



Agenda Report

File #: 20-0035

PLANNING AND HOUSING COMMISSION STAFF REPORT

DATE: 1/21/2020

TO: Honorable Chair and Commissioners

FROM: Community Development Department

APPLICATION REQUEST:

ZTA2019-0005: Zone text amendment to Title 17 of the Corona Municipal Code to add a definition for recuperative care facility in Chapter 17.04 and allow a recuperative care facility in the M-1, M-2 and M-4 zones in addition to establishing certain operational standards in Chapter 17.44.

RECOMMENDED ACTION:

That the Planning and Housing Commission recommend APPROVAL OF ZTA2019-0005 to the City Council, based on the findings contained in the staff report.

BACKGROUND

Title 17 of the Corona Municipal Code (CMC) allows for certain transitional and supportive housing and services. In October 2019, staff met with an individual regarding the establishment of a recuperative care facility in the city. Staff was given a brief presentation on recuperative care and the services provided by the facility. Recuperative care is basically an organization that provides post hospitalization health care services and other transitional and supportive social services to homeless patients discharged from an acute care hospital. Recuperative care facilities operate differently from emergency shelters because they do not accept walk-ins. Clients are accepted from the referring hospital where they are being discharged from medical care. Clients are also transported to the recuperative care facility from the referring hospital.

Corona Municipal Code

The city's municipal code does not specifically mention a recuperative care facility, but it does make provisions for emergency shelters in the M-1, M-2 and M-3 zones, supportive housing and transitional housing. Chapter 17.04 of the CMC provides definitions for emergency shelters, supportive housing and transitional housing that is consistent with the definitions provided in the California Health and Safety Code. For reference purposes, the definitions provided in the CMC are as follows:

17.04.244 Emergency shelter.

“Emergency shelter” means housing with minimal supportive services for target populations that is limited to occupancy of 180 days or less within any one year period. No individual or household may be denied emergency shelter because of an inability to pay. [Definition from Health and Safety Code Section 50801(e)]

17.04.589 Supportive housing.

Housing with no limit on length of stay that is occupied by the target population as defined in Cal. Health and Safety Code § 53260(d), and that is linked to on-site or off-site services that assist the supportive housing resident in retaining housing, improving his or her health status, and maximizing his or her ability to live and, when possible, work in the community. As defined per said section of the Health and Safety Code, target population means adults with low income having one or more disabilities including mental illness, substance abuse, or other chronic health conditions, or individuals eligible for services provided under the Lanterman Development Disabilities Services Act (Division 4.5 [commencing with § 4500] of the Cal. Welfare and Institutions Code) and may, among other populations, include families with children, elderly persons, young adults aging out of the foster care system, individuals exiting from institutional settings, veterans, or homeless. [Definition from Health and Safety Code Section 50675.14(b)] Supportive housing is provided in residential dwellings or in health care and community facilities listed in Chapter 17.73 under this code and shall be permitted, conditionally permitted or prohibited in the same manner as other residential dwellings or health care and community facilities. Supportive housing shall be considered a residential use of the property and shall be subject only to those restrictions that apply to other residential dwellings of the same type in the same zone.

17.04.604 Transitional housing and transitional housing development.

Buildings configured as rental housing developments, but operated under program requirements that call for the termination of assistance and recirculation of the assisted unit to another eligible program recipient at some predetermined future point in time, which shall be no less than six months. Transitional housing shall be considered a residential use of property and shall be subject only to those restrictions that apply to other residential dwellings of the same type in the same zone. Per Cal. Health and Safety Code § 50675.2(d), rental housing development means a structure or set of structures with common financing, ownership, and management, and which collectively contain five or more dwelling units, including efficiency units. No more than one of the dwelling units may be occupied as a primary residence by a person or household who is the owner of the structure or structures. [Definition from Health and Safety Code Section 50675.2 (h)].

Per the definition provided in the CMC, supportive housing is allowed in the same manner as other social and health care services provided by CMC Chapter 17.73, Health Care and Community Facilities. These types of services are allowed in certain residential zones and commercial zones and are either allowed by right, permitted with a conditional use permit or by the Board of Zoning Adjustment.

Recuperative care falls within the realm of supportive and transitional housing but the program is specific in providing healthcare continuum between acute care services and post-acute care for

patients experiencing housing challenges. The goal of the program is to provide a post-acute care setting for patients and prevent readmission into the hospital after the patient has been discharged. Recuperative care acts as a temporary home for individuals that may be experiencing homelessness and provides them the necessary health care in addition to behavioral health services and other supportive social services. These services are intended to prepare the individual to reenter into the community.

