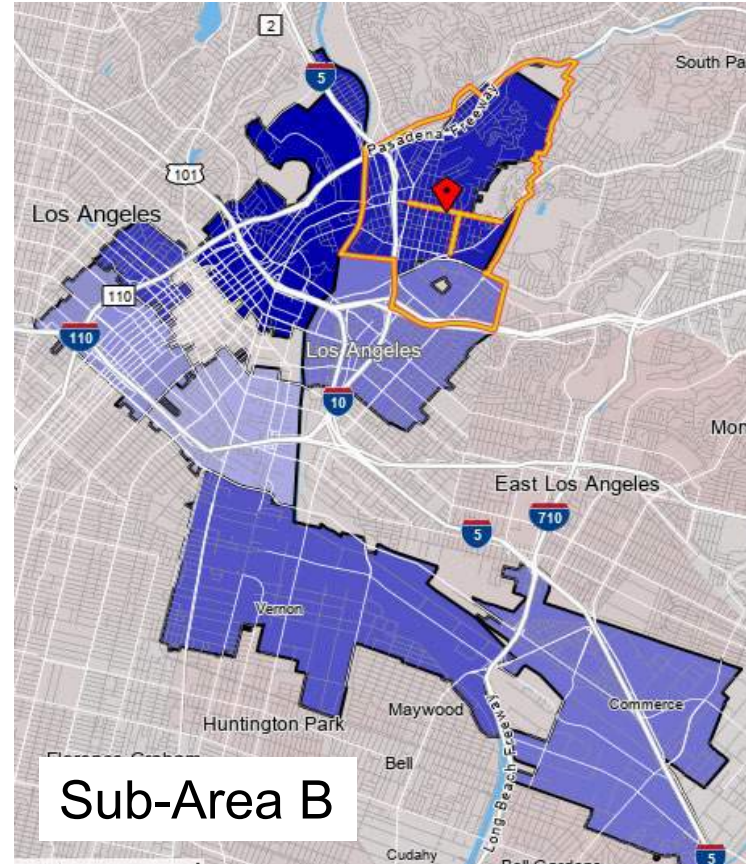
Source: LEHD, AECOM



# Market Sub-Area Commuter Patterns: Where Out-Commuters are Employed

(Information dated 2020)

- Zip code 90012 (Downtown LA) is the top employment destination for all 4 sub-area residents (5.5% of Total)
- The manufacturing centers of Vernon and Commerce are also prominent draws, particularly for residents of sub-area A (Boyle Heights) and sub-area D (East Los Angeles)



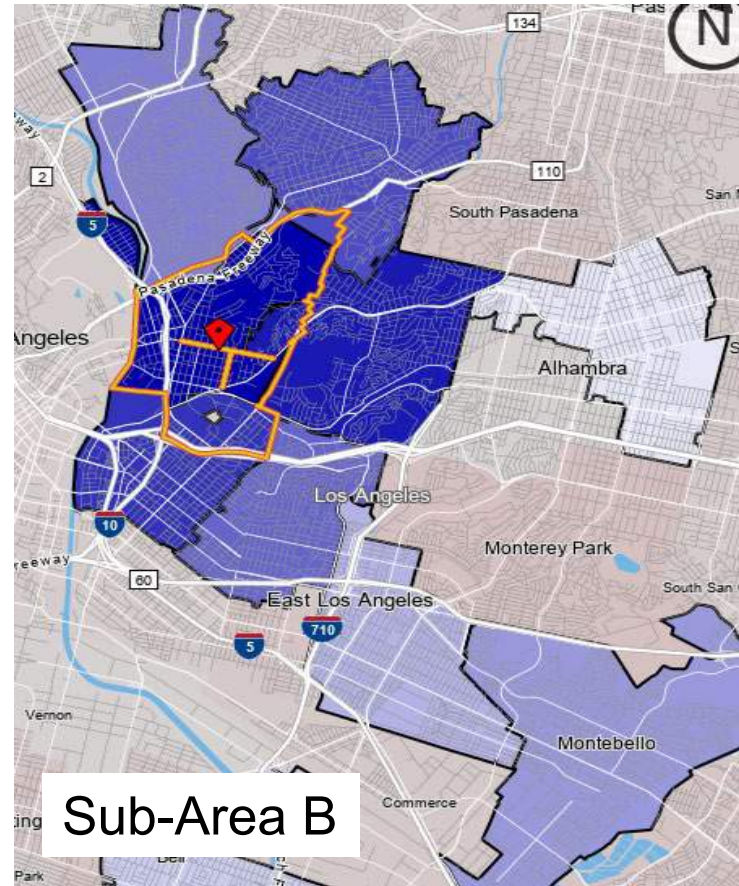
Source: LEHD, AECOM



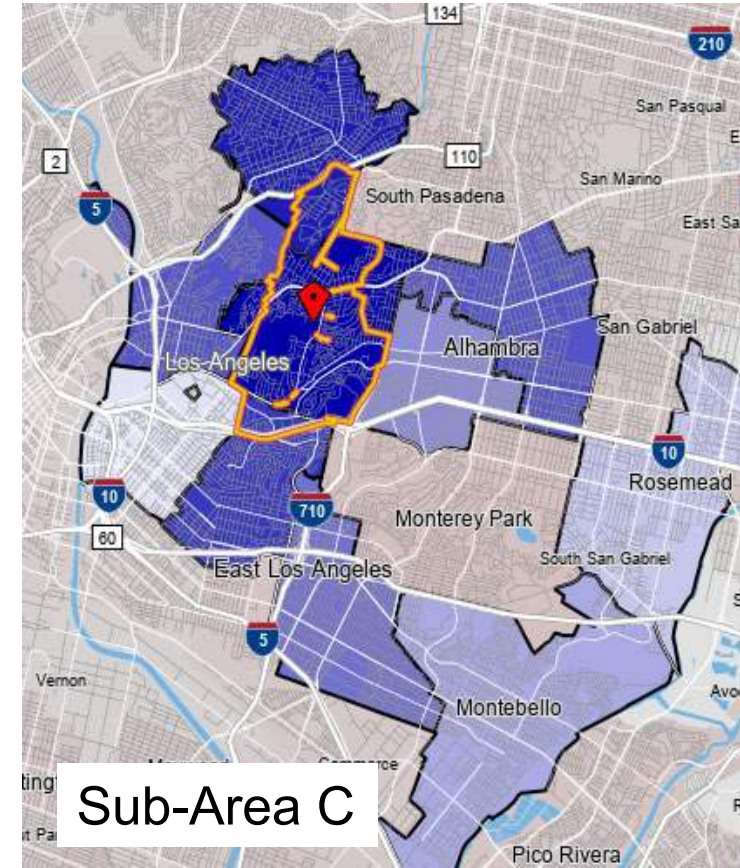
# Market Sub-Area Commuter Patterns: Where In-Commuters Live

(Information dated 2020)

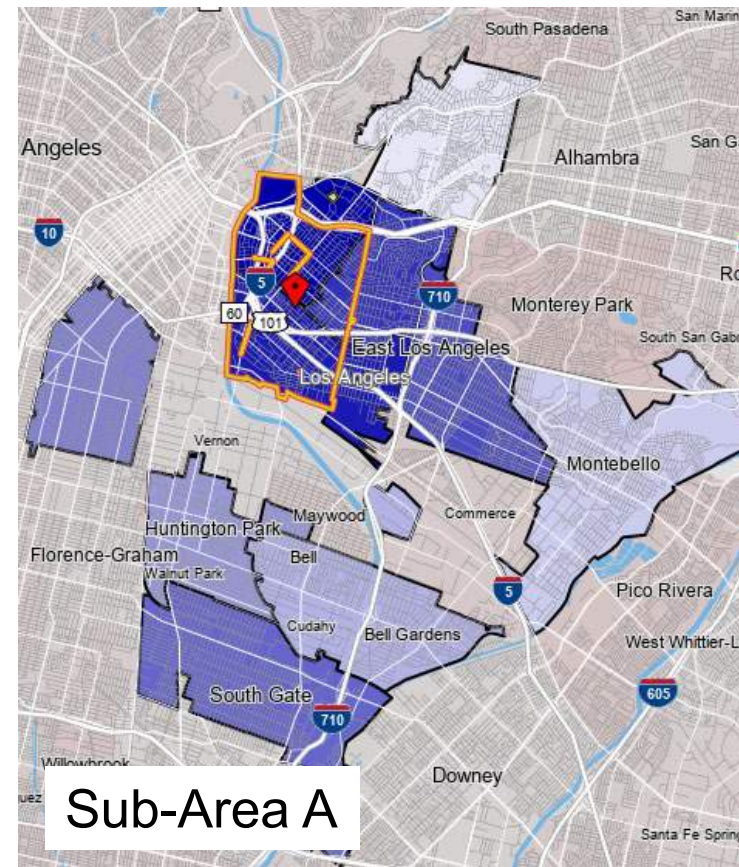
- In-Commuters to the four sub-areas come from all over the region
- The most prominent zip code for every sub-area is within the sub-area, but shares are small (3.8% to 7.8%) for the largest zip code



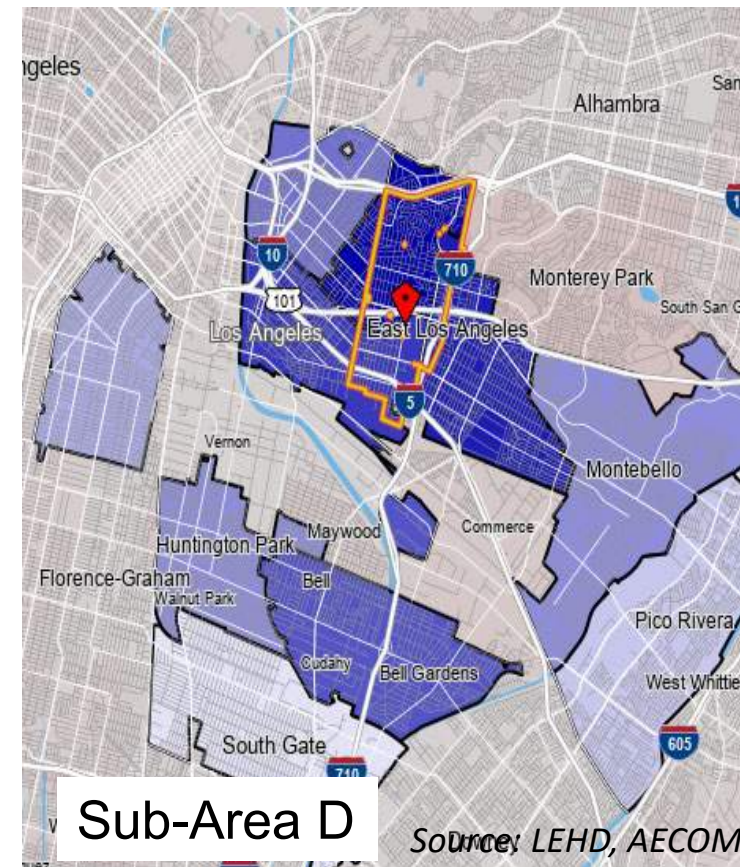
Sub-Area B



Sub-Area C



Sub-Area A



Sub-Area D

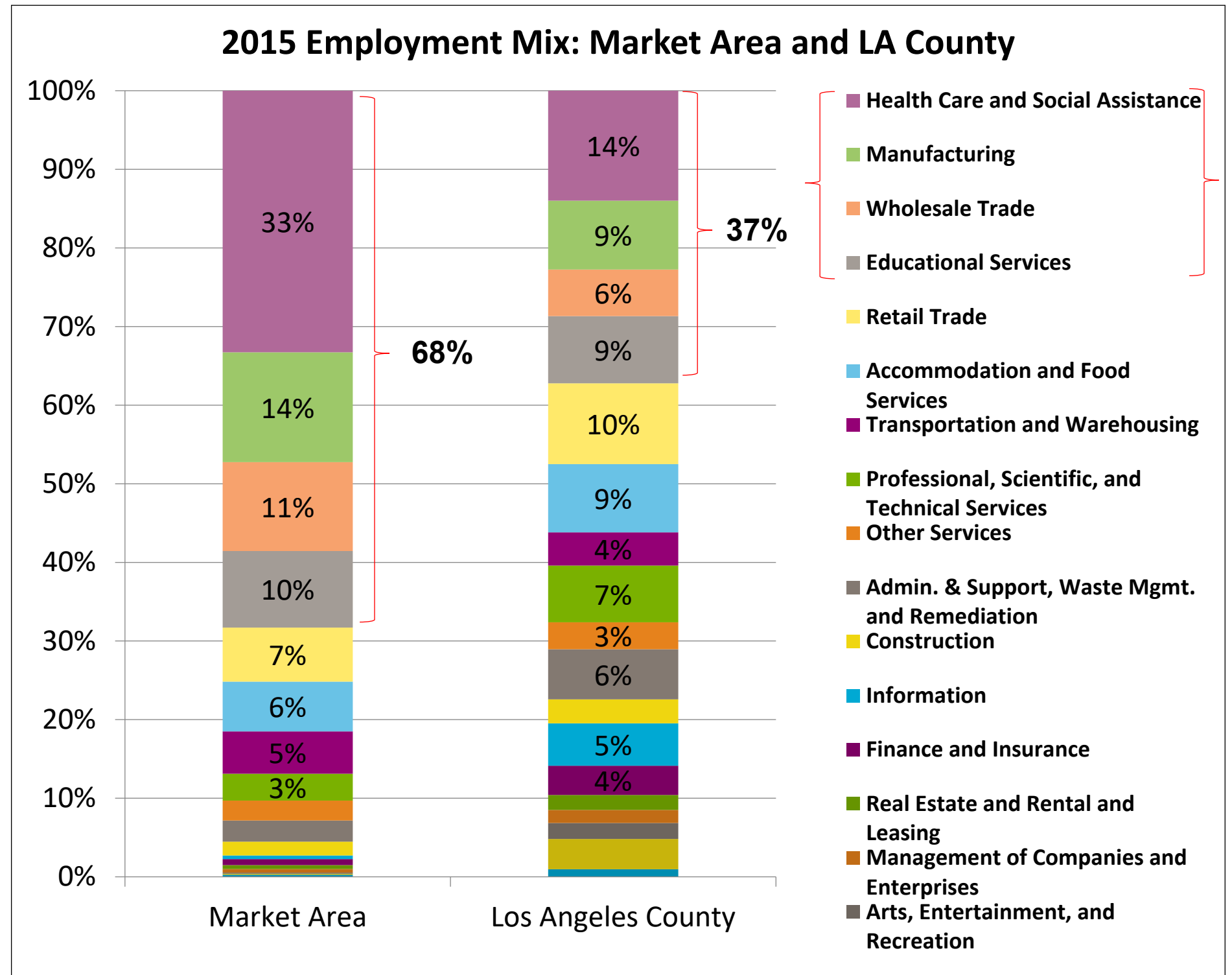
Source: LEHD, AECOM



# Market Area Employment Mix (Information dated 2015)

Healthcare, manufacturing, wholesale trade, and educational services dominate the market area job mix with 68% of total jobs.

- The market area’s four largest industry sectors by employment share are:
  - Health care (33%)
  - Manufacturing (14%)
  - Wholesale trade (11%)
  - Educational services (10%)
- Together, the four largest sectors contribute 68% of jobs, compared with 37% for the same sectors in the County
- Two of the four largest industry sectors are knowledge-based sectors that depend on high educational attainment with employment concentrated around the LAC+USC Medical Center Campus



## Market Area Historic Employment Growth (Information dated 2015)

Strong market area employment growth since 2002 has been propelled by the healthcare, wholesale trade, and educational services sectors.

- Since 2002, employment in the market area has grown faster than in the County (21% vs. 12% total growth)
- Employment growth since 2002 in the top-four market area sectors of 27% greatly exceeded County-level growth of 12%
- Educational services has been the fastest-growing sector with a 1556% increase in jobs since 2002
- The 48% decline in market area manufacturing employment reflects both County and national trends

Employment Growth by Sector 2002-2015			
	2015	2015 Share	2002-15 Change
<b>Market Area</b>	<b>53,418</b>	<b>100%</b>	<b>21%</b>
Top-4 Market Area Sectors	36,477	68%	37%
Healthcare	17,774	33%	129%
Manufacturing	7,463	14%	-48%
Wholesale Trade	6,039	11%	41%
Educational Services	5,201	10%	1556%
Remaining Sectors	16,941	32%	-3%
<b>Los Angeles County</b>	<b>3,928,040</b>	<b>100%</b>	<b>12%</b>
Top-4 Market Area Sectors	1,461,999	37%	12%
Healthcare	549,263	14%	72%
Manufacturing	344,282	9%	-31%
Wholesale Trade	232,693	6%	9%
Educational Services	335,761	9%	24%
Remaining Sectors	2,466,041	63%	12%

Source: LEHD, AECOM

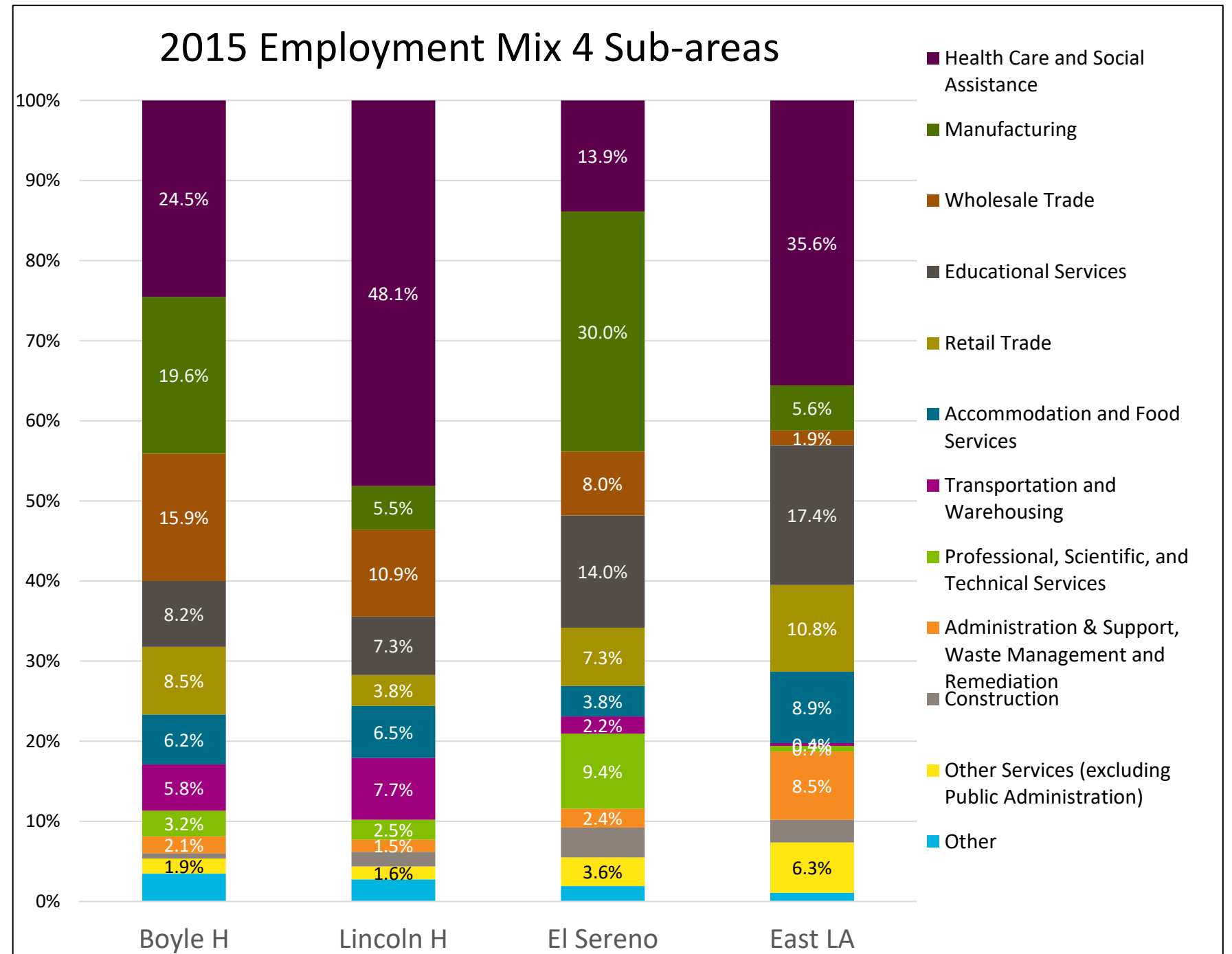




# Employment Mix in Market Sub-Areas (Information dated 2015)

In addition to healthcare and educational services jobs, manufacturing, wholesale trade, and retail are also well-represented in the sub-areas.

- Sub-areas B (Lincoln Heights) and D (East LA) have very large healthcare concentrations, while A (Boyle Heights) and C (El Sereno) are highly represented in manufacturing
- Wholesale trade and transportation / warehousing is more concentrated in sub-areas A (Boyle Heights) and B (Lincoln Heights)
- Sub-area C (El Sereno) has a high concentration of professional / technical services jobs and D (East LA) has a high concentration of administration, support and waste management jobs



Source: LEHD On the Map and AECOM



# Historic Employment Growth in Market Sub-Areas (Information dated 2015)

Market area employment growth is being driven primarily by sub-area B (Lincoln Heights), which includes General Hospital and has a high concentration of fast-growth healthcare, education, and wholesale sectors.

- **Sub-areas A (Boyle Heights) and B (Lincoln Heights) combine for 75% of all market area jobs.** However, since 2002, sub-area A employment remained almost unchanged at 4% growth while sub-area B grew 50%
- **Employment grew fastest in sub-areas B (50%) and D (52%),** while sub-area C saw a decline (-5%)
- **Healthcare is the dominant sector in sub-areas A, B, and D** with between 25% and 48% of sub-area jobs, while educational services, contributing between 8% and 17% of sub-area jobs, is the fastest-growing sector in each
- **The structural decline in manufacturing has impacted sub-areas A, and C,** which have 20% and 30% (and falling) sub-area share in this sector

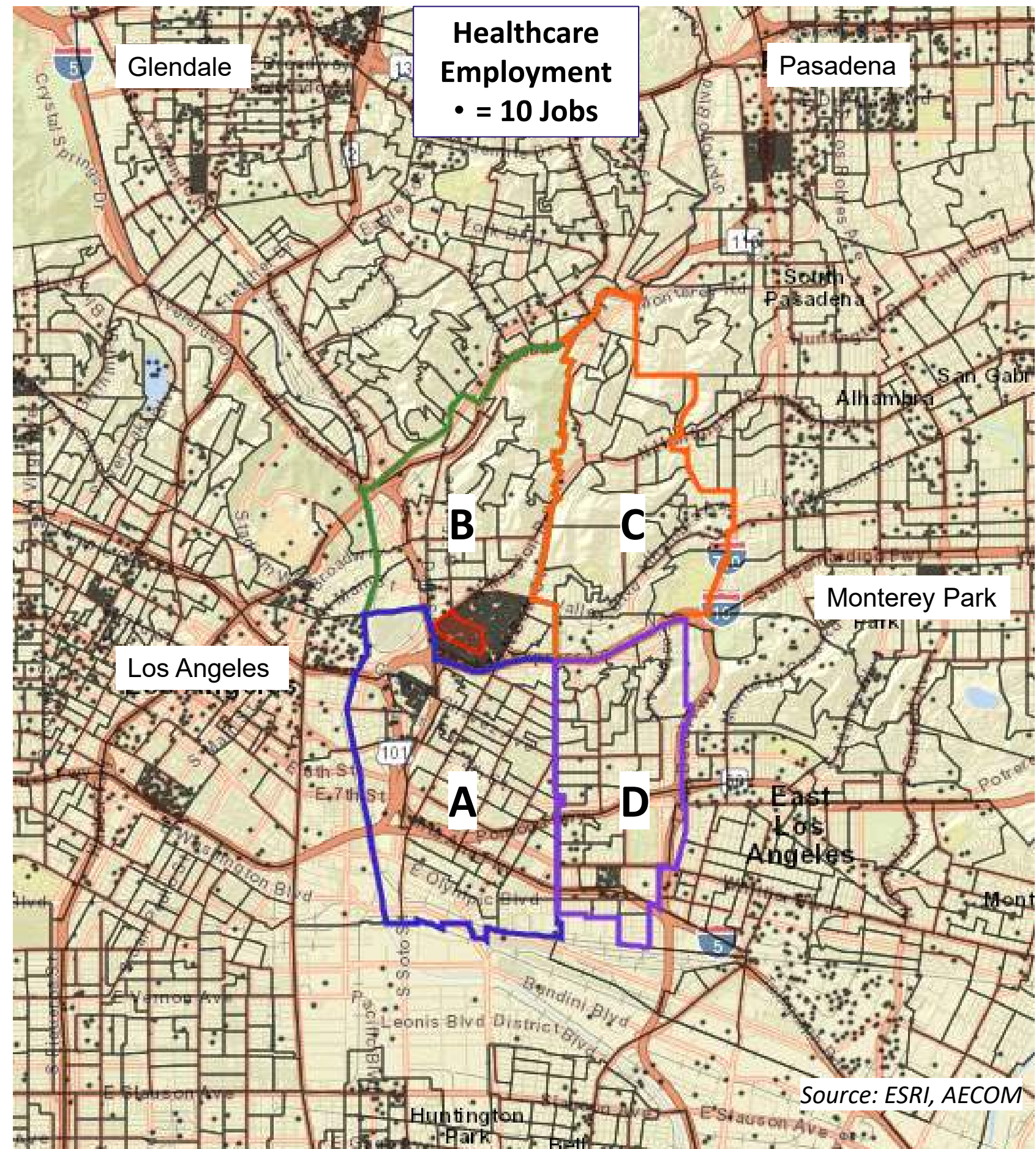
Employment and Growth for Top-4 Sectors by Sub-Area, 2002-2015				
	2015	Sub-Area Share	Market Area Share	2002-15 Change
<b>Sub-Area A (Boyle Heights)</b>	<b>20,187</b>		<b>38%</b>	<b>4%</b>
Healthcare	4,949	25%		84%
Manufacturing	3,954	20%		-47%
Wholesale Trade	3,210	16%		13%
Educational Services	1,659	8%		1543%
All Other Sectors	6,415	32%		2%
<b>Sub-Area B (Lincoln Heights)</b>	<b>19,880</b>		<b>37%</b>	<b>50%</b>
Healthcare	9,569	48%		181%
Wholesale Trade	2,159	11%		256%
Transportation/Warehousing	1,534	8%		1%
Educational Services	1,449	7%		1229%
All Other Sectors	5,169	26%		-32%
<b>Sub-Area C (El Sereno)</b>	<b>6,875</b>		<b>13%</b>	<b>-5%</b>
Manufacturing	2,060	30%		-40%
Educational Services	963	14%		32000%
Healthcare	953	14%		435%
Wholesale Trade	550	8%		-13%
All Other Sectors	2,349	34%		-21%
<b>Sub-Area D (East Los Angeles)</b>	<b>6,476</b>		<b>12%</b>	<b>52%</b>
Healthcare	2,303	36%		56%
Educational Services	1,130	17%		1019%
Retail Trade	701	11%		24%
Accommodation/Food Service	577	9%		48%
All Other Sectors	1,765	27%		2%

Source: US Census LEHD, AECOM

## Market Area Health Care Jobs Distribution (Information dated 2015)

Healthcare jobs in the market area are concentrated around General Hospital in sub-area B (Lincoln Heights) and Adventist Health White Memorial in sub-area A (Boyle Heights).

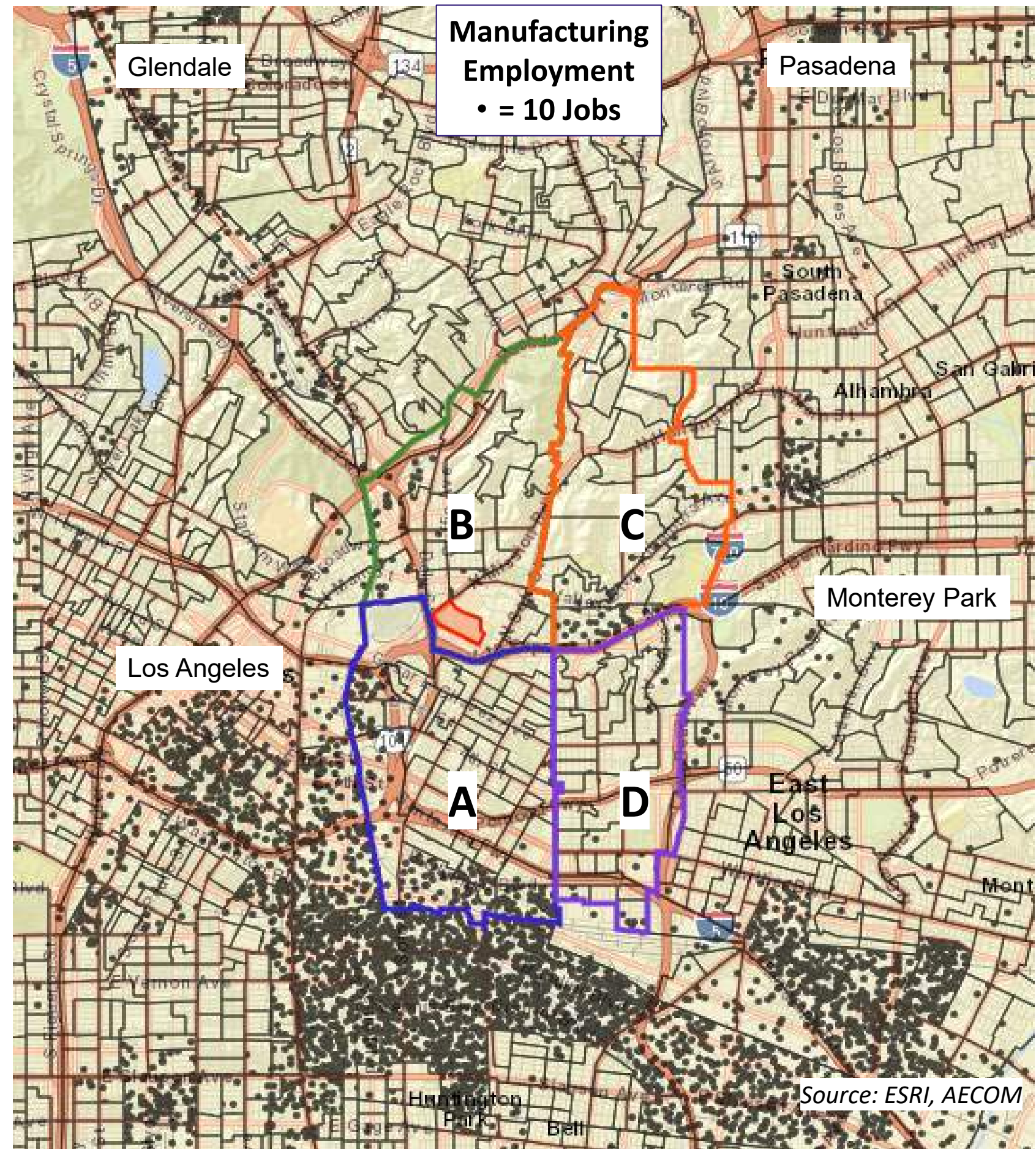
- Other prominent healthcare clusters are located near health campuses in Glendale, Pasadena, Downtown LA, and Monterey Park



## Market Area Manufacturing Jobs Distribution (Information dated 2015)

The manufacturing sector is heavily concentrated south of the market area with subsidiary clusters northwest and east, which spill over into sub-areas A (Boyle Heights), B (Lincoln Heights), and C (El Sereno).

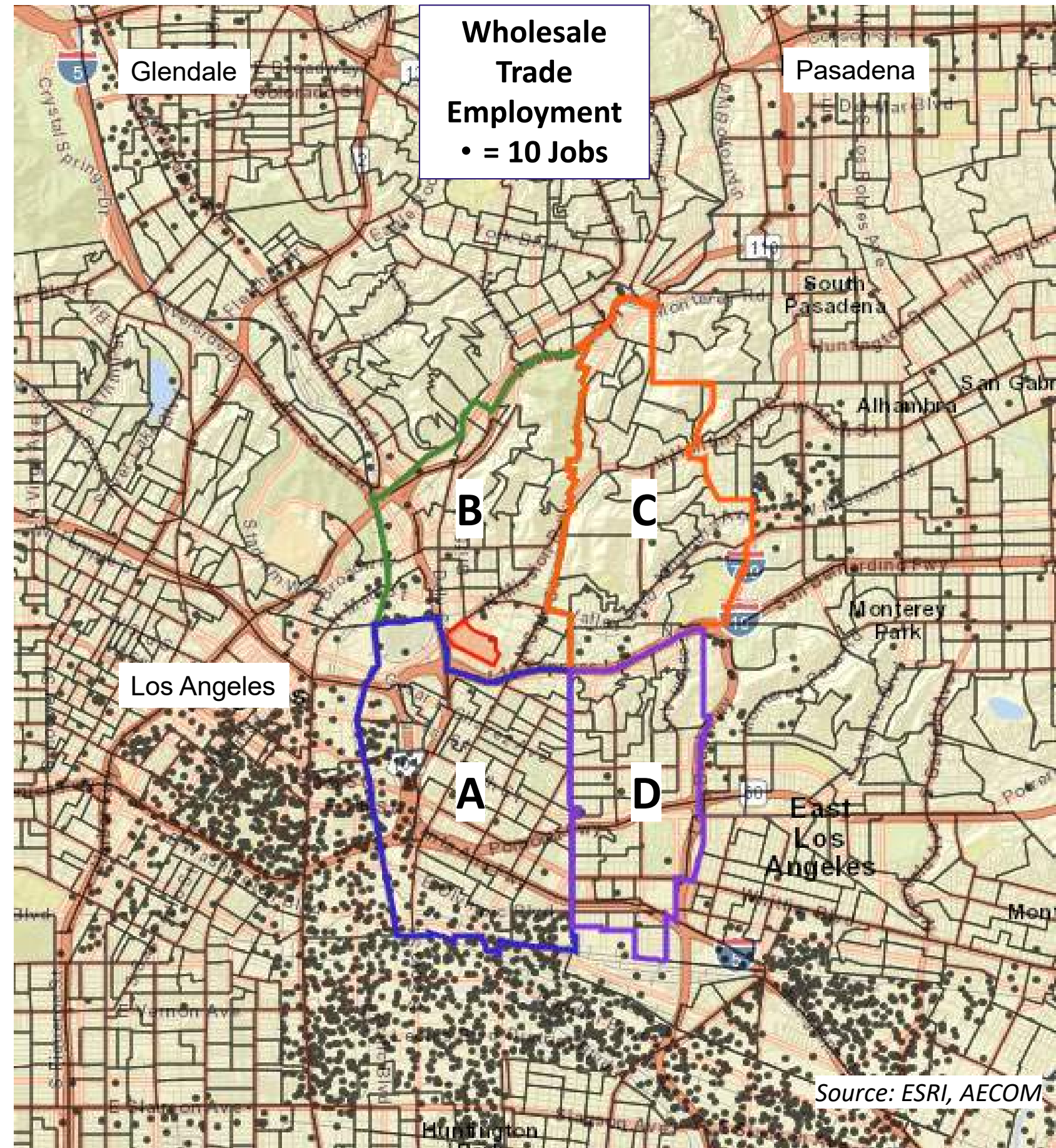
- Structural decline in the manufacturing sector is providing redevelopment and adaptive reuse opportunities for building stock in the general vicinity of General Hospital



## Market Area Wholesale Trade Jobs Distribution (Information dated 2015)

Like the manufacturing sector, wholesale trade jobs are heavily concentrated south of the market area with subsidiary concentrations northwest and east, which spill over into Sub-areas A (Boyle Heights), B (Lincoln Heights), and C (El Sereno).

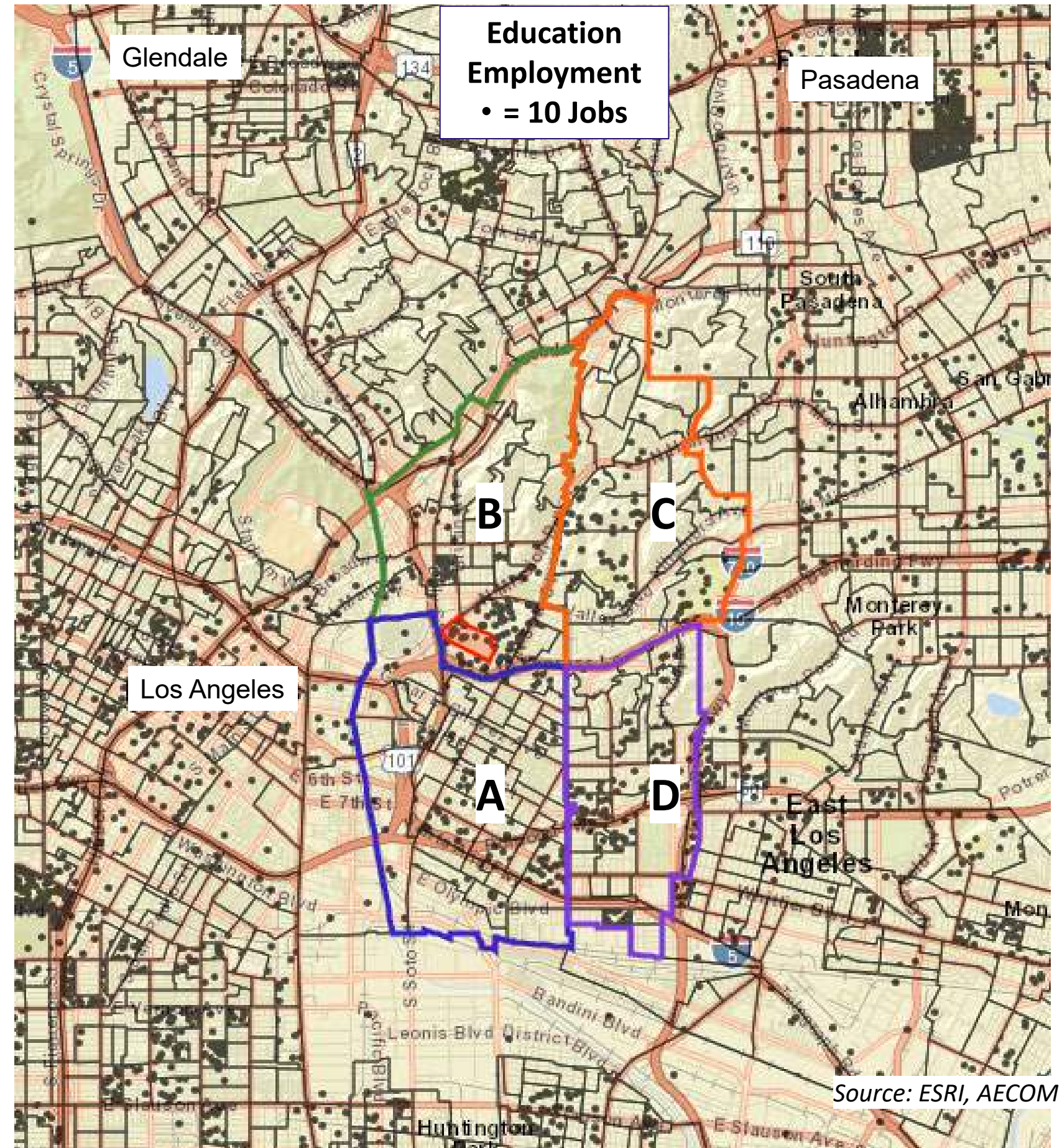
- Growth in the wholesale trade sector, driven by e-commerce and “last-mile” distribution requirements, is propelling expansion and creating growth opportunities throughout the market area



## Market Area Educational Jobs Distribution (Information dated 2015)

Educational services has experienced tremendous job growth in all sub-areas with USC (in sub-area B) and Cal-State LA (in sub-area C) as engines of growth.

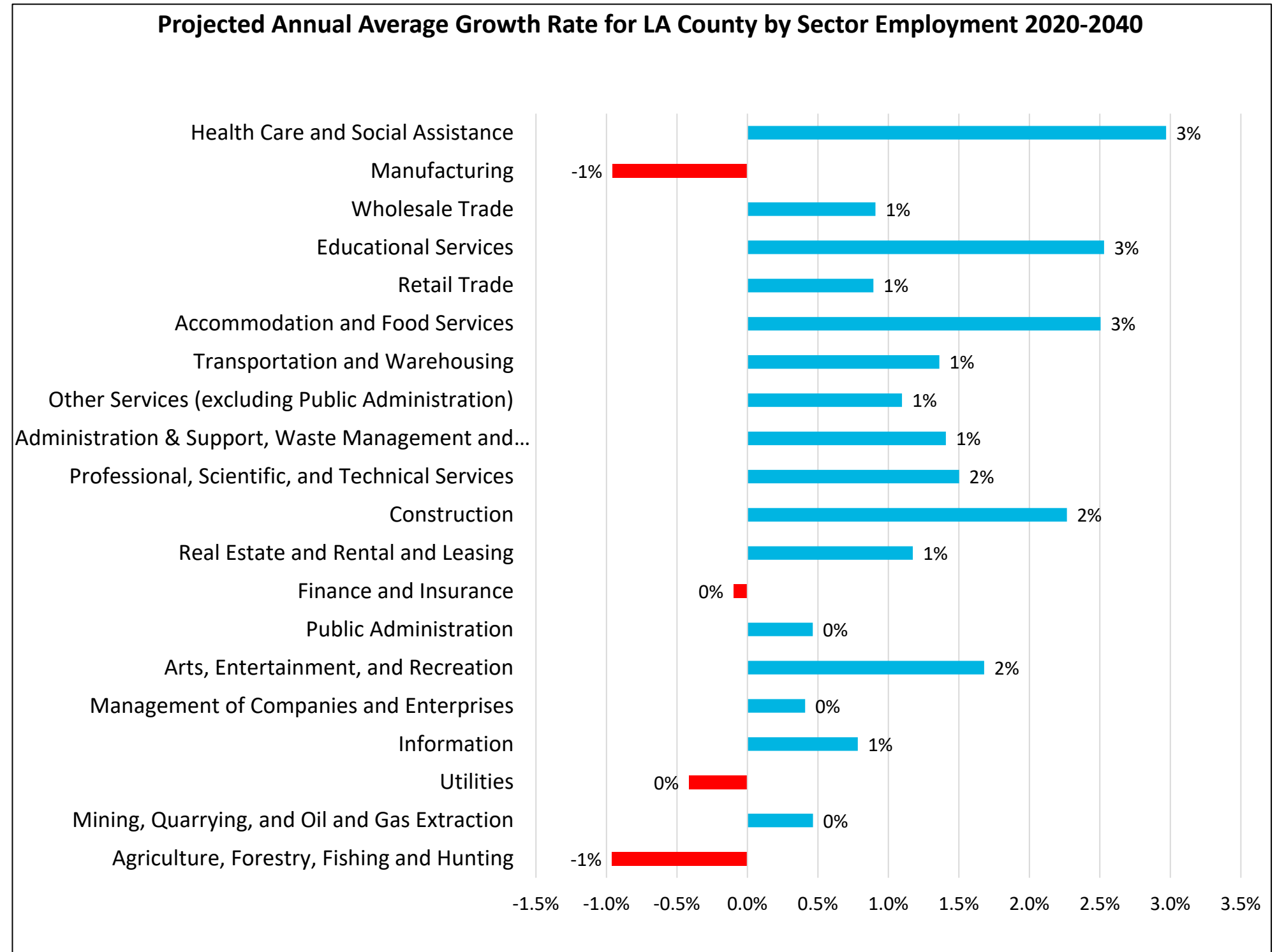
- Growth in educational services projected to continue to see strong growth in LA County with nearby clusters in Pasadena and around USC's campuses



# Market Area Expected Employment Growth by Sector (Information dated 2020)

**Projected fast growth in health care and education will benefit the market area, while expected decline in manufacturing will have a negative impact.**

- County-wide projections indicate fast growth in health care and education sectors
  - Sub-areas A (Boyle Heights) and B (Lincoln Heights) should benefit most from healthcare growth
  - Sub-areas B (Lincoln Heights), and C (El Sereno) should benefit most from education growth
- Projections also show continued decline in manufacturing, which will most strongly impact sub-areas A (Boyle Heights) and C (El Sereno), which have significant manufacturing concentrations
- Other expected fast-growth employment sectors in LA County include professional services, arts / entertainment, construction, and accommodation / food services



Source: EDD, LEHD, AECOM



# Projected Market Area Employment Growth (Information dated 2020)

A preliminary estimate suggests the market area could support up to 10,000 additional jobs by 2025, a 19% increase over 2015.

