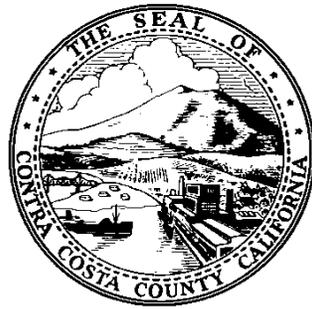


**RESPONSES TO COMMENTS ON  
CEQA INITIAL STUDY  
PROPOSED NEW MENTAL HEALTH  
RECOVERY SERVICES FACILITY  
20 ALLEN STREET, MARTINEZ, CA**



**CONTRA COSTA COUNTY  
HEALTH SERVICES DEPARTMENT**

**PROJECT #CP09-39  
SCH #2009052027**

January 2010



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## *APPENDICES*

Appendix A: Historic Architecture Evaluation Report



# Chapter I

## INTRODUCTION



### **A. PURPOSE OF THE CEQA RESPONSE DOCUMENT**

This document, together with the Initial Study, is the environmental documentation for the Proposed New Mental Health Recovery Services Facility proposed by the Contra Costa County Health Services Department (Project #CP09-39). The Initial Study identifies the likely environmental consequences of the project and recommends mitigation measures to reduce or eliminate significant impacts. The Health Services Department has agreed to effectively implement those mitigation measures. The California Environmental Quality Act (CEQA) Response to Comments Document presented herein responds to public comments on the Initial Study, adds one additional mitigation measure, and provides a Mitigation Monitoring and Reporting Program for the project.

According to CEQA (as amended January 1, 2007), lead agencies are required to consult with public agencies having jurisdiction over a proposed project and to provide the general public with an opportunity to comment on the environmental document. For this project, Contra Costa County is the lead agency. This Response to Comments document has been prepared to respond to comments received on the Initial Study and to clarify any errors, omissions, or misinterpretations of the analysis or findings in the Initial Study.

This document, together with the Initial Study, will constitute the environmental documentation if the Board of Supervisors certifies it as complete and adequate under CEQA.

### **B. ENVIRONMENTAL REVIEW PROCESS**

The Initial Study was made available for public review from May 7- June 8, 2009. The general public was advised of the availability of the Initial Study through newspaper publishing and property owners within 300 feet of the project site were notified by mail. Public agencies and interest groups were also notified by mail, including the State of California.

During the public review period on the Initial Study, three written comment letters were submitted. A copy of those comments and responses to the comments can be found in Chapter II of this Response to Comments document.

This CEQA documentation for the project will be presented to the Board of Supervisors at their meeting scheduled for **January xx, 2010**. Before acting on the project (i.e., adoption of the recommendation to for acquisition of the 20 Allen Street property), the Board must certify the adequacy of the CEQA documentation for the project and adopt the Mitigation Monitoring and Reporting Program (see Chapter IV of this Response to Comments document).

### **C. REPORT ORGANIZATION**

This Response to Comments document presented herein consists of the following chapters:

- *Chapter I: Introduction.* This chapter includes a discussion of the purpose and organization of the Response to Comments document.
- *Chapter II: Comment Letters and Responses.* This chapter contains the names of individuals and agencies commenting on the Initial Study and reproductions of letters and emails received on the Initial Study. The comments are numbered in the margins of the comment letters and responses are keyed to the comment numbers. Where revisions to the Initial Study are appropriate, these are summarized and the actual text changes are shown in Chapter III.
- *Chapter III: Draft Text Changes and Errata.* Corrections or clarifications based on comments received on the Initial Study are contained in this chapter, including language that has been added to or deleted from the Initial Study R. Underlined text represents language that has been added to the Initial Study; text in ~~strikeout~~ has been deleted from the Initial Study. Errata are also shown in this chapter.
- *Chapter IV: Mitigation Monitoring and Reporting Program.* This chapter identifies mitigation measures referenced in the Initial Study as necessary to avoid or reduce the project's potentially significant impacts and provides a program for implementation and monitoring of these measures. The timing and entity responsible for monitoring are identified.

**Chapter II**  
**COMMENT LETTERS AND RESPONSES**



This chapter includes a reproduction of each letter (including emails) that addressed the DEIR and was received during the public review period. Each letter is followed by responses to comments made in the letter.

**COMMENT NUMBER**

**A. State, Regional and Local Agency Comments**

- 1. City of Martinez ..... A1-1 to A1-16
- 2. California Governor’s Office of Planning and Research..... A2-1

**B. Private Individuals**

- 1. Mark Glieden.....B1-1 to B1-3



**A. STATE, REGIONAL, AND LOCAL AGENCY COMMENTS**

6/3/09



# City of Martinez

525 Henrietta Street, Martinez, CA 94553-2394

(925) 372-3515  
FAX (925) 372-0257

June 3, 2009

Darwin Myers  
Department of Conservation and Development  
Community Development Division  
Contra Costa County  
651 Pine Street, North Wing, 4<sup>th</sup> Floor  
Martinez, CA 94553

Dear Mr. Myers:

The City of Martinez received a copy of an Initial Study for a proposed Mental Health Recovery Services Facility to be constructed at 20 Allen Street (APN: 372-182-006) May 11, 2009. City staff has reviewed the document and have the following comments. The comments are organized based on the Initial Study format and numbering system.

General Comments:

- The project location information and analysis needs to include those locations within the existing Contra Costa Regional Medical Center (2500 Alhambra Avenue) where new parking areas are to be constructed or alterations to existing ones are to be made, as there is the potential of an environmental impact to those specific locations, as well as the surrounding areas (e.g. impacts to traffic volume, circulation, aesthetics, etc.). A1-1
- The plans attached to the Initial Study are conceptual plans only. They lack sections and details that might affect our comments on the project. A1-2
- The proposal to have five curb cuts appears to be excessive for this site. A1-3
- The project description includes the acquisition of the site from the current owners. If the County does not take ownership of the site, City review and approval would be required for any project proposed at this site and would affect the lead agency status in regards to CEQA review. A1-4

I. Aesthetics B and C (also relates to Biological Resources E): The visual effects of tree removal for the construction of the new parking facility at the northeast corner of B Street and Alhambra Avenue and the new building at 20 Allen Street, as well as the effects of the proposed building itself, have not been adequately evaluated:

- Site plan showing trees not provided. A site plan, showing all trees with a 6.5” diameter or greater—identifying species—proposed for removal, or where grading is proposed under drip lines, needs to be provided for both sites. Using City regulations as a guide, preservation of Coast Live Oaks and Coast Redwoods (natives) should be given the highest priority.

A1-5

- Loss of trees potentially significant. Loss of oaks, redwoods, and other confers along Alhambra Avenue from construction of a new parking facility at B Street could be seen as a “potentially significant impact” as these trees provide significant screening of the main medical building and parked cars from this lower-density and largely residential portion of Alhambra Avenue (removal of the modular building from the corner of B Street and Alhambra Avenue would be a positive impact).

A1-6

- Lack of replacement landscaping along Alhambra Avenue. Notwithstanding the visual effects of the tree removal noted previously, the area shown for landscaping between the new parking area and Alhambra Avenue appears inadequate for replacement trees and screening shrubs. Using City regulations as a guide, MMC Section 22.36.080.8.a: *Parking Design Criteria* requires that no parking area may be located in a minimum required front yard. The minimum required front yard in the subject GF Government Facilities District is 20’.

