

## **CITY COUNCIL STAFF REPORT**

File Nos.	C18-022 & CP18-029
Applicant	Acadia Healthcare
Location	Southwest corner of Silicon Valley Boulevard and Eden
	Park Place (455 Silicon Valley Boulevard)
Existing Zoning	A(PD) Planned Development
Proposed Zoning	CIC Combined Industrial/Commercial
Council District	2
Historic Resource	No
Annexation Date	December 11, 1978 (Monterey Park No. 75-A)
CEQA	Addendum to the 2000 Edenvale Redevelopment
	Project EIR (Resolution No. 69699), 2000 Edenvale
	<b>Redevelopment Project Supplemental EIR (Resolution</b>
	No. 70021), Envision San José 2040 General Plan EIR
	(Resolution No. 76041) and Supplemental EIR
	(Resolution No. 77617), and Addenda thereto

## **APPLICATION SUMMARY:**

- 1. **File No. C18-022:** Conforming Rezoning from the A(PD) Planned Development Zoning District to the CIC Combined Industrial/Commercial Zoning District on an approximately 6.9-gross acre site.
- 2. File No. CP18-029: Conditional Use Permit to expand an existing 54,344-square foot state licensed behavioral health hospital by up to 59,365 square feet, for a total area of 113,725 square feet, in two phases, and increase the number of patient beds from 80 to up to 168 patient beds, with related site modifications and removal of 15 ordinance-size trees, on an approximately 6.9-gross acre site.

## **RECOMMENDATION:**

Planning staff recommends to the City Council the following actions:

- Adopt a Resolution adopting an Addendum to the 2000 Edenvale Redevelopment Project EIR (Resolution No. 69699), 2000 Edenvale Redevelopment Project Supplemental EIR (Resolution No. 70021), Envision San José 2040 General Plan EIR (Resolution No. 76041), Envision San José 2040 General Plan Supplemental EIR (Resolution No. 77617), and Addenda thereto, all in accordance to the California Environmental Quality Act, as amended;
- 2. Adopt an Ordinance rezoning certain real property, approximately 6.9-gross acre site, located at the southwest corner of Silicon Valley Boulevard and Eden Park Place (455 Silicon Valley

Boulevard), from the A(PD) Planned Development Zoning District to the CIC Combined Industrial/Commercial Zoning District; and

3. Adopt a Resolution approving, subject to conditions, a Conditional Use Permit to allow the expansion of a state licensed behavioral health hospital by up to 59,365 square feet, for a total area of 113,725 square feet, in two phases, and increase the number of patient beds from 80 to up to 168 patient beds, with related site modifications and the removal of 15 ordinance-size trees on an approximately 6.9-gross acre site.

## **PROJECT DATA**

GENERAL	GENERAL PLAN CONSISTENCY				
General Pla	n Designation	Combined Industrial/Commercial			
		Consistent Inconsistent			
	nsistent Policies IP-1.6, IP-1.7, IP-8.2, ES-6.2, ES-6.6				
Inconsistent		None			
SURROUN	DING USES				
	General Plan Land Use	Zoning	Existing Use		
North	Open Space, Parklands,	IP Industrial Park	Coyote Creek, County		
	and Habitat		Park		
South	Combined	A(PD) Planned	Office, General		
	Industrial/Commercial	Development, IP Industrial	Business, hotel		
		Park			
East	Open Space, Parklands,	R-1-1 Single- Family	Coyote Creek, vacant		
	and Habitat	Residence Zoning District	land		
West	Combined	IP Industrial Park	Office, General		
	Industrial/Commercial		Business, indoor		
			recreation		
RELATED	APPROVALS				
Date	Action				
12/11/1978	Site annexed into the City	of San José (File No. Monter	ey Park No. 75-A)		
4/4/1989	File No. PDC88-138: Rez	oning from the IP-b Industria	l Park Zoning District to		
	the A(PD) Planned Develo	opment Zoning District to allo	ow an 80-bed, short term		
	psychiatric care facility, on a 6.92-gross acre site				
6/1/1989	File No. PD89-030: Planned Development Permit to allow construction of an				
	80-bed psychiatric facility				
6/12/2014	File No. AD14-366: Perm	it Adjustment to allow modifi	cations to the site to		
	include accessible parking	g, path to public right-of-way a	and drop-off area		

## **PROJECT DESCRIPTION**

On November 17, 2017, the applicant submitted an application for a Conforming Rezoning to rezone the site from the A(PD) Planned Development Zoning District to the CIC Combined Industrial/Commercial Zoning District and a Conditional Use Permit to expand an existing 54,344-square foot state licensed behavioral health hospital by up to 59,365 square feet, for a

total area of 113,725 square feet, in two phases, and increase the number of patient beds from 80 to up to 168 patient beds, with related site modifications and removal of 15 ordinance-size trees and 26 non-ordinance size trees, on a 6.9-gross acre site.

### Phase I and II Construction

The project will add 31,017 square feet and 53 additional beds in Phase I and 28,346 square feet and 35 additional beds in Phase II, for a total of 113,725 square feet and 168 patient beds. The project will facilitate a new enclosed outdoor patio area and a covered, drop-off area on the north and west side in Phase I and will realign the drop-off canopy area on the eastern side in Phase II. The main driveway entrance will be from Eden Park Place (see Figure 1).

The project will eliminate 17 parking spaces due to facility expansion, but will still provide sufficient surface parking for approximately 102 vehicles and eight bicycles to meet the current parking and bicycle requirements. Site improvements would include new fencing, walls, walkways, and gates securing the building area, and new landscaping which includes planting of approximately 60 new 24-inch box trees, at the site's eastern and northern frontages along Silicon Valley Boulevard and Eden Park Place.

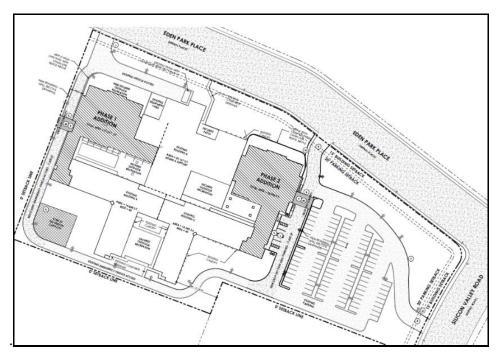


Figure 1: Site Plan

## **Operational Plan**

The project will continue to include in-patient and out-patient behavioral healthcare and substance use disorder and provide treatment to adolescents, adults and seniors with short-term stays for patients in need of stabilization, with no permanent occupancy. The expansion of the facility will add a new Adult Day Program (ADP) for non-medical treatment services to patients

and a crisis stabilization unit (CSU) for patients needing urgent care. The type of patients treated at the facility will continue to be those who do not have a violent crime history but suffer from depression and developmental and mental health disorders (see Attachment D).

The hospital floor plans include new patient rooms, physician offices, exam rooms, and support services within the expansion area. The facility would bring in up to an additional 120 employees for a total of up to 200 employees, divided into three shifts per day. The staffing requirements for different units and groups would include psychiatrists, medical technicians, nurses, counselors, and case managers (social workers and therapists). The hospital will continue to operate 24-hours a day, seven days a week. Security measures (locked doors) would also continue to be used to prevent patients from exiting through the facility or patio doors.

### Planned Development Zoning background

The existing Planned Development Zoning (File No. PDC88-138) was rezoned from the IP-b Industrial Park Zoning District to the A(PD) Planned Development Zoning District and approved at a Council public hearing on April 4, 1989, to allow an 80-bed short term psychiatric care facility. Rezoning the site to a Planned Development Zoning District was considered because the hospital use was not a permitted or a conditionally permitted use for the IP-b Industrial Park Zoning District under the 1988 City of San José Zoning Ordinance. The hospital use was, however, considered as an appropriate Public/Quasi-Public (non-industrial) use under the prior Horizon 2000 General Plan land use designation of Industrial Park.

### Site Description and Surrounding Uses

The project site is located on the southwest corner of Silicon Valley Boulevard and Eden Park Place, at 455 Silicon Valley Boulevard. The subject site is currently developed with the subject 54,344-square foot one-story hospital building and is bounded by Coyote Creek and County riparian lands to the north and east, commercial/industrial uses to the west, and a mix of commercial and industrial uses and a hotel to the south (see Figure 2).

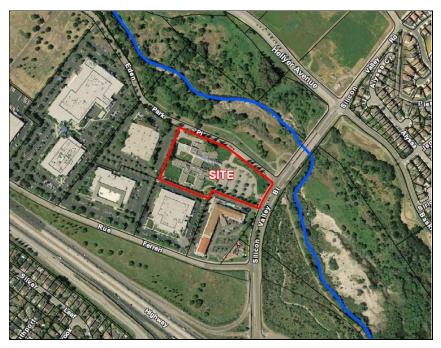


Figure 2: Aerial image of subject site

Residential development is located approximately 942 feet to the northeast, beyond Hellyer Avenue and 1,155 square feet to the south, beyond U.S. Highway 101. The project site has two existing 30-foot wide access driveways from Eden Park Place, and one existing 30-foot wide driveway from Silicon Valley Boulevard, leading to a 119-vehicle space surface parking lot. Both Eden Park Place and Silicon Valley Boulevard are considered street frontages for the project site. A 20-foot wide fire access and service road loops along the periphery of the west and south property lines.

### Existing Facility Operation

The existing facility provides in-patient and out-patient behavioral healthcare and substance use disorder services; it provides treatment to adolescents, adults, and seniors with short-term stays for patients in need of stabilization, with no permanent occupancy. Patients arriving at the facility are immediately escorted to a special examination room for further evaluation to determine whether they are to be admitted or discharged. The patients that are admitted are escorted by trained staff throughout the facility, and the patients that are discharged are allowed to leave only with a family-member or arrangements are made for a taxi or ride-share pick-up service. The type of patients treated at the facility do not have a violent crime history but suffer from depression, developmental, and mental health disorders.

The hospital floor plans include patient rooms, physician offices, exam rooms, and support services within the existing building. The hospital currently has 80 employees, divided into three shifts per day. The staffing requirements for different units and groups include psychiatrists, medical technicians, nurses, counselors, and case managers (social workers and therapists). The hospital operates 24-hours a day, seven days a week. Security measures (locked doors) are used to prevent patients from exiting through the facility or patio doors.

### ANALYSIS

The proposed Conforming Rezoning and Conditional Use Permit were analyzed with respect to and conformance with: 1) the Envision San José 2040 General Plan; 2) Edenvale Area Development Policy; 3) the San José Zoning Ordinance; 4) Tree Removal Findings; 5) Commercial Design Guidelines; and 6) the California Environmental Quality Act of 1970, as amended (CEQA).

### Envision San José 2040 General Plan Conformance

The subject site is designated Combined Industrial/Commercial on the Envision San José 2040 General Plan Land Use/Transportation Diagram (see Figure 3). This designation allows a significant amount of flexibility for the mixture of commercial and industrial uses, including hospitals. The expansion of the hospital will continue to be compatible with the General Plan land use designation of Combined Industrial/Commercial.

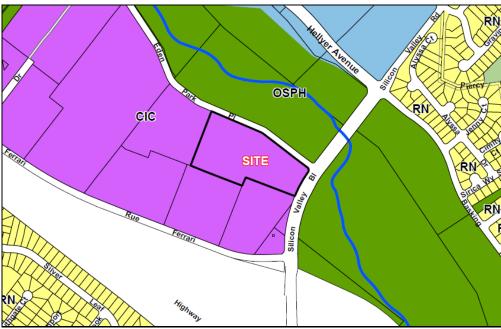


Figure 3: General Plan Map

The project also conforms to the following General Plan policies:

1. <u>Implementation Policy IP-1.6</u>: Ensure that proposals to rezone and pre-zone properties conform to the Land Use/Transportation Diagram, and enhance Envision General Plan Vision, goals, and policies.

Analysis: Pursuant to Table 20-270 of the Zoning Ordinance, the CIC Combined Industrial/Commercial Zoning District conforms to the General Plan Land Use Designation of Combined Industrial/Commercial. The proposed CIC Combined Industrial/Commercial Zoning District allows the behavioral hospital uses with a Conditional Use Permit.

- 2. <u>Implementation Policy IP-1.7</u>: Use Standard Zoning Districts to promote consistent development patterns when implementing new land use entitlements. Limit use of the Planned Development Zoning process to unique types of development or land uses which cannot be implemented through standard Zoning Districts, or to sites with unusual physical characteristics that require special consideration due to those constraints.
- 3. <u>Implementation Policy IP-8.2</u>: Use the City's conventional zoning districts, contained in its Zoning Ordinance, to implement the Envision General Plan Land Use/Transportation Diagram. These districts include a range of allowed land uses, development intensities, and standards within major land use categories (residential, commercial, and industrial) together with zoning districts for other land uses such as mixed-use and open space. The various ranges of allowed uses and development intensity correspond generally to the respective Envision General Plan land use designations, while providing greater detail as to the appropriate land uses and form of development.

Analysis: The site's existing zoning is A(PD) Planned Development Zoning District established with Zoning File No. PDC88-138. This zoning, approved on April 4, 1989, allows a maximum 80-bed facility and maximum 56,800 square feet of floor area. The project proposal is for an additional 88 beds (for a maximum 168-beds) and additional 59,365 square feet for a total floor area of 113,725 square feet. The expansion of the hospital would require a rezoning of the existing Planned Development Zoning District to allow an increase in the number of beds and exceed the maximum allowed square footage. The project proposal is to rezone to conventional CIC Combined Industrial/Commercial Zoning District, without requiring any deviation from the zoning district's development standards such as setbacks, height, and off-street parking requirements. The CIC Combined Industrial/Commercial Zoning District conforms to the General Plan designation of Combined Industrial/Commercial for the site. A hospital use is allowed with a Conditional Use Permit under this zoning district.

- 4. <u>Access to Medical Services Policy ES-6.2</u>: Maintain and update the Envision General Plan Land Use Transportation/Diagram as necessary to provide sufficient opportunities for hospitals and medical care facilities to locate in San José. Consider locating health care and medical service facilities, including hospitals, in residential, commercial, Urban Village, mixed use, Downtown, Transit Employment Center, Combined Industrial/Commercial, Industrial Park, and Public/Quasi-Public designations.
- 5. <u>Access to Medical Services Policy ES-6.6</u>: Encourage the location of health care facilities and hospitals in areas that are underserved and lack adequate health care facilities.

<u>Analysis</u>: The project is an expansion of an existing behavioral health hospital providing inpatient and out-patient behavioral health and substance use disorder treatment to adolescents, adults, and seniors. The facility does not contain an emergency room, perform surgeries, or provide other types of medical services. The subject site is located adjacent to an industrial park developed with a mix of commercial and office uses, and the existing building is compatible with the development in the surrounding area. The proposed project expansion conforms to the General Plan by providing behavioral health care services to a special needs group of people of the community.

The Santa Clara County Health records show a need for such behavioral health facilities in

the community. The project would provide an additional 120 jobs for a total of up to 200 jobs for medical and support staff. Employees would work various shifts throughout the day. The project's psychiatric facility complements existing hospitals in the area and would expand the type and quality of mental healthcare services in the larger San José community.

## **Edenvale Area Development Policy**

The subject site is in Subarea 4 of the Edenvale Development Area. Under the Edenvale Area Development Policy (EADP), the site is allowed up to 120,208 square feet of Light Industrial/R&D development. The project has a floor-area ratio (FAR) of 0.37 (113,725 square feet), which is within the development square footage allowances of the EADP, including the maximum 0.4 FAR. Since the proposed project would not exceed the allowable FAR, the project would not be required to pay the Traffic Impact Fees (TIF). The Department of Public Works concluded in their Traffic Memorandum, dated January 23, 2019, that the hospital expansion would be in conformance with the Edenvale Area Development Policy.

## **Zoning Ordinance Conformance**

The proposed use is in the A(PD) Planned Development Zoning District (see Figure 4).

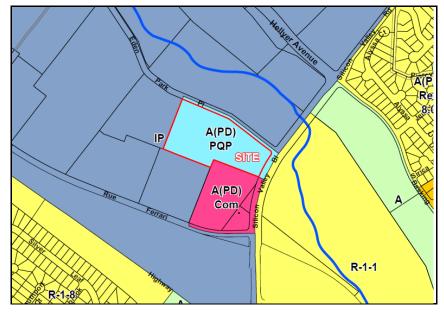


Figure 4: Zoning District Map

The subject 6.9-gross acre site is proposed to be rezoned from A(PD) Planned Development Zoning District to CIC Combined Industrial/Commercial, in conformance with the General Plan land use designation of Combined Industrial/Commercial. Pursuant to Section 20.50.100 of the San José Zoning Ordinance, a hospital requires a Conditional Use Permit within the CIC Combined Industrial/Commercial Zoning District. a. Setbacks and Height Requirements

The proposed project modification and addition conform to the setbacks and height requirements of the CIC Combined Industrial/Commercial Zoning (see Table 1).

Minimum Building Setbacks	Required	Project
Front (Silicon Valley Boulevard)	15 feet	100+ feet
Front (Eden Park Place)	15 feet	30 feet
Front (Parking at street frontages)	25 feet	30 feet
Rear (south)	0 feet	50 feet
Rear (west)	0 feet	26 feet
Maximum Height	50 feet	29 feet six inches

Table 1: Development Standards

### b. Vehicle Parking Requirements

Pursuant to Section 20.90.060 of the Zoning Ordinance, the total existing parking spaces are 119. The total required vehicle parking for the hospital expansion is 84 parking spaces, and a total of 102 spaces will be provided, after site modifications and elimination of 17 spaces due to facility expansion. The site still exceeds the parking requirement by 18 spaces (see Table 2).

c. Bicycle Parking Requirements

Pursuant to Tables 20-190 and 20-250 of the Zoning Ordinance, the project will require eight parking spaces for bicycles. The project provides eight bicycle parking spaces, which meets the bicycle parking requirements (see Table 2).

Land Use	Vehicle Parking	Vehicle Parking	Bicycle Parking
	Ratio	Required	Requirement
Hospital, in-	1 space per 2.5	168 beds =	1 per 25 beds
patient services	beds	68 spaces	168 beds = 7 spaces
Hospital, out- patient services	1 space per 250 square feet of floor area	3,808 square feet of floor area = 16 spaces	1 per 4,000 square feet of floor area; 3,808 square feet = 1 space
	Total:	84 spaces	8 spaces

### Table 2: Parking Requirements

### **Conditional Use Permit Findings**

Chapter 20.100 of Title 20 of the San José Municipal Ordinance establishes required findings for issuance of a Conditional Use Permit.

This City Council must conclude and find, based on the above facts and analysis that:

1. The Conditional Use Permit, as approved, is consistent with and will further the policies of the General Plan, applicable specific plans and area development policies.

<u>Analysis</u>: The Conditional Use Permit is consistent with the Combined Industrial/Commercial land use designation and furthers the General Plan policies related to the hospital use. The project was analyzed for conformance with the Edenvale Area Development Policy. The Department of Public Works concluded that the hospital expansion would be in conformance with the Edenvale Area Development Policy, pursuant to the Traffic Memo dated January 23, 2019. The project is not located in any Specific Plan.

2. The Conditional Use Permit, as approved, conforms with the zoning code and all other provisions of the San José Municipal Code applicable to the project.

<u>Analysis</u>: The project is in compliance with the regulations of the Zoning Ordinance and provisions of the San José Municipal Code. The expansion of the hospital use is permitted with a Conditional Use Permit in the CIC Combined Industrial/Commercial Zoning District. The project provides the required number of vehicle and bicycle parking spaces for the hospital use per the Zoning Ordinance.

3. The Conditional Use Permit, as approved, is consistent with applicable City Council policies, or counterbalancing considerations justify the inconsistency.

<u>Analysis</u>: There are no City Council Policies related to the hospital use. The project complies with the City Council Policy 6-30: Public Outreach Policy, and a notice of the public hearing was distributed to the owners and tenants of all properties located within 1,000 feet of the project site, as well as the Basking Ridge Avenue neighborhood (located approximately 1000 feet on the north east side of the project site), and posted on the City website. Pursuant to this policy and due to significant community interest, a community meeting was held on November 14, 2018, at Wyndham Garden hotel (399 Silicon Valley Boulevard), to receive public comment and address project related issues. This meeting was attended by 10 residents, and their questions and concerns were addressed by the project applicant.

The concerns raised by the community members included justification for expansion of the hospital, the process of discharging the patients once the services were provided, any required security and police supervision, number of employees of the facility, number of patient beds and the reputation of the hospital. The applicant (Acadia Healthcare) confirmed that the facility will add up to 88 beds for a total number of patient beds to be 168 and assured that the expansion of the hospital was necessary based on need as determined in the August 2018 California Hospital Association (CHA) Annual Report. The applicant also assured that Acadia Healthcare cared for its reputation and made special arrangements for the discharge of their patients, either with a family member or an escorted pick-up service. They added that the grounds were under surveillance 24-hours a day, and that all inpatients were escorted with trained staff within the facility.

Additionally, the project is also consistent with Council Policy 6-29 for Post-Construction Urban Runoff Management, in that the project plans were reviewed by the Department of Public Works and determined to be consistent with the City's stormwater requirements. The project is also consistent with City Council Policy 4-3 for Outdoor Lighting on Private Developments, in that lighting will be directed downward onto the site and away from the Coyote Creek open space, across Eden Park Place, minimizing glare and off-site light spillage, as shown on the lighting information in the project plans and photometric plan prepared for the project.

- 4. The proposed use at the location requested will not:
  - a. Adversely affect the peace, health, safety, morals, or welfare of persons residing or working in the surrounding area; or
  - b. Impair the utility or value of property of other persons located in the vicinity of the site; or
  - c. Be detrimental to public health, safety, or general welfare.

<u>Analysis</u>: The new facility would be compatible with adjacent commercial and industrial uses, will continue to provide behavioral health services in the community, and will not negatively affect, or impair the health, safety, morals, or welfare of persons already working or residing in the area. Once checked into the facility, patients remain within the facility and enclosed outdoor recreation areas. The outdoor patio is only used during the day between 9:00 a.m. to 7:00 p.m. The facility rooms rotate throughout the day to use the outdoor area. Security measures (locked doors) are used to prevent patients from exiting through the patio and facility doors. The building area is, thus, well-secured and the full operations plan provided by the applicant describes the management, security, and operations of the facility. Patients discharged from the facility are released to a family member or a ride is arranged to get them home. No patient is released into the neighborhood without a plan to safely transport them home.

The facility provides 24-hour surveillance, a trained staff and a full security team that continuously patrols the grounds to prevent any suspicious activities on the grounds. This also extends assurance of safety for the security of staff, patients and the surrounding community. The expansion of the hospital will not, therefore, alter or negatively impact the surrounding properties.

5. The proposed site is adequate in size and shape to accommodate the yards, walls, fences, parking and loading facilities, landscaping and other development features prescribed in this title, or as is otherwise required in order to integrate said use with the uses in the surrounding area.

<u>Analysis</u>: The 6.9-gross acre site is adequate in size to accommodate the expansion of buildings on the northwestern portion of the site during Phase I and northeastern portion of the site during Phase II. The number of vehicle parking spaces provided on-site will exceed the vehicle parking requirement for the expanded use. The use will also provide sufficient loading, circulation and on-site parking for patients, employees, and visitors. The existing landscaping will be maintained along the periphery of the site and new landscaping will include a mix of trees, shrubs and groundcover which will be well-integrated with the design of buildings and with the overall uses on site.

- 6. The proposed site is adequately served:
  - a. By highways or streets of sufficient width and improved as necessary to carry the kind and quantity of traffic such use would generate; or by other forms of transit adequate to carry the kind and quantity of individuals such use would generate.
  - b. By other public or private service facilities as are required.

<u>Analysis</u>: The project will continue to be accessed from existing driveways along Silicon Valley Boulevard and Eden Park Place. The site has regional access from US Highway 101, State Route 85, and Monterey Road. The Department of Public Works prepared a traffic memorandum dated January 23, 2019, which states that the project will add 49 a.m. and 26 p.m. peak hour trips. The existing facility and the project expansion together would be equivalent to 78,833 square feet which is less than the 120,208 square feet assessed for the site under Edenvale Area Development Policy (EADP). Since the proposed project would not exceed the allowable FAR, the project would not be required to pay the Traffic Impact Fees (TIF). Since the project would not exceed the allowable FAR of 0.4 for Sub Area 4, the site is in conformance with the Edenvale Area Development Policy.

7. The environmental impacts of the project, including but not limited to noise, vibration, dust, drainage, erosion, storm water runoff, and odor which, even if insignificant for purposes of the California Environmental Quality Act (CEQA), will not have an unacceptable negative affect on adjacent property or properties.