Governor Jerry Brown signed Senate Bill (SB) 1152 into law on September 30, 2018. SB 1152 modifies Section 1262.5 of the Health & Safety Code which currently requires hospitals to have a written discharge planning policy and procedure that provides for appropriate post-hospital care for patients after discharge. The law as amended required hospitals to modify their hospital discharge policies by including a written homeless patient discharge planning policy and procedure that would assist homeless patients in preparing for their return to the community by helping them identify a post-discharge destination, with priority given to identifying a sheltered destination with supportive services. Hospitals are also required to have a written plan for coordinating services and referrals for homeless patients with the county behavioral health agency, health care and social services agencies in the region, health care providers and nonprofit social services providers.

Recuperative care supports local hospitals in the discharge of homeless patients under SB 1152. The overall short-term objective of the program is to provide a safe environment for healing, and within 30 days, place the patient in permanent housing.

Recuperative care can be operated in a residence in a residential neighborhood similar to other supportive housing uses allowed in CMC Chapter 17.73 or in a non-residential setting in a commercial or light industrial building that is improved within the interior to accommodate supportive health care services and bedrooms. Supportive housing such as a residential care facility is currently allowed in the city's single-family residential zones. The use is allowed by right if less than seven clients reside on the premise at a given time. Seven or more clients in a residential care facility requires the approval of a conditional use permit in the residential zones. The proposed zone text amendment is to specifically allow recuperative care in the M-1 (light manufacturing), M-2 (general manufacturing) and M-4 (industrial business park) zones.

Exhibits B & C provide information on recuperative care organizations that currently operate in Southern California and in the region. Exhibit B is information pertaining the services provided by Illumination Foundation Recuperative Care. Additional information can also be found on their website at www.ifrecup.org <<http://www.ifrecup.org>>. Exhibit C is information on Harbor Recuperative Care. Additional information can be found at www.harborrecuperativecare.com <<http://www.harborrecuperativecare.com>>.

Infrastructure Committee

The Infrastructure Committee at its meeting on December 4, 2019, was given information on recuperative care by a Ms. Kelly Martinez, a registered nurse with a FACHE Credential (Fellow of American College of Healthcare Executives). Ms. Martinez is interested in operating a recuperative care in the city and is asking the city to make provisions in the zoning ordinance that would allow the use to expand into the industrial zones. The request is to allow the use in zones that allow emergency shelters, but to further allow recuperative care in the M-4 zone, unlike emergency shelters which are currently allowed in the M-1, M-2 and M-3 zones.

The Committee did hear from one person at the Committee meeting that voiced concern about having recuperative care in the M-4 zone, and if the use is allowed in the M-4 zone then the council should consider allowing it by a conditional use permit. The Committee engaged in discussion regarding the operation and services provided by recuperative care. The Committee agreed that this use would support the city's strategic planning effort on homelessness and requested that staff include operating standards for recuperative care when developing the amendment. The Committee agreed that recuperative care is a specific type of use and should therefore be independently identified in the Zoning Ordinance as opposed to it being considered similar to an emergency shelter.

PROPOSED AMENDMENT

ZTA2019-0005 will amend Chapter 17.04, Definitions and add Section 17.04.505 to define recuperative care facility. The proposed amendment is shown below.

17.04.505

***"Recuperative care facility"** means a facility that provides post-hospitalization health care services, behavioral health services and other transitional and supportive social services to homeless patients discharged from an acute care hospital.*

Chapter 17.44, Industrial Zones is being amended to identify recuperative care facility as a permitted use in the M-1, M-2 and M-4 zones in Section 17.44.030, Permitted Uses, Conditional Uses, Prohibited Uses.

17.44.030 Permitted Uses, Conditional Uses; Prohibited Uses

Table 1 Permitted Land Uses				
Use categories: "AUPP" Adult use planning permit. "P" Permitted uses. "CUP" Permitted with a conditional use permit issued pursuant to Chapter 17.92 . "MCUP" Permitted with a minor conditional use permit pursuant to Chapter 17.92 . "BZA" Permitted with approval by the Board of Zoning Adjustment pursuant to Chapter 17.98 . "NP" Not permitted. "A" Permitted as Ancillary Use to a Permitted Use.				
Land Use	M-1 Zone	M-2 Zone	M-3 Zone	M-4 Zone
<u>Recuperative Care Facility subject to the provisions of §17.44.140</u>	P	P	NP	P

The amendment will also add certain standards for a recuperative care facility. A recuperative care facility will be required to operate in accordance with the standards being established in Section 17.44.140, Standards for Recuperative Care facility. The proposed amendment is shown below.

17.44.140 Standards for recuperative care facility

The recuperative care facility shall demonstrate the ability to meet the following standards:

- (A) *On-site staffing shall be provided 24 hours a day.*
- (B) *New clients shall be accepted only from a referring hospital/medical facility where the client is being discharged from medical care.*

- (C) The referring hospital/medical facility is responsible for client transportation to the recuperative care facility. No walk-ins are allowed.*
- (D) New client check-in shall be done during the hours of 7:00 a.m. to 9:00 p.m.*
- (E) The operator of the recuperative care facility shall ensure that clients of the recuperative care facility do not loiter outside the premises of the facility. Outdoor gathering and patio space shall be at the rear of the building.*
- (F) The maximum number of beds in the facility shall be determined by the allowed building occupancy classification for the building in which the facility is located.*
- (G) The recuperative care facility shall adhere to all applicable California Building and Fire Codes.*
- (H) The primary entrance to the recuperative care facility shall have signage posted in a conspicuous place that states "This facility is not open to the public. Clients at this facility are referred from a contracted hospital/medical facility or insurance plan. No walk-ins allowed."*
- (I) Off-street parking for the recuperative care shall be provided in accordance with § 17.76.030(E)(3) of this code (1 space for every 3 beds).*
- (J) A recuperative care center shall not be located less than 500 feet from another recuperative care facility.*

ENVIRONMENTAL ANALYSIS:

A preliminary exemption assessment has been conducted by the City of Corona and it has shown that this project does not require further environmental assessment because under California Environmental Quality Act (CEQA) Guidelines Section 15061(b)(3), General Rule exemptions apply to actions that have no possibility of significant environmental effect. This action amends language in the municipal code, and there is no possibility that the adoption of the ordinance will have a significant effect on the environment.

FISCAL IMPACT

The zone text amendment is initiated by the city. Therefore, no fees are associated with the amendment.

PUBLIC NOTICE AND COMMENTS

The zone text amendment was advertised in the Sentinel Weekly 10 days prior to the public hearing.

STAFF ANALYSIS

The proposed zone text amendment to the city's Zoning Ordinance, depending on the zoning of the property, expands upon the types of uses allowed within the city. The city already makes accommodations for certain types of medical care facilities, rehabilitation facilities, supportive housing and transitional housing. Recuperative care is a facility that is similar in nature to other facilities that are intended to support certain segments of the population that are experiencing hardships related to permanent housing and complete health care after being hospitalized. Although recuperative care operates differently than emergency shelters, the city's industrial zones are considered to be the most appropriate location for this use, which is consistent with the zoning that allows for emergency shelters. The amendment also creates operating standards for recuperative care so that a facility is operated in a manner that would not impact or harm the quality of

surrounding properties. A recuperative care facility is a 24-hour staffed facility that would control the hours of operation for clients. Furthermore, recuperative care is not open to the public where walk-ins are accepted. This facility is purposely designed to accept clients being discharged from an acute care facility with the transport of clients also arranged by the discharging facility.

The city's M-1, M-2 and M-4 zones are considered to be the most appropriate because of the various building sizes available in these zones in addition to having more opportunity in finding an available property.

FINDINGS FOR APPROVAL OF ZTA2019-0005

1. A preliminary exemption assessment has been conducted by the City of Corona and it has shown that this project does not require further environmental assessment because under California Environmental Quality Act (CEQA) Guidelines Section 15061(b)(3), General Rule exemptions apply to actions that have no possibility of significant environmental effect. This action amends language in the municipal code, and there is no possibility that the adoption of the ordinance will have a significant effect on the environment.
2. The proposed amendment is consistent with the General Plan for the following reason:
 - a. *The proposed amendment meets the intent of Policy 1.11.10 which is to control the location and number of alcohol sales, adult businesses, game arcade, and other community-sensitive land uses, based on proximity to other such uses, residences, schools, parks, and religious facilities consistent with state statutory requirements as the industrial zones have a tendency to have a wider separation from these sensitive land uses.*
3. The proposed amendment is consistent with intent of Title 17 of the Corona Municipal Code for the following reason:
 - a. *ZTA2019-0005 is consistent with the intent of Title 17 of the CMC to regulate zoning and development standards for properties for the purpose of protecting public health, safety and welfare, to maintain and improve the quality of live for the residents of Corona.*
4. The proposed amendment will provide for the public health, safety, and welfare for the following reason:
 - a. *The proposed amendment identifies which zones would be appropriate for recuperative care and establishes supplemental operating standards for recuperative care facilities so that the operation is established in a safe and orderly manner in compliance with applicable municipal code and building code requirements and that the surrounding properties are not impacted by the use.*

PREPARED & SUBMITTED BY: JOANNE COLETTA, COMMUNITY DEVELOPMENT DIRECTOR

EXHIBITS

1. Exhibit A - Proposed Code Section
2. Exhibit B - Publication on Illumination Foundation Recuperative Care
3. Exhibit C - Publication on Harbor Recuperative Care
4. Exhibit D - Environmental documentation