A1-7

- No details of building provided. Under Aesthetics C, the Initial Study discusses the visual character and surroundings of the 20 Allen Street site as being part of the medical center “campus.” The 20 Allen Street site currently relates more to the existing single-story residential character of the non-county properties on Allen and Ilene Streets. Without building elevations and sections to evaluate, it cannot be shown that the proposed building will have “less than significant impact” on the existing visual character of the area.

A1-8

V. Cultural Resources A: Inadequate analysis was conducted regarding the project’s potential to cause a substantial adverse change in the significance of a historical resource as defined in Section 15064.5 of the CEQA Guidelines.

- Age of survey. The Initial Study states that “In 1976, Contra Costa County published a ‘Preliminary Historic Resources Inventory.’ It was prepared by the Planning Department (now Department of Conservation and Development) with the assistance of 17 historical societies, including the Martinez Historical Society. In the Martinez area, 20 sites were identified. The sites listed included a) structures of historic significance/architectural specimens, b) sites relating to an important person in history, and c) site of a historic event. The existing structure at 20 Allen Street (former Martinez Community Hospital) is not listed.”

A1-9

A survey that is 33 years old is considerably out-of-date and should only be used as a reference or a starting point for more current research and documentation. Surveys should be updated regularly, ideally every five years, to consider properties that may have achieved significance since the survey was originally conducted and to incorporate resources that were initially overlooked. Updating

an existing survey also offers an opportunity to identify and document physical changes that have occurred to a property and its surroundings since the last survey, and to identify sites where historic properties have since been moved or demolished. Finally, as architectural values were often the only criterion for significance in older surveys and resources were frequently only evaluated for the National Register, a survey update should provide for reevaluating properties within broader historic contexts using local, California, and National Register criteria.

The fact that a resource is not listed in, or determined to be eligible for listing in the California Register of Historical Resources, not included in a local register of historical resources (pursuant to section 5020.1(k) of the Public Resources Code), or identified in an historical resources survey (meeting the criteria in section 5024.1(g) of the Public Resources Code) does not preclude a lead agency from determining that the resource may be an historical resource as defined in Public Resources Code sections 5020.1(j) or 5024.1.

- Historic significance. The Initial Study states that "...the existing building was not constructed with the intent of serving as an architectural specimen...." CEQA Guidelines Section 15064.5.a.3 states:

*Any object, building, structure, site, area, place, record, or manuscript which a lead agency determines to be historically significant or significant in the architectural, engineering, scientific, economic, agricultural, educational, social, political, military, or cultural annals of California may be considered to be an historical resource, provided the lead agency's determination is supported by substantial evidence in light of the whole record. Generally, a resource shall be considered by the lead agency to be "historically significant" if the resource meets the criteria for listing on the California Register of Historical Resources (Pub. Res. Code §5024.1, Title 14 CCR, Section 4852) including the following:*

- (A) Is associated with events that have made a significant contribution to the broad patterns of California's history and cultural heritage;*
- (B) Is associated with the lives of persons important in our past;*
- (C) Embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of an important creative individual, or possesses high artistic values; or*
- (D) Has yielded, or may be likely to yield, information important in prehistory or history.*

As the existing building was constructed in 1930 and served as the City's community hospital for a number of years, it is possible that it has historic value based on one or more of the above criteria. This set of criteria contains a number of possibilities as to why a building might be historic beyond its potential significance as an "architectural specimen." Additionally, since no historic resource evaluation has been conducted, even the conclusion that it is not an "architectural specimen" cannot be made without sufficient analysis and research.

A1-9  
cont'd

- Integrity. The Initial Study states that "...the exterior elevation has been compromised by two residential additions." Additions to a building do not automatically disqualify it from having historic value. Alterations to a building that has historic value affect what is known as the building's "integrity." There are seven variables or aspects that define integrity—location, design, setting, materials, workmanship, feeling, and association—that are used to evaluate a building's eligibility for listing in the California Register and the National Register. These go well beyond the consideration of additions.

A1-10

A historic resource evaluation, conducted by a historic preservation professional, should be conducted as part of the Initial Study analysis to determine if 20 Allen Street (former Martinez Community Hospital) is historically significant. Given its age at almost 80 years old, its being relatively intact, and the fact that the Initial Study analysis relies on a survey that is considerably out of date and is likely based on outdated methods, a historic resource evaluation is necessary to properly answer the question of whether this project would have a substantial adverse change in the significance of a historical resource or not.

#### VIII. Hydrology and Water Quality E

- Storm drain system. As indicated, the preliminary plans are incomplete. The location of the existing and proposed utility services and storm drain system are not shown on the plans. A site visit noted an existing storm drain inlet at the frontage of the site on Allen Street. A preliminary hydrology study should be prepared at this stage for the proposed development (including proposed parking lot(s)). The study should identify existing storm drain facilities, point of discharge and its capacity to handle the design peak flow runoff.
- C.3 requirements. The Initial Study indicates that the project will be in compliance with C.3 clean water requirements. However, the plans do not show how this is to be accomplished. The proposed C.3 facilities should be shown on the preliminary plans together with support sizing calculations and point(s) of discharge.
- Potential impacts to Alhambra Creek. Drainage from the site will ultimately drain into Alhambra Creek which does not have capacity to handle the 100 year runoff. Impacts to Alhambra Creek associated with runoff from the development may be minor, but are not addressed in the Study.

A1-11

A1-12

A1-13

#### XV. Transportation D

- Parking capacity. The project may have long-term negative impacts on parking at the Medical Center. The project should be conditioned to construct the proposed parking lot on Allen Street prior to demolition of the existing facilities at 20 Allen Street in order to compensate for the loss of parking during construction.
- Street frontage improvements. In accordance with the City's Municipal Code, street frontage improvement must be constructed. It should be included in the conditions of approval for the project. Frontage improvement should include

A1-14

A1-15

constructing or replacing damaged curb, gutter, and sidewalk, and rehabilitating the existing pavement on Allen and Ilene Streets.

A1-15  
cont'd

- Allen Street width. The width of Allen Street in the residential area west of Berrellesa Street is approximately 33 feet. The street width at the curve in front of the project site is approximately 28 feet. Vehicles usually park on both sides of the street narrowing the available width of the street devoted to traffic. The project should be conditioned to widen the street to the City standard or to match the existing street width (33 feet).

A1-16

Any questions regarding these comments may be directed to me at 925.372.3534.

Sincerely,



Terry Blount, AICP  
Planning Manager

**RESPONSE TO LETTER A1****City of Martinez****Terry Blount, Planning Manager**

A1-1 The project is a request of the Health Services Department of Contra Costa County for authorization to provide facilities for mental health recovery services at the property identified as 20 Allen Street. The three treatment programs that are proposed to be established on the site are as follows: Crisis Residential Facility (CRF), Psychiatric Health Facility (PHF) and Assessment and Recovery Center (ARC). If the project is to go forward, the initial action of the County would be acquisition of the 2.2-acre parcel. Another action would be the relocation of 60 existing leased employee parking spaces on the site, but that action would follow the design of improvements and would not occur until construction commences. It should be recognized that it is possible that the project would be constructed in two phases. In that scenario, some of the on-site leased parking spaces might not be lost until the ultimate buildout of the project.