Analysis: An Initial Study Addendum was prepared for the project in compliance with the California Environmental Quality Act (CEQA) and the CEQA Guidelines. Based on the environmental analysis, the project was determined to not have unacceptable negative effects on adjacent properties. The expansion of the number of beds and floor area of the existing hospital did not require any further analysis as it does not significantly increase any additional impacts to lighting, traffic, parking, or noise.

The emergency ambulance drop-off and pick-up will not include the use of siren or lights anytime during the day or night so as not to cause noise disturbance to the surrounding community. The closest residential development is located approximately 942 feet to the northeast, beyond Hellyer Avenue, and 1,155 feet to the south, beyond U.S. Highway 101 from the project site. All enclosed outdoor recreation uses will occur during the day, between the hours of 9:00 a.m. to 7:00 p.m., which will further prevent any noise disturbance during the night. All glare and lighting will be directed downward onto the site and away from the Coyote Creek open space trail located to the north and east across Eden Park Place.

Coyote Creek Trail, located to the northeast of the project site across Eden Park Place, connects to Silver Creek Valley Road, Yerba Buena Road, and Capitol Expressway. The project will not cause any obstruction to the trail. There were no additional traffic impacts resulting from the project expansion as stated in the Traffic Memorandum dated January 23, 2019. The site adequately meets storm water runoff requirements and grading and drainage requirements pursuant to the Department of Public Works Final Memorandum dated February 12, 2019. **Tree Removal Permit Findings.** After analysis done pursuant to Chapter 13.32 of the San José Municipal Code, the following findings could be made:

- a. That the trees are of an affected size, type, and condition, and are in such a location in such surroundings, that their removal would not significantly frustrate the purposes of Chapter 13.32.
- b. That the location of the trees with respect to the proposed improvement unreasonably restricts the economic development of the parcel in question.

Analysis: In March of 2018, a certified arborist surveyed approximately 100 trees on and around the subject site. Pursuant to the Arborist Report dated March 13, 2018, a total of 41 existing trees, including 15 ordinance-size trees and 26 non-ordinance size trees, will be removed during both phases of construction to accommodate the construction of the hospital expansion and associated site improvements. The project will plant a total of 60 new 24-inch box trees on-site as replacement trees for the trees to be removed. The approved plan set, dated February 15, 2019, includes a detailed planting plan. During construction, adequate tree protection measures will be used to protect the roots and canopies of existing trees that remain on site.

## **Commercial Design Guidelines**

The existing building consists of painted stucco walls with tile accents wrapped around the building exterior and a combination of flat and clay tile sloping roofs. The building expansion will be compatible to the existing building style and design, including materials and colors, in conformance with the City's Commercial Design Guidelines. The exterior of the building will be accentuated with standing seam metal blue roof panels, will be clad with a mix of painted concrete walls and clay tile base veneer, with tile accents and aluminum storefront columns and windows, which would provide an attractive finish.

The orientation, location and elevations of the building addition will conform with the Commercial Design Guidelines, and the overall project includes design elements that are compatible with the architecture and materials of buildings in the surrounding area.

## CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Pursuant to CEQA Guidelines Section 15164, the City prepared an Addendum to the Edenvale Redevelopment Project Environmental Impact Report (EIR), certified by City Council Resolution No. 69699 on June 20, 2000; the Edenvale Redevelopment Project Supplemental EIR, certified by City Council Resolution No. 70021 on November 21, 2000; the Envision San Jose 2040 General Plan EIR, certified by City Council Resolution No. 76041 on November 1, 2011; and the Envision San Jose 2040 General Plan Supplemental EIR, certified by City Council Resolution No. 77617 on December 15, 2015, and Addenda thereto. Based on the analysis and conclusions in the Addendum, the proposed project would not result in any new impacts not previously disclosed in these EIRs, nor would it result in a substantial increase in the magnitude of any significant environmental impact previously identified in the EIRs. The link to the posted Addendum is available here: http://www.sanjoseca.gov/index.aspx?NID=6321.

Although the project will not result in any new significant effects or an increase in the severity of an existing significant effect on the environment, revisions to standard measures and mitigation measures were made to reflect current General Plan policies and current protocols, which have been updated to incorporate applicable mitigations from the 2000 Edenvale FEIR, 2000 Edenvale SEIR, General Plan FPEIR and SEIR into the project. A related Mitigation Monitoring and Reporting Program was prepared that incorporates certain mitigation measures from the previously certified 2000 Edenvale FEIR, 2000 Edenvale SEIR, General Plan FPEIR and SEIR, which have been updated and refined to reflect the current regulatory context.

### PUBLIC HEARING NOTIFICATION

Staff followed Council Policy 6-30: Public Outreach Policy to inform the public of the proposed project. A community meeting was held on November 14, 2018, to receive public comment and address project related issues. The meeting was mailed at a 1,000 feet radius, as well as the Basking Ridge neighborhood. This meeting was attended by ten residents. The concerns raised by the attendees included the justification for expansion of the hospital, the process of discharging the patients once the services were provided, any required security and police supervision, number of employees of the facility, number of patients per day and the reputation of the hospital. The applicant (Acadia Healthcare) provided a PowerPoint presentation and answered residents' questions.

A notice of the public hearing was distributed to the owners and tenants of all properties located within 1,000 feet of the project site and posted on the City website. The staff report was also posted on the City's website. Staff has been available to respond to questions from the public.

/s/ Rosalynn Hughey, Director Planning, Building and Code Enforcement

For questions, please contact Robert Manford, Deputy Director, at (408) 535-7900.

Attachment: Operations Plan Project Plans

## San Jose Behavioral Health Phase I & II - Campus Expansion

# **Functional Program Narrative**

# C18-022 & CP18-029

## SAN JOSE BEHAVIORAL HOSPITAL SUPPLEMENT TO PROJECT NARRATIVE CP18-029 FEBRUARY 19, 2019 OPERATIONS SUPPLEMENT

- 1. Ambulances entering and leaving the facility to drop off or pick-up patients will not use lights or sirens.
- 2. Patients entering the facility will be escorted to to an examination rooms to determine if they will be admitted or discharged and treated accordingly.
- 3. 24 hour security surveillance shall be provided for the facility and security patrol of the exterior of the premises during the hours of 8:00 am to 5:00 pm.
- 4. Outdoor patio areas will be locked down at night time hours and be available for use between the hours of 8:00 am to 5:00 pm.
- 5. The entire facility and building area will be gated and remained secured at all times.

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6. In patients shall be escorted at all times and when discharged will be to a family member or arranged taxi pick-up or Ride Share service.

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B1.2 Adult Mental Health PHASE I	
B1.3 Adult Dual Diagnosis PHASE I	0
B2.1 Older Adult Mental Health PHASE II	0
B2.2 Pediatric Mental Health PHASE II	1
B3.1 Adult Men Only Mental Health EXTG1	1
B3.2 Older Adult Mental Health EXTG	2
B3.3 Adult Mental Health EXTG	2
83.4 Adolescent Mental Health EXTG	3
B4.1 Adult Partial Hospitalization Program PHASE II1	3
B4.2 Adult Intensive Outpatient Program PHASE II1	4
B4.3 Adolescent Partial Hospitalization Program PHASE II1	4
B4.4 Adolescent Intensive Outpatient Program PHASE II1	5
B5.1 Adult Crisis Stabilization Services PHASE 1	6

PROJECT DESCRIPTION

San Jose Behavioral Health is located at 455 Silicon Valley Boulevard in San Jose California on a single parcel 6.9-acre lot. The existing facility dates to 1989 and has been occupied as a psychiatric hospital since the building's inception. Santa Clara County purchased the facility in 2000 and near 2013 began to lease the facility to Acadia after they completed code and seismic upgrades to the building. The single-story, approximately 55,175 SF building has been zoned A – Agricultural district with a Planned Development permit (PD) accommodating for the use of the facility. Rezoning of the site will be needed to conform with San Jose's General Plan 2040. The site will be re-zoned to CIC – Commercial and Industrial Combined district, with a Conditional Use Permit (CUP) to allow for the behavioral healthcare facility use for these developments. The proposed developments of the facility will consist of two (2) phases with a proposed change in zoning to the site.

These campus expansions will benefit the hospital by clearly defining zones of program per unit. These expansions will allow easier access to critical care with a dedicated ambulance drop off, a conveniently located outpatient unit at the front of the building, along with adding nursing units and admin space to facilitate growth in the patient population. With these additions, the floor layout, the products selection for this facility, and built environment have been coordinated to provide maximum safety for patients and staff.

Phase I of the project will occur at the northwest portion of the building. It will consist of two adjacent campus expansions; a two-story approximately 28,000 SF building with admin space, three psychiatric nursing units of 53-Beds total including a 1-Bed isolation suite and a onestory approximately 3,000 SF storage area. This phase will include an ambulance drop-off and the need to relocate and widen the existing fire lane along the perimeter of the west portion of the facility.

Phase II will occur at the northeast portion of the building. This phase will consist of another two building expansion; a two-story approximately 24,400 SF admin space with two psychiatric nursing units with 35-Beds total including a 1-Bed isolation suite and a one-story approximately 4,000 SF outpatient building. These additions will also connect directly to the existing building. This phase will push the existing front entrance further east and re-work a portion of the existing parking lot. This is a future phase of the project.

FUNCTIONAL PROGRAM

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A1

A2	BUILDING CLASSIFIC	ATION
A2.1	Exisitng Building	Occupancy Type: 1-3
		Construction Type: V-A
		Building Height: 26ft -1 Story
÷.,		Year of Construction: 1989
		Project Area: 54,000 SF (Approx.)
A2.2	New Construction	Occupancy Type: 1-2
	- Phase 1	Construction Type: 1-B
		Building Height: 30ft -2 Story
		Year of Construction: 2019
		Project Area: 31,000 SF (Approx.)
		The proposed Phase I project consists of a 2-story and two 1-story expansion with the following areas:
		2-Story Building = 28,000 SF (Approx.)
		1-Story Building = 3,000 SF (Approx.)
		Total Phase 1 Project Area: 31,000 SF (Approx.)
	· · · ·	

Structural Systems	2-Story Expansion:
	The second floor shall be light-weight concrete over steel decking supported on steel beams. The lateral force resisting system shall consist of rigid concrete diaphragms which span to steel moment frames which are supported by reinforced concrete grade beams and spread footings. The roof shall be light-weight concrete over steel decking supported on steel beams.
	1-Story Expansion:
	The lateral force resisting system shall consist of steel deck roof diaphragms which span to shear walls consisting of sheet metal over steel studs, supported by reinforced spread footings.
Architectural Systems	Exterior Walls:
	The exterior of the building will aesthetically match appearance of existing building.
	Structural cold formed metal framing with 5/8 - inch glass mat faced gypsum sheathing.
	EIFS System over R-10 extruded polystyrene continuous insulation, R-13 insulation in the stud cavities.
	Weather / Vapor Barrier will be a Liquid-applied vapor permeable air and water barrier membrane, integral to the Dryvit system
	Architectural

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**Exterior Windows:** 

Patient Windows:

Store Front Windows - Fritted

Non-Patient Storefront windows and doors:

Extruded Aluminum Storefront Systems with color and appearance to match the existing facility.

Interior Partitions:

Patient Areas: High Impact Gypsum board, over heavy gauge metal stud framing with sound attenuation blanketingpainted finish.

Non-Patient Areas: Gypsum board over heavy gauge metal stud framing with sound attenuation blanketing, painted finish.

Interior Doors:

Solid Core wood doors, visibility borrowed lites as required.

Patient Toilet Rooms: Anti Ligature Foam Doors

#### Ceilings:

Acoustical Suspended Ceilings:

All Patient Corridors over or at 9' in height, high impact tile on seismic braced suspended metal framing.

Staff Areas and Non-Patient Corridors

Suspended Plaster and Gypsum Board Ceilings:

All Patient Rooms, Group Rooms and Consultation Areas – Gypsum board on seismic braced suspended metal framing.

### Furnishing:

Fixed Furnishing Includes:

- Custom and manufactured stock design steel, wood, and laminate faced cabinets and other casework units.
- Countertops with integral sinks, fixtures and accessories.
- Healthcare Casework with seismic bracing details.
- Fixed Wall Art

A3.3	Plumbing Systems	Domestic Water Distribuiton:
		The existing water service is 4" and enters the building in the Boiler/Mechanical Room will be upgrade to a new 6" service which will serve both the exsitng building and the new campus expansion buildings.

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Domestic Hot Water System:

The current building's domestic heating hot water is served by two (2) water heaters each with an input capacity of 499,900 BTU/Hr.

Three new domestic hot water heaters will be provided to serve the Phase 1 campus expansion,

#### Sanitary Drainage:

Conneting new 6" sanitary line from Phase 1 expansion into exsiting sanitary system running under the existing building slab out to the main sewer line.

### Storm Water:

Storm water will be collected on the room and discharging to grade via scuppers and externally mounted drain piping.

### **HVAC** Systems

### Fuel Systems:

The current building has a natural gas service that serves the kitchen as well as the domestic water needs of the facility.

The current natural gas piping will be expanded from its current location to serve the new dedicated outside air handler units (DOAS) that will be located on the roof of both additions. The rooftop units will have a gas fired furnace to heat the air in winter to allow for delivery of neutral airflow temperatures to the space.

In addition to the DOAS units indicated above, each campus expansion will have a standalone domestic water heater and storage capability to accommodate the requirements of the new building.

### HVAC – Heating & Cooling Systems:

The current building is served by two (2) air cooled chillers recently installed within the last few months and located within the equipment yard. Chilled water is distributed to a total of five (5) rooftop air handling units serving the building. Two heating hot water condensing boilers serve the entire facility's heating hot water needs.

The new heat and cooling systems for the new Phase 1 expansion will be independent of any of the current systems serving the building. Cooling will be achieved from two sources. The first, serving the latent / ventilation needs of the facility will be from a packaged roof mounted, dedicated outside air systems (DOAS) with gas fired heating and Direct Expansion (DX) cooling.

The sensible load of the new expansion will be through a variable refrigerant flow system (VRF) that will provide simultaneous heating and cooling to each space.

A3.5	Fire Protection Systems	Fire Suppression: The current facility is served currently a 4" sprinkler riser		
ACADIA	SAN JOSE BEHAVIO	DRAL HOSPITAL – PHASE I & II – C	AMPUS EXPANSION	
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A3.4

The design intent for the fire protection is to provide a new wet pipe sprinkler system to serve both additions. A new dedicated sprinkler riser will need to be installed due to the increase area of the facility. The new system shall be light hazard with similar coverage as the current system.

### Fire Protection:

The new riser shall be equipped with all required notification devices such as tamper and flow switches.

Electical Systems

Facility Power Generation:

The building is served a diesel generator sized for 450KW or 562.5 amps at 460 volt-3 phase. The generator is estimated to have sufficient capacity to utilize the exisitng generator for the building expansion.

There is an Acadia standard to maintain three days of backup generator fuel on site. The current generator has a belly tank that is believed to provide approximately 8 hours of service. A separate diesel tank will be required to be installed to increase the fuel storage capacity to meet this requirement.

#### Electrical Service and Distribution:

The electrical service serving the building is rated for 2000 amps at 460/277 Volt-3 phase 4-wire. The current electrical service is sufficient to serve the expansion of both Phase I & Phase II Campus expansion

New electrical distribution panels will be provided in the new expansion. Both 460/277 volt and 120/208 volt panels will be installed to serve the electrical needs of the additions.

Transformers will are provided reduce the voltage from 480/277 to 120/ 208 volts.

### Lighitng:

All new lighting for the additions will be LED type. The fixtures are a mix of standard lay-in fixtures as well as anti-ligature fixtures for the patient rooms. The patient access area will have anti-ligature type light fixtures. The non-patient area will have standard lay-in type light fixtures.

Exit and emergency lighting will be at all exit doors and egress paths. The exisiting emergency generator shall power all emergency lighting and exit signs. The patient room bathroom and patient group room light fixtures shall be connected to emergency lighting branch circuit with ceiling mounted occupancy sensor and key switch.

New IDF IT room will be served from existing MDF room. To include Switching and routing equipment, Computer equipment for data communications

Nurse call system:

- Notficaiton call system
- VOIP phone
- Emergency push button

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A3.6

A3.7

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Commulcation Systems

### Ceiling Speaker System:

- Paging system
- Sound masking (white noise) system
- AV Speakers connected to wall mouted viewing screens controls from nurses station.

	Electronic Safety	Access Control:	
	and Security	- Card reader door access	
	· · · ·	- Alphone Instercom system	
		Electronic Surveillance:	

- Camera equipment for detecting and controlling access by persons to a facility site, building, or within a building.

### Fire Detection and Alarm:

The existing Siemens fire alarm system shall be extended to the new addition of the building. There shall be smoke detector throughout the corridor and common areas as required. There shall be notification devices in the bathrooms, group rooms, corridors, consultation rooms, etc. There shall be smoke detector devices within 5'-0" of the magnetic door hold device with fire alarm relay. There shall include manual pull station within 5'-0" of the exit door.

Monitoring and recording of fire protection devices and fire suppression systems; audio and/or visual warning systems for inhabitants of structures and for fire fighting authorities; activation of elevators and air handling systems to a predetermine fire mode; and other fire protection functions.

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**CAMPUS OPERATIONS AND PAIENT CARE NARRATIVE** 

(PHASE I & PHASE II BUILDING EXPANSIONS + EXISITING FACILITY)

B

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IN-PATIEN	IT SERVICES			
B1.1	Adult Mental Health	PHASE I	PATIENTS	17
B1.2	Adult Mental Health	PHASE I	PATIENTS	18
B1.3	Aduit Dual Diagnosis	PHASEI	PATIENTS	18
<u></u>		P	HASE I - TOTAL	53
B2.1	Older Adult Mental Health	PHASE II	PATIENTS	18
B2.2	Pediatric Mental Health	PHASE II	PATIENTS	17
		PH	IASE II - TOTAL	35
B3.1	Adult Men Only Mental Health	EXIG	PATIENTS	17
B3.2	Older Adult Mental Health	EXTG	PATIENTS	23
B3.3	Adult Mental Health	EXTG	PATIENTS	23
B3.4	Adolescent Metal Health	EXTG	PATIENTS	17
	•		EXTG - TOTAL	80
	. · ·	TOTAL	IN-PATIENTS	168

OUT-PATIEN	IT SERVICES			
B4.1	Adult Partial Hospitalization Program	PHASE II	PATIENTS	15
B4.2	Adult Intensive Outpatient Program	PHASE II	PATIENTS	15
B4.3	Adolescent Partial Hospitalization Program	PHASE II	PATIENTS	15
B4.5	Adolescent Intensive Outpatient Program	PHASE II	PATIENTS	15
	·	TOTAL O	UT-PATIENTS	60

CRISIS ST	ABILIZATION SERVICES			
B5.1	Adult Crisis Stabilization Services	PHASE 1	PATIENTS	10

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	Adult Mental Health	PHASEI	Patients:
	issues that range from de in between. In this safe e treatment team to receiv treatment team, the indi management and deve therapy. In addition to m team works to provide co	program treats those patients suffer epression to bipolar disorder to schiz environment, individuals work with th ve individualized crisis stabilization se ividual will develop coping skills both lopment of coping skills through indi neeting the individuals behavioral he are for adults who are also suffering	ophrenia and everything e multidisciplinary ervices. With the n through medication ividual and group ealth needs, our treatme from a variety of
	secondary physical heal	th issues such as diabetes, COPD, ai	nd asthma.
	coordination; discharge group therapy – both psy	ation management; behavioral mar planning; family therapy, educatior ychoeducation and process groups therapy; occupational therapy.	n, support; individual and
	o 24 hours per day, 7 days	per week	
	<u>Staffing Requirements:</u>		
	<ul> <li>Types and Numbers:</li> <li>Psychiatrist: 1</li> </ul>		
·	Licensed Psychia Mental Health Tea	Staff (Registered Nurses, Licensed V tric Technicians): 3 chnicians: 3 Social Workers, Marriage and Family	
B1.2	Adult Mental Health	PHASEI	PATIENTS
	<u>Types of Service:</u>		
		program treats those patients suffer	
	in between. In this safe en treatment team to receiv treatment team, the indiv management and devel therapy. In addition to m team works to provide co	epression to bipolar disorder to schize nvironment, individuals work with the ve individualized crisis stabilization se vidual will develop coping skills both lopment of coping skills through individuals eeting the individuals behavioral he are for adults who are also suffering th issues such as diabetes, COPD, ar	e multidisciplinary rvices. With the through medication vidual and group alth needs, our treatmen from a variety of
	in between. In this safe en treatment team to receiv treatment team, the indiv management and devel therapy. In addition to m team works to provide co secondary physical healt Services include: medica coordination; discharge p group therapy – both psy recreational therapy; art	nvironment, individuals work with the ve individualized crisis stabilization se vidual will develop coping skills both lopment of coping skills through indiv eeting the individuals behavioral he are for adults who are also suffering	e multidisciplinary rvices. With the through medication vidual and group alth needs, our treatmen from a variety of nd asthma. agement; care , support; individual and
	in between. In this safe en treatment team to receive treatment team, the indiv- management and devel therapy. In addition to me team works to provide consecondary physical healt Services include: medical coordination; discharge per group therapy – both psy recreational therapy; art <u>Hours of Operation:</u> 24 hours per day, 7 days per Staffing Requirements:	nvironment, individuals work with the ve individualized crisis stabilization se vidual will develop coping skills both lopment of coping skills through indiv eeting the individuals behavioral he are for adults who are also suffering th issues such as diabetes, COPD, ar stion management; behavioral man planning; family therapy, education vchoeducation and process groups; therapy; occupational therapy.	e multidisciplinary rvices. With the through medication vidual and group alth needs, our treatmen from a variety of nd asthma. agement; care , support; individual and
	in between. In this safe en treatment team to receive treatment team, the indiv- management and devel therapy. In addition to me team works to provide consecondary physical healt Services include: medical coordination; discharge per group therapy – both psy recreational therapy; art Hours of Operation: 0 24 hours per day, 7 days per Staffing Requirements: 0 Types and Numbers: 0 Psychiatrist: 1	nvironment, individuals work with the ve individualized crisis stabilization se vidual will develop coping skills both lopment of coping skills through indiv eeting the individuals behavioral he are for adults who are also suffering th issues such as diabetes, COPD, ar stion management; behavioral man planning; family therapy, education vchoeducation and process groups; therapy; occupational therapy.	e multidisciplinary ervices. With the through medication vidual and group alth needs, our treatmen from a variety of nd asthma. agement; care , support; individual and medical evaluation;
· · ·	in between. In this safe en treatment team to receive treatment team, the indiv- management and devel therapy. In addition to me team works to provide con- secondary physical healt Services include: medical coordination; discharge per group therapy – both psy recreational therapy; art <u>Hours of Operation:</u> o 24 hours per day, 7 days per <u>Staffing Requirements:</u> o <u>Types and Numbers:</u> Psychiatrist: 1 Licensed Nursing S Licensed Psychiat	nvironment, individuals work with the ve individualized crisis stabilization se vidual will develop coping skills both lopment of coping skills through indivi- eeting the individuals behavioral he are for adults who are also suffering th issues such as diabetes, COPD, ar stion management; behavioral man planning; family therapy, education vchoeducation and process groups; therapy; occupational therapy. per week Staff (Registered Nurses, Licensed Vo ric Technicians): 3 chnicians: 3	e multidisciplinary rvices. With the through medication vidual and group alth needs, our treatmen from a variety of ad asthma. agement; care , support; individual and medical evaluation;
	in between. In this safe en treatment team to receive treatment team, the indiv- management and devel therapy. In addition to me team works to provide con- secondary physical healt Services include: medical coordination; discharge per group therapy – both psy recreational therapy; art <u>Hours of Operation:</u> o 24 hours per day, 7 days per <u>Staffing Requirements:</u> o <u>Types and Numbers:</u> Psychiatrist: 1 Licensed Nursing S Licensed Psychiat	nvironment, individuals work with the ve individualized crisis stabilization se vidual will develop coping skills both lopment of coping skills through indiv eeting the individuals behavioral he are for adults who are also suffering th issues such as diabetes, COPD, ar stion management; behavioral man planning; family therapy, education vchoeducation and process groups; therapy; occupational therapy. per week Staff (Registered Nurses, Licensed Vo ric Technicians): 3	e multidisciplinary rvices. With the through medication vidual and group alth needs, our treatmen from a variety of ad asthma. agement; care , support; individual and medical evaluation;
	in between. In this safe en treatment team to receive treatment team, the indiv- management and devel therapy. In addition to me team works to provide con- secondary physical healt Services include: medical coordination; discharge per group therapy – both psy recreational therapy; art <u>Hours of Operation:</u> • 24 hours per day, 7 days per <u>Staffing Requirements:</u> • <u>Types and Numbers:</u> • <u>Psychiatrist: 1</u> • Licensed Nursing S Licensed Psychiat • Mental Health Teo • Case Managers (S Counselors): 2	nvironment, individuals work with the ve individualized crisis stabilization se vidual will develop coping skills both lopment of coping skills through indivi- eeting the individuals behavioral he are for adults who are also suffering th issues such as diabetes, COPD, ar stion management; behavioral man planning; family therapy, education vchoeducation and process groups; therapy; occupational therapy. per week Staff (Registered Nurses, Licensed Vo ric Technicians): 3 chnicians: 3	e multidisciplinary rvices. With the through medication vidual and group alth needs, our treatmen from a variety of ad asthma. agement; care , support; individual and medical evaluation;
ACADIA	in between. In this safe en treatment team to receive treatment team, the indiv- management and devel therapy. In addition to me team works to provide con- secondary physical healt Services include: medical coordination; discharge per group therapy – both psy recreational therapy; art <u>Hours of Operation:</u> • 24 hours per day, 7 days per Staffing Requirements: • Types and Numbers: • Psychiatrist: 1 • Licensed Nursing S Licensed Psychiat • Mental Health Tea • Case Managers (S Counselors): 2 • Number of Shifts: 3	nvironment, individuals work with the ve individualized crisis stabilization se vidual will develop coping skills both lopment of coping skills through indivi- eeting the individuals behavioral he are for adults who are also suffering th issues such as diabetes, COPD, ar stion management; behavioral man planning; family therapy, education vchoeducation and process groups; therapy; occupational therapy. per week Staff (Registered Nurses, Licensed Vo ric Technicians): 3 chnicians: 3	e multidisciplinary rvices. With the through medication vidual and group alth needs, our treatmen from a variety of ad asthma. agement; care , support; individual and medical evaluation;