- If the market area employment sector categories grow at County-wide rates (using California’s Employment Development Department (EDD) projections), the market area could add over 10,085 jobs by 2025, an increase of 19%
- Of these, approximately 7,500 jobs (75% of growth) is projected to occur in the healthcare and education categories
- Other notable growth areas include accommodation / food and warehousing
- Manufacturing could experience a loss of nearly 700 jobs

Market Area Employment Projections by Sector					
NAICS Sector Primary Jobs	2015	Applied CAGR <sup>1</sup>	2025	Job Growth	2015-25 Change
Health Care and Social Assistance	17,774	3.0%	23,816	6,042	34%
Manufacturing	7,463	-1.0%	6,780	-683	-9%
Wholesale Trade	6,039	0.9%	6,610	571	9%
Educational Services	5,201	2.5%	6,677	1,476	28%
Retail Trade	3,672	0.9%	4,014	342	9%
Accommodation and Food Services	3,385	2.5%	4,335	950	28%
Transportation and Warehousing	2,874	1.4%	3,290	416	14%
Professional, Scientific, and Technical Services	1,829	1.5%	2,123	294	16%
Admin. & Support, Waste Mngmt.	1,438	1.4%	1,654	216	15%
Other Services (excluding Public Administration)	1,355	1.1%	1,511	156	12%
Construction	937	2.3%	1,172	235	25%
Finance and Insurance	410	-0.1%	406	-4	-1%
Real Estate and Rental and Leasing	273	1.2%	307	34	12%
Management of Companies and Enterprises	244	0.4%	254	10	4%
Information	241	0.8%	261	20	8%
Utilities	131	-0.4%	126	-5	-4%
Arts, Entertainment, and Recreation	72	1.7%	85	13	18%
Public Administration	71	0.5%	74	3	5%
Agriculture, Forestry, Fishing and Hunting	9	-1.0%	8	-1	-9%
Mining, Quarrying, and Oil and Gas Extraction	0	0.5%	0	0	0%
<b>Total</b>	<b>53,418</b>	<b>1.7%</b>	<b>63,503</b>	<b>10,085</b>	<b>19%</b>

Source: LEHD for 2015 employment, EDD for County-wide growth rates/sector







# 3. Residential Market Analysis

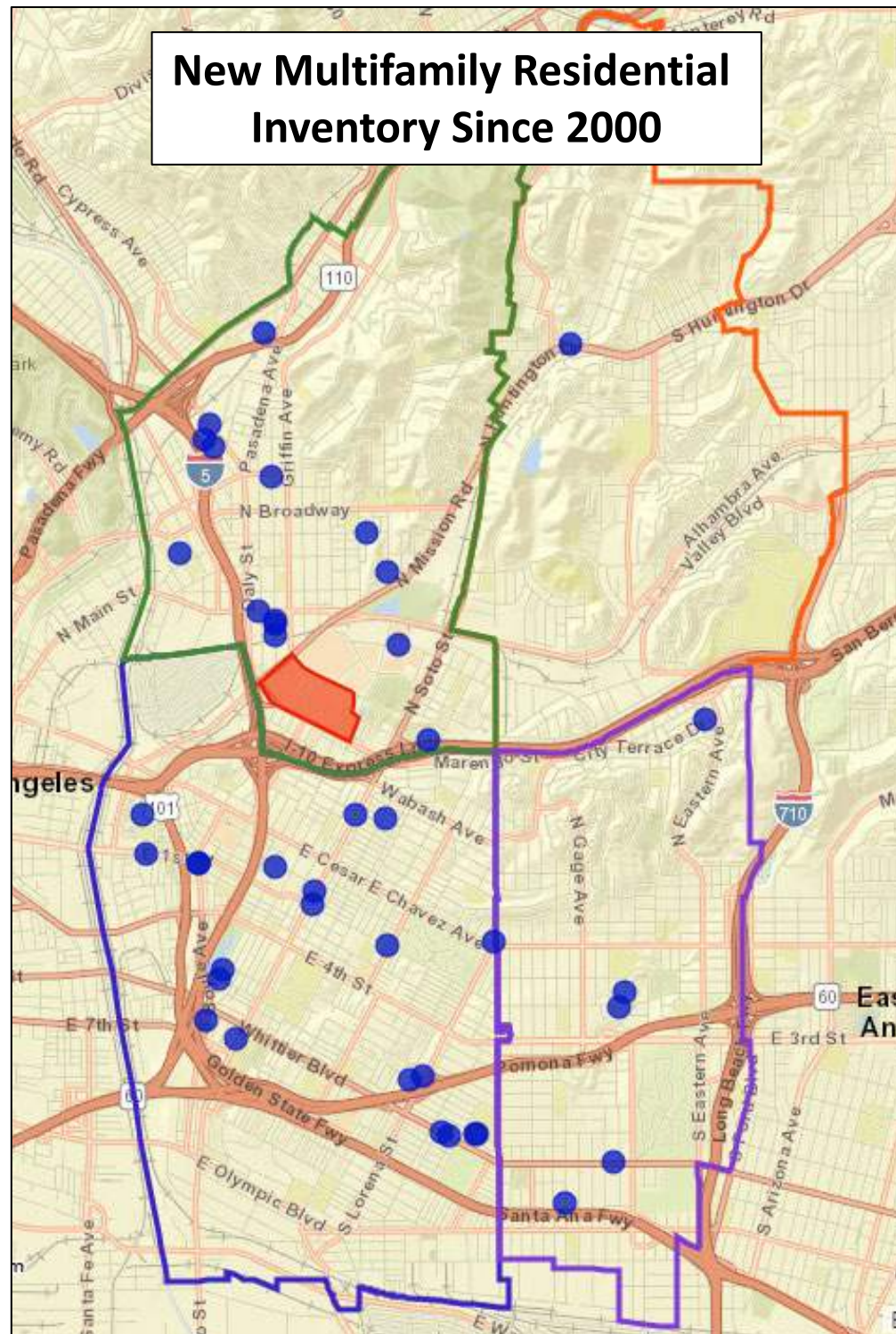
# Market Area Residential Market Opportunity Summary (Information dated 2020)

Drivers	Findings	Implications
<p>Location Attributes</p> <ul style="list-style-type: none"> <li>Near Downtown LA, historic / interesting building, near other redeveloping areas</li> </ul> <p>Trends</p> <ul style="list-style-type: none"> <li>17% market area inventory growth since 2000 (2,300 units) exceeds 11% County growth</li> <li>2,900-unit pipeline may increase inventory 21% and indicates accelerating development</li> <li>86% of all market area units built since 2000 are affordable, but 71% of all pipeline units are market rate</li> <li>Sub-area A (Boyle Heights), the largest sub-area with 50% of total market area inventory, experienced 50% of market area growth since 2000 and contains 50% of the development pipeline</li> </ul>	<p>Residential-Specific</p> <ul style="list-style-type: none"> <li>General Hospital in the middle of a band of relatively high market area growth</li> <li>Shift from mostly affordable to mostly market rate development</li> <li>Most new market rate units are largely unaffordable for long-term residents</li> </ul> <p>General</p> <ul style="list-style-type: none"> <li>General Hospital site is isolated from transit and from walkable amenities</li> <li>“Institutional” look of the structure may not be welcoming</li> <li>Community resistance may be discouraging investment</li> </ul>	<ul style="list-style-type: none"> <li>Despite supply pipeline, desirable location and pool of pent-up demand and should support affordable and market rate residential uses at General Hospital</li> <li>Market rate pipeline indicates potential rapid in-migration of higher-income residents</li> <li>Site isolation / lack of transit means car ownership may be necessary</li> <li>To address site isolation, need diversity of uses / services so site can function as a city within the city</li> </ul>



# Market Area Multifamily Inventory Growth (Information dated 2018)

The market area has added multifamily housing faster than the County, and the current pipeline indicates an acceleration of inventory growth.



Multifamily Residence Inventory and Growth 2000-18		
	Market Area	LA County
<b>Inventory (Units)</b>	13,392	1,112,299
Market Rate	70%	NA
Affordable	30%	NA
<b>Share of LAC</b>	1.20%	100%
<b>Growth 2000-18 (Units)</b>	2,284	127,855
<b>Growth 2000-18 (%)</b>	17%	11%
<b>Share of County Growth</b>	2%	100%

Source: Costar, AECOM

- The market area inventory of 13,952 units, of which 30% are affordable\*, contributes 1.25% of total County units
- 2,284 new housing units have been added to the market area since 2000, a 17% inventory growth that exceeds the County rate of 11%
- The market area pipeline of approximately 2,936 units, a further 21% growth in inventory, indicates an acceleration of housing production

\*Affordable housing includes units for low income households, seniors, veterans, the homeless and disabled persons.



## Multifamily Inventory Growth in Market Sub-Areas (Information dated 2018)

**Sub-areas A (Boyle Heights) and B (Lincoln Heights) have seen the most multifamily unit growth since 2000, accounting for 54% and 36% of all added inventory respectively.**

Sub-Area Inventory and Growth 2000-2018: All Multifamily Units					
	Market Area				Total
	Sub-Area A (Boyle Heights)	Sub-Area B (Lincoln Heights)	Sub-Area C (El Sereno)	Sub-Area D (East LA)	
<b>Inventory (Units)</b>	6,618	3,830	2,011	933	13,392
<b>Share of Market Area</b>	49%	29%	15%	7%	100%
<b>Growth 2000-18 (Units)</b>	1,233	830	64	157	2,284
<b>Growth 2000-18 (%)</b>	23%	28%	3%	20%	17%
<b>Share of Market Area Growth</b>	54%	36%	3%	7%	100%

*Source: Costar, AECOM*

- Sub-area A (Boyle Heights) has experienced the greatest multifamily unit growth since 2000 with 1,233 new units (54% of total growth), and sub-area B (Lincoln Heights) has added 830 new units (36%)
- Sub-area C (El Sereno) has added the fewest multifamily units since 2000 contributing only 3% of market area growth
- Sub-area D (East LA) has the smallest multifamily inventory, although its population is larger than sub-areas B and C, indicating both larger household size and more single-family residences



# Multifamily Inventory Growth: Affordable Units in Market Sub-Areas

(Information dated 2018)

**86%, or 1,969 units, of multifamily units built since 2000 were dedicated to some category of affordable housing, over 90% of which are in sub-areas A (Boyle Heights) and B (Lincoln Heights).**

Sub-Area Inventory and Growth 2000-2018: Affordable Multifamily Units					
	Market Area				Total
	Sub-Area A (Boyle Heights)	Sub-Area B (Lincoln Heights)	Sub-Area C (El Sereno)	Sub-Area D (East LA)	
<b>Inventory (Units)</b>	2,229	921	503	373	4,026
<b>Share of Market Area</b>	55%	23%	12%	9%	100%
<b>Growth 2000-18 (Units)</b>	1,211	603	0	155	1,969
<b>Growth 2000-18 (%)</b>	119%	190%	0%	71%	96%
<b>Share of Market Area Growth</b>	62%	31%	0%	8%	100%

*Source: Costar, AECOM*

- Almost 2,000 new Affordable units were added to the inventory of the market area from 2000 to 2018
- Sub-area A (Boyle Heights) was the location of 1,211 new affordable units or 63% of the market area total
- No affordable multifamily units were built in sub-area C (El Sereno) in this period
- The affordable housing stock doubled from 2000-2018, and there are multiple projects in the current pipeline



# Multifamily Inventory Growth: Market Rate Units in Market Sub-Areas

(Information dated 2018)

**Only 14%, or 315 units, of all new multifamily units developed in the market area between 2000 and 2018 were market rate.**

Sub-Area Inventory and Growth 2000-2018: Market Rate MFR Units					
	Market Area				Total
	Sub-Area A (Boyle Heights)	Sub-Area B (Lincoln Heights)	Sub-Area C (El Sereno)	Sub-Area D (East LA)	
<b>Inventory (Units)</b>	4,389	2,909	1,508	560	9,366
<b>Share of Market Area</b>	47%	31%	16%	6%	100%
<b>Growth 2000-18 (Units)</b>	22	227	64	2	315
<b>Growth 2000-18 (%)</b>	1%	8%	4%	0%	3%
<b>Share of Market Area Growth</b>	7%	72%	20%	1%	100%

*Source: Costar, AECOM*

- 315 market rate units were added to the inventory of the market area from 2000 to 2018
- Sub-area A (Boyle Heights) contains approximately 4,400 multifamily units or 50% of the market area
- 72% of all new multifamily units built in the market area are located in sub-area B (Lincoln Heights)
- Approximately 70% of multifamily units in the market area are market rate, but growth has been very slow since 2000



## Residential Pipeline in Market Sub-Areas (Information dated 2020)

Contrary to recent market area trends, most of the proposed pipeline development (72%) is for market rate housing, with the highest concentration in sub-area A (Boyle Heights).

Market Area MFR Pipeline					
	Sub-Areas				Total Market Area
	Sub-Area A (Boyle Heights)	Sub-Area B (Lincoln Heights)	Sub-Area C (El Sereno)	Sub-Area D (East LA)	
<b>Market Rate</b>					
Market Rate Pipeline Units	1,152	373	500	61	2,086
Market Rate Share of Sub-Area	78%	79%	64%	29%	71%
Sub-Area Share of Market Area	55%	18%	24%	3%	100%
<b>Affordable</b>					
Affordable Pipeline Units	327	100	276	147	850
Affordable Share of Sub-Area	22%	21%	36%	71%	29%
Sub-Area Share of Market Area	38%	12%	32%	17%	100%
<b>Total</b>					
Units	1,479	473	776	208	2,936
Sub-Area Share of Market Area	50%	13%	29%	8%	100%

Source: Costar, LACDA, AECOM

- Approximately half of the residential pipeline is in sub-area A (Boyle Heights), followed by 29% in C (El Sereno), 13% in B (Lincoln Heights), and 8% in D (East LA)
- In only sub-area D (East LA) is the majority of pipeline designated as affordable; in all other sub-areas, the majority is market rate
- The 1,100 market rate pipeline units in sub-area A (Boyle Heights) represents 84% of all sub-area A pipeline and fully 41% of all pipeline units in the market area

# Selected Residential Pipeline by Project in Market Sub-Areas

(Information dated 2020)

The residential pipeline includes a wide range of products such as master-planned communities, adaptive reuse, all-residential, mixed-use, for sale, for rent, market rate, and affordable.

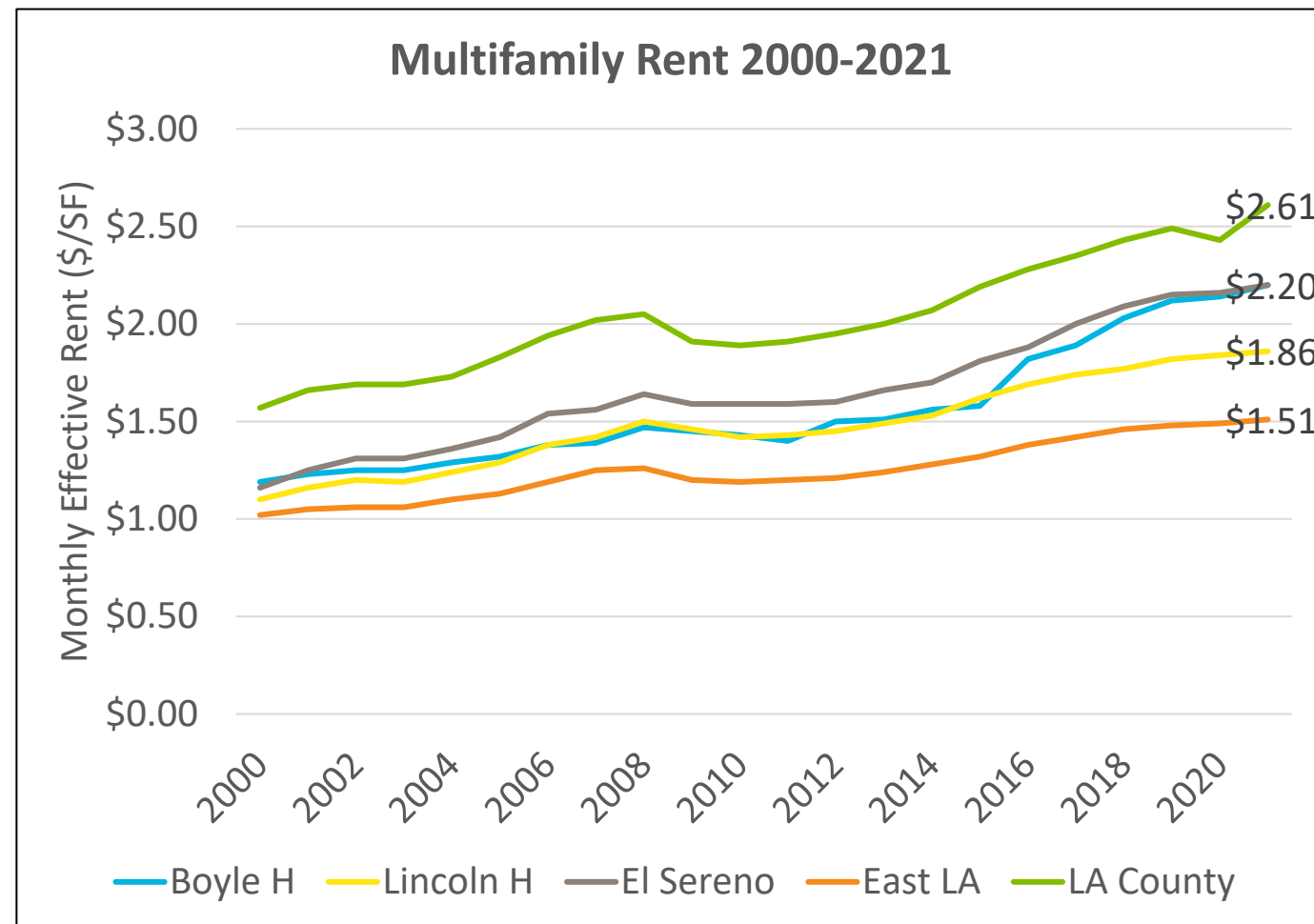
Selected Projects in Market Area Residential Pipeline						
Name/Address	Sub-Area	Description	Status	Market	Afford.	Total
2418 Folsom	A (Boyle Heights)	Market-Rate Condominiums	Construction; expected 2019	4	0	4
Downey II	D (East LA)	New Construction Affordable Apartments	Construction; expected 2019	0	71	71
Currie Hall	B (Lincoln Heights)	Market Rate Student Housing with commercial space	Construction; expected 2020	95	0	95
3651 E. 1st Street	D (East LA)	New Construction Affordable Apartments	Construction; expected 2020	0	59	59
Lincoln Heights Jail	B (Lincoln Heights)	Adaptive reuse apartments, live-work, public market, commercial	Seeking City Council approval	150	0	150
Wyvernwood Apartments	A (Boyle Heights)	Mixed-use condos, apartments, commercial, open space	Seeking City Council approval	2,553	660	3,213
Sears Building Ph 1	A (Boyle Heights)	Adaptive reuse apartments, condos	On hold due to Sears bankruptcy	1,030	0	1,030
Lorenza Plaza	A (Boyle Heights)	Mixed-Use affordable family housing and ground retail	Proposed for 2020	0	49	49
Cielito Lindo Ph 2	A (Boyle Heights)	New Construction Affordable Apartments	Proposed for 2020	0	28	28
731 S. Boyle	A (Boyle Heights)	New Construction Market Rate Apartments	Proposed for 2020	4	1	5
La Veranda	A (Boyle Heights)	Mixed-Use affordable family housing and ground retail	Proposed for 2020	0	77	77
1724 Penn. Ave	A (Boyle Heights)	New Construction Affordable Apartments	Proposed for 2020	0	60	60
3429 Percy St.	A (Boyle Heights)	New Construction Market Rate Condos	Proposed for 2020	6	0	6
4201 N Figueroa St	B (Lincoln Heights)	New Construction Market Rate Apartments	Proposed for 2020	13	0	13
The Brine	B (Lincoln Heights)	Mixed-Use affordable housing with ground retail and amenities	Proposed for 2020	0	97	97
1817 Sichel St	B (Lincoln Heights)	New Construction Market Rate Apartments	Proposed for 2020	18	0	18
The Whittier	D (East LA)	New Construction Affordable Apartments	Proposed for 2020	0	34	34
2524 E Caesar Chavez	A (Boyle Heights)	Mixed-use Market Rate with ground retail	Proposed for 2021	60	0	60
1st and Boyle	A (Boyle Heights)	Mixed-Use affordable family housing and ground retail	Proposed for 2021	1	43	44
1550 E Pleasant	A (Boyle Heights)	Market Rate with Some Affordable Apartments	Proposed for 2021	30	4	34
1612 E Pleasant	A (Boyle Heights)	Market Rate with Some Affordable Apartments	Proposed for 2021	16	2	18
113 S Soto St.	A (Boyle Heights)	Mixed-Use affordable family housing and ground retail	Proposed for 2021	1	63	64
181 N Ave 21	B (Lincoln Heights)	Market Rate Apartments with some Affordable and ground retail	Proposed for 2021	97	3	100
Rose Hill Court	C (El Sereno)	Two-phase redevelopment with apartments, townhomes and flats	Proposed for 2020	0	191	191
Rosa de Castilla	C (El Sereno)	Mixed-Use affordable family housing and ground retail	Proposed for 2021	0	85	85
1st and Rowan	D (East LA)	New Construction Market Rate Apartments	Proposed for 2021	61	0	61
Downey I	D (East LA)	New Mixed-Use affordable family housing and ground retail	Proposed for 2021	0	42	42
2110 Landsowne Ave	C (El Sereno)	Market Rate Student Housing for Cal State	Proposed for 2023	500	0	500
<b>Total</b>				<b>4,639</b>	<b>1,569</b>	<b>6,208</b>

Source: Costar, Urbanize, Curbed LA,

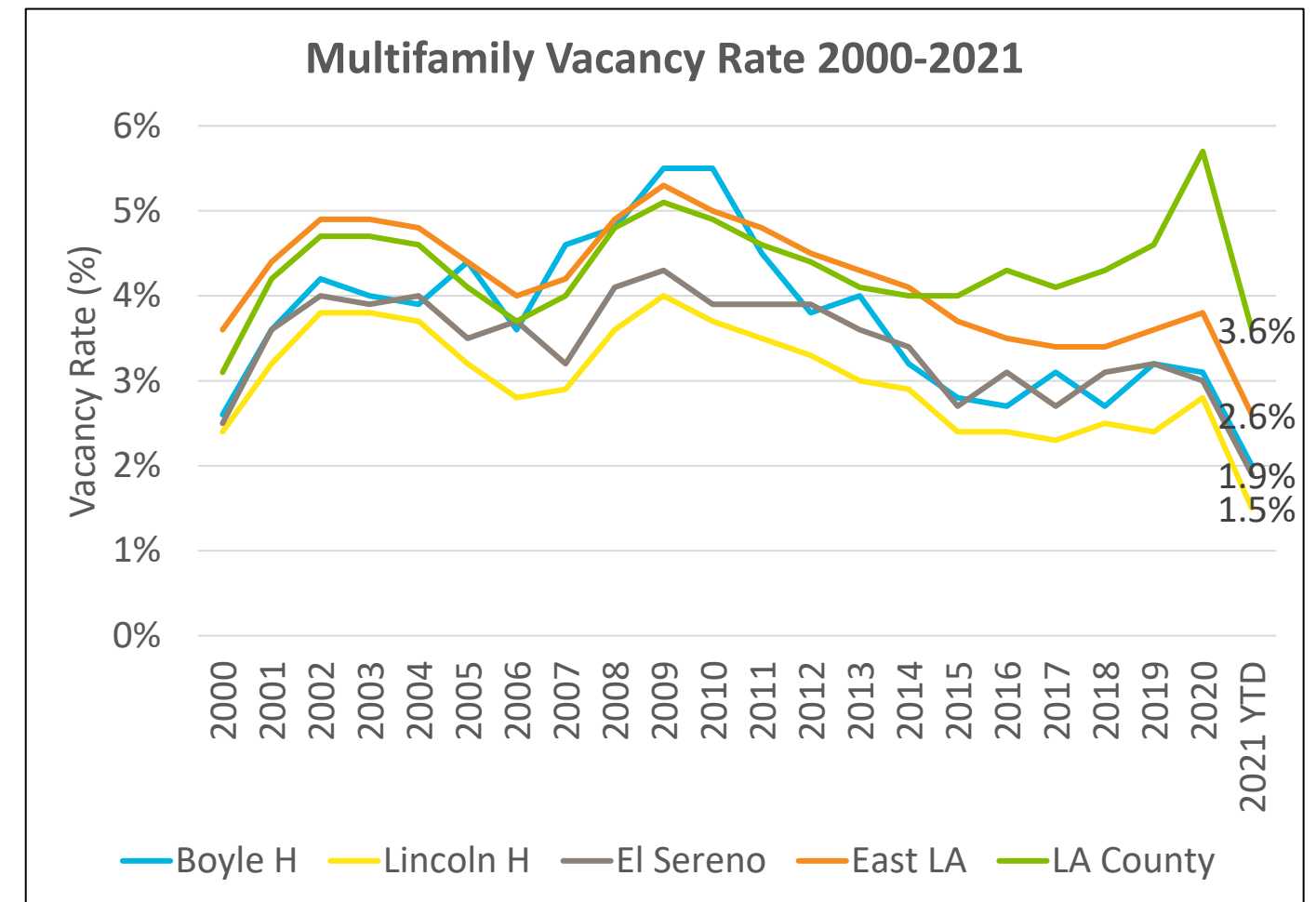


# Market Analysis - Multifamily Housing Rent and Vacancy Rate Analysis (Information dated 2021)

- Market rate multifamily rents have increased, and vacancy rates have decreased since 2019 in each sub-area and across Los Angeles County
- These data indicate a healthy multifamily market with potential for continued growth



Source: Costar, AECOM



Source: Costar, AECOM



# Market Area Rate and Affordable Housing Market Unit Size and Mix

(Information dated 2020)

Market Area Multifamily Rental Units Average Size Since 2000

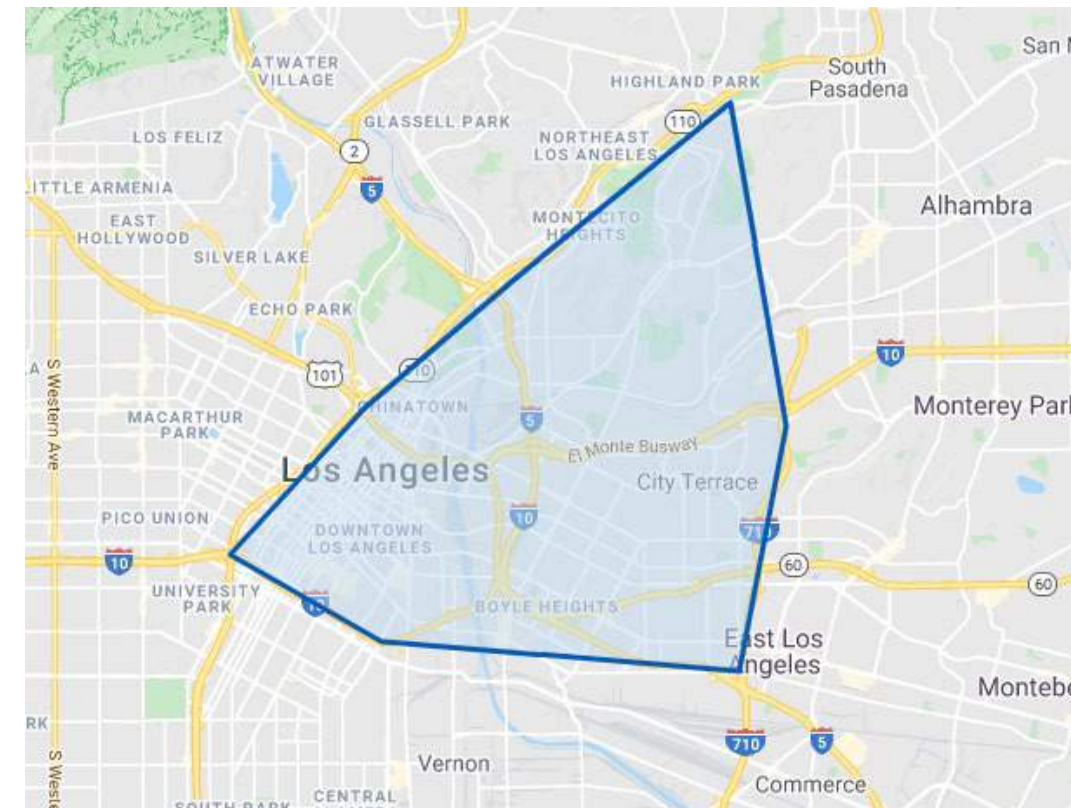
	Units	% Total	Average Size (SF)
Studio	119	5%	501
1 Bedroom	753	33%	650
2 Bedroom	554	24%	890
3 Bedroom	646	28%	1,125
4 Bedroom	212	9%	1,350
<b>Total</b>	<b>2,284</b>	<b>100%</b>	<b>936</b>

Source: Costar, AECOM

Extended Area Multifamily Rental Units Average Size Since 2000

	Units	% Total	Average Size (SF)
Studio	5,202	20%	591
1 Bedroom	11,199	44%	752
2 Bedroom	7,282	29%	1,099
3 Bedroom	1,530	6%	1,244
4 Bedroom	325	1%	1,334
<b>Total</b>	<b>25,537</b>	<b>100%</b>	<b>855</b>

(1) Extended Area includes DTLA and the Arts District  
Source: Costar, AECOM



- Multifamily residential inventory growth in the market area has been about 85% affordable since 2000, which skews heavily towards larger units. Please note one development, Pueblo del Sol, has 125 3-Bedrooms and 127 4-Bedrooms



# Market Area Market Rate Housing: Comparative New Construction

(Information dated 2020)

**Recent additions to multifamily inventory include high-end units that signal potential demand and price-points for new market rate products in General Hospital and on West Campus.**



The Aliso			
Type	Size	\$/unit	\$/SF
Studio	564	\$2,405	\$4.32
1 Bedroom	854	\$3,074	\$3.60
2 Bedrooms	1,135	\$3,639	\$3.46
3 Bedrooms	N/A	N/A	N/A
<b>Total Units: 472</b>			
<b>Year Built: 2019</b>			
<b>Total Land Area of Site: 5.2 Acres</b>			
<b>Market Segment: Arts District</b>			

One Santa Fe			
Type	Size	\$/unit	\$/SF
Studio	466	\$2,038	\$4.37
1 Bedroom	699	\$2,443	\$3.50
2 Bedrooms	1,001	\$3,152	\$3.15
3 Bedrooms	N/A	N/A	N/A
<b>Total Units: 438</b>			
<b>Year Built: 2014</b>			
<b>Total Land Area of Site: 4.5 Acres</b>			
<b>Market Segment: Arts District</b>			

- High-end residential units in the Arts District command between \$3.15-\$4.40 per square foot depending on unit type, size, location and amenities
- New construction in the West Campus or adaptive reuse of top floors would likely command competitive high-end rents



# Market Area Market Rate Housing: Comparative New Construction

(Information dated 2020)



The Trademark			
Type	Size	\$/unit	\$/SF
Studio	503	\$2,143	\$4.26
1 Bedroom	653	\$2,518	\$3.83
2 Bedrooms	1,028	\$3,601	\$3.50
3 Bedrooms	1,227	\$4,965	\$4.05
<b>Total Units: 313</b>			
<b>Year Built: 2019</b>			
<b>Total Land Area of Site: 2.86 Acres</b>			
<b>Market Segment: Downtown LA</b>			

Eighth & Grand			
Type	Size	\$/unit	\$/SF
Studio	528	\$2,380	\$4.51
1 Bedroom	719	\$2,909	\$4.04
2 Bedrooms	1,076	\$3,764	\$3.50
3 Bedrooms	1,323	\$5,836	\$4.41
<b>Total Units: 700</b>			
<b>Year Built: 2015</b>			
<b>Total Land Area of Site: 2.92 Acres</b>			
<b>Market Segment: Downtown LA</b>			

- High-end residential units in Downtown LA command between \$3.50-\$4.50 per square foot depending on unit type, size, location and amenities



# Market Area Affordable Housing Market Unit Size and Mix (Information dated 2020)

Market Area Affordable Housing Representative Comparisons: Unit Size and Mix												
Property Name	Total Units	Studio		1 Bedroom		2 Bedroom		3 Bedroom		4 Bedroom		
		% Total	Avg SF	% Total	Avg SF	% Total	Avg SF	% Total	Avg SF	% Total	Avg SF	
Downey II	71	0%	N/A	48%	500	27%	750	25%	1,000	0%	N/A	
Cielito Lindo	49	0%	N/A	61%	696	8%	967	31%	1,235	0%	N/A	
Santa Cecilia Apartments	80	0%	N/A	25%	626	25%	809	50%	1,205	0%	N/A	
Terrace Heights	8	0%	N/A	0%	N/A	100%	995	0%	N/A	0%	N/A	
Whittier Place	24	0%	N/A	42%	733	58%	987	0%	N/A	0%	N/A	
Sol y Luna	53	0%	N/A	28%	700	30%	930	42%	1,175	0%	N/A	
Linda Vista Senior Apartments	23	0%	N/A	65%	725	35%	825	0%	N/A	0%	N/A	
The Whittier	60	0%	N/A	37%	550	32%	650	32%	850	0%	N/A	
Las Margaritas Apartments	41	27%	495	27%	613	15%	829	32%	1,089	0%	N/A	
Tesoro Del Valle	121	0%	N/A	0%	N/A	21%	1,000	50%	1,200	29%	1,400	

Source: Costar, AECOM



- Rents for affordable housing depend on unit types, mix, and target income levels





# 4. Office Market Analysis

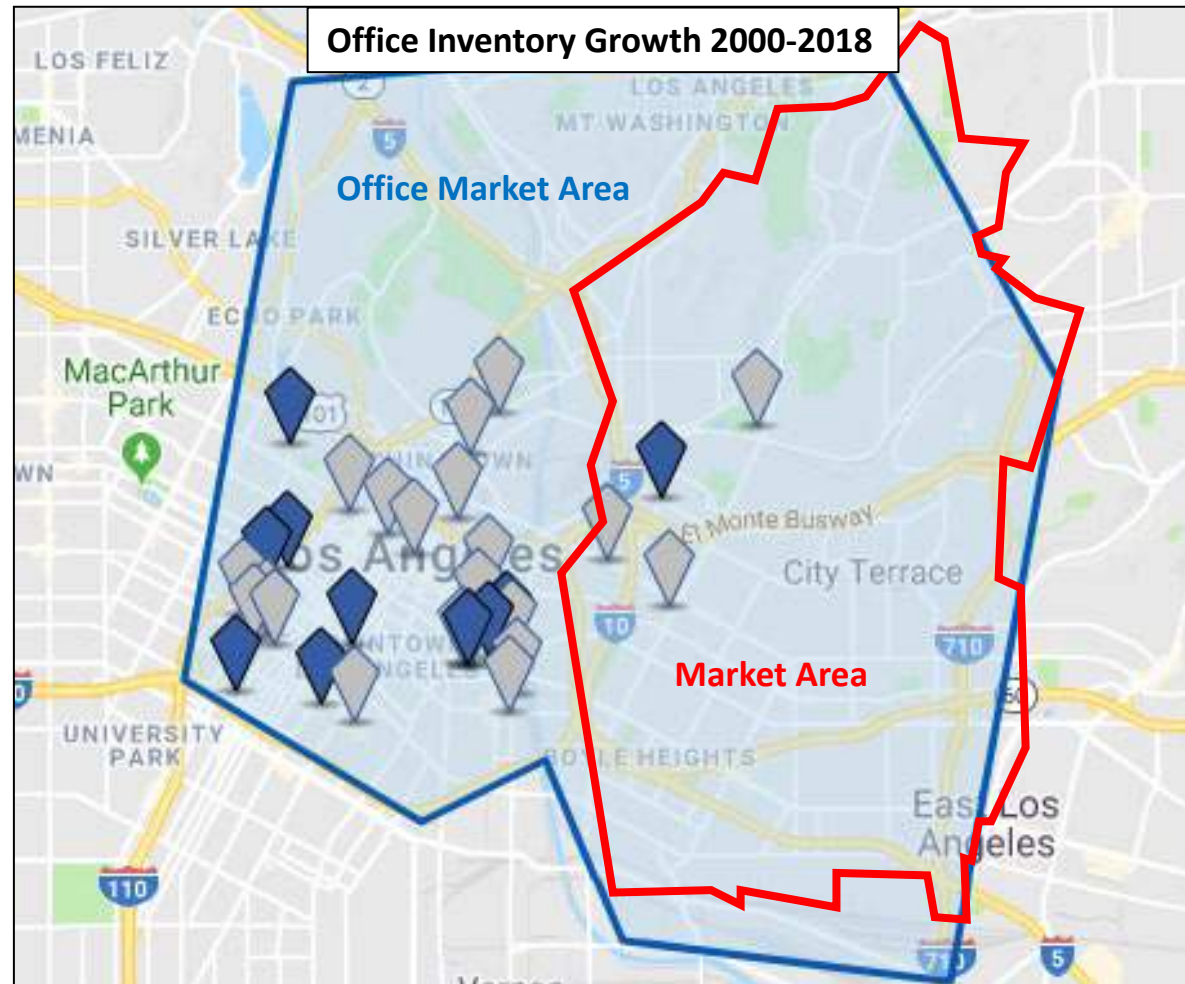
# Office Market Area Opportunity Summary (Information dated 2020)

Drivers	Findings	Implications
<p><b>Location Attributes</b></p> <ul style="list-style-type: none"> <li>• USC Health Sciences Campus a natural anchor for medical office growth, with additional demand from Adventist Health White Memorial in Boyle Heights</li> <li>• Lincoln Heights Biotech Corridor vision could support medical office development</li> <li>• Building stock could support adaptive reuse for high-tech / creative office</li> </ul> <p><b>Trends</b></p> <ul style="list-style-type: none"> <li>• USC’s Keck School of Preventative Medicine building (120K square feet) the largest project since 2000</li> <li>• USC planning a new hospital</li> <li>• Tight supply and nearly full occupancy (98%) for all market area office signals opportunity for new construction</li> </ul>	<p><b>Office-Specific</b></p> <ul style="list-style-type: none"> <li>• Non-USC medical office activity weak: low rents and little new development</li> <li>• Medical office uses may not support community economic development goals</li> <li>• Insignificant market for non-medical office</li> </ul> <p><b>General</b></p> <ul style="list-style-type: none"> <li>• General Hospital site is isolated from transit and from walkable amenities</li> <li>• Community resistance may be discouraging investment</li> </ul>	<ul style="list-style-type: none"> <li>• Tight supply and strong demand from USC- and Adventist-affiliated doctors indicates a medical office development opportunity</li> <li>• General Hospital offers a unique, differentiated, and well-located option for medical office development</li> <li>• Medical office development will benefit from partnering with USC and Adventist Health White Memorial</li> <li>• Longer-term, General Hospital may provide a resource to support Lincoln Biotech Corridor vision</li> <li>• Some brokers believe long-term the market area will be the next Arts District for creative office</li> <li>• Site isolation / lack of transit means car ownership and parking provision will be necessary</li> <li>• To address isolation, need diversity of uses / services on-site</li> </ul>



# Office Inventory Growth in and around the Market Area (Information dated 2018)

The market area, a small contributor to regional office supply, has grown in recent years due mainly to USC-affiliated medical office projects.



Source: CoStar, AECOM

The office market area is defined as the 10-minute drive time from General Hospital, a radius that also includes major office clusters in Downtown LA and the Arts District / Cleantech Corridor.

Office Inventory and Growth 2000-2018			
	Market Area	Office Market Area	LA County
Inventory (Sq.Ft.)	1,849,976	68,393,330	416,137,573
Share of LAC	0.40%	16%	100%
Growth 2000-18 (Sq.Ft.)	252,329	3,696,889	41,538,039
Growth 2000-18 (%)	14%	5%	10%
Share of County Growth	0.60%	9%	100%

Source: CoStar, AECOM

- The market area contains a small stock of office inventory relative to the Office market area, which concentrates a large amount of inventory mainly to the west in Downtown LA
- The 250,000 square feet added to the market area since 2000 increased inventory by 14%, a faster growth rate than in either the office market area or County
- USC’s 120,000-square foot Keck School of Preventative Medicine building in 2011 was the largest project constructed in the market area since 2000

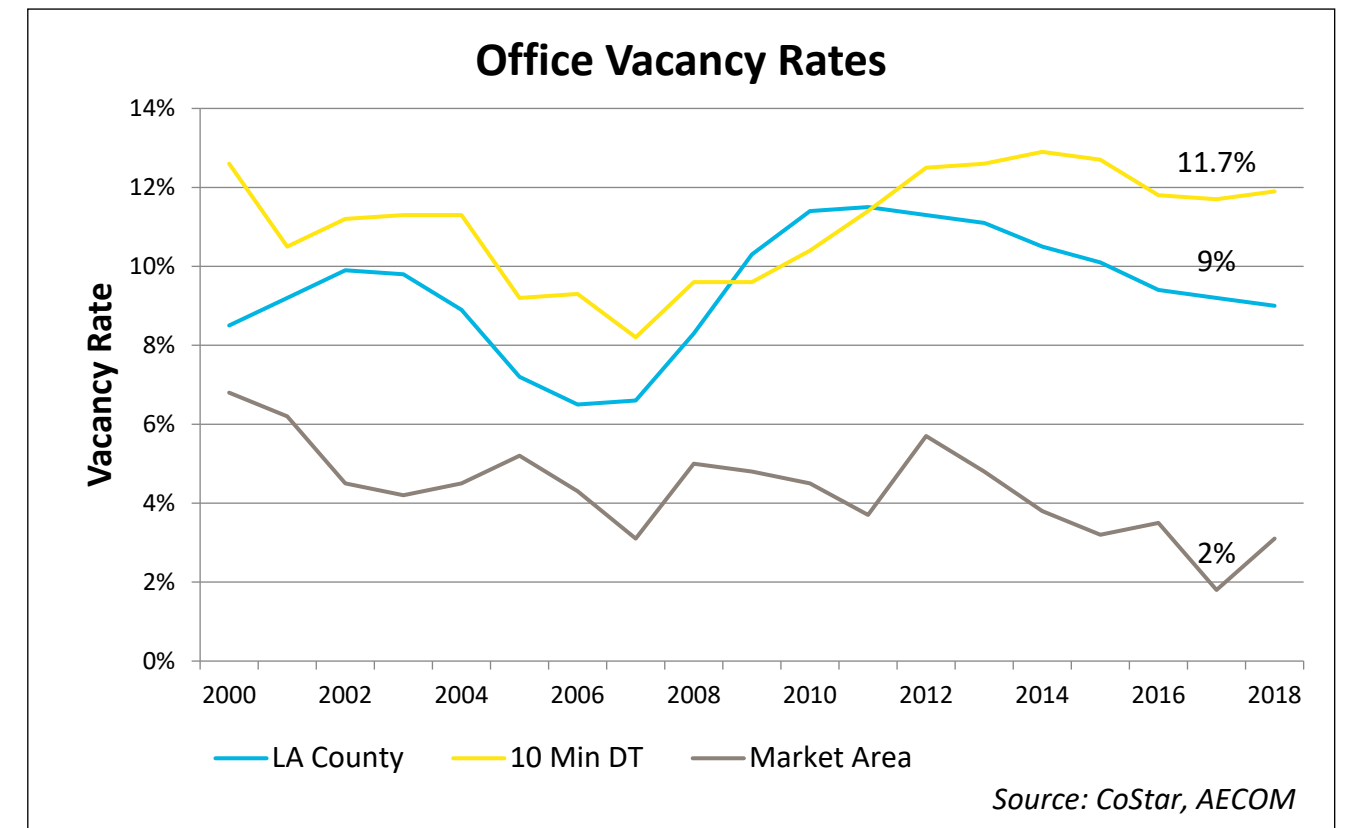
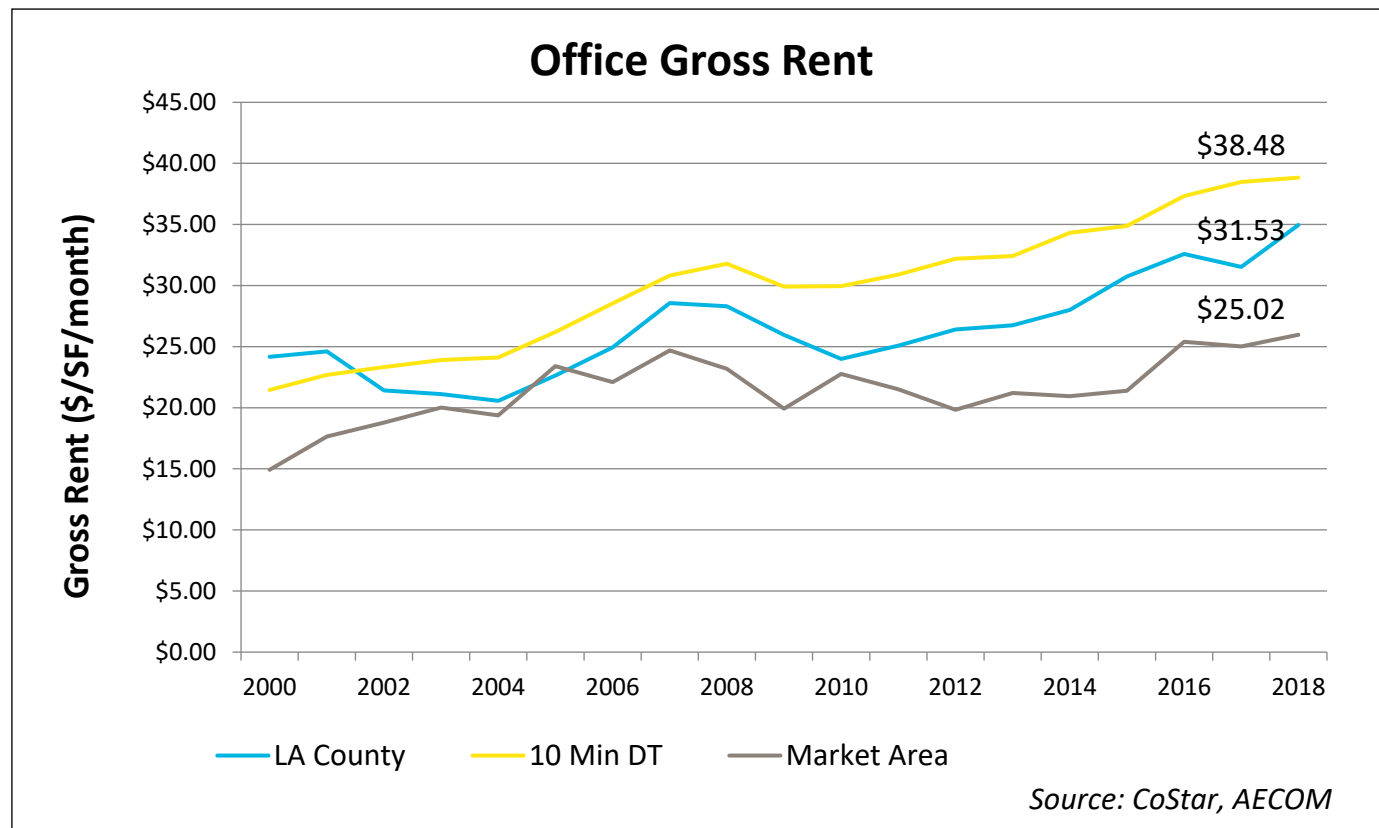




# Office Rent and Vacancy Trends (All Office Types) in Market Area

(Information dated 2018)

**Market area office has underperformed regional rents, but low vacancy rates may suggest demand for new construction.**



- Market area average rents significantly underperform compared to the County because the vast majority of office inventory is older Class B and Class C stock