The City comment requests that the CEQA document for the mental health facility also include environmental review of the parking plans for the Regional Medical Center. The Master Plan for the Contra Costa Regional Medical Center, including parking facilities, is still evolving. Those plans would be the subject of future environmental review. Approval of the pending mental health project merely establishes criteria for the Regional Medical Center's Master Plan. It is agreed that the timing must be such that the creation of replacement parking facilities must keep pace with implementation of the 20 Allen Street project. Specifically, if construction of the first building on the 20 Allen Street project requires loss of all or some of the existing parking stalls, replacement parking spaces must be created on the Regional Medical Center site.

In the Initial Study, Figure 5 presents the Site Plan that was presented in the Feasibility Report. That plan identifies two buildings that would accommodate three mental health resource programs. The Crisis Residential Facility (CRF) is proposed as a relatively small two-story building (approximately 30 feet tall and gross floor area of 7,500 square feet). It is to be setback approximately 50 feet from the Ilene Street right-of-way and would be behind the larger building that is to accommodate the Psychiatric Health Facility (PHF) and the Assessment and Recovery Center (ARC). This building is to be two stories along with an underground parking garage. It is to be positioned on the site where the existing Martinez Community Hospital building is located. If because of funding constraints the CRF construction preceded the build-out of the PHF/ ARC building, it is conceivable that the existing building on the site could be retained. In that scenario, all or most of the existing 60 leased parking spaces on the 20 Allen Street property would be displaced during the construction period. Prior to commencement of construction, the parking spaces that were lost during by construction period would need

- to be shifted to the Contra Costa Medical Center (by enlarging the existing employee parking lot). If the build-out of both mental health resource buildings were part of a single construction project, all 60 of the leased spaces would be permanently displaced from the 20 Allen Street site. They would need to be relocated to the Medical Center parking lot. A Mitigation Measures has been added to require this linkage (see Chapter III).
- A1-2 The first action contemplated is the acquisition of the 20 Allen Street property, but the “project” includes the underlying activity being approved by the lead agency. According to the State Law, the lead agency may not treat each separate approval (e.g. funding of design work associated with the project) as a separate project for the purposes of evaluating environmental impacts. To assist the County Board of Supervisors and public understand the project, a feasibility study was prepared. For that study, the Health Services Department staff assembled information on the programs, their space requirements and anticipated staffing levels. Subsequently, an architectural firm was retained to prepare a feasibility study. The resulting report issued by the architectural firm included schematic plans, and a narrative that provided information on how the facilities envisioned by the Health Services Department could be accommodated by the site. Illustrations in the feasibility report showed the layout of two, two-story buildings and associated on-site circulation and parking that would meet project objectives. Those illustrations provide preliminary information on the gross floor area of the uses, estimated building heights, preliminary grading concepts, etc. The plans indicate an intent to retain the existing redwood trees along the frontage of the site. The feasibility study does not provide design details, but it is anticipated that architectural style, materials, colors, and textures would be designed to mimic the existing hospital building on the adjacent Contra Costa County Regional Medical Center.
- A1-3 The circulation system shown on illustrations in the Feasibility Report represent an approach to meeting the internal circulation needs of the mental health facility. It includes a one-way roadway through the underground parking garage (two curb cuts), a separate entry for delivery trucks (one curb cut), an emergency- vehicle entrance to the facility (one curb cut), and a main entrance roadway to the project to drop off patients/visitors(one curb cut). It is anticipated that the design details will evolve during the design stage, and the Health Services Department intends to provide the City with the opportunity to provide comments during the design.
- A1-4 Comment noted. The commentor states that if the site is not acquired by the County, any private development project on the site would be under City jurisdiction, and that the City would be the lead agency for CEQA review.
- A1-5 The project is not subject to the City of Martinez Ordinance Code. As noted in the Initial Study the site was previously graded. In addition to the existing pad that was created for

construction of the hospital circa 1930, there is a high cut slope behind the hospital that includes two drainage terraces in the mid-slope area. There is emergent vegetation on the graded slope, and there are ornamental/ landscape plantings around the perimeter of the Martinez Community Hospital building. For the purposes of the feasibility report it was determined that an arborist report was not needed because the trees are chiefly saplings and volunteers. However, it is the practice of the County to retain an arborist for preparation of an inventory of trees, and to provide information on their health/ potential for being retained.

It is the intent of the Health Services Department to retain a certified arborist, should the County elect to proceed with acquisition of the parcel. Every effort would be made to retain the existing redwoods on the frontage of the site, and to retain significant trees on the perimeter of the area proposed for grading and development. Furthermore, the Initial Study identifies loss of trees as a significant impact, and the associated mitigation measure requires planting of replacement trees (see Initial Study, page 13).

A1-6 The County is aware of the City's concern about the need for landscaping along the Alhambra Avenue frontage of the Contra Costa Regional Medical Center. It is anticipated that several existing trees and shrubs will be removed when the Contra Costa Regional Medical Center Master Plan is implemented but the details of which trees will be removed is not yet established. However, the Martinez General Plan designates Alhambra Avenue a "scenic Route." The existing vegetation along the Alhambra Avenue frontage of the employee parking lot and medical buildings protects views from vantage points along Alhambra Avenue. This is a significant impact that is associated with relocation of the leased employee parking from 20 Allen Street to the parking facilities adjacent to Alhambra Avenue. See chapter III for this new impact and the mitigation measure. (The county allocated substantial funds for landscaping when the Regional Medical Center was developed in the 1990's. There is every reason to infer that landscaping will be a substantial component of the future construction project.)

A1-7 The comment does not address the adequacy of the Initial Study prepared for the proposed mental health recovery services project. The comment cites City regulations (20 ft setback of parking stalls from the Alhambra Avenue right-of-way) and indicates that the City expects the Alhambra Avenue frontage of the Contra Costa Regional Medical Center be screened with trees and shrubs. The County is aware of the City's concerns, but is not bound by City regulations. With regard to landscape plantings along the frontage of the Regional Medical Center, a concern of the County also includes safety and surveillance. The parking lot is in use 24 hours per day, and a heavily landscaped screen of vegetation might be used as a place to hide in waiting, or would facilitate the break-in of cars. Currently the employee parking lot has a planting of palm trees behind the sidewalk over much of the Alhambra Avenue-Berrellesa Street frontage of the employee parking lot. Elsewhere there are redwood and conifers where branches within

