



Transit-Accessible Locations for Health and Social Services Final Report

Transit-Accessible Locations for Health and Social Services

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I. Introduction

The ultimate goal of this project is to identify ways to improve coordination between public transit operations and decisions about where health care and social service facilities are located, improving access to these essential services, particularly for transit dependent populations. Site planning is a difficult and arcane art, complicated by considerations of cost, land and building availability, proximity to existing facilities, and very often the personal preferences of the decision-makers. Community concerns about the users of health care and social services sometimes lead to NIMBY ("Not in My Back Yard") responses, further complicating locational decisions.

Although the geographic focus of this study is Alameda and Contra Costa counties, the findings will apply to many communities in the Metropolitan Transportation Commission's (MTC) nine-county planning area and throughout the state.

A previous planning effort, which led to this project, is MTC's Coordinated *Public Transit Human Services Transportation Plan, which was completed in 2007*¹. The Plan included the following analysis related to coordinating public facilities and transit:

"Furthermore, focusing efforts to encourage localities to plan and zone in such a way that essential services are clustered in transit-accessible centers could be a far more cost-effective strategy than continuing to plan and subsidize expensive and continuing expenditures on special transit services... Financially strapped human service agencies are inclined to move to lower cost facilities in order to free up program funds for other social service expenditures."²

The Coordinated Public Transit and Human Services Transportation Plan recommended the following four implementation strategies to improve health care and social service agency facility location decisions:

1. Provide documentation of the issue.
2. Document examples of policies that have effectively addressed locational decisions.
3. Engage key stakeholders in the development of a regional strategy.
4. Build on the regional FOCUS program to incentivize positive locational decisions.

As mentioned above, the goal of MTC's Transit-accessible Locations for Health and Social Services Project is to assess the transit accessibility of social service and health facilities in urban/suburban areas of Alameda and Contra Costa counties and

¹ MTC, Coordinate Public Transit Human Services Transportation Plan: Elderly and Disabled Component, December 2007.

² Ibid, page 8-4.

recommend ways to improve coordination between public transit operations and decisions about where these essential services are located.

In order to determine the scope of the problem, and develop findings and recommendations, the following tasks consistent with the implementation strategies of the *Coordinated Public Transit Human Services Transportation Plan* were undertaken:

- Mapping of fixed route transit accessibility of health care and social service facilities in Alameda and Contra Costa to determine how great a problem exists;
- Policy research to determine the degree to which federal, state, and local policies influence locational decisions for such facilities;
- Key informant interviews and focus groups to focus on ways to improve locational decisions;
- Case studies to evaluate the locational factors that influenced specific facility decisions; and
- A Regional Summit to gather key players to review options and recommend solutions.

A Technical Advisory Committee (TAC) consisting of representatives of city and county agencies, non-profit agencies, transit providers, and real estate professionals provided expertise to the consultant team throughout the project. The following sections summarize the findings and recommendations of these tasks. The complete reports for each task are available for review at http://www.mtc.ca.gov/planning/smart_growth/services/. This includes the mapping described in Section II below.

II. Accessibility and Mapping – Are Health Care and Social Service Facilities in the East Bay Transit Accessible?

The goal of this task was to map health care and social service facilities in Alameda and Contra Costa Counties in relation to proximity and frequency of transit service. Different databases were examined to determine which to use to provide the GIS mapping. The North American Industry Classification System (NAICS) geographic database generated by California Employment Development Department (EDD) and state licensing data from the California Office of Statewide Health Planning and Development (OSHPD) were utilized to generate the GIS mapping. NAICS is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. The classification system uses two digit categories, which branch down to six digits with greater specification of use. For example, category 62 represents jobs in health care and social assistance. The facilities selected to map are in this category but a sub-set of the data was selected to exclude sub-categories of small-scale doctor or dentist offices and child care facilities. Per discussion and approval of the TAC, the following uses were selected:

- 6214 Outpatient Care Centers
- 622 Hospitals
- 623 Nursing and Residential Care Facilities
- 6241 Individual and Family Services
- 6242 Community Food and Housing, and Emergency and Other Relief Services
- 6243 Vocational Rehabilitation Services

The second facility database utilized was generated by the California Healthcare Atlas created by OSHPD. It provides an internet GIS mapping application that allows users to find information about hospitals and health care facilities in the state. While it provides more accurate information on specific facilities than the NAICS database, including addresses, the OSHPD data does not include social service facilities.

Confidentiality requirements required that MTC staff analyze the NAICS data for the study. The conclusion from the analysis of the data is that the quality of the GIS data is not perfect but represents the best geographic information on health care and social service facilities in the two counties that can be developed without a separate time and budget consuming process that would preclude the accomplishment of the study objectives – namely to get an understanding of the degree to which transit availability is a problem for patient or client access.

While it would be desirable to map all facilities, the database included 1,448 facilities in the two counties - too many to map in order to evaluate the quality of transit access. Thus, the mapping was limited to facilities employing 10 or more people. This reduced the database to 648 facilities, including 44 hospitals, 118 outpatient care centers, 255 nursing and residential care facilities, and 165 providers of social services.

Other databases considered include the county listings developed as part of the "211" information system. While these provide extensive lists of services for the two counties, the data is not geo-coded and thus would require extensive manipulation and analysis. The "211" data provides information on various social service facilities but does not appear to include all the medical facilities.

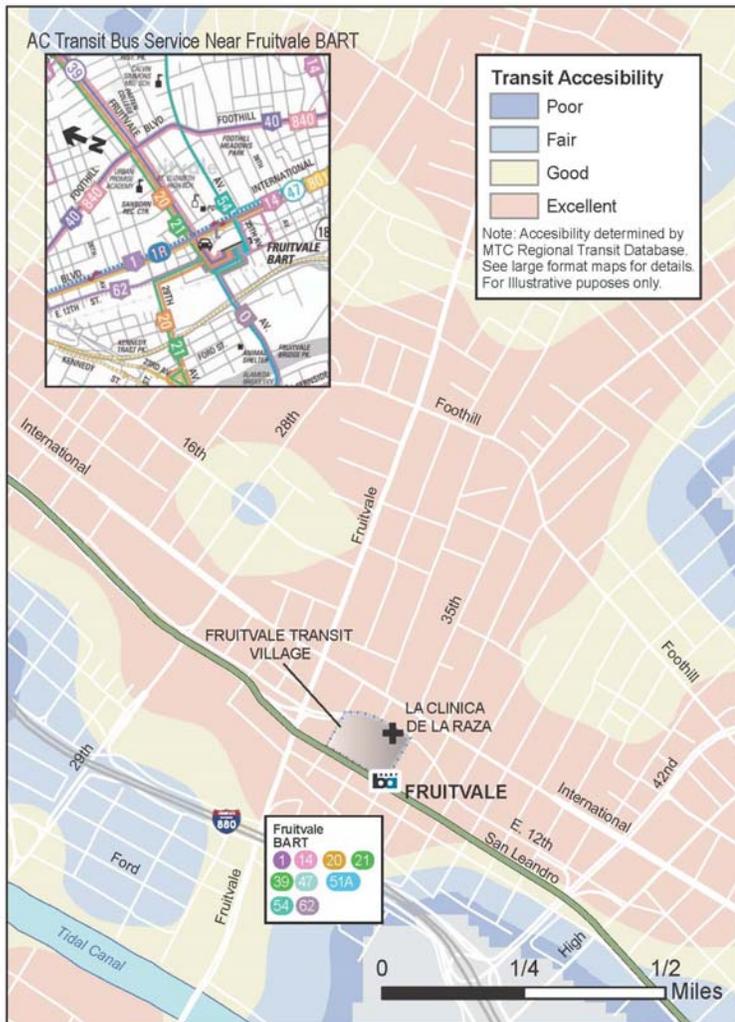
Transit Accessibility

Any site location more than a quarter mile from the closest transit stop was categorized as having no transit service, while the score of others reflects both distance from the stop (proximity) and frequency of service, so a less frequent level of service stopping adjacent to a site might yield a score equivalent to more frequent service 1,000 feet from the site. An October 2009 baseline of transit service was used for the analysis.

