

# **Public Comments Received on Draft General Plan, Zoning Ordinance, and LCP Amendments**

## **PLANNING COMMISSION MEETING SEPTEMBER 19, 2024**

J.2 PUBLIC HEARING TO CONTINUE DELIBERATIONS ON UPDATES TO THE CITY'S GENERAL PLAN LAND USE, OPEN SPACE & CONSERVATION, NOISE, AND SAFETY ELEMENT, AND TO INTRODUCE REVISIONS TO THE CITY'S ZONING ORDINANCES AND LOCAL COASTAL PROGRAM (LCP) REQUIRED FOR CONSISTENCY AND TO IMPLEMENT THE CITY'S HOUSING ELEMENT

**CONTACT: MARC WIENER, COMMUNITY DEVELOPMENT DIRECTOR**

**1. Public Comments Received from August 16, 2024 to September 13, 2024 on Draft General Plan, Zoning Ordinance, and LCP Amendments.**

**From:** [Geoff Gilbert](#)  
**To:** [Planredondo](#); [CityClerk](#); [Sean Scully](#)  
**Cc:** [REDACTED] [Rosann Taylor](#); [REDACTED] [Todd Loewenstein](#); [REDACTED] [Margaret Mckenzie](#); [Mark Nelson \(Home Gmail\)](#); [Paige Kaluderovic](#); [Nils Nehrenheim](#); [Robert Ronne](#); [Residents Against Overdevelopment](#)  
**Subject:** Opposing BCHD's request for exemption of the proposed FAR limits for its Healthy Living Campus  
**Date:** Thursday, August 15, 2024 2:53:14 PM

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To the Planning Commission and all concerned;

The Redondo Beach Planning Commission has been working on long term goals and policies for the City's development for the next 30 years.

No easy crystal ball fortune telling here, but a deliberate, critical undertaking to shape and prepare our city for the next two or three generations and beyond.

So, I agree with the proposed 0.75FAR limitations (and the exception of 1.25FAR for City Hall and Planning Commission Annex). We do not have room for "urban sprawl" and increasing the density of development will negatively affect our community.

Beach Cities Health District, however, seeks exemption from the 0.75FAR for its "Healthy Living Campus" and has lobbied the public and media for support to pressure the City to allow it to have the same 1.25FAR proposed for the City buildings. It claims the 0.75FAR would prevent it from constructing Phase I of its HLC, thus "limiting health uses on our campus". BCHD's attorney stated the FAR "limits the District's ability to modernize the seismically deficient facility and will result in a reduction of services for the community". Furthermore, that, "it's not uniformly applied" and "attacks a particular project", the HLC.

BCHD goes on telling the public what's at risk if the 0.75FAR is approved; the already existing allcove project and Fitness Center. These are good components of BCHD's business but they are already housed in the 514 Building and can be moved almost anywhere. They are really not at risk, nor are the other community health services of BCHD.

What is at risk, and what BCHD continues to deliberately fail to *fully and publicly* explain to the public and media is the Residential Care Facility for the Elderly which is the primary focus of HLC Phase I.

Unlike the Beach Cities Hospital which the citizens voted on to create for the community, this RCFE is a commercial development, to be controlled and operated by a third party developer using our public land and tax dollars. It is not being created specifically for our Beach Cities residents like the former hospital, but for anyone who can afford its premium cost. BCHD weakly explains that any revenue it receives from the developer would essentially trickle down to unspecified services to the Beach City

community. These unspecified services, if any, are the "health uses" that might be at risk.

The "seismically deficient" buildings are not unsafe. They just do not meet the current seismic building codes, much like most of the public buildings and schools in LA County. This is backed up by BCHD's own seismic consultant. The seismic issue is again a scare tactic BCHD is using to build its RCFE.

**The HLC RCFE therefor is exactly like other commercial assisted living businesses such as Kensington, Sunrise, Oakmont, etc., etc., etc. BCHD's RCFE must follow the same FAR limits as any other commercial development.** BCHD has not, cannot, give real support to its "warning" that the FAR will "limit health uses" . It has enough resources to maintain its commendable community projects.

Finally, the voters of Redondo Beach, Hermosa Beach and Manhattan Beach did not approve the construction of the HLC as they did the original hospital. Yet, like the hospital that failed under the management of BCHD, the residents will be fiscally liable for the HLC for well over the next 30 years.

Do not make any FAR exceptions to the BCHD HLC commercial development project which meets no standards whatsoever to allow such a waiver.

Sincerely,  
Geoff Gilbert  
Redondo Beach

**From:** [Mark Nelson \(Home Gmail\)](#)  
**To:** [Planredondo](#); [Planning Redondo](#); [Sean Scully](#)  
**Subject:** PUBLIC COMMENT - Fwd: Gallup study PRA - Lack of Socioeconomic Controls in the Gallup Study  
**Date:** Thursday, August 15, 2024 10:53:46 PM

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Public Comment - Planning Commission - BCHD's vendor Gallup's lack of evidence-based analysis

This California Public Records Request is in and waiting for a response from BCHD's vendors.