- 10 feet of the ground have been removed. That approach has successfully addressed both the City concerns and security concerns. It is anticipated that the Master Plan for the Contra Costa Regional Medical Center will continue to use this approach to landscaping of the Alhambra Avenue frontage of the parking lot. It is anticipated that the City would be provided the opportunity to review and comment on the landscape plan.
- A1-8 Assuming the County elects to proceed with the mental health recovery services project, the Health Services Department has indicated that it intends to provide the City with the opportunity to submit comments on the design of the future buildings. As mentioned previously, the Feasibility Report anticipates that the redwood trees along the frontage of the 20 Allen Street will be retained. These trees provide a screen that will soften views of the site from the residential area located to the east. It should also be recognized that the site is not visible from any officially designed scenic route. The property is largely hidden behind the existing County Hospital, and as proposed the buildings would not be silhouetted on the skyline.
- A1-9 In response to the comment of the City, the Health Services Department retained the services of an architectural historian to update information on the history and significance of the existing Martinez Community Hospital building, and the potential for the project to cause a substantial adverse change to an architectural resource. The results of the study are documented in a report that includes the findings of the study, along with photographs, bibliography and a completed State Department of Parks & Recreation form. The report documents the history of the building, describes the architectural materials and architectural style, and presents the evaluation of the architectural historian. It also references the current laws and guidelines applicable to evaluation of structures. The primary finding of the report is that the building does not appear to be eligible for the California Register because of loss of its historic integrity. For this reason, loss of the building is not considered to be a significant environmental impact. The report of the architectural historian is presented in Appendix A.
- A1-10 See report of the architectural historian, which is presented in Appendix A.
- A1-11 The project is located in an urban area. The existing site improvements drain to storm drainage facilities located in the Allen Street right-of-way. Runoff is carried by gutters in Allen Street which outfall into the storm drainage facilities in Berrellesa Street. The design drawing for the mental health recovery services project will include exhibits that show existing and proposed drainage, along with hydrology data. At this point it is not clear if the proposed project will increase peak flows from the site. As noted previously, the site has impervious surfaces (existing building and existing parking facilities). The Feasibility Report states that a design will include bio-retention facilities. These facilities will serve to slow runoff, allow for increased infiltration, and trap sediment. The objective will be to yield a C.3.-compliant project. Illustrations presented in the

- Feasibility Report indicate a 60-space parking garage rather than a 60+ stall paved surface parking lot. The County will provide the City with the opportunity to provide comments on the drainage plan and C.3. clean water features when those plans are prepared.
- A1-12 See response to Comment A1-11.
- A1-13 The channel of Alhambra Creek has deficiencies and is subject to over-bank flooding. The City of Martinez has a drainage fee of \$0.25/square feet of impervious surface for the downtown area. The Initial Study states that by participating in this existing program to control flood damage, the project's drainage effects on Alhambra Creek can be considered to be less than significant (see Initial Study, commencing on last paragraph, page 24). As mentioned previously, the effect of the project on runoff from the site cannot be quantitatively determined at present on the basis of information in the Feasibility Report. With effective implementation of runoff controls (retarding/ retention/ treatment), the project is capable of avoiding significant drainage impacts.
- A1-14 The Mitigation Measures have been modified to include this recommendation of the City (see Chapter III).
- A1-15 While this is not an environmental impact, the County has no objection to making frontage improvements of the type identified by the City's comments.
- A1-16 There is no plan to widen the road frontage of the site. The current width of 28 feet is adequate for parking on one side of the street. The Allen Street frontage of the site is stripped for "no parking," with parallel parking allowed only on the east side of the street. Any widening along the frontage of the site would result in loss of the redwood trees, which conflicts with the Feasibility Report. Therefore the County considers widening to be undesirable and unnecessary.

**SCH#** 2009052027  
**Project Title** Mental Health Recovery Services (CP09-39)  
**Lead Agency** Contra Costa County

**Type** **MND** Mitigated Negative Declaration  
**Description** Contra Costa County (Health Services Dept Applicant) and Cristini & Martinez LLC (owners): request for authorization to provide facilities for mental health recovery services. The authorizations being requested include the following: a) acquisition of the 2.2 acre parcel addressed 20 Allen Street, Martinez, b) relocation of existing tenants of the 20 Allen Street property, c) relocation of 60 existing hospital staff parking stalls to the Contra Costa Regional Medical Center campus, d) demolition of the existing structures on-site, and e) construction of 2 buildings and associated on-site parking facilities that are intended to accommodate 3 treatment programs: (a) Crisis Residential Facility; (b) Psychiatric Health Facility; (c) Assessment and Recovery Center.

**Lead Agency Contact**

**Name** Darwin Myers  
**Agency** Contra Costa County Dept. of Conservation & Development  
**Phone** 925-335-1210 **Fax**  
**email**  
**Address** 651 Pine Street  
 4th Floor, North Wing  
**City** Martinez **State** CA **Zip** 94553

**Project Location**

**County** Contra Costa  
**City** Martinez  
**Region**  
**Lat / Long** 38° 0' 28" N / 122° 07' 55" W  
**Cross Streets** Allen and Berrellesa Streets  
**Parcel No.** 372-182-006  
**Township** 2N **Range** 2W **Section** **Base** MDB&M

**Proximity to:**

**Highways** 4  
**Airports** No  
**Railways** AT&SF  
**Waterways** Alhambra Creek  
**Schools** Alhambra HS  
**Land Use** 7 apartments/PA/Hospital

**Project Issues** Air Quality; Archaeologic-Historic; Geologic/Seismic; Noise; Toxic/Hazardous; Traffic/Circulation; Vegetation

**Reviewing Agencies** Resources Agency; Department of Fish and Game, Region 3; Delta Protection Commission; Office of Historic Preservation; Department of Parks and Recreation; Department of Water Resources; Office of Emergency Services; California Highway Patrol; Caltrans, District 4; Integrated Waste Management Board; Regional Water Quality Control Board, Region 2; Department of Toxic Substances Control; Native American Heritage Commission; Public Utilities Commission

**Date Received** 05/08/2009 **Start of Review** 05/08/2009 **End of Review** 06/08/2009



STATE OF CALIFORNIA  
GOVERNOR'S OFFICE of PLANNING AND RESEARCH  
STATE CLEARINGHOUSE AND PLANNING UNIT



ARNOLD SCHWARZENEGGER  
GOVERNOR

CYNTHIA BRYANT  
DIRECTOR

June 11, 2009

Darwin Myers  
Contra Costa County Dept. of Conservation & Development  
651 Pine Street  
4th Floor, North Wing  
Martinez, CA 94553

Subject: Mental Health Recovery Services (CP09-39)  
SCH#: 2009052027

Dear Darwin Myers:

The State Clearinghouse submitted the above named Mitigated Negative Declaration to selected state agencies for review. The review period closed on June 8, 2009, and no state agencies submitted comments by that date. This letter acknowledges that you have complied with the State Clearinghouse review requirements for draft environmental documents, pursuant to the California Environmental Quality Act.

A2-1

Please call the State Clearinghouse at (916) 445-0613 if you have any questions regarding the environmental review process. If you have a question about the above-named project, please refer to the ten-digit State Clearinghouse number when contacting this office.

Sincerely,

Terry Roberts  
Director, State Clearinghouse

**RESPONSE TO LETTER A2**

**California Governor's Office of Planning and Research  
Terry Roberts, Director, State Clearinghouse**

A2-1 The State identifies the CEQA document as SCH #2009052027. The letter goes on to indicate that no state agencies submitted comments during the 30-day review period. It also acknowledges that compliance with State Clearinghouse review has been met. No response to this comment is needed.