The classification of transit access utilized the following breakdown, with the first four categories measuring the level of service within a ¼ mile and the fifth yielding those facilities beyond a ¼ mile from the closest bus stop.

- Orange (excellent transit service): three or more routes running at 30 minute frequencies or better.
- Yellow (good transit service): two bus routes running at 30 minute frequencies, or 4 at 60 minute frequencies.
- Light blue (adequate transit service): one route running at 30 minute frequencies, or two at 60 minute frequencies.
- Purple (inadequate transit service): one route running at 60 minute frequency or less service.
- Grey (inadequate transit service): no transit service within ¼ mile.

La Clinica Fruitvale Transit Accessibility



The above map, which depicts the transit accessibility of the La Clínica clinic at the Fruitvale Village in Oakland, is an example of the analysis conducted as part of the mapping task for this project.

Findings

As shown by the accompanying tables, **the majority of the medical and social service facilities in Alameda or Contra Costa Counties had adequate or excellent transit service.** Using the larger database (Table 1) which includes social service facilities, **only 12% or 81 of the 648 sites had inadequate transit service, defined as no service or less than one bus every 30 minutes stopping within a ¼ mile between 7AM and 7PM.** This may overstate the level of transit accessibility as the GIS analysis does not include geographic constraints such as hills, inadequate sidewalks, and lack of transit amenities such as shelters, curb cuts, and pedestrian crossings.

Of those categorized with inadequate or no transit, 30 or 37% are in the AC Transit service area and 51 or 63% are in areas served by the other transit districts operating in Alameda and Contra Costa Counties. Almost all of the medical and social service facilities receiving excellent transit service are in the AC Transit area (189 of 192) that is much more urbanized, has a larger low income population, and receives higher levels of transit service. This does not indicate that medical and social service facilities in the AC Transit District are better located than in the suburban areas, but that the higher levels of transit service generated the results. However, at the other end of the spectrum, only 6% or 30 facilities had inadequate or no transit service in the AC Transit District, but 24% or 51 of 215 of the facilities in other areas had inadequate or no transit service.

Table 1. Transit Access to Medical and Social Service Facility Sites: Alameda and Contra Costa Counties – NAICS Database

	No Transit Service*	Inadequate Transit Service*	Adequate Transit Service	Good Transit Service	Excellent Transit Service	Total Facilities in Database
AC Transit area (Urban)	15	15	96	118	189	433
Other Transit Operators	26	25	121	40	3	215
Total	41	40	217	158	192	648
	6%	6%	34%	24%	30%	100%

* Transit service within ¼ mile. Inadequate is defined as less than one bus every 30 minutes.

Using a second database of only medically related facilities licensed by the state, **only 20 of 287 medical facilities had inadequate transit service, or 7%**. Thirteen of them are Long Term Care facilities, six are clinics, and two are hospitals. Clearly the hospital and clinic facilities are of greater concern since they receive more daily clients and visitors. Most critical medical facilities receive an adequate level of transit service.

**Table 2. Transit Access to Medical and Social Service Facility Sites:
Alameda and Contra Costa Counties – OSHPD Database**

	No Transit Service	Inadequate Transit Service	Adequate Transit Service	Good Transit Service	Excellent Transit Service	Total Facilities in Database
AC Transit Area (Urban)	3	5	35	53	104	200
Other Transit Operators	5	7	54	21	-	87
Total	8	12	89	74	104	287
	3%	4%	31%	26%	36%	100%

III. Existing Federal, State, and Local Policies that Influence Locational Decisions for Health Care and Social Service Agencies

The project included a thorough literature review of existing policy at the federal, state and local levels, focusing on policies relevant to Alameda and Contra Costa Counties. Studies of transportation barriers in health care focus on improving transit or funding for non-emergency medical transportation – not the location of the facilities at transit accessible locations.³

Analysis of locational policies is a dynamic effort; federal policies are being modified as this is prepared, and the outreach interviews, case studies, and regional summit broadened the understanding of existing policies and practices as well as provided direction toward recommended enhancements to improve locational decisions.

Access to health care is currently the focus of national attention, and efforts to widen access draw attention to the deficiencies in our current national approach.

Summary of Research Findings

Few existing policies are designed to ensure that health care and social service facilities are located near public transit. Existing policies do not provide the regulatory authority, or “teeth,” needed to establish transit accessibility as a true priority in locating facilities.

Until very recently, there has been little policy direction at the federal level to improve regional and local transit access to health and social services agencies. A Presidential executive order in 2004 directed agencies “*to enhance access to transportation to improve mobility, employment opportunities, and access to community services for persons who are transportation-disadvantaged.*”⁴ While this order heightened the federal government’s focus on improving coordination and promoting partnerships between human service and transportation agencies, its focus is on improving transportation, not locating facilities in transit accessible locations.

In October 2009, Executive Order 13514, “*Federal Leadership in Environmental, Energy, and Economic Performance*” established a requirement that Federal agencies set a 2020 greenhouse gas (GHG) emissions reduction target within 90 days of the order. This Executive Order also establishes a number of goals to direct agency efforts in improving efficiency in natural resources consumption and supporting the development of sustainable communities.⁵ Ensuring consideration of

³ No Way to Go: A Review of the Literature on Transportation Barriers in Health Care, Wright, Brad, in World Transport Policy and Practice, September 2008.

⁴ Executive Order 13330: Human Service Transportation Coordination.

⁵ Executive Order 13514. Section 2(f)(iii). October 5, 2009.

access to public transit in planning for new Federal facilities or new leases is one of the strategies listed to achieve GHG reductions.

Policy direction at the state level addresses the importance of transit access to state and local public buildings. However, the State of California has not established clear standards or developed mandates to improve transit access to health and social service facilities specifically.

Beginning in 1978, California passed a series of laws that provided a framework for coordination of public land use and transit planning. Senate Bill 489 in 1979 applied specifically to state and local public buildings.

The relevant sections of the Government Code read as follow:

37352.1. After January 1, 1980, with respect to the construction, purchase, or lease of buildings which are located or will be located in a standard metropolitan statistical area (SMSA) with a population of 250,000 or more according to the most recent decennial census, which is served by a public transit operator, as defined in Section 99210 of the Health and Safety Code, the legislative body ***shall give consideration to the location in existing public transit corridors***, as defined in Section 50093.5 of the Health and Safety Code, for the area. Construction, purchase, or lease of buildings at locations outside of existing public transit corridors may be approved after the legislative body has determined: (1) the purpose of the facility does not require transit access; or (2) it is not feasible to locate the facility in an existing transit corridor; or (3) the transit operator will provide service as needed to effectively serve the facility. The board may request the assistance of the transit operator in making its determination and shall notify the operator of its decision.

These government code sections are applicable to city and county facilities, but not decisions by private and/or non-profit agencies. However, it is not clear that there have been any challenges or litigation on locational decisions based on these sections of the government code. Further research will be required to determine if and how enforcement action could be mandated.

Executive Order D-46-01, issued in October 2001, orders "the Department of General Services, as well as other entities managing state properties in populated areas shall give priority to the needs of public entities and the populations they serve.....it is further ordered that sound and smart growth patterns shall receive maximum support consistent with the foregoing state priorities, including....(d) ***proximity to public transit and other needed infrastructure.***" Further research will be required to determine which of the legislation and executive orders have affected agency locational decision-making.

Senate Bill 375, approved by Governor Schwarzenegger in September 2008, requires California's regional land use and transportation authorities to work with local agencies to achieve more compact growth patterns, thereby reducing the

quantity of greenhouse gases emitted by passenger vehicles. Efforts to meet the requirements of S.B. 375 may consider facility location as one approach to reducing vehicular travel.

Given the land use authority of local jurisdictions, local-level policy does address this issue more specifically than do state and federal policies.

There is evidence that some local agencies do consider transit access when granting funding for social services, selecting sites for health and social service facilities, or reviewing proposed development projects.