----- Forwarded message -----

**From:** Mark Nelson (Home Gmail) <[REDACTED]>  
**Date:** Thu, Aug 15, 2024 at 4:04 PM  
**Subject:** Gallup study PRA - Lack of Socioeconomic Controls in the Gallup Study  
**To:** PRR <[REDACTED]> Communications <[REDACTED]>  
<[REDACTED]> info <[REDACTED]>

Provide documents demonstrating the statistical control for the following variables directly impacting health levels and outcomes:

	BCHD	US	BCHD
HH Income	\$157.0K	\$74.6K	Twice the HH Income of the National average
No Health Coverage	2.4%	7.9%	One-third of the lack of Health Coverage as the Nation
Poverty Rate	5.0%	11.5%	Less than one-half the National poverty rate

These factors are causal for health outcomes and are unrelated to BCHD.

"Across the lifespan, residents of **impoverished communities are at increased risk** for mental illness, chronic disease, higher mortality, and lower life expectancy.<sup>9,13–17</sup> Children make up the largest age group of those experiencing poverty.<sup>18,19</sup> **Childhood poverty** is associated with developmental delays, toxic stress, chronic illness, and nutritional deficits.<sup>20–24</sup> Individuals who experience childhood poverty are more likely to experience poverty into adulthood, which contributes to generational cycles of poverty.<sup>25</sup> In addition to lasting effects of childhood poverty, **adults living in poverty are at a higher risk of adverse health effects from obesity, smoking, substance use, and chronic stress.**<sup>12</sup> Finally, **older adults with lower incomes** experience higher rates of disability and mortality.<sup>6</sup> One study found that men and women in the top 1 percent of income were expected to live 14.6 and 10.1 years longer respectively than men and women in the bottom 1 percent."

<https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries>

Institute of Medicine (US) Committee on the Consequences of Uninsurance. Care Without

Coverage: Too Little, Too Late. Washington (DC): National Academies Press (US); 2002. 3, Effects of Health Insurance on Health. Available from:  
<https://www.ncbi.nlm.nih.gov/books/NBK220636/>

Barakat C, Konstantinidis T. A Review of the Relationship between Socioeconomic Status Change and Health. *Int J Environ Res Public Health*. 2023 Jun 29;20(13):6249. doi: 10.3390/ijerph20136249. PMID: 37444097; PMCID: PMC10341459.

**From:** [Mark Nelson \(Home Gmail\)](#)  
**To:** [Communications](#); [Jane Diehl](#); [Michelle Bholat](#); [Noel Chun](#); [Martha Koo](#); [Planredondo](#); [Planning Redondo](#); [Paige Kaluderovic](#); [Nils Nehrenheim](#); [Todd Loewenstein](#); [Scott Behrendt](#); [Zein Obagi](#); [Sean Scully](#)  
**Subject:** Public Comment - Planning Commission - OPPOSE BCHD's HLC Plans for FAR of 1.83  
**Date:** Thursday, August 15, 2024 4:24:49 PM

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Per BCHD's planning documents, it seeks a 792,500 sf buildout which yields an FAR of 1.83. With all facilities built at 100-feet or more above the adjacent residential land uses, that is **TOTALLY UNACCEPTABLE** both in density and height.

Because 99.7% of the entire campus square feet and 99.4% of the hospital square feet are under 52-feet tall, BCHD should be limited to 52-feet with deep setbacks to respect the natural elevated terrain.

An FAR of 0.5 would be the most consistent with the surrounding residential and commercial land uses.

**From:** [Mark Nelson \(Home Gmail\)](#)  
**To:** [Sean Scully](#); [Planredondo](#); [Planning Redondo](#); [CityClerk](#)  
**Subject:** Public Comment - Planning Commission  
**Date:** Thursday, August 15, 2024 7:45:54 PM

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Regarding Public/Institutional Land Use

We have been considering 0.75 and 1.25 FAR for P/I

I would like to add 0.5 FAR as well into consideration. Many, if not all, P/I sites are surrounding by commercial or residential, both of which are either FAR 0.5 or equivalent. The use of a 0.5 FAR would avoid character assassination of the surrounding neighborhoods.

An FAR bonus system could be used, based on the proposed resident use of the site. For example, City of Redondo Beach facilities are typically used by and benefit residents and that could provide a large FAR bonus. Other facilities, such as a regional jail facility, would get its bonus, if any, based on the fraction of use by the City of Redondo Beach and its residents.

Alternatively, bad development actors could also be managed by requirements in the Zoning requirements. Dynamic height limits could be set by the surrounding property height limits. Setbacks could be a percentage, such as 10% of lot depth with a maximum of 50-feet, as an example.

Unfortunately, I don't know how to assure that these types of Zoning restrictions are assured implementation following the General Plan process and approval.

I'm inclined to limit the FAR to 0.5 or 0.75 to manage the protection of surrounding neighborhoods, unless objective restrictions could be assured during Zoning implementation.

**From:** [Mark Nelson \(Home Gmail\)](#)  
**To:** [Sean Scully](#); [Planning Redondo](#); [Planredondo](#); [CityClerk](#)  
**Subject:** PUBLIC COMMENT: BCHD Apparently Misled the State in its Funding Application for allcove  
**Date:** Monday, August 19, 2024 2:14:44 PM

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Public Comment: City Council, Planning Commission, General Plan

In order to make the Beach Cities Health District more attractive to State investment (likely reason), BCHD included areas of lower income, racial diversity, healthcare provider shortage areas (HPSA) and disadvantaged communities (DC) to its largely White and affluent resident base. Sadly, BCHD has only provide token benefit to the MHTSA and DC communities with allcove.

The District consists of Hermosa, Manhattan and Redondo Beach with an average household income of \$157,000 per year and a 68.1% White residency. In order to be more attractive for grant purposes (likely reason) BCHD added more diverse cities from SPA8.

The allcove program currently services enrollees that are 74% Hermosa, Redondo, Manhattan, and Torrance. That allcove area has an average household income of \$145,000 and is 59.4% White. That is still a solid majority of the demographics that BCHD seems to sought to dilute

However, the 14 SPA8 cities that represent the mental Healthcare Provider Shortage Areas and the Disadvantaged communities have only a household income of \$74,000 annually (50% of the current allcove 4-city supermajority), are 75.8% of the SPA8 population (compared to under 20% for the 4-cities), only receive 13.4% of allcove services (compared to 74% of the 4-cities) and are 80.6% non-White.

Based on statistics alone, BCHD appears to have diversity-washed its allcove service area, but failed to provide any meaningful level of services to the downtrodden of SPA8. Further, an Uber RT from Long Beach, the largest constituent of allcove, is approximately \$70. Those youth, along with many of the other disadvantaged communities, are economically deprived of participation. BCHD's philosophy of allcove at the beach is disingenuous and continues to keep the segregation of income, race, and health care availability alive and well.



## **FROM BCHDs FUNDING APPLICATION - BCHD HAS FAILED TO SERVICE THE DISADVANTAGED IN ANY MEANINGFUL WAY**

FROM BCHD FILING WITH THE STATE OF CALIFORNIA

### **7. Describe State Priorities**

**Please describe how your project meets the priorities you have selected above (limit 500 words).**

allcove Beach Cities targets 7 of the required state priorities:



***Invest in behavioral health and community care options that advance racial and geographic equity:***

Through funding from California's Mental Health Services Oversight and Accountability Commission, BCHD is opening allcove Beach Cities this fall

to expand services to communities in Service-Planning Area 8, including 16 cities and communities of the City of Los

Angeles, which includes more than 1,000,000 people. **allcove Beach Cities will be able to provide services to those 12-25**

**years old, including 49% Latino population, followed by 26% white, 15% Asian, 8% African American and 2% other.**

**Address urgent gaps in the care continuum for people with behavioral health conditions, including children and youth:** While

**From:** [REDACTED]  
**Subject:** 2024 Redondo Beach Focused General Plan Update SCH No. 2023050732 - CGS comments  
**Date:** Monday, September 9, 2024 8:35:40 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[image005.png](#)  
[CGS comments on 2024 draft PEIR Redondo Beach 20240906.docx](#)  
[Los Angeles Co tsunamis and modeled runups 2019.pdf](#)

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To whom it may concern,

The California Geological Survey has reviewed the 2024 Draft Program Environmental Impact Report for Redondo Beach and has provided the following comments for your consideration. These comments are intended to offer insights and recommendations to ensure that the environmental impact assessment accurately reflects tsunami considerations pertinent to the project.

Please find the detailed comments attached for your review. Should you have any questions or require further clarification, do not hesitate to reach out.

V/r,



**Nick Graehl**

Engineering Geologist | Tsunami Unit

California Geological Survey

[REDACTED], CA 95814

M: (661) [REDACTED]

W: (916) [REDACTED]

State Tsunami Info: [www.tsunami.ca.gov](http://www.tsunami.ca.gov)



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**From:** [CityClerk](#)  
**To:** [Planning Redondo](#)  
**Subject:** FW: BCHD massive buildings Project:  
**Date:** Monday, August 19, 2024 4:21:40 PM

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Hello,

Our apologies, we missed this public communication for the August meeting. It can be added to the next one under public comment.

Thank you,

Melissa Villa  
Analyst  
City of Redondo Beach | City Clerk's Office  
415 Diamond Street | Redondo Beach, CA 90277

-----Original Message-----

From: Frank Briganti <[REDACTED]>  
Sent: Thursday, August 15, 2024 10:05 AM  
To: CityClerk <[REDACTED]>  
Subject: Re: BCHD massive buildings Project:

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FOR PUBLIC RECORD & COMMENT

\*\*\*\*\*For Aug 15,24 Planning Comm Meeting.\* 1. Concerns & Questions:

No consideration for 300+ homes & Towers School regarding \*\*Skyline (HillSide Comm ). \*\* West Torrance PSB within the High Buildings area.

Codes.

No documented safe guards( hazardous medical waste,dust,noise, traffic,etc) for the West surrounding homes! Allocove structure -Beryl/Flagler(Torr), capped oil well , no documented water table & soil EPAreports. & No traffic/pedestrian impact studies?

This area had been CONTAMINATED WITH BENZENE, TRICHLOROETHYLENE, ETC from dry cleaning Bussiness in Von,s area!

This serves NO Health issues to the Southbay residents (RB,HB, MHB) Taxed!

The extended building will be a continued to be revenue\$\$\$\$ generating money for BCHD administration .ex, Silverado, medical, lab ,radiology, pharmacy, urgent care, surg center etc. Providence is a revenue source.

Need a forensic audit of BCHD financial BOOKS. - Admin Salaries, Lawyers, PR firms, etc.

This is a Project for a PRIVATE(100%) company?

THE 0.5 factor would be the right start , Tosee how this goes for EVERYONE!!!!

THANKS Dr. Frank Tomlee av

Sent from my iPad

**From:** [Mark Nelson \(Home Gmail\)](#)  
**To:** [Sean Scully](#); [Planning Redondo](#); [Planredondo](#); [CityClerk](#)  
**Subject:** PUBLIC COMMENT: BCHD Apparently Misled the State in its Funding Application for allcove  
**Date:** Monday, August 19, 2024 2:14:43 PM

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Public Comment: City Council, Planning Commission, General Plan

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**Address urgent gaps in the care continuum for people with behavioral health conditions, including children and youth:** While

**From:** [Charlie S](#)  
**To:** [Planning Redondo](#); [CityClerk](#)  
**Cc:** [Sean Scully](#); [Eleanor Manzano](#)  
**Subject:** RE: BCHD issue is FAR beyond floor space  
**Date:** Sunday, August 18, 2024 4:11:58 PM  
**Importance:** High

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I would like to understand why my comment below is not shown in the Planning Commission Meeting Minutes on the date of the email.  
Thanks, Charlie Szymanski

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**From:** Charlie S <[REDACTED]>  
**Sent:** Thursday, August 15, 2024 1:39 PM  
**To:** [REDACTED] <[REDACTED]> [REDACTED] <[REDACTED]>  
<[REDACTED]>  
**Cc:** 'Charlie Szymanski' <[REDACTED]> 'Sean Scully' <[REDACTED]>  
**Subject:** BCHD issue is FAR beyond floor space  
**Importance:** High

Dear Commission and Residents:

Plain and simple, Redondo Beach should not be in the passive real estate business. Any public lands and services should be directed to consumptive services for residents or alternatively as chartered.

What I mean by that is that day in and day out our residents need active support from all city resources, whether city employees and staff, our contractors, including for example LA County Lifeguards, and so forth, and any other services paid for and designated for the benefit of taxpayers and residents. Every day or frequently the resources are mostly used up for residents' benefit. Health care in the US being primarily a free market, visionaries decades ago designated this approximately 11 acres toward the everlasting benefit of health improvement for residents. Because the commitment was larger than supportable, other communities were also designated participants.

When you look at health care, it is the ultimate in a consumptive service. When you use the resources including personnel, equipment, and land and so forth, all that is left is better health and living residents. One could argue that this is the ultimate in good things. The land should be designated for the highest benefit of daily resident users for their benefit or their health. Here we see an organization that wants to use a great deal of 11 acres to benefit a few hundred paying individuals as a passive investment. The greatest good use for this land would be if it can benefit the greatest number of residents in the designated communities. This is FAR BELOW the best benefit of this land to the communities and the about 120,000 individuals to be served. BCHD should not be in the real estate business, no matter who the residents are nor how they benefit. We should have facilities and space to

serve the active health of the beneficiaries. Discussing FAR for this property is quite appropriate, and as public land the FAR should be less, as it's institutional in nature and esthetics and legacy matter. But limiting the discussion to FAR misses the bigger picture of APPROPRIATE USE FOR THE BENEFIT OF THE COMMUNITY'S HEALTH. Read the Charter and Mission Statement of BCHD; you will find this enterprise does not suit them.

Charlie Szymanski

[REDACTED]  
[REDACTED]  
[REDACTED] Nehrenheim