**B. PRIVATE INDIVIDUALS**

May 13, 2009

Darwin Myers  
Department of Conservation and Development  
Community Development Division  
Contra Costa County  
651 Pine St, North Wing, 4th Floor  
Martinez, CA. 94553

DEPARTMENT OF CONSERVATION  
AND DEVELOPMENT  
2009 JUN - 1 P 4: 05  
CONTRA COSTA

Reference: County File #CP09-39

Dear Darwin Myers:

After reviewing the document pertaining to expanding the Mental Health Recovery center on 20 Allen Street in Martinez, I would have to say without hesitation that I oppose any expansion for this facility due to the fact that I do not believe that they will have enough parking for their guests and employees.

B1-1

In the past I have contacted the city and the Recovery Center on its existing parking situation and have gotten no where. Is this area considered business or residential? Their employees and guests are forced to use my neighborhood for their parking, which means that my guests and I can not park in front of my own house. To make matters worse these people constantly litter the neighborhood with fast food containers, and cigarette buds, plus their car alarms.

B1-2

I think it would be a great idea for you to take a tour of Allen and Brown St near the facility, during the week around 10:00 am and see how they turn our quite neighborhood into a parking lot. If I lived in San Francisco I would expect this, but living in Martinez does not give me the same perks as living in a big city. The only perk I receive is the joy of picking up after these people or listening to their car alarms. In summary, if this expansion can accommodate ALL of the visitors and employees to the faculty then I say yes, but if that can not, I have a huge, HUGE problem with it. No.

B1-3

Sincerely,



Mark Glieden  
312 Brown St.  
Martinez, CA. 94553

## **RESPONSE TO LETTER B1**

### **Mark Glieden**

- B1-1 The commentor questions the adequacy of the existing parking for the Contra Costa Regional Medical Center, but does not pose any specific questions or provide new information on parking facilities/ parking demand for the proposed mental health recovery services project.

There is overflow of existing hospital-related parking into the adjoining neighborhood. However, it is not the duty of the proposed mental health recovery services project to solve this existing problem. It should also be recognized that a new mitigation measure has been added to address parking that is related to the 20 Allen Street site. With implementation of this measure, the project will not add to the parking issues of concern to Mr. Glieden.

- B1-2 This comment does not address the adequacy of parking for the proposed mental health recovery services project. No response is required.
- B1-3 This comment expresses frustration with the existing overflow parking in the neighborhood, but does not address the adequacy of the CEQA document prepared for the mental health recovery services project. No response is required.



## Chapter III

# INITIAL STUDY TEXT CHANGES



On page 35 of the Initial Study and in the Mitigation Monitoring Table, new text is added as shown following:

### 2. Relocation of Existing Parking

**Impact. Currently the County leases 60 parking spaces for use by employees of the adjacent County Hospital. The Master Plan for the Regional Medical Center is being reviewed and updated to, among other items, provide 60 replacement parking spaces for those being lost at 20 Allen Street. It is critically important that the replacement facilities be provided concurrent with or prior to their loss on 20 Allen Street.**

#### Mitigation Measure:

- A. Prior to authorization of any construction on the 20 Allen Street property, the Health Services Department shall submit to the Department of Conservation & Development documentation that identifies the number of existing off-street parking spaces that will be lost, both a) during the construction period, and b) following construction. Concurrently the Health Services Department shall submit evidence that the loss of leased parking stalls on-site have been compensated for by the construction of additional stalls on the site of the Contra Costa Regional Medical Center.
  
- B. If buildout of the medical health recovery facilities is phased, and Phase 1 allows the existing residences to remain occupied, provide documentation of how their parking needs are accommodated, both during construction and after buildout of Phase 1.
  
- C. If buildout of the medical health recovery facilities is phased, and the CRP is the first phase, the Health Services Department shall indicate how the parking needs of the employees and patients of the CRP will be met after completion of Phase 1 construction and during Phase 2 construction.

On page 13 of the Initial Study and in the Mitigation Monitoring Table, new text is added as shown following:

2. Tree Loss in Existing Employee Parking Lot (Lot C )

**Impact. Relocation of the 60 existing leased parking stalls from 20 Allen Street to new parking stalls in the established employee parking lot on the Contra Costa Regional Medical Center site is anticipated to result in loss of existing vegetation (trees and shrubs). Because Alhambra Avenue is an officially designated scenic route, the loss of vegetation is a significant impact of the project.**

Mitigation Measure:

- A. Provide replacement trees for all trees lost during expansion of the employee parking lot (Parking Lot "C"). The replacement trees shall be positioned to provide a row of trees behind the Alhambra Avenue sidewalk. If mature palm trees are planted, the ratio of trees removed to replacement trees shall be 1:1. Otherwise , there shall be one 15-gallon replacement tree for each 6 inches of diameter of trees lost. For example, if the aggregate diameter of trees lost is 60 inches, ten 15-gallon replacement trees are required.
  
- B. Provide a landscape and irrigation plan, prepared by a licensed architect. The irrigation plan shall comply with the County Water Conservation Ordinance

## **Chapter IV**

# **MITIGATION MONITORING AND REPORTING PROGRAM**



This Mitigation Monitoring and Reporting Program (see Table 1) has been prepared to comply with the requirements of State law (Public Resources Code Section 21081.6). State law requires the adoption of a mitigation monitoring program when mitigation measures are required to avoid significant impacts. The monitoring program is intended to ensure compliance during implementation of the project.

This Mitigation Monitoring and Reporting Program has been formulated based upon the findings of the CEQA Initial Study and the comments received on the Initial Study and addressed herein. This Mitigation Monitoring Program identifies mitigation measures recommended in the CEQA document to avoid or reduce identified impacts, and specifies the agencies/party responsible for implementation and monitoring.

The first column identifies the mitigation measure. The second column entitled "Party Responsible for Ensuring Implementation" refers to the person(s) who will undertake the mitigation measures. The third column entitled "Party Responsible for Monitoring" refers to the person/agency responsible for ensuring that the mitigation measure has been implemented and recorded. The fourth column entitled "Monitoring Timing" identifies when and/or for how long the monitoring shall occur.

**TABLE 1 MITIGATION MONITORING PROGRAM**

Potentially Significant Impact	Mitigation Measure	Implementing Mechanism	Method of Verification	Timing of Verification	Responsible Department/ Agency	Compliance Verification
<b>CONSTRUCTION PERIOD DUST</b>						
Activities associated with site preparation and construction throughout development of the project would generate suspended and inhalable particulate matter.	<p>During construction, contract provisions shall require the construction contractor to implement the following measures required as part of Bay Area Air Quality Management District's (BAAQMD's) basic and enhanced dust control procedures required for construction sites as follows:</p> <ul style="list-style-type: none"> <li>a) Water all active construction areas at least twice daily. Watering should be sufficient to prevent airborne dust from leaving the site.</li> <li>b) Cover all trucks hauling soil, sand and other loose materials or require all trucks to maintain at least 2 feet of freeboard (i.e. the minimum required space between the top of the load and the top of the trailer).</li> <li>c) Pave, apply water three times daily, or apply (non-toxic) soil stabilizer on all unpaved access roads, parking area and staging areas at construction sites.</li> <li>d) Sweep daily (with water sweepers) all paved access roads, parking areas and staging areas at construction sites.</li> <li>e) Sweep streets daily (with water sweepers) if visible soil material is carried onto adjacent paved roads.</li> </ul>	General Notes on Grading and Building Plans	Review of Construction Plans and Contract Documents	Prior to commencement of construction and on-going during buildout of the project	DCD to review plans, and on-going monitoring of compliance by GSD.	