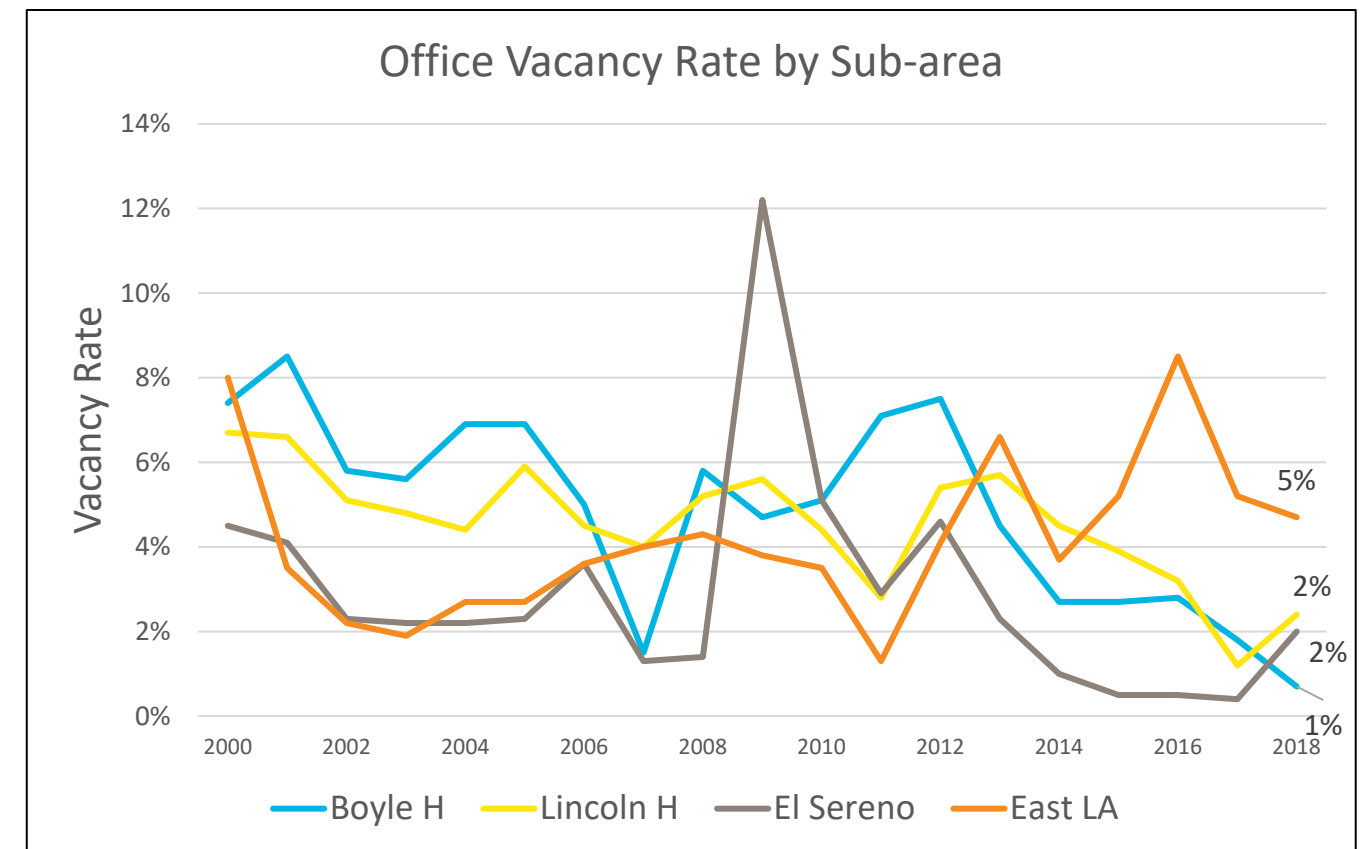
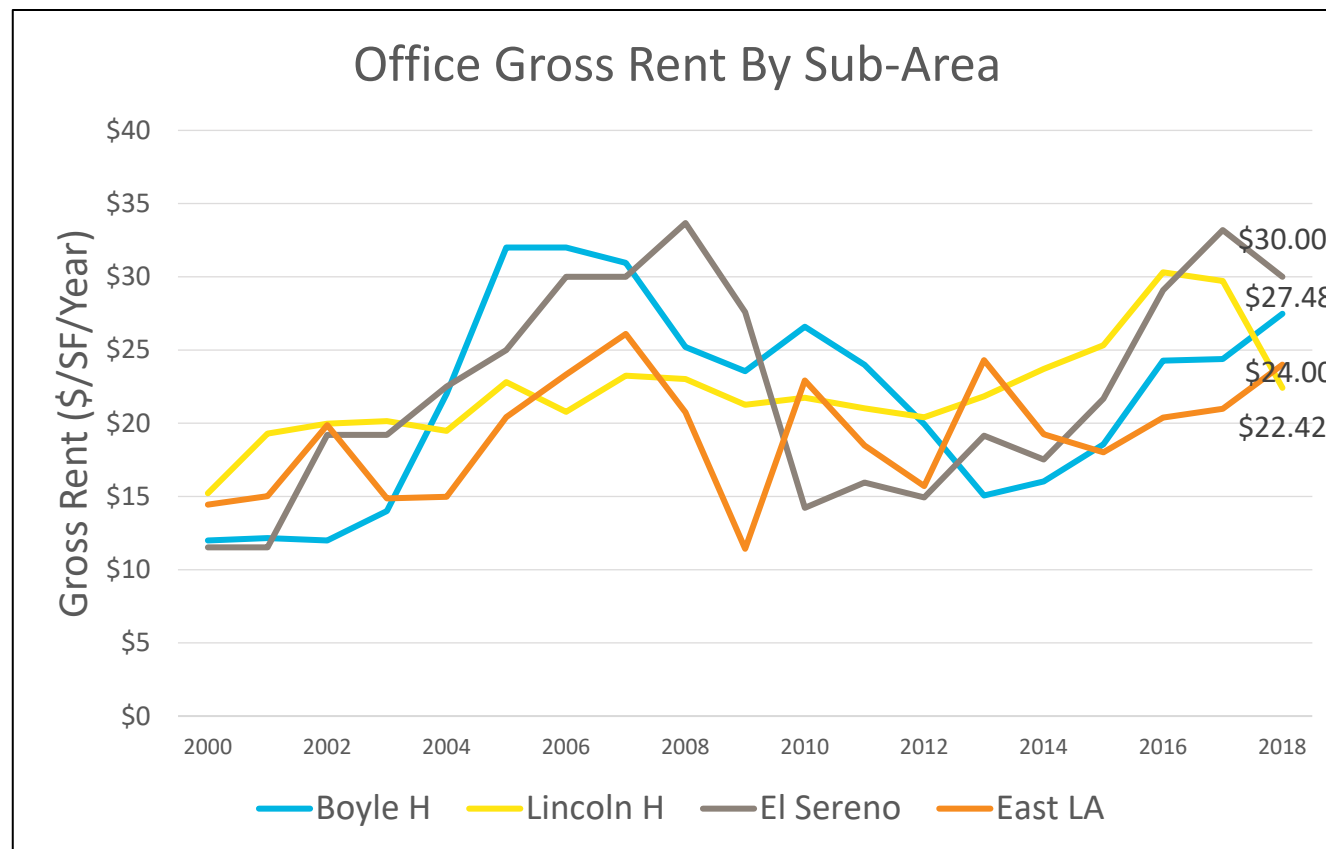
- Market area office vacancy has trended down steadily since 2000 and now is at essentially full occupancy, which may indicate an opportunity for new construction



# Office Rent and Vacancy Trends (All Office Types) for the 4 Market Sub-Areas

(Information dated 2018)

**While there is office rent variability between sub-areas, all underperform County and office market area averages.**



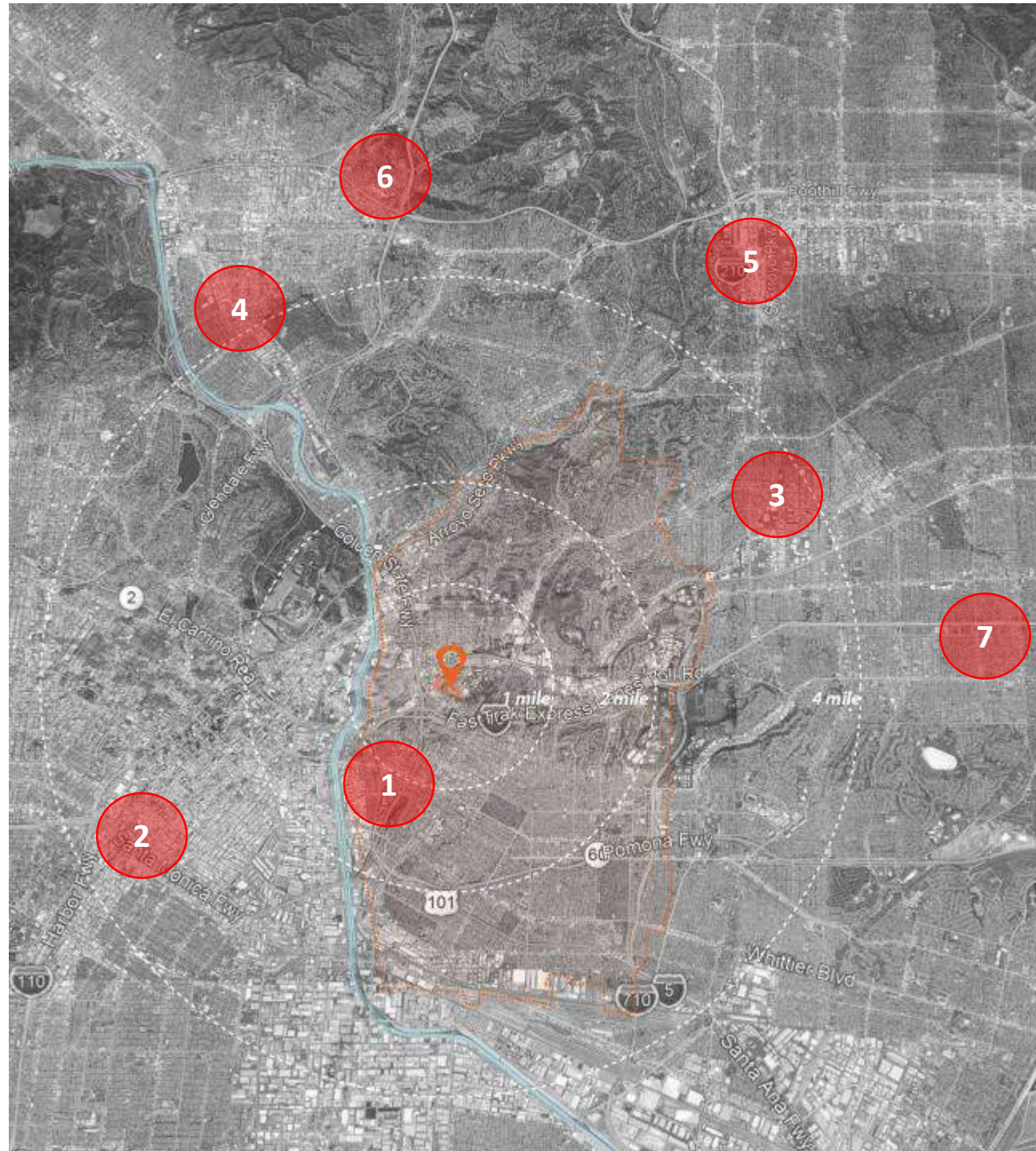
- Gross rent for office space in the 3 sub-areas excluding Lincoln Heights dropped during the Great Recession
- Rent across the market area has seen convergence in recent years, although Lincoln Heights saw a significant drop since 2017

- 3 of the 4 sub-areas, excluding East LA have seen additions of between 138,000-150,000 square feet of office space to their inventory. These additions explain the sudden spikes in vacancy
- East LA has had the highest vacancy rate in recent years and has added less than 3,000 square feet since 2000



# Medical Office Area Concentrations in the Market Area (Information dated 2020)

Medical offices cluster around major medical centers such as the LAC+USC Medical Center, Glendale Adventist, Huntington Hospital in Pasadena, and the Alhambra Medical Center.



Nearby Medical Centers			Miles from Site*
Location	Anchor Institutions		
1	Boyle Heights	Adventist Health White Memorial	0.75
2	Downtown LA	California Hospital Medical Center	3.5
3	Alhambra	Alhambra Hospital Medical Center	4
4	Glendale	Glendale Memorial Hospital	5.5
5	Pasadena	Huntington Hospital	6
6	Rosemead	Silver Lake Medical Center	6
7	Glendale	Adventist Health Glendale	6.5

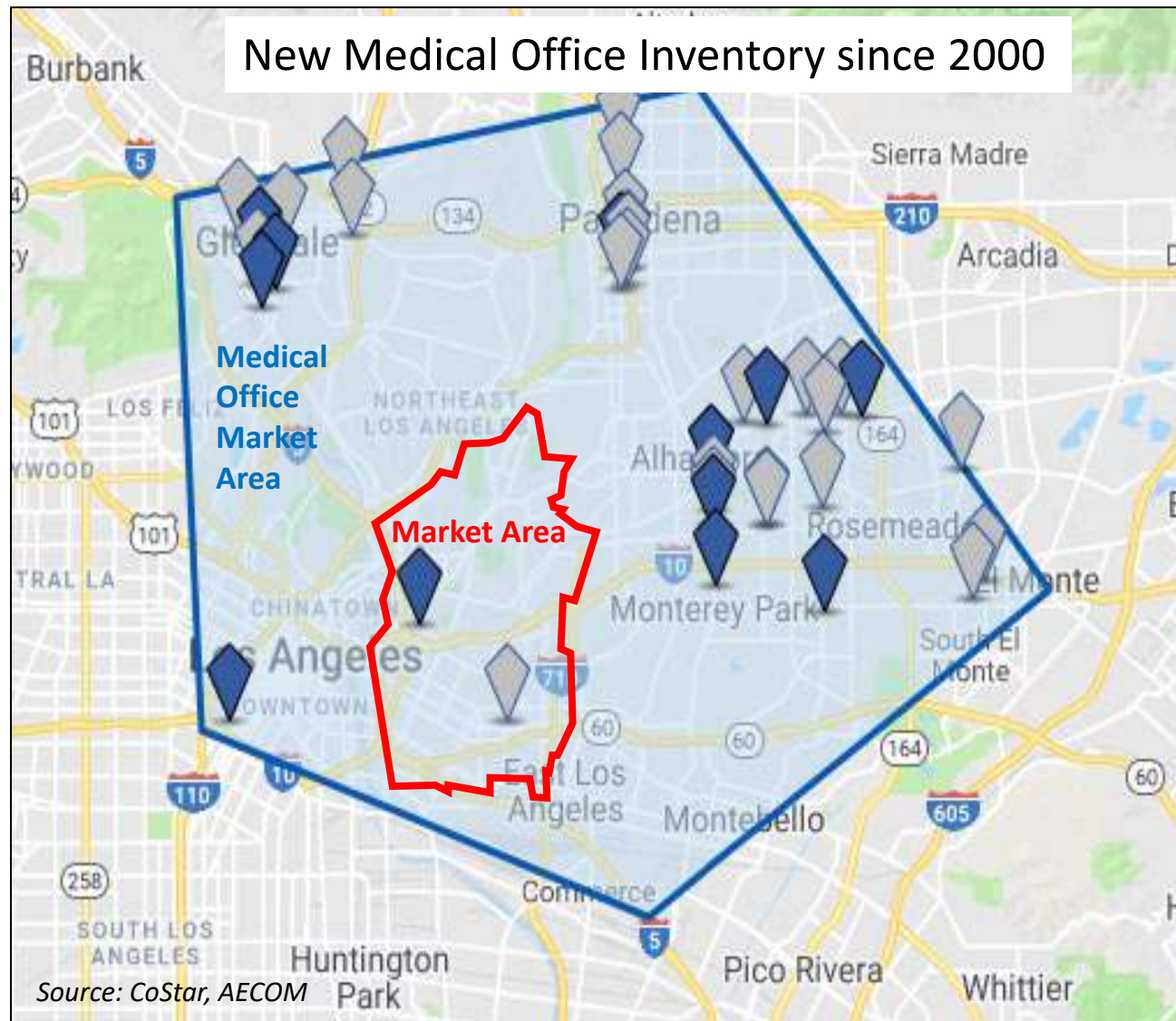
\*Euclidean Distance  
Source: AECOM

- There are seven major hospital-anchored medical office clusters within a 20-minute drive of LAC+USC Medical Center
- The market area contains two: LAC+USC Medical Center and Adventist Health White Memorial in Boyle Heights



# Medical Office Inventory and Growth in Market Area (Information dated 2018)

Medical office inventory growth in the market area has been consistent with sub-regional rates, although the area is a small contributor overall.



Medical Office Inventory and Growth 2000-2018			
	Medical Office		
	Market Area	Market Area	LA County
Inventory (Sq.Ft.)	730,294	8,150,503	45,507,663
Share of LA County	2%	18%	100%
Growth 2000-18 (Sq.Ft.)	105,583	1,068,748	5,373,092
Growth 2000-18 (%)	14%	13%	12%
Share of LA County Growth	2%	20%	100%

Source: Costar, AECOM

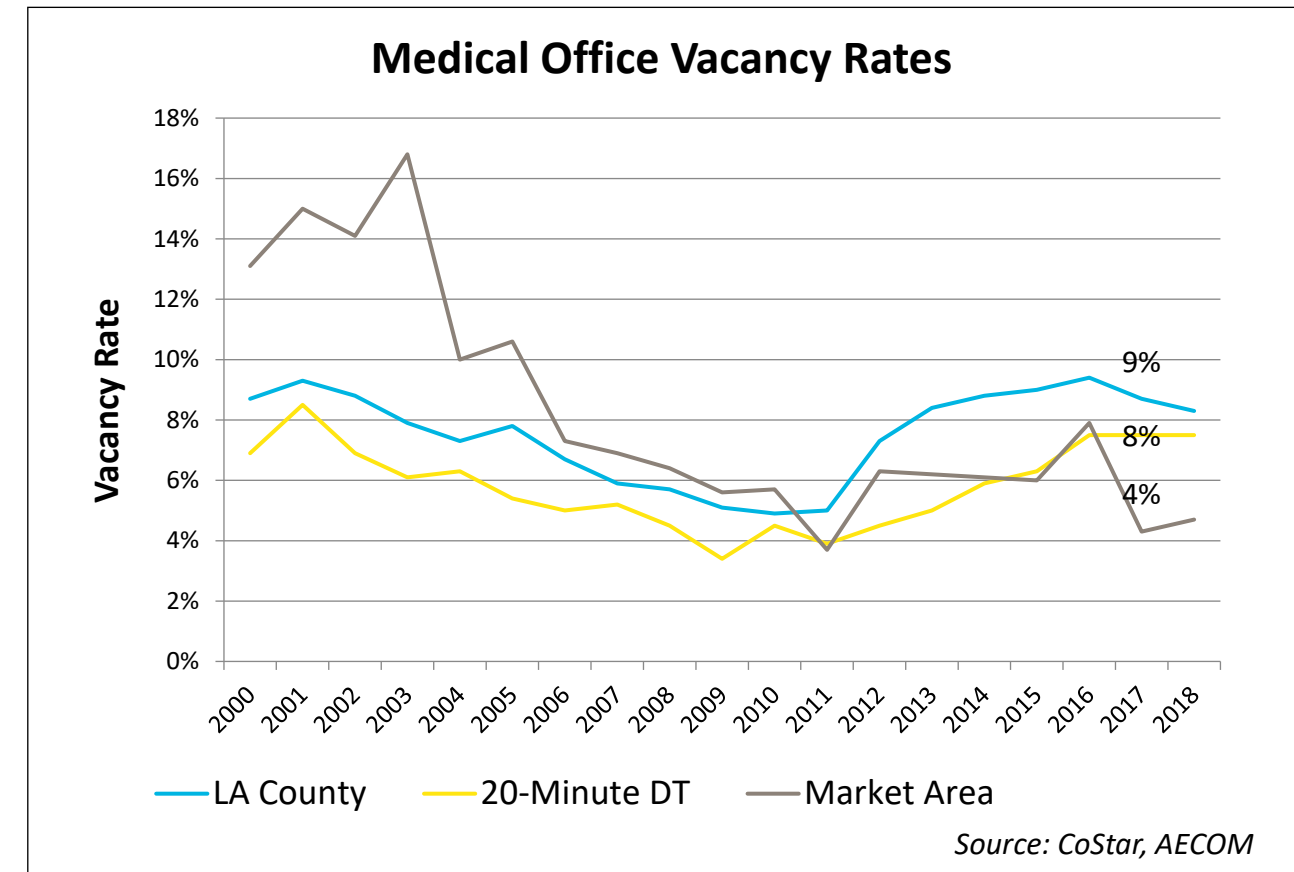
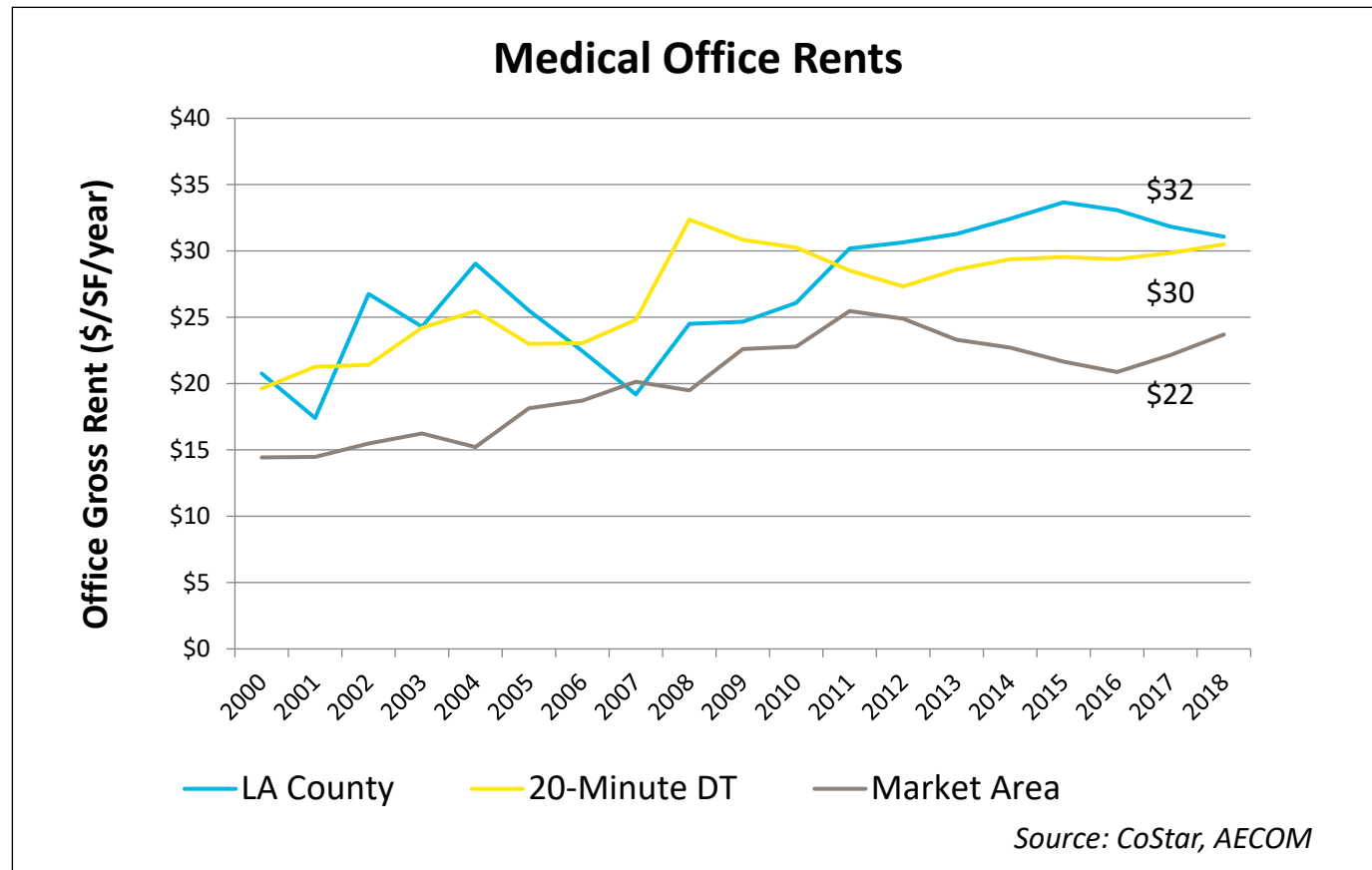
- While market area medical office inventory grew at approximately the same rate as the region, it remains a small contributor overall with 2% of County total
- Most market area medical office growth since 2000 is attributable to USC, but brokers interviewed report strong demand for office in conjunction with both LAC+USC Medical Center and Adventist Health White Memorial in Boyle Heights

The medical office market area is defined as the 20-minute drive time from General Hospital, a radius that also includes medical campuses in Glendale, Pasadena, and Downtown LA.



# Medical Office Rent and Vacancy Trends in the Market Area (Information dated 2018)

**Low vacancies indicate a tight office supply and an opportunity for new development that supports demand from both USC Medical Center and Adventist Health White Memorial.**



- Rents in the market area have been consistently lower than in both comparative areas, although a few desirable buildings rent at or above the County average
- Vacancy rates for the market area have dropped considerably since 2000 and are now lower than the average for the 20-minute drivetime and Los Angeles County

- Brokers interviewed indicate a tight medical office market and believe there is considerable unserved medical office demand in the market area in the areas near Adventist Health White Memorial and USC with particular need for doctors' offices and clinic space for specialties such as pediatrics, dialysis, cardiology, and OB/GYN



# Market Area Office Space: Comparative New Construction (Information dated 2020)

Recent additions to office inventory include creative and professional products that signal potential demand and price-points for office development in General Hospital.



500 S Santa Fe Ave.	
Approximate Rent <sup>1</sup>	\$60-75
RBA	102,010
Floors	5
Land Area of Site	2.2 Acres
Year Built	2019
Market Segment	Arts District
(1) SF/Year, rent varies by floor, Source: Costar	

555 Mateo St.	
Approximate Rent <sup>1</sup>	\$53-65
RBA	185,554
Floors	3
Land Area of Site	4 Acres
Year Built	2017
Market Segment	Arts District
(1) SF/Year, rent varies by floor, Source: Costar	

- New creative and professional office space in the Arts District commands between \$53-\$75 per square foot annually
- Office space with open floors and tall windows and views commands a premium rental price
- Access to freeways and proximity to employment clusters from General Hospital are also favorable attributes





# 5. Retail Market Analysis

# Retail Market Area Opportunity Summary (Information dated 2020)

Drivers	Findings	Implications
<p><b>Location Attributes</b></p> <ul style="list-style-type: none"> <li>• General Hospital is iconic, visible, and freeway accessible</li> <li>• The market area has high population density</li> </ul> <p><b>Trends</b></p> <ul style="list-style-type: none"> <li>• Static market area retail growth since 2008 (1% vs. 4% for the County)</li> <li>• Leakage analysis shows losses in general merchandise, electronics / appliance, furniture / home furnishings, building materials / garden equipment and supply, and health and personal care categories</li> <li>• Undersupply of supermarket space near General Hospital has led to a “food desert” condition</li> </ul>	<p><b>Retail-Specific</b></p> <ul style="list-style-type: none"> <li>• Standard retail brands typically require conventional building formats and shopping center environments, which General Hospital is not</li> <li>• General Hospital location, parking, visibility, accessibility, serviceability, and overall convenience is sub-optimal for many neighborhood retail and supermarket uses</li> <li>• Space needs to “work” for specialty uses like a food hall or brewery</li> </ul> <p><b>General</b></p> <ul style="list-style-type: none"> <li>• General Hospital site is isolated from transit and from walkable amenities</li> <li>• Community resistance may be discouraging investment, especially for high-end and / or artisanal retail uses</li> </ul>	<ul style="list-style-type: none"> <li>• For conventional retail uses and brands, ground-up development on the West Campus would be preferable compared to adaptive reuse of General Hospital.</li> <li>• Specialty retail such as a food hall or brewery can be fitted into an idiosyncratic space like General Hospital, subject to design solutions that create a showcase environment</li> <li>• Accessibility and parking issues need to be overcome to support many retail categories</li> <li>• Site isolation / lack of transit means car ownership may be necessary for visitors and employees</li> <li>• A minimal retail component may be necessary to support the needs of non-retail users such as residents and employees</li> </ul>





# Market Area Retail Inventory and Growth (Information dated 2018)

Consistent with the market area population, retail inventory has remained essentially static since 2000.



Source: Costar, AECOM

Retail Inventory and Growth 2000-2018		
	Market Area	LA County
<b>Inventory (Sq.Ft.)</b>	5,233,843	439,700,945
Share of LA County	1.19%	100%
<b>Growth 2008-18 (Sq.Ft.)</b>	34,535	17,066,874
<b>Growth 2008-18 (%)</b>	0.7%	4.0%
Share of LA County Growth	0.20%	100%

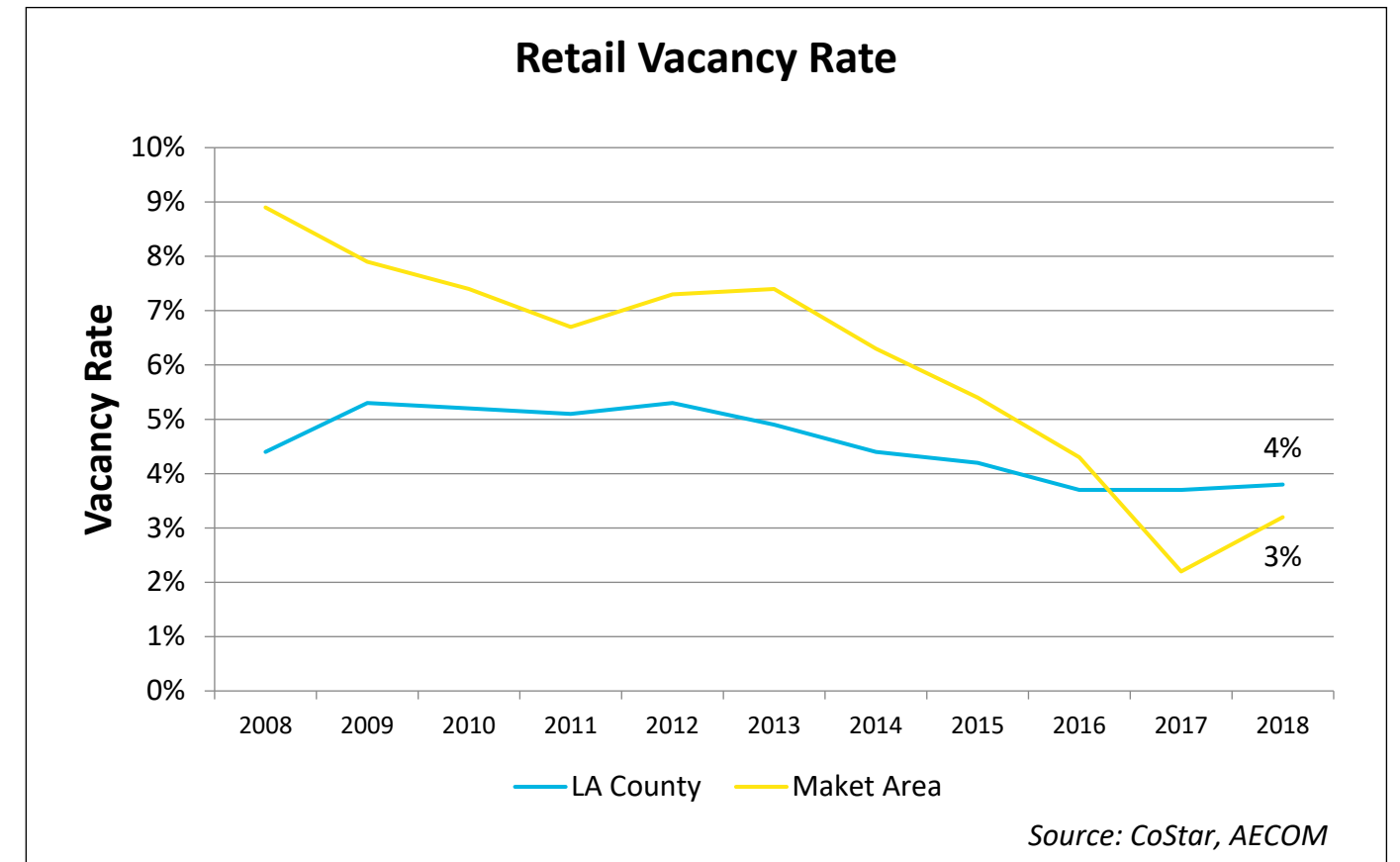
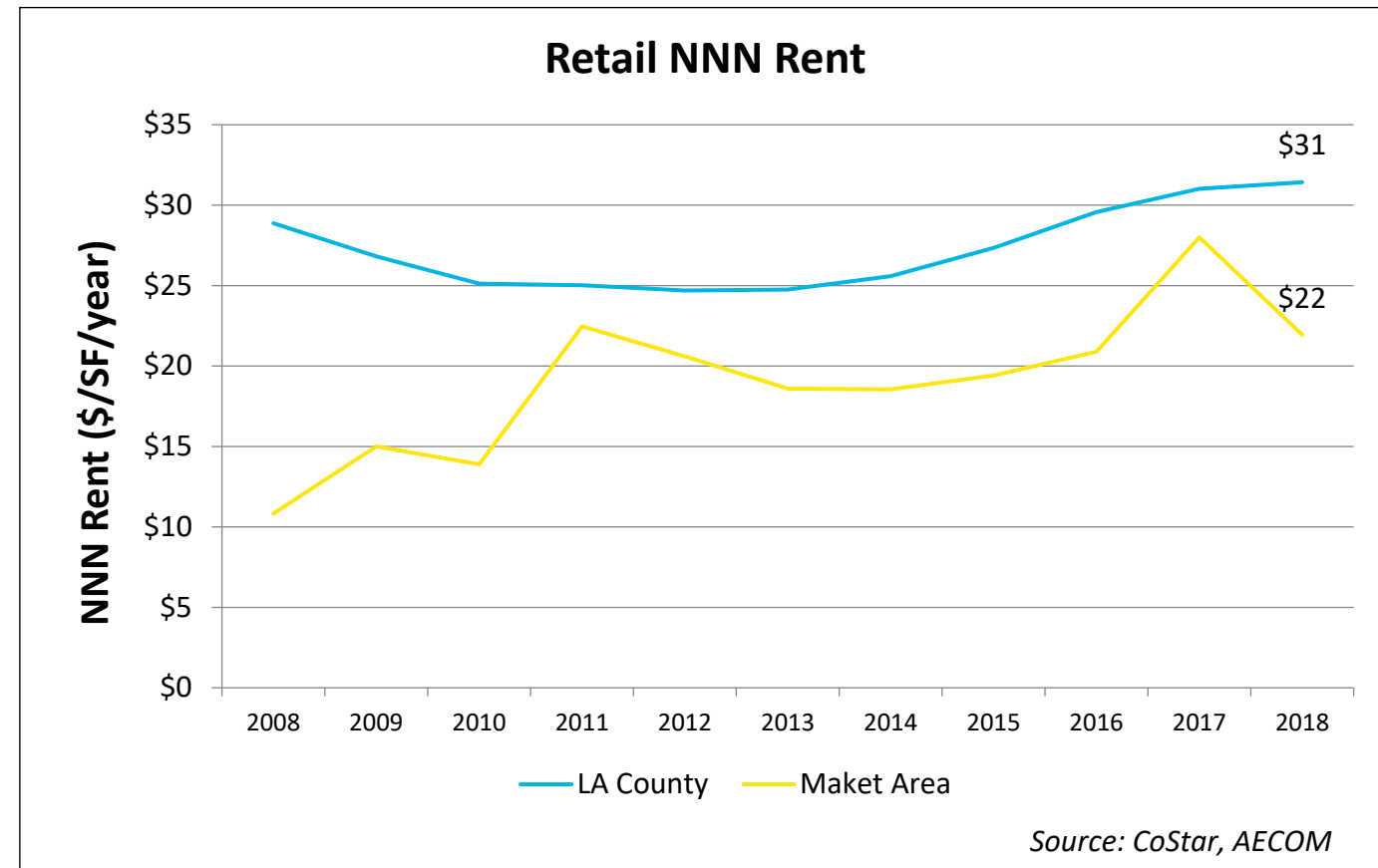
Source: Costar, AECOM

- Following national trends, brick and mortar retail has grown slowly in light of online shopping and other competitive models
- The market area has experienced very little retail growth since 2008, adding less than 1% compared to the County at 4%



# Market Area Retail Rent and Vacancy Trends (Information dated 2018)

Falling vacancy rates coupled with essentially flat rents may suggest market support for replacing old building stock.



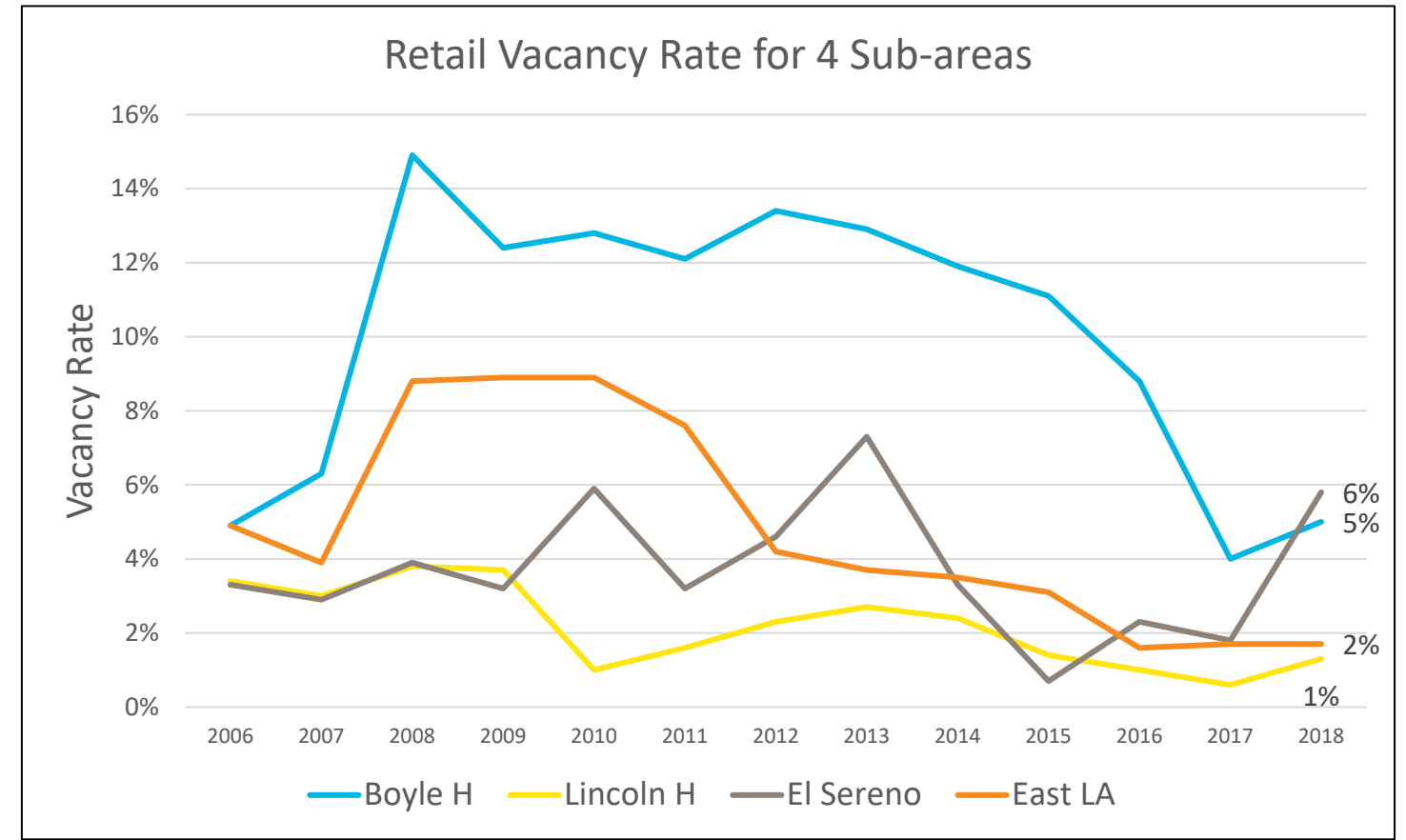
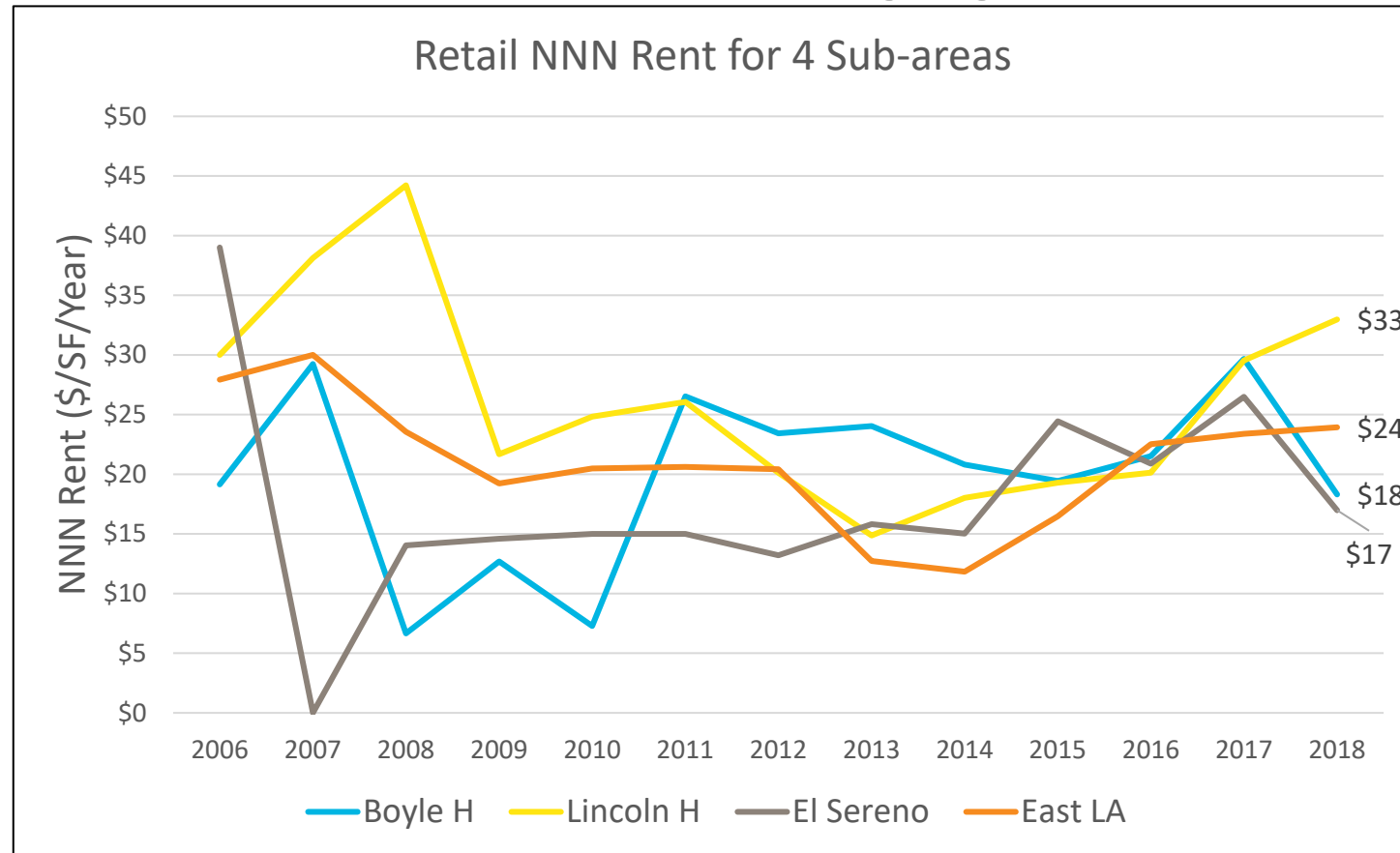
- Rents have been consistently lower than the County, despite nearly reaching parity in 2017 at \$28 per square foot

- The majority of retail space in the market area is older stock
- The vacancy rate has declined steadily since 2008 and is now lower than the LA County average



# Retail Rent and Vacancy Trends in Market Sub-Areas (Information dated 2018)

Sub-area rent and vacancy variability is likely attributable mainly to small sample sizes, although all areas appear to be converging on rents and vacancies.



- Extremely variable rents are likely due to the small data set, although it appears that rents are converging, and that sub-area B (Lincoln Heights) has the highest rent of any sub-area. It also has a higher average rent than the County.

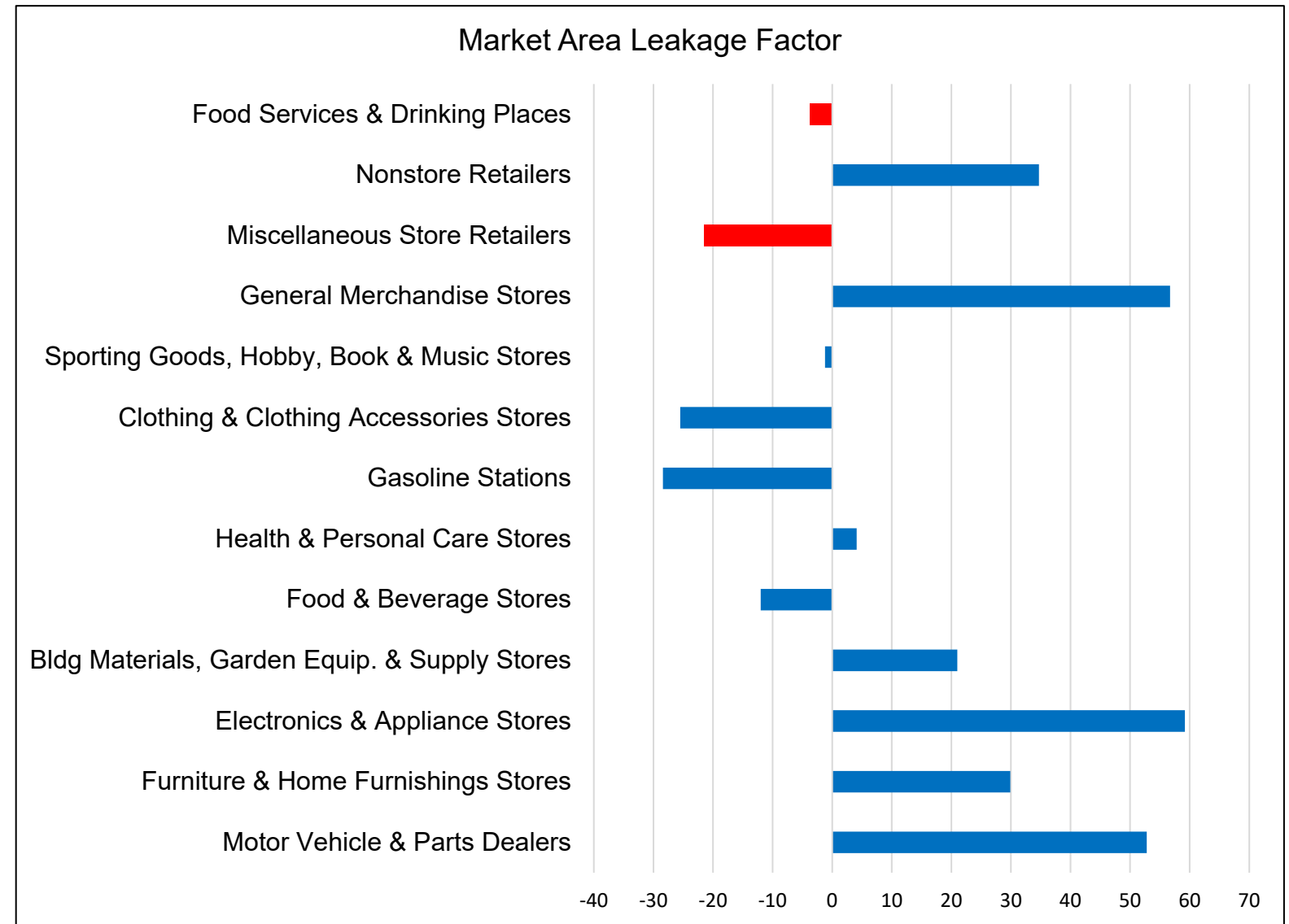
- Sub-area A (Boyle Heights) vacancy rates have only just recovered from the 2008 Recession



# Market Area Retail Leakage / Surplus Analysis (Information dated 2018)

**There is considerable market area leakage in general merchandise, electronics / appliances, furniture, and garden equipment, which typically occupy shopping malls or big box centers.**

- The retail leakage / surplus factor describes the relationship between local retail demand and supply and whether there is a surplus (i.e., retail spending exceeds local demand) or leakage (retail spending lags local demand)
- Market area retail supply underperforms demand by \$215 million
- Food and drink establishments, on the other hand, outperform demand by \$12 million, which indicates the market area is attracting retail expenditure from outside the area



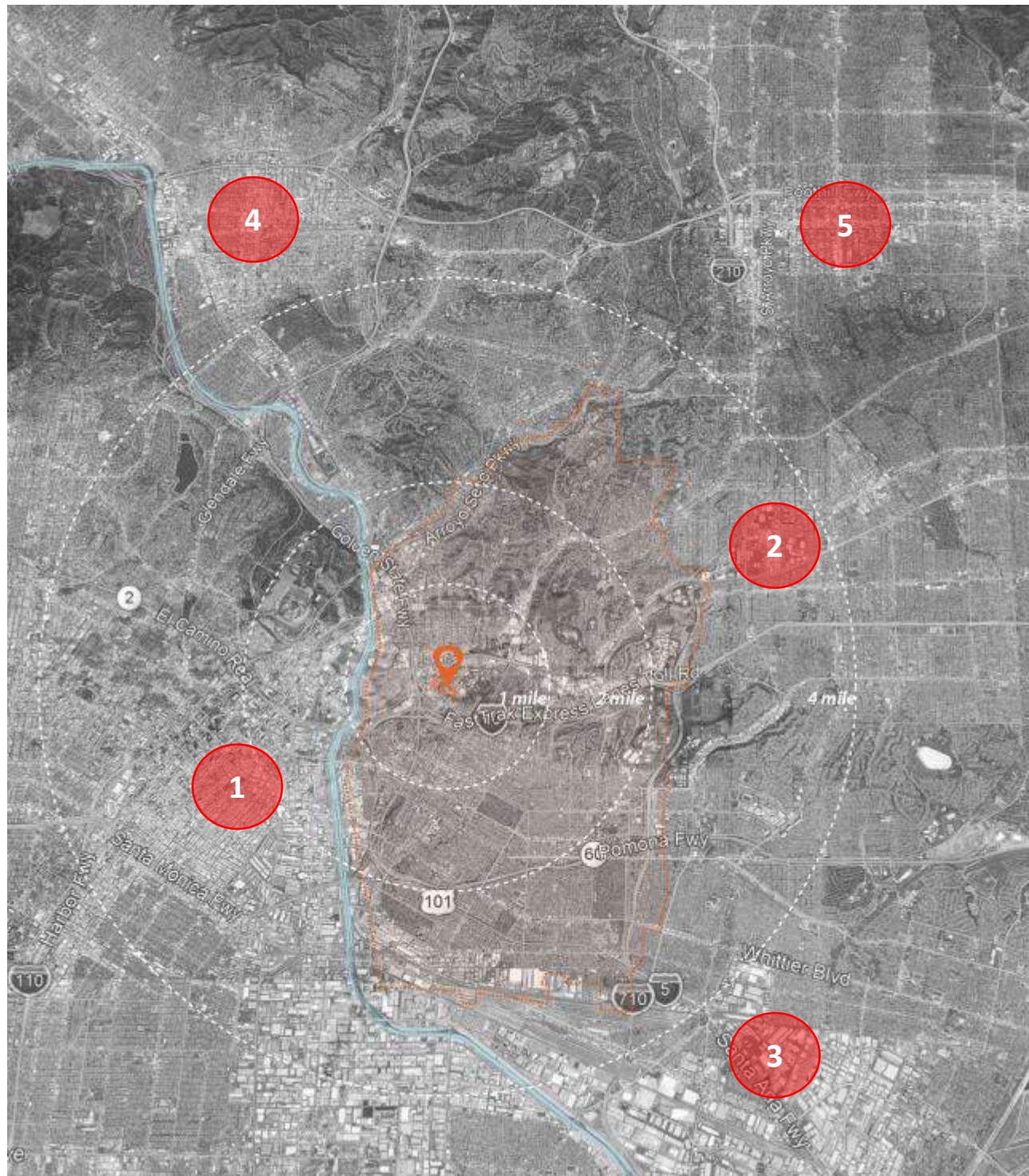
	Demand	Supply	Leakage Factor	Businesses	
<b>Retail</b>	\$1,406,980,394	\$1,192,391,434	\$214,588,960	8.3	898
<b>Food &amp; Drink</b>	\$155,606,205	\$167,672,955	(\$12,066,750)	-3.7	344
<b>Total</b>	\$1,562,586,599	\$1,360,064,389	\$202,522,210	4.6	1,242

Source: ESRI, AECOM



# Destination Retail Competitive Supply near the Market Area (Information dated 2020)

Most market area leakage can be attributed to the fact of being ringed by major retail destinations in Glendale, Pasadena, Alhambra, Downtown LA and Commerce.



Area Retail Destinations		
Center	Description	Drivetime from Site*
1	Downtown LA Diverse district with malls and large walkable downtown retail area	2.5 miles
2	Alhambra Commercial Big box retail	3.5 miles
3	Commerce Outlets Mall and big box retail	5 miles
4	Glendale Galleria Mall and big box retail	6.5 miles
5	Old Pasadena Walkable downtown retail area	7 miles

\*Google Maps drivetime to center of area

- The regional supply of town center, big box, regional mall, and auto mall destination retail is extensive

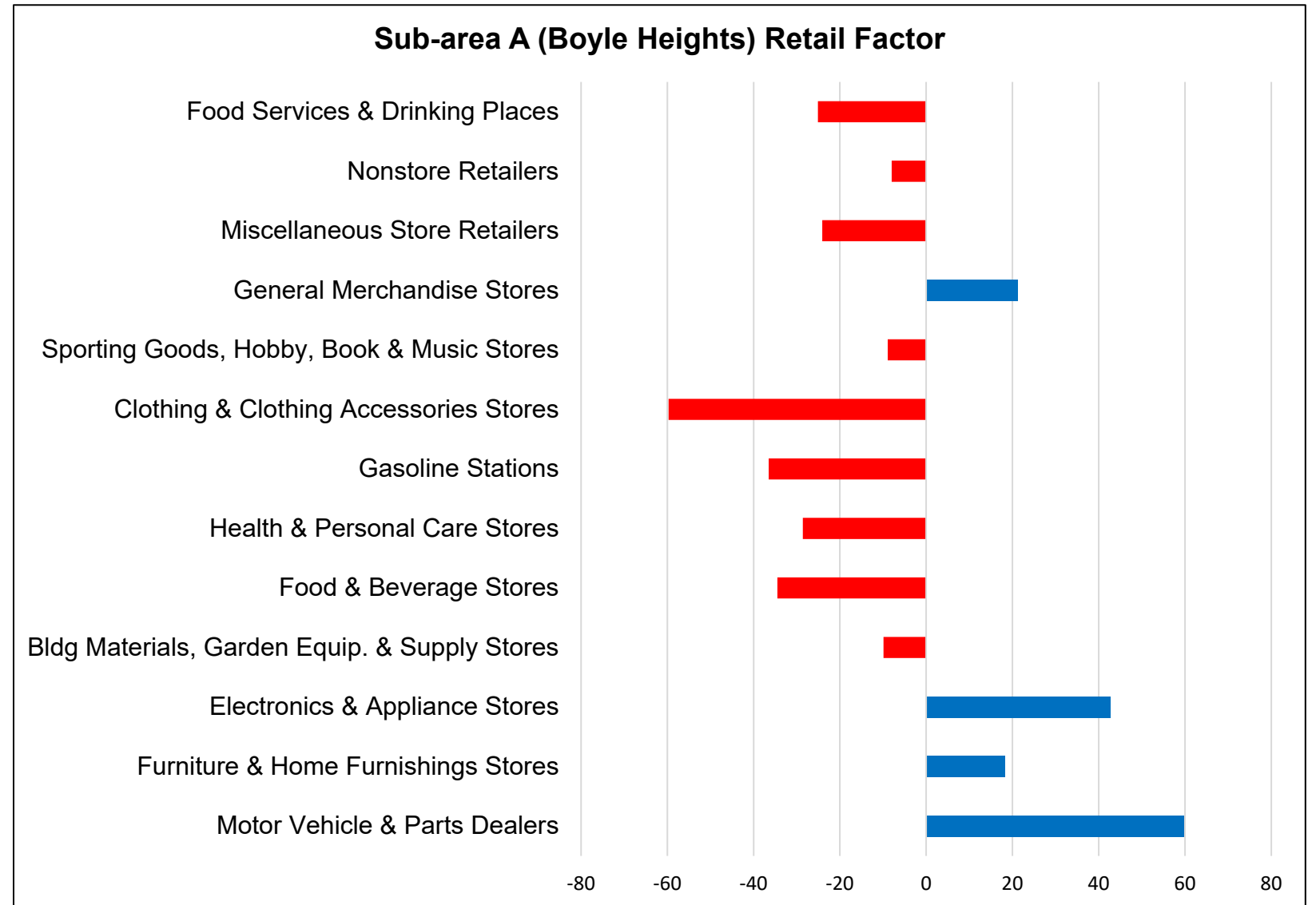


# Retail Leakage / Surplus Analysis: Market Sub-Area A (Boyle Heights)

(Information dated 2018)

**Contrary to the market area, sub-area A has a relatively robust retail sector that generates a surplus of approximately \$190 million.**

- The 596 retail businesses in sub-area A contribute approximately two-thirds of the market area total
- Market area retail supply outperforms demand in all retail sectors but general merchandise, electronics and appliances, furniture and home furnishings, and motor vehicle and parts dealers—all categories associated with large traditional shopping centers, big-box centers, or auto-malls



	Demand	Supply	Leakage	Factor	Businesses
<b>Retail</b>	\$430,518,991	\$589,506,987	(\$158,987,996)	-15.6	428
<b>Food &amp; Drink</b>	\$47,541,745	\$79,375,650	(\$31,833,905)	-25.1	168
<b>Total</b>	\$478,060,736	\$668,882,637	(\$190,821,901)	-16.6	596

Source: ESRI, AECOM

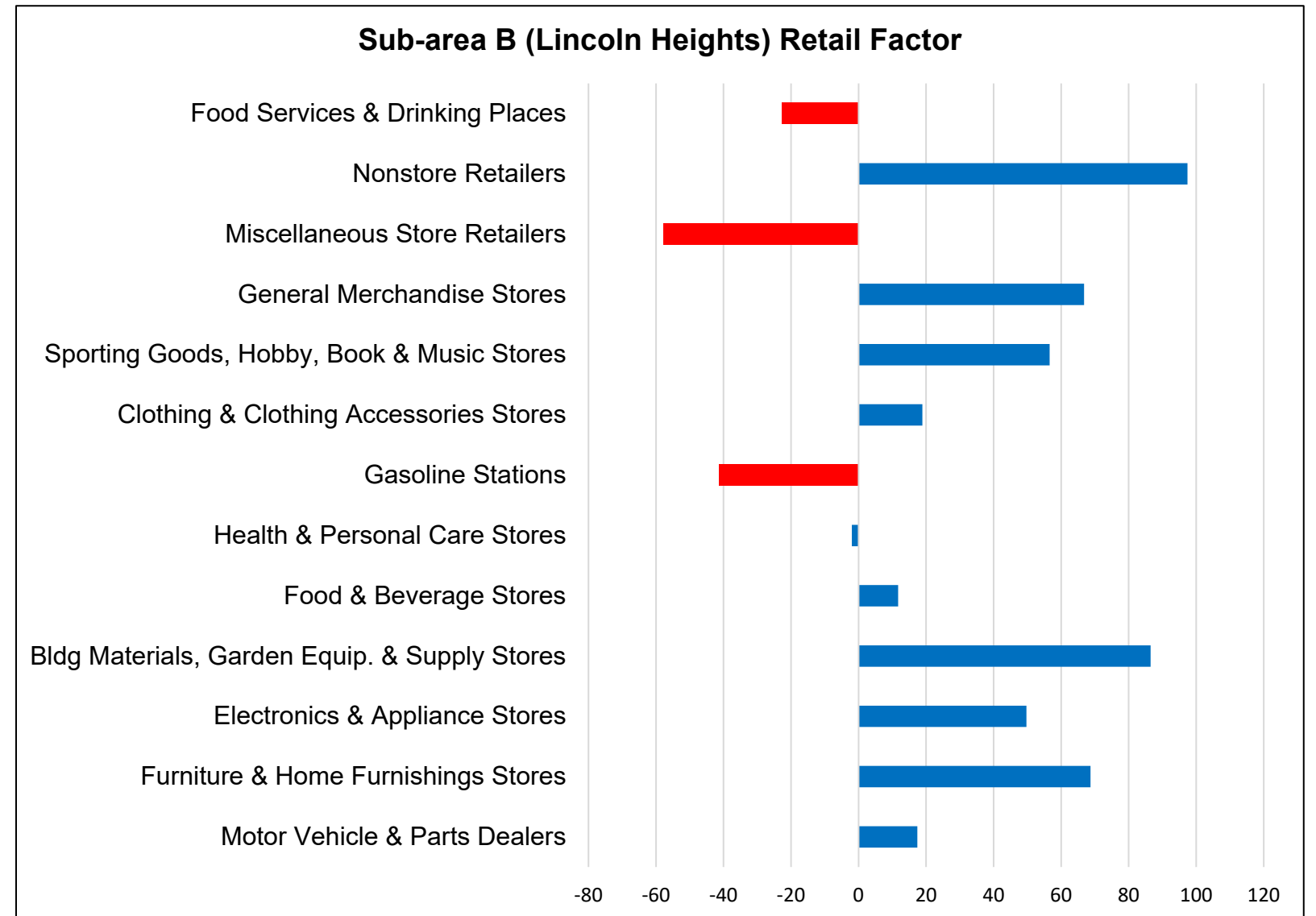


# Retail Leakage / Surplus Analysis: Market Sub-Area B (Lincoln Heights)

(Information dated 2018)

**Sub-area B, in which General Hospital is located, has significant retail leakage in most categories suggesting potential for retail development.**

- Sub-area B has the second-most retail businesses after sub-area A in the market area with 250 businesses
- While the market area has a surplus of food and beverage stores, sub-area B shows leakage in this sector, suggesting the opportunity for a grocery store
- Other retail categories with significant leakage include non-store retailers, building materials and furniture



Lincoln Heights Retail Gap Analysis 2018					
	Demand	Supply	Leakage	Factor	Businesses
<b>Retail</b>	\$285,025,072	\$233,496,255	\$51,528,817	9.9	159
<b>Food &amp; Drink</b>	\$31,481,654	\$49,944,115	(\$18,462,461)	-22.7	91
<b>Total</b>	\$316,506,726	\$283,440,370	\$33,066,356	5.5	250

Source: ESRI, AECOM

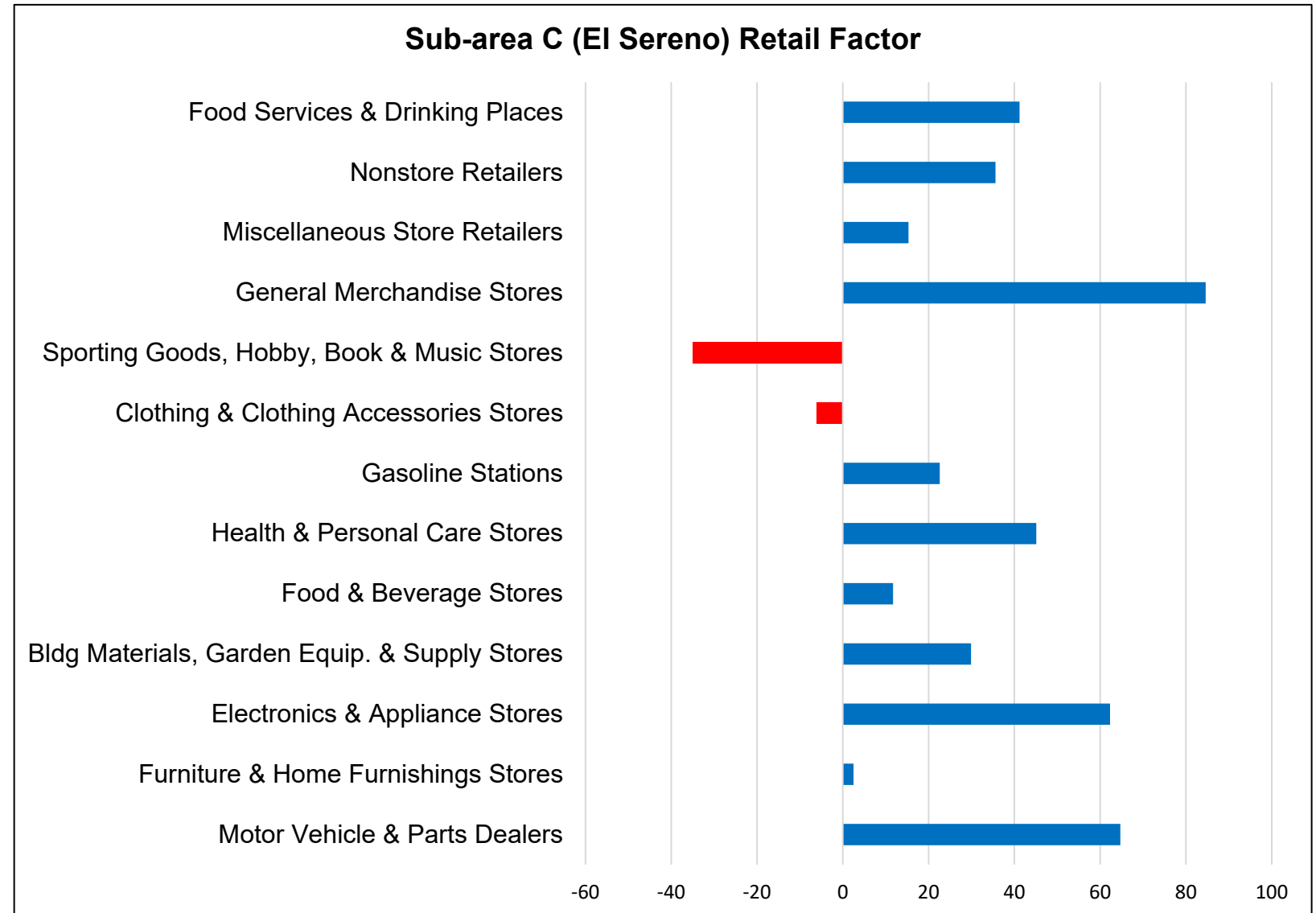


# Retail Leakage / Surplus Analysis: Market Sub-Area C (El Sereno)

(Information dated 2018)

**Sub-area C has the fewest businesses of the 4 sub-areas and significant leakage in most retail categories.**

- Most retail businesses in sub-area C are clustered around the southern corridor and Huntington Drive, while residential neighborhoods prevail elsewhere
- Sub-area C has a retail surplus only for Sporting goods / hobby / books / music and clothing categories
- The large retail demand from this sub-area could support commercial activities of the site
- At approximately \$192 million, sub-area C has the largest total retail leakage of the 4 sub-areas



El Sereno Retail Gap Analysis Summary 2018					
	Demand	Supply	Leakage	Factor	Businesses
<b>Retail</b>	\$365,799,090	\$197,072,564	\$168,726,526	30	142
<b>Food &amp; Drink</b>	\$40,534,888	\$16,874,987	\$23,659,901	41.2	44
<b>Total</b>	\$406,333,978	\$213,947,551	\$192,386,427	31	186

Source: ESRI, AECOM



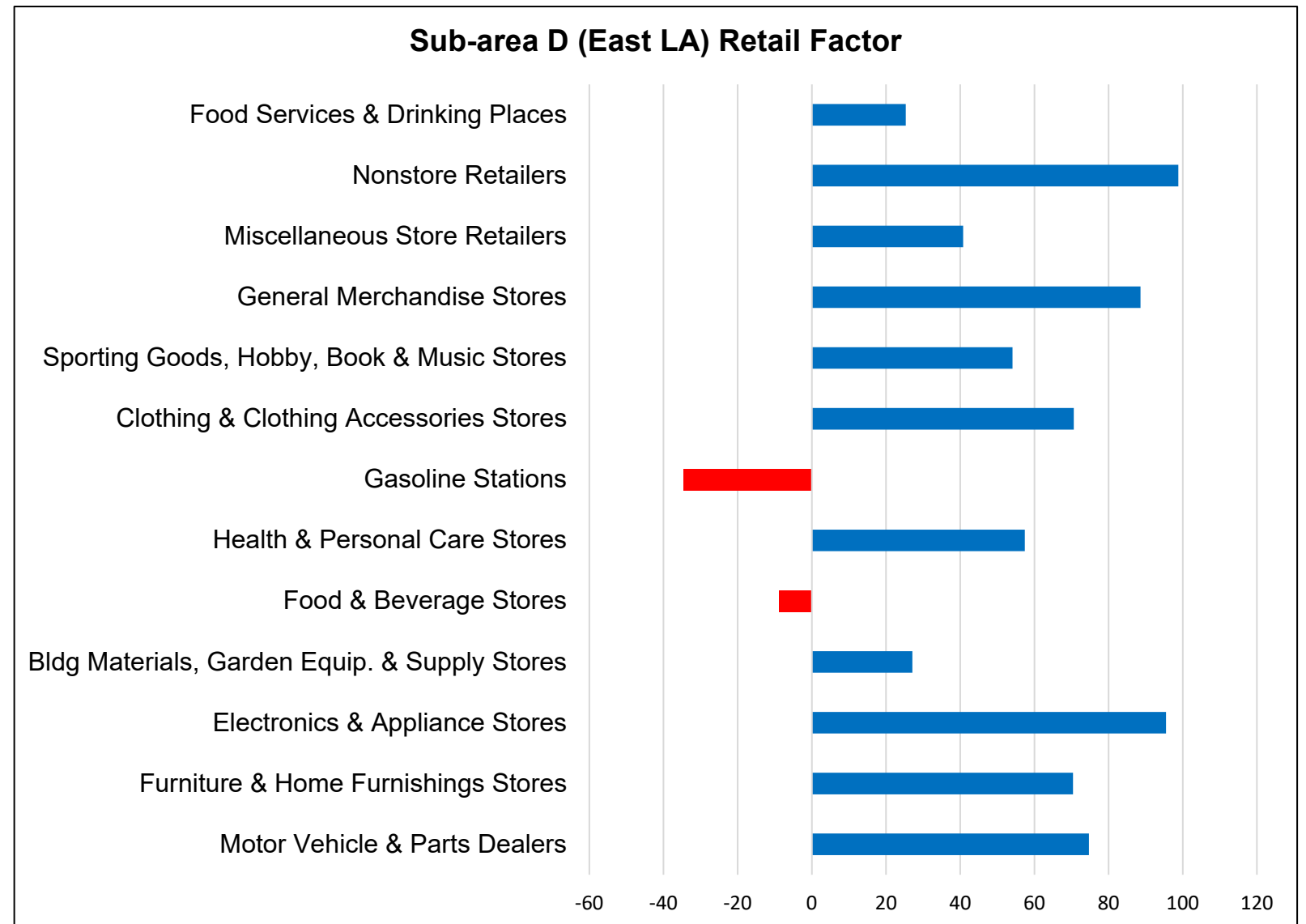


# Retail Leakage / Surplus Analysis: Market Sub-Area D (East LA)

(Information dated 2018)

**Sub-area D also has significant total retail leakage from the combined demand of nearly every retail category.**

- Similar to sub-area C, sub-area D has more residential neighborhoods and fewer retail businesses
- Only food and beverage stores and gasoline stations have a retail surplus
- At approximately \$168 million, sub-area C has the second largest total retail leakage, suggesting opportunities for commercial development in multiple categories



	Demand	Supply	Leakage	Factor	Businesses
<b>Retail</b>	\$325,637,241	\$172,315,628	\$153,321,613	30.8	169
<b>Food &amp; Drink</b>	<u>\$36,047,918</u>	<u>\$21,478,203</u>	<u>\$14,569,715</u>	25.3	41
<b>Total</b>	\$361,685,159	\$193,793,831	\$167,891,328	30.2	210

Source: ESRI, AECOM



## Retail Space: Comparable New Construction (Information dated 2020)

Recent additions to retail inventory include community center and convenience types that signal potential demand and price-points for retail development in General Hospital.



3129 S Hoover St.	
Approximate Rent <sup>1</sup>	\$34-42
RBA	150,000
Floors	1
Retail Type	Community Center
Year Built	2017
Market Segment	Mid-Wilshire
(1) SF/Year NNN, Source: Costar	

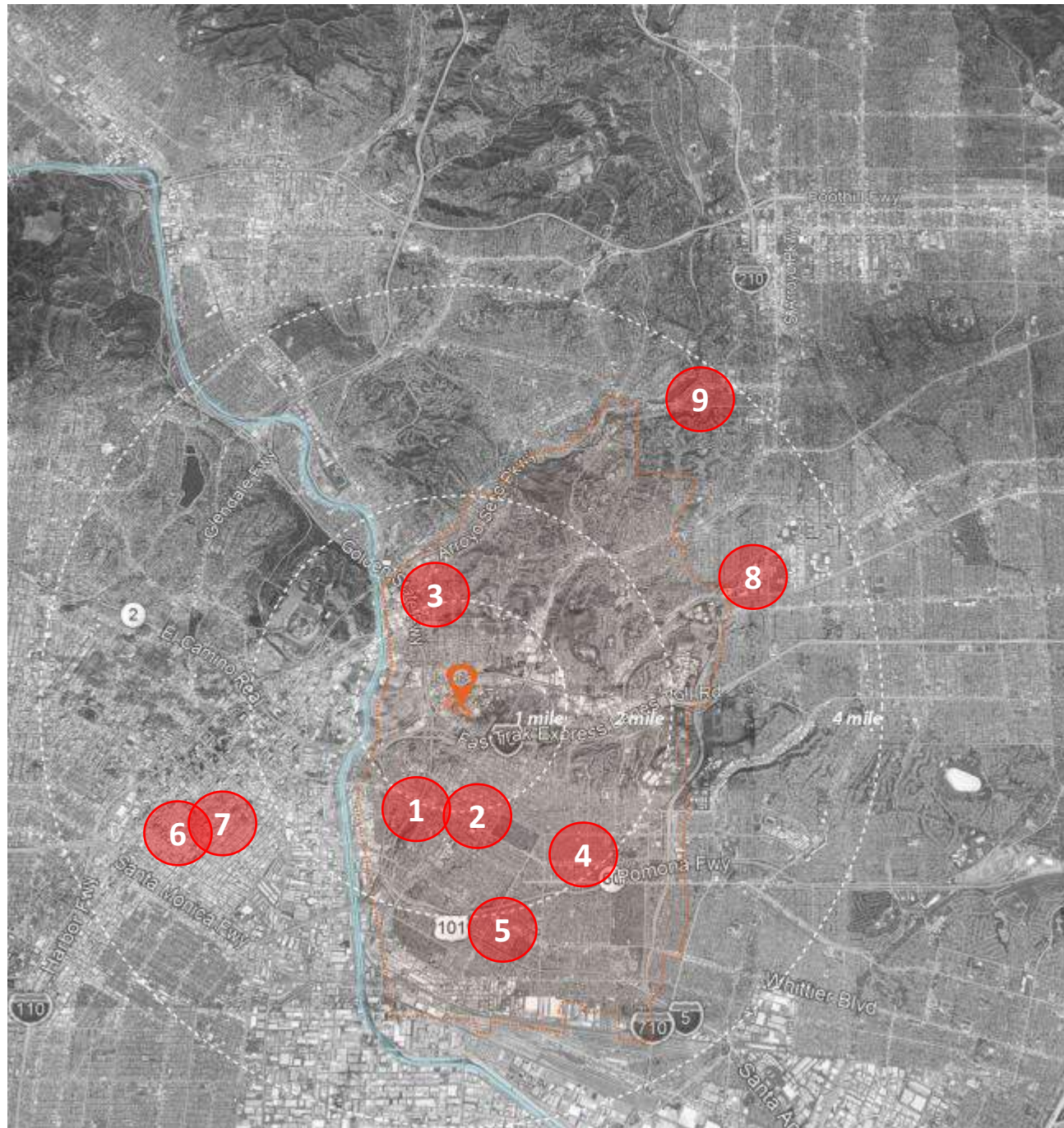
539 Los Angeles St.	
Approximate Rent <sup>1</sup>	\$28-34
RBA	8,409
Floors	1
Retail Type	Convenience
Year Built	2018
Market Segment	Downtown LA
(1) SF/Year NNN, Source: Costar	

- New retail space in and around Downtown LA commands between \$28-\$42 per square foot annually
- Retail space typically occupies the first floor of a residential or office development
- Induced demand from other General Hospital uses could support various retail types



# Supermarket Competitive Supply near the Market Area (Information dated 2020)

Competitive supply indicates a “hole in the donut” that suggests potential to support a supermarket in the under-served area.

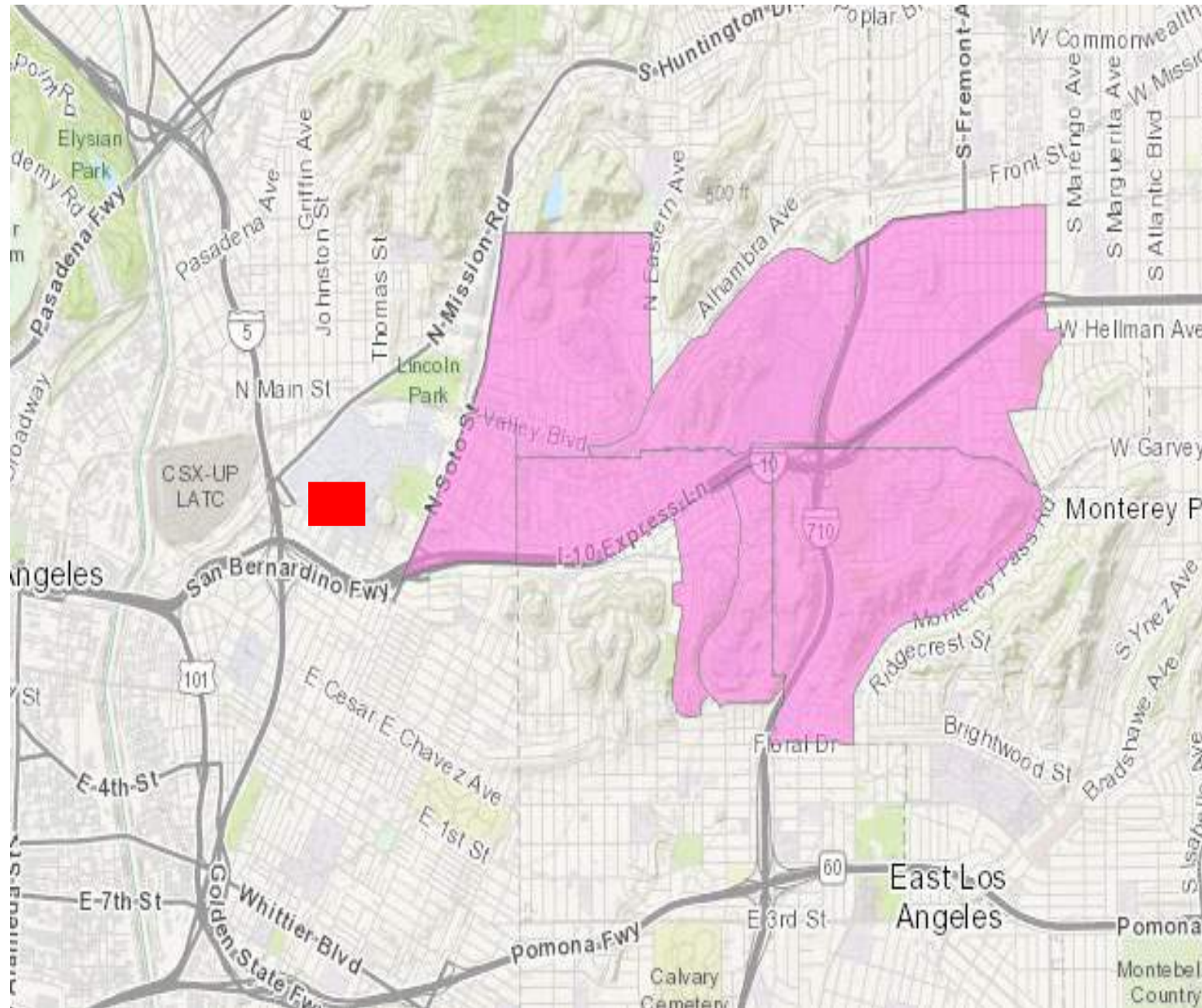


Nearby Supermarkets			
	Location	Supermarket	Distance from Site*
1	Boyle Heights	Northgate Market	1 mile
2	Boyle Heights	Food 4 Less	1 mile
3	Montecito Heights	Smart and Final Extra	1.5 miles
4	Boyle Heights	Vallarta Supermarkets	2 miles
5	Boyle Heights	El Super	2 miles
6	Downtown LA	Ralphs	3 miles
7	Downtown LA	Whole Foods	3 miles
8	Alhambra	Albertsons	3 miles
9	South Pasadena	Trader Joe's	4 miles
*Euclidean Distance			



## Food Desert Condition Adjacent to Market Area (Information dated 2015)

The USDA Food Access Research Atlas identifies the area just east of General Hospital as a “food desert”.

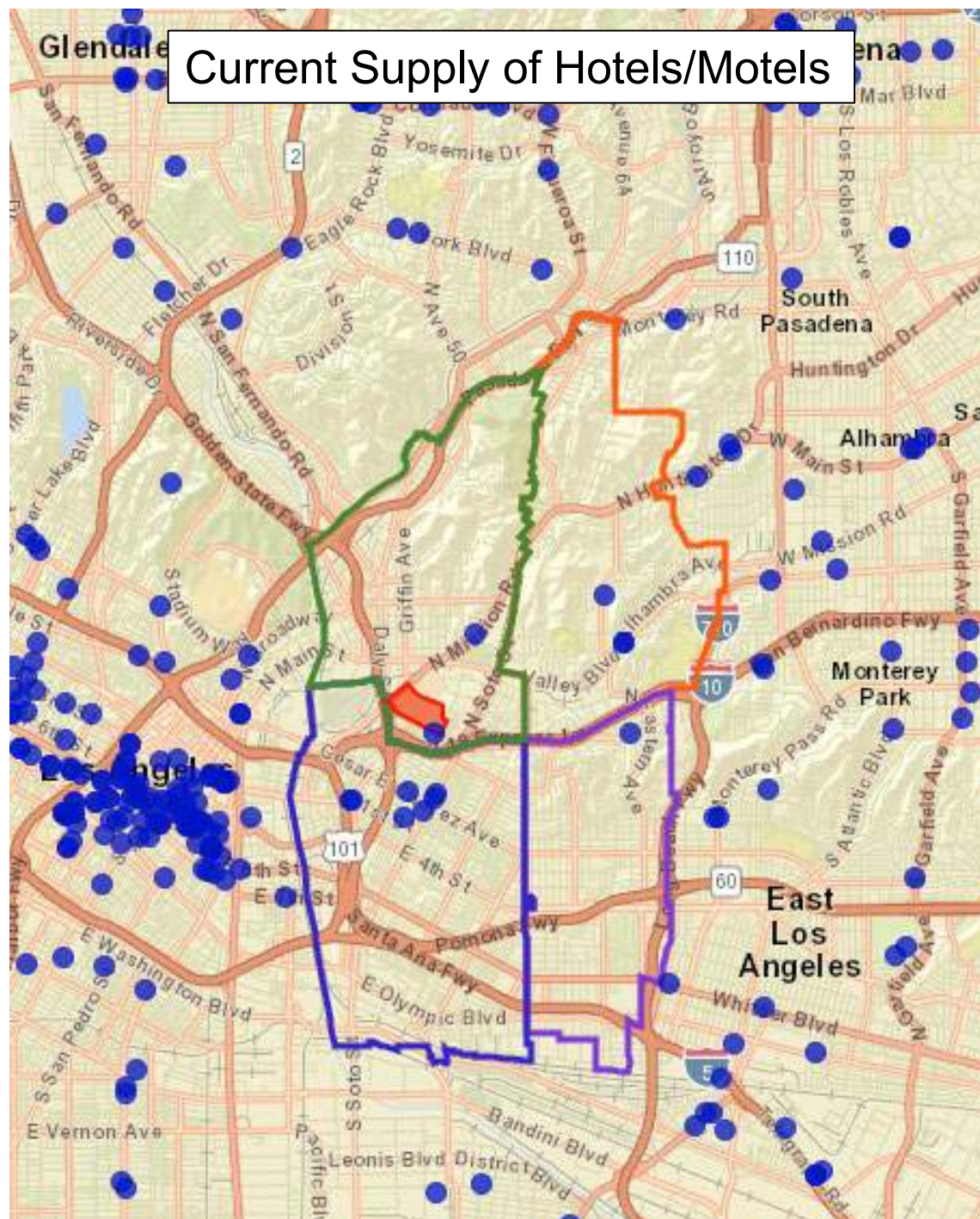


Source: USDA Food Access Research Atlas 2015

- A food desert is defined by the USDA as an area where more than 30% of residents live in poverty and are located at least one mile away from a supermarket, supercenter, or large grocery store
- Food deserts may either have no food access or are served only by fast food restaurants and convenience stores that offer few healthy, affordable options
- Stores must have at least \$2 million annual sales (which typically excludes local bodegas) and have separate fresh produce, fresh meat and poultry, dairy, dry and packaged foods, and frozen foods departments
- The 9 census tracts to the east of the General Hospital site are dominated by industrial and institutional land-uses, and their residential zones are low density due to the hilly topography
- The combination of low income and low access to a major supermarket meet the dual criteria for a “food desert”

## Market Area Hotel Competitive Supply (Information dated 2020)

**Downtown LA has a large and diverse supply of hotels, while the market area has few offerings dominated by motels and single room occupancy (SRO) options.**



Source: ESRI AECOM

- The Downtown LA hotel market is robust, diverse and growing
- The Downtown LA market had over 10,000 hotel rooms in 2018, clustered around the Convention Center and the core of the commercial district, with an approximately 3,500 additional rooms in the pipeline, per CBRE and Costar
- Excluding SRO's, the market area has approximately 230 rooms, with 200 rooms in the current pipeline. No new hotels have been added to the inventory since 1989

## Hotel Feasibility Analysis (Information dated 2020)

**Proximity to the Downtown LA market and the development of the USC Hyatt House (target opening 2020) will likely address hotel demand in the short term.**



Source: Urbanize LA

### USC Hyatt House

- The extended-stay hotel under construction and set to open in 2020 will bring 200 new hotel rooms adjacent to the LAC+USC Medical Center Campus
- The addition of this hotel is likely to satisfy market demand for new hotel rooms in the short term, unless the General Hospital site grows quickly as an employment node and spurs demand

### Boutique Hotel Opportunity

- Of the three current most prevalent market-preferred hotel types (boutique, extended-stay, and limited-service), only boutique could fit the General Hospital building as the others require standardized formats
- However, boutique hotel operators are rarely first-movers into transitioning districts, and a successful first phase of General Hospital redevelopment is a likely pre-condition for a boutique hotel operator
- The diverse and growing stock of hotel options in Downtown LA offers a significant source of competition

# Indoor Attractions Criteria (Information dated 2020)

**Indoor attraction destinations are typically part of larger retail / dining / entertainment destinations and have high access, co-location, and building requirements that General Hospital cannot meet.**

Category	Examples	Building Criteria	Site and Market Criteria	Parking Required	Rent / Square Feet	Implications
<b>Standard Movie Theater</b>	<ul style="list-style-type: none"> <li>• AMC</li> <li>• Regal</li> <li>• Cinemark</li> </ul>	<ul style="list-style-type: none"> <li>• Purpose-built (stand-alone or in a mall)</li> </ul>	<ul style="list-style-type: none"> <li>• Retail / dining / entertainment destination anchor</li> <li>• High visibility and / or foot traffic</li> </ul>	High: 1 per 5 seats	• Low (loss-leader)	<ul style="list-style-type: none"> <li>• Not compatible with General Hospital physical structure</li> <li>• Not highest-best-use</li> </ul>
<b>Premium Movie Theater</b>	<ul style="list-style-type: none"> <li>• iPic</li> <li>• Alamo Draft House</li> </ul>	<ul style="list-style-type: none"> <li>• Purpose-built (stand-alone or in mall)</li> </ul>	<ul style="list-style-type: none"> <li>• Retail / dining / entertainment destination anchor</li> </ul>	High: 1 per 5 seats	• Low (loss-leader)	<ul style="list-style-type: none"> <li>• Not compatible with General Hospital physical structure</li> <li>• Not highest-best-use</li> </ul>
<b>Family Entertainment</b>	<ul style="list-style-type: none"> <li>• Dave and Busters</li> <li>• Chuck E Cheese</li> </ul>	<ul style="list-style-type: none"> <li>• Inline or stand-alone</li> <li>• 2-story storefront façade</li> </ul>	<ul style="list-style-type: none"> <li>• Retail / dining / entertainment / lifestyle destination co-anchor</li> </ul>	High: 1 per 100 square feet	• Low (loss-leader)	<ul style="list-style-type: none"> <li>• Not compatible with General Hospital physical structure</li> <li>• Not highest-best-use</li> </ul>
<b>Premium Bowling</b>	<ul style="list-style-type: none"> <li>• Lucky Strike</li> <li>• Pinstripes</li> <li>• Bowlmor</li> </ul>	<ul style="list-style-type: none"> <li>• Purpose-built (stand-alone or in mall) or updated facility</li> </ul>	<ul style="list-style-type: none"> <li>• Retail / dining / entertainment / lifestyle destination co-anchor</li> <li>• Affluent demo</li> </ul>	High: 1-2 per 200 square feet	• Low (loss-leader)	<ul style="list-style-type: none"> <li>• Not compatible with General Hospital physical structure</li> <li>• Not highest-best-use</li> </ul>
<b>Indoor Adventure Park</b>	<ul style="list-style-type: none"> <li>• Skyzone Trampoline Park</li> <li>• Adventure Zone –Obstacle Course</li> </ul>	<ul style="list-style-type: none"> <li>• Adaptive reuse (former industrial) or purpose-built (stand-alone or in mall)</li> </ul>	<ul style="list-style-type: none"> <li>• Retail / dining / entertainment destination anchor or stand-alone</li> </ul>	High: 1-2 per 200 square feet	• Low	<ul style="list-style-type: none"> <li>• Not highest-best-use</li> </ul>

Source: AECOM



# Data Center, Logistics, Distribution, Industrial and Parking Assessment in the Market Area (Information dated 2020)

**Data Center, logistics, distribution, and pay parking uses are an awkward fit with General Hospital physical characteristics and not the highest and best use economically.**

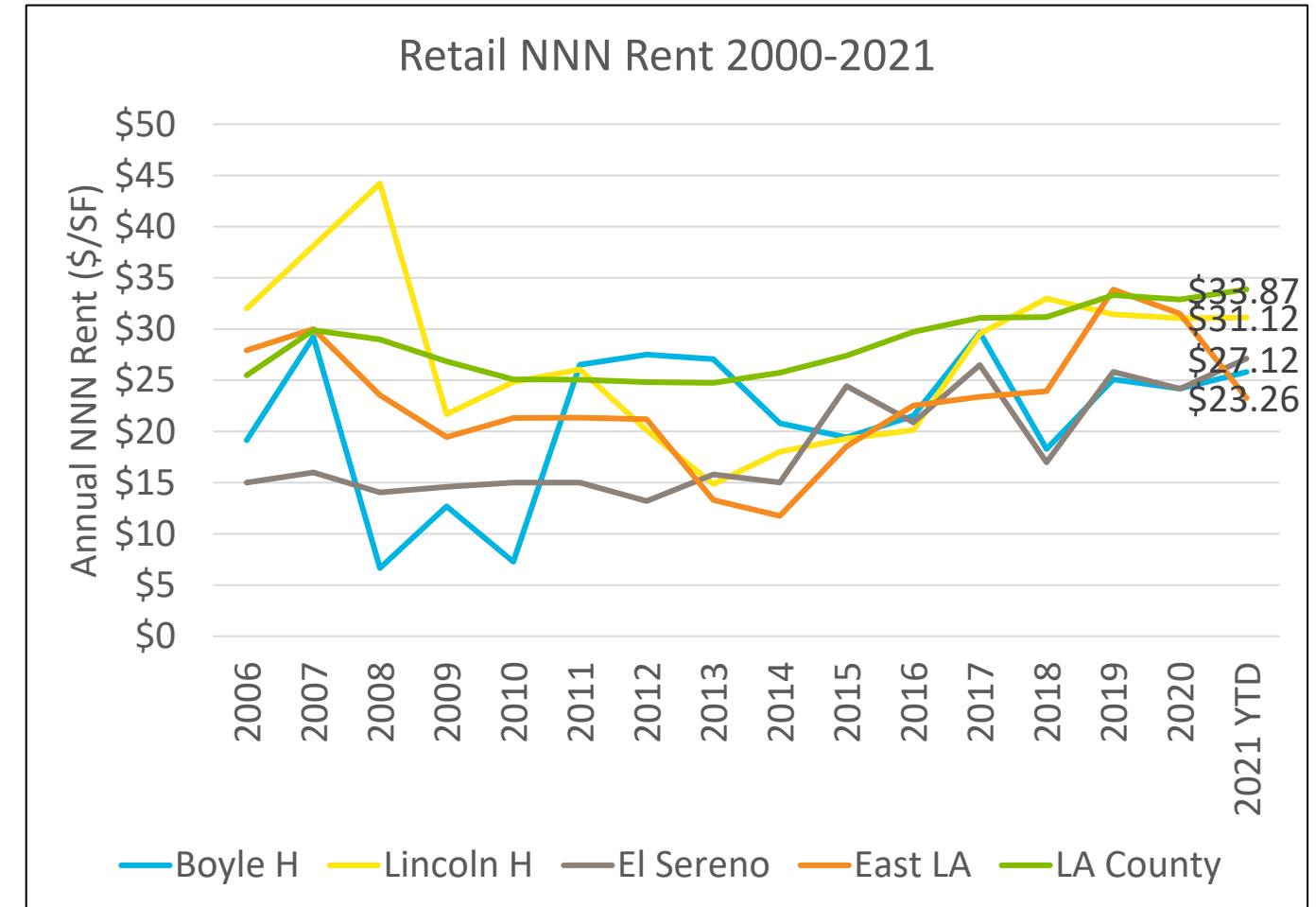
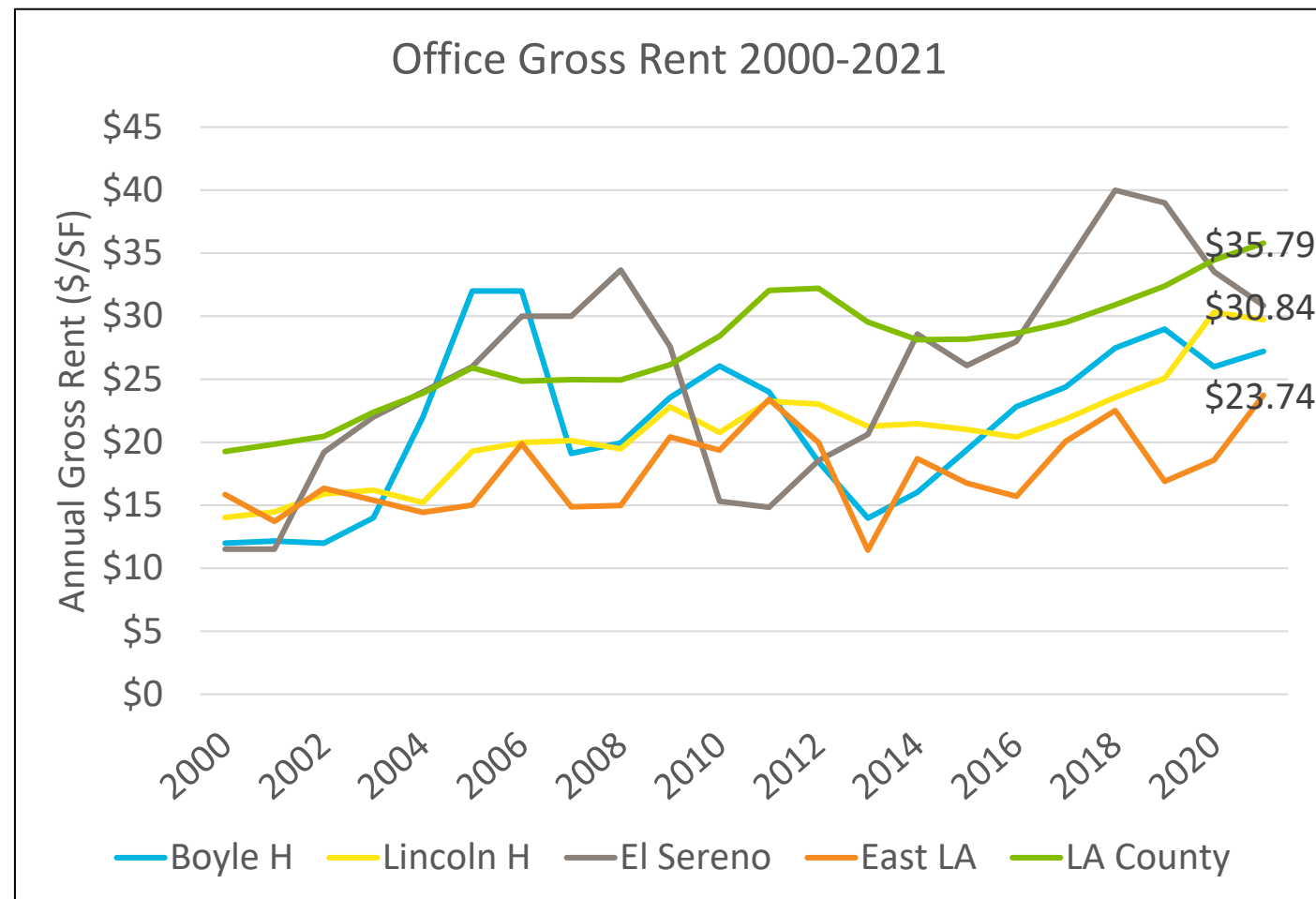
Category	Building Characteristics	Site and Market Criteria	Rents	Implications
<b>Data Center</b>	Stand-alone purpose-built structure	<ul style="list-style-type: none"> <li>• Strong infrastructure</li> <li>• Cheap electricity</li> <li>• Natural protection against force majeure</li> </ul>	Low	<ul style="list-style-type: none"> <li>• General Hospital structure not viable for adaptive reuse</li> <li>• Not highest and best use economically</li> </ul>
<b>Logistics/ Distribution</b>	Large stand-alone purpose-built structure	<ul style="list-style-type: none"> <li>• Large site</li> <li>• Relatively low land and development costs</li> <li>• Infrastructure can support high truck volume</li> </ul>	Low	<ul style="list-style-type: none"> <li>• General Hospital structure not viable for adaptive reuse</li> <li>• Access infrastructure not optimal</li> <li>• Not highest and best use economically</li> </ul>
<b>Pay Parking</b>	Large stand-alone purpose-built structure or adaptive reuse	<ul style="list-style-type: none"> <li>• Relatively low land and development costs</li> </ul>	Low	<ul style="list-style-type: none"> <li>• General Hospital structure not optimal for adaptive reuse</li> <li>• Not highest and best use economically</li> </ul>





# Office and Retail Rental Rates in the Market Area Summary (Information dated 2021)

- Office rents in two of the four sub-areas and LA County rose between 2019 and 2021
- Retail rents have generally stagnated since 2019, with a drop recorded in East Los Angeles



Source: Costar, AECOM

Source: Costar, AECOM





# 6. Hotel Market Analysis

# Hotel Market Analysis Table of Contents

- **Purpose of Hotel Market Area Analysis and Summary Findings**
- **Hotel Market Analysis Site Conditions**
  - General Hospital
  - West Campus
  - Budget Hotel Site Requirements
- **Hotel Market Analysis Budget Hotel Opportunity Analysis**
  - Demand Assessment
  - Supply Assessment
  - Estimated Supportable Room Nights
  - Conclusion and Recommendation
- **Hotel Market Analysis Temporary Lodging Alternatives**
  - Need Assessment
  - Program Opportunities
  - Conclusion and Recommendation





# Purpose of Hotel Market Analysis and Summary Findings

## Purpose of Hotel Market Area Analysis

- Expand upon initial market findings regarding hotel potential at General Hospital
- Consider opportunity for both General Hospital facility and adjacent West Campus
- Focus on budget price tier in conventional and extended-stay formats
- Summarize alternatives for providing local accommodations for at-need families
- Profile Ronald McDonald House

## Summary Findings

- Physical site compatibility
- Regional demand
- Market area demand
- Demand for hospital-adjacent hotels
- Regional supply and pipeline
- Market area supply and pipeline
- Estimated supportable rooms
- Alternative lodging strategies





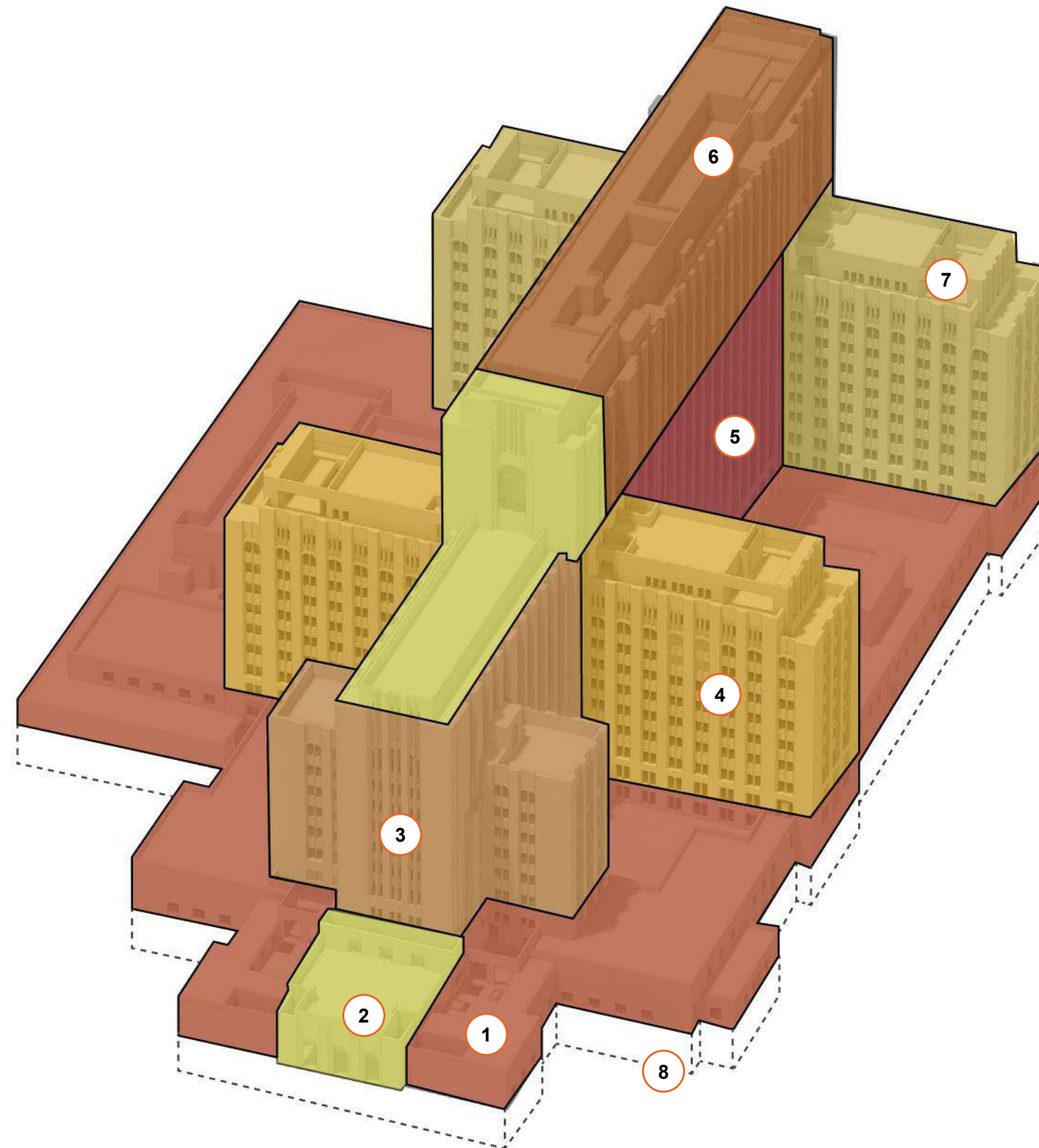
# **Hotel Market Analysis**

## **Site Conditions**

# General Hospital Site Opportunity for Hospitality Use


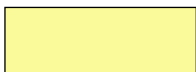






Several areas within the General Hospital facility could potentially be adapted to accommodate a hotel use.

- Area 3
  - Up to 166,000 square feet
- Area 4
  - Up to 160,000 square feet
- Area 5
  - Up to 104,000 square feet
- Area 6
  - Up to 93,000 square feet
- Area 7
  - Up to 160,000 square feet



## Approximate Square Feet (SF) of Areas

Colors are not associated with specific uses

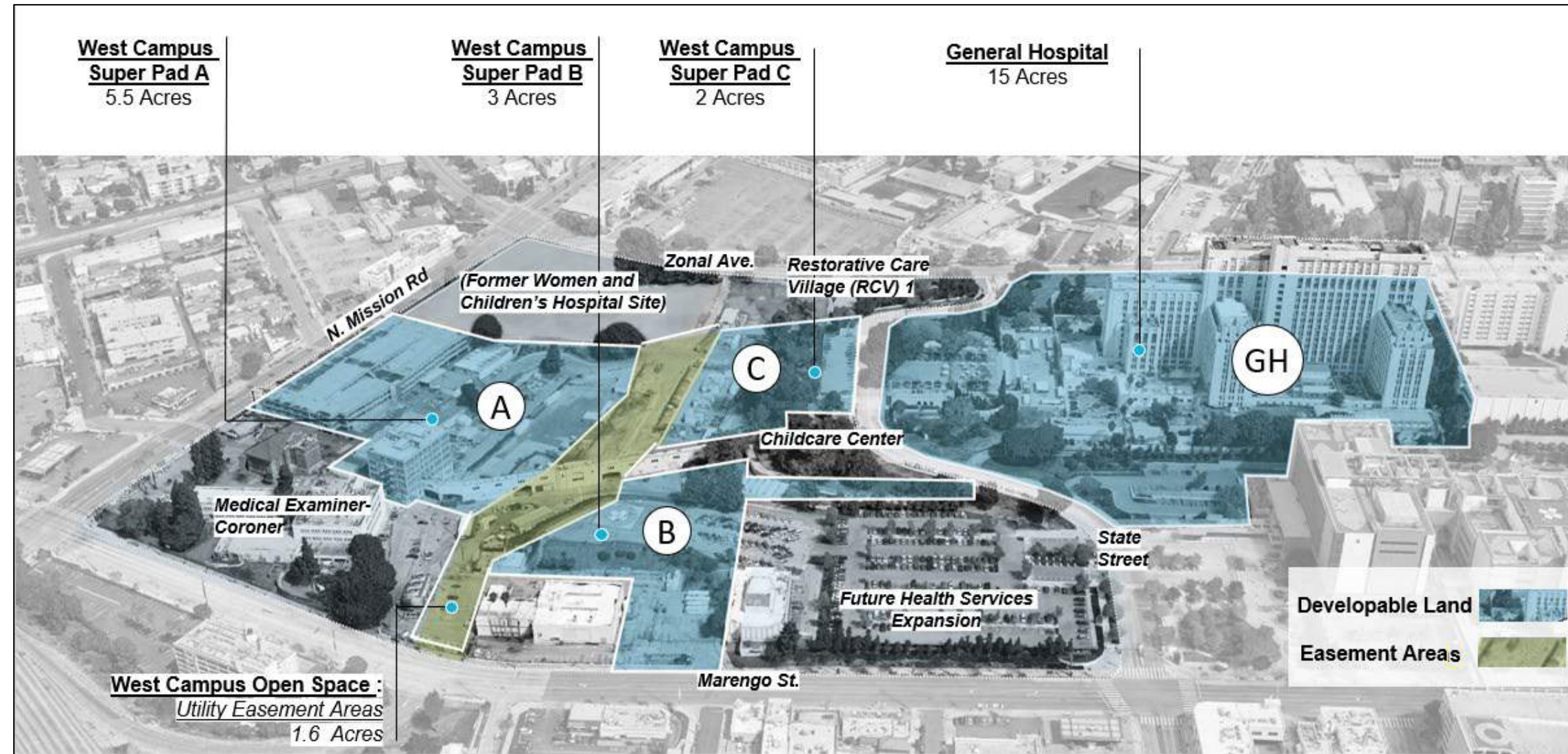
1.		160,000 SF
2.		25,000 SF
3.		166,000 SF
4.		160,000 SF
5.		104,000 SF
6.		93,000 SF
7.		160,000 SF
8.		181,000 SF



# West Campus Site Opportunity for Hospitality Use

Two discrete areas on the West Campus could potentially accommodate a ground-up hotel.

- Opportunity Site A
  - Estimated 5.5 acres
  - Marengo Street frontage
  - Up to 7 stories
- Opportunity Site B
  - Estimated 3 acres
  - Mission Road frontage
  - Up to 7 stories





# Budget Hotel Physical Site and Market Requirements (Information dated 2020)

**West Campus parcels could physically accommodate a branded hotel at a density of 0.5 to 0.6 Floor to Area Ratio (FAR).**

Example Brand	Type and Pricing Tier	Building Program	Market and Site Criteria	Implications
<b>Days Inn</b> (Wyndham)	<ul style="list-style-type: none"> <li>• Conventional</li> <li>• Economy</li> </ul>	<ul style="list-style-type: none"> <li>• Ground-up construction based on prototype</li> <li>• Hotel only (no mixed use)</li> <li>• 4 stories, 82 rooms</li> <li>• 30-35,000 square feet</li> <li>• 1.3 acres</li> <li>• 0.53-0.62 FAR</li> <li>• Surface parking (1 space/key)</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple market demand drivers</li> <li>• Highway visibility</li> <li>• Easy access</li> </ul>	<ul style="list-style-type: none"> <li>• West Campus if highest and best use</li> </ul>
<b>Microtel</b> <i>MODA Prototype</i> (Wyndham)	<ul style="list-style-type: none"> <li>• Conventional</li> <li>• Economy</li> </ul>	<ul style="list-style-type: none"> <li>• Ground-up construction based on prototype</li> <li>• Hotel only (no mixed use)</li> <li>• 4 stories, 82 rooms</li> <li>• 35,000 square feet</li> <li>• 1.4 acres</li> <li>• 0.57 FAR</li> <li>• Surface parking (1.06 space/key)</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple market demand drivers</li> <li>• Highway visibility</li> <li>• Easy access</li> </ul>	<ul style="list-style-type: none"> <li>• West Campus if highest and best use</li> </ul>
<b>Extended Stay America</b>	<ul style="list-style-type: none"> <li>• Extended Stay</li> <li>• Economy</li> </ul>			

- West Campus opportunity sites offer size and freeway visibility to support the physical requirements of several economy hotel brands
- Adaptive reuse of the General Hospital facility—according to interviewees—would not pencil in this market





# **Hotel Market Analysis**

## **Budget Hotel Opportunity Analysis**

## Criteria for Upper-Priced and Lower-Priced Hotels (Information dated 2020)

Location and facility requirements vary for lower- and upper-priced hotels, but demand drivers—consisting of income growth, employment concentration, deplanements, nearby entertainment attractions, and nearby convention space—are largely the same.

Hotel Demand, Site, and Facility Criteria					
Pricing Tier	STR Chainscale Classification	User Segments	Location Requirements	Facility Requirements	Demand Drivers
<b>Upper-Priced</b>	<ul style="list-style-type: none"> <li>• Luxury</li> <li>• Upper Upscale</li> <li>• Upscale</li> <li>• Upper Midscale</li> </ul>	<ul style="list-style-type: none"> <li>• Business</li> <li>• Leisure</li> <li>• Conference</li> </ul>	<ul style="list-style-type: none"> <li>• Area attractions (e.g., retail, restaurants, entertainment destinations)</li> <li>• Area employment density</li> <li>• High accessibility</li> </ul>	<ul style="list-style-type: none"> <li>• Full service</li> <li>• Conference / banqueting amenities</li> </ul>	<ul style="list-style-type: none"> <li>• Income growth</li> <li>• Employment growth</li> <li>• Employment / capita</li> <li>• International and domestic deplanements</li> <li>• Weather</li> <li>• Convention space</li> </ul>
<b>Lower-Priced</b>	<ul style="list-style-type: none"> <li>• Midscale</li> <li>• Economy</li> </ul>	<ul style="list-style-type: none"> <li>• Business</li> <li>• Leisure</li> </ul>	<ul style="list-style-type: none"> <li>• High visibility</li> <li>• High accessibility</li> <li>• Area attractions (e.g., retail, restaurants, entertainment destinations)</li> <li>• Employment density</li> </ul>	<ul style="list-style-type: none"> <li>• Limited service</li> <li>• Prototypical program and design</li> </ul>	<ul style="list-style-type: none"> <li>• Income growth</li> <li>• Employment growth</li> <li>• Employment / capita</li> <li>• International and domestic deplanements</li> <li>• Weather</li> </ul>

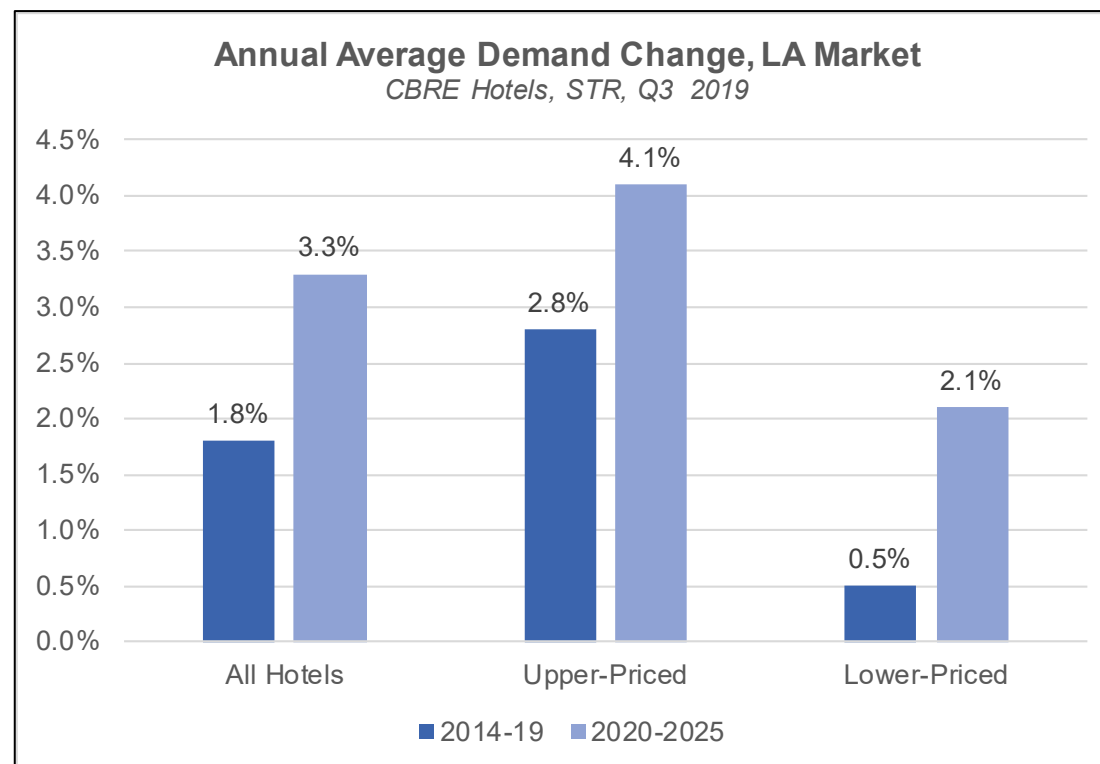
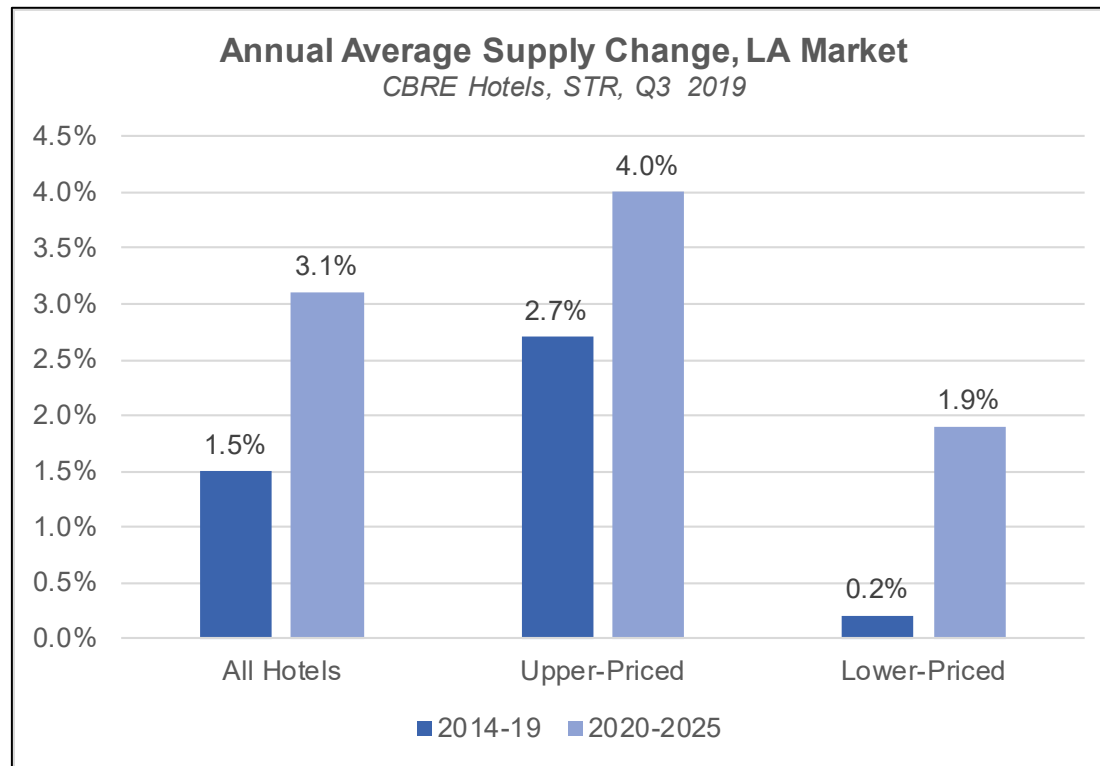
Source: CBRE/PKF, STR, and AECOM



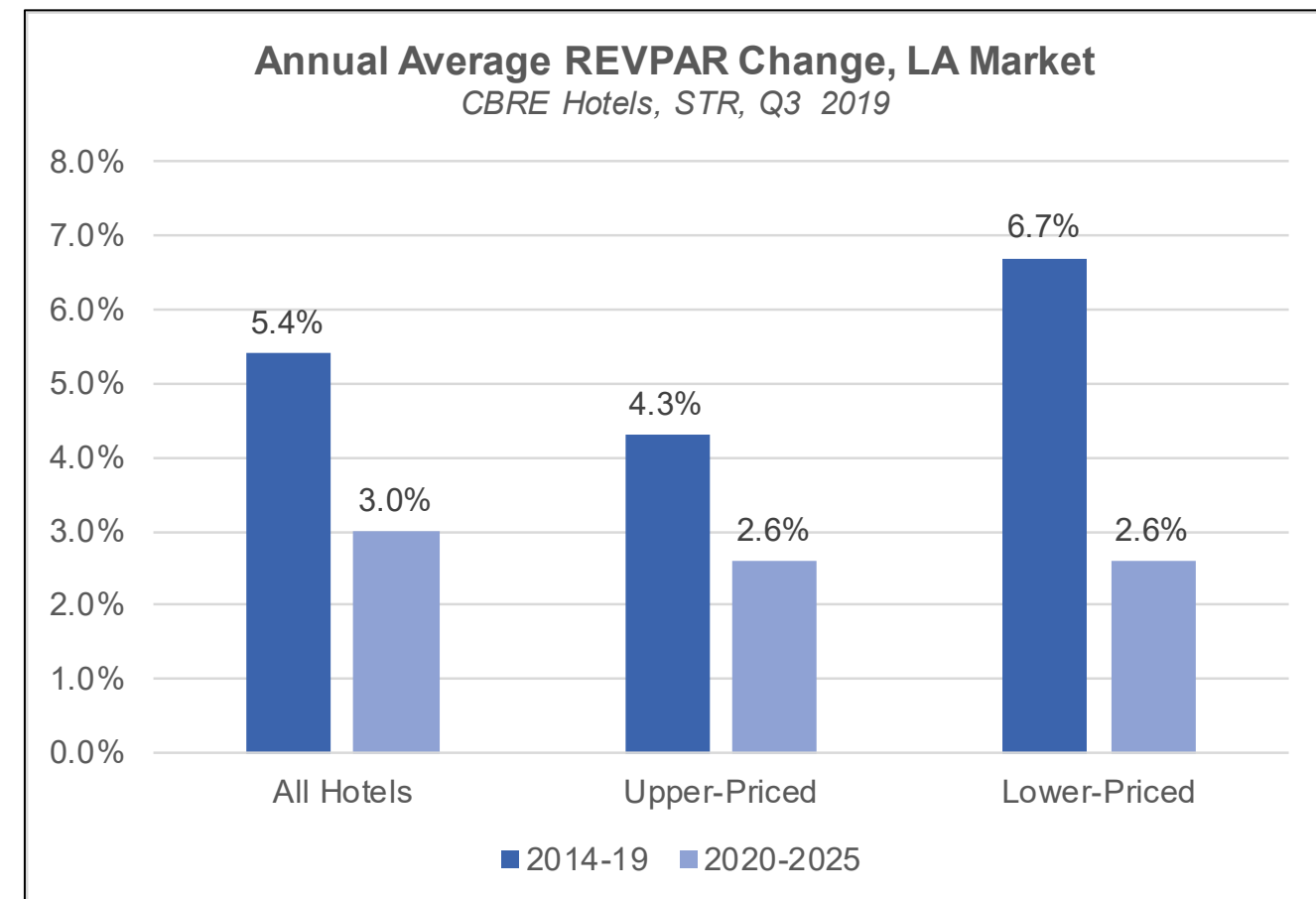
# Los Angeles Market Area: Historic and Forecast Supply and Demand

(Information dated 2019)

**Strong demand drivers are propelling robust hotel supply and demand growth in the Los Angeles market.**

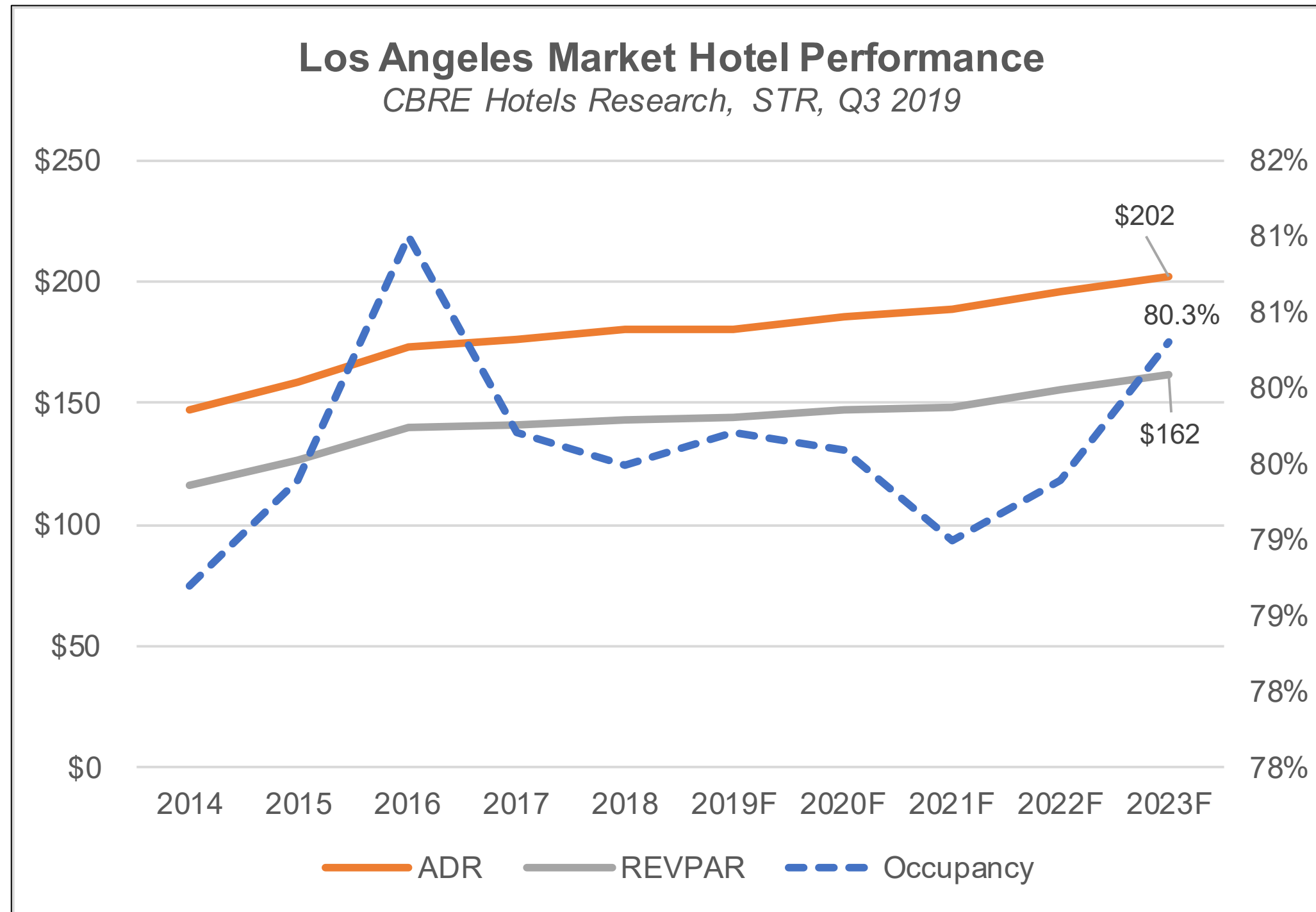


- Leisure and entertainment attractions, good weather, multiple business clusters, multiple convention facilities, and growing deplanements (including a large portion from international travelers) drive the LA region’s strong hotel market
- Both room supply and room demand is forecast to grow faster over the next five years than in the previous five (although future Revenue Per Available Room (REVPAR) growth will lag the previous growth as supply starts to catch up)
- The upper-priced hotel categories will significantly outperform lower-price categories



# Los Angeles Market Area: Historic and Forecast Average Daily Rate (ADR), Occupancy, and Revenue Per Available Room (REVPAR) (Information dated 2019)

After an expected short-term decline in occupancy in 2020-2021, the Los Angeles hotel market is forecast to continue its decade-long strong performance.



## Market Area in Relation to Adjacent Hotel Submarkets (Information dated 2020)

The market area is the socio-economic and real estate context in which the project will compete to attract hotel demand.

- Hotel submarkets generally behave independently, even if strong demand can “spill over” across a region
- The General Hospital market area is located within CBRE’s “San Gabriel Valley” submarket<sup>1</sup>. The market area is directly adjacent to CBRE’s “Downtown 2” submarket<sup>2</sup>, with which it may also share some characteristics
- The market area is also near CBRE’s “Downtown 1” submarket, which is one of the largest and strongest in the County due to a high concentration of jobs, attractions, and amenities; however, major geographical and socio-economic boundaries between the market area and “Downtown 1” means that each behaves independently



- (1) San Gabriel Valley submarket occupies an area between the San Gabriel Mountains in the north, I-5 in the west, LA County line in the east, and Orange County to the south. It includes cities such as Alhambra, Monterey Park, and Rosemead but excludes Pasadena, Burbank, and Glendale.
- (2) The “Downtown 2” submarket, compared to the “Downtown 1” submarket, includes outlets that are more outside of the central core, smaller, and command lower room rates.

Source: Google Earth, AECOM

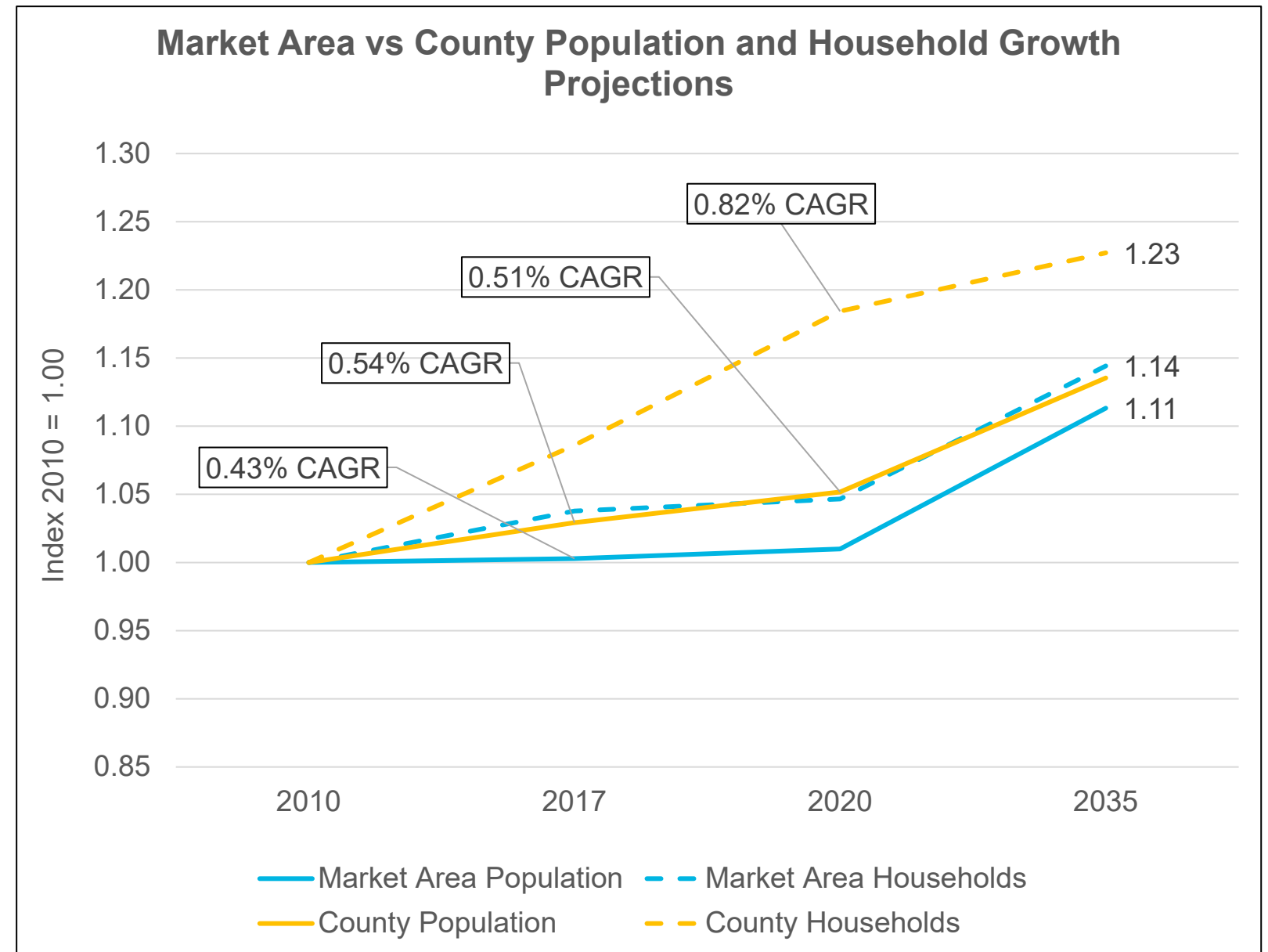
# Market Area Demand Drivers: Population, Household, and Income Growth

(Information dated 2020)

Population and income growth, which correlate with hotel demand, have been sluggish in the market area and are projected to continue to lag County growth.

Population and Household Trends		
	Market Area	LA County
<b>Population</b>		
2017	236,685	10,105,722
2000-2017 Change	0.3%	6.20%
2000-2017 CAGR	0.02%	0.35%
<b>Households</b>		
2017	64,039	3,295,198
Owner %	34%	46%
Renter %	66%	54%
Average HH Size	3.64	3.01
2000-2017 Change	7.9%	5.2%
2000-2017 CAGR	0.45%	0.30%
<b>Median Household Income</b>		
2017		
Current (2017 Dollars)	\$41,786	\$61,015
2010-2017 Change		
Nominal	15%	10%
Real	2%	-3%

Source: ESRI, AECOM



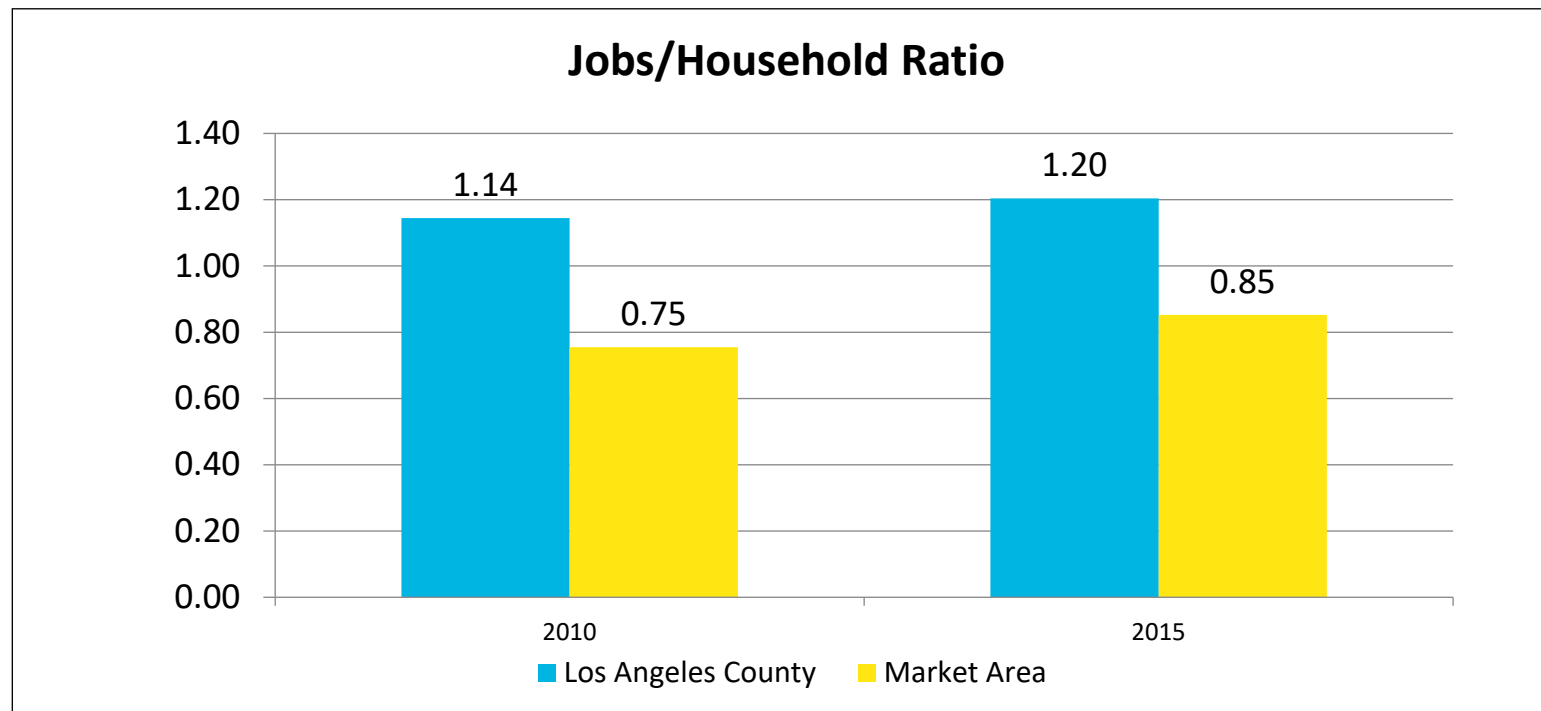
- Nearly static population growth in the market area (<1%) compared with the County (6.2%) since 2000, and market area median household income is 32% lower than the County average
- Market area population and household growth between 2010 and 2035 is expected to be faster than the 2000-2017 historical rate



# Market Area Hotel Demand Drivers: Employment Concentration

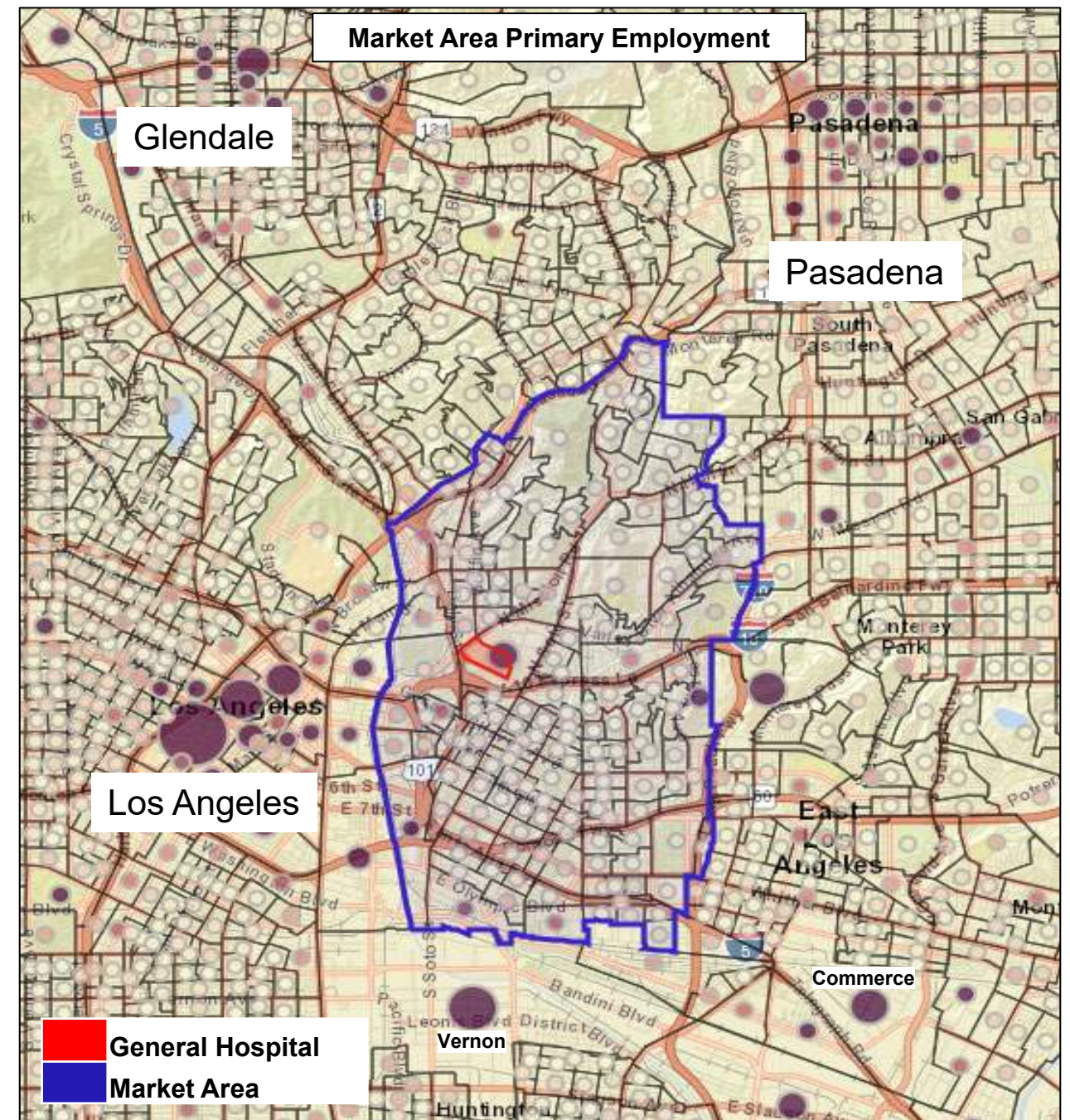
(Information dated 2020)

Employment concentration, which correlates closely with hotel demand for business and conference travelers, is low in the market area relative to the County and nearby Downtown LA.



Source: LEHD, US Census, AECOM

- The market area jobs / household ratio of 0.85 is well below the County average of 1.2, which indicates that it functions largely as residential community that exports workers to other parts of the City
- Several major employment centers surround the market area, the most prominent of which are the downtowns of Los Angeles, Glendale, and Pasadena and the manufacturing clusters of Vernon and Commerce



Source: ESRI, AECOM



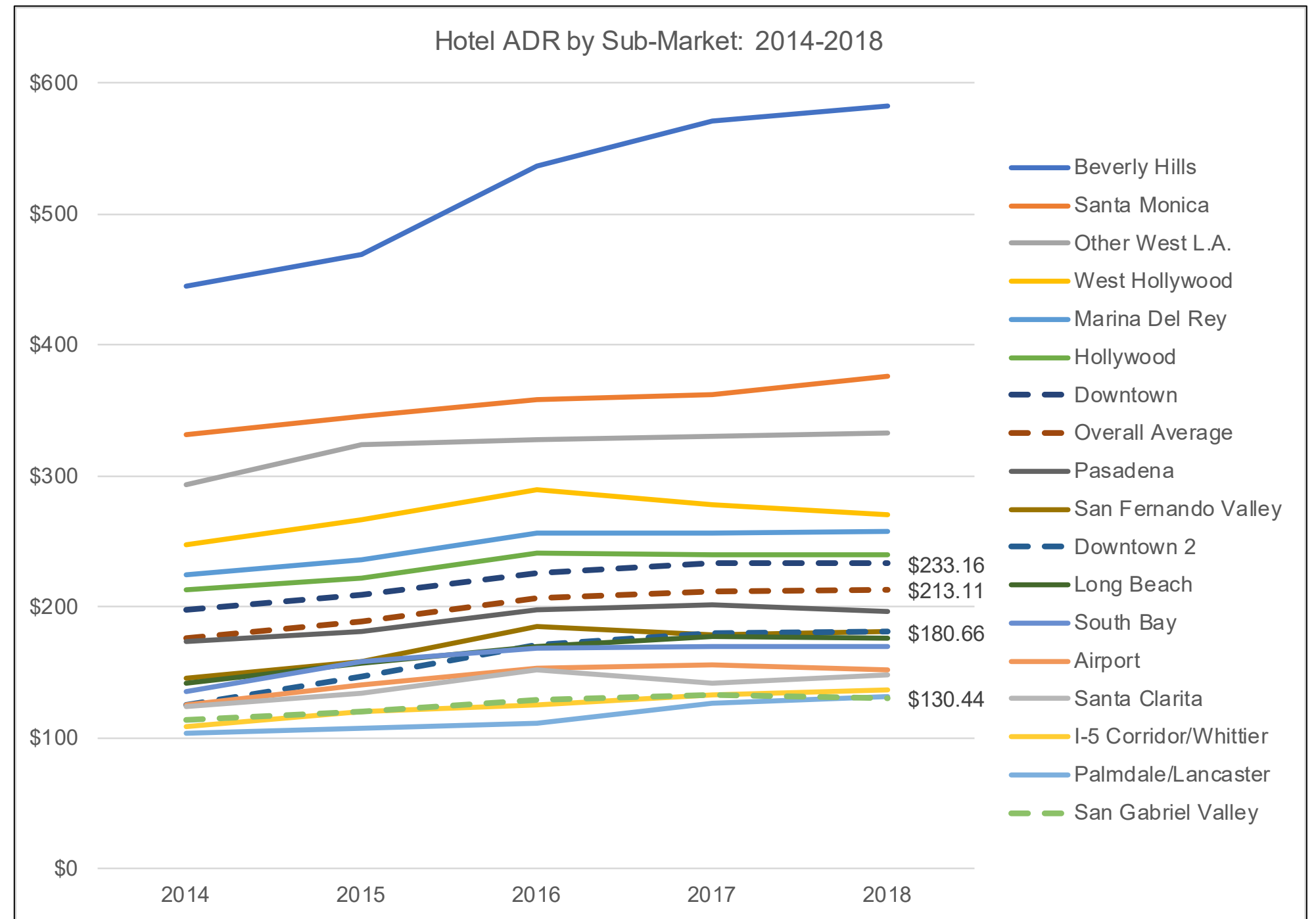


# Local Submarket Trends: Historic Average Daily Rate (ADR) for Hotel Rooms

(Information dated 2018)

**San Gabriel Valley hotels command the lowest average daily rate among all County submarkets.**

- The average daily room rate (ADR) in 2018 for San Gabriel Valley submarket of \$130 is the lowest in the County and 39% lower than the County average of \$213
- However, the Downtown 2 submarket, which due to proximity to the General Hospital area may represent a more relevant market indicator, performed better with an ADR of \$181



Source: CBRE Hotels: Trends in the Hotel Industry, Los Angeles County: December 2015-2018; AECOM

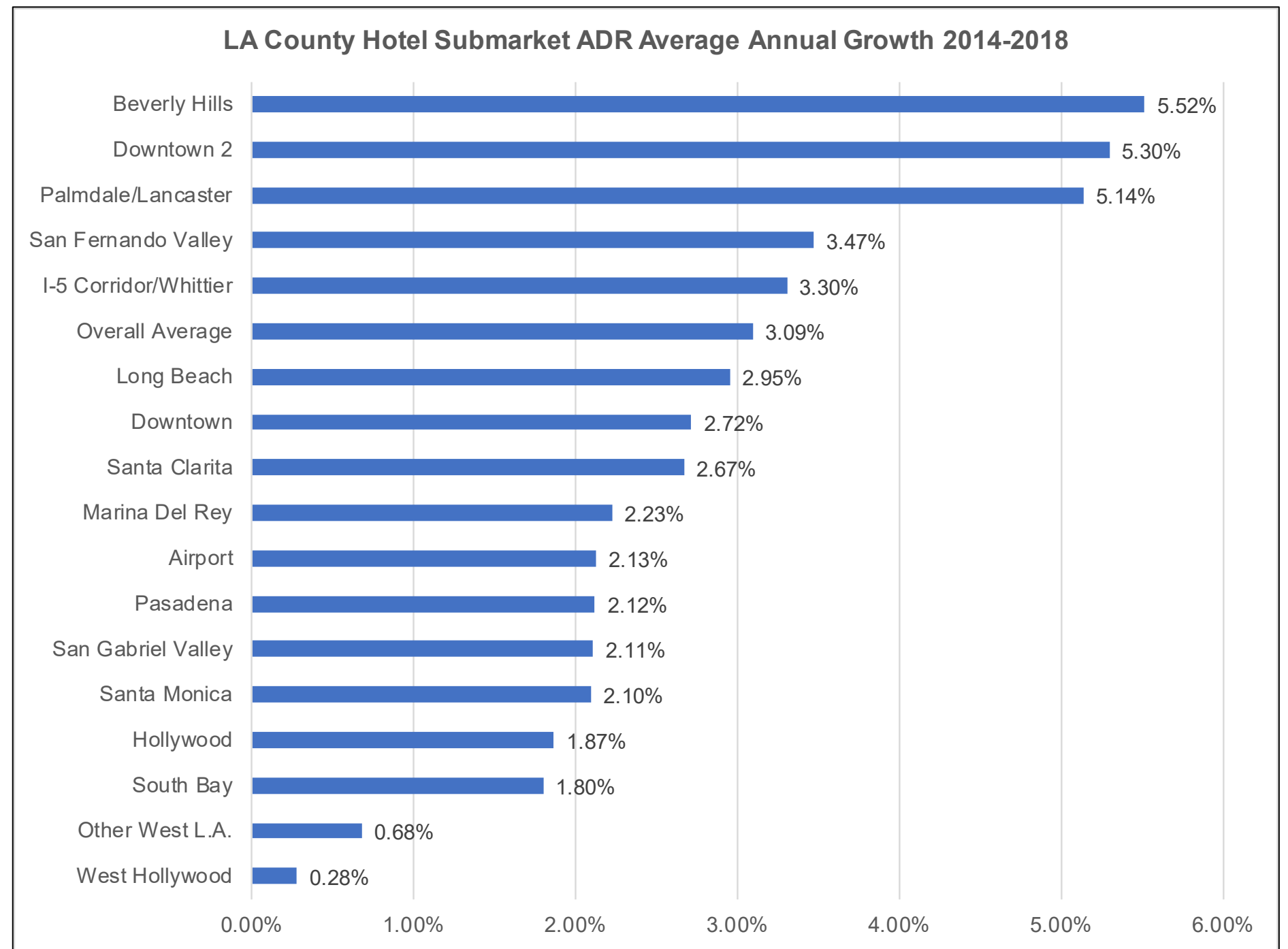


# Local Submarket Trends: Average Daily Rate (ADR) Growth Rates

(Information dated 2018)

**Hotel Room rates grew slowly between 2014 and 2018 for San Gabriel Valley hotels relative to other submarkets.**

- Between 2014 and 2018, ADR in the San Gabriel Valley hotel submarket grew at an annual average rate of 2.11%, which is 32% lower than the County average rate of 3.09%
- The nearby Downtown 2 submarket, however, reflecting the robust development trends within the Downtown area, grew extremely rapidly at 5.3%—the second fastest growth in the sub-area. If trends continue, some of this demand could eventually spill over into the General Hospital market area



Source: CBRE Hotels: Trends in the Hotel Industry, Los Angeles County: December 2015-2018; AECOM

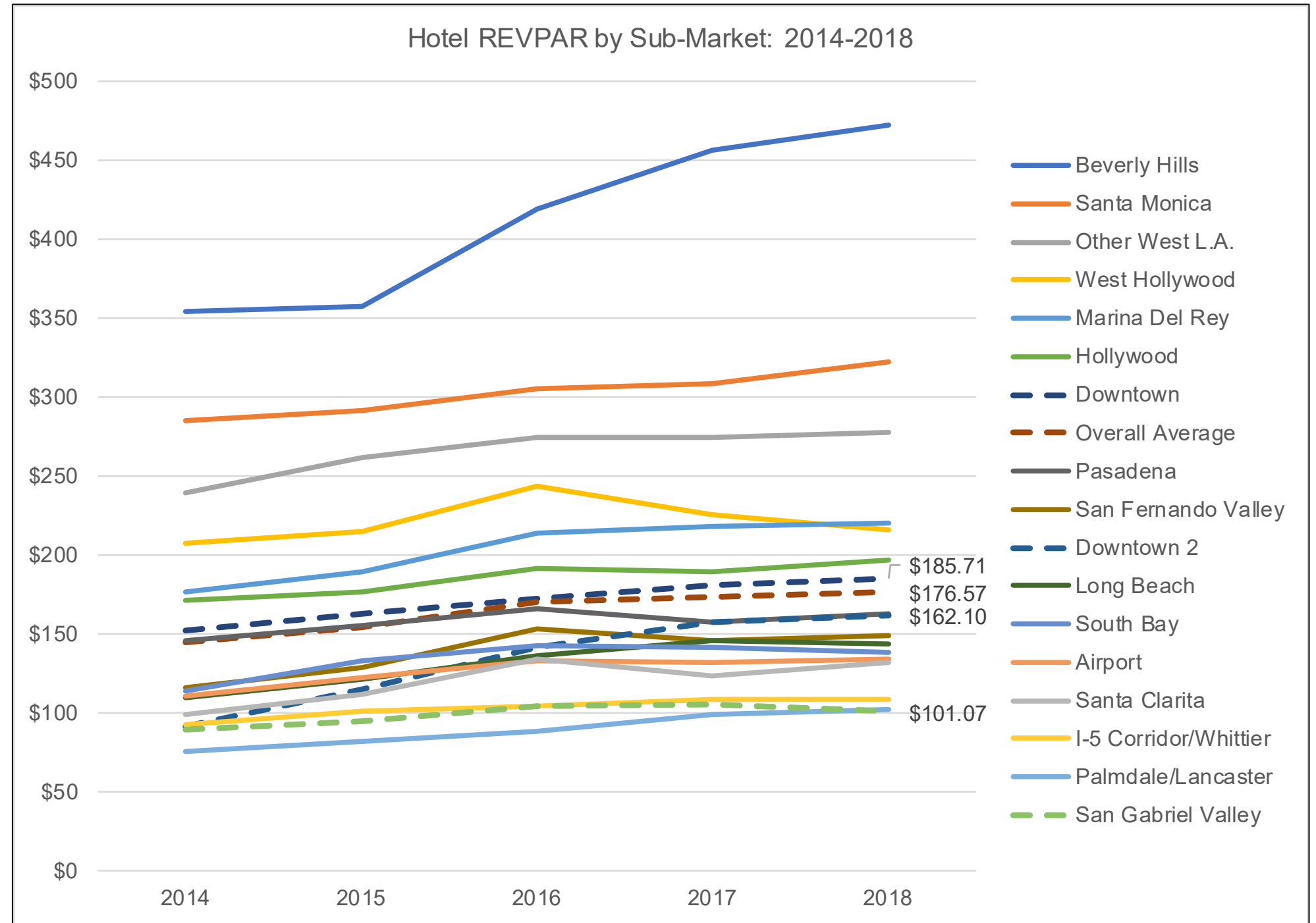


# Local Submarket Trends: Revenue Per Available Room (REVPAR)

(Information dated 2018)

**San Gabriel Valley hotels command the lowest REVPAR among all Los Angeles County hotel submarkets.**

- Revenue per available room (REVPAR), which is calculated by multiplying ADR by occupancy, is a more comprehensive measure of hotel performance than ADR
- The REVPAR in 2018 for San Gabriel Valley submarket of \$101 is the lowest in the County and 43% lower than the County average of \$177
- However, the Downtown 2 submarket, which may represent a better guide to potential hotel performance near General Hospital, recorded a stronger average REVPAR of \$162



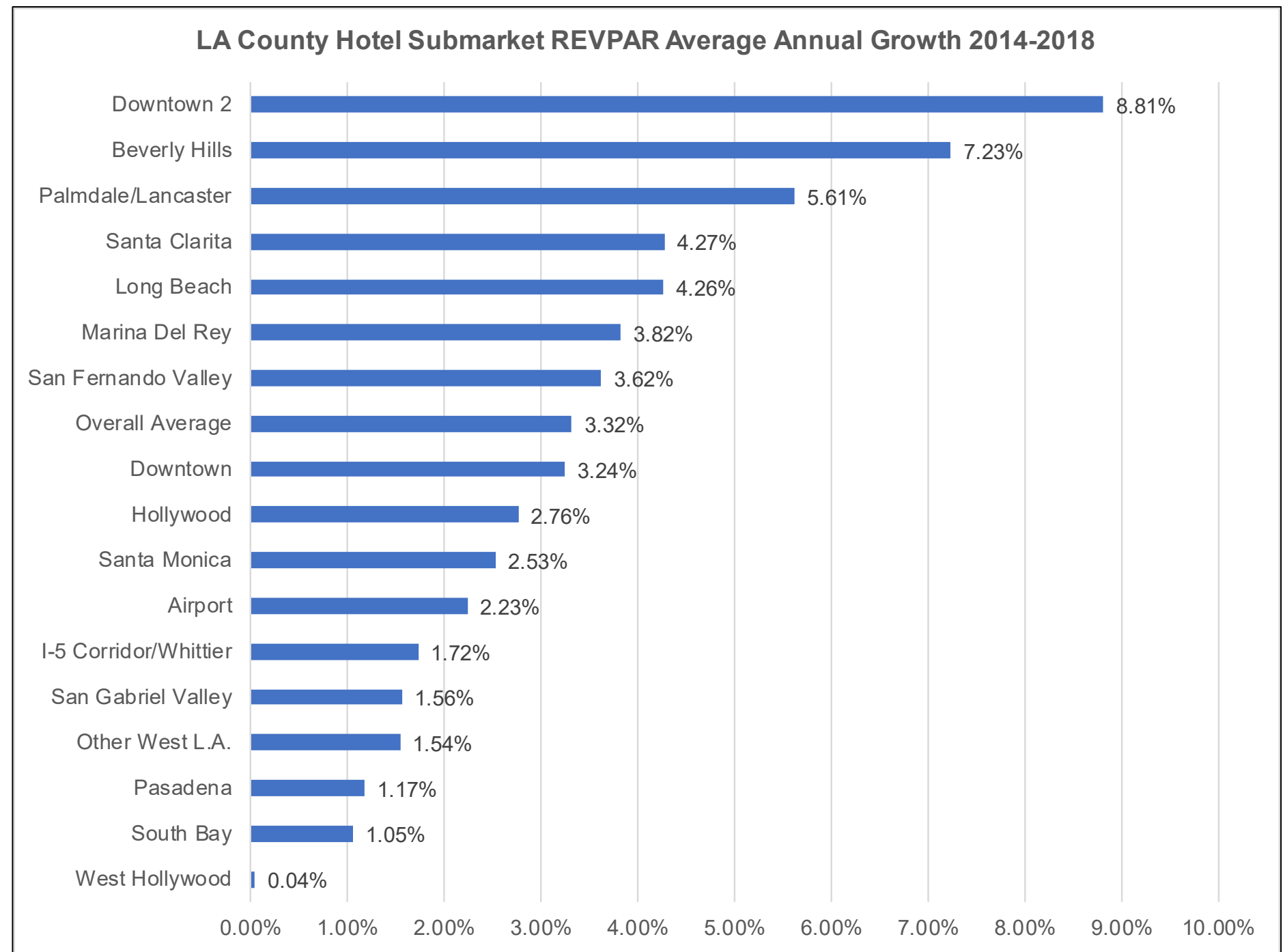
Source: CBRE Hotels: Trends in the Hotel Industry, Los Angeles County: December 2015-2018; AECOM



## Local Submarket Trends: REVPAR Growth Rates (Information dated 2018)

Hotel Room REVPAR grew slowly between 2014 and 2018 for San Gabriel Valley hotels relative to other submarkets in the County, but the nearby Downtown 2 sub-area grew very quickly.

- Between 2014 and 2018, REVPAR in the San Gabriel Valley hotel submarket grew at an annual average rate of 1.56%, which is 53% lower than the County average rate of 3.32%
- In contrast, nearby Downtown 2 grew faster than any other submarket in the sub-area at 8.81%



Source: CBRE Hotels: Trends in the Hotel Industry, Los Angeles County: December 2015-2018; AECOM



## Market Area Hotel Demand Drivers: Healthcare Cluster (Information dated 2020)

Healthcare, the largest and fastest-growing sector within the market area due to its three medical campuses (LAC+USC Medical Center, Adventist Health White Memorial, and Keck) represents the most significant potential generator of hotel demand.

- If the market area employment sector categories grow at County-wide rates (using California’s Employment Development Department (EDD) projections), the market area could add over 10,085 jobs by 2025, an increase of 19%
- Of these, approximately 6,000 jobs (60% of growth) occurs in the healthcare and social services sector (as defined by the North American Industrial Classification System (NAICS))

Market Area Employment Projections by Sector					
NAICS Sector Primary Jobs	2015	Applied CAGR <sup>1</sup>	2025	Job Growth	2015-25 Change
Health Care and Social Assistance	17,774	3.0%	23,816	6,042	34%
Manufacturing	7,463	-1.0%	6,780	-683	-9%
Wholesale Trade	6,039	0.9%	6,610	571	9%
Educational Services	5,201	2.5%	6,677	1,476	28%
Retail Trade	3,672	0.9%	4,014	342	9%
Accommodation and Food Services	3,385	2.5%	4,335	950	28%
Transportation and Warehousing	2,874	1.4%	3,290	416	14%
Professional, Scientific, and Technical Services	1,829	1.5%	2,123	294	16%
Admin. & Support, Waste Mngmt.	1,438	1.4%	1,654	216	15%
Other Services (excluding Public Administration)	1,355	1.1%	1,511	156	12%
Construction	937	2.3%	1,172	235	25%
Finance and Insurance	410	-0.1%	406	-4	-1%
Real Estate and Rental and Leasing	273	1.2%	307	34	12%
Management of Companies and Enterprises	244	0.4%	254	10	4%
Information	241	0.8%	261	20	8%
Utilities	131	-0.4%	126	-5	-4%
Arts, Entertainment, and Recreation	72	1.7%	85	13	18%
Public Administration	71	0.5%	74	3	5%
Agriculture, Forestry, Fishing and Hunting	9	-1.0%	8	-1	-9%
Mining, Quarrying, and Oil and Gas Extraction	0	0.5%	0	0	0%
<b>Total</b>	<b>53,418</b>	<b>1.7%</b>	<b>63,503</b>	<b>10,085</b>	<b>19%</b>

Source: LEHD for 2015 employment, EDD for County-wide growth rates/sector

## Criteria for Hospital-Anchored Hotels (Information dated 2020)

Hospital-anchored hotels are a niche market catering to medical centers that draw a high proportion of professionals and patients from outside the region.

Medical Center Visitor Segments for Hospitality Uses				
User Segment	Pricing Tier	Site Requirements	Facility Requirements	Demand Drivers
<b>Visiting Professionals</b> <i>(doctors, nurses, faculty, researchers, sales representatives)</i>	<ul style="list-style-type: none"> <li>• Upper-priced</li> </ul>	<ul style="list-style-type: none"> <li>• Proximity to convention / conference space</li> <li>• Proximity to medical center (beneficial but not critical)</li> </ul>	<ul style="list-style-type: none"> <li>• Full service</li> <li>• Conference / banquet amenities</li> <li>• Area attractions (e.g., retail, restaurants, entertainment destinations)</li> </ul>	<ul style="list-style-type: none"> <li>• Continuing education program for medical professionals</li> <li>• Conferences</li> <li>• Visiting faculty and medical researchers to academic medical centers</li> </ul>
<b>Patients and caregivers</b>	<ul style="list-style-type: none"> <li>• Upper-priced</li> <li>• Lower-priced</li> </ul>	<ul style="list-style-type: none"> <li>• Proximity to medical center</li> </ul>	<ul style="list-style-type: none"> <li>• Limited service</li> </ul>	<ul style="list-style-type: none"> <li>• Specialized medical treatments and medical tourism</li> <li>• Under-served areas requiring patients to travel long distances for care</li> <li>• Increasing hospital focus on reducing in-patient nights</li> </ul>

Source: Pinnacle Consulting, AECOM



## Market Area Demand Drivers: Hospital Visitation (Information dated 2020)

The market area includes two distinct patient segments: (1) emergency room visitors (mostly) to LAC+USC Medical Center and Adventist Health White Memorial; (2) visitors seeking scheduled specialist treatment at Keck.

- LAC+USC Medical Center is a high-volume community-serving facility handling 59% of market area discharges—far more than any other facility in the sub-area
- As a Class 1 trauma center, 92% of LAC+USC Medical Center’s discharges are emergency room visits—the highest such share in the sub-area. By comparison, 0% of Keck discharges are emergency room visits
- In-patients make up 18% of discharges at LAC+USC Medical Center, which is the lowest in the sub-area; by comparison, Keck and Huntington Memorial are the highest at 39% of discharges
- 10% of LAC+USC Medical Center patients come from outside LA County, which is high compared to all other hospitals in the sub-area except Keck at 28%

Hospital Operations: LAC+USC and Comparison Hospitals										
Facility	General						Emer- gency	In-Patient		Patient Origin
	Miles from GH	Trauma center class- ification (1 = high)	Beds	Beds Market Share	Dis- charges	Dis- charges Market Share	Share of Dis- charges	Share of Dis- charges	Avg. Stay (Days)	From LA County
<b>Market Area</b>										
LAC+USC Medical Center	0	1	676	47%	167,781	59%	92%	18%	6.4	90%
Keck Hospital of USC	0	N/A	401	28%	31,356	11%	0%	39%	6.9	72%
Adventist Health White Memorial	1	N/A	<u>353</u>	<u>25%</u>	<u>86,298</u>	<u>30%</u>	<u>71%</u>	<u>21%</u>	<u>4.6</u>	<u>96%</u>
Subtotal Market Area			1,430	100%	285,435	100%	76%	21%	6.0	90%
<b>Outside Market Area (Sample)</b>										
Alhambra Hospital Medical Center	6	N/A	144		23,989		83%	23%	6.1	96%
Glendale Memorial	6	N/A	334		48,498		78%	20%	4.4	95%
San Gabriel Valley Medical Center	8	N/A	273		35,926		72%	26%	6.6	95%
Huntington Memorial Hospital	9	2	619		91,226		83%	39%	3.4	93%
LAC/Harbor-UCLA Medical Center	24	1	<u>453</u>		<u>95,497</u>		<u>90%</u>	<u>18%</u>	<u>6.0</u>	<u>94%</u>
Subtotal Outside Market Area			1,823		295,136		83%	26%	4.7	94%

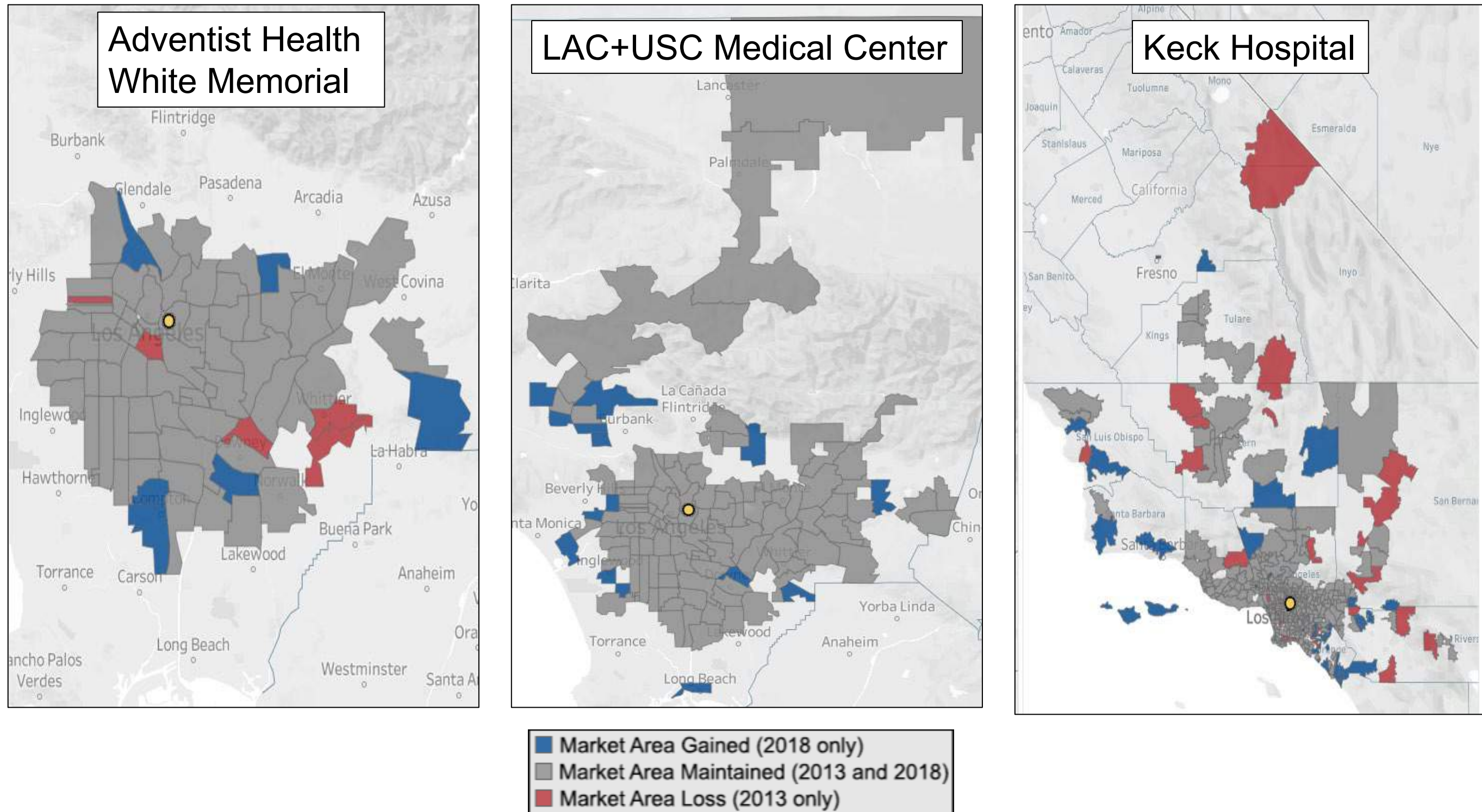
Source: Office of Statewide Health Planning and Development, California Health and Human Services, AECOM



# Patient Origin by Zip Code for LAC+USC Medical Center, Adventist Health White Memorial, and Keck

(Information dated 2018)

Adventist Health White Memorial and LAC+USC Medical Center are primarily community-serving facilities, while Keck patients come from the entire Southern California region.





## Hotel Demand Summary (Information dated 2020)

The market area, which has not been a strong lodging market historically, does not rank highly in most traditional hotel demand-driver categories.

Only Keck among market area hospitals, generates strong hotel demand for hospital-adjacent lodging from visiting professionals, patients, and caregivers.

Traditional Hotel Demand Drivers: Market Area Summary		
User Segment	Demand Drivers	Market Area
Business, Conference, Leisure	• International and domestic deplanements	High
	• Traffic	Low-Mid
	• Visibility	Low-Mid
	• Income level and income growth	Low-Mid
	• Employment / capita and growth	Low-Mid
	• Convention space nearby	Low
	• Entertainment/leisure attractions nearby	Low

Source: CBRE/PKF, STR, and AECOM

Hospital-Adjacent Demand Drivers: Summary by User Segment and Market Area Hospital				
User Segment	Demand Drivers	LAC+USC Medical Center	Adventist Health White Memorial	Keck
Visiting Professionals (doctors, faculty, etc.)	• Continuing education for medical professionals	Low	Low	High
	• Conference and seminar attendees	Low	Low	High
	• Entertainment / leisure attractions	Low	Low	Low
Patients and caregivers	• High share of in-patients vs. out-patients	Low	Low	High
	• Availability of specialized treatments	Mid	Low	High
	• Medical tourism	Low	Low	Mid
	• Large out-of-region patient cohort	Low	Low	High
	• Increasing out-patient orientation of hospitals	High	High	High

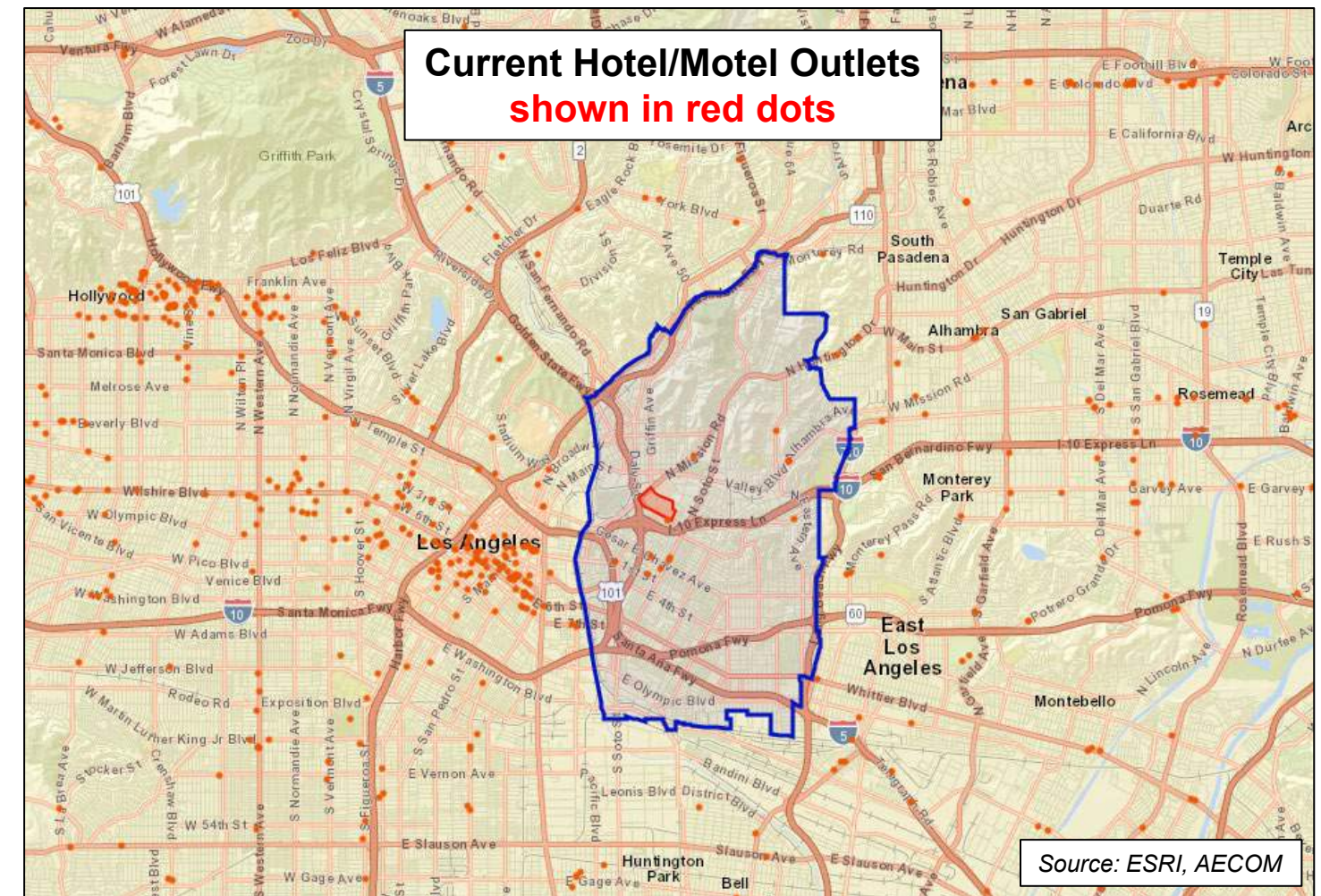
Source: AECOM

# Competitive Supply and Concentration (Information dated 2020)

The market area's low concentration of hotels, consisting mainly of older, independent, lower-rated, and budget-priced outlets, illustrates the modest nature of the sub-market.

Market Area Hotel Inventory							
Name	Neighborhood	Costar Rating	STR Chainscale Classification	Rooms	Room Rate <sup>1</sup>	Year Built	Distance to GH (miles)
<b>Market Area</b>							
USC Hyatt House	Lincoln Heights	4 Star	Upscale	200	N/A	2020	0.40
Marengo Inn	Boyle Heights	3 Star	Not Classified	28	\$120	1989	0.10
Starlight Inn	El Sereno	3 Star	Not Classified	27	\$90	1991	1.75
Vinograd Hotel	Boyle Heights	2 Star	Not Classified	18	\$65	1925	0.50
Lincoln Park Motel	Lincoln Heights	2 Star	Not Classified	25	\$72	1936	0.75
Hotel Antonio	Boyle Heights	1 Star	Not Classified	49	\$85	1925	0.50
Soto Hotel	Boyle Heights	1 Star	Not Classified	29	\$65	1980	0.75
America Motel	Lincoln Heights	1 Star	Not Classified	25	\$60	1941	1.00
Vista Motel	East Los Angeles	1 Star	Not Classified	19	\$65	1988	1.70
Gardens Hotel	East Los Angeles	1 Star	Not Classified	10	\$68	1984	1.50
				430			
<b>Near Market Area<sup>2</sup></b>							
Arroyo Vista Inn	Outside El Sereno	3 Star	Not Classified	10	\$185	1925	4.00
Super 8 Wyndham	Outside El Sereno	3 Star	Economy	50	\$103	1984	3.00
Ambassador Inn Alhambra	Outside El Sereno	3 Star	Not Classified	56	\$95	1988	3.00
Motel 6	Outside El Sereno	3 Star	Economy	54	\$95	1984	2.75
Wayfare Motel	Outside East LA	2 Star	Not Classified	32	\$75	1980	3.00
				202			

(1) Survey conducted in January 2020 and likely reflects off-season (lower) rates  
 (2) Within one mile of Market Area, East of the LA River  
 Source: ESRI, Costar, Hotels.com, Booking.com



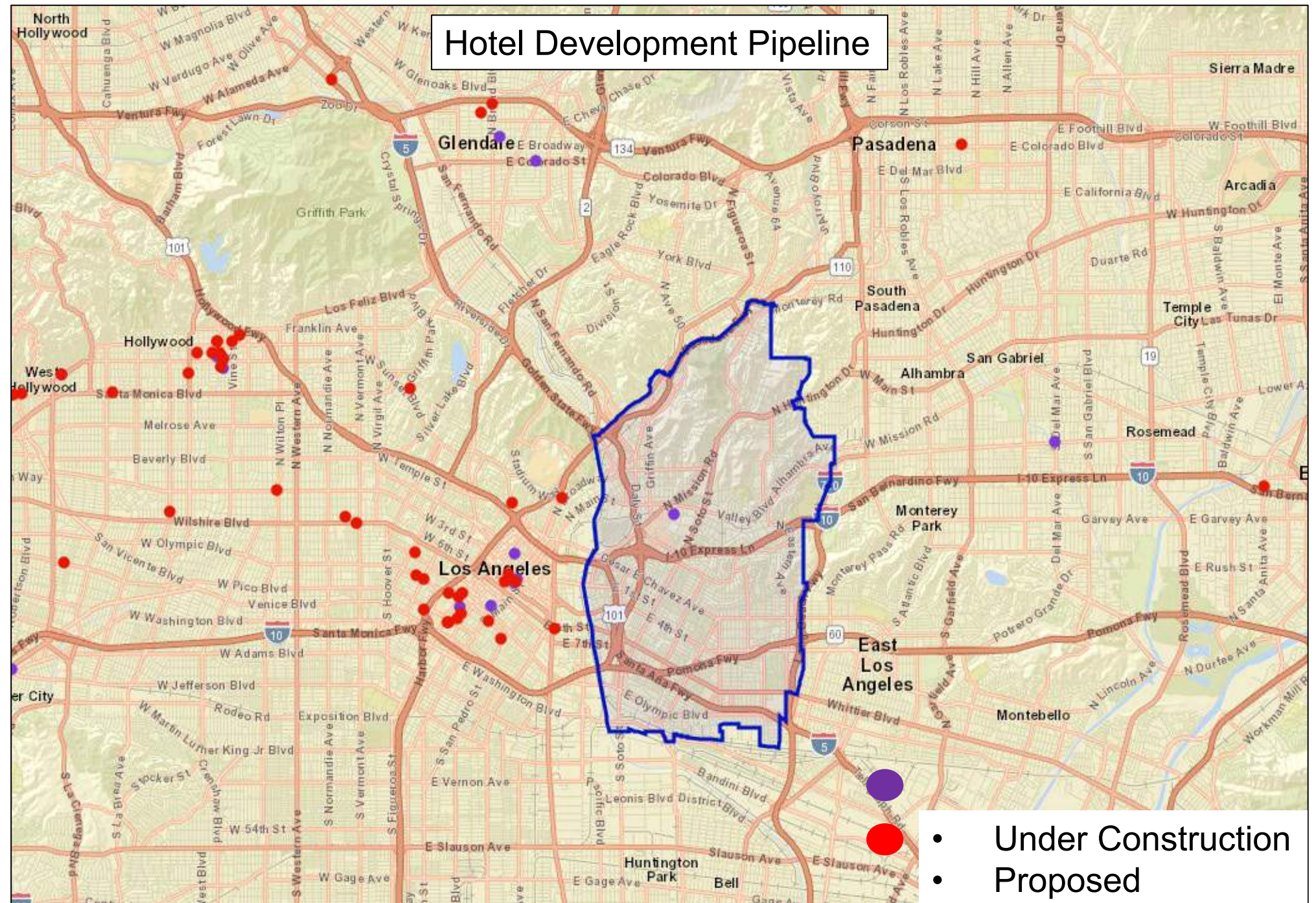
- Excluding single room occupancy (SRO) units, the market area has 230 rooms (and 202 additional rooms just outside the market area)
- Nearby Downtown LA market is one of the County's largest hotel concentrations with over 13,000 hotel rooms serving strong demand from business travelers, conventions, and leisure travelers



# Regional Hotel Supply Pipeline (Information dated 2020)

**A substantial pipeline with 5,900 rooms in the Downtown LA Central Business District alone indicates that new hotel development in the market area could face strong competition from new nearby supply.**

- The current development pipeline for LA County indicates 5,500 hotel rooms under construction and an additional 12,300 hotel rooms proposed or in planning. This pipeline represents an acceleration of room development from over the past five years. These projects would increase overall room inventory by 17%
- The largest proportion of pipeline is occurring in the Downtown LA Central Business District, which includes 5,900 rooms under construction or in planning, making up 33% of the total pipeline (over a base of 13% total supply)
- The USC Hyatt House with 200 rooms is the only pipeline project within the market area



Source: CBRE, ESRI, AECOM



## Market Area Supply Pipeline (Information dated 2020)

**The USC Hyatt House will be the first new hotel in the market area in decades.**

- The upscale extended-stay hotel currently under construction will bring 200 new hotel rooms adjacent to the LAC+USC Medical Center Campus
- The format and pricing tier will directly address demand generated by Keck from visiting doctors, nurses, and academics; conference and seminar attendees; and out-of-region patients seeking specialized medical care
- The facility is part of the school's vision and plan for medical center investment and expansion
- Lodging professionals interviewed noted that due to only one core demand driver (Keck-generated visitation), the facility was unlikely to perform well. The underlying transaction, they suggested, most likely included some form of subsidy to the developer



Source: Urbanize LA

# Trends in Medical Center-Adjacent Lodging Development (Information dated 2020)

Medical center-adjacent lodging development is growing for reasons that range from globalization to expanded consumer choice to the pursuit of operational efficiencies and improved medical outcomes.

Trend	Market Area Demand Opportunity
<p><b>Elite medical institutions are increasingly marketing specialized care</b> to customers with the ability to pay, both domestic and international.</p>	<p>Keck patients and professionals</p>
<p><b>International medical tourism</b> is a growing global market led by institutions in lower-cost countries such as Malaysia, Thailand, Costa Rica, and Brazil. American destinations, which are higher-cost than international counterparts, mainly consist of elite and best-in-class institutions such as the Mayo Clinic, the Cleveland Clinic, Massachusetts General, and Memorial Sloan Kettering.</p>	<p>Keck patients and professionals</p>
<p><b>Consumers are demanding</b> more (and more luxurious) options in hospital lodging.</p>	<p>Keck patients</p>
<p><b>Hospitals are focused on reducing in-patient stays as a cost-cutting measure</b>, and off-site lodging is frequently more cost-effective than hospital room occupancy.</p>	<p>LAC+USC Medical Center, Adventist Health White Memorial, and Keck patients</p>
<p>Health care professionals increasingly recognize the <b>practical importance and cost-effectiveness of short-term housing to assure continuum of care</b> for at-risk patients.</p>	<p>LAC+USC Medical Center, Adventist Health White Memorial, and Keck patients</p>
<p><b>Limited-service</b> and <b>extended stay/suites</b> categories, which align with much hospital-anchored lodging demand, are favored by investors.</p>	<p>LAC+USC Medical Center, Adventist Health White Memorial, and Keck patients</p>
<p>Hospital-adjacent lodging demand is counter-cyclical and represents an <b>important investment category for portfolio balancing</b>.</p>	<p>LAC+USC Medical Center, Adventist Health White Memorial, and Keck patients</p>



# Regional Medical Center / Hotel Co-Location Patterns (Information dated 2020)

There are few current examples in the Los Angeles area for hotels developed primarily to serve an adjacent medical complex.

- Among surveyed hospitals, the USC Hyatt House (under construction) is the only project developed primarily to serve demand generated by an adjacent medical complex
- While UCLA Reagan and Cedars-Sinai are surrounded by several high-quality hotels, the locations also capitalize on demand from leisure and business travelers drawn to nearby retail, entertainment, and employment concentrations
- UCLA Medical Center (#5 ranking, U.S. News 2019-20 Best Hospitals survey), Cedars-Sinai (#8), and Keck (#16) all likely have potential to cultivate more medical tourism and associated hospital-adjacent lodging

Hospital Hotel Co-Location						
Hospital	Hotel within Half-Mile	Address	CoStar Rating	STR Chainscale Classification	Rooms	Year Built
<b>Regional Competitive Set</b>						
<b>LAC+USC, Keck</b>	USC Hyatt House	1601 Alcazar St	4 Star	Upscale	200	2020
	Marengo Inn	2050 Marengo St	3 Star	Not Classified	29	1989
	Lincoln Park Motel	2101 Parkside Ave	2 Star	Not Classified	24	1936
<b>Adventist White Memorial</b>	No hotels within half mile <sup>1</sup>					
<b>Alhambra Hospital</b>	Alhambra Inn	2221 W Commonweal	2 Star	Not Classified	NA	1984
	Greentree Inn & Suites	2451 W Main St	3 Star	Economy	60	1983
<b>Glendale Adventist</b>	No hotels within half mile <sup>2</sup>					
<b>San Gabriel Valley Medical Center</b>	No hotels within half mile <sup>3</sup>					
<b>Huntington Memorial</b>	Pasadena Inn	400 S Arroyo Pky	2 Star	Not Classified	66	1962
	Evanston Inn	385 Marengo Ave	1 Star	Not Classified	29	1887
<b>Outside the Regional Competitive Set</b>						
<b>UCLA Medical Center</b>	W Los Angeles	930 Hilgard Ave	4 Star	Luxury	297	1969
	HilgardHouse	927 Hilgard Ave	4 Star	Not Classified	47	1984
	Palihotel Westwood	1044 Tiverton Ave	4 Star	Not Classified	51	1940
<b>Cedars-Sinai</b>	SLS Hotel at Beverly Hills	465 S La Cienega Blvr	4	Luxury	297	2008
	Sofitel Hotel	8501 Beverly Blvd	3	Luxury	295	1988
	Elan Hotel	8435 Beverly Blvd	4	Not Classified	49	1971
<b>Harbor-UCLA</b>	No hotels within half mile <sup>4</sup>					
(1) White Memorial is within 1 mile of the the USC-LAC-adjacent hotels (2) Glendale Adventist is within one mile of a number of branded hotels serving area business and leisure travelers; these include Best Western and Holiday Inn Suites (3) The San Gabriel Valley Medical Center is within two miles of a number of branded hotels serving area leisure and business travelers; these include Sheraton, Hyatt, and New Century (4) UCLA-Torrance is within one mile of the Miyako Hotel, which primarily serves business travelers Source: CoStar, GoogleMaps, STR						



## Hotel Market Competitive Supply Summary

- The market area's low concentration of older lower-rated hotels reflects the historically modest nature of the sub-market
- A substantial pipeline with 5,900 rooms in the Central Business District alone indicates that new hotel development in the market area could face heavy competition from new nearby supply
- The USC Hyatt House Hotel is likely a strategic investment for USC to support its long-term expansion vision rather than one intended to be financially feasible in the short-term
- There are not many examples of hospital-proximate hotel developments in Los Angeles that rely exclusively on hospital-related demand



## Assumptions for Medical Center Adjacent Hotel Room Night Demand

- The budget hotel opportunity resides primarily with providing lodging for patients of LAC+USC Medical Center and Adventist Health White Memorial and their caregivers. Other potential users who do not require close proximity to the hospitals will be better served by options in more established markets with more amenities
- Keck-generated demand from medical professionals and patients seeking specialty treatment, which are different market segments than those addressed by LAC+USC Medical Center and Adventist Health White Memorial, will be fully absorbed by the Hyatt House Hotel
- Only the near-term opportunity is considered. Ultimate redevelopment of General Hospital may substantially transform the residential base, job base, and visitor patterns around General Hospital, but hotel developers do not typically act as pioneering first movers in unproven or transitioning markets





# Patient Hotel Days Analysis (Information dated 2018)

LAC+USC Medical Center generates potential demand for approximately 3,500 patient hotel nights and Adventist Health White Memorial for 1,650 nights; together they total approximately 5,100 hotel nights of demand.

## Key Assumptions

- Patient demand for hotel nights is a function of:
  - Driving distance from home to medical center. AECOM has assumed higher hotel demand for patients driving more than 30 minutes for care
  - In-patient vs. out-patient: AECOM assumes in-patients are more likely to generate hotel demand

Item	Estimated Patient Hotel Nights								
	In-Patient Discharges			Out-Patient Discharges			All Discharges		
	Within 30-minute drive <sup>2</sup>	Outside 30-minute drive <sup>2</sup>	Total <sup>1</sup>	Within 30-minute drive <sup>2</sup>	Outside 30-minute drive <sup>2</sup>	Total <sup>1</sup>	Within 30-minute drive <sup>2</sup>	Outside 30-minute drive <sup>2</sup>	Total <sup>1</sup>
<b>Patients by Drive Time</b>									
LAC-USC	22,943	6,991	29,934	114,126	23,721	137,847	137,069	30,712	167,781
Adventist Health White Memorial	19,268	3,017	22,285	59,345	4,668	64,013	78,613	7,685	86,298
<b>Total</b>	<b>42,211</b>	<b>10,008</b>	<b>52,219</b>	<b>173,471</b>	<b>28,389</b>	<b>201,860</b>	<b>215,682</b>	<b>38,397</b>	<b>254,079</b>
<i>Share</i>	<i>81%</i>	<i>19%</i>		<i>86%</i>	<i>14%</i>		<i>85%</i>	<i>15%</i>	
<b>Patients Using Off-Site Hotels</b>									
Share of patients using hotels <sup>3</sup>	5%	25%	8.8%	2.5%	12.5%	3.9%	3.0%	15.8%	4.9%
LAC-USC	1,147	1,748	2,895	2,853	2,965	5,818	4,000	4,713	8,713
Adventist Health White Memorial	963	754	1,968	1,484	584	2,501	2,447	1,338	3,785
<b>Total</b>	<b>2,111</b>	<b>2,502</b>	<b>4,613</b>	<b>4,337</b>	<b>3,549</b>	<b>7,885</b>	<b>6,447</b>	<b>6,051</b>	<b>12,498</b>
<b>Patient Hotel Nights</b>									
Patients coming a day early <sup>3</sup>	20%	20%		10%	10%				
Patients staying an extra day <sup>3</sup>	20%	20%		10%	10%				
Patients coming early and staying an extra day <sup>3</sup>	10%	10%		5%	5%				
Total hotel nights/patient	0.60	0.60		0.30	0.30				
<b>LAC+USC Total</b>	<b>688</b>	<b>1,049</b>	<b>1,737</b>	<b>856</b>	<b>890</b>	<b>1,745</b>	<b>1,544</b>	<b>1,938</b>	<b>3,482</b>
<b>Adventist Health White Memorial</b>	<b>578</b>	<b>453</b>	<b>1,031</b>	<b>445</b>	<b>175</b>	<b>620</b>	<b>1,023</b>	<b>628</b>	<b>1,651</b>
<b>Total</b>	<b>1,266</b>	<b>1,501</b>	<b>2,768</b>	<b>1,301</b>	<b>1,065</b>	<b>2,366</b>	<b>2,567</b>	<b>2,566</b>	<b>5,133</b>

(1) Office of Statewide Health Planning and Development, California Health and Human Services  
 (2) AECOM analysis based on patient zipcode data  
 (3) AECOM Estimate based on interviews and literature review



# Caregiver and Total Hotel Days Analysis (Information dated 2018)

LAC+USC Medical Center generates potential demand for approximately 1,600 caregiver hotel nights and Adventist Health White Memorial for 670 hotel nights; together they total approximately 2,300 hotel nights of demand.

Combined demand from patient and caregiver stays totals 7,400 hotel nights, which at stabilized occupancy of 75% represents support for 27 budget rooms in the market area.

## Key Assumptions

- Caregiver demand for hotel nights a function of:
  - Number of patient hotel nights
  - Length of patient stay

Item	Estimated Caregiver and Total Hotel Nights								
	In-Patient Discharges			Out-Patient Discharges			All Discharges		
	Within 30-minute drive	Outside 30-minute drive	Total	Within 30-minute drive	Outside 30-minute drive	Total	Within 30-minute drive	Outside 30-minute drive	Total
<b>Patient Hotel Nights</b>									
LAC+USC Total	688	1,049	1,737	856	890	1,745	1,544	1,938	3,482
Adventist Health White Memorial Total	578	453	1,031	445	175	620	1,023	628	1,651
<b>Total</b>	<b>1,266</b>	<b>1,501</b>	<b>2,768</b>	<b>1,301</b>	<b>1,065</b>	<b>2,366</b>	<b>2,567</b>	<b>2,566</b>	<b>5,133</b>
<b>Caregiver Hotel Nights</b>									
Share of patients w/caregivers staying overnight <sup>1</sup>	25%	25%		25%	25%				
Share of patient days caregivers stay overnight <sup>1</sup>	50%	50%		50%	50%				
Average days of patient stay <sup>2</sup>									
LAC+USC	6.4	6.4		1.0	1.0				
Adventist Health White Memorial	4.6	4.6		1.0	1.0				
<b>LAC+USC Total</b>	<b>551</b>	<b>839</b>	<b>1,390</b>	<b>107</b>	<b>111</b>	<b>218</b>	<b>658</b>	<b>950</b>	<b>1,608</b>
<b>Adventist Health White Memorial Total</b>	<b>332</b>	<b>260</b>	<b>593</b>	<b>56</b>	<b>22</b>	<b>78</b>	<b>388</b>	<b>282</b>	<b>670</b>
<b>Total</b>	<b>883</b>	<b>1,099</b>	<b>1,982</b>	<b>163</b>	<b>133</b>	<b>296</b>	<b>1,046</b>	<b>1,232</b>	<b>2,278</b>
<b>All Hotel Nights</b>	<b>2,149</b>	<b>2,600</b>	<b>4,750</b>	<b>1,464</b>	<b>1,198</b>	<b>2,661</b>	<b>3,613</b>	<b>3,798</b>	<b>7,411</b>
<i>Supportable rooms at 75% occupancy</i>	8	9	17	5	4	10	13	14	27

(1) AECOM Estimate based on interviews and literature review

(2) Office of Statewide Health Planning and Development, California Health and Human Services





# **Hotel Market Analysis Temporary Lodging Alternatives**

# Medical Campus Strategies For Local Accommodations


Hospitals have developed a variety of lodging strategies for patients and their families including market rate branded hotels, in-hospital premium suites, negotiated rates at area hotels, free housing from charitable organizations, volunteer home-host networks, and on-site RV parking

Type of Accommodation	Examples	Offer
<b>Hospital-Adjacent Branded Hotel</b>	<ul style="list-style-type: none"> <li>Hyatt House at Keck (<i>upper-price</i>)</li> <li>Edge Hotel at New York-Presbyterian Hospital (<i>upper-price</i>)</li> <li>Holiday Inn and Suites at the Cleveland Clinic (<i>lower-price</i>)</li> <li>Intercontinental Hotel and Conference Center at the Cleveland Clinic (<i>upper-price</i>)</li> <li>InterContinental Houston Medical Center at Texas Medical Center (<i>upper-price</i>)</li> <li>Home2 Suites by Hilton at Baylor Medical Center (<i>upper-price</i>)</li> <li>Residence Inn at Dell Children's Medical Center (<i>lower-price</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Market rate hotels</li> <li>Conferencing and extended-stay facilities</li> <li>Mainly upper-priced</li> <li>Mostly at prestige medical centers catering to medical tourism, professional training, and conferences</li> </ul>
<b>In-Hospital Hospitality Suites</b>	<ul style="list-style-type: none"> <li>Stamford Hospital Signature Suites</li> <li>Brigham and Women's Shapiro Tower Pavilion</li> </ul>	<ul style="list-style-type: none"> <li>Premium alternative to patient rooms for patients with ability to pay</li> </ul>
<b>Temporary Furnished Housing Nearby</b>	<ul style="list-style-type: none"> <li>ASI Suites (Seattle)</li> <li>Furnished Quarters (New York, Boston, San Francisco)</li> </ul>	<ul style="list-style-type: none"> <li>For-profit apartment booking and management companies with locations and units optimized for medical patients</li> </ul>
<b>Hospital-Owned Independent Facility</b>	<ul style="list-style-type: none"> <li>Keck Suites at Currie Hall</li> <li>Tiverton House at UCLA Medical Center</li> <li>Stanford Guest House at Stanford Medicine</li> <li>Med Inn at University of Michigan Medical Complex</li> </ul>	<ul style="list-style-type: none"> <li>For patients and their families</li> <li>Both subsidized and unsubsidized</li> </ul>
<b>Negotiated Rates at Existing Area Hotels</b>	<ul style="list-style-type: none"> <li>University of Michigan Medical Center (MI)</li> <li>Brigham and Women's Hospital (MA)</li> <li>Prisma Health (SC)</li> </ul>	<ul style="list-style-type: none"> <li>Negotiated discount rates at area hotels</li> </ul>
<b>Dedicated Housing from Charitable Organizations</b>	<ul style="list-style-type: none"> <li>Ronald McDonald House (many global locations)</li> <li>St. James Inn (Los Angeles)</li> <li>American Cancer Society Hope Lodge (30 national locations)</li> <li>Compassion Inn (First Wesleyan Church of Ypsilanti, Michigan)</li> <li>Kiwanis House (Sacramento)</li> <li>Terry's House (Fresno)</li> </ul>	<ul style="list-style-type: none"> <li>Reduced-cost / free lodging for at-need patients and their families</li> <li>Run by charitable organizations</li> </ul>
<b>Volunteer Networks</b>	<ul style="list-style-type: none"> <li>Hospitality Homes (Boston)</li> <li>Hosts for Hospitals (Philadelphia, Delaware, New Jersey)</li> <li>Leon S. Peters Host Family Program (Fresno)</li> </ul>	<ul style="list-style-type: none"> <li>Volunteer networks providing free short-term housing for families and friends of patients</li> <li>Run by charitable organizations</li> </ul>
<b>On-Site RV Parking</b>	<ul style="list-style-type: none"> <li>St. Louis Children's Hospital</li> <li>Portneuf Health Partners</li> </ul>	<ul style="list-style-type: none"> <li>Free hook-ups in hospital parking lots</li> </ul>

## Profile: Ronald McDonald House

- Foundation-funded charity operating over 300 locations worldwide
- Access limited to families with a child undergoing care
- 6 locations in Southern California
  - Los Angeles (near Children’s Hospital)
  - Pasadena
  - Inland Empire
  - Long Beach
  - Orange County
  - Bakersfield





# **7. Market Analysis - Summary of Key Interviews**

# Market Economics Interviews Summary (1 of 2)

## Key themes emerging from interviews.

### Drivers of Demand

- Locations close to Downtown LA are in high demand. Now Boyle Heights is in demand with Lincoln Heights next
- USC is a major driver of change, both in terms of development projects and in-migration
- Arts District redevelopment is starting to move over the river to Boyle Heights. Pattern will accelerate with completion of 6<sup>th</sup> Street bridge
- Biotech investments by USC and others. There is a potential opportunity to further the County's biotech cluster goals by creating not only workspace but also social and collaborative space

### Additional Factors

- Real estate in the area is becoming more expensive, which has priced out some long-term residents
- Resistance to change from some members of the community, including the provision of community-serving projects such as affordable housing

### Economic Development is an important goal for community

- Top priority should be economic development opportunities. Creating opportunities for technical jobs that require 6-12 months training rather than an advanced degree is important



# Market Economics Interviews Summary (2 of 2)

## Real Estate / Tenanting / Use Opportunities

- Retail
  - Pent-up demand for good-quality neighborhood retail
  - A need for a grocery store / supermarket. But note that most supermarket retailers have extremely specific site needs that emphasize high visibility and easy access and parking
  - Iconic, visible, and freeway accessible, General Hospital may be a good location for destination retail such as a food hall. But note that the space needs to work (i.e., high ceilings, appropriate column widths)
  - Opportunity to connect retail with economic development and locally serving incubator businesses
  - Opportunity to develop retail as a ground-up in West Campus
- Residential
  - Spillover demand from younger residents seeking less expensive housing near Downtown LA
  - Pent-up demand for larger units for multi-generational living
  - An all-affordable project is not a great idea according to developers including affordable housing developers. Goal should be a mix of incomes

- Medical Office
  - Strong demand due to tight supply and need from LAC+USC Medical Center and Adventist Health White Memorial
- Non-Medical Office
  - Creative office longer-term potential
- Non-Commercial Uses
  - Vocational schooling or community college to serve community needs

## Design and access issues are critical

- Site is hard to get to without a car
- Circulation can be difficult, and distances are long, such as the walk from Marengo to General Hospital
- Freeway a major impediment to circulation between Boyle Heights and Lincoln Heights. This may maintain the two communities as distinct sub-markets
- Pedestrian access is limited and crossing Soto Street is challenging
- The size and location of General Hospital suggests that the future program must feature a diverse range of uses and services so that it can function as a city within the city for tenants





# LAC+USC MEDICAL CENTER GENERAL HOSPITAL and WEST CAMPUS FEASIBILITY STUDY

Appendix

April 2022

## Affordable Housing Analysis

A large, bold, dark blue letter 'G' logo is positioned in the bottom right corner of the page. The background of the entire page is a light blue color with a faint, circular watermark of the USC seal, which features a central figure and the text 'UNIVERSITY OF SOUTHERN CALIFORNIA'.

# Table of Contents

## Affordable Housing Analysis

1. Affordable Housing Definitions and Context
2. Affordable Housing Need / Demand
3. Affordable Housing Supply
4. Summary of Affordable Housing Case Studies
5. Affordable Housing Legislative and Policy Context
6. Affordable Housing Analysis Summary



# Introduction

The following details the Affordable Housing Analysis for the areas surrounding LAC+USC Medical Center.

The majority of the research was completed in April 2020 and may present data from several prior years. More recent data is noted.

The research provides affordable housing definitions and context. The Affordable Housing Analysis highlights key parameters including the current supply and need or residents in the area, sources for funding and financing and provides case studies for relevant affordable housing projects.



# 1. Affordable Housing Definitions and Context

## What is Affordable Housing? (Information dated 2017)

Housing is considered affordable when a family or individual pays no more than 30% of household income on the total costs of housing (rent, utilities, etc.). Households that pay more than 30% are considered cost burdened.

Market area median household income\* (2017) of \$42,000 is **31% lower** than the County Average of \$61,000.



General Hospital Market Area Median Household Income \$42,000



69% of LA County's Area Median Income (\$1,427 Median Gross Rent for General Hospital Market Area)



30% of Income on Housing:  
**\$1,500/mo.**



\*Median household income from Census Data for a family of four.



# What is Affordable Housing? (Information dated 2021)

## Family 1 4-Person Household



Annual Salary @ Minimum Wage  
~\$30,000



Two Wage Earners @ Minimum  
Wage ~\$60,000



75% of LA County's Area Median  
Income for a 4-Person Household



30% of Income on Housing:  
\$1,500/mo.

## Family 2 2-Person Household



Annual Salary @ Minimum Wage  
~\$30,000



One Wage Earner @ Minimum Wage  
~\$30,000



47% of LA County's Area Median  
Income for a 2-Person Household



30% of Income on Housing: \$750/mo.

### LA County Area Median Income 2021:

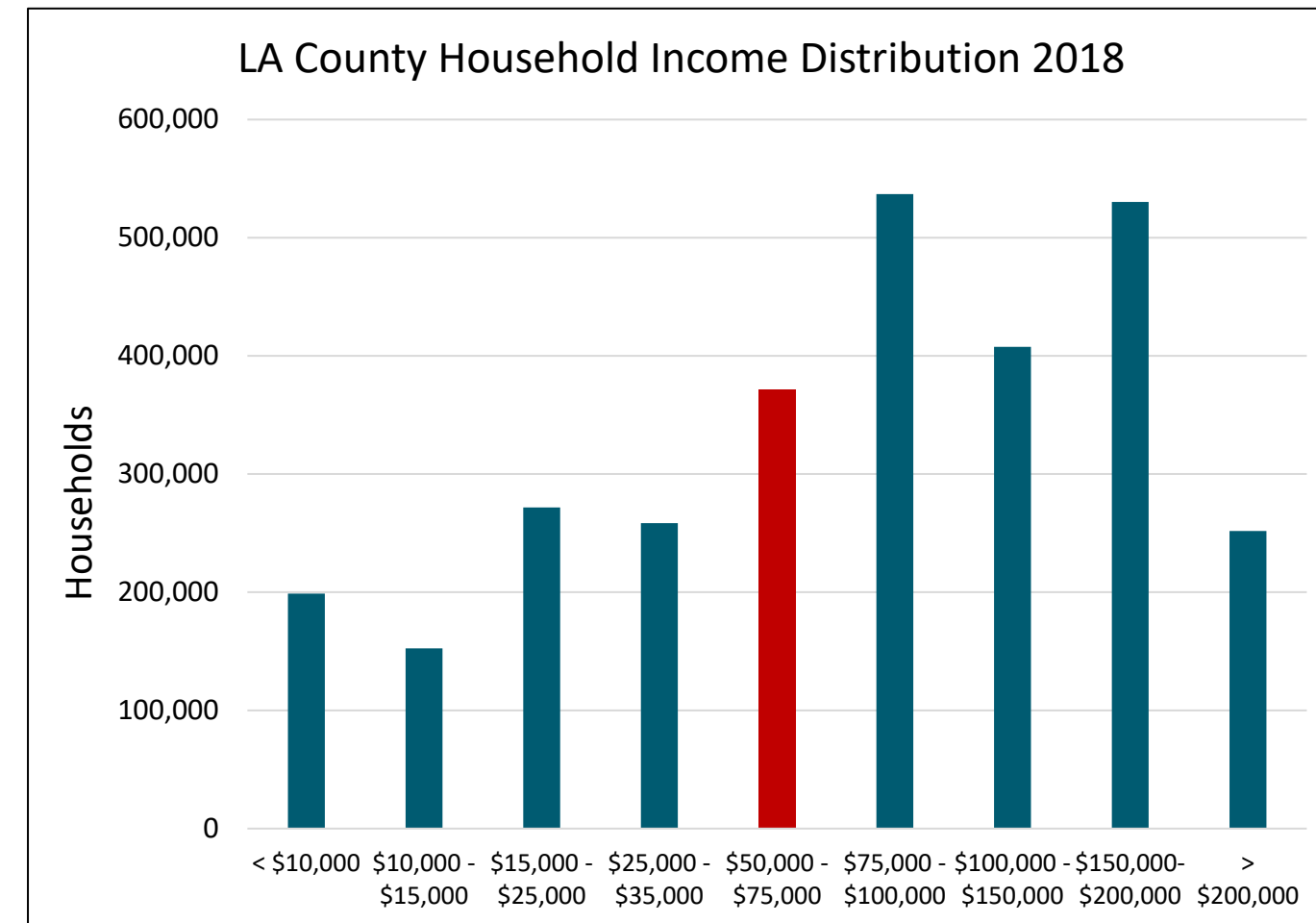
4-Person Household: \$80,000

2-Person Household: \$64,000



# How do we define AMI and Low Income Housing? (Information dated 2018)

- **Area Median Income (AMI)** is the midpoint of a region’s income distribution, with half of households earning more and half earning less
- For new housing to be built to serve community needs, affordability is defined by income level as a percent of the AMI, as determined by the Department of Housing and Urban Development (HUD) and the State of California
- **Cost Burden**
  - Cost burden is defined as paying more than 30% of household income for housing
  - Extreme cost burden is defined as paying more than 50% of household income for housing
- **Special Needs**
  - LA County defines special needs populations as those who face greater challenges finding housing and might require special accommodations, including seniors, persons with disabilities, the homeless, farmworkers, persons living with HIV / AIDS, large households, single parent households, and those in transition from foster care or incarceration



Source: Bureau of Labor Statistics Occupational Employment Statistics Survey, 2018

**Notes:**

- The red income bracket is where median falls
- True median: \$68,000 for all LA County households



## AMI Definition (Information dated 2021)

- AECOM applied the California Housing Partnership AMI breakdown and updated with 2021 data
- Middle Income category has been added below—not an official income category for HUD or HCD

Los Angeles County Household Income and Estimated Rent 2021								
Number of Persons in Household / Maximum Defined Annual Income by Income Range								
Income (% AMI)	1	2	3	4	5	6	7	8
Deeply Low (Up to 15%) <sup>1</sup>	\$12,420	\$14,190	\$15,960	\$17,730	\$19,155	\$20,580	\$21,990	\$23,415
Extremely Low (15 to 30%) <sup>2</sup>	\$24,850	\$28,400	\$31,950	\$35,450	\$38,300	\$41,150	\$44,000	\$46,800
Very Low (31-50%)	\$41,400	\$47,300	\$53,200	\$59,100	\$63,850	\$68,600	\$73,300	\$78,050
Low (51-80%) <sup>3</sup>	\$66,250	\$75,700	\$85,150	\$94,600	\$102,200	\$109,750	\$117,350	\$124,900
Moderate (81-120%) <sup>4</sup>	\$99,360	\$113,520	\$127,680	\$141,840	\$153,240	\$164,640	\$175,920	\$187,320
Middle Income (120-160%) <sup>5</sup>	\$132,480	\$151,360	\$170,240	\$189,120	\$204,320	\$219,520	\$234,560	\$249,760
Area Median Income (100%) <sup>6</sup>	\$56,000	\$64,000	\$72,000	\$80,000	\$86,400	\$92,800	\$99,200	\$105,600
Estimated Rent	Maximum Estimated Monthly Rents for Each Income Range							
Deeply Low (Up to 15%)	\$311	\$355	\$399	\$443	\$479	\$515	\$550	\$585
Extremely Low (15 to 30%)	\$621	\$710	\$799	\$886	\$958	\$1,029	\$1,100	\$1,170
Very Low (31-50%)	\$1,035	\$1,183	\$1,330	\$1,478	\$1,596	\$1,715	\$1,833	\$1,951
Low (51-80%)	\$1,656	\$1,893	\$2,129	\$2,365	\$2,555	\$2,744	\$2,934	\$3,123
Moderate (81-120%)	\$2,484	\$2,838	\$3,192	\$3,546	\$3,831	\$4,116	\$4,398	\$4,683
Middle Income (120-160%)	\$3,312	\$3,784	\$4,256	\$4,728	\$5,108	\$5,488	\$5,864	\$6,244
<p>(1) According to the US Department of Housing and Urban Development (HUD), calculated by multiplying the Very Low Income Limit by 30%</p> <p>(2) Approximately 30%, normalized by the federal poverty line adjusted for local conditions</p> <p>(3) According to LAHD, “80% median income exceeding median income is an anomaly just for this county due to HUD historical high-cost adjustments”</p> <p>(4) According to the California Housing Partnership, calculated by multiplying the Very Low Income Limit by 2.4</p> <p>(5) Middle Income is not an official income category for HUD or HCD. Calculated by multiplying the Very Low Income Limit by 3.2</p> <p>(6) Based on data from California Department of Housing and Community Development (HCD), 2021</p>								
Source: California Department of Housing and Community Development (HCD), Los Angeles Housing & Community Investment Department (LAHD), 2021, 2022 AECOM								



# Four Person Household Area Median Incomes (AMIs) and Rents in LA County (Information dated 2021)

JOB CATEGORY	Median Income <sup>2</sup>	Income Category (%AMI) (Four Person Household)	Maximum Housing Expense (Four Person Household)
Childcare Workers <sup>3</sup>	\$18,336	Extremely Low (15-30% AMI)	\$886
Cashiers	\$29,550	Extremely Low (15-30% AMI)	\$886
Dental Assistants	\$40,040	Very Low (31-50% AMI)	\$1478
Biological Technicians	\$47,000	Very Low (31-50% AMI)	\$1478
Commercial Drivers	\$51,090	Very Low (31-50% AMI)	\$1478
Postal Service Workers	\$65,020	Low (51-80% AMI)	\$2365
Electricians	\$74,330	Low (51-80% AMI)	\$2365
Healthcare Social Workers	\$77,990	Low (51-80% AMI)	\$2365

(1) Department of Housing and Urban Development (HUD) establishes median incomes for 4-person households regardless of ratio of workers to residents in the household. Incomes include state and federal benefits, as well as unearned income owed to minors.

(2) Source: Bureau of Labor Statistics Occupational Employment Statistics 2020; Job categories from North American Industry Classification System. Assumes median salary for fulltime employment (2,080 hours annually). Estimates for part-time employment would be adjusted downwards at an hourly rate. Incomes are based on one employed resident in household. Households with multiple workers would be eligible if combined incomes are below HUD thresholds.

(3) Assumes less than Full-time employment (median hourly wage at average of 24 hours / week annually).



# One Person Household Area Median Incomes (AMIs) and Rents in LA County

(Information dated 2021)

JOB CATEGORY	Median Income <sup>1</sup>	Income Category (% AMI) (One Person Household)	Maximum Housing Expense (One Person Household)
Food Preparation Workers <sup>3</sup>	\$17,142	Extremely Low (15-30% AMI)	\$621
Waiters and Waitresses <sup>3</sup>	\$17,616	Extremely Low (15-30% AMI)	\$621
Retail Salespersons	\$31,230	Very Low (31-50% AMI)	\$1,035
Industrial Truck Workers	\$36,710	Very Low (31-50% AMI)	\$1,035
Preschool Teachers	\$32,760	Very Low (31-50% AMI)	\$1,035
Medical Assistants	\$37,080	Very Low (31-50% AMI)	\$1,035
Administrative Assistants	\$44,710	Low (51-80% AMI)	\$1,656
Plumbers and Pipefitters	\$55,760	Low (51-80% AMI)	\$1,656

(1) Department of Housing and Urban Development (HUD) establishes median incomes for households. Incomes include state and federal benefits, as well as unearned income owed to minors.

(2) Source: Bureau of Labor Statistics Occupational Employment Statistics 2020; Job categories from North American Industry Classification System. Assumes median salary for fulltime employment (2,080 hours annually). Estimates for part-time employment would be adjusted downwards at an hourly rate. Incomes are based on one employed resident in household.

(3) Assumes less than Full-time employment (median hourly wage at average of 24 hours / week annually).



# **2. Affordable Housing Need / Demand**

# LA County Context: LA County's Affordable Housing Needs

(Information dated 2021)



LOS ANGELES COUNTY 2021  
Affordable Housing Needs Report



Based on the 2021 California Housing Partnership Los Angeles County Affordable Housing Needs Report, the County continues to have a tremendous need for affordable housing. A few highlights include:

- 78% of extremely low income households are extremely cost burdened
- Los Angeles County needs nearly half a million more affordable rental homes to meet current demand
- Renters in Los Angeles County need to earn \$38.23 per hour - approximately 2.5 times the local minimum wage - to afford the median monthly asking rent of \$1,988

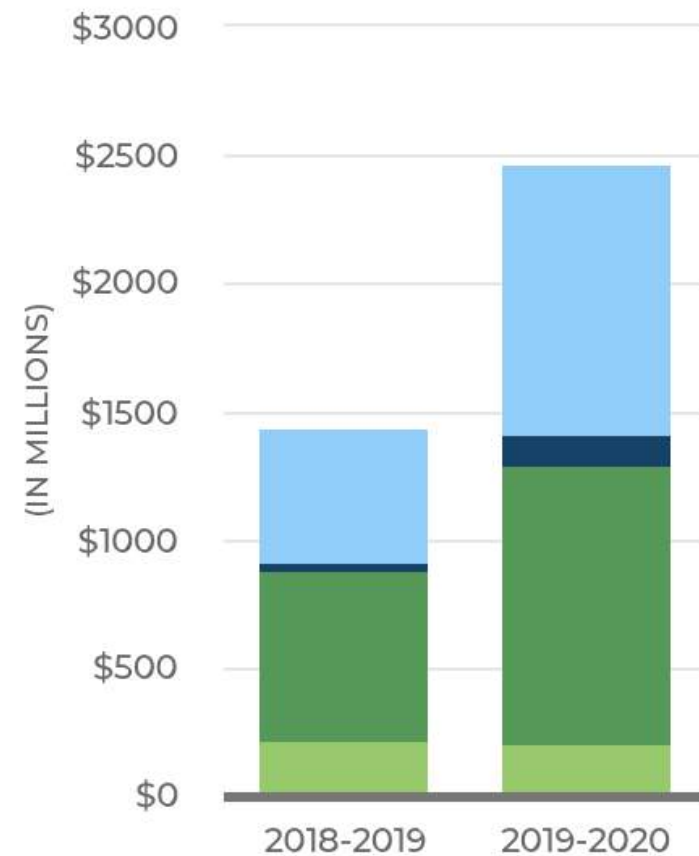


# LA County Context: Investment in Affordable Housing

(Information dated 2021)

## FUNDING FOR HOUSING

State funding **increased 108%** and federal funding **increased 48%** for housing production and preservation in Los Angeles County from FY 2018-19 to FY 2019-20.



FUNDING SOURCE	FY 2018-19	FY 2019-20	% CHANGE
(in thousands)			
State Housing Bonds and Budget Allocations	\$527,623	\$1,063,754	102%
State LIHTC	\$36,696	\$108,488	196%
<b>STATE TOTAL</b>	<b>\$564,319</b>	<b>\$1,172,242</b>	<b>108%</b>
Federal LIHTC	\$667,922	\$1,093,754	64%
HUD Block Grants	\$207,608	\$203,837	-2%
<b>FEDERAL TOTAL</b>	<b>\$875,530</b>	<b>\$1,297,591</b>	<b>48%</b>

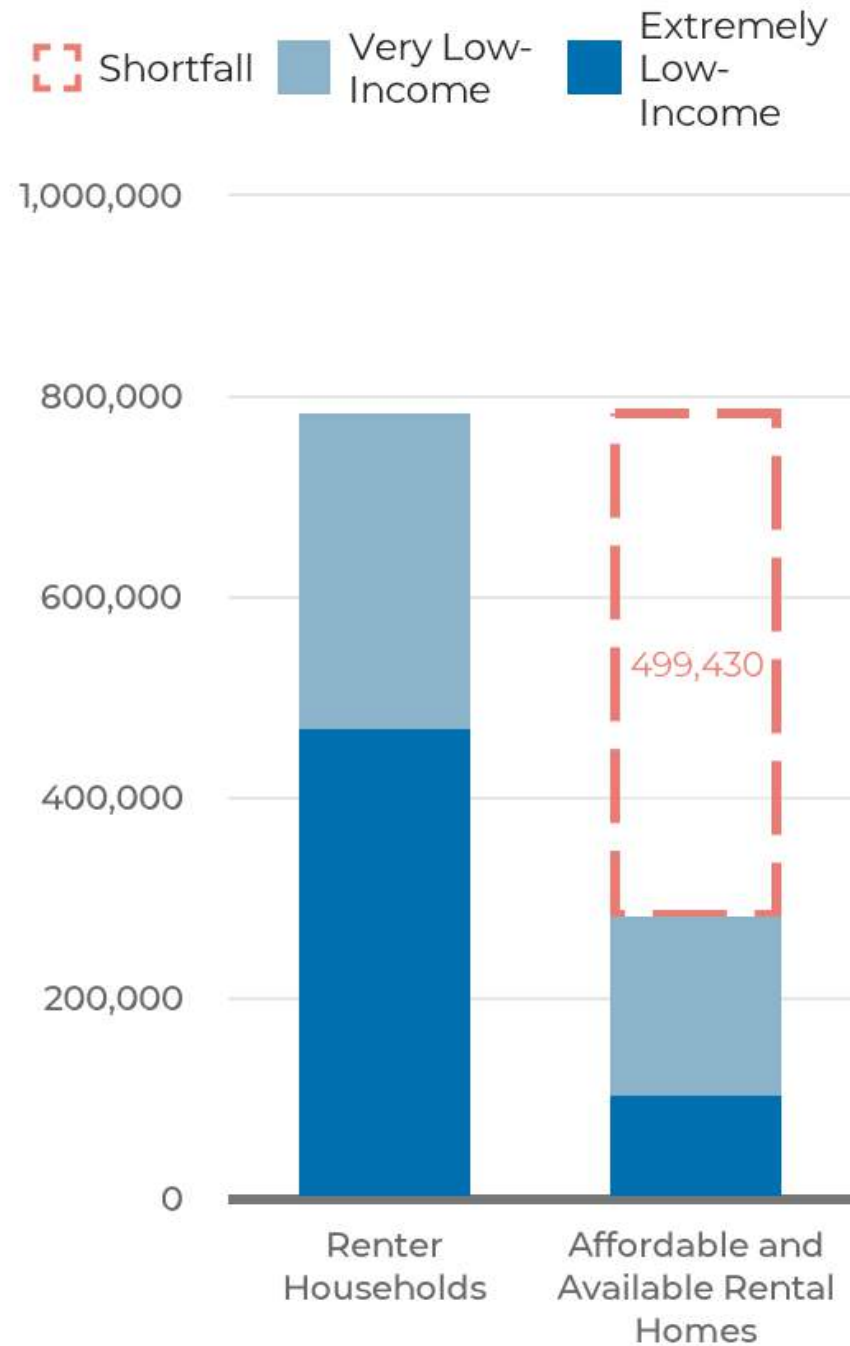
- In FY 2019-20, state housing funding increased 108% and federal funding increased 48% for housing production and preservation in Los Angeles County compared to FY 2018-19
- Such funding increases over the past couple of years have helped to offset the decreases in funding that had occurred over the prior decade, but there is still a significant need for affordable housing
- To meet affordable housing needs, funding streams need to continue to grow across all local, state, and federal jurisdictions



# LA County Context: Affordable Housing Shortage (Information dated 2021)

## AFFORDABLE HOMES SHORTFALL

**499,430 low-income renter households** in Los Angeles County do not have access to an affordable home.



- Los Angeles County needs 499,430 more affordable rental homes to meet current demand
- With a shortage in affordable housing options across income brackets, very low income and extremely low income households are either forced to spend more of their income on housing or leave the County to find more affordable housing options

Source: Los Angeles County 2021 Affordable Housing Needs Report, California Housing Partnership

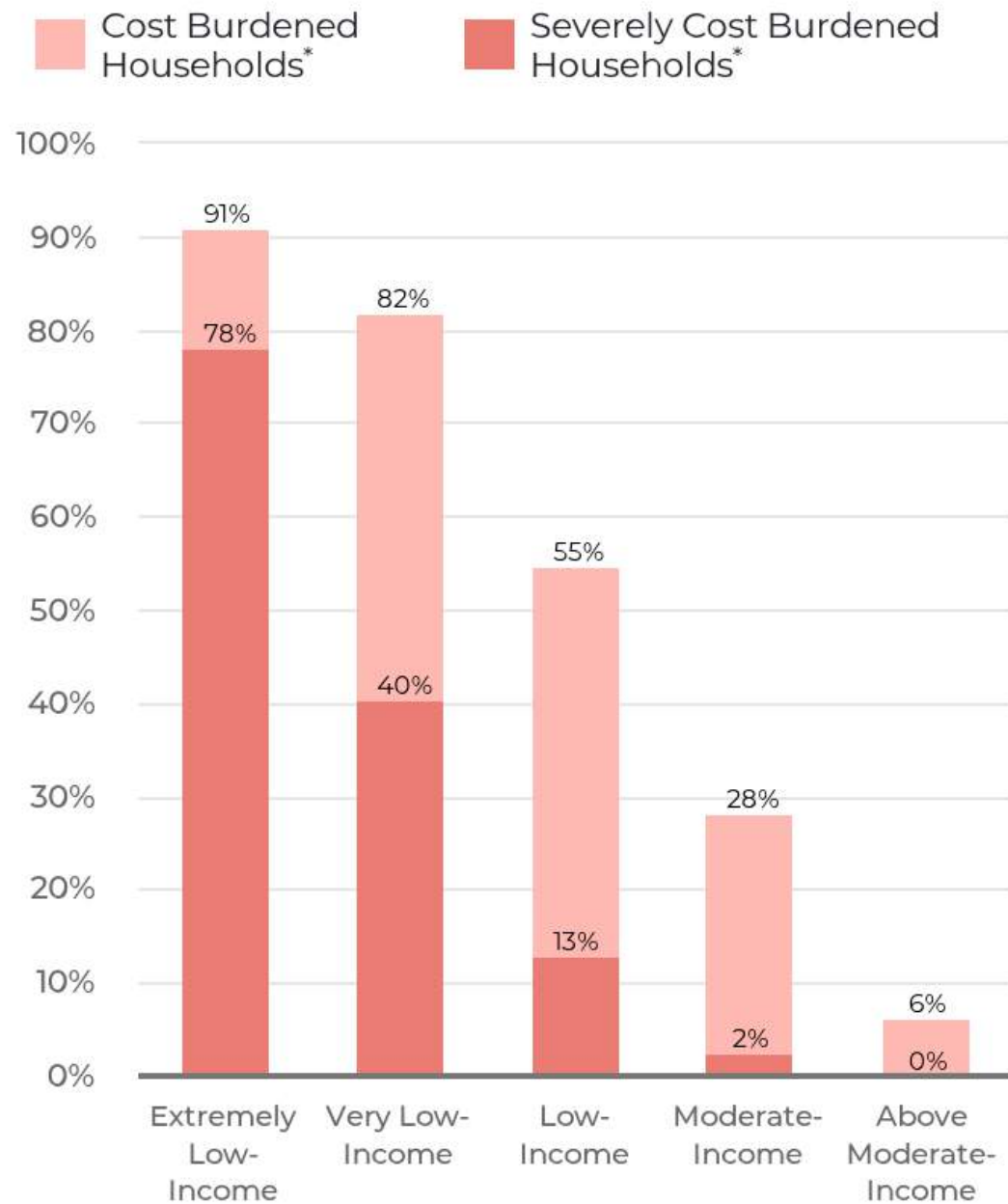


# LA County Context: Cost Burden of Extremely Low-Income Households

(Information dated 2021)

## COST BURDENED RENTER HOUSEHOLDS

**78% of ELI households** in Los Angeles County are paying more than half of their income on housing costs compared to just 2% of moderate-income households.



- 78% of extremely low income households are spending more than half of their income on housing costs compared to just 2% of moderate income households
- Extremely low income households are disproportionately impacted by housing costs compared to higher income brackets

Source: Los Angeles County 2021 Affordable Housing Needs Report, California Housing Partnership



# LA County Context: Wages versus Housing Costs (Information dated 2021)

## WHO CAN AFFORD TO RENT

Renters need to earn **2.5 times** minimum wage to afford the average asking rent in Los Angeles County.



- Renters in Los Angeles County need to earn \$38.23 per hour – approximately 2.5 times the local minimum wage - to afford the median monthly asking rent of \$1,988





# LA County Context: Affordable Housing Need and Demand (Information dated 2021)

- **Regional Housing Needs Assessment**
  - California state law obligates jurisdictions to provide housing for its “fair share” of regional need
  - **City of Los Angeles** – 82,002 units, as shown on table at right
  - **Unincorporated LA County** – 30,145 units
  - **SCAG Region** – 412,721 units

- **Quantified Objectives**
  - Units anticipated through implementation of policies and programs in 2013-2021 Housing Element
  - Number of units anticipated is more than 22,000 units short of Regional Housing Needs Assessment Goal

AMI Level	Number of Units
<=30% AMI	10,213
31-50% AMI	10,213
51-80% AMI	12,435
81-120% AMI	13,728
>120% AMI	35,412
<b>Total</b>	<b>82,001</b>

AMI Level	Number of Units
<=30% AMI	1,730
31-50% AMI	3,834
51-80% AMI	4,873
81-120% AMI	1,122
>120% AMI	48,000
<b>Total</b>	<b>59,559</b>
<b>Difference from RHNA</b>	<b>-22,443</b>

Source:  
 City of LA Housing Element  
 LA Housing Element sets out policies and goals for 2013-2021; the RHNA cycle that allocates portions of demand is 2014-2021.