A review of local general plans has revealed few policies that provide direction with the specific goal of improving transit access to health and social services. However, research does indicate that there is a spectrum of policies related to this goal. Relevant policies fall under five broad categories:

1. **Policies that address the need to improve mobility and transit access for specific populations and/or services.** However, few policies specifically linking transit access improvements to particular health and social services facilities have been identified. In other words, many plans address the need for transit and services for special populations but do so separately. For example, Pleasanton's General Plan includes a policy specifying the need to advocate and support transportation improvements and new medical facilities for seniors. However, while both objectives appear as part of the same policy they are not explicitly linked⁶. One exception to this is Concord's Housing Element, which specifies that homeless shelter facility siting and permit processing must take into consideration access to transportation and services.⁷
2. **Policies that directly address the need to improve transit access to institutional and community uses.** Berkeley's Land Use Element specifies that, "wherever possible, locate public and private institutional uses and community service centers...on transit corridors so that they are accessible to public transportation...."⁸
3. **Policies related to specific, designated planning areas that include medical facilities or are in some way focused on planning to support existing or future medical facilities or complexes.** In these cases, transit access is not necessarily a well-defined objective but is considered important to area planning. Antioch's Sand Creek Focus Area and Brentwood's Special Planning Area (SPA) Q are two examples of planning areas with specific land use designations meant to encourage development of medical uses. In the case of Brentwood's SPA Q, the General Plan encourages mixed-use development that includes medical facilities and health care-related residential uses.

⁶ Pleasanton General Plan (Community Development Policy 15b).

⁷ Concord 2030 Urban Area General Plan. Housing Element Goals and Policies. Policy 3.6. Implementing Program 3.6b.

⁸ Berkeley General Plan Policy LU-15: Service and Institutional Use Locations.

4. **Policies to achieve growth management goals that support improving transit access to health and social services.** “Smart growth” policies play a clear role in encouraging the location of facilities and transit in proximity to one another in established areas of growth. These include policies related to urban growth limits and integrating land use and transportation such as encouraging transit-oriented and mixed-use development. Danville and Pleasanton are just two examples of local jurisdictions whose General Plans specify the need to integrate land use and transportation planning. The cities of Berkeley and Fremont encourage location of civic and institutional uses in proximity to existing transit. Alameda County’s General Plan also encourages high-intensity development in locations convenient to public transit facilities and along transit routes.

5. **Policies to achieve growth management goals that may work against the goal of improving transit access to health and social services.** In Livermore and Walnut Creek, certain types of health and human services facilities are not subject to growth management policies. This may provide for the development of facilities outside of growth management boundaries, where transit service is less frequent and reliable. In Livermore, health care facilities – including congregate care, assisted living, and skilled nursing facilities – are not subject to growth management policies. According to Walnut Creek’s General Plan, community facilities are excluded from growth management limits. Community facilities applicable to this research effort include adult day care and child day care facilities, emergency medical care, hospitals, housing for the homeless, public transit terminals, residential care facilities and skilled nursing facilities.⁹

Community-based transportation planning efforts, such as the *Coordinated Public Transit-Human Services Transportation Plan* have been an outgrowth of Presidential Executive Order 13330. These initiatives have helped public service and transportation agencies understand the access problem for transit-dependent clientele but do not address the locations of the facilities.

Prior to completing the Coordinated Plan, MTC launched a locally-driven community-based transportation planning process. These plans highlight community-prioritized needs and solutions, several of which identify improving access to essential services such as health care and social services.

In conclusion, while policies at all levels of government do exist to encourage health care and social service agency location decisions with better transit accessibility, in many cases the location policies are not fully utilized by key staff or elected officials when specific projects are being considered for implementation. This can be a lack of institutional memory by new staff but it is often the case that other policy or political priorities override transit accessibility considerations.

⁹ Livermore Land Use Element, Policy 14. Walnut Creek General Plan Chapter 4, Policy 9.2.

IV. Outreach Findings – How Do Key Informants Think We Are Doing On Transit Accessibility, and What Can We Do To Make It Better?

This section provides a synthesis of key outreach findings from Technical Advisory Committee (TAC) meetings, telephone interviews, and in-person focus groups conducted for the study. Outreach participants included elected officials; real estate and development professionals; land use and transportation planners; transportation service providers; social service providers; public health professionals; and community-based organizations.

Key outreach findings shed light on the following:

- The different meanings assigned the term “transit accessibility” and the relative importance of transit accessibility in decision-making processes.
- The factors that most directly influence the location decisions of health care and social service agencies.
- The key obstacles and challenges to strengthening transit access to health and social services facilities.
- Recommended solutions to improve the transit accessibility of health care and social services facilities.

Transit Accessibility and Health and Social Services

Many stakeholders voiced particular concern with providing adequate access for populations that are both transit-dependent and that frequently utilize health and social services, including low-income families and individuals, members of the disabled community, and the growing senior population. A lack of transit access for the employees of health care and social service providers was also identified as a concern.

Stakeholders noted a number of factors that should be considered when characterizing the relative transit accessibility of a facility, including:

- The hours of operation and frequency of transit service.
- The specific geography of a transit route (i.e., where the route itself is located).
- Community and pedestrian safety and ease of access.
- The need for multiple transfers and the time required to arrive at a destination.
- The proximity of transit stops to services, including specific services located within large facilities.

- The proximity of services to where customers live and work and to complementary health and social services that might be accessed during the same trip.
- The cost of transit service.
- The availability of alternate modes of travel.
- The adequacy of the surrounding environment in providing equitable physical access to existing transit stops and stations.
- Site design and ADA accessibility, including the proximity of transit stops to specific service locations within a large facility.

While identified as important, stakeholders suggested that transit access is only one element of improving access to essential services. Technology is allowing a new trend of staff visiting clients and remotely transmitting files and applications to central servers, rarely needing to work in the office.

Policies and Factors that Influence Decision-Making Processes

Stakeholders affirm that health care and social services are provided by a diverse range of agencies and organizations, and that different services and types of organizations must often act under different influences and constraints to make location decisions. Outreach participants identified the following factors as those with the most direct influence on the location decisions of health care and social services agencies:

- **Physical site and infrastructure requirements**, including size of the site, existing mechanical, plumbing and technology systems, and the extent to which facilities can be converted to desired uses.
- **Process and expertise requirements**, such as grant-driven development timelines and the variety of expertise required to develop and manage a successful multi-service center.
- **Cost and availability of land** to locate in transit-rich areas. The availability of land in an ideal location and at an affordable price can constitute a significant constraint.
- **Community demand for services**. Where clientele live and the relative location of complementary and similar or duplicative services can have a significant influence on location decisions.
- **Competing access priorities**, including convenient access to and from freeways and major roads, sufficient parking, facility visibility, and opportunities to create visible signage.
- **Community relationships and organization credibility**. Organizational credibility, transparency and a willingness to involve neighbors in planning processes are important to successfully build, expand or re-locate in a given community.

Challenges and Obstacles to Improving Decision-Making

Stakeholders identified the following key challenges and obstacles to strengthening transit access to health and social services:

- **Many existing facilities are well-established** in their current locations, and **the availability of land** to develop new facilities -- especially large facilities -- in transit-accessible locations is relatively limited.
- When choosing a location, **changing transit service** makes it difficult to prioritize transit accessibility, particularly for service providers that plan for the development of facilities years in advance.
- Providers with a desire to locate or develop facilities in urban infill locations, former industrial areas, and/or on contaminated sites with good transit access may confront some of the many social, political, legal, regulatory and financial **redevelopment challenges**.
- **NIMBYism** and neighborhood opposition to land use decisions, organizations, and/or clientele that they perceive to negatively impact the community can impede or derail location decisions.
- The preference that building owners, leasing agents, and transit providers give to **servicing traditional office, retail and commercial uses** can also be a barrier.
- Physical improvements to enhance ease of access for transit riders may at times be hindered by **original site design** and the limited physical capacity of a site or facility to accommodate needed modifications.

Solutions to Strengthen Transit Access to Services

Stakeholders identified a number of potential strategies and solutions that have the potential to strengthen transit access to health and social services. Suggestions include solutions for the built environment and suggestions to improve policy and planning processes.