HSD = Health Services Department; DCD = Department of Conservation & Development; BID = Building Inspection Division of DCD; GSD = General Services Department

Table 1 *continued*

Potentially Significant Impact	Mitigation Measure	Implementing Mechanism	Method of Verification	Timing of Verification	Responsible Department/ Agency	Compliance Verification
<b>TREE PROTECTION</b>						
<p><u>Construction of planned improvements on the 20 Allen Street site</u>. The project requires removal of sixteen (16) trees that have breast high diameters of 6½ (or greater). Moreover, earthwork is proposed within the dripline of other trees that are to be preserved.</p>	<p>A. Prior to commencement of grading, construction or improvements, or any removal of trees, a certified arborist shall be retained to map trees within the footprint of grading, including preparation of a table describing the trees affected by the project. The arborist shall also evaluate trees to be preserved that are within 30 feet of the limits of grading, and provide recommendations to minimize distress to trees that are to be preserved.</p>	<p>Submittal of Arborist's Report</p>	<p>Review of Arborist Report</p>	<p>Prior to preparation of Grading Plans</p>	<p>DCD (The Department may retain a specialist to review the report)</p>	
	<p>B. Prior to the start of any clearing, stockpiling, trenching, grading, compaction, paving or change in ground elevation on site with trees to be preserved, the contractor shall install temporary construction fencing (to the maximum extent feasible) at or beyond the dripline of all areas adjacent to or in the area to be altered. This fencing is to remain in place for the duration of construction activity in the vicinity of the trees. Prior to grading or issuance of any permits, the fences may be inspected and the location thereof approved by appropriate County staff. Construction plans shall stipulate on their face where temporary construction fencing is to be placed. The required fencing shall be installed prior to the commencement of any construction activity.</p>	<p>Preparation of Fencing Plan by contractor and evidence of its review/approval by arborist</p>	<p>Review of Fencing Plan</p>	<p>Prior to commencement of clearing or grading</p>	<p>DCD (The Department may retain a specialist to review the report)</p>	
	<p>C. No parking or storing vehicles, equipment, machinery or construction materials, construction trailers and no dumping of oils or chemicals shall be permitted within the dripline of any tree to be preserved.</p>	<p>General Note on Grading and Building Plans</p>	<p>Review of Construction Plans and Contract Documents</p>	<p>Prior to commencement of construction and on-going during buildout of the project</p>	<p>DCD to review plans. Ongoing monitoring of compliance by GSD</p>	

HSD = Health Services Department; DCD = Department of Conservation & Development; BID = Building Inspection Division of DCD; GSD = General Services Department

Table 1 *continued*

Potentially Significant Impact	Mitigation Measure	Implementing Mechanism	Method of Verification	Timing of Verification	Responsible Department/ Agency	Compliance Verification
	D. Any tree not approved for destruction or removal that dies or is significantly damaged as a result of construction or grading shall be replaced in accordance with the standards as outlined in Mitigation measure F below or as approved by the Director of <u>the Department of Conservation &amp; Community Development</u> to be reasonably appropriate for the particular situation.	Letter from HSD agreeing to mitigation measures	Review site conditions	Following completion of construction	DCD	
	E. All work that encroaches within the dripline of a tree to be preserved shall be conducted under the supervision of a certified arborist.	General Note on Grading and Building Plans	Arborist to issue letter-report summarizing monitoring services	Prior to framing	DCD	
	F. Compensation shall be required for the removal of trees that have breast high diameters of 6½ inches or more. One 15-gallon replacement tree shall be provided for each 6-inches in diameter of trees removed that are 6½ or more in diameter (e.g. if the aggregate diameter of trees removed is 180 inches, 30 replacement trees are required). California native drought tolerant trees shall be used as much as possible. The placement, irrigation and nature of the replacement trees is subject to review and approval of the Director of <u>the Department of Conservation &amp; Community Development</u> .	General Note on Grading and Building Plans	Review of Landscape Plan	Prior to awarding Landscape Contract	DCD	

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Table 1 *continued*

Potentially Significant Impact	Mitigation Measure	Implementing Mechanism	Method of Verification	Timing of Verification	Responsible Department/ Agency	Compliance Verification
<b><u>TREE LOSS IN EXISTING PARKING LOT (LOT C)</u></b>						
<p><u>Relocation of the 60 existing leased parking stalls from 20 Allen Street to new parking stalls in the established employee parking lot on the Contra Costa Regional Medical Center site is anticipated to result in loss of existing vegetation (trees and shrubs). Because Alhambra Avenue is an officially designated scenic route, the loss of vegetation is a significant impact of the project.</u></p>	<p><u>A. Provide replacement trees for all trees lost during expansion of the employee parking lot (Parking Lot "C"). The replacement trees shall be positioned to provide a row of trees behind the Alhambra Avenue sidewalk. If mature palm trees are planted, the ratio of trees removed to replacement trees shall be 1:1. Otherwise, there shall be one 15-gallon replacement tree for each 6 inches of diameter of trees lost. For example, if the aggregate diameter of trees lost is 60 inches, ten 15-gallon replacement trees are required.</u></p>	<p>Submit an arborist report for the portion of Parking Lot C that a) identifies trees affected by the project (location, species, diameter 4½ ft. above ground level, and b) health. When construction activity is proposed in the dripline of trees to be retained, provide measures to minimize stress on those trees.</p>	<p>Submittal of arborist report prepared by a certified arborist.</p>	<p>Prior to commencement of construction work in Parking Lot C.</p>	<p>DCD</p>	
	<p><u>B. Provide a landscape and irrigation plan, prepared by a licensed architect. The irrigation plan shall comply with the County Water Conservation Ordinance</u></p>	<p>Submit a landscape and irrigation plan complying with the provisions of the mitigation measure.</p>	<p>Submittal of a landscape and irrigation plan prepared by a licensed landscape architect.</p>	<p>Prior to commencement of construction work in Parking Lot C.</p>	<p>DCD</p>	
<b><u>ARCHAEOLOGICAL RESOURCES</u></b>						
<p>Construction of the proposed project requires ground-disturbing activities. There is a possibility that archaeological resources or human burials could be unearthed.</p>	<p>A. Pursuant to CEQA Guidelines Section 15064.5, "provisions for historical or unique archaeological resources accidentally discovered during construction" shall be instituted. In the event that any subsurface prehistoric, historic, or archaeological resources are discovered during ground disturbing activities, all work within 100 feet of the resources shall be halted and the contractor shall consult with the County's Construction Manager and a qualified</p>	<p>General Notes on Grading and Building Plans shall a) summarize the provisions of the mitigation measures, b) identify the on-call archaeologic firm and their telephone number,</p>	<p>Review of Construction Plans</p>	<p>Prior to commencement of grading or installation of any improvements</p>	<p>DCD to review plans. Ongoing monitoring of compliance by GSD</p>	

HSD = Health Services Department; DCD = Department of Conservation & Development; BID = Building Inspection Division of DCD; GSD = General Services Department