B1.3	Adult Dual Diagnosis	PHASEI	PATIENTS	1
· · · · · · · · · · · · · · · · · · ·	Types of Service:			
· ,	<ul> <li>The Adult Dual Diagnosis progradisorders involving substance a issues, or a combination of other individuals are treated based of therapeutic and recovery intern health issues and teaches them drugs and alcohol. In addition, primary substance abuse disord medical detoxification services</li> </ul>	buse and a mental health iss or disorders. In this warm and n their individual needs, and ventions help the person wor coping skills without the use patients in this program may ler and secondary mental he	ue, multiple mental h nurturing environment a combination of k through their ment of substances such of be admitted with a ealth disorder requirir	nealti nt, al as ng
	needs. Our nursing staff is able constant observation and with			
	Services include: medication m management; care coordinatio support; individual and group th dual diagnosis groups; substance recreational therapy; art therap • <u>Hours of Operation</u> :	on; dīscharge planning; fami nerapy – both psychoeduca :e abuse specific programm	ly therapy, educatior tion and process grou	ups;
	<ul> <li>24 hours per day, 7 days per we</li> </ul>	ek		
	<u>Staffing Requirements:</u>			
	<ul> <li>Types and Numbers:</li> </ul>			
	<ul> <li>Psychiatrist: 1</li> <li>Licensed Nursing Staff (R Licensed Psychiatric Tec</li> <li>Mental Health Technicic</li> </ul>		'ocational Nurses, an	d
	Counselors): 2	Workers, Marriage and Famil	y Therapists, Professio	nal
	o <u>Number of Shifts:</u> 3			
B2.1	Older Adult Mental Health	PHASE II	PATIENTS	1
	Types of Service:			
	<ul> <li><u>Types of Service:</u> <ul> <li>The Older Adult Mental Health u that are in need of crisis stabilized senior's need for independence that center on symptom manage daily programming for a therap complicate the individuals bench takes into consideration the phy elderly patient population.</li> </ul> </li> </ul>	ition services. With a strong e , this program seeks to provi gement, caregiver and famil eutic environment, and med avioral health needs. Our the	emphasis on meeting de stabilization servic y education, structure lical diagnoses that trapeutic environmer	a :es ed
	<ul> <li>The Older Adult Mental Health u that are in need of crisis stabilize senior's need for independence that center on symptom manage daily programming for a therap complicate the individuals behave takes into consideration the phy elderly patient population.</li> <li>Services include: medication ma coordination; discharge planning group therapy – both psychoed recreational therapy; art therap</li> </ul>	ition services. With a strong e , this program seeks to provi gement, caregiver and famil eutic environment, and mec avioral health needs. Our the sical, social, emotional, and anagement; behavioral mar g; family therapy, educatior ucation and process groups	emphasis on meeting de stabilization servic y education, structure lical diagnoses that rapeutic environmer spiritual needs of the nagement; care h, support; individual	a es ed nt
	<ul> <li>The Older Adult Mental Health u that are in need of crisis stabilize senior's need for independence that center on symptom manage daily programming for a therap complicate the individuals behave takes into consideration the phy elderly patient population.</li> <li>Services include: medication ma coordination; discharge plannin group therapy – both psychoed</li> </ul>	ition services. With a strong e , this program seeks to provi gement, caregiver and famil eutic environment, and med avioral health needs. Our the sical, social, emotional, and anagement; behavioral mar g; family therapy, educatior ucation and process groups y; occupational therapy.	emphasis on meeting de stabilization servic y education, structure lical diagnoses that rapeutic environmer spiritual needs of the nagement; care h, support; individual	a es ed nt
	<ul> <li>The Older Adult Mental Health ut that are in need of crisis stabilized senior's need for independence that center on symptom managed ally programming for a therapy complicate the individuals beneficates into consideration the physelderly patient population.</li> <li>Services include: medication managed allows inc</li></ul>	ition services. With a strong e , this program seeks to provi gement, caregiver and famil eutic environment, and med avioral health needs. Our the sical, social, emotional, and anagement; behavioral mar g; family therapy, educatior ucation and process groups y; occupational therapy.	emphasis on meeting de stabilization servic y education, structure lical diagnoses that rapeutic environmer spiritual needs of the nagement; care h, support; individual	a es ed nt
	<ul> <li>The Older Adult Mental Health L that are in need of crisis stabilize senior's need for independence that center on symptom manage daily programming for a therap complicate the individuals behave takes into consideration the phy elderly patient population.</li> <li>Services include: medication manage coordination; discharge planning group therapy – both psychoed recreational therapy; art therap</li> <li><u>Hours of Operation:</u> <ul> <li>24 hours per day, 7 days per we</li> <li><u>Staffing Requirements:</u> <ul> <li><u>Types and Numbers:</u></li> <li>Psychiatrist: 1</li> <li>Licensed Nursing Staff (Reduired Nursing</li></ul></li></ul></li></ul>	ition services. With a strong e this program seeks to provi- gement, caregiver and famil- eutic environment, and mec- avioral health needs. Our the sical, social, emotional, and anagement; behavioral mar- g; family therapy, educatior ucation and process groups y; occupational therapy. ek egistered Nurses, Licensed V	emphasis on meeting de stabilization servic y education, structure lical diagnoses that rapeutic environmer spiritual needs of the nagement; care h, support; individual o ; medical evaluation	a es ed nt and
	<ul> <li>The Older Adult Mental Health L that are in need of crisis stabilize senior's need for independence that center on symptom manage daily programming for a therap complicate the individuals behave takes into consideration the phy elderly patient population.</li> <li>Services include: medication mace coordination; discharge plannin group therapy – both psychoed recreational therapy; art therap</li> <li><u>Hours of Operation:</u> <ul> <li>24 hours per day, 7 days per we</li> <li><u>Staffing Requirements:</u> <ul> <li><u>Types and Numbers:</u></li> <li><u>Psychiatrist: 1</u></li></ul></li></ul></li></ul>	ition services. With a strong e this program seeks to provi- gement, caregiver and famil- eutic environment, and mec- avioral health needs. Our the sical, social, emotional, and anagement; behavioral mar- g; family therapy, educatior ucation and process groups y; occupational therapy. ek egistered Nurses, Licensed V anicians): 3	emphasis on meeting de stabilization servic y education, structure lical diagnoses that rapeutic environmer spiritual needs of the nagement; care n, support; individual ; medical evaluation	a es ed nt and
	<ul> <li>The Older Adult Mental Health L that are in need of crisis stabilize senior's need for independence that center on symptom manage daily programming for a therap complicate the individuals behave takes into consideration the phy elderly patient population.</li> <li>Services include: medication manage coordination; discharge planning group therapy – both psychoed recreational therapy; art therap</li> <li><u>Hours of Operation:</u> <ul> <li>24 hours per day, 7 days per we</li> <li><u>Staffing Requirements:</u> <ul> <li>Psychiatrist: 1</li> <li>Licensed Nursing Staff (R Licensed Psychiatric Tech Mental Health Technicia</li> <li>Case Managers (Social W Counselors): 2</li> </ul> </li> </ul> </li> </ul>	ition services. With a strong e e, this program seeks to provi gement, caregiver and famil eutic environment, and med avioral health needs. Our the sical, social, emotional, and anagement; behavioral mar g; family therapy, educatior ucation and process groups y; occupational therapy. ek egistered Nurses, Licensed V nnicians): 3 ns: 3	emphasis on meeting de stabilization servic y education, structure lical diagnoses that rapeutic environmer spiritual needs of the nagement; care n, support; individual ; medical evaluation	a es ed nt ;
ACADIA	<ul> <li>The Older Adult Mental Health L that are in need of crisis stabilize senior's need for independence that center on symptom manage daily programming for a therap complicate the individuals behave takes into consideration the phy elderly patient population.</li> <li>Services include: medication mace coordination; discharge plannin group therapy – both psychoed recreational therapy; art therap</li> <li><u>Hours of Operation:</u> <ul> <li>24 hours per day, 7 days per we</li> <li><u>Staffing Requirements:</u> <ul> <li><u>Types and Numbers:</u></li> <li><u>Psychiatrist: 1</u></li></ul></li></ul></li></ul>	ition services. With a strong e e, this program seeks to provi gement, caregiver and famil eutic environment, and med avioral health needs. Our the sical, social, emotional, and anagement; behavioral mar g; family therapy, educatior ucation and process groups y; occupational therapy. ek egistered Nurses, Licensed V nnicians): 3 ns: 3 Vorkers, Marriage and Family	emphasis on meeting de stabilization servic y education, structure lical diagnoses that rapeutic environmer spiritual needs of the agement; care agement; care , support; individual ; medical evaluation	a es ed nt ;

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B2.2	Pediatric Mental Health	PHASE II	PATIENTS
	Types of Service:		
	<ul> <li>The Child Mental Health Program</li> </ul>	am, for those patients ages 5-12	2, focuses on
	developmental issues of schoo	I and family problems. Frequer	Ily, hyperactivity and
	depression are the presenting	problems which have led to the	e child being a dange
	· · · +	arm, nurturing environment, wit	
		oment, provides a stable and p	
		ogical and emotional growth f	
		gins with an assessment of the p	
		s appropriate. During the stay,	
		ructured daily therapeutic prog	
		to the patient and is develope	
	multidisciplinary team.	no me panem ana s developi	ed und reviewed by 0
	mondscipinary ream.		· .
	Services include: medication r	nanagement; behavioral mana	idement: care
	coordination; discharge plann		
		ducation and process groups;	
		py; primary and intermediate e	
		py, prindry and intermediate e	duculion, psychologie
	and education testing.		
	Hours of Operation:     A hours par days 7 days per days		
	o 24 hours per day, 7 days per w	eek	
	<u>Staffing Requirements:</u>		
	<ul> <li>Types and Numbers:</li> </ul>		
	<ul> <li>Psychiatrist: 1</li> </ul>		
		Registered Nurses, Licensed Vo	cational Nurses, and
	Licensed Psychiatric Te		
	<ul> <li>Mental Health Technici</li> </ul>	ans: 3	
	<ul> <li>Case Managers (Social</li> </ul>	Workers, Marriage and Family	Therapists, Professiona
	Counselors): 2	5 7	<b>,</b> ,
	<ul> <li>Number of Shifts: 3</li> </ul>		н. Н
B3.1	Adult Men Only Mental Health	EXTG	Patients:
	<ul> <li>Types of Service:</li> </ul>		
	<ul> <li>The Adult Mental Health program</li> </ul>	am treats those patients sufferin	g from mental health
	issues that range from depressi		
	in between. In this safe environ	ment, individuals work with the	multidisciplinary
	treatment team to receive indi	vidualized crisis stabilization ser	vices. With the
	treatment team, the individual		
	management and developme		
	therapy. In addition to meeting		
	team works to provide care for		
			om a variety of
			-
	secondary physical health issue		-
	secondary physical health issue	es such as diabetes, COPD, and	l asthma.
	secondary physical health issue Services include: medication m	es such as diabetes, COPD, and nanagement; behavioral mana	l asthma. gement; care
2 - 2 - -	secondary physical health issue Services include: medication m coordination; discharge planni	es such as diabetes, COPD, and nanagement; behavioral mana ng; family therapy, education,	l asthma. gement: care support: individual an
	secondary physical health issue Services include: medication m coordination; discharge planni group therapy – both psychoe	es such as diabetes, COPD, and nanagement; behavioral mana ng; family therapy, education, ducation and process groups; r	l asthma. gement: care support: individual an
2 - 2 - -	secondary physical health issue Services include: medication m coordination; discharge planni group therapy – both psychoe recreational therapy; art therap	es such as diabetes, COPD, and nanagement; behavioral mana ng; family therapy, education, ducation and process groups; r	l asthma. gement: care support: individual an
	secondary physical health issue Services include: medication m coordination; discharge planni group therapy – both psychoe recreational therapy; art therap • <u>Hours of Operation:</u>	es such as diabetes, COPD, and nanagement; behavioral mana ng; family therapy, education, ducation and process groups; r by; occupational therapy.	l asthma. gement: care support: individual an
	secondary physical health issue Services include: medication m coordination; discharge planni group therapy – both psychoe recreational therapy; art therap • <u>Hours of Operation:</u> • 24 hours per day, 7 days per we	es such as diabetes, COPD, and nanagement; behavioral mana ng; family therapy, education, ducation and process groups; r by; occupational therapy.	l asthma. gement: care support: individual an
· · ·	secondary physical health issue Services include: medication m coordination; discharge planni group therapy – both psychoe recreational therapy; art therap <u>Hours of Operation:</u> o 24 hours per day, 7 days per we Staffing Requirements:	es such as diabetes, COPD, and nanagement; behavioral mana ng; family therapy, education, ducation and process groups; r by; occupational therapy.	l asthma. gement: care support: individual an
· · ·	secondary physical health issue Services include: medication m coordination; discharge planni group therapy – both psychoe recreational therapy; art therap • <u>Hours of Operation:</u> • 24 hours per day, 7 days per we • <u>Staffing Requirements:</u> • <u>Types and Numbers:</u>	es such as diabetes, COPD, and nanagement; behavioral mana ng; family therapy, education, ducation and process groups; r by; occupational therapy.	l asthma. gement: care support: individual an
· ·	secondary physical health issue Services include: medication m coordination; discharge planni group therapy – both psychoe recreational therapy; art therap <u>Hours of Operation:</u> o 24 hours per day, 7 days per we Staffing Requirements:	es such as diabetes, COPD, and nanagement; behavioral mana ng; family therapy, education, ducation and process groups; r by; occupational therapy.	l asthma. gement: care support: individual an
	secondary physical health issue Services include: medication m coordination; discharge planni group therapy – both psychoe recreational therapy; art therap <u>Hours of Operation:</u> o 24 hours per day, 7 days per we <u>Staffing Requirements:</u> o <u>Types and Numbers:</u> Psychiatrist: 1	es such as diabetes, COPD, and nanagement; behavioral mana ng; family therapy, education, ducation and process groups; r by; occupational therapy. eek	l asthma. gement; care support; individual an nedical evaluation;
	secondary physical health issue Services include: medication m coordination; discharge planni group therapy – both psychoe recreational therapy; art therap <u>Hours of Operation:</u> o 24 hours per day, 7 days per we <u>Staffing Requirements:</u> o <u>Types and Numbers:</u> Psychiatrist: 1 Licensed Nursing Staff (1	es such as diabetes, COPD, and nanagement; behavioral mana ng; family therapy, education, ducation and process groups; r by; occupational therapy. eek Registered Nurses, Licensed Voo	l asthma. gement; care support; individual an nedical evaluation;
	secondary physical health issue Services include: medication m coordination; discharge planni group therapy – both psychoe recreational therapy; art therap • <u>Hours of Operation:</u> • 24 hours per day, 7 days per we • <u>Staffing Requirements:</u> • <u>Types and Numbers:</u> • Psychiatrist: 1 • Licensed Nursing Staff (I Licensed Psychiatric Ted	es such as diabetes, COPD, and nanagement; behavioral mana ng; family therapy, education, ducation and process groups; r by; occupational therapy. eek Registered Nurses, Licensed Voc chnicians): 3	l asthma. gement; care support; individual an nedical evaluation;
	secondary physical health issue Services include: medication m coordination; discharge planni group therapy – both psychoe recreational therapy; art therap <u>Hours of Operation:</u> o 24 hours per day, 7 days per we <u>Staffing Requirements:</u> o <u>Types and Numbers:</u> Psychiatrist: 1 Licensed Nursing Staff (I Licensed Psychiatric Teo Mental Health Technicio	es such as diabetes, COPD, and nanagement; behavioral mana ng; family therapy, education, ducation and process groups; r by; occupational therapy. eek Registered Nurses, Licensed Voc chnicians): 3 ans: 3	l asthma. gement; care support; individual an nedical evaluation; cational Nurses, and
	secondary physical health issue Services include: medication m coordination; discharge planni group therapy – both psychoe recreational therapy; art therap <u>Hours of Operation:</u> o 24 hours per day, 7 days per we <u>Staffing Requirements:</u> o <u>Types and Numbers:</u> Psychiatrist: 1 Licensed Nursing Staff (I Licensed Psychiatric Tec Mental Health Technicic Case Managers (Social	es such as diabetes, COPD, and nanagement; behavioral mana ng; family therapy, education, ducation and process groups; r by; occupational therapy. eek Registered Nurses, Licensed Voc chnicians): 3	l asthma. gement; care support; individual an nedical evaluation; cational Nurses, and
	secondary physical health issue Services include: medication m coordination; discharge planni group therapy – both psychoe recreational therapy; art therap <u>Hours of Operation:</u> o 24 hours per day, 7 days per we <u>Staffing Requirements:</u> o <u>Types and Numbers:</u> Psychiatrist: 1 Licensed Nursing Staff (I Licensed Psychiatric Teo Mental Health Technicio Case Managers (Social Counselors): 2	es such as diabetes, COPD, and nanagement; behavioral mana ng; family therapy, education, ducation and process groups; r by; occupational therapy. eek Registered Nurses, Licensed Voc chnicians): 3 ans: 3	l asthma. gement; care support; individual an nedical evaluation; cational Nurses, and
	secondary physical health issue Services include: medication m coordination; discharge planni group therapy – both psychoe recreational therapy; art therap <u>Hours of Operation:</u> o 24 hours per day, 7 days per we <u>Staffing Requirements:</u> o <u>Types and Numbers:</u> Psychiatrist: 1 Licensed Nursing Staff (I Licensed Psychiatric Tec Mental Health Technicic Case Managers (Social	es such as diabetes, COPD, and nanagement; behavioral mana ng; family therapy, education, ducation and process groups; r by; occupational therapy. eek Registered Nurses, Licensed Voc chnicians): 3 ans: 3	l asthma. gement; care support; individual an nedical evaluation; cational Nurses, and
CADIA	secondary physical health issue Services include: medication m coordination; discharge planni group therapy – both psychoe recreational therapy; art therap <u>Hours of Operation:</u> o 24 hours per day, 7 days per we <u>Staffing Requirements:</u> o <u>Types and Numbers:</u> Psychiatrist: 1 Licensed Nursing Staff (I Licensed Psychiatric Teo Mental Health Technicio Case Managers (Social Counselors): 2	es such as diabetes, COPD, and nanagement; behavioral mana ng; family therapy, education, ducation and process groups; r by; occupational therapy. eek Registered Nurses, Licensed Voc chnicians): 3 ans: 3 Workers, Marriage and Family 1	l asthma. gement; care support; individual an nedical evaluation; cational Nurses, and

B3.2	Older Adult Mental Health	EXTG	PATIENTS	2
	Iypes of Service:		······	
	o The Older Adult Mental Health unit focuses tr	eatment on thos	e adults aaes 55 a	ind up
	that are in need of crisis stabilization services.			
	senior's need for independence, this program	. •	•	0
	that center on symptom management, care			
	daily programming for a therapeutic environ			
	complicate the individuals behavioral health			
	takes into consideration the physical, social,			
		enononai, ana s	pinioa neeas or it	ie
	elderly patient population.			
	Services include: medication management;	behavioral mana	idement: care	
	coordination; discharge planning; family the			al and
	group therapy – both psychoeducation and			
	recreational therapy; art therapy; occupatio		ino dio di o i dio dio	,
	Hours of Operation:	narmorapy.		
	<ul> <li>24 hours per day, 7 days per week</li> <li>Staffing Requirements:</li> </ul>			
	• Types and Numbers:			
	<ul> <li>Psychiatrist: 1</li> <li>Licensed Nursing Staff (Registered Nur</li> </ul>	ron Hoomod Vo	oational Nurses a	~ d
	Licensed Psychiatric Technicians): 3	ises, licensed vo	culturi norses, a	na
	r ,			
	<ul> <li>Mental Health Technicians: 3</li> </ul>	· · · · · · · · · · · · · · · · · · ·		
	<ul> <li>Case Managers (Social Workers, Marr</li> </ul>	lage and Family	inerapists, Protessi	onal
	Counselors): 2			
	<ul> <li><u>Number of Shifts: 3</u></li> </ul>			
	· · · · · · · · · · · · · · · · · · ·			
B3.3	Adult Mental Health	EXTG	Patients:	2
	<u>Types of Service:</u>			
	<ul> <li>The Adult Mental Health program treats those</li> </ul>			
	issues that range from depression to bipolar c			thing
	in between. In this safe environment, individu			
	treatment team to receive individualized crisi	is stabilization ser	vices. With the	
	treatment team, the individual will develop c	oping skills both I	hrough medicatio	n
	management and development of coping sl	kills through indivi	dual and group	
	therapy. In addition to meeting the individua	ls behavioral hec	Ilth needs, our trea	atmer
	team works to provide care for adults who ar	e also sufferina fr	om a variety of	
	secondary physical health issues such as diat	~	•	
			,	
	Services include: medication management; t	oehavioral mana	aement: care	
	coordination; discharge planning; family ther			Iand
	group therapy – both psychoeducation and	, ,		
	recreational therapy; art therapy; occupation			,
		na merupy.		
	Hours of Operation:			
	o 24 hours per day, 7 days per week			
	<u>Staffing Requirements:</u>			
	<ul> <li>Types and Numbers:</li> </ul>			
	<ul> <li>Psychiatrist: 1</li> </ul>			
	<ul> <li>Licensed Nursing Staff (Registered Nur</li> </ul>	ses, Licensed Vo	cational Nurses, ar	nd
	Licensed Psychiatric Technicians): 3			
	<ul> <li>Mental Health Technicians: 3</li> </ul>			
	<ul> <li>Case Managers (Social Workers, Marri</li> </ul>	age and Family <sup>-</sup>	Therapists, Professio	onal
	Counselors): 2	/	· · · · · · · · · · · · · · · · · · ·	
	o Number of Shifts: 3			
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<ul> <li><u>Types of Service:</u> <ul> <li>The Adult Partial Hospitalization Program is a voluntary program that ideal for tho individuals seeking mental health services that occur at a more frequent and intense level than typical outpatient therapy. Individuals in this program are either stepping down from an inpatient psychiatric unit and require more intensive and frequent services as well as continued medication management or are individual in the community that are not immediately a danger to themselves or others yet require more intensive services to help them process through their behavioral health needs. In the Partial Hospitalization Program will attend Monday through Friday for six hours a day where they will participate in psychoeducation groups, experiential process groups, and medication-education groups. Modalities will include Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Individuals in this program will anterviewing, experiential group processing, and trauma informed therapy. In addition, individuals in this program will meet with a psychiatrist or advanced practitioner on a weekly basis to discuss medication management.</li> <li><u>Hours of Operation:</u> <ul> <li>09:00-17:00 Monday-Friday</li> </ul> </li> </ul></li></ul>	B3.4	Adolescent Mental Health	EXTG	PATIENTS	1
<ul> <li>coordination: discharge planning: family therapy, education, support; individual and group therapy – both psychoeducation and process groups; medical evaluation; recreational therapy; art therapy; primary and intermediate education; psychologic and education testing.</li> <li>Hours of Operation:         <ul> <li>24 hours per day, 7 days per week</li> <li>Staffing Requirements:                 <ul> <li>Types and Numbers:</li> <li>Psychiatrist: 1</li></ul></li></ul></li></ul>		<ul> <li>The Child Mental Health Program, for the developmental issues of school and far depression are the presenting problems to themselves or others. The warm, nurte management and skill development, p needed for continued psychological ar program, crisis stabilization begins with to determine if hospitalization is approp in social activities and highly structured treatment plan is individualized to the p</li> </ul>	mily problems. Frequess which have led to the uring environment, we rovides a stable and nd emotional growth an assessment of the priate. During the star daily therapeutic pr	ently, hyperactivity the child being a do vith an emphasis on a positive atmospher n for children. While e patient prior to ad y, patients will be er ogramming. Each	anger self- re in this missior ngageo
<ul> <li>24 hours per day, 7 days per week</li> <li>Staffing Requirements:         <ul> <li>Types and Numbers:</li> <li>Psychiatrist: 1</li> <li>Licensed Nursing Staff [Registered Nurses, Licensed Vocational Nurses, and Licensed Psychiatric Technicians): 3</li> <li>Mental Health Technicians: 3</li> <li>Case Managers (Social Workers, Marriage and Family Therapists, Professional Courselors): 2</li> <li>Number of Shifts: 3</li> </ul> </li> <li>4.1 Adult Partial Hospitalization Program PHASE II PATIENTS</li> <li>Types of Service:         <ul> <li>The Adult Partial Hospitalization Program is a voluntary program that ideal for the individuals seeking mental health services that occur at a more frequent and intense level than typical outpatient therapy. Individuals in this program are either stepping down from an inpatient psychiatric unit and require more intensive and frequent services as well as continued medication management or are individual in the community that are not immediately a danger to themselves or others yet require more intensive services to help them proces through their behavioral health needs. In the Partial Hospitalization Program will attend Monday through Friday for six hours a day where they will participate in psychoeducation groups, experiential process groups, and medication education groups. Modallies will include Cognitive Behavioral Therapy. Dialectical Behavior Therapy. In addition, individuals in this program will meet with a psychiatrist or advanced practitioner on a weekly basis to discuss medication management.</li> <li>Mours of Operation:             <ul> <li>Ory:00-17:00 Monday-Friday</li> <li>Marging Requirements:             <ul> <li>Ory:00-17:00 Monday-Friday</li> <li>Marging Requirements:</li> <li>Ory:00-17:00 Monday-Friday</li> </ul> </li> </ul></li></ul></li></ul>		coordination; discharge planning; famil group therapy – both psychoeducation recreational therapy; art therapy; prime	ly therapy, educatio n and process group	n, support; individuo s; medical evaluatio	on;
<ul> <li>Psychiatrist: 1         <ul> <li>Licensed Nursing Staff (Registered Nurses, Licensed Vocational Nurses, and Licensed Psychiatric Technicians): 3</li> <li>Mental Health Technicians: 3</li> <li>Case Managers (Social Workers, Marriage and Family Therapists, Professional Counselors): 2</li> <li><u>Number of Shiffs: 3</u></li> </ul> </li> <li>Adult Partial Hospitalization Program PHASE II PATIENTS</li> <li><u>Types of Service:</u> <ul> <li>The Adult Partial Hospitalization Program is a voluntary program that ideal for tho individuals seeking mental health services that occur at a more frequent and intense level than typical outpatient therapy. Individuals in this program are either stepping down from an inpatient psychiatric unit and require more intensive and frequent services as well as continued medication management or are individual in the community that are not immediately a danger to themselves or others yet require more intensive services to help them process through their behavioral health needs. In the Partial Hospitalization Program will attend Monday through Friday for six hours a day where they will participate in psychoeducation groups, experiential process groups, and medication management.</li> <li><u>Hours of Operation:</u> <ul> <li>0:00:00:17:00 Monday-Friday</li> <li><u>Staffing Requirements::</u></li> <li><u>Types and Numbers:</u></li> </ul> </li> </ul></li></ul>	·	<ul> <li>24 hours per day, 7 days per week</li> <li><u>Staffing Requirements:</u></li> </ul>			
<ul> <li><u>Types of Service:</u> <ul> <li>The Adult Partial Hospitalization Program is a voluntary program that ideal for tho individuals seeking mental health services that occur at a more frequent and intense level than typical outpatient therapy. Individuals in this program are either stepping down from an inpatient psychiatric unit and require more intensive and frequent services as well as continued medication management or are individual in the community that are not immediately a danger to themselves or others yet require more intensive services to help them process through their behavioral health needs. In the Partial Hospitalization Program will attend Monday through Friday for six hours a day where they will participate in psychoeducation groups, experiential process groups, and medication-education groups. Modalities will include Cognitive Behavioral Therapy, Dialectical Behavior Therapy, In addition, individuals in this program will meet with a psychiatrist or advanced practitioner on a weekly basis to discuss medication management.</li> </ul> </li> <li>Hours of Operation:         <ul> <li>O'9:00-17:00 Monday-Friday</li> </ul> </li> </ul>		<ul> <li>Mental Health Technicians: 3</li> <li>Case Managers (Social Workers,</li> </ul>		ly Therapists, Profess	ional
<ul> <li>The Adult Partial Hospitalization Program is a voluntary program that ideal for the individuals seeking mental health services that occur at a more frequent and intense level than typical outpatient therapy. Individuals in this program are either stepping down from an inpatient psychiatric unit and require more intensive and frequent services as well as continued medication management or are individual in the community that are not immediately a danger to themselves or others yet require more intensive services to help them process through their behavioral health needs. In the Partial Hospitalization Program individuals can receive assistance with symptom reduction and guidance through their recovery with the co-occurring disorders. Individuals in this program will attend Monday through Friday for six hours a day where they will participate in psychoeducation groups, experiential process groups, and medication-education groups. Modalities will include Cognitive Behavioral Therapy, Dialectical Behavior Therapy, In addition, individuals in this program will meet with a psychiatrist or advanced practitioner on a weekly basis to discuss medication management.</li> <li>Hours of Operation:         <ul> <li>O9:00-17:00 Monday-Friday</li> <li><u>Types and Numbers:</u></li> <li><u>Types and Numbers:</u></li> </ul> </li> </ul>			• •		
<ul> <li>Director of Outpatient Services: 1</li> <li>Outpatient Therapist / Social Worker / Marriage and Family Therapist /</li> </ul>	4.1	o <u>Number of Shifts:</u> 3	PHASE	II PATIENTS	1

- o Registered Nurse: 1
- o Mental Health Technician: 1

Psychiatrist: 1 (shared with Adolescent PHP)

<u>Number of Shifts:</u> 1

B4.2	Adult Intensive	Outpatient Program	PHASE II	PATIENTS	14
	• Types of	Service:		· · · · · · · · · · · · · · · · · · ·	
	<ul> <li>The Adult Intensive Outpatient Program individuals seeking mental health service intense level than typical outpatient the intensity as Partial Hospitalization. Individ down from an inpatient psychiatric unit require more intensive and frequent sem management or are individuals in the construction of themselves or others yet require process through their behavioral health Program individuals can receive assistar guidance through their recovery with the this program will attend Monday through will participate in psychoeducation group Modalities will include Cognitive Behavior motivational interviewing, experiential getherapy.</li> <li><u>Hours of Operation:</u> <ul> <li>09:00-13:00 Monday-Friday</li> <li><u>Staffing Requirements:</u></li> <li><u>Types and Numbers:</u></li> <li><u>Outpatient Therapist / Social Wond Professional Counselor:</u></li> <li>Mental Health Technician: 1</li> <li><u>Number of Shifts; 1</u></li> </ul> <ul> <li>Number of Shifts; 1</li> </ul> </li> </ul>		s that occur at a m apy yet does not re vals in this program or partial hospitalized ces as well as cont mmunity that are r e more intensive se ieeds. In the Intensive ce with symptom re ir co-occurring disc Friday for three ha os and experiential ral Therapy, Dialec oup processing, an	nore frequent an equire the same are either stepp tion program ar inued medication not immediately ervices to help th ive Outpatient eduction and orders. Individual ours a day where I process groups. tical Behavior Th ind trauma inform	id ing nd on iem Is in they erapy ied
B4.3	Adolescent Pa	rtial Hospitalization Program	PHASE II	PATIENTS	1
<u> </u>	Types of S		THASEN	I AIILINIS	
;	o Tr fo ai ei ai in of ba re wi	e Adolescent Partial Hospitalization Pro- r those individuals seeking mental healt nd intense level than typical outpatient ther stepping down from an inpatient p nd frequent services as well as continue dividuals in the community that are not hers yet require more intensive services shavioral health needs. In the Partial Ho ceive assistance with symptom reduction th their co-occurring disorders. Individual rough Friday for six hours a day where the	h services that occ therapy. Individual sychiatric unit and d medication man immediately a dar to help them proc spitalization Progra on and guidance the als in this program	cur at a more free ls in this program require more intr agement or are nger to themselv ess through their am, individuals co hrough their reco will attend Mond	quent are ensive es or an overy lay

will include Cognitive Behavioral Therapy, Dialectical Behavior Therapy, motivational interviewing, experiential group processing, and trauma informed therapy. In addition, individuals in this program will meet with a psychiatrist or advanced practitioner on a weekly basis to discuss medication management. Finally, in order to ensure that the adolescent does not fall behind in their studies, individuals will meet with our teacher to receive educational services.

groups, experiential process groups, and medication-education groups. Modalities

Hours of Operation:

o 09:00-17:00 Monday-Friday

- Staffing Requirements:
  - Types and Numbers: o
    - Director of Outpatient Services: 1 (shared with Adult PHP and IOP) 0
    - Outpatient Therapist / Social Worker / Marriage and Family Therapist / 0 Professional Counselor: 1
    - Registered Nurse: 1 (shared with Adult PHP and IOP) 0
    - Mental Health Technician: 1 0
    - Psychiatrist: 1 (shared with Adult PHP) 0
    - Teacher: 1 0
  - Number of Shifts: 1 0

B4.4	Adolescent Intensive Outpatient Program	PHASE II	PATIENTS	15
	Types of Service:			

- The Adolescent Intensive Outpatient Program is a voluntary program that ideal for those individuals seeking mental health services that occur at a more frequent and intense level than typical outpatient therapy yet does not require the same intensity as Partial Hospitalization. Individuals in this program are either stepping down from an inpatient psychiatric unit or partial hospitalization program and require more intensive and frequent services as well as continued medication management or are individuals in the community that are not immediately a danger to themselves or others yet require more intensive services to help them process through their behavioral health needs. In the Intensive Outpatient Program individuals can receive assistance with symptom reduction and guidance through their recovery with their co-occurring disorders. Individuals in this program will attend Monday through Friday for three hours a day where they will participate in psychoeducation groups and experiential process groups. Modalities will include Cognitive Behavioral Therapy, Dialectical Behavior Therapy, motivational interviewing, experiential group processing, and trauma informed therapy. Finally, in order to ensure that the adolescent does not fall behind in their studies, individuals will meet with our teacher to receive educational services.
- Hours of Operation:

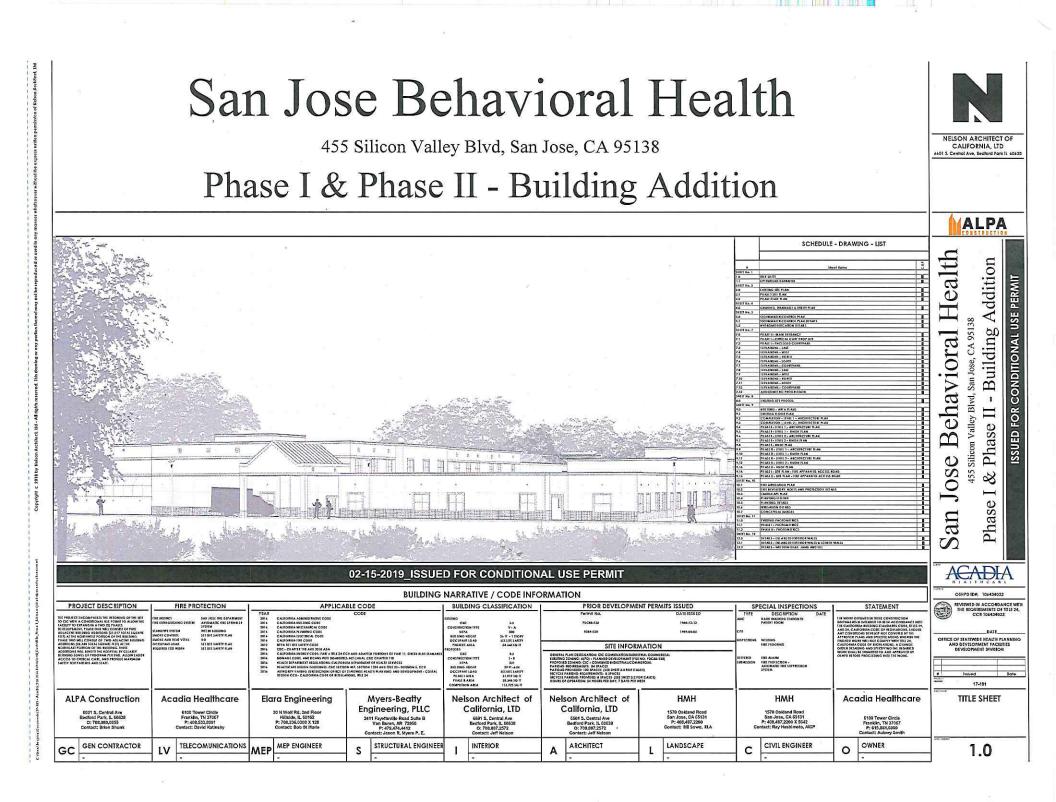
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- o 09:00-13:00 Monday-Friday
- Staffing Requirements:
  - Types and Numbers: 0
    - Director of Outpatient Services: 1 (shared with Adult PHP and IOP) 0
    - Outpatient Therapist / Social Worker / Marriage and Family Therapist / 0 Professional Counselor: 1
    - Registered Nurse: 1 (shared with Adult PHP and IOP) 0
    - Mental Health Technician: 1 0
    - Teacher: 1 0
  - Number of Shifts: 1

B5.1	Adult Crisis Sto	abilization Services	PHASE 1	PATIENTS	1
	c n T s h	<u>Service:</u> In the Crisis Stabilization Program, crisis stabilization services that inclu- nedication administration, consu- providers, as well as linkage/referrent he team also offers psychiatric con- taff and other community services he Crisis Stabilization Program is the pospital setting when indicated of he patient units when the need for	lude intervention, medica Itation with significant off rals to follow-up care and onsultation over the phote professionals by reques o refer clients to the most r to facilitate admission to	ation management hers and outpatien d community resounce to emergency r t. The primary goal d appropriate, non- to one of our psych	it, irces oom of
	ې <u>Hours of 0</u> 2	ervices include: medication mar planning; medical evaluation; cris <u>Operation:</u> 4 hours per day, 7 days per weel <u>Requirements:</u> • <u>Types and Numbers:</u> • Psychiatrist: 1 • Licensed Nursing Si	sis intervention; psychiatri	c consultations.	1
,		<ul> <li>Mental Health Tech</li> </ul>	ed Psychiatric Techniciar nnicians: 2 orkers, Marriage and Fan		

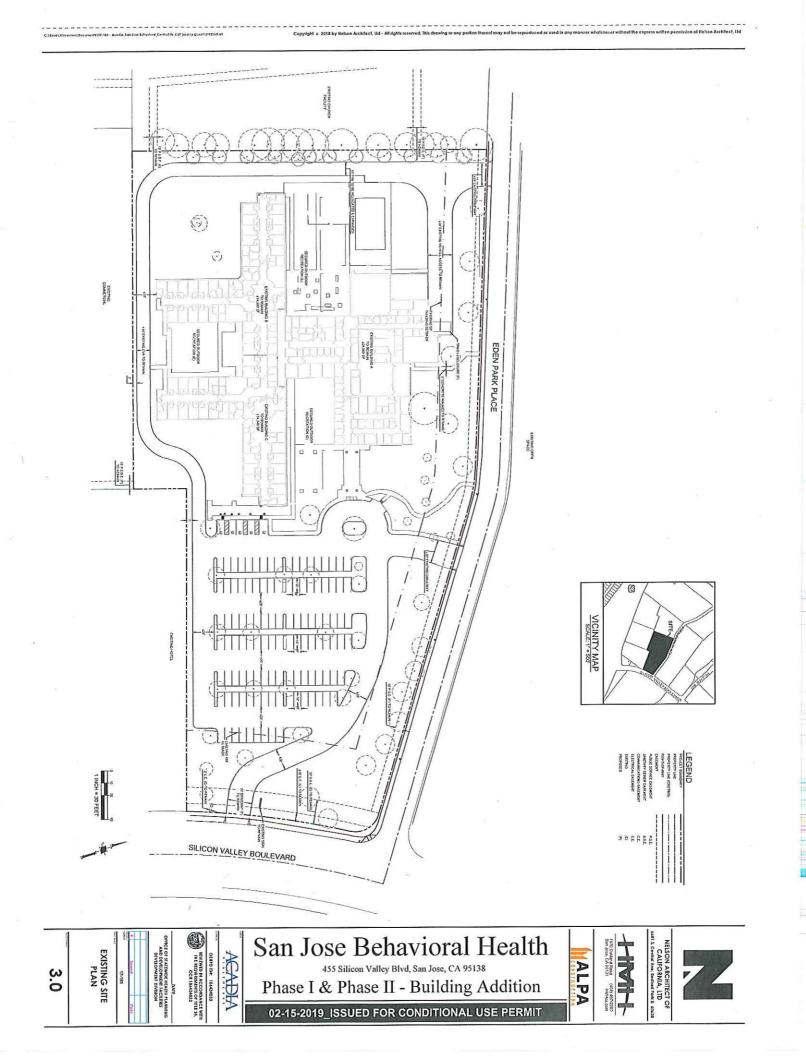
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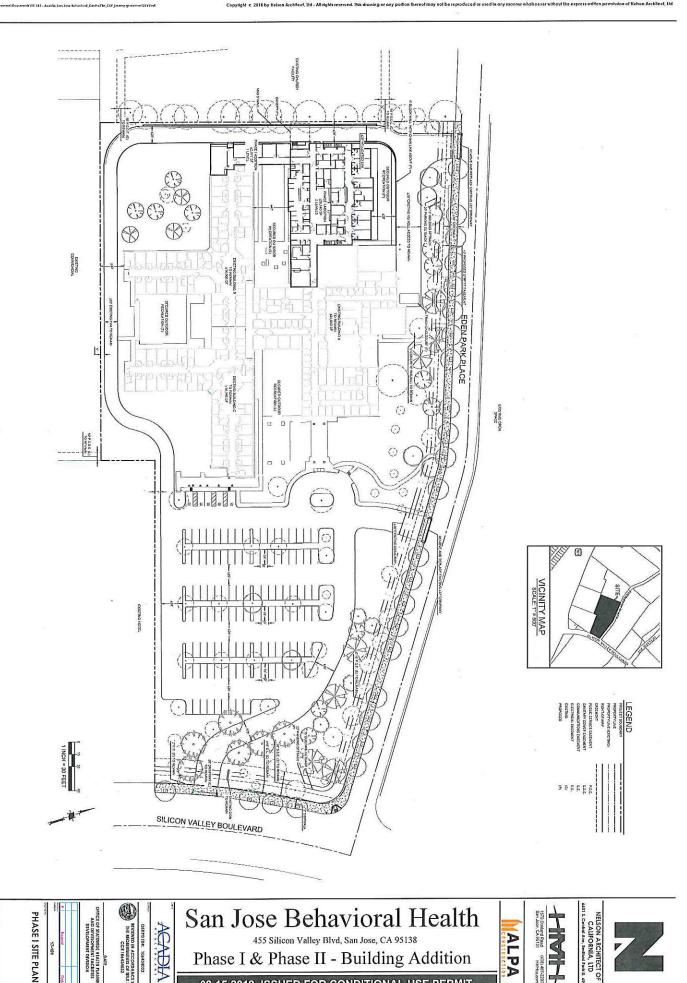


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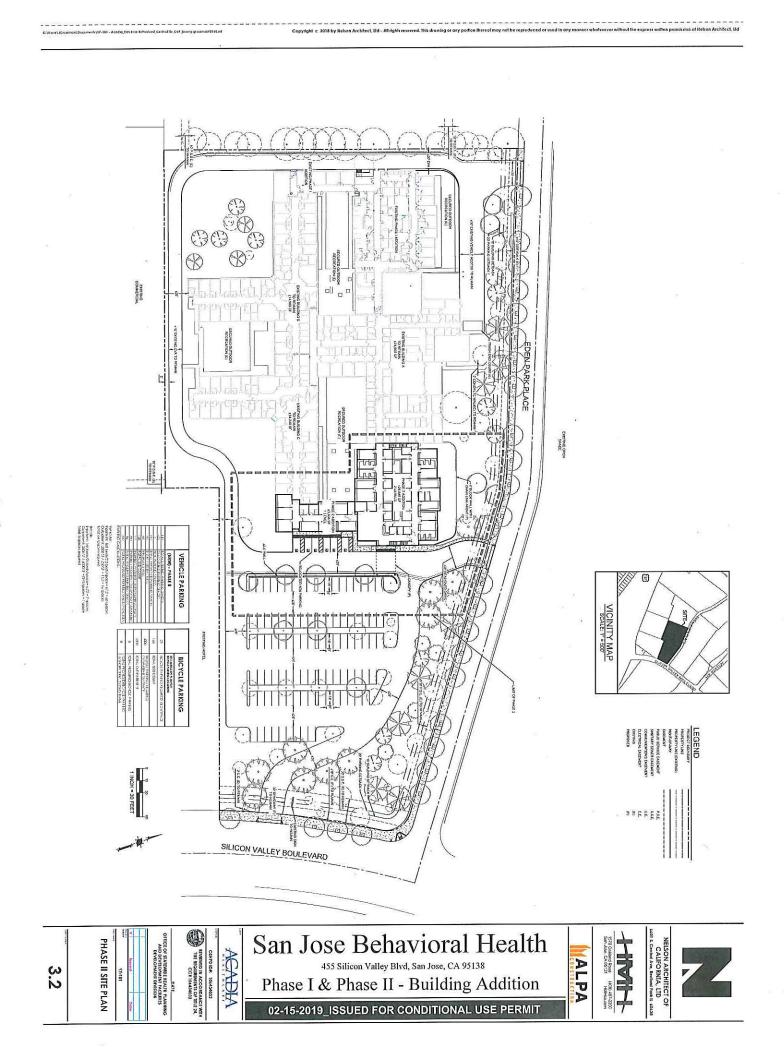
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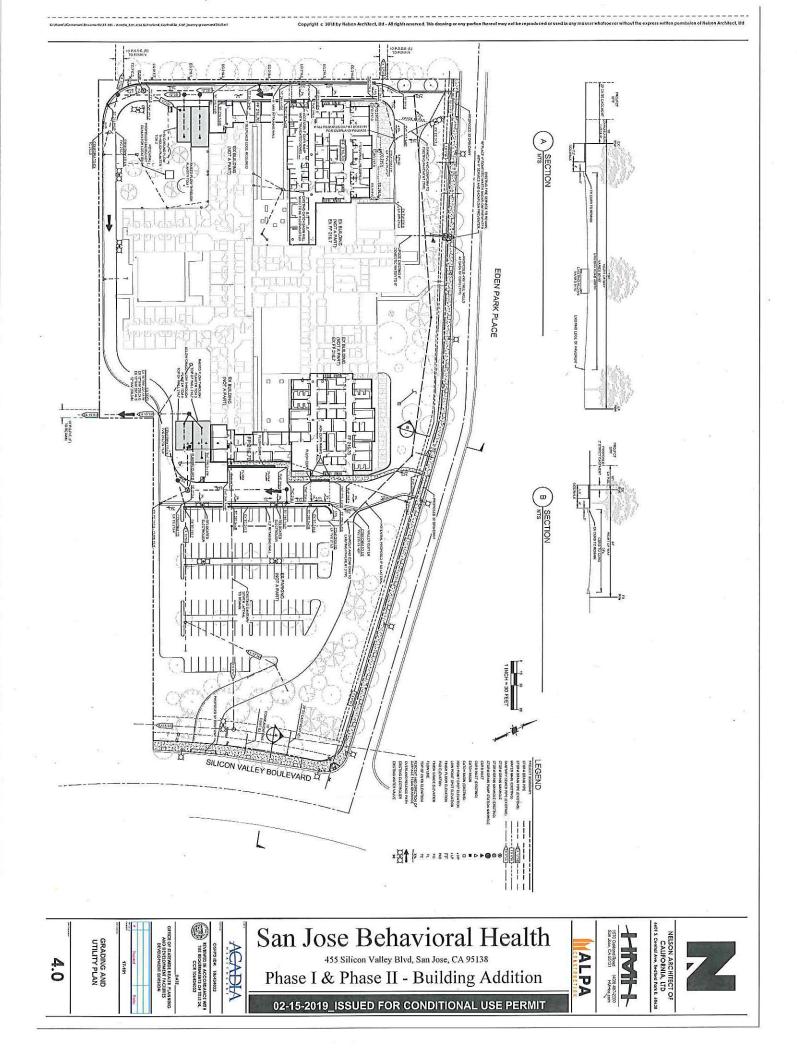


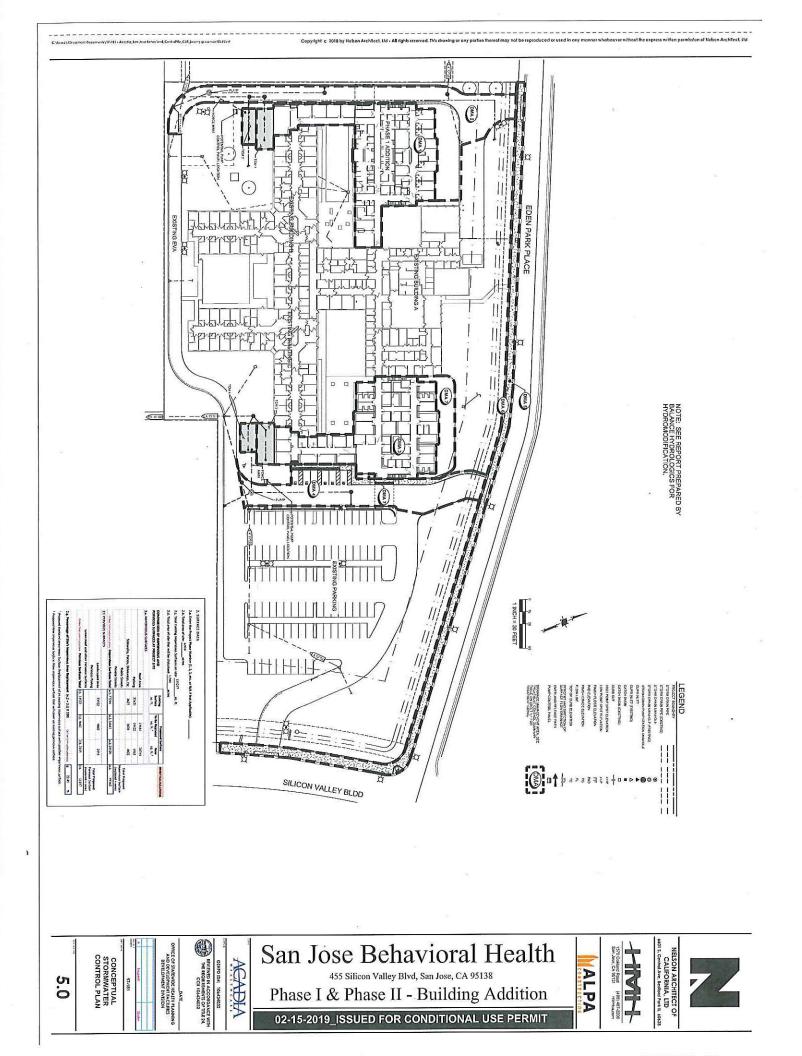


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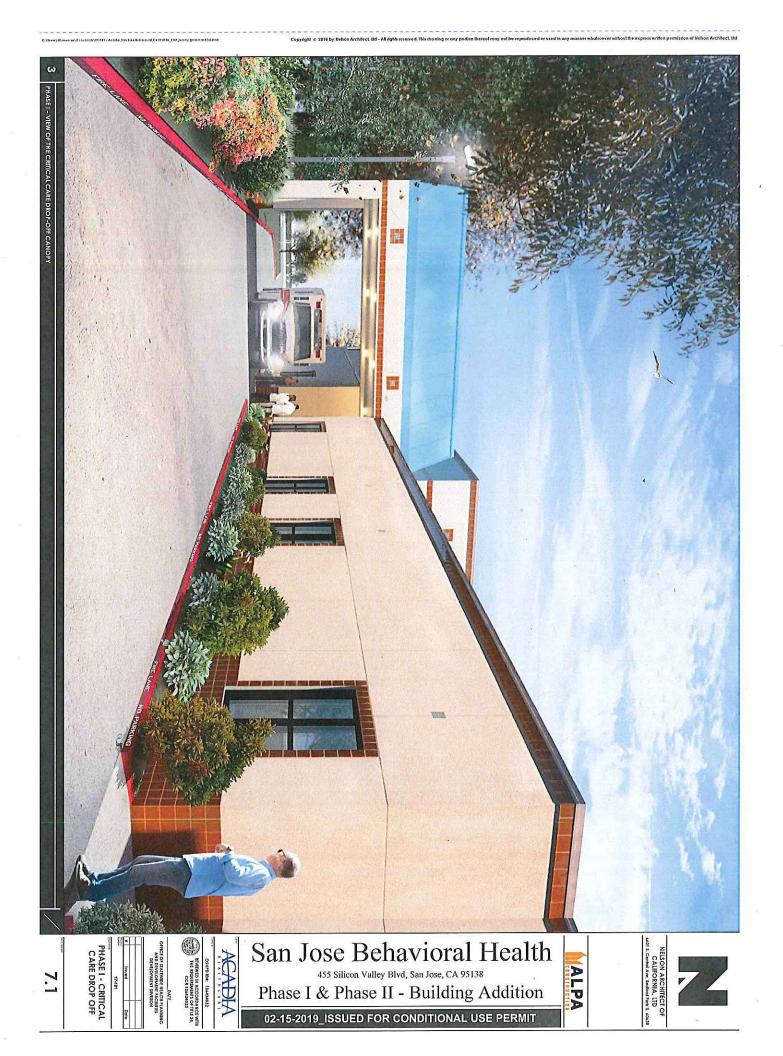
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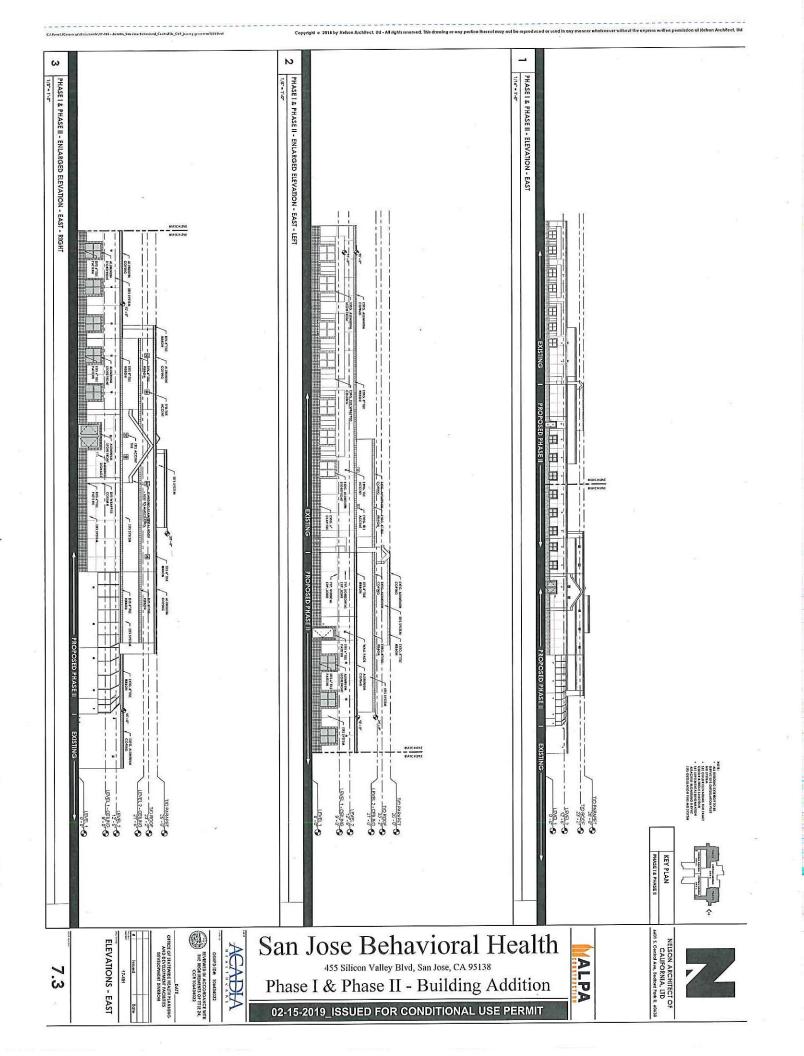
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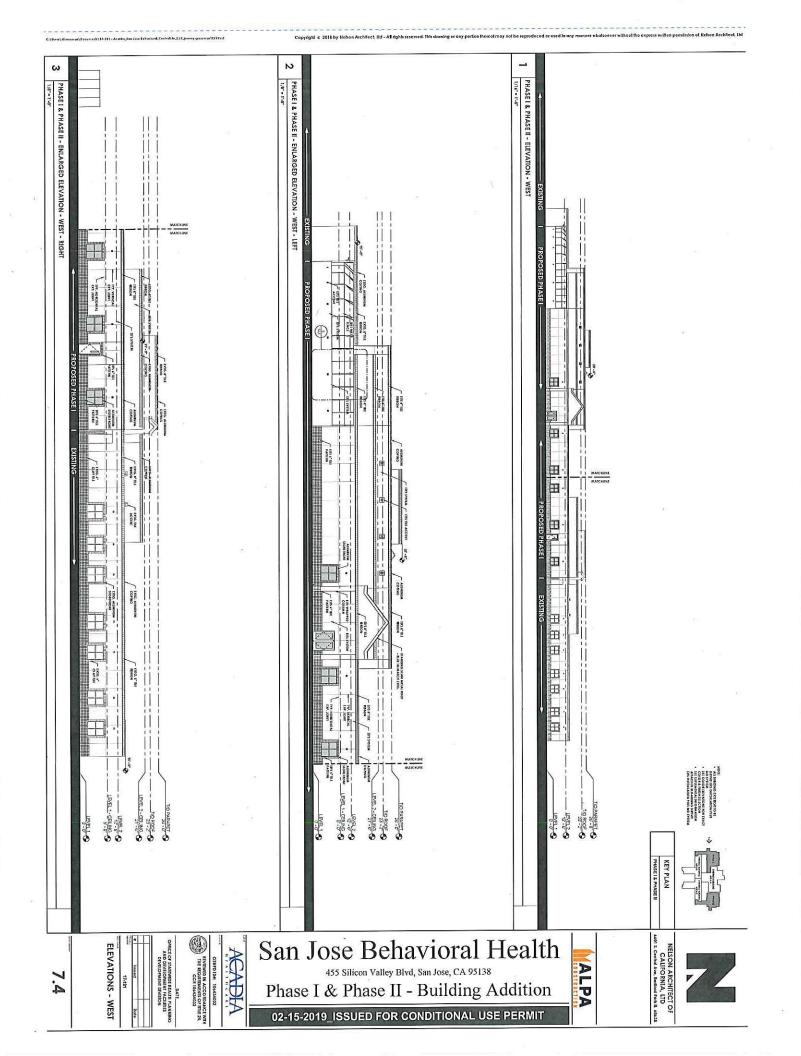
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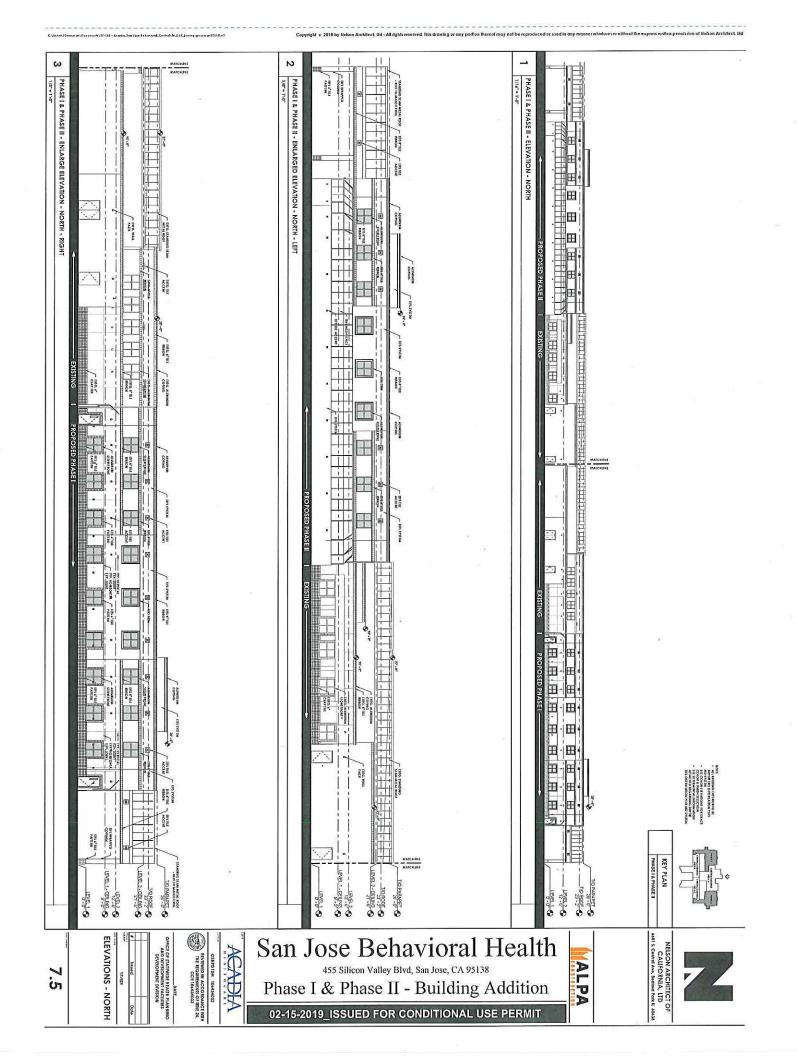


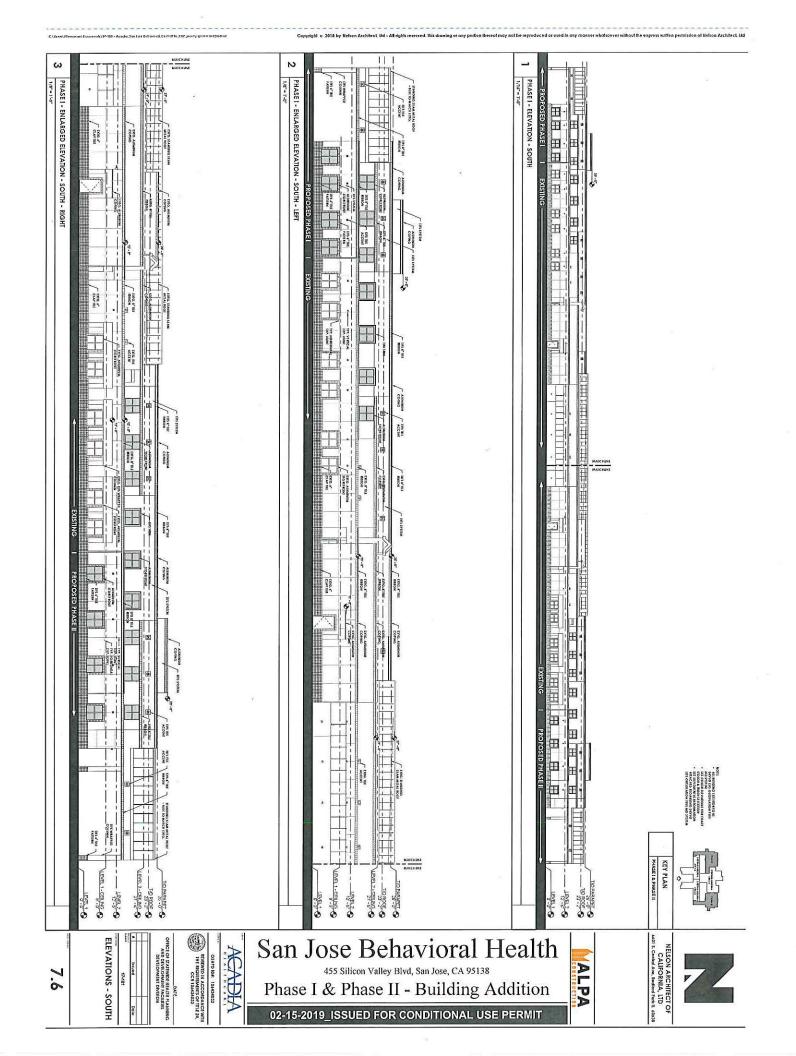




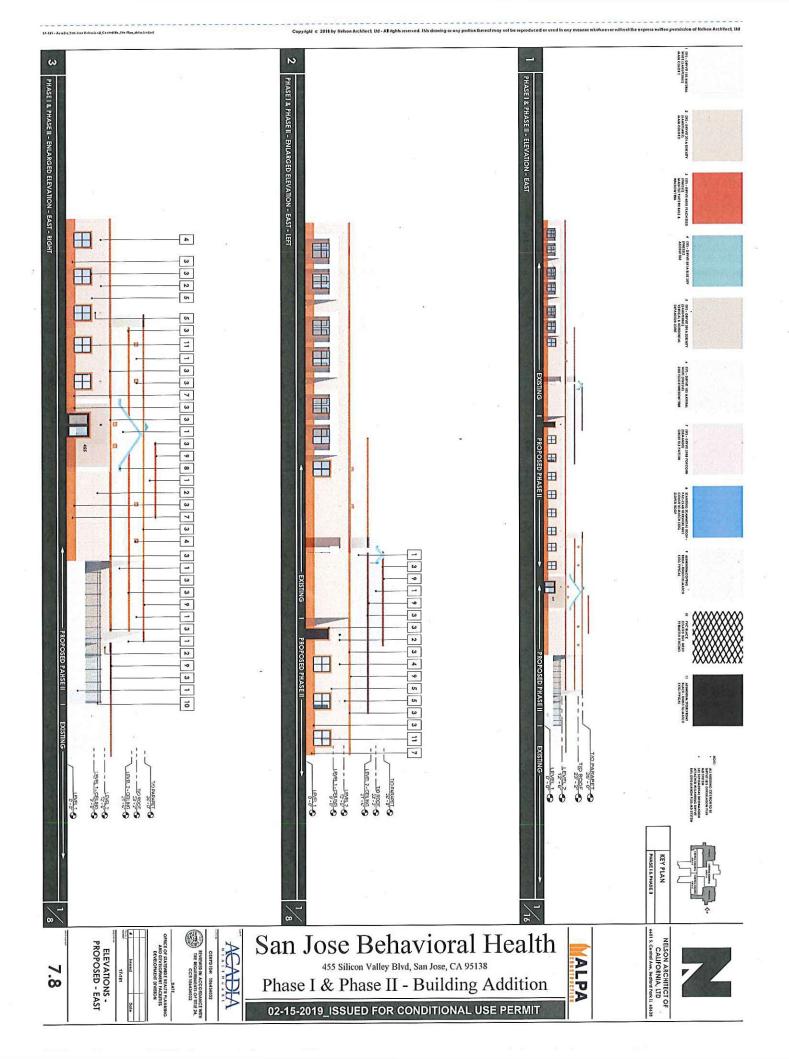


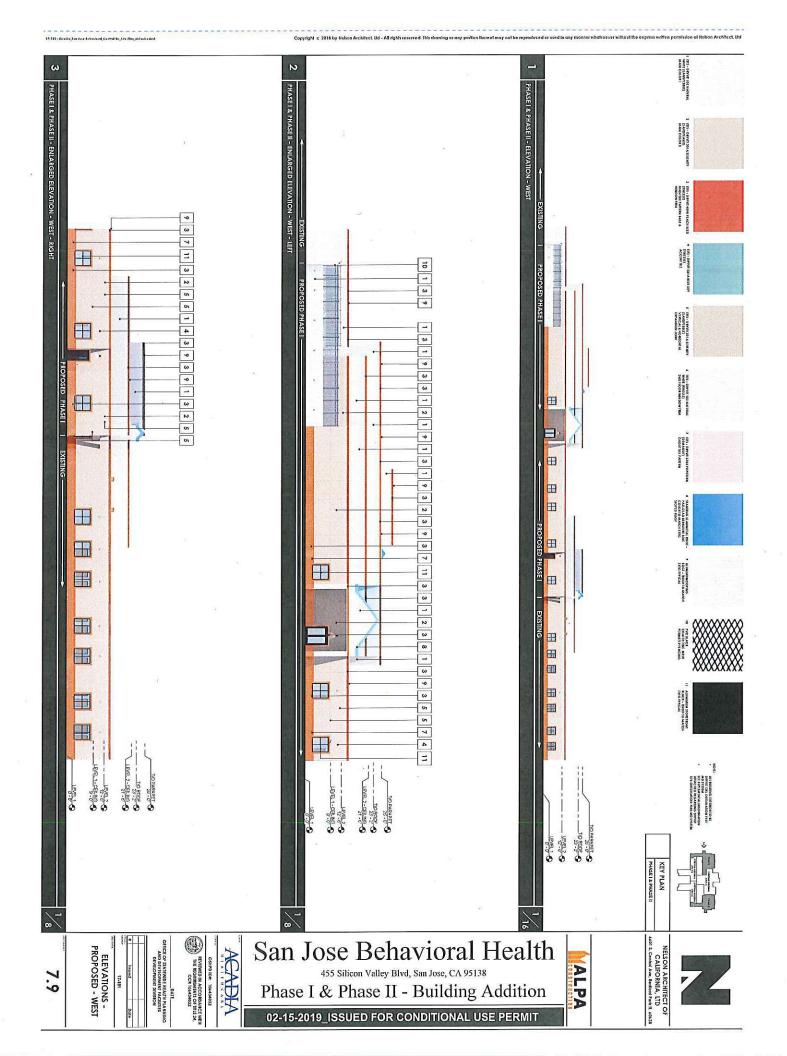


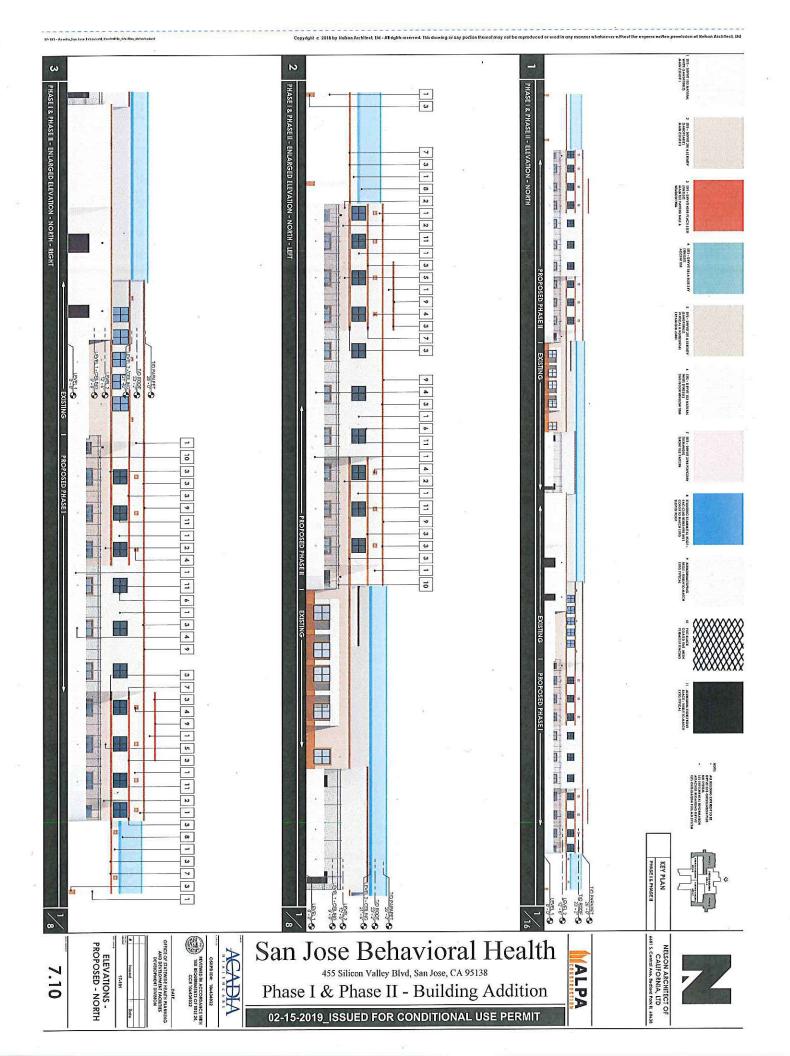


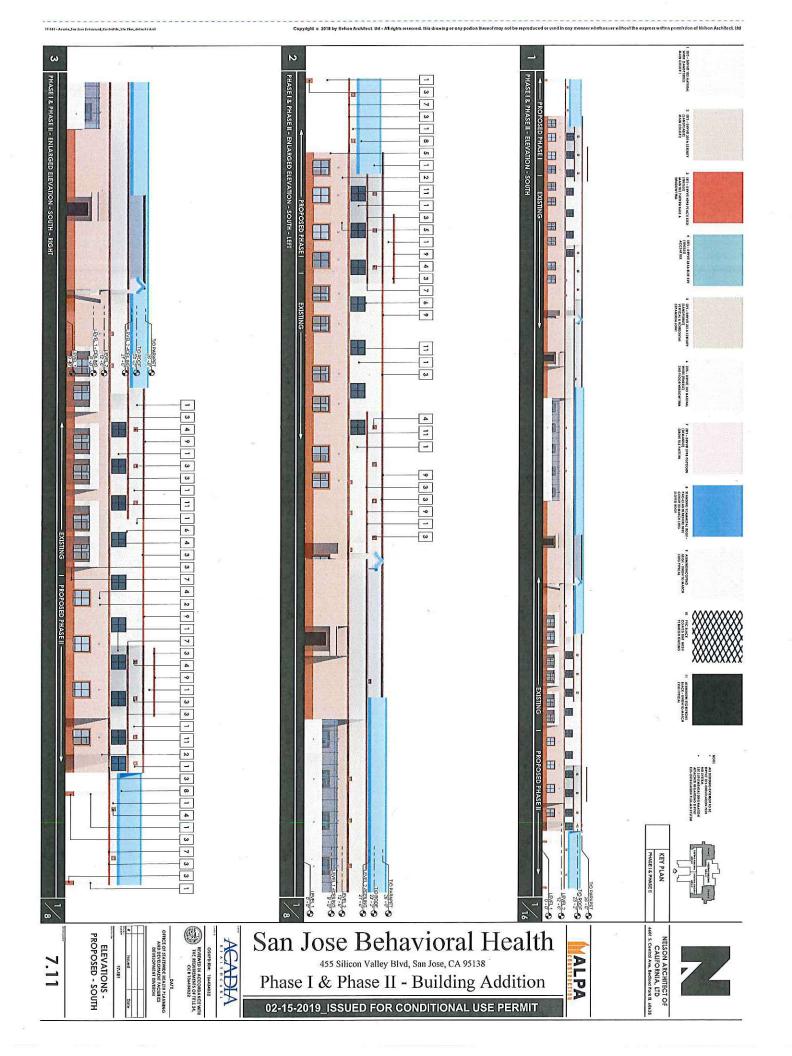




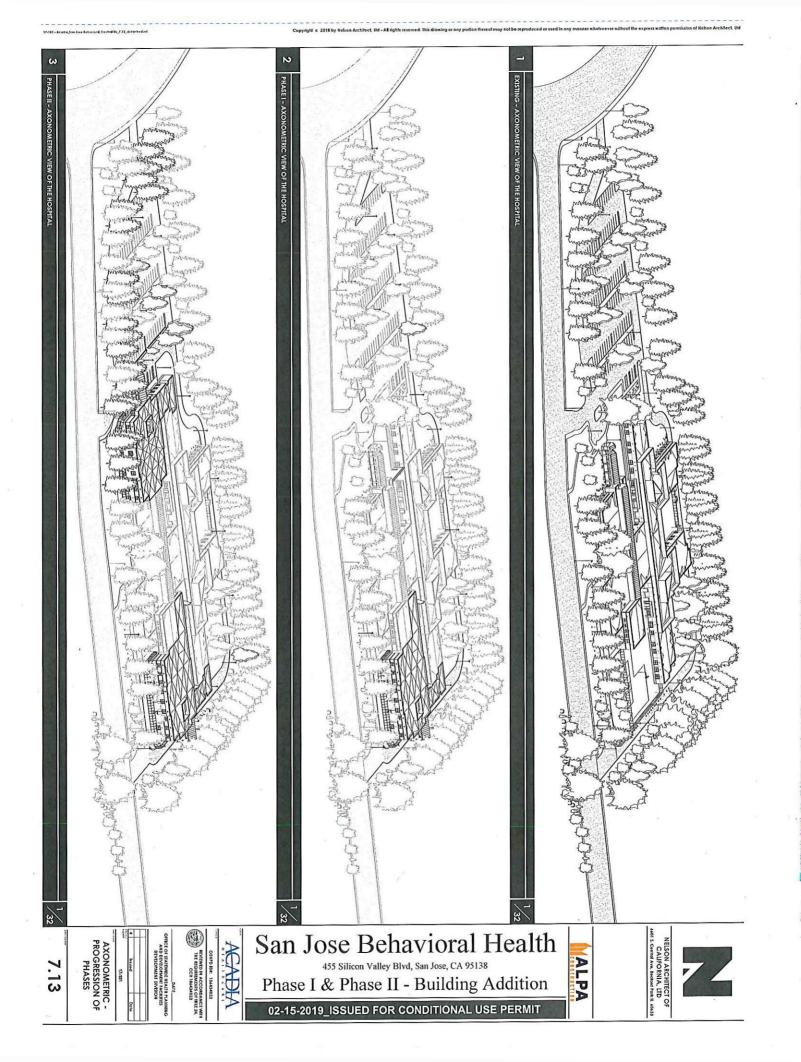


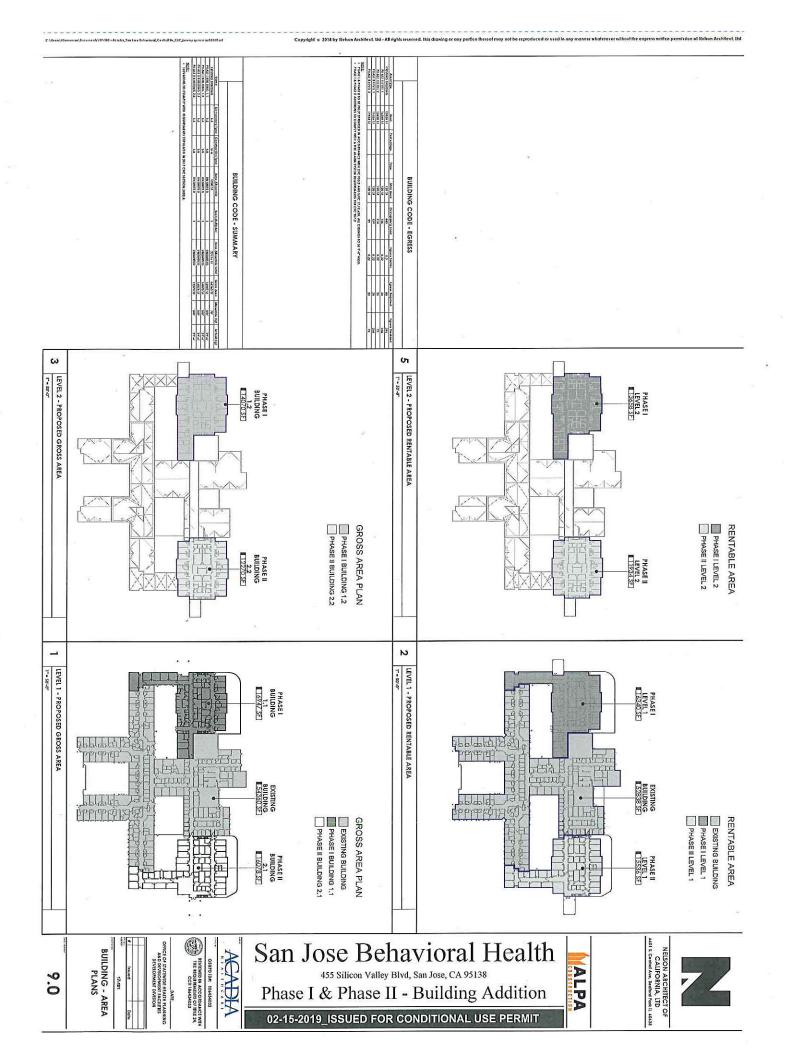


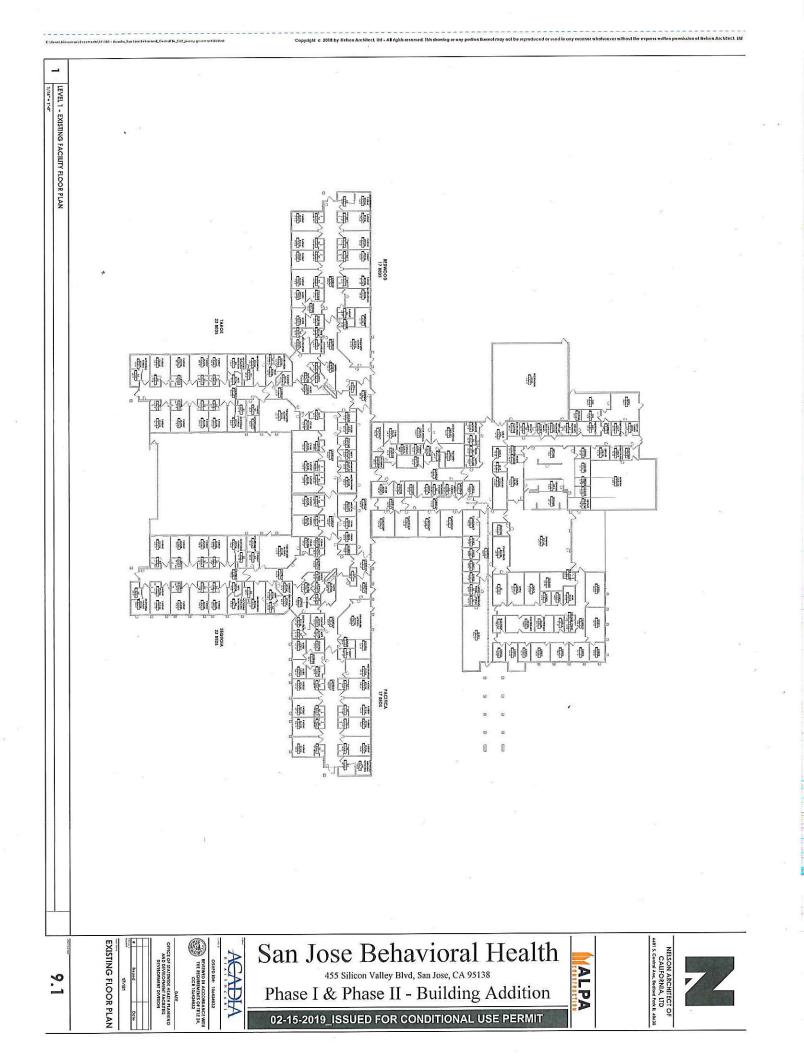


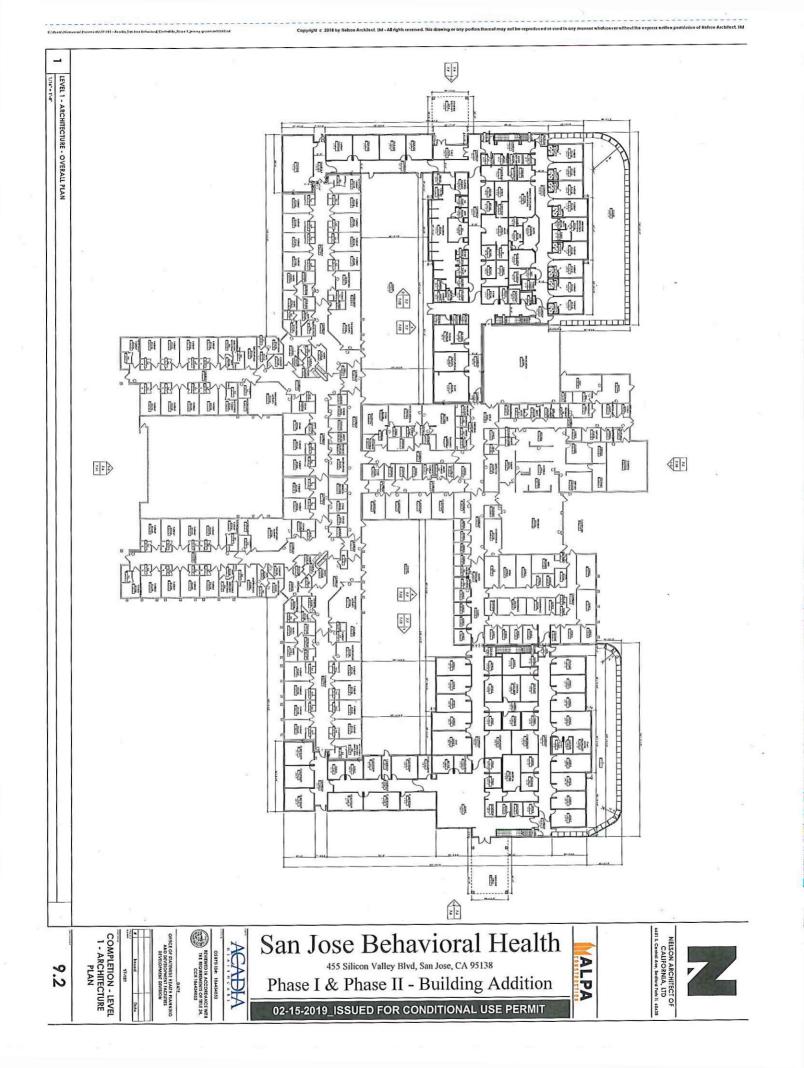


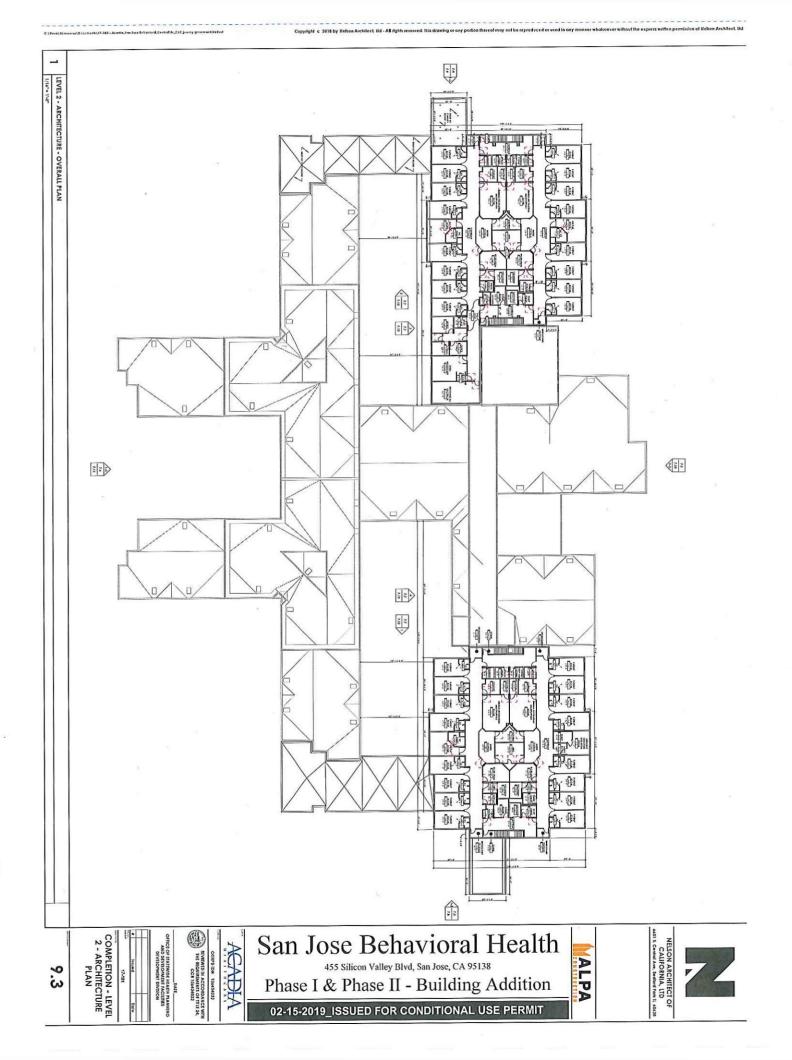


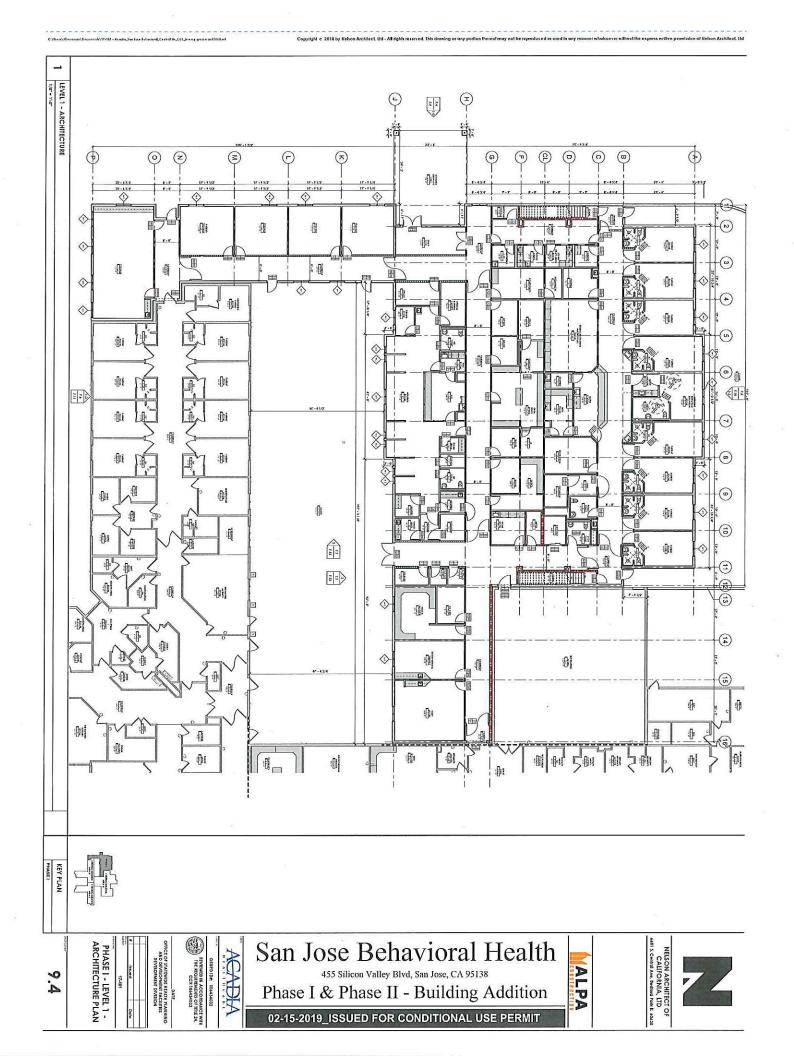


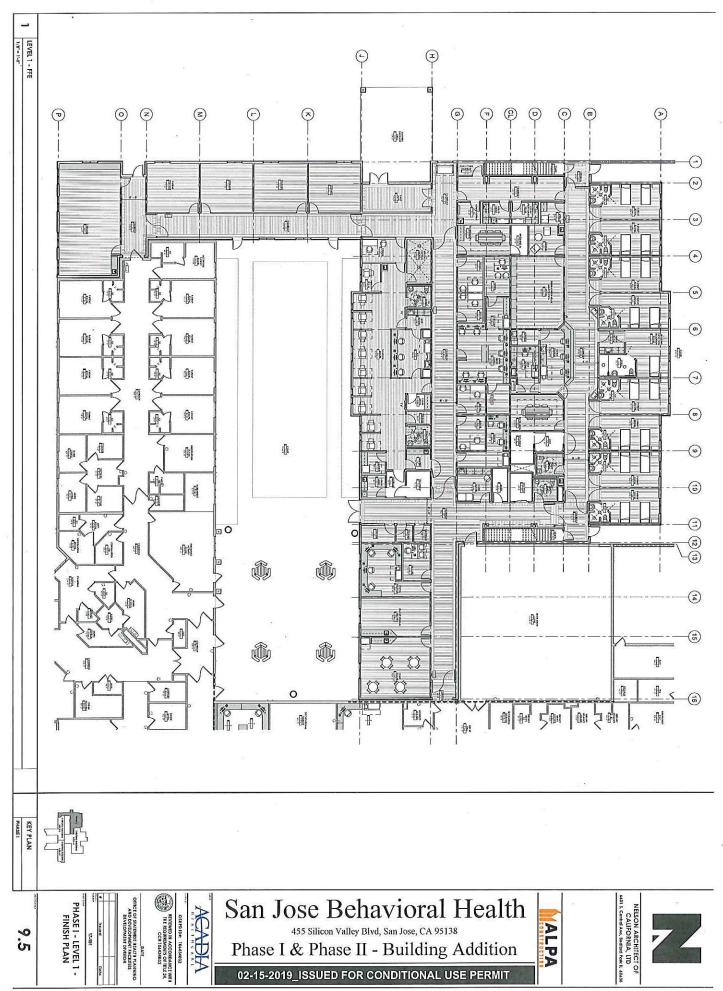






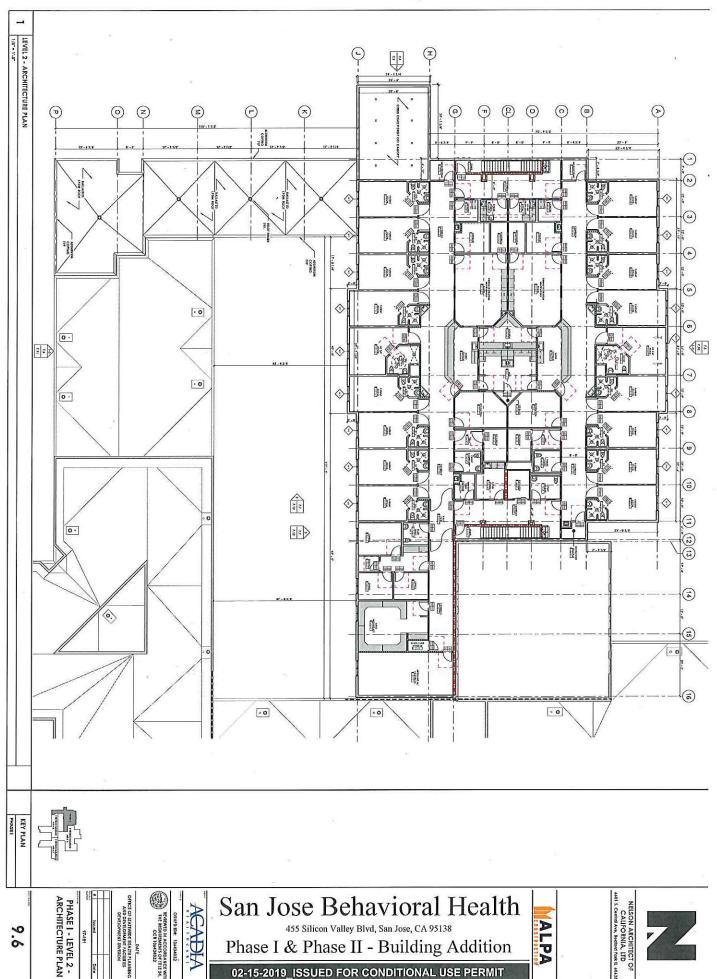






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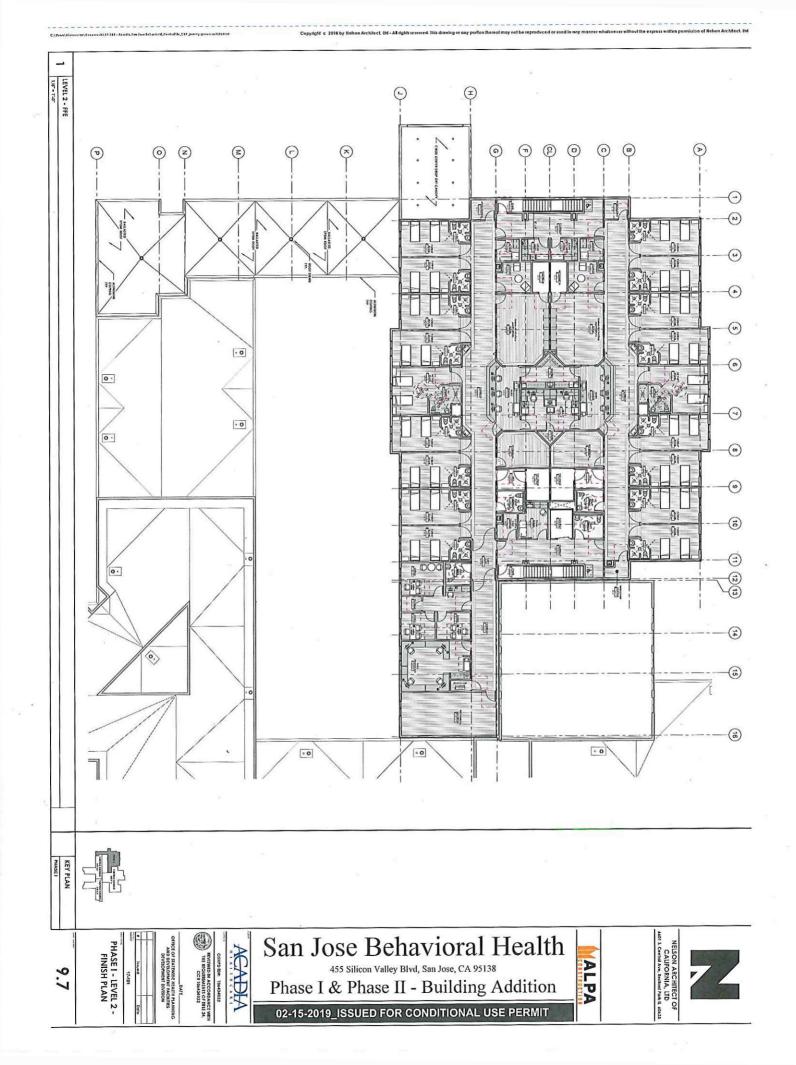
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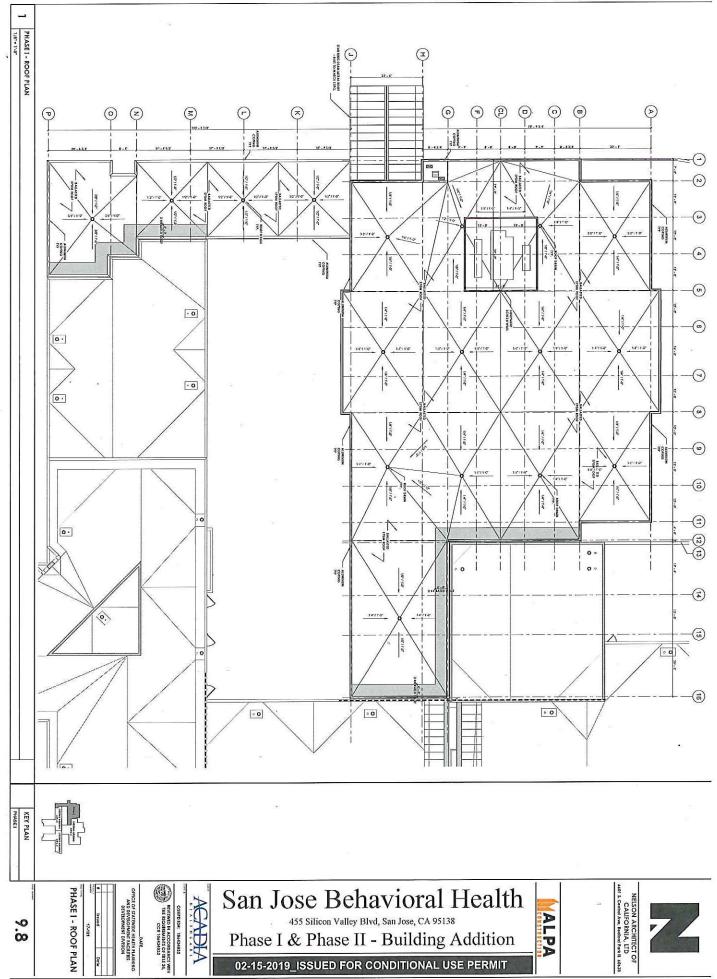


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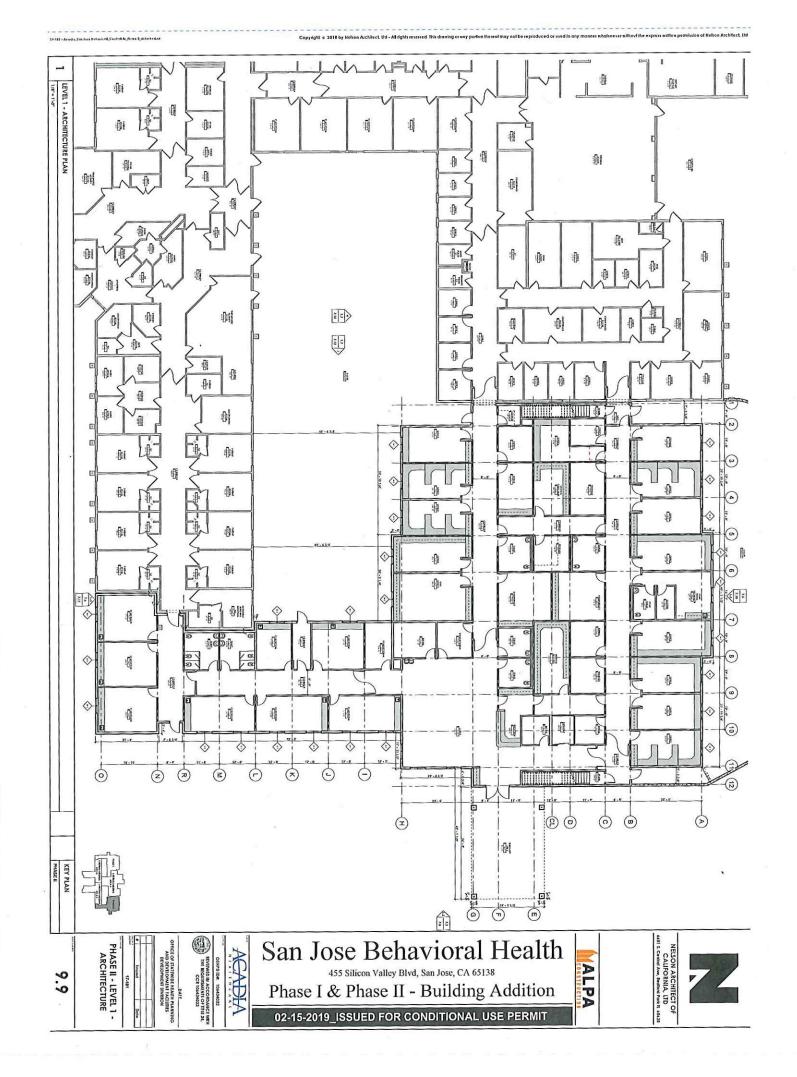
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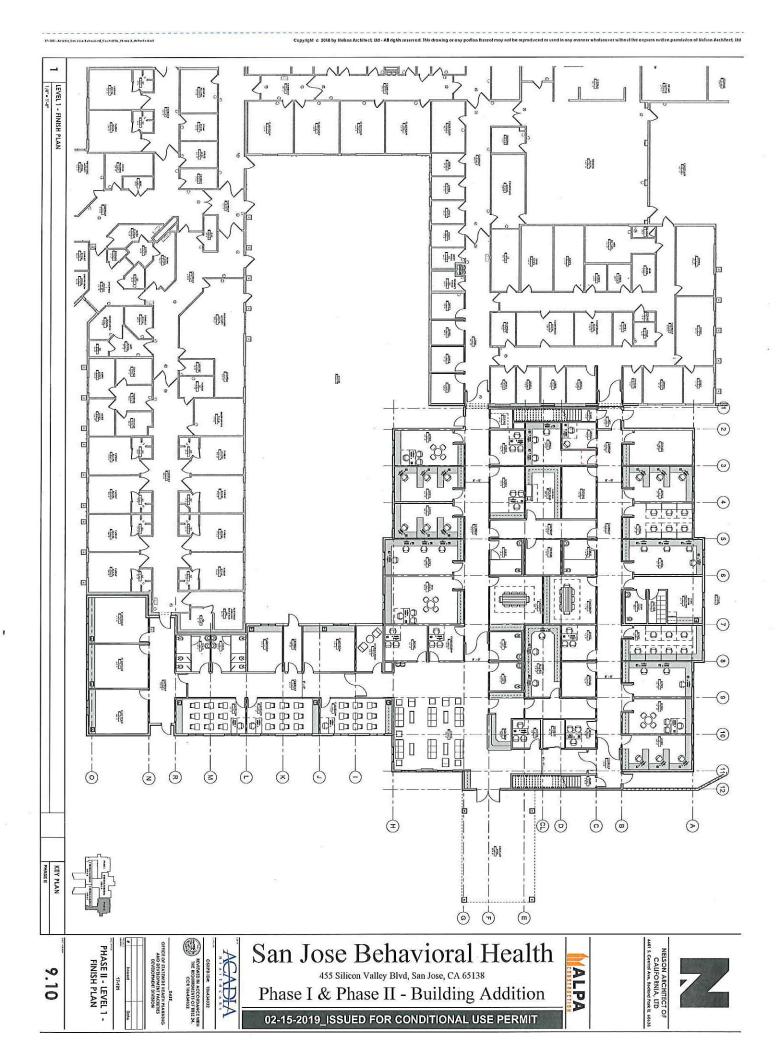
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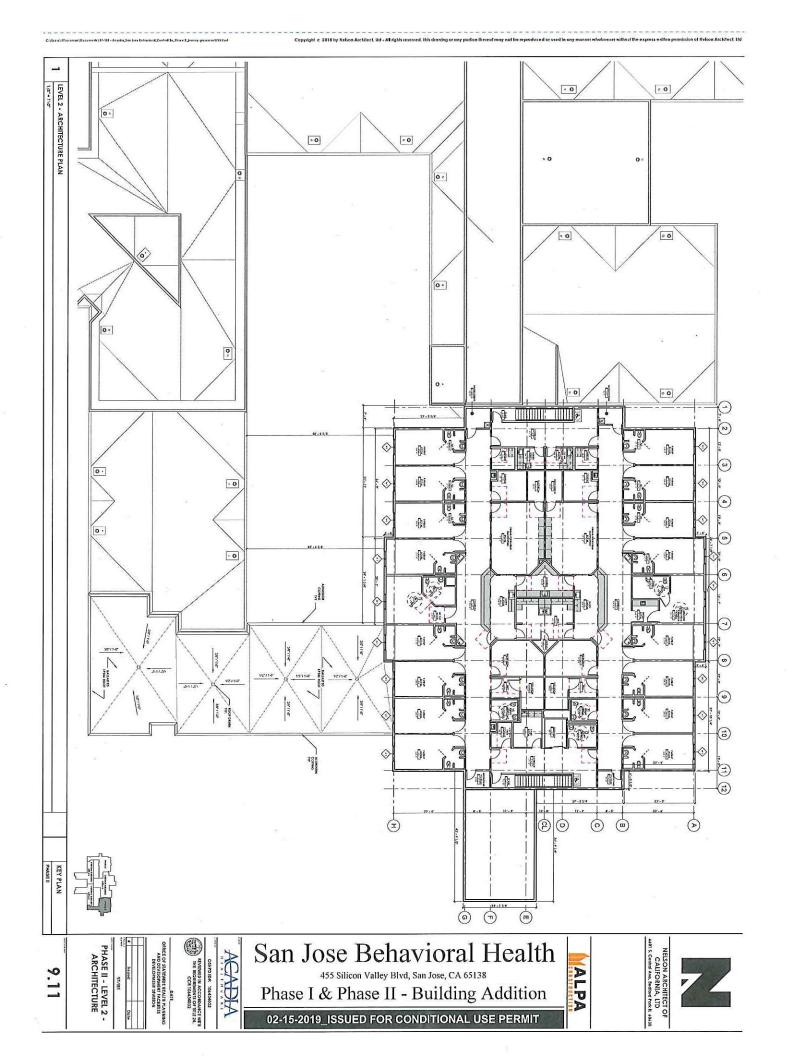


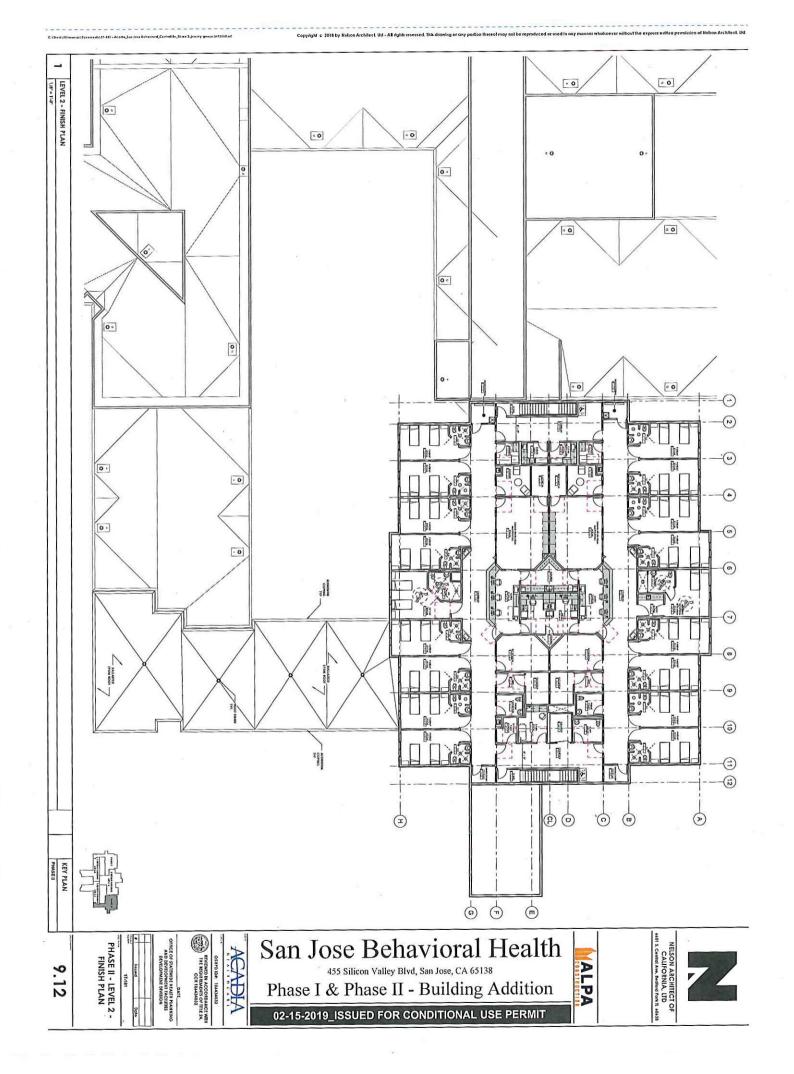


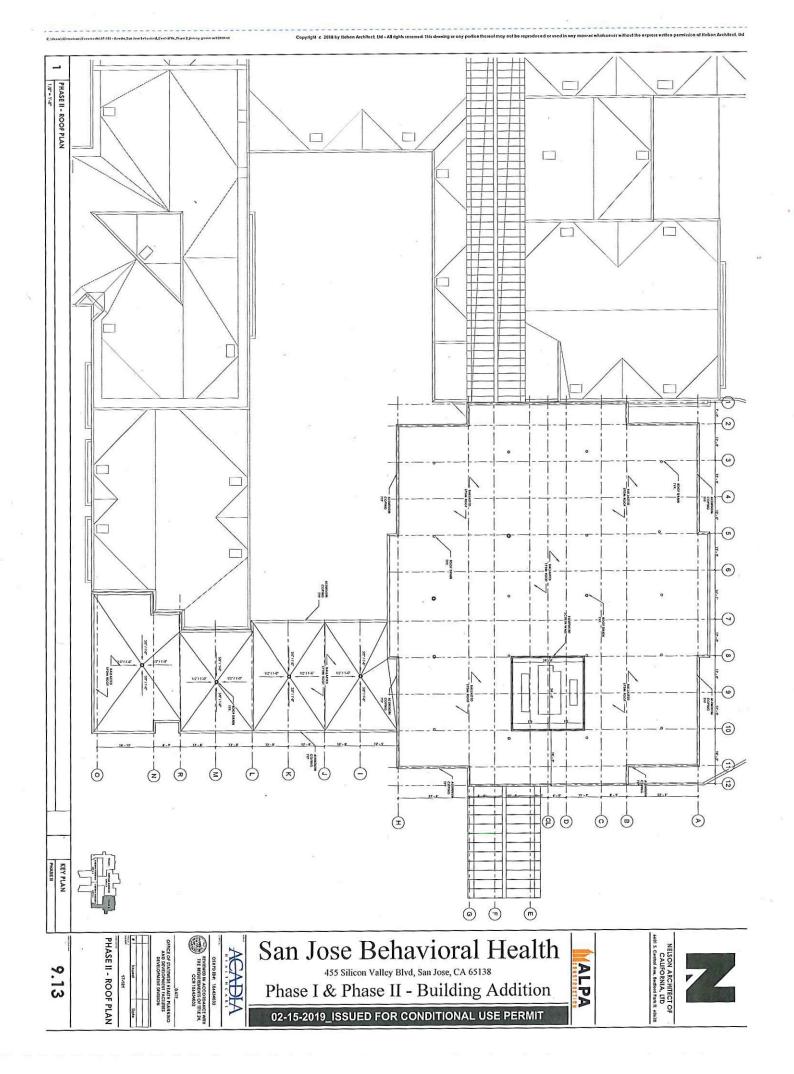
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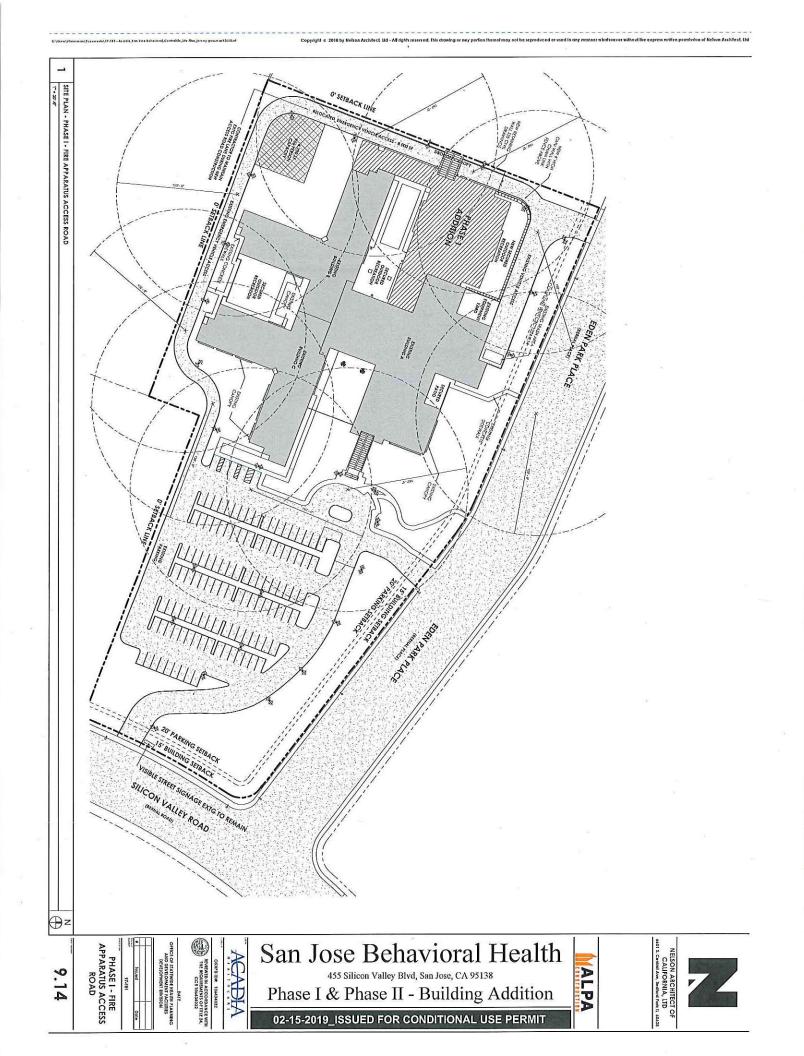


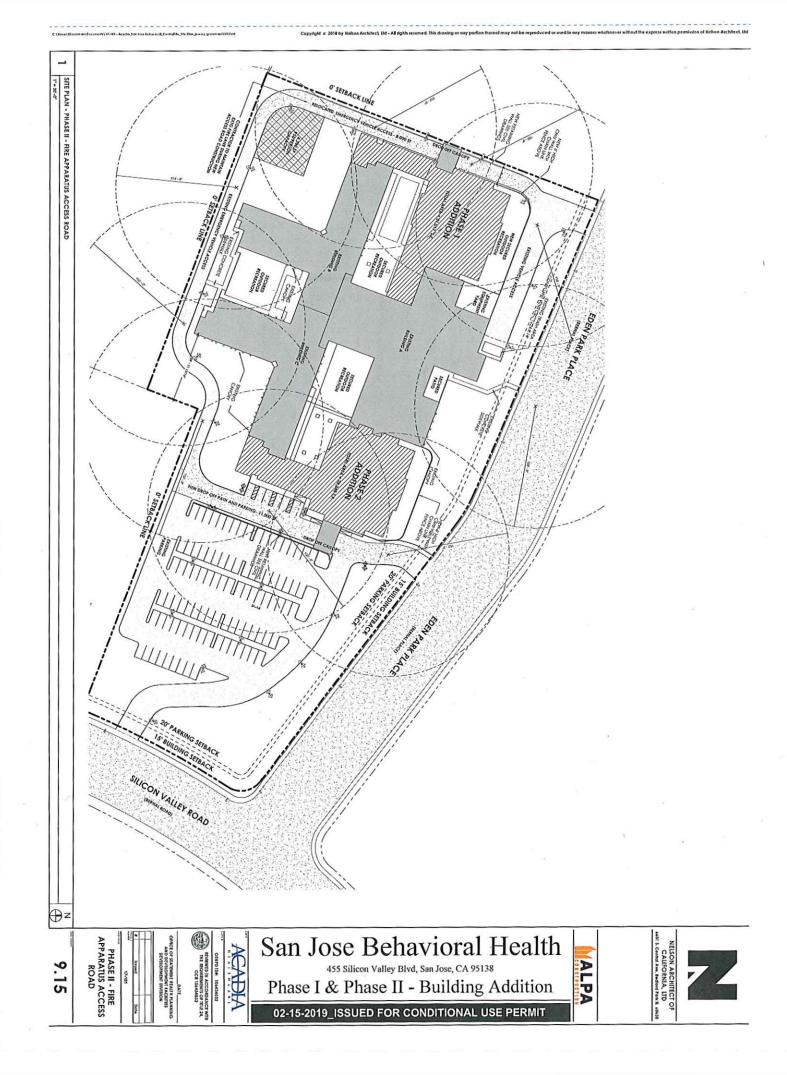




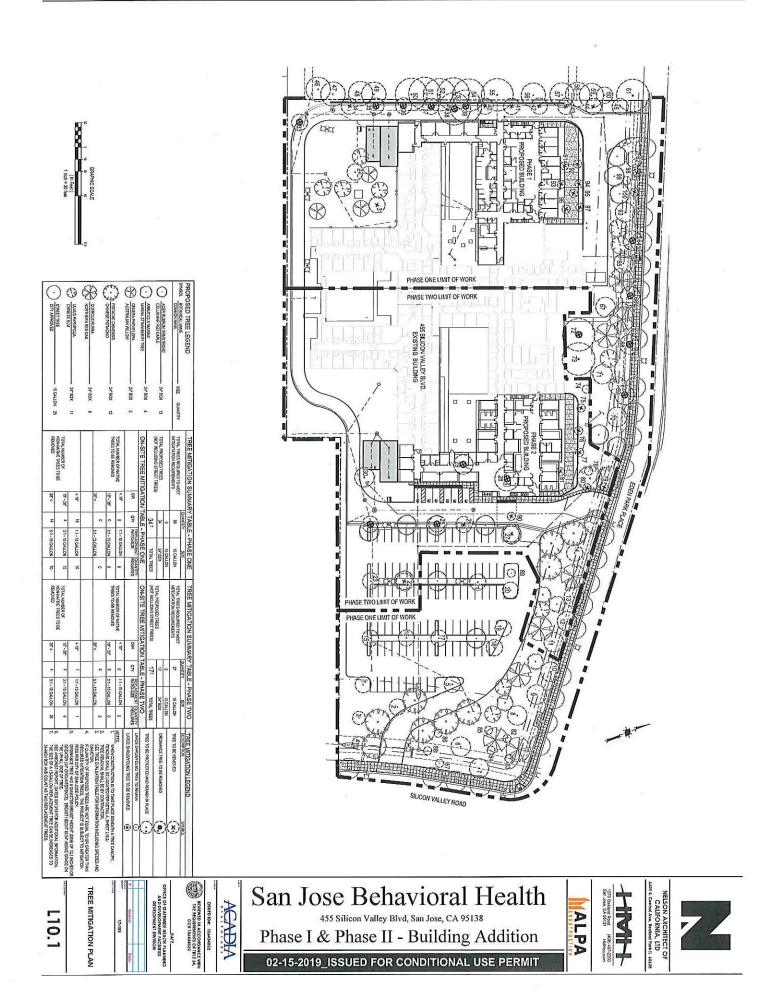








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INSPECTION: UPON COMPLETION OF THE PROJECT, W ALL WORK UNDERTAKEN THAT MAY IMPACT THE E

## DEMOLITION NOTES

A TREE PROTECTION DETAIL

SECTION

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San Jose Behavioral Health

455 Silicon Valley Blvd, San Jose, CA 95138

Phase I & Phase II - Building Addition 02-15-2019 ISSUED FOR CONDITIONAL USE PERMIT

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CONTRACTOR SHALL VISIT ACT EXTENT OF ALL SITE DEV EVERIFICATION OF ALL EXIST R TO BIDDANG TO DETERMINE THE INTRACTOR SMALL BE RESPONSIBLE FOR ID FEADER TO CONSTRUCTION NO ARE FOR GENERAL INFORMATION IF FAMILIAR WITH ALL UNDERCIPOUND IF FAMILIAR WITH ALL UNDERCIPOUND

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ED IN OTHER ITEMS OF WORK, AND NO ADDITIONAL COMPENSATION SHALL BE ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE SPECIFICATIONS 1.

ICTOR SHALL NOTIFY UNDERGROUND SERVICE ALERY (U.S.A.) AT LEAST 48 HOURS IN EXCAVATION ON THIS PROJECT, CALL U.S.A. AT (800) 824-244

THE REQUIREMENTS OF TITLE 24 CCR 104434032

SHPD ID#: 1044

ACADIA

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TOR SHALL BE RESPONSIBLE TO MEEP ALL STREET RIGHT-OF-WAYS CLEAN TO TION OF THE PROJECT SUPERINTENDENT ALL ITEMS INDICATED TO BE REMOVED DSED OF FROM THE PROJECT SITE, EXCEPT ITEMS INDICATED TO BE

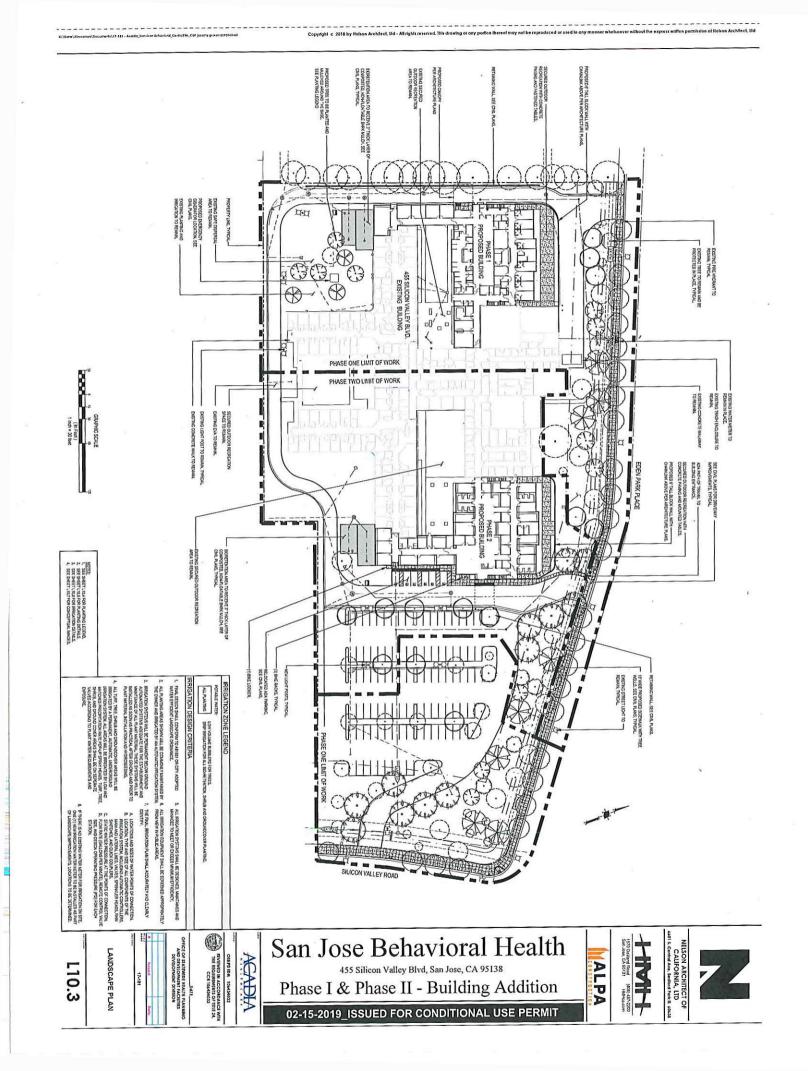
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AND PROTECTION DETAIL

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L10.2

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	CHONDROPETALUM TECTORIUM EL CAMPO	DWARF CAPE RUSH	5.01	1 CHILON		۲
	DESCHAMPSIA CESPITOSA	TUFTED HAIRGRASS	•	1 OVELON		-
	HELICTOTRICHON SEMPERMISENS	BLUE DAT GRASS	•	1 GALLON		٢
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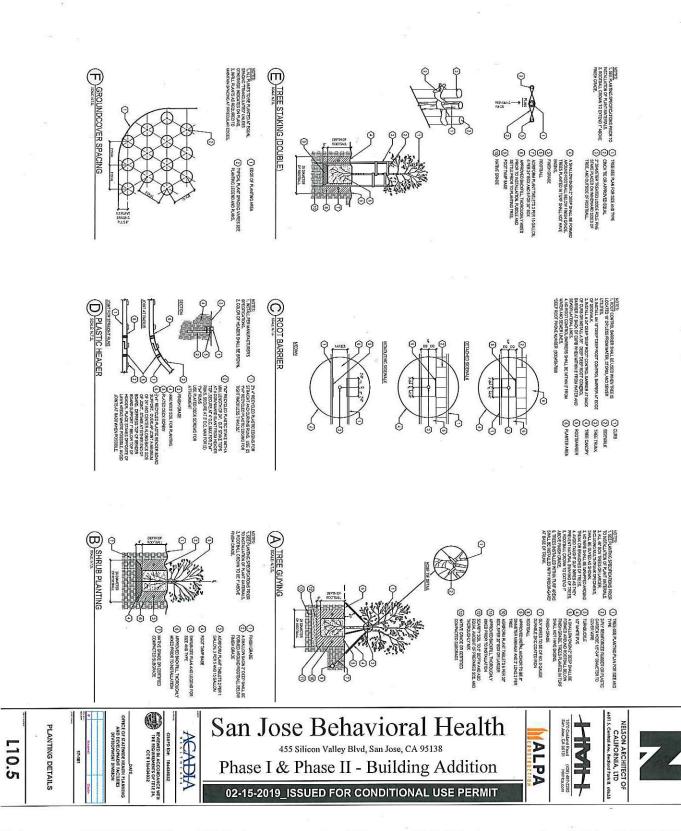
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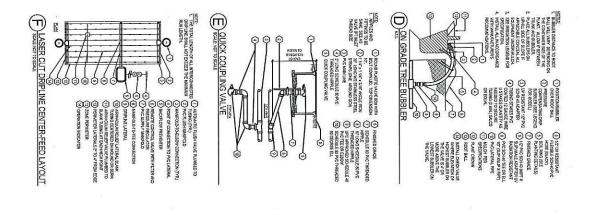
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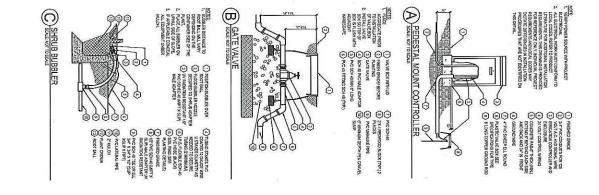


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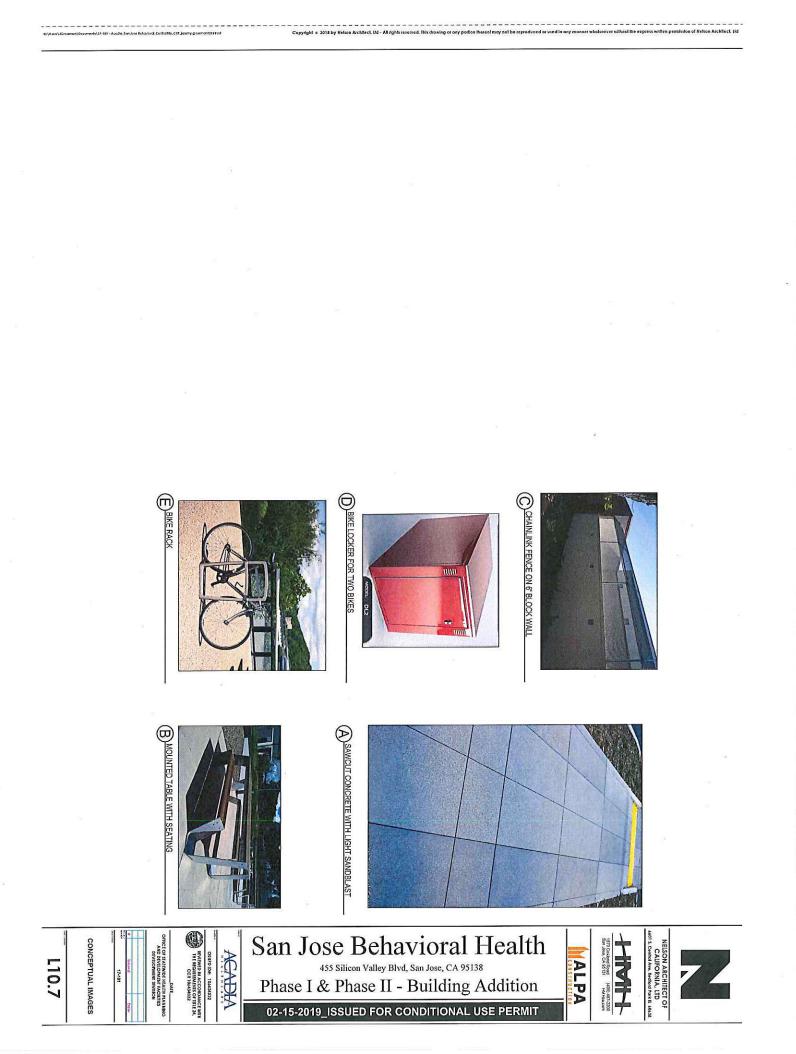
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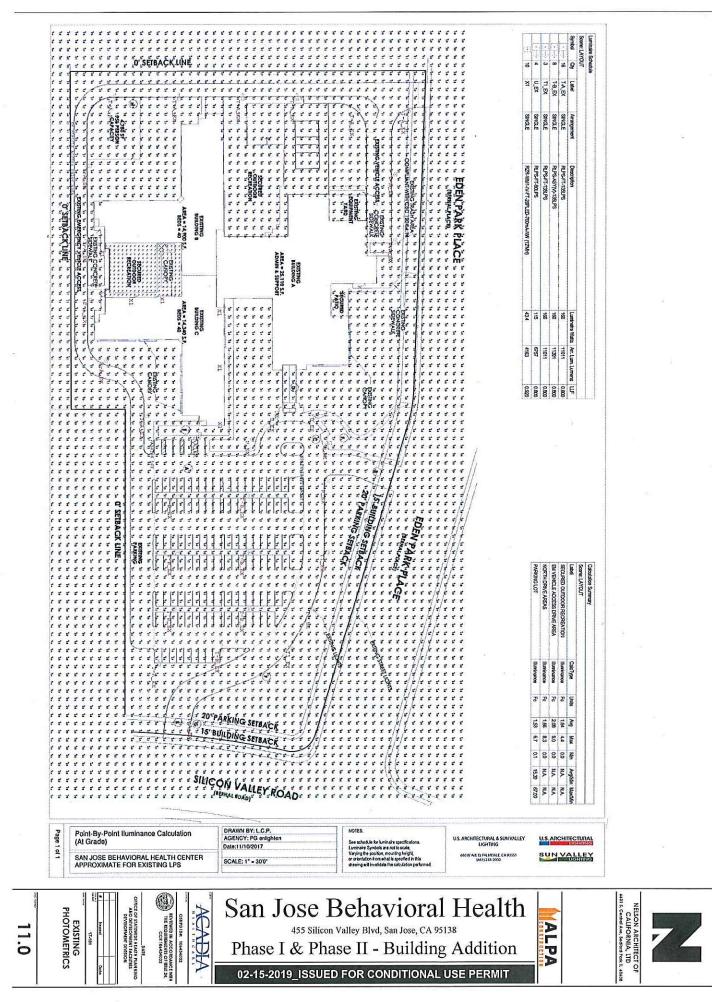
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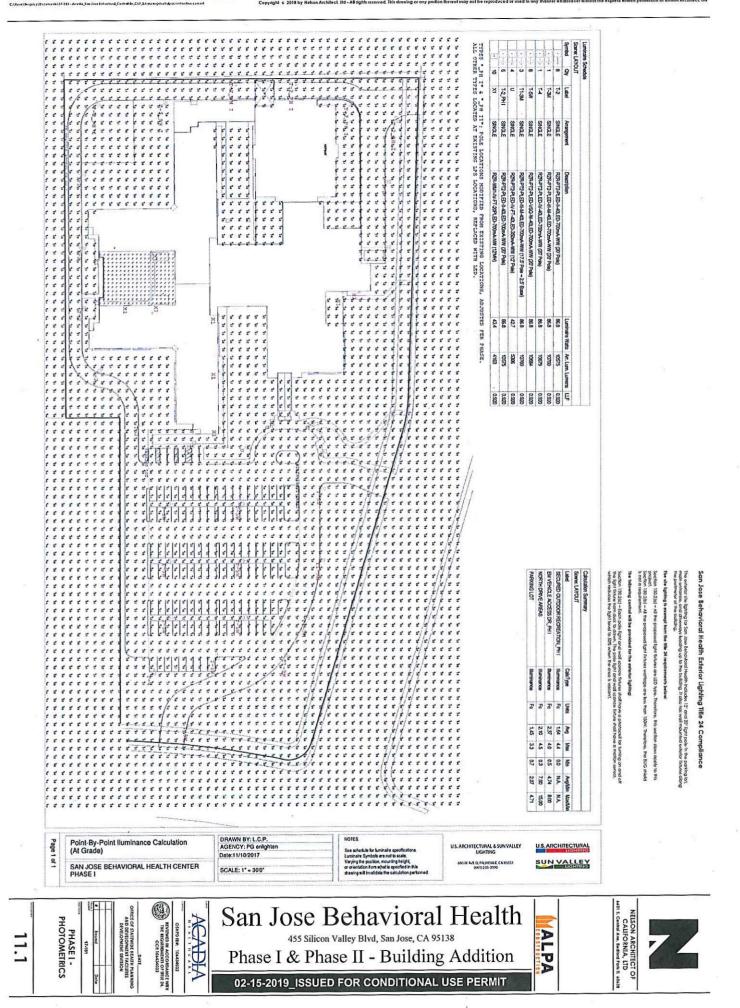


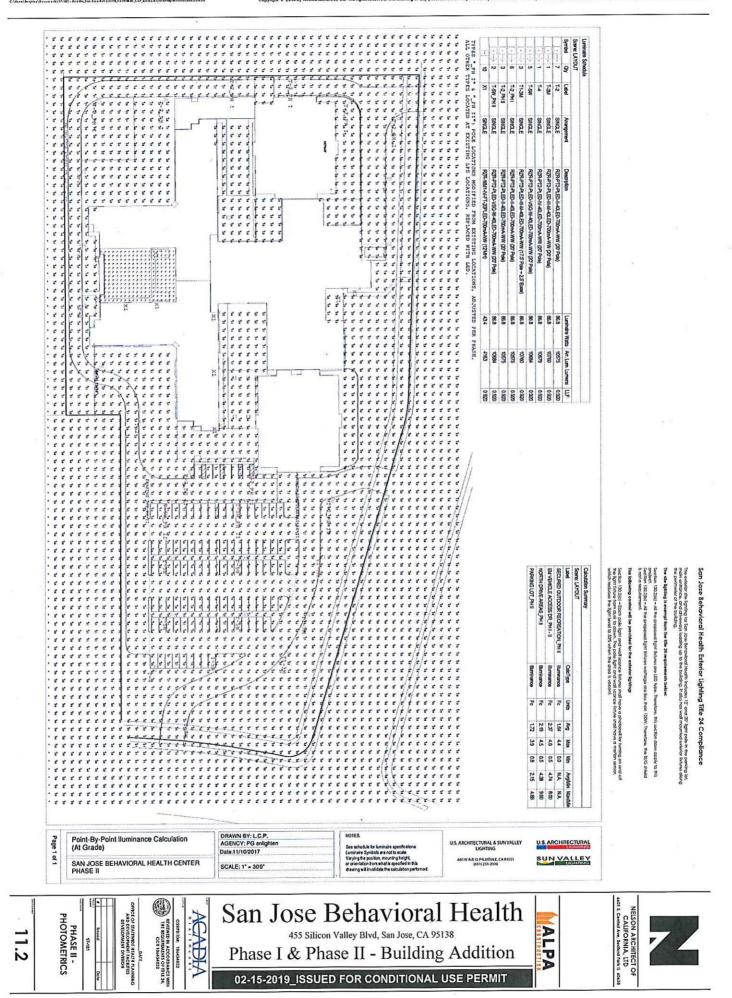




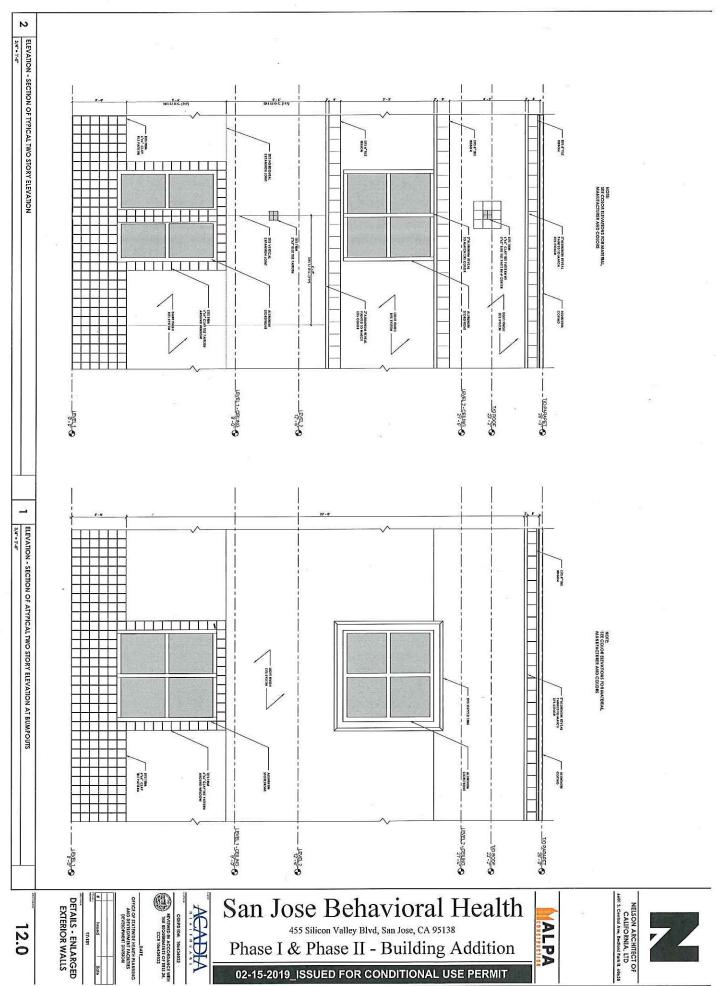


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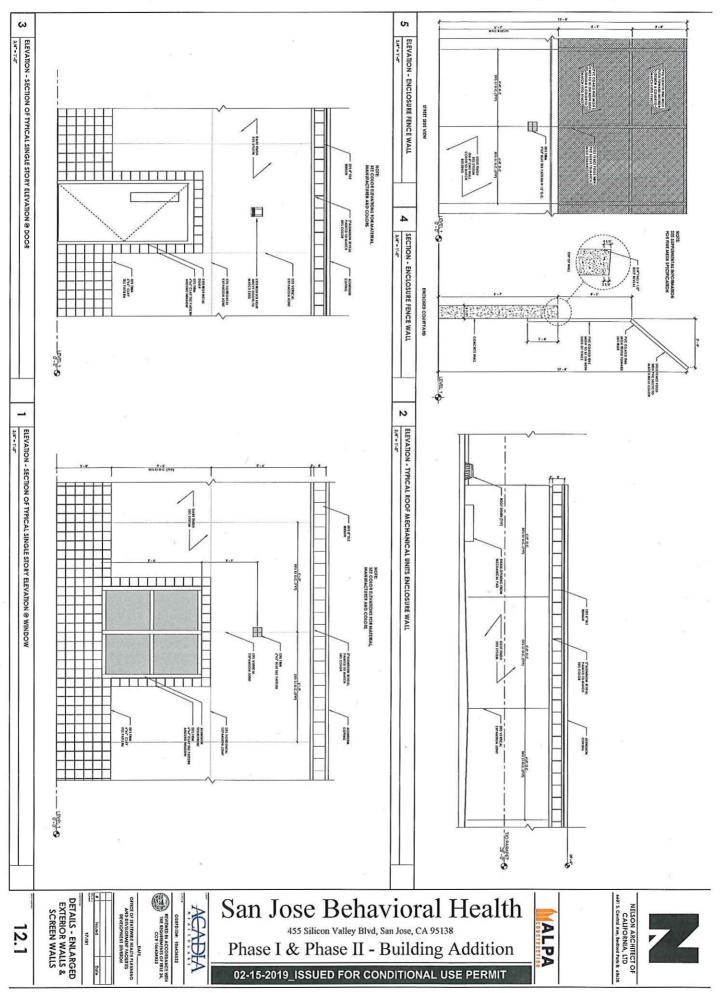
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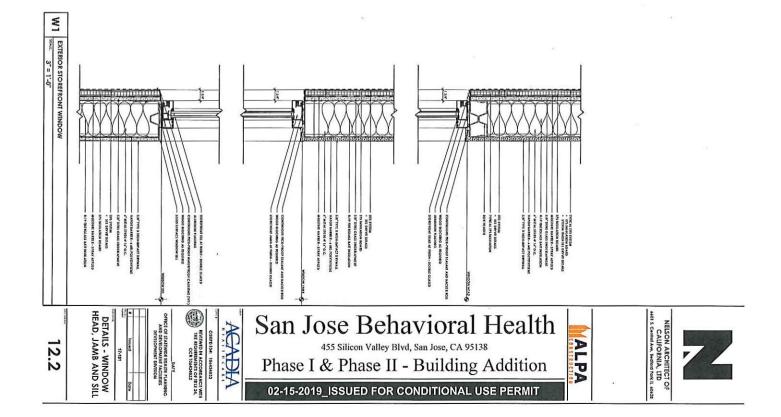
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## WINCHESTER RANCH – WEEKLY PLANNING MEETING AGENDA FEBRUARY 28, 2019

- 1. Discussion of status of Site Plan and proposed resubmittal / submittal process:
  - a. Resubmit PD Zoning Package
    - i. Work done to date meetings with community and other departments
    - ii. Final clarification on City comments
    - iii. Attempt to address any EIR feedback
  - b. PD Permit and Tentative Map submittal proposed in May of 2019 (within 60 days of mobile home park closure notice)
  - c. DRC Historic Landmark meeting feedback/guidance
    - i. Any additional required meetings
  - d. 2 Required Community Meetings
    - i. EIR Scoping Meeting
    - ii. 1 additional timing?
- 2. Clarification of Planning Comments:
  - Review Building Height Limit adjacent to residential district any flexibility?
     i. See exhibit provided based on City comments
  - b. Confirm required visualization number and location Image says "5" but over 10 arrows are shown.
    - i. Can these be submitted with the PD Permit package will involve more detailed architecture?
  - c. Discuss parking and 20% reduction due to project being within Urban Village.
    - Code requires 3 TDM measures to be provided for 20% or less discuss possible options.
  - d. Discuss Conceptual Landscape Plans
    - i. Confirm Conceptual Lighting Plan not required for PD Zoning but can be provided for PD Permit submittal
- Discussion of existing cul-de-sacs and potential alternatives basic background details to be discussed at subsequent meeting with Public Works and Parks

Civil Engineers • Planners • Surveyors