New PAMF Westside Medical Office Frequently Asked Questions

The following are some of the most frequently asked questions and answers that come up in neighborhood meetings.

Why is PAMF building this new medical office?

PAMF has two leased offices on Laurel/Mission (Westside) and Locust St (Downtown) that are too small, not as efficient at they could be, and we are unable to expand these offices in their current locations. Santa Cruz County has an acute shortage of primary care physicians and this new office will combine the two existing offices and allow PAMF recruit more primary care physicians and address this community need. The primary care physician recruitment will also bring pediatrics to the Westside making it more convenient for parents who otherwise may need to drive to other locations. Also, the new office will be designed using the latest medical space planning to create a patient centered neighborhood health care center.

Which current PAMF providers will be located at this office?

Christina Brady, PA-C
William Cao, M.D.
Jeanette George, PA-C
Nicole Graham, PA-C
Andrew Lewis, D.O.
Tracy Maclay, M.D., MPH
Margaret MacMillan, M.D.
Michelle Massie, M.D.
Daryl Nounnan, M.D.
Shawna Riddle, M.D.
Jenny Schreck, M.D.
Andrew Seefeld, M.D.
David Sofen, M.D.
Vickie Winkle, M.D.

Why would PAMF choose this site, which would add more traffic to an already problematic street?

The site was selected after an extensive process over many years, and was selected for a variety of reasons:

- It is under single ownership (whereas previous sites involving multiple owners proved impossible to assemble)
- No other viable options were available of sufficient size
- The site is conveniently located to serve Westside patients
- It is not too remote
- It is zoned properly for our purpose; medical offices are a principal permitted use on Mission Street

Does PAMF already own the property? Is this a done deal?

PAMF does not own the property, but has entered into a long-term lease with the Zaballos family who own the property. The lease is signed, with a 20 year term with multiple options after that. There are “out” clauses, for example if the project were not to be approved.

Does PAMF also share the parcel adjacent to the original Zaballos property, e.g. the “church” and the duplex?

No. The Zaballos family will continue to own the church property.
There was a tank leak from a gas station in 1982. What was found in soils samples? How deep were those samples?

The site underwent an extensive remediation. It now is clean and has been cleared for use by the Regional Water Quality Control Board. Soils investigations were performed. Details of the report are available on the project website.

PAMF seems to be expanding at a steady pace. Is there a way PAMF is contributing to the County/Emeline Health Care needs for our community?

Yes. PAMF and Sutter Maternity & Surgery Center (SMSC) developed a program about 12 years ago with the County Health Services Agency called “Access to Care.” This program involves the County and safety net clinics (e.g. Salud Para La Gente, Women’s Health Center and Planned Parenthood), PAMF specialists and SMSC. This innovative program identifies medical/surgical specialists needed by the community, and then PAMF recruits these specialists and offers them a 5 year forgivable housing loan in exchange for accepting referrals of uninsured/underinsured patients from the county and safety net clinics. This collaborative partnership improves access to specialists, diverts patients from hospital emergency rooms and provides quality patient care at a lower cost.

Do the demographics dictate the “shared medical appointment” model?

If you would like to learn more about shared medical appointments (SMA) we encourage you to visit our website at http://www.pamf.org/sma/. This innovative medical care model involves group medical appointments with 8-15 patients, generally with chronic diseases (diabetes, hypertension, heart health). The appointment lasts about an hour and a half and not only gives the physicians more time to do health education, but allows patients to share their successes and learn from each other. Patients have been very happy with this model, and SMAs are currently provided at several of our offices. Shared medical appointment visits would be scheduled during off-peak times to ensure sufficient parking is available.

How will relocation of displaced people be dealt with?

The City’s Relocation Ordinance requires provision of two months’ rent for displaced residents. Displaced commercial tenants also have agreed to terms for assistance provided them for relocation.

Could the trash enclosure be moved closer to the main building to buffer noise from Van Ness Avenue?

The location of the trash enclosure was determined by the City Public Works department based on its requirements for access and loading and is not likely to change.

How long will the construction take? When will it start?

Construction will take approximately one year from start to finish. Construction could start as soon as the first quarter of 2013, which would put completion in the first half of 2014.

Will construction be covered by union contracts?

Bogard Construction plans to use qualified union and non union sub-contractors that pay market rate wages and benefits. PAMF and Bogard plan to use local sub-contractors whenever possible for this project.
Traffic Related Questions

What is your projection for patient visits per day? How many of those would be in cars?

Traffic projections for the proposed facility were estimated based on use patterns captured by actual driveway counts at the current Westside medical office. The use of the driveway counts allows us to develop an estimate of expected vehicular traffic at the proposed facility based on comparable uses within the same area. This is a more accurate estimate than one derived from patient/day averages because it reflects actual use patterns, accounts for all trips, and addresses the fact that not all patients arrive by single occupant auto.

Peak hour trip rates were developed based on the driveway counts and existing building size. The use of the driveway counts to estimate the proposed project traffic resulted in trip estimates that were 30-50% greater when compared to standard rates provided in the Institute of Transportation Engineers (ITE) Trip Generation Manual, which is the industry’s accepted reference manual and typically used for all proposed development within the City. Based on the trip rates, the traffic analysis estimates a net of 37 new AM peak hour trips and 71 PM peak hour trips.

This estimate also accounts for traffic from existing uses that will be replaced. The credit for the existing uses on site that was applied to the proposed project trip generation estimates also is based on driveway counts at the proposed project site. Driveway counts were used rather than the standard trip generation rates to capture actual existing trip generation of the site. Based on the driveway counts, the existing uses on site currently generate 16 AM peak hour trips and 20 PM peak hour trips.

The majority of trips will be by auto; however, the location of the clinic will allow for neighborhood patients to walk to the clinic. The bus stop at Laurel and Mission will be relocated to be adjacent to this project, which provides another option, and there will be space for 20 bicycles to accommodate bicycle riding patients. The driveway counts at the existing clinic reflect the use of transit and walking/bicycle trips. It is estimated that the existing current medical office at Laurel/Mission generates approximately 250 trips per day based on a projection of peak hour driveway counts. It is estimated that the existing residential and commercial uses on the project site currently generate approximately 333 trips per day, also based on an extrapolation of peak hour driveway counts. The projected trips from the new medical office total 955/day. Therefore the net new trips is estimated at approximately 620/day when factoring in the existing trips to the site. (See table below). Note that daily trips are estimates, as we do not have actual total daily count data.

The project is required to pay a Traffic Impact Fee to the City for the new net trips, which is estimated to be $259,578. These funds are pooled with other impact fee funds and are budgeted by the City for various priority projects that will support improvements to the circulation system as a whole. (Note that the traffic impact fee is an estimate based on current standards, and that the actual fee will be calculated at the time of issuance of the building permit based on the standards in place at that time).

Did you analyze traffic 9-4 p.m. when the offices are open? Sounds like traffic will be steady from 9-4 p.m. (Related question: Traffic numbers before/after? 8 a.m. to 6 p.m. traffic?)

Per City methodology, the traffic analysis includes the evaluation of the peak commute periods between 7-9 a.m. and 4-6 p.m. It is during these time periods that traffic volumes on the roadway system are greatest. Therefore, the evaluation of the peak commute periods provides a worst-case condition analysis of the effects of project traffic. Based on the way medical appointments are scheduled, it is likely that trips will be less concentrated during the peak hours when compared to retail or restaurant uses, and will be spread out over the course of a typical day.

Driveway count data also was collected mid-day between 1 and 2 p.m. The mid-day driveway counts indicated volumes that were lower than the peak hour volumes. This is likely due to the arrival and departure of clinic staff along with patients during the peak hours. Therefore, the traffic analysis reflects the project’s peak traffic periods along with peak commute period volumes.
The traffic study estimates an additional 150-160 trips/day. How many staff/practitioners? How many exam rooms? How many patients/day? This should be higher than 150. Can you give us the numbers that were used, please?

The traffic study estimates that 150 trips per day will be added to Van Ness and 160 trips per day will be added to Laurent by the proposed project, based on an extrapolation from peak hour trips. These estimates account for traffic that is associated with the existing uses on the project site that will be replaced by the proposed project traffic. The traffic study projects that approximately 60% of the project traffic will utilize Van Ness and Laurent to Mission Street and 40% of project traffic will utilize Van Ness and Laurent to California Street.

The project overall is estimated to generate a net of approximately 620 additional daily trips. Distributing 40% of the trips to Laurent and Van Ness would generate a total of about 125 trips for each street. This number is lower than the extrapolated peak hour, so between the two streets the expected range would be from 125 to 150-160 additional daily trips for each street. (Again, keep in mind that these estimates are approximate given that daily driveway counts were not required nor collected to estimate daily trips for at the existing site.)

The traffic analysis was not based on the number of practitioners or exam rooms but on the driveway counts for the existing clinic, adjusted for the projected size of the clinic. This is the most accurate way of projecting actual traffic.

We will have 18 full-time medical providers plus support staff at the clinic. Many of the physicians work part-time and therefore it would be erroneous to assume full use of every exam room at all times as is implied by the question. Furthermore, Urgent Care operates 7 days a week and two shifts per day and requires a minimum of three up to five or six physicians to staff this service. With an aging population, patients seen in Urgent Care often have more complex medical issues to resolve requiring more than one provider on duty during a shift.

Why isn't a dedicated right turn from Van Ness and Laurent streets onto Mission being considered? Won't this just encourage more traffic?

The idea of implementing dedicated left turn lanes on Van Ness and Laurent at their intersections with Mission Street is intended to reduce delays experienced by motorists accessing Mission Street from Van Ness and Laurent. The left-turn lanes also would reduce the impedance of the right turn movement from each street and thereby encourage patients leaving the clinic to use Mission and not Van Ness or Laurent to California Street.

The comment is correct in that the improvement and subsequent reduction in delays at the intersections may further encourage the use of Van Ness and Laurent as cut-through routes from California Street. The trade-off to be considered by the neighborhood therefore is whether the effect overall would be better with or without the dedicated turn lane.

The comment touches on the problem of existing cut-through traffic and the speeds of drivers along Van Ness and Laurent between Mission and California Streets. The traffic counts collected as part of the traffic study do indicate the presence of existing cut-through traffic. Based on the daily traffic counts, approximately 725 and 850 vehicles per day are currently served by Van Ness and Laurent, respectively. When compared with the expected 230 daily trips associated with approximately 23 homes along Van Ness (10 daily trips are typically associated with one single-family home) it is evident that Van Ness is currently being utilized as a route by motorists that are not associated with the residences along Van Ness. Similar cut-through traffic is experienced on Laurent St. as well. Although the project will add an increment of new trips to both streets, the problem would exist with or without the project. It should also be noted, that unlike intersections, the City does not have a level of service policy for neighborhood streets.
Potential traffic calming measures were investigated with City staff with the goal of minimizing impacts. Even though the traffic analysis indicated that project impacts did not meet thresholds that would require traffic mitigation improvements, options are being considered on a voluntary basis by the applicant. The calming measures under consideration include modification of existing bulb-outs, implementation of new bulb-outs, and the addition of left-turn lanes as described previously along Van Ness and Laurent.

**Were there any studies done on the closing of Van Ness and Laurent and the impacts on Mission Street? Why didn't anyone consider a cul-de-sac?**

The neighborhood concern about overall circulation in the neighborhood is something that is beyond the purview of the proposed project. The study of street closures/diversions would need wider analysis, the scope of which would need to be done in conjunction with City staff and Caltrans. Such a study would require consideration of ripple effects on other streets beyond Van Ness and Laurent, and the input of residents of other streets in the area and the Westside.

The City staff position is that they will accept the traffic calming ideas that were presented but would not accept any street closures or traffic diversion. If the neighborhood wants to pursue diversion/closure option they would need to work with the City staff regarding the process for consideration, which would involve a process separate from the review of this project.

**Could the entrance and exit from the project be directly on to Mission?**

That option is not likely, as it would make the project inconsistent with the adopted Mission Street Design Plan, and would be opposed by City staff and Caltrans.

**Is it possible to request another traffic study be done?**

Of course, anything can be requested, but neither the City staff nor the applicant would be supportive of doing another study given that the traffic study was done per City staff scope of work by a qualified consultant.

If the neighborhood wants to engage with the City in a process of looking at an overall change of traffic patterns in the area, then a new study with a different scope of work may be necessary. That, however, would need to be done independently of this project since it concerns conditions that already exist and involves analysis and process beyond the reach of this project.
## Mission Street Medical Office Trip Generation Estimates

<table>
<thead>
<tr>
<th>Land Use</th>
<th>Size</th>
<th>Daily Trips</th>
<th>AM Peak Hour Trips</th>
<th>PM Peak Hour Trips</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>In</td>
<td>Out</td>
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<tr>
<td><strong>Standard ITE Rates</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
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<td>Medical-Dental Office Building /a/</td>
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<td>/d/ 13</td>
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<tr>
<td><strong>Utilizing Surveyed Existing PAMF Westside Office Rates</strong></td>
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<tr>
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<tr>
<td><strong>Net Project Trips</strong></td>
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<td><strong>621</strong></td>
<td><strong>43</strong></td>
<td>-6</td>
</tr>
</tbody>
</table>

/b/ Based on trip generation survey conducted June 2011 at the existing PAMF Medical Offices located at 1203 Mission Street.
/c/ Based on trip generation survey conducted on June 7, 2011.
/d/ Daily trips estimated based on the ratio of standard ITE Daily and surveyed PM peak hour rates.