Table 1 *continued*

Potentially Significant Impact	Mitigation Measure	Implementing Mechanism	Method of Verification	Timing of Verification	Responsible Department/ Agency	Compliance Verification
	<p>professional to assess the significance of the “find”. If any find is determined to be significant, representatives of the County and the qualified professional would meet to determine the appropriate avoidance measures or other appropriate mitigation. In considering any suggested mitigation proposed by the consulting professional to mitigate impacts to historical resources or unique archaeological resources, the County would determine whether avoidance is feasible in light of factors such as the nature of the find, project design, costs, and other considerations. If avoidance is infeasible, other appropriate measures, such as data recovery, would be instituted. Work may proceed on other parts of the project site while mitigation for historical resources or unique archaeological resources is carried out. All significant cultural materials recovered shall, at the discretion of the consulting professional, be subject to scientific analysis, professional museum curation, and documentation according to current professional standards. Work performed by the qualified professional shall be under contract with the County and shall be paid for by the County.</p>	<p>and c) include provision to notify DCD no later than the first business day following the “find”.</p>				

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Table 1 *continued*

Potentially Significant Impact	Mitigation Measure	Implementing Mechanism	Method of Verification	Timing of Verification	Responsible Department/ Agency	Compliance Verification
	<p>B. Mitigation for discovery of human remains shall be in accordance with CEQA Guidelines Section 15064.5 as follows:</p> <p>(e) In the event of the accidental discovery or recognition of any human remains in any location other than a dedicated cemetery, the following steps shall be taken:</p> <p>(1) There shall be no further excavation or disturbance of the site or any nearby area reasonably suspected to overlie adjacent human remains until:</p> <p>(A) The coroner of the county in which the remains are discovered must be contacted to determine that no investigation of the cause of death is required, and</p> <p>(B) If the coroner determines the remains to be Native American:</p> <ol style="list-style-type: none"> <li>1. The coroner shall contact the Native American Heritage Commission within 24 hours;</li> <li>2. The Native American Heritage Commission shall identify the person or persons it believes to be the most likely descended from the deceased Native American;</li> <li>3. The most likely descendent may make recommendations to the landowner or the person responsible for the excavation work for means of treating or disposing of, with appropriate dignity, the human remains and any associated grave goods as provided in Public Resources Code Section 5097.98; or</li> </ol>	<p>General Notes on Grading and Building Plans, incorporating the provisions of this mitigation measure</p>	<p>Review of Construction Plans</p>	<p>Prior to commencement of grading or installation of any improvements</p>	<p>DCD to review plans. Ongoing monitoring of compliance by GSD</p>	

HSD = Health Services Department; DCD = Department of Conservation & Development; BID = Building Inspection Division of DCD; GSD = General Services Department

Table 1 *continued*

Potentially Significant Impact	Mitigation Measure	Implementing Mechanism	Method of Verification	Timing of Verification	Responsible Department/ Agency	Compliance Verification
	(2) Where the following conditions occur, the landowner or his authorized representative shall rebury the Native American human remains and associated grave goods with appropriate dignity on the property in a location not subject to further subsurface disturbance: (A) The Native American Heritage Commission is unable to identify a most likely descendent or the most likely descendent failed to make a recommendation within 24 hours after being notified by the Commission; (B) The identified descendant fails to make a recommendation; or (C) The landowner or his authorized representative rejects the recommendation of the descendant, and the mediation by the Native American Heritage Commission fails to provide measures acceptable to the landowner.					

HSD = Health Services Department; DCD = Department of Conservation & Development; BID = Building Inspection Division of DCD; GSD = General Services Department

Table 1 *continued*

Potentially Significant Impact	Mitigation Measure	Implementing Mechanism	Method of Verification	Timing of Verification	Responsible Department/ Agency	Compliance Verification
<b>SLOPE STABILITY AND FOUNDATIONS</b>						
The site is a relatively steep east-facing hillside. No landslides have been identified on the site but published geologic mapping has confirmed slides in the general vicinity, and Kleinfelder has confirmed evidence of active mass wasting on the property (including gully erosion and shallow slope failures). Within the relatively steep hillside area, the bedrock was confirmed to be expansive and weathered, consisting chiefly of claystone and siltstone. Kleinfelder's subsurface investigation does not provide data in the area of the existing building, there is no data from the area of the cut slope that is proposed to the west of the CRF building, and the orientation of bedding has not been established by Kleinfelder. Finally, details of the construction project were evolving when the preliminary geotechnical report was issued.	A. Prior to finalizing design drawings, the project geotechnical engineer shall perform the design level investigation. The report shall provide a) grading remediation plan based on slope stability analysis; b) evidence of plan review and approval by the geotechnical engineer; c) subsurface data from the cut slope west of the CRF building, d) data on the orientation of bedding, e) an original geologic map of the site providing the consultants interpretation of site conditions, and f) foundation recommendations to avoid/ minimize damage from expansive soils. The design level report shall be subject to peer review and approval of the County Peer Review Geologist.	Submittal of Final Geotechnical Report. The approved report shall be identified by a General Note on Grading and Building Plans.	Review of report by County Peer Review Geologist	Prior to preparation of Construction Plans	DCD	
	B. Engineered slopes over 20 feet high shall be graded to 2.5:1 (horizontal to vertical) or flatter. Where this gradient is not consistent with project objectives, special engineering shall be required (e.g. reinforced earth, use of engineered retaining walls).	Submittal of Grading Plan	Review of Plan by County Peer Review Geologist	Prior to commencement of grading or construction of any improvements	DCD	
	C. The recommendations for site grading contained in the approved geotechnical report shall be followed during grading unless modifications are specifically approved in writing by the Building Inspection Division.	General Note that encompassed this mitigation measure to be included on Grading Plan	Review of Grading Plan by County Peer Review Geologist	Prior to commencement of grading	BID	

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Table 1 *continued*

Potentially Significant Impact	Mitigation Measure	Implementing Mechanism	Method of Verification	Timing of Verification	Responsible Department/ Agency	Compliance Verification
	<p>D. During grading, any landslide deposits within developed portions of the property shall be re-graded to effectively remove the potential for seismically-induced landslides in these materials, as recommended in the approved geotechnical reports. The project geologist shall log all keyways and cut slopes. The grading completion report shall include an original geologic map and geologic cross-sections showing the details of observed features and conditions (e.g. stratigraphy, structure, weathering, seepage, shearing).</p> <p>E. All grading, excavation and filling shall be conducted during the dry season (April 15 through October 15) only, and all areas of exposed soil shall be replanted to minimize erosion and subsequent sedimentation. After October 15, only erosion control work shall be allowed by the grading permit. Any modification to the above schedule shall be subject to review and approval by the Grading Section of the Building Inspection Division.</p>	<p>General Note that encompassed this mitigation measure to be included on Grading Plan</p> <p>General Note on Grading Plan</p>	<p>Submittal of Grading Completion Report that provides the details of observed features and conditions, including geologic maps and geologic cross-sections</p> <p>Review of Grading Plan</p>	<p>Prior to calling for the foundation inspection</p> <p>Prior to grading or installation of any improvements</p>	<p>BID</p> <p>DCD</p>	
<b>HAZARDOUS MATERIALS</b>						
Demolition of the existing building would require disturbance and disposal of building materials that may contain asbestos or lead-based paints. Additionally, there may be stores of hazardous chemicals in the building.	A. Prior to issuance of the demolition permit or commencement of any demolition activity, submit the report of a qualified licensed professional presenting the results of a survey of building materials for asbestos. The scope of work should include sampling and testing of building materials that may contain asbestos, including drywall, ceiling tiles, and floor tiles. If asbestos containing materials are confirmed, the demolition contractor shall dispose of these materials in accordance with all applicable rules and regulations.	Submittal of Asbestos Report	Review of Asbestos Report	Prior to commencement of demolition	DCD (The Department may retain a the services of a specialist)	