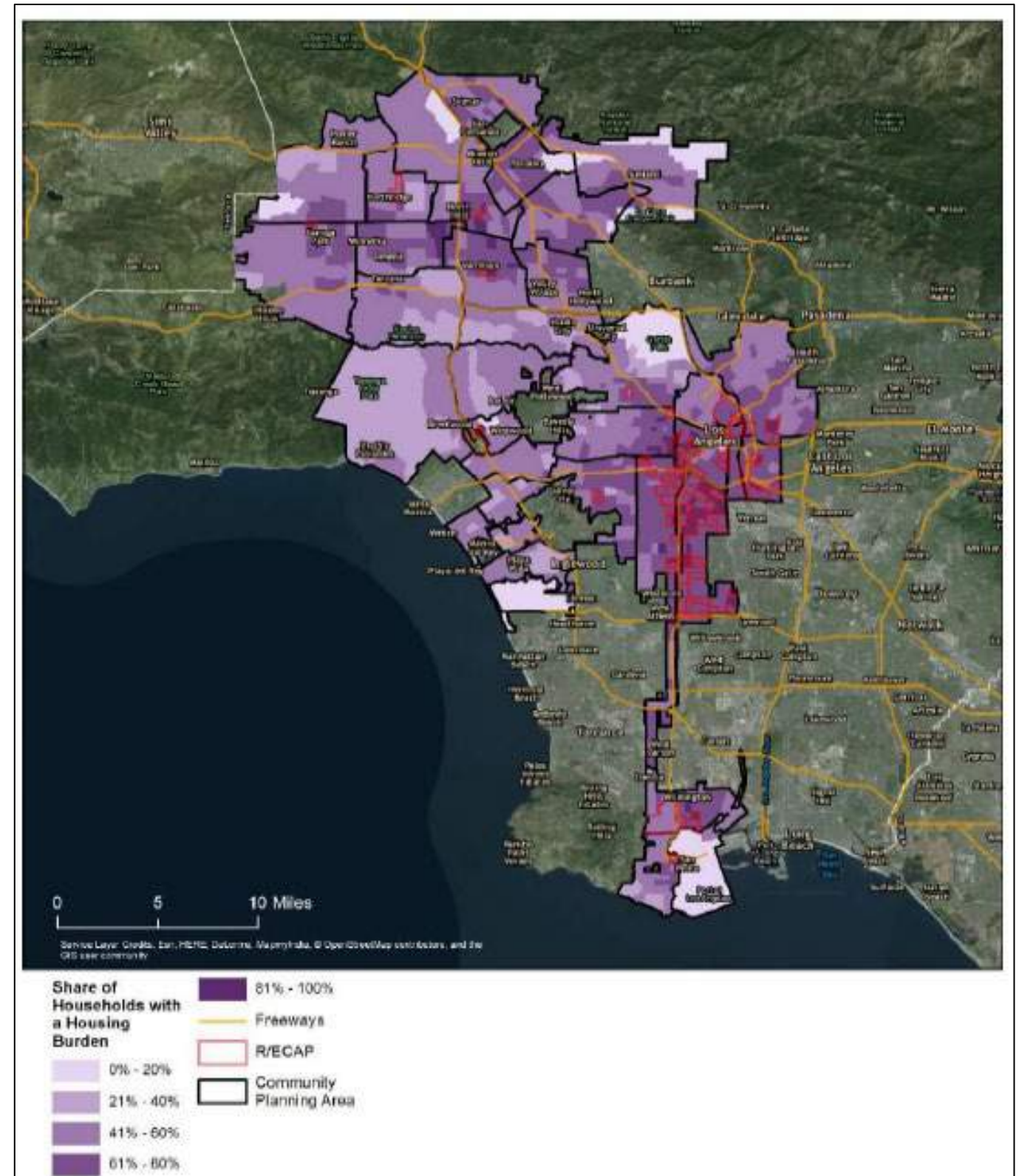


# LA City Context: Housing Cost Burden by Income Level (Information dated 2018)

## Spatial Distribution of Cost Burden

- Households with housing cost burdens and extreme housing cost burdens are concentrated in southern and eastern neighborhoods of Los Angeles, as well as in the center of the San Fernando Valley
- Areas with high levels of housing burden are strongly correlated with neighborhoods that the Department of Housing and Urban Development (HUD) has classified as Racially/Ethnically Concentrated Areas of Poverty (R/ECAPs)

City of Los Angeles: Share of households with a Housing Burden



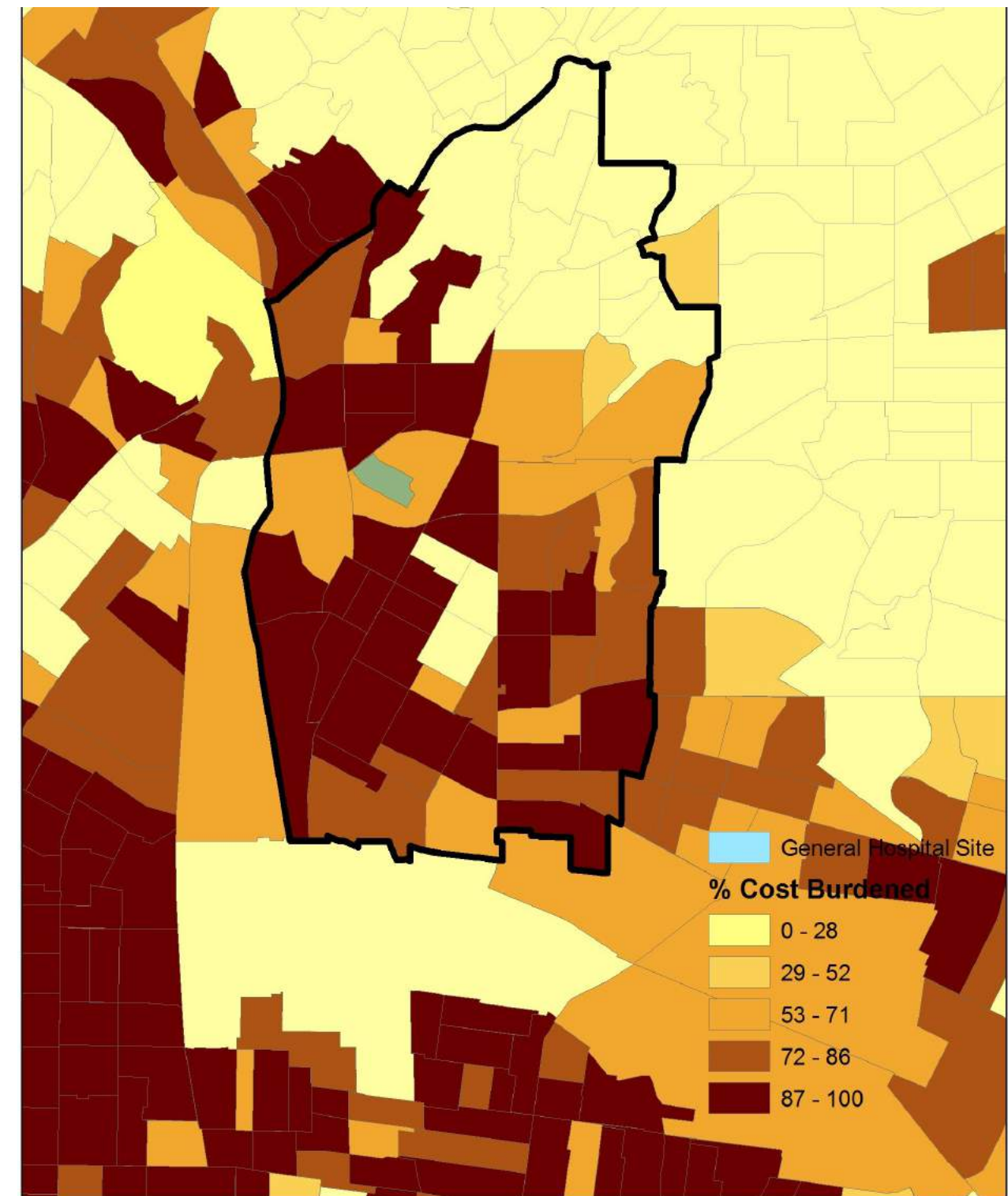
Source: Consolidated Plan, City of Los Angeles

# Market Analysis: Housing Cost Burden by Income Level (Information dated 2019)

## Market Area Context

- Census tracts with high percentages of cost burdened households are clustered in the south and west of the market area
- 58% of census tracts reported high percentages (75% or more) of cost burdened and extremely cost burdened households
- 22% of census tracts reported low percentages (less than 25%) of cost burdened and extremely cost burdened households

Market Area: Share of households with a Housing Burden



Source: AECOM, June 2019

Research Completed April 2020

# LA City Context: Affordable Housing Need and Demand – Special Needs

(Information dated 2020)

## Area Median Income

- 55% of all households in the City of Los Angeles (723,290) have incomes below 80% of the Household Median Area Family Income

## Special Needs

- 20% of all City of Los Angeles residents (784,000) are elderly, disabled or homeless
- 153,000 of the 400,000 seniors are disabled (39%)
- 173,000 aged 16-64 have one or more disability (7% total population)
- 27% of residents with disabilities have incomes below the poverty line

### Housing Demand – Special Needs

AMI Level	Households	% Total
0-30%	288,625	22%
31-50%	203,230	15%
51-80%	231,435	18%

Source:  
City of LA Housing Element

### Housing Demand – By Target Population

Population with Special Needs	Residents	% Total
Elderly	400,000	10%
Disabled	350,000	9%
Homeless	34,000	1%

Source:  
City of LA Housing Element



# Market Analysis: Housing Cost Burden by Income Level (Information dated 2019)

- 51% of households in the General Hospital market area face cost burdens, compared to 46% in the County (updated based on US Census 2019 data)
- The General Hospital market area has larger portions of households in the extremely low to low income ranges

## Cost Burdened Households by Income Range 2019

Approximate AMI	Income Range	Market Area		Los Angeles County	
		Households	% Total	Households	% Total
<30%	<\$20,000	11,531	18%	379,133	12%
30%-50%	\$20,000-\$34,999	11,64	19%	365,664	11%
50%-80%	\$35,000-\$49,000	9,660	15%	343,865	11%
80%-120%	\$50,000-\$74,999	11,017	18%	531,692	16%
>120%	>\$75,000	18,653	30%	1,612,521	50%
	Total	62,505		3,232,875	

Approximate AMI	Income Range	Cost Burdened HH	% Income Range	Cost Burdened HH	% Income Range
<30%	<\$20,000	10,048	87%	343,767	91%
30%-50%	\$20,000-\$34,999	9,470	81%	312,200	85%
50%-80%	\$35,000-\$49,000	6,353	66%	259,247	75%
80%-120%	\$50,000-\$74,999	3,738	34%	290,098	55%
>120%	>\$75,000	2,301	12%	292,084	18%
	Total	31,910	51%	1,497,396	46%

Source: US Census Bureau, AECOM



# Market Analysis: Affordable Housing Need and Demand – Special Needs

(Information dated 2020)

- 9% of the Total Population of the General Hospital market area experience hearing, vision or ambulatory difficulties, compared to 10% people in the County as a whole
- An additional 23,420 people in the General Hospital market area and over one million people in the County experience a cognitive, self-care or independent living difficulty

**Housing Demand - Person with Disabilities by Type**

Disability	Market Area		Los Angeles County	
	Persons	% Population	Persons	% Population
Hearing Difficulty	6,587	2.80%	252,142	2.50%
Vision Difficulty	5,783	2.50%	196,474	2.00%
Ambulatory Difficulty	13,421	3.70%	544,360	5.80%
Total	25,791	9.00%	992,976	10.30%

Source: US Census Bureau, AECOM



# Market Analysis: Affordable Housing Need and Demand – Special Needs

(Information dated 2020)

- 10.5% of the Total Population of the market area is at least 64 years old, compared to 12.3% of the County
- Of the approximately 25,000 elderly persons in the market area, 42% experience one or more disability

	Elderly Persons	
	Market Area	Los Angeles County
65-74 years old		
Persons	13,723	171,288
% Population	5.8%	7.0%
% With Disability	32%	24%
75+ years old		
Persons	11,034	279,907
% Population	4.7%	5.3%
% With Disability	55%	52%
Total Elderly		
Persons	24,757	451,195
% Population	10.5%	12.3%
% With Disability	42%	36%

Source: US Census, AECOM



# LA County Context: Affordable Housing Need and Demand – Homelessness

(Information is dated 2020)

- The Homeless Population of Los Angeles County has increased by 55% since 2015
- 80% of the Homeless Population are individuals, 19% are members of families, and less than 1% are unaccompanied minors
- 28% of the Homeless Population is sheltered, and 72% is unsheltered

---

**Los Angeles Homeless Needs Assessment 2020**

	Sheltered	Unsheltered	Total
Total	17,616	46,090	63,706

Source: 2020 Los Angeles Homeless Count

\*Veterans extracted from data as separate category

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## Market Analysis: Select Household Characteristics

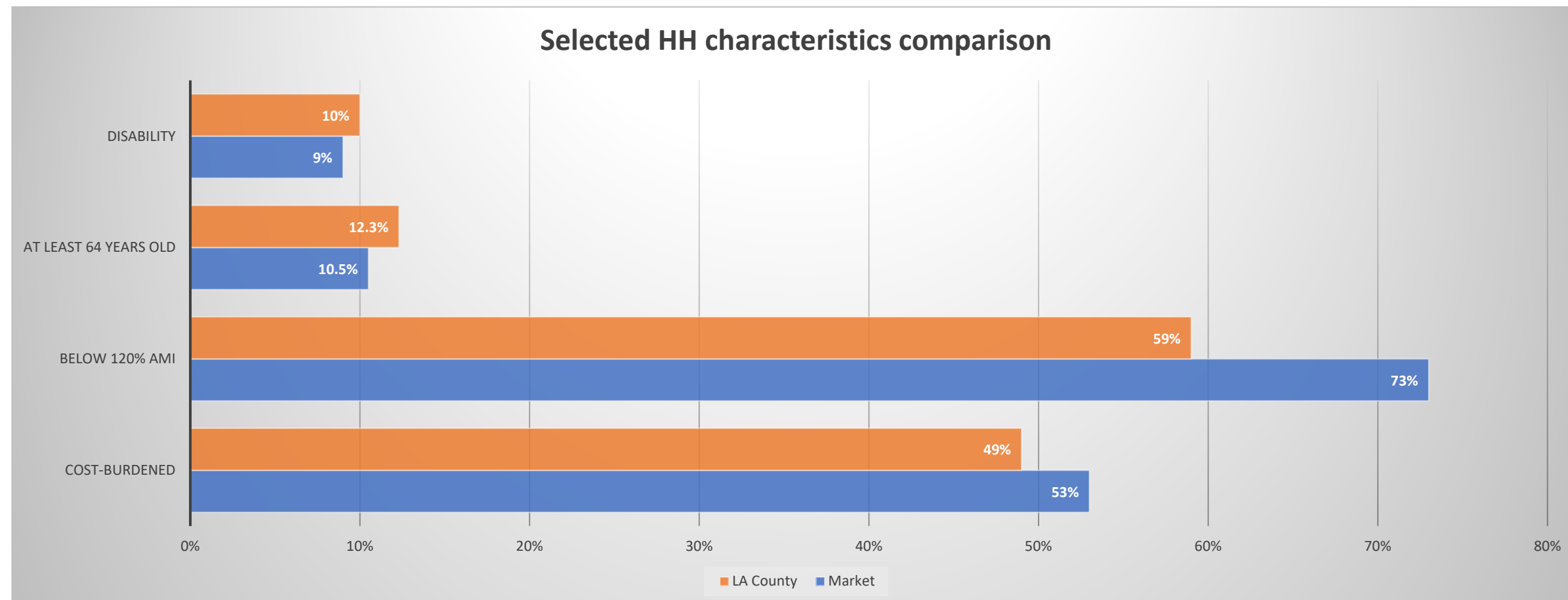
(Information dated 2020)

Households in the market area are significantly more financially constrained than LA County

- 53% of households in the market are cost-burdened versus 49% in the County
- 73% of households in the market area live below 120% AMI versus only 59% in the County

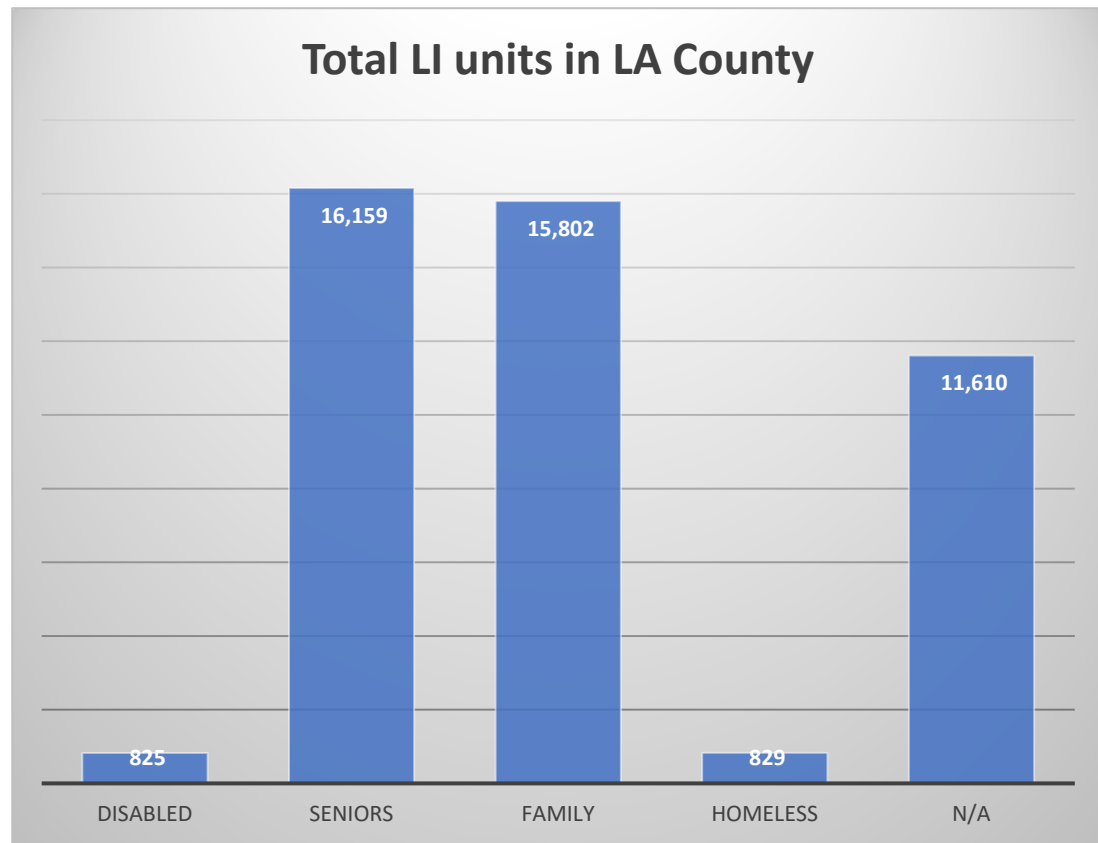
Certain “Special Needs” populations in the market area are slightly lower than LA County

- 10.5% of the total population of the market area is at least 64 years old, compared to 12.3% of the County
- 9% of the market area population has a registered disability, compared to 10% of the County

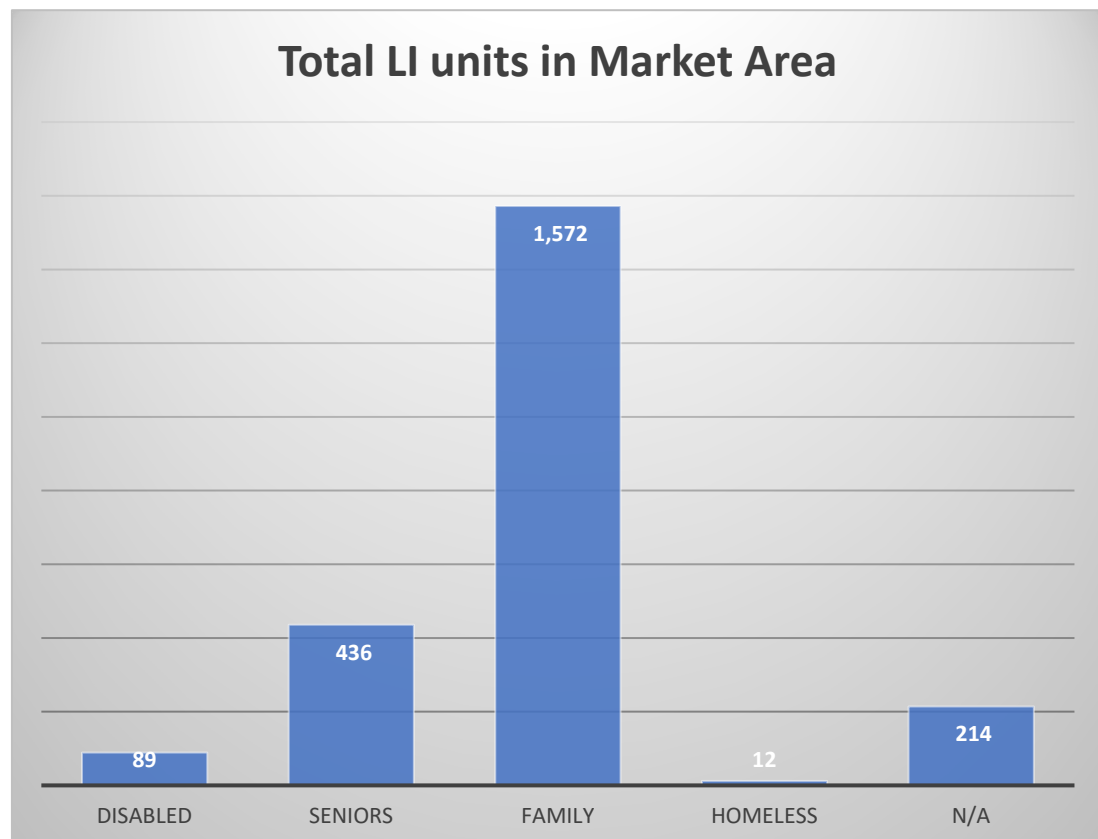


# 3. Affordable Housing Supply

# Market Analysis: Total Lower Income Units (Information dated 2018)



- Overall, the greatest amount of affordable housing units have been allocated to families and seniors
- Seniors in the market area received respectively fewer housing units than in the rest of LA
- Affordable Housing development in the market area has focused largely on families, which could present an opportunity to develop affordable housing for other underserved special needs populations



Source: Data from HCIDLA, LIHTC, LACDA and created by AECOM



# Market Analysis: Future Supply of Lower Income Units

(Information dated 2020)

- In total, 850 affordable housing units are under construction or proposed in the market area
- Additionally, 2,086 units are proposed or under construction at market rate
- The majority of new developments are concentrated in Boyle Heights (50%) for both affordable housing units (38%) and market rate units (55%)

	Sub-Area Proposed and Under Construction				Market Area
	Boyle Heights	Lincoln Heights	El Sereno	East LA	
<b>Market Rate</b>					
Units	1,152	373	500	61	<b>2,086</b>
Percentage of Market Area	55%	18%	24%	3%	
<b>Affordable</b>					
Units	327	100	276	147	<b>850</b>
Percentage of Market Area	38%	12%	32%	17%	
<b>Total</b>					
Units	1,479	473	776	208	<b>2,936</b>
Percentage of Market Area	50%	16%	26%	7%	

Source: Costar, LACDA, AECOM





# 4. Summary of Affordable Housing Case Studies

## Affordable Housing Case Study (Information dated 2020)

- Building / proposing new senior affordable housing in Pico Robertson and Sherman Oaks by Mercy Housing
  - Pico Robertson includes 48 units in a six-story building; \$28.7M development; mix of studios and one-bedrooms to serve seniors between 30-60% AMI
  - Proposed Sherman Oaks redevelopment on-site of 1940s triplex with 55 units for low and very low income senior residents

## Affordable Housing Case Study

- Redeveloped Linda Vista hospital in Boyle Heights for affordable senior housing development Hollenbeck Terrace by AMCAL
  - Approximately 120 units with a mix of single room occupancies, one-bedroom and two-bedroom
  - Leveraged multiple funding and financing sources (e.g., LIHTC, NSP, AHTF, HPTC)
  - Built-in additional contingency funds to address delays and challenges with historic structures
  - Significant public support for the project, including the City of Los Angeles



# Affordable Housing Case Study Linda Vista Hospital to Hollenbeck Terrace (Information dated 2020)



## Affordable Housing Case Study (Information dated 2020)

- Primarily develops new construction, including recent Santa Cecilia (Boyle Heights) by McCormack Baron Salazar
  - 80 apartments on second floor set aside for families making between 30 and 60 AMI, with mix of one-bedroom, two-bedroom and three-bedroom units
  - 4,000 square feet of commercial space on first floor with additional parking lot
  - Significant stakeholder engagement, which resulted in scaling back density





## Affordable Housing Case Study (Information dated 2020)

- Los Lirios (Boyle Heights) by Bridge Housing Corporation
  - Bridge partnership with East LA Community Corporation (ELACC) – Community Development Corporation based in Boyle Heights
  - Mixed use affordable housing: 65 units (30-50% AMI), 7,000 square feet of retail
  - Major community outreach: small business outreach, community meetings, focus groups, community organization participation
  - Adjacent to Metro Gold Line Soto Station
  - Estimated development cost: \$30M; construction start estimate 2021
  - Multiple funding sources proposed including: AHSC, HCIDLA, AHTF



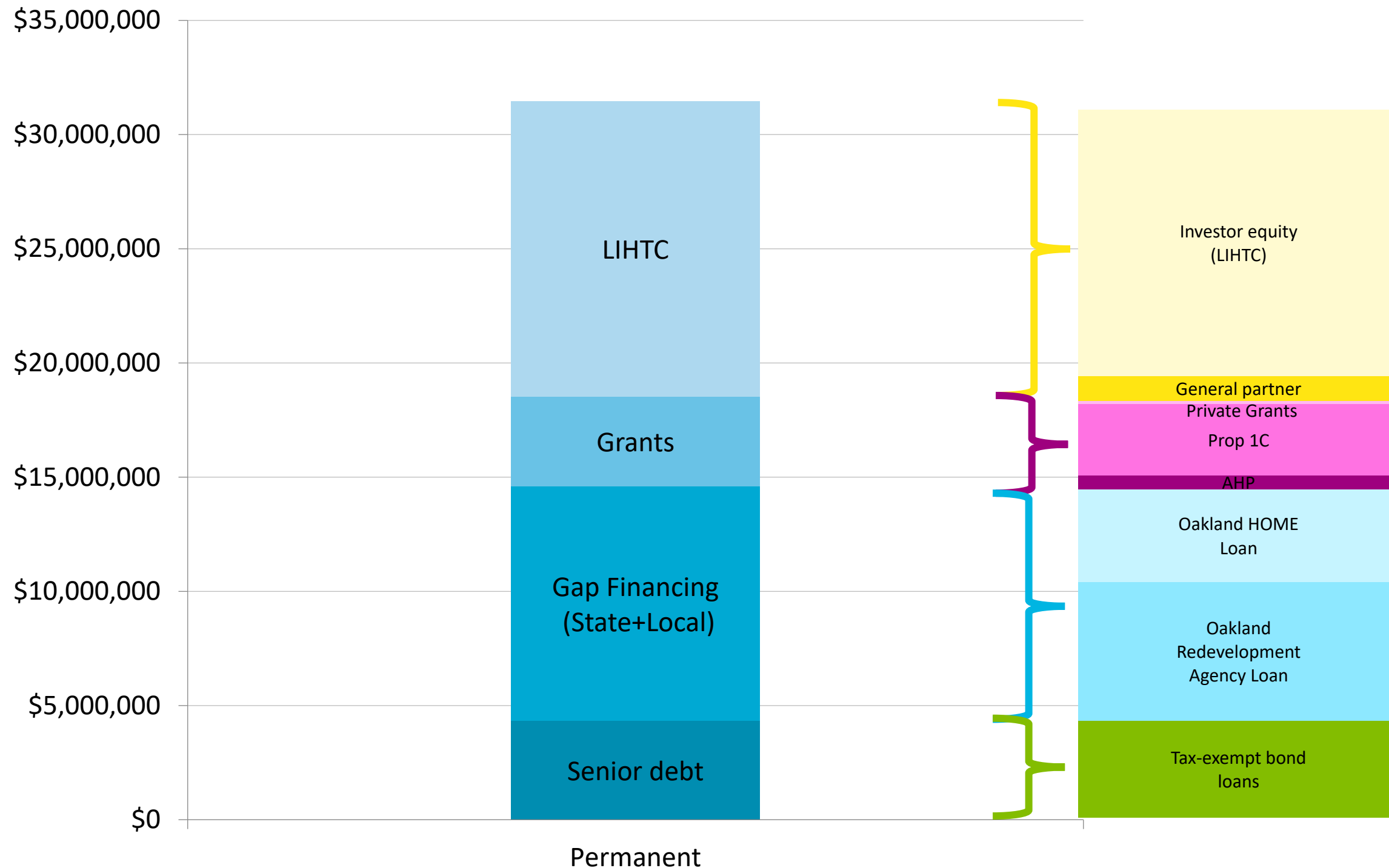
## Affordable Housing Case Study (Information dated 2020)

- St Joseph's (Oakland) by Bridge Housing Corporation
  - Historic landmark acquired for adaptive reuse/ affordable housing in 2006
  - Two main phases:
    - Historic St. Joseph's Senior Apartments: 84 Project-based Section 8 units for seniors
    - Terraza Palmera: second phase of redevelopment which includes 62 affordable family rental apartments in both rehabilitated structures and newly constructed building
  - Had to develop project in phases; involved complicated and lengthy sub-division process
  - NEPA process was required – had higher level of rigor to the environmental review of the historical structure than under CEQA; took more time and costlier
  - Financing from many sources including: Project-based Section 8, AHP funds, CalReUSE grant, low income housing tax credits, historic tax credits, NSP, HOME loan



# Affordable Housing Case Study Example Capital Stack: Terraza Palmera (Phase 2 St Joseph's)

(Information dated 2020)



## Affordable Housing Case Study (Information dated 2020)

- Linda Vista (Los Angeles) by ELACC
  - The Linda Vista hospital has been converted into a 120-unit development for seniors
  - Cooperation between ELACC and AMCAL Multi-Housing
  - Located in Boyle Heights, Linda Vista serves seniors earning 30% to 60% of the area median income. In addition, 25% of the units are reserved for Housing for Health households, a Los Angeles County Department of Health Services program that provides housing opportunities coupled with supportive services to homeless, high utilizers of the healthcare system
  - Two phases
    - Phase one involved the rehabilitation of a modestly sized nurses' dormitory into 23 apartments
    - Phase two incorporated the rehabilitation of a complex, six-story main hospital building into 97 apartments. The latter phase is expected to achieve LEED Gold certification
  - The redesign of the interior was key for making these new apartments to be received well
  - The \$47.7 million development was financed with historic tax credits as well as low income housing tax credits. Union Bank was the tax credit investor. Linda Vista also utilized Neighborhood Stabilization Program funds



## Takeaways from Interviews and Case Studies

- **Identify key affordable housing financing sources**
  - Low Income Housing Tax Credits, Affordable Housing and Sustainable Communities Program, Historic Preservation Tax Credits, Affordable Housing Program, Local Housing Trust Fund and gap financing
  - Potential for Opportunity Zones but have yet to be explored in-depth
- **Adaptive reuse poses challenges that require longer timeframe, increased reserve funds**
  - Seismic retrofits and other improvements necessary for historic structures
  - Historic preservation requirements / NEPA requirements if Federal funds are used
- **Critical to involve the community early and often**
  - Establish key community partner(s)
  - Develop clear goals and objectives of the development; balance varying interests; identify who housing is being developed for early in the process
  - With these objectives, develop phasing and funding strategy, long-term property management needs and onsite services
- **Project will likely occur in multiple phases**
  - This affects financing strategy
  - Make sure it is clear what communities will be served by which phase; consider where different populations will be located on the site and how they interact with each other; think through phasing, programming, and public support



## Takeaways from Interviews and Case Studies (Continued)

- State and local funding sources are prioritizing permanent service-enriched housing for the homeless, providing new opportunities but also challenges in terms of finding suitable sites
- The surrounding community services and infrastructure (transportation in particular) would need to be improved to support housing for those who are transit-dependent
- Service-enriched supportive housing for the homeless would likely need to be some part of the future redevelopment based on local funding priorities
- Few sites in Boyle Heights can support large scale redevelopment
- Consider costs of seismic retrofitting and other improvements (e.g., lead contamination from cleaning external skin) that goes into redevelopment of a historic structure
- The natural cycle of construction is going to result in a lower amount of available funds because of market forces, with increases in construction costs and purses tightening/less investment dollars available
- Opportunity zones don't appear to add much value for affordable housing because of the mismatch of years for vesting, though could be good for workforce housing, anywhere from 60% to 150% AMI
- Consider job creation and job training (job training center nearby) as it would be ideal if people could be trained up to support the redevelopment and future operations
- Adaptive reuse projects – require longer timeframe, increased contingency and reserve funds to take into account unexpected complications such as longer entitlement process
- Concerns
  - Concentration of funds in LA General Hospital will dry up any other development in the area
  - Interior design is quintessential to attract young Spanish speaking population who otherwise shy away from the hospital design
- Takeaways
  - Communal use of space
    - Hospital: Top floors (common area) can include childcare, restaurants or an incubator
    - West Campus can include restaurant, coffeehouse, wellness, groceries
  - Connectivity outside motorized vehicles is key for appeal and opens new funding sources
  - Idea of creating a “piggy bank” for the development of the General Hospital now so that funding needs can be met later



# **5. Affordable Housing Legislative and Policy Context**

# Previous California Housing Legislation – Increasing Density and Housing Opportunities (Information dated 2020)

The housing legislation research below and on the following pages was completed in 2020—therefore some information may be out of date or may no longer apply.

Category	Legislation name	Description
<b>Increasing Density and Housing Opportunities</b>	AB 2372 (Assembly Member Todd Gloria) – State Density Bonus Law Floor Area Ratio Bonus	AB 2372 authorizes cities or counties to grant a developer of an eligible housing development under the State Density Bonus Law a floor area ratio bonus in lieu of a bonus based on dwelling units per acre. An eligible housing development under the law is a multifamily housing development that provides at least 20% affordable units, is located within a transit priority area or a half-mile from a major transit stop, meets requirements for the replacement of existing units and complies with height requirements applicable to the underlying zone.
	SB 1227 (Sen. Nancy Skinner) – Density Bonus for Student Housing	SB 1227 allows student housing projects where at least 20% of the units are affordable for lower income students to receive a 35% density bonus.
	AB 2797 (Assembly Member Richard Bloom) – Reconciling the State Density Bonus Law and the Coastal Act	AB 2797 requires the State Density Bonus Law to be harmonized with the California Coastal Act so that both statutes can be given effect within the coastal zone to increase affordable housing in the coastal zone while protecting coastal resources and access.





# Previous California Housing Legislation – Streamlining and Removing Barriers to Housing Production (Information dated 2020)

Category	Legislation name	Description
<b>Streamlining and Removing Barriers to Housing Production</b>	AB 3194 (Assembly Member Tom Daly) – Housing Accountability Act Amendments	<p>AB 3194 makes three important revisions to strengthen the Housing Accountability Act (HAA).</p> <ol style="list-style-type: none"> <li>1. If the zoning for a project site is inconsistent with the general plan, a proposed housing development project cannot be considered "inconsistent" with a jurisdiction's zoning standards and cannot be required to seek a rezoning, as long as the project complies with the jurisdiction's objective general plan standards.</li> <li>2. Local agencies must now apply zoning standards and criteria to facilitate and accommodate development at the density allowed on the site by the general plan.</li> <li>3. The Legislature declared its intent that a "specific, adverse impact on the public health and safety" – the only permissible basis on which a local government can reject or reduce the size of a project that complies with objective standards—will "arise infrequently."</li> </ol>
	AB 2162 (Chiu and Daly) – Supportive Housing Use "By Right"	<p>AB 2161 requires supportive housing to be considered a use "by right" in zones where multifamily and mixed uses are permitted, including nonresidential zones permitting multifamily uses, if the proposed housing development meets specified criteria. Supportive housing is housing linked to an onsite or offsite service that assists the resident in retaining the housing, improving his or her health status and ability to live and work in the community.</p>
	AB 829 (Chiu) – Prohibitions on Local Government Requirements for State Funding Assistance	<p>AB 829 prohibits local governments from requiring a developer of obtain a letter of acknowledgment or similar document prior to applying for state assistance for a housing development.</p>
	SB 35 (Wiener, Chapter 366, Statutes of 2017)	<p>Streamlines multifamily housing project approvals, at the request of a developer, in a city that fails to issue building permits for its share of the regional housing need by income category.</p>
	SB 540 (Roth, Chapter 369, Statutes of 2017)	<p>SB 540 streamlines the housing approval process by allowing jurisdictions to establish Workforce Housing Opportunity Zones (WHOZs), which focus on workforce and affordable housing in areas close to jobs and transit and conform to California’s greenhouse gas reduction laws. SB 540’s objective is to set the stage for approval of housing developments by conducting all of the necessary planning, environmental review and public input on the front end through the adoption of a detailed Specific Plan.</p>
	AB 73 (Chiu, Chapter 371, Statutes of 2017)	<p>AB 73 streamlines the housing approval process by allowing jurisdictions to create a housing sustainability district to complete upfront zoning and environmental review in order to receive incentive payments for development projects that are consistent with the ordinance.</p>



# Previous California Housing Legislation – Accountability Measures

(Information dated 2020)

Category	Legislation name	Description
<b>Accountability Measures</b>	SB 167 (Skinner, Chapter 368, Statutes of 2017), AB 678 (Bocanegra, Chapter 373, Statutes of 2017), AB 1515 (Daly, Chapter 378, Statutes of 2017)	These are three measures that were amended late in the 2017 legislative session to incorporate nearly all of the same changes to the Housing Accountability Act (HAA). The HAA significantly limits the ability of a jurisdiction to deny an affordable or market rate housing project that is consistent with existing planning and zoning requirements (see “About the Housing Accountability Act” below).

# Previous California Housing Legislation - Other Measures of Importance

Category	Legislation name	Description
<b>Funding measures</b>	SB 2 (Atkins, Chapter 364, Statutes of 2017) Building Homes and Jobs Act	SB 2 is projected to generate hundreds of millions of dollars annually for affordable housing, supportive housing, emergency shelters, transitional housing and other housing needs via a \$75 to \$225 recording fee on specified real estate documents.
	SB 3 (Beall, Chapter 365, Statutes of 2017) Veterans and Affordable Housing Bond Act of 2018	SB 3 grants \$4 billion in general obligation bonds on to fund affordable housing programs and the veteran's homeownership program (CalVet).



# Previous California Housing Legislation – Planning, RHNA & Fair Housing Goals

(Information dated 2020)

Category	Legislation name	Description
<b>Planning, RHNA and Fair Housing Goals</b>	SB 828 (Wiener) and AB 1771 (Bloom) - RHNA Process Amendments	SB 828 makes several changes to the Regional Housing Needs Assessment (RHNA) process to use more data to more accurately and fairly reflect job growth and housing needs, with an emphasis on fair housing goals. RHNA is the process to identify the total number of housing units and income levels that each jurisdiction must accommodate in its housing element.
	AB 686 (Assembly Member Miguel Santiago) – Affirmatively Further Fair Housing	AB 686 requires a public agency to administer its programs and activities relating to housing and community development in a manner to affirmatively further fair housing and not take any action that is inconsistent with this obligation. "Affirmatively furthering fair housing" means, among other things, "taking meaningful actions ... that overcome patterns of segregation and foster inclusive communities" and "address significant disparities in housing needs and in access to opportunity."
	SB 1333 (Sen. Bob Wieckowski) – Planning Requirements for Charter Cities	SB 1333 makes charter cities (those governed by a city charter document rather than by general law) subject to a number of planning laws that previously only applied to general law cities. These include laws related to general plan amendment processing, accessory dwelling unit permitting and the preparation of housing elements.



# Previous California Housing Legislation – Miscellaneous (Information dated 2020)

Category	Legislation name	Description
	<p>AB 1919 (Assembly Member Jim Wood) – Anti-"Price Gouging" During Emergencies</p>	<p>AB 1919 this new law expands the existing crime of price gouging to include new rentals that were not on the market at the time of the emergency within the types of goods and services that are price-controlled in the immediate aftermath of an emergency.</p>
<b>Miscellaneous</b>	<p>AB 2913 (Wood) – Extending the Duration of Building Permits</p>	<p>AB 2913 extends the duration of a building permit from six months (180 days) to 12 months, as long as construction has started and has not been abandoned. The law also provides that a permit is subject to the building standards in effect on the date of original issuance, and if the permit does expire, the developer may obtain approval from the local building official for one or more six-month extensions.</p>



# 6. Affordable Housing Analysis Summary

## Socio-Economic Conditions and Trends (Information dated 2020)

Finding	Implication
<ul style="list-style-type: none"> <li>Market area median household income (2017) of \$42,000 is 31% lower than the County at \$61,000</li> </ul>	<ul style="list-style-type: none"> <li>Market rate residential development may be unaffordable to many community residents</li> </ul>
<ul style="list-style-type: none"> <li>Since 2000, market area population growth has remained static while the County grew 6%</li> <li>Projections indicate the market area population growth will accelerate but still lag County growth</li> </ul>	<ul style="list-style-type: none"> <li>After a long period of nearly no growth, a population increase in the market area would be noticeable to long-term residents</li> </ul>
<ul style="list-style-type: none"> <li>In 1996, Boyle Heights and Lincoln Heights average median home value was 23% lower than the County's</li> <li>By 2018, the home value gap with the County had widened in Boyle Heights to 30% while in Lincoln Heights it narrowed to 8%</li> </ul>	<ul style="list-style-type: none"> <li>Slow home value appreciation in Boyle Heights has preserved affordability but also resulted in low wealth accumulation, both factors that help illustrate community sensitivity to new investment</li> </ul>
<ul style="list-style-type: none"> <li>47% of market area residents lack a high school degree compared with 22% for the County</li> </ul>	<ul style="list-style-type: none"> <li>Low market area educational attainment highlights the community's challenge of participating in higher-paying sectors such as biotechnology and high tech</li> </ul>
<ul style="list-style-type: none"> <li>Healthcare, Manufacturing, Wholesale, and Education are dominant sectors in the market area contributing 68% of jobs (vs. 37% for the County)</li> <li>Expected fast growth in three of the Area's largest sectors: Healthcare, Education, and Warehousing</li> </ul>	<ul style="list-style-type: none"> <li>Concentration of Healthcare and Education near General Hospital; both are fast-growth sectors</li> <li>Preliminary estimate: 5,000-10,000 new jobs in market area by 2025</li> </ul>



# Market Rate and Affordable Housing (Information dated 2020)

	Findings	Implications
Market Rate	<ul style="list-style-type: none"> <li>• Strong market area growth and pipeline, but most north and south of General Hospital</li> <li>• Low average rents but recently constructed units asking \$2.76 per square feet</li> <li>• Community resistance may be discouraging new residential development</li> </ul>	<ul style="list-style-type: none"> <li>• Growth occurring north and south will eventually flow into the General Hospital vicinity</li> <li>• Pent-up demand for residential (esp. larger units)</li> <li>• Market rate largely unaffordable for current residents</li> <li>• Appeal of architecture, uniqueness, and views could support a range of housing types</li> </ul>
Affordable	<ul style="list-style-type: none"> <li>• Funding and financing sources have not kept pace with construction cost growth and housing need, adding to supply challenge</li> <li>• Financing and property management complexity increases when combining multiple affordable housing product types, target income levels and service populations (e.g., family, elderly, workforce, permanent supportive housing) in the same building or campus</li> <li>• Affordable and supportive housing benefits from co-location with job-training and other services</li> <li>• Opportunity Zones an untested financing vehicle for affordable housing because vesting timing may be too short for typical unit covenant terms, but could be used for district-level public infrastructure improvements or amenities</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple sources of funding required</li> <li>• Limited resources may require multiple phases sized and timed to funding as it becomes available</li> <li>• Subdivision to separately serve different user groups may be necessary for underwriting and property management</li> <li>• Underwriting complexity and risk increases with size and variety of affordable component, so a manageable proportion of affordable may be critical to success</li> <li>• Investing in supporting infrastructure (transit, public services, etc.) will be critical to making affordable housing feasible for General Hospital</li> </ul>



# Affordable Housing Flyer

## How do we define Affordable Housing?

- Housing is considered affordable when a family or individual pays no more than 30% of household income on the total costs of housing (rent, utilities, etc.). Households that pay more than 30% of their income on housing costs are considered cost burdened, and those that pay more than 50% of their income on housing costs are considered severely cost burdened. Unfortunately, most households in Boyle Heights are considered cost burdened or severely cost burdened.
- For new housing to be built to serve community needs, affordability is defined by income level as a percent of the Area Median Income (AMI) as defined by the Department of Housing and Urban Development (HUD). In LA County, the maximum annual income for a family of 4 earning 80% AMI in 2021, as defined by HUD is \$94,600. This income would mean that an affordable rent or mortgage payment would be around \$2,400 a month for this Low-Income family.
- Most new affordable housing built in LA is now targeted to households earning up to 50% of AMI (Very Low), or \$59,100 for a family of 4, which equates to approximately \$1,500 a month in rent. For supportive housing involving services, the target income levels are usually much lower and always geared to what the families or individuals can reasonably afford based on income.

Los Angeles County Household Income and Estimated Rent 2021								
Number of Persons in Household / Maximum Defined Annual Income by Income Range								
Income (% AMI)	1	2	3	4	5	6	7	8
Deeply Low (Up to 15%) <sup>1</sup>	\$12,420	\$14,190	\$15,960	\$17,730	\$19,155	\$20,580	\$21,990	\$23,415
Extremely Low (15 to 30%) <sup>2</sup>	\$24,850	\$28,400	\$31,950	\$35,450	\$38,300	\$41,150	\$44,000	\$46,800
Very Low (31-50%)	\$41,400	\$47,300	\$53,200	\$59,100	\$63,850	\$68,600	\$73,300	\$78,050
Low (51-80%) <sup>3</sup>	\$66,250	\$75,700	\$85,150	\$94,600	\$102,200	\$109,750	\$117,350	\$124,900
Moderate (81-120%) <sup>4</sup>	\$99,360	\$113,520	\$127,680	\$141,840	\$153,240	\$164,640	\$175,920	\$187,320
Middle Income (120-160%) <sup>5</sup>	\$132,480	\$151,360	\$170,240	\$189,120	\$204,320	\$219,520	\$234,560	\$249,760
<b>Area Median Income (100%)<sup>6</sup></b>	<b>\$56,000</b>	<b>\$64,000</b>	<b>\$72,000</b>	<b>\$80,000</b>	<b>\$86,400</b>	<b>\$92,800</b>	<b>\$99,200</b>	<b>\$105,600</b>
Estimated Rent	Maximum Estimated Monthly Rents for Each Income Range							
Deeply Low (Up to 15%)	\$311	\$355	\$399	\$443	\$479	\$515	\$550	\$585
Extremely Low (15 to 30%)	\$621	\$710	\$799	\$886	\$958	\$1,029	\$1,100	\$1,170
Very Low (31-50%)	\$1,035	\$1,183	\$1,330	\$1,478	\$1,596	\$1,715	\$1,833	\$1,951
Low (51-80%)	\$1,656	\$1,893	\$2,129	\$2,365	\$2,555	\$2,744	\$2,934	\$3,123
Moderate (81-120%)	\$2,484	\$2,838	\$3,192	\$3,546	\$3,831	\$4,116	\$4,398	\$4,683
Middle Income (120-160%)	\$3,312	\$3,784	\$4,256	\$4,728	\$5,108	\$5,488	\$5,864	\$6,244

(1) According to the US Department of Housing and Urban Development (HUD), calculated by multiplying the Very Low Income Limit by 30%

(2) Approximately 30%, normalized by the federal poverty line adjusted for local conditions

(3) According to LAHD, "80% median income exceeding median income is an anomaly just for this county due to HUD historical high-cost adjustments"

(4) According to the California Housing Partnership, calculated by multiplying the Very Low Income Limit by 2.4

(5) Middle Income is not an official income category for HUD or HCD. Calculated by multiplying the Very Low Income Limit by 3.2

(6) Based on data from California Department of Housing and Community Development (HCD), 2021

Source: California Department of Housing and Community Development (HCD), Los Angeles Housing & Community Investment Department (LAHD), 2021, 2022 AECOM