- **Establish neighborhood-serving clinics and centers** to improve access for multiple modes of travel.
- **Continue to co-locate and cluster services** in transit-accessible geographic locations.
- **Pursue infill and re-use opportunities** in transit-rich neighborhoods and corridors and build political and community support for establishing new community-serving uses in areas with redevelopment potential.
- **Strengthen local review processes** by establishing policy mechanisms that include transit accessibility as an important criterion. Potential mechanisms include requests for proposals for real estate and social services provision, environmental review protocol, development requirements and incentives, and eligibility criteria for grant funding.
- **Establish development mitigation fees or development requirements** so that larger facilities are responsible for subsidizing the cost of transit

operations or providing transit connections if they are not located in transit-rich environments.

- **Participate in existing incentive programs** that encourage customers and staff to use transit and/or subsidize the cost of transit service for customers in greatest need.
- **Improve collaboration** from initial site planning through implementation schedules and operations among transit service providers, health and social services, public health officials, and local review and policy entities. This could include steps including the General Plan process, environmental review, and development of transit agency Short-range Transit Plans (SRTPs).

V. Case Studies - Understanding the Decision-Making Process for Health Care and Social Service Providers

In order to further the understanding of the decision processes involved in selecting a location for a health and/or social service facility, four case studies in Alameda and Contra Costa were selected for detailed description and analysis. These include the relocation of a county social service office, two community-based medical and social service providers, and the planned relocation of a hospital required for seismic and capacity reasons.

These case studies include two facilities located at highly transit accessible locations – La Clínica at Fruitvale BART in Oakland and the Ed Roberts Campus at the Ashby BART Station in Berkeley, and two locations with more limited transit access – Contra Costa County Social Services field offices in Pleasant Hill and a planned Kaiser Permanente medical center in San Leandro. There is also discussion of a future La Clínica facility in the Monument Corridor of Concord. In terms of timing, the case studies range from La Clínica Fruitvale Transit Village, which opened in 2003 after 10 years of planning, to the proposed Kaiser Permanente San Leandro Medical Center which is planned for a 2013-15 completion.

Preparing the case studies made it clear that **finding transit accessible locations in a timely manner is not an easy task, and siting compromises are often required to implement a project.** Creating a multi-service center at a highly transit accessible location, such as the Ed Roberts Campus at the Ashby BART Station, took many years for planning, deal making, and fund raising. Creating the Fruitvale Transit Village, which contains La Clínica, likewise took years of multi-agency negotiations and fund raising. Using transit-oriented development (TOD) funding which assists intensive development around major transit hubs for a medical or social service facility is also difficult; most TOD projects contain either exclusively residential or a mix of residential and commercial uses.

County social service agencies use field offices to bring their services closer to their clientele. They generally locate in single tenant rental buildings as landlords and other tenants do not find them to be desirable co-tenants because of their volume of client visits. Although transit access is cited as a screening criterion for site selection, this does not necessarily imply a high level of transit access such as found near BART stations that have multiple bus routes serving them. **Although rent levels are often higher adjacent to BART stations, any rent differential is not a significant factor when measured in relation to all agency operating costs.** Several agencies and non-profits confirmed that occupancy costs amount to approximately 3-5% of all operating costs. The ideal building often does not exist near BART stations, and it would take three or more years extra to arrange for construction of the ideally located building compared to limiting a search to those buildings that would be available for occupancy within six months to a year.

Another constraint to selecting transit rich locations near BART is management and employee resistance to sites which don't provide plentiful free parking. In addition, public agency or other non-profit tenants are sometimes discouraged from locating in redevelopment areas, as they are exempt from contributing to the property tax revenues that are needed to provide redevelopment tax increment financing.

Finally, large hospitals and medical centers require large sites, ideally more than 20 acres. Finding such sites today implies an outlying location or brownfield industrial site. These sites generally do not have excellent transit access, and in an economic climate in which transit service is subject to cancellation or reduction, conditions of approval that require the applicant to provide privately financed shuttle services to transit hubs may be the best solution.

Case study summaries and lessons learned are presented below.

**1. Contra Costa Employment and Human Services Department:
Co-Location of Workforce Services, Children and Family Services,
and Administrative Units: 300-400-500 Ellinwood Way,
Pleasant Hill**

Background

Contra Costa County Employment and Human Services Department (EHSD) provides a variety of social service functions for the county. Like many county governmental functions, it is headquartered in Martinez but has field offices in western, central, and eastern portions of the county to improve community access to its services. While some functions involve staff visiting clients, approximately 150-300 clients visit the field offices daily to apply for or receive services. Services are generally provided between 8AM and 5PM on weekdays. While many county functions are in owned space, EHSD prefers to lease space because the state funding for its programs encourages use of leased space.

Several years ago, the Central County field offices for several functions were relocated from suburban Martinez because of building deficiencies. The selected site in Pleasant Hill included three adjacent vacant buildings with 138,000 square feet that were available on a long-term lease. Bus service was available every 40 to 80 minutes on a route connecting transit centers at Diablo Valley College, the Pleasant Hill BART Station, and the Walnut Creek BART Station. Because the infrequent service provides coverage to the market area primarily by transfer at one of three hubs, fewer than five percent of clients and employees use the bus service. A site close to the bus hubs at the Pleasant Hill or Concord BART Stations would have provided more frequent bus service on five or eight routes, respectively.

Lessons Learned

- Because of grant funding formulas California uses to support County employment and human services, county government favors leasing rather than owning offices used for such purposes.
- The volume of client visits and concerns about occasional incidents between clients or between clients and staff result in the County maintaining deputy sheriffs or other security personnel in building lobbies. This encourages the use of single occupant leases rather than renting space in multi-tenant buildings.



400 Ellinwood Way, Pleasant Hill, Contra Costa County Workforce Services Office

- Even in an office market area such as central Contra Costa County, which has considerable modern office space, there are few choices available of sufficient size in single tenant buildings at any given time.
- The County did not consider locating governmental offices at the Contra Costa Centre Redevelopment Area adjacent to the Pleasant Hill BART Station because the tax increment financing utilized for public improvements discourages the use of redevelopment land for non-property tax producing governmental offices.
- Central Contra Costa County does not have a large transit dependent population compared to areas in West County and much of Alameda County, but limited bus service is available to the County Employment and Human Services at Ellinwood in Pleasant Hill. This service level is better than at the prior office location on Muir Road in Martinez.
- Office rental rates adjacent to BART Stations (currently \$2.40 to \$2.70 per square foot per month at prime sites), which also have the highest frequency

and/or number of bus routes may be \$.50 to \$1.00 per square foot higher per month than sites with more limited transit service. When considering all operating costs including employee wages and benefits, utilities, supplies, etc, paying incrementally higher rents may increase agency operating costs by 1-3% compared to rent levels at sites less well served by transit.

- Ensuring that county employment and human services offices are in the most transit-accessible locations within the desired market area would require three year or greater advance planning to build appropriate space.

2. La Clínica de La Raza Medical and Dental Services - East Oakland and "Monument Corridor" Concord

Background

This case study details the history and locational choices made by La Clínica de La Raza, which is a non-profit community-based organization. Since its beginnings as a single storefront free clinic operation in Oakland in 1971, La Clínica has grown into a provider of primary health care and other services with 25 sites spread across Alameda, Contra Costa and Solano Counties.

La Clínica delivers an array of services including: medical, dental, optical, women's health, prenatal and postnatal care, preventive medicine, health and nutrition education, adolescent services, mental health, behavioral health services, case management, referral services, pharmacy, radiology and laboratory services. In 2009, La Clínica provided care to 61,909 patients, amounting to 304,198 patient visits. With over 38 years of experience serving the community, La Clínica is one of the largest community-based clinics in the state of California.

La Clinica's website provides directions to each of its facilities, and utilizes the 511.org site to provide directions via bus and Bay Area Rapid Transit (BART), including schedules. In examining websites of many Alameda and Contra Costa County public agencies and non-profits providing medical and social services, this was a unique approach to providing transit-oriented directions.

Fruitvale

The Fruitvale Transit Village came about as a community-based response to BART plans for a new garage at the Fruitvale Station, led by the Unity Council, a community development corporation formed in 1964 by activists who wanted to create a forum for working on issues important to Fruitvale's Latino community. Plans for the Transit Village included a mixture of housing, shops, offices, a library, a child care facility, the medical clinic, a pedestrian plaza, and other community services all surrounding the BART station. One of the expected benefits of the project was to reduce traffic and pollution in and around Fruitvale because community residents would have access to a range of goods and services within walking distance of the transit station. La Clínica was seeking expansion space in the community and was an active partner from early in the planning process.

The Fruitvale Transit Village project illustrates two key themes and effective practices that are central to incorporating the principles of environmental justice into transportation planning and design. First, it demonstrates an effective use of partnerships to generate funding and other resources necessary to plan and implement a costly and complex project. Second, the planning effort behind the Fruitvale Transit Village represents an innovative strategy for using mass transit as a lever for revitalizing an urban community. In terms of transit, because of its immediate proximity to the Fruitvale BART Station, the site receives a very high level of AC Transit bus service with at least six routes, each with service every 10 to 30 minutes.

Monument Corridor – Concord

In the Monument Corridor where La Clínica recently purchased a site for expansion, there were few suitable sites, and the selected office building was more appropriate to remodel for medical and dental usage than an industrial building that would have required greater modification. The level of transit service there is more limited than at the current site.



La Clínica Oakland at Fruitvale Transit Village

Lessons Learned

- Community-based organizations funded directly by federal grants, as well as agreements and funding from counties and other medical providers, are taking increasingly significant roles in the delivery of health care. From our outreach interviews, it appears that a significant proportion of their clientele are transit dependent.
- Partnerships can be an effective tool for overcoming barriers posed by the expense and complexity of certain projects. The Fruitvale Transit Village survived various legal, financial, and regulatory challenges in large part because of the leadership of the Unity Council and the willingness of key players like BART and the City of Oakland to actively participate in the project.
- BART proximate sites are valuable for health care and social service facilities because they serve as hubs for bus service as well, thus representing the most transit-accessible sites for clients who lack auto access. Like with other multi-service centers, assembling the coalition and making the deal inflates the cost of occupancy for the agencies involved, but provides a benefit to the community and specifically the clientele that is difficult to quantify. As calculated previously, the incremental space occupancy costs, while seeming substantial, are generally not significant when measured against the total cost of operating the agency.
- As found in other cases, there are few choices available for siting medical clinics, particularly when expansion or modification of existing facilities is precluded by the necessity to continue delivery of services while expanding. Because of this, unless a very long timeline is feasible, it is difficult to locate clinics at sites that receive excellent transit service.

3. The Ed Roberts Campus – Co-located Social Services -Adeline and Woolsey – Ashby BART Station

Background

The Ed Roberts Campus is a multi-service center for many non-profit social service agencies that are focused on the disability community. The mission of the Ed Roberts Campus is to ensure that people with disabilities can live independently and without discrimination. It commemorates the life and work of Edward V. Roberts, an early leader in the independent living movement of persons with disabilities. Ed believed in the strength of collaborative efforts. He was a founder of University of California's Physically Disabled Students Program, which became the model for Berkeley's Center for Independent Living (CIL) and over 400 independent living centers across the country. He was one of the early directors of CIL, and was the first California State Director of Rehabilitation with a disability. The ERC is a national if not international model of services to improve the lives of disabled people (<http://www.edrobertscampus.org>).

The Ed Roberts Campus includes the following seven partner agencies:

- Bay Area Outreach and Recreation Program (BORP)
- Center for Accessible Technology (CforAT)
- Center for Independent Living (CIL)
- Computer Technologies Program (CTP)
- Disability Rights Education and Defense Fund (DREDF)
- Through the Looking Glass (TLG)
- World Institute on Disability (WID)

The building is approximately 85,000 square feet. A high level of transit access was an absolute criterion for the location decision. From the very beginning, the partner organizations knew they needed a site as close to a BART Station as possible. The location at the Ashby BART Station is considered central to its mission to make services and programs accessible via public transit, particularly since people with disabilities are among the most transportation-disadvantaged populations. The campus was recently completed on land that was part of the parking lot on the east side of the Ashby BART Station in South Berkeley and fronts on the east side of Adeline Street. The City of Berkeley had the air rights to the parking lot and made it available for the project. The development also made a number of significant access and safety improvements to the BART Station environs.

Lessons Learned

- A unique long-term perspective and focus on the importance of transit marks the decision process involved in siting and developing the Ed Roberts Campus.
- Incredible patience and perseverance is required to develop a multi-service center, particularly on a complex public agency-owned parcel.
- Assembling a funding package for an innovative collaboration of non-profits is very difficult. Grants for transit-oriented development (TOD) are normally focused on residential/commercial projects.
- Despite its focus on a transportation disadvantaged community and location at a site with “excellent” BART access and good bus access, overcoming neighbor concerns about potential parking impacts mandated that considerable parking be provided.
- Even before the seven partner agencies co-located, working together on design and permitting provided benefits in creation of joint programs and grants.
- Developing a multi-service center at a BART Station was not an inexpensive process, and creating the Ed Roberts Campus with “excellent transit access” had a premium cost. Its uniqueness and level of community support helped attract grant financing that might not have been generally available.
- A new building allowed utilizing universal design features for the disabled community that would not have been available in existing leased space.



The Ed Roberts Campus – Adeline Street at Ashby BART Station

4. Kaiser Permanente San Leandro Medical Center

Background

This case study details the history and locational choices made by Kaiser Permanente in planning for a new medical center in San Leandro, scheduled to replace an older Kaiser hospital in Hayward.

Kaiser Permanente is currently working with the City of San Leandro on developing a 63-acre parcel of property, formerly the site of an Albertson's distribution center, located off Marina Boulevard, just west of Interstate 880. Kaiser intends to develop roughly half of the property into a state-of-the-art medical facility with the remainder of the property slated for a retail center.

Kaiser proposes a 38-acre site to be developed into a medical center in two or more phases. The first phase, scheduled for 2013 to 2015 completion, would include the following components:

- 436,000 square foot six-story hospital including up to 264 beds,
- 275,000 square foot hospital support and out-patient building,
- 31,000 square foot central utility plant, and
- Up to 2,100 parking stalls on a surface parking lot.

Ultimate build-out could include an additional;

- 175,000 square foot 120-bed expansion of the hospital,
- two 100,000 square foot medical office buildings, and
- structured parking depending on requirements to serve its members and employees.

The proposed San Leandro Medical Center location is 1.9 miles southwest of the San Leandro BART Station, and the Environmental Impact Report for the project lays out a Transportation Demand Management (TDM) strategy that requires a 10-15 % diversion from single occupant vehicle use. While there are a variety of strategies suggested to achieve this level of diversion, the primary one is provision of shuttle service to and from the San Leandro BART Station with a suggested frequency of four trips an hour – or 15 minute headways – between 6:30 AM and 6:30 PM with two 20-24 passenger shuttle buses. A lower level of shuttle service is suggested during evening hours for the convenience of hospital staff. Linking to the San Leandro BART station will also offer access to AC Transit service, including AC Transit Route 1, a high frequency trunk line, and routes 85 and 89 with 30 or 60 minute headways.

Lessons Learned

- Like other hospitals, Kaiser Permanente needs to replace older facilities that do not meet current seismic standards. As a very large medical organization, Kaiser Permanente has a 10-hospital construction program in Northern California. With the exception of urban hospitals with clearly constrained sites, such as Oakland and San Francisco, Kaiser Permanente has established a standard hospital template that it uses whenever possible. This results in facility standardization that is beneficial and cost effective to Kaiser. Hospital design review by the state Office of Statewide Health Planning and Development (OSHPD) is accomplished in half the time by using an approved hospital template.
- The standard Kaiser Permanente medical center design requires a minimum 25-35 acre site in order to provide for a hospital building, a medical office building, central utility plant, and parking, in addition to sufficient space to expand any of these as required in the future. Besides the San Leandro medical center, the new Antioch facility has a similar configuration.
- Because of high numbers of daily trips and relatively large catchment areas, Kaiser Permanente seeks sites close to freeways and/or major arterial routes. Visibility can help attract market share and reduce stress among patients seeking care.
- Most Kaiser Permanente medical facilities are served by fixed route transit as well as special shuttle services to link to BART stations or other significant transit centers where proximate.
- A free Kaiser Permanente shuttle service between the hospital and San Leandro BART Station mandated to reduce single occupant auto usage will offer a more attractive linkage to the regional transit network than that provided by regular bus service.

- With the exception of San Francisco and Oakland, the vast majority of staff and clients use automobiles to access Kaiser Permanente medical centers.



Existing Kaiser Permanente Hayward Hospital

VI. The Regional Summit – Forum to Discuss Solutions for Improving the Connection Between Transit Access and the Siting of Health Care and Social Service Facilities

Overview

On September 15, 2010, the Metropolitan Transportation Commission sponsored a regional summit as part of its Transit-Accessible Locations for Health and Social Services project. The purpose of the summit was to share key findings from project research into the issues surrounding transit access to these services; and to solicit input on a set of strategies or recommendations for improving location decisions with respect to transit access. Approximately 70 people attended the event.

Alameda County Supervisor and MTC Chair Scott Haggerty opened the summit by welcoming those in attendance and relating the importance of the topic to regional efforts to promote livable communities. Therese Trivedi, MTC transportation planner and the project manager, followed with a few remarks to frame the conversation envisioned for the day. She introduced Carolyn Verheyen of MIG, Inc. as the summit moderator, who reviewed the agenda and introduced the summit keynote speaker, Dr. Wendel Brunner, Director of the Contra Costa County Public Health Department.

Dr. Brunner's remarks focused on the intersection of land use, transportation and health as it plays out in urban, suburban and ex-urban communities in the United States. Citing a number of studies that have shown how access to health care, employment and support services impacts public health outcomes, Dr. Brunner spoke to the group about the need for greater attention to the mobility needs of lower-income and transit-dependent individuals. Dr. Brunner also addressed the important role that improved transit access has in addressing climate change through mitigation of greenhouse gas emissions and in building environmentally sustainable communities.

Presentation and Panel Discussion: Issues, Opportunities, Case Studies

Following this presentation, Cliff Chambers of the consultant firm Transit Resource Center (TRC), offered a summary of the project's research findings to date. He then turned the podium over to his colleague Michael Fajans, also of TRC, who provided highlights from four project case studies. Case studies illuminated some of the key issues related to transportation access to health care and social services, as well as decisions about where to locate them. Mr. Fajans' presentation was followed by a panel of experts representing case studies and affiliate organizations, including:

- **Anita Addison**, Planning Director, La Clínica de la Raza
- **Dmitri Belser**, President, Ed Roberts Campus
- **Larry Jones**, Division Manager, Contra Costa County Employment and Human Services Department

- **Noella Tabladillo**, Manager of Community Benefit, Government Relations & Community Relations, Kaiser Foundation Health Plan & Hospitals (note: Ms. Tabladillo was available for questions but did not present information about the case study).

Participants engaged the panelists in an exchange of questions and comments that helped to illuminate some of the factors that inhibit and promote transit access and location decision-making. Key topics identified by participants during this discussion included:

- Safe and well-designed facilities access, including the need to improve overall access to specialized medical services specifically serving the visually and physically impaired
- The role of medical providers in taking responsibility for location choices
- The role of local leadership in influencing location choices
- The role of employers in promoting transit use and providing alternative transportation to auto trips
- The need to consider the “home end” of the trip when addressing transit access issues (trip origins)
- The positive role that non-profit service providers and service facilities play in economic redevelopment projects and urban revitalization
- The affordability of transit and the quality of transit customer service as access issues

Tabletop Discussions

Facilitated small-group discussions were held at each table. Small group sizes ranged from 4 to 8 people. These conversations centered around a set of questions developed by the project team to explore potential strategies for enhancing the consideration of transit access in location decisions for health care and social services. Each tabletop discussion had a facilitator who assisted participants in addressing the questions and recorded key points of conversation. At the end of the 50-minute small group session, Ms. Verheyen called on each table to provide a brief re-cap of the conversation so that participants could see where common ideas had emerged. As with the previous tasks, the key recommendations of the participants were included in the Findings and Recommendations cited in the following section.

VII. Findings and Recommendations

Introduction

These findings and recommendation reflect the results of the previous tasks, were largely presented at the regional summit, and were reviewed with members of the Technical Advisory Committee.

While maintaining and improving transit access to critical facilities continues to be of great importance, the focus of this project is to improve decisions about where health and social services are located. Although the geographic focus of the study is Alameda and Contra Costa counties, the findings apply to many communities in MTC's planning area, or other areas throughout the state.

This analysis is divided into a set of findings and recommended solutions. This task details the most significant findings and the appropriate solutions that will serve to improve locational decision making for health care and social service facilities. This task also indicates the critical decisions required to improve community access to social and health services – and whose responsibility it is to make the decisions. The findings are categorized into transit accessibility, real estate trends and patterns, governmental policy, and service provider decision making, but not all findings fit neatly into one of these categories – there is some overlap.

Findings

Transit Accessibility

A key task of the analysis was what definition to use to determine if a facility is transit accessible. Working with prior MTC policies, transit density mapping, and the input of a Technical Advisory Committee, the definition of acceptable level of fixed route transit service was selected to be no more than 30 minute headways between 7 AM and 7 PM weekdays within one-quarter of a mile to a health care or social service facility.

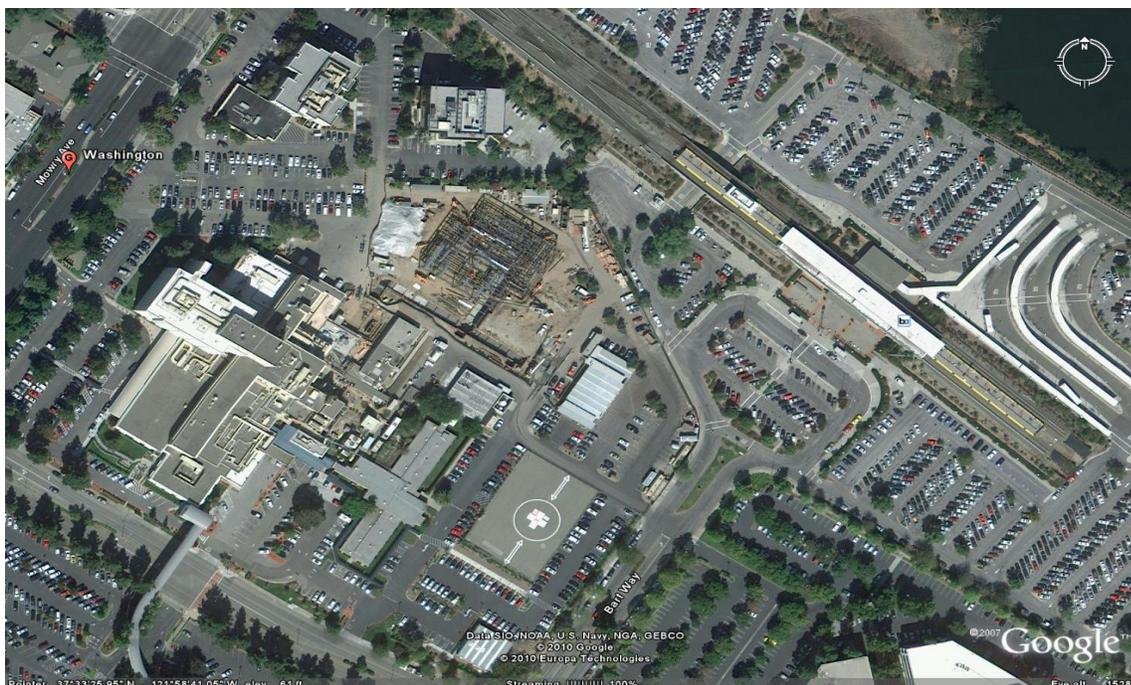
1. Limiting the database to facilities in Alameda and Contra Counties that employed 10 or more people – **88 percent of health care and social service facilities had an acceptable level of transit service** by the definition above. This included 93% of facilities within the AC Transit service area but only 76% of those in service areas of other transit agencies in the two counties. This may overstate the level of transit accessibility as the GIS analysis does not include geographic constraints such as hills, inadequate sidewalks, and lack of transit amenities such as shelters, curb cuts, pedestrian crossings, as well as whether most people would need to transfer buses to get to the route that serves a facility, where people live, etc.
2. Some facilities, such as major medical centers, are well established in their locations and are unlikely to ever relocate, despite fairly poor transit and transportation access, including the Contra Costa Regional Medical Center in

Martinez and significant Alameda County medical and social service facilities along Fairmont Drive in San Leandro. Several county medical clinics, which serve those without medical insurance, are located in parts of the county where transit service is limited, thus being relatively inaccessible to clients without auto access.

3. There are divergent trends in delivery of health care and social services. On one hand, **there is a trend toward neighborhood based services**, both by County health agencies and smaller, non-profit providers. School based clinics provided by the Alameda County Health Department are an example. In addition, mobile technology is allowing social service agency staff to visit clients instead of clients making the trip to centralized offices. Some staff rarely comes to the office; the technology allows them to transmit files and applications remotely.

At the same time, **specialty care, such as orthopedics or cancer treatments, is centralized** at Highland Hospital in Oakland and not always readily available to transit-dependent clients in south or east County. People mentioned that some Kaiser services are not available at all hospitals or clinics and may be only available at a distant facility that is not readily accessible to elderly or other transit dependent clients. In some cases, a transit-dependent patient or client may need to transfer from one transit service to another, making the trip more complicated, particularly for paratransit customers.

4. BART proximate sites are valuable for health care and social service facilities because they serve as hubs for bus service as well, thus representing the most transit-accessible locations for clients who lack auto access. Particularly in suburban areas with generally low levels of bus service, a transit hub provides much greater transit accessibility than proximity to a single route that requires a time consuming transfer for many patrons. The Ed Roberts Campus in Berkeley, La Clinica at the Fruitvale Transit Village, or the Washington and Kaiser Hospitals in Fremont are examples. Station area planning should consider community needs – such as access to health and social services – not just the desirability of increasing residential densities around BART Stations.



Washington Hospital in Fremont is in the lower left; the BART Station and bus terminal is on the right side of the aerial picture above.

5. Particularly in suburban areas where there are large differences in frequency of transit service, there is a lack of differentiation between a site that may have multiple transit routes from different directions and a single route operating every 60 to 80 minutes. While technically having transit service, such single route sites result in very long transit travel times for most clients and were not considered “transit accessible” for this analysis.
6. Discussion with facility planners indicates some **reluctance to select a site based on current bus service**. While rail service is clearly considered permanent and committed, recent bus service reductions validate a reluctance to view the bus transit network as a long-term transit commitment. There is also management and staff resistance to transit rich locations that result in limited and/or paid staff parking.
7. Even where transit service is provided, geographic constraints, lack of shelters and adequate waiting areas, inadequate sidewalks, inadequate pedestrian crossing times at lights, and site designs which place buildings in the middle of sites and far from transit stops, can make it difficult for anybody but the most fit individuals to access facilities from the closest bus stop.



Illustration of isolation of Kaiser Antioch Hospital and location of nearest bus stop

8. Where sufficient transit is not available, alternatives such as shuttles and general public dial-a-ride can be effective in filling mobility gaps, especially between transit hubs and major medical or social service facilities. The transportation demand management plan for a new Kaiser Hospital on a Brownfield industrial site in San Leandro has a requirement for a frequent shuttle linkage to the San Leandro BART Station.

Real Estate Trends and Patterns

Real estate availability and pricing are often significant factors in the locational decisions of health care and social service agencies and providers. County General Services agencies, department managers, and executives of for profit and non-profit providers make locational decisions based on a number of real estate related factors that are often independent of the consideration of transit accessibility.

9. Large medical centers require large sites given their volume of visits, number of staff, and potential need for future expansion. With the exception of central cities, 25+ acres is not unusual for a new hospital. Such sites are not generally available in transit rich environments. The Antioch and planned San Leandro Kaiser Permanente hospitals and the recently re-constructed John Muir hospital in Walnut Creek are examples. Thus, alternative access for transit dependent clientele will require special shuttles or lightly used transit routes that must be evaluated on equity grounds, not cost effectiveness.
10. **Even smaller scale medical services, such as clinics (especially dental clinics), require specialty buildings** with enhanced utilities – they cannot locate in standard office buildings without extensive remodeling. This serves to limit locational choices, making building infrastructure more critical than transit access. This issue was cited by a representative of La Clínica who was seeking a larger building in Central Contra Costa County.
11. Even in a relatively weak demand period for commercial real estate, there are few available buildings for many health and social service facilities. **Building the needed space on a desirable, transit accessible site may require three to ten years extra to plan, permit, finance, and construct a building**, particularly if mixed use development is involved because the added complexity or multiple funding sources take longer to resolve. This explains why siting decisions may compromise transit access when facility needs do not allow advance planning.
12. Where available, infill or re-use sites that are more likely to have better levels of transit service provide good options. Failed strip malls/retail centers located along auto-oriented corridors with frequent bus service provide opportunity sites for facilities and/or co-located or mixed-use developments. The Eastmont Wellness Center at the former Eastmont Mall in Oakland provides an example. It is adjacent to a six-route transfer center for AC Transit.
13. Because of the volume and nature of clients, commercial landlords and other tenants do not want many social service or health care facilities as tenants in multi-tenant buildings. Multi-tenant buildings occupy some of the most transit accessible sites in the East Bay, such as in the vicinity of downtown Oakland BART Stations or those in Walnut Creek and Concord.
14. Rental rates can be \$.50 to \$1.00 per square foot higher for space in highly transit rich locations, such as near BART Stations that serve as transfer sites for

multiple bus routes than for space in less well located sites. However, **rent may be as low at 3% of a clinic's operating cost when including labor costs, benefits, supplies, utilities, etc., so a higher rent level may not represent a significant cost factor.** Where poor or non-existent transit service makes access difficult for transit-dependent clients, extra cost shuttle services may be required. The cost of these services may ultimately offset the rental savings.

Governmental Policy

This is another key category that influences the locational decision making for health and social services. This includes federal and state governmental agencies which often indirectly or directly fund some services, and the various policies of county and city government which both select sites and regulate other agencies through general plans, zoning, and the environmental review process.

15. Many health care and social services are primarily funded through state and federal grant programs. These **agencies have applied little locational criteria in their grant making activity.** Opportunities exist to add such criteria to grant requirements. Doing so could create significant financial incentives for service providers.
16. Several federal Executive Orders address coordinating public transit and human services and increase attention to environmental and energy factors in locating federal buildings. Since there are few new health and social service facilities in Alameda and Contra Costa counties, these recent initiatives have not yet influenced locational decisions.
17. The State of California Government Code requires that state, city, and county buildings in metropolitan areas be located in transit corridors unless a finding is made that doing so is not feasible. There is no evidence that this section of the Government Code has been explicitly applied.
18. Public agencies may be discouraged from locating in transit-rich redevelopment areas since they do not contribute property taxes which can be required as part of the financing package for the site improvements. Contra Costa Centre at the Pleasant Hill BART Station was cited as an example.
19. The counties, besides the provision of health services through public health programs, also provide grants to many community-based organizations that provide health services via smaller clinics and programs oriented to particular populations. The many services provided by La Clínica in both counties or the multiple services provided by Axis Community Health in the Tri-Valley are examples. While provision of services, cost, and other factors determine which community based organizational programs receive funding from the County, transit accessibility to their services does not seem to be an explicit criteria.

20. There are county and city planning policies and procedures that encourage the location of health and social service facilities in transit served corridors, such as the Contra Costa County Municipal Climate Action Plan and the City of Berkeley General Plan, but these are more the exception than the rule. County requests for proposals (RFPs) represent an opportunity for County government to influence locational decision-making. The Alameda County General Services Agency (GSA) RFPs for new facilities generally include a requirement that buildings have ***“easy access to local transit and major modes of public transportation.”*** These requirements could come either from standard General Services Agency language or explicit requirements of the operational agency that go beyond the standard GSA requirements.

Service Provider Decision-Making

While many service providers are public agencies, there are also for-profit and non-profit providers of health care and social services. All service providers make siting decisions. The majority of facilities are in fixed locations, but there are still opportunities for consolidation, growth, and relocation, particularly with the expected implications of health care reform.

21. Relocation decisions are sometimes required or made on relatively short notice because of lease expirations or building deficiencies. This may limit site considerations to options that have poor transit access. This was cited as an example when Contra Costa County Employment and Human Services moved functions from Martinez to Pleasant Hill. There were few buildings available in the time frame of the agency. Taking a longer term perspective would allow the service provider to wait for a building with better transit access or to contract to have a new building built at a better location. Completing some of the social service or health care facilities that have the best transit access, such as La Clínica at the Fruitvale Transit Village, took more than 10 years from conception to completion.

22. **Co-locating services is complex in terms of timing or differing spatial needs but is beneficial to clients**, allowing access to multiple services on a single journey, particularly if clients initially come to the wrong agency. Co-location allows coordinated scheduling for appointments and can reduce the number of trips required. A larger scale facility may have economies of scale and provide the opportunity for more cost-effective transit or a more effective shuttle service to a transit hub. The outreach task, case studies, and Summit components of this project all considered the benefits associated with co-locating services. The Ed Roberts Campus in Berkeley, which includes seven agencies serving needs of the disability community, Eden Multi-service Center in Hayward, and Family Resource Center in Fremont provide excellent examples.

23. **Health care or social service facilities are sometimes located at isolated locations with poor transit because of lack of community and political support.** Homeless shelters, drug clinics, mental health centers, etc. often are rejected by perspective neighbors and thus by political leaders. Taking time to

work with the community and developing solutions to their concerns can lead to better locational decisions.

Recommended Solutions

The analysis of governmental policies, the outreach effort, case studies, and Regional Summit meeting, as well as the Technical Advisory Committee, all contributed to potential solutions that would provide a better transit service to health and social service facilities. While the research focused on Alameda and Contra Costa Counties, the recommendations would apply to any urban or suburban area in the State of California.

Some of the key activities that will provide more accessible health and social service facilities include understanding client needs, recognizing that real estate cost differentials may not be as important as they seem, and using long-term planning to determine what facilities will be needed and where they should be. Part of the problem with transit access to health care and social service facilities is a lack of knowledge, both by clients as to their transit options, and on the part of agencies that make location decisions without understanding the transit needs of their clients.

1. While not all health care and social service facilities serve the same clientele, an aging population as well as lower income households that do not have high levels of auto access have significant health care and service needs, and the record of providing these facilities where people can easily access them is mixed. **Agencies and service providers need to survey their clientele and determine if access is a significant problem.** Where it is, a more appropriate solution may be to make sure the services are located in areas with excellent transit service – not outlying locations where there is poor or non-existent transit service. Transit access can also be important for agency employees, not only clients.
2. **Agencies should spend more on rent or property acquisition to locate in a transit rich environment.** Real estate costs are a small proportion of agency costs when considering labor, benefits, utilities, supplies, etc. Selecting a more expensive site with good transit access will have little impact on total agency costs and provide great benefits to transit-dependent clients. Alameda County agencies recently initiated a shuttle service to the San Leandro Fairmont campus because transit connections are inadequate for clients and staff.
- 3 **Longer-term site planning is required to find or develop appropriate spaces that also have transit accessibility,** including a facility master plan where necessary. Locational compromises are often made because there are few choices available when siting decisions are made in the shorter-term.

Longer-term planning also makes it more feasible to co-locate facilities with complementary services providing economies of scale as well as enhanced accessibility for the clients. Since many individuals or families have multiple needs, co-locating services contributes to more efficient trips than single use/need trips and helps clients solve problems rather than give up when referred elsewhere. The Fremont Family Resource Center, Eden multi-service center in Hayward, and multiple functions of the Contra Costa County Employment and Human Service Department in adjacent buildings in Pleasant Hill are examples. In some but not all cases, co-located services are located in more transit accessible locations.



Contra Costa Employment and Human Services offices In Pleasant Hill

4. It can be beneficial to look for unused buildings in transit-rich environments rather than building new ones in fringe areas. Some compromises may be required to remodel existing building rather than build ideal new space, but such solutions may allow more rapid completion and gain community support. In-fill locations could be rewarded by a Government incentive program as part of existing grant programs.
5. Where new suburban medical centers are developed in areas with insufficient levels of transit services, cities should mandate that shuttle services to transit hubs be provided as part of transportation demand management (TDM)

programs. Another approach to be considered is establishing a transit impact fee where new medical and social service facilities do not receive sufficient levels of transit service. Such a fee, which would need to be imposed on public as well as private facilities, could encourage selection of sites with higher levels of transit service.

6. **Federal agencies should use existing Executive Orders and policies to ensure that federally funded buildings are located in transit-rich environments that can contribute to reduction in Greenhouse Gases.** These policies should be extended to use facility accessibility as a criterion in selecting grant recipients.
7. A business or agency cannot build or remodel space that is not accessible to the disabled (ADA). Funding agencies should add locational accessibility criteria to such mandates. State Government Code sections 37352.1 and 3735.2 and Governor's Executive Orders that public buildings be located in transit corridors unless a finding can be made that it is not feasible to do so should be enforced. The California Department of Health's Office of Statewide Planning and Research (OSHPD) should include transportation/ transit access in its criteria of medical service deficiency.
8. **City and county planning policies should be strengthened to focus community-serving facilities into transit corridors.** Working with the community to address concerns early in the planning process can overcome potential opposition which has derailed appropriate facility siting in some cases. City policies should also eliminate growth management exemptions for health and human services facilities that exist in some cities. Intergovernmental collaboration should be improved in the environmental process, so that transit agencies have the opportunity to provide meaningful input in the site selection and site design process, including from the "curb to the door."

These policies can be emphasized in the region's FOCUS program with growth directed to Priority Development Areas, as well as in regional programs designed to support this growth. Additionally, greater consideration of these factors can be incorporated into the S.B. 375 implementation process through the region's Sustainable Communities Strategy/Regional Transportation Plan.

In addition, redevelopment area planning should incorporate public uses that generate high volumes of visitors – who will have the benefit of excellent transit access and provide demand for complementary activities that can support commercial activity - although they do not provide the tax increments often used to support such redevelopment.

9. **County criteria for selecting community-based groups for provision of services should include transit access as well as other criteria utilized at present.** A growing portion of health care and social service programs are now operated by community-based groups that can provide smaller scale,

neighborhood-oriented care that may be more cost-effective than county operated services.

10. More effort is required to bring the right people into the planning process. Community engagement is critical in site planning decisions. Both political leaders and community residents need to understand the type of facility proposed and the reasons why a particular site is important. Early engagement can improve the planning process and allow for compromises where needed to ameliorate concerns.
11. Although neighborhood based services, such as clinics at schools or fire stations tend to be focused on communities with greater needs, transit proximate sites are still beneficial. Specialty services need to be accessible to the entire client area, with shuttle services or boundary-crossing paratransit services provided where convenient fixed route transit services are not available. Although Highland Hospital, the Alameda County Hospital operates a shuttle from the Lake Merritt BART Station, travel time is still excessive for clients from areas of the Tri-Valley. Smaller scale facilities should be developed in communities of need with walk-in clientele. Establishment of school-based or fire station based clinics is planned by the Alameda County Health Department. Lifelong Medical Care operates the *"Over 60 Health Center"* in a Berkeley senior center housing project.
12. **Both individuals and services need better education on the scope of transit services that are available.** All agencies should include transit directions from 511.org on their websites and include transit information in other publications. Integrating 211 and 511 referral services would be helpful. (http://tripplanner.transit.511.org/mtc/XSLT_TRIP_REQUEST2?language=en)

Transit agencies should work with health care and social service agency site planners and General Services Agencies to increase understanding of the transit network so that future siting decisions can be focused on areas of better than average transit service.