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Table 1 *continued*

Potentially Significant Impact	Mitigation Measure	Implementing Mechanism	Method of Verification	Timing of Verification	Responsible Department/ Agency	Compliance Verification
	<p>Lincoln’s Birthday (State)                      Cesar Chavez Day (State)                      Memorial Day (State and federal)                      Independence Day (State and federal)                      Labor Day (State and federal)                      Columbus Day (State and federal)                      Veterans Day (State and federal)                      Thanksgiving Day (State and federal)                      Day after Thanksgiving (State)                      Christmas Day (State and federal)</p> <p>For specific details on the actual day the state and federal holidays occur, please visit the following websites:                      Federal Holidays  <a href="http://www.opm.gov/fedhol/2006.asp">http://www.opm.gov/fedhol/2006.asp</a>                      California Holidays  <a href="http://www.edd.ca.gov/eddstholiday.htm">http://www.edd.ca.gov/eddstholiday.htm</a></p> <p>B. Interior work which is not audible at the perimeter of the site can continue until 9:00 p.m.</p> <p>C. The Director of <u>the Department of Conservation &amp; Community Development</u> can administratively grant temporary extension of work hours or weekend work if adequate documentation of special circumstances is provided.</p> <p>D. Transportation of heavy equipment shall be limited to weekdays between the hours of 9:00 a.m. and 4:00 p.m. and prohibited on weekends and federal and State holidays.</p>					

HSD = Health Services Department; DCD = Department of Conservation & Development; BID = Building Inspection Division of DCD; GSD = General Services Department

Table 1 *continued*

Potentially Significant Impact	Mitigation Measure	Implementing Mechanism	Method of Verification	Timing of Verification	Responsible Department/ Agency	Compliance Verification
	<p>E. All property owners and tenants of properties fronting on the segment of Allen Street west of Berrellesa Street shall be notified at least two weeks prior to the start of construction activities. The notice shall include a telephone number of the contractor for the purposes of receiving questions or complaints during construction. The contractor shall develop procedures for responding to callers. The notice shall also provide the name and telephone number of the County’s Construction Manager.</p> <p>F. “Quiet” equipment (i.e. equipment with mufflers) shall be used when available. (Note: some smaller equipment cannot be equipped with mufflers).</p>	<p>Copy of letter and mailing list</p> <p>Contract Provision</p>	<p>Review of letter and notification list</p> <p>Review of contract</p>	<p>Two weeks (minimum) prior to commencement of construction or installation of improvements</p> <p>Prior to requesting bids</p>	<p>DCD</p> <p>DCD and GSD to review contract documents</p>	
<b>PARKING GARAGE</b>						
<p>The parking garage provides 60 standard sized stalls with 22 feet backup space. There are also tight turns in the parking garage that may be difficult to negotiate, particularly if an exceptionally large vehicle is parked at a critical location.</p>	<p>A. Provide a backup distance of 26 feet in the garage (minimum), maintaining a minimum of 60 spaces.</p> <p>B. Provide compact spaces in the garage based on the percent of compact spaces that can be justified by the parking consultant. If the compact parking spaces are strategically located on one side of the garage roadway, the backup distance would be expanded to 28 feet behind these spaces because compact stalls need only be 17 feet deep.</p> <p>C. Depending on the design of the garage, the flow of traffic in the garage could be improved by “softening” the right angle bends in the road.</p>	<p>Letter from HSD agreeing to mitigation measures</p>	<p>Review of Construction Plans for garage</p>	<p>Prior to commencement of construction</p>	<p>DCD</p>	

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Table 1 *continued*

Potentially Significant Impact	Mitigation Measure	Implementing Mechanism	Method of Verification	Timing of Verification	Responsible Department/ Agency	Compliance Verification
<b><u>RELOCATION OF EXISTING PARKING</u></b>						
<p><u>Currently the County leases 60 parking spaces for use by employees of the adjacent County Hospital. The Master Plan for the Regional Medical Center is being reviewed and updated to, among other items, provide 60 replacement parking spaces for those being lost at 20 Allen Street. It is critically important that the replacement facilities be provided concurrent with or prior to their loss on 20 Allen Street.</u></p>	<p><u>A. Prior to authorization of any construction on the 20 Allen Street property, the Health Services Department shall submit to the Department of Conservation &amp; Development documentation that identifies the number of existing off-street parking spaces that will be lost, both a) during the construction period, and b) following construction. Concurrently the Health Services Department shall submit evidence that the loss of leased parking stalls on-site have been compensated for by the construction of additional stalls on the site of the Contra Costa Regional Medical Center.</u></p> <p><u>B. If buildout of the medical health recovery facilities is phased, and Phase 1 allows the existing residences to remain occupied, provide documentation of how their parking needs are accommodated, both during construction and after buildout of Phase 1.</u></p> <p><u>C. If buildout of the medical health recovery facilities is phased, and the CRP is the first phase, the Health Services Department shall indicate how the parking needs of the employees and patients of the CRP will be met after completion of Phase 1 construction and during Phase 2 construction.</u></p>	<p>Letter from HSD documenting compliance with provisions of mitigation measure</p>	<p>Review of HSD letter and view field conditions</p>	<p>Prior to mobilization of construction contractor for each phase of construction</p>	<p>DCD</p>	

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## **APPENDIX A**

# **HISTORIC ARCHITECTURE EVALUATION REPORT**



# **HISTORIC ARCHITECTURE EVALUATION REPORT**

**Martinez Community Hospital  
20 Allen Street  
in the city of Martinez  
within Contra Costa County, California**

**for**

**Contra Costa County Conservation and Development Department  
651 Pine Street, North Wing, 4<sup>th</sup> Floor  
Martinez, CA 94553**

**October, 2009**

Prepared by:

Ward Hill,  
Architectural Historian  
3124 Octavia Street  
San Francisco, CA 94123

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### Appendix

A. DPR 523 Forms: Primary Record Form and Building, Structure & Object Form

## I. INTRODUCTION

This report evaluates the Martinez Community Hospital, 20 Allen Street at Ilene Street (Assessor Parcel Number 372-182-006), in the City of Martinez, California as a potential resource of historic and architectural significance. The Martinez Community Hospital was originally built as a private hospital in 1929 serving patients with the financial means to pay for medical services, i.e. not served by the Contra Costa County Hospital which served those with more limited financial resources. The building's original front façade was remodeled in the c.1950s. The Martinez Community Hospital closed in 1973 and was extensively remodeled in 1983 for offices and apartments. The office section of the building has been vacant in recent years. The building is referred to this report by its historic name the "Martinez Community Hospital". The T-shaped plan, two-story, Art Deco Style building is brick masonry construction with wood-frame additions. Inside the building has 17,710 square feet of space including 11,580 square feet of offices, and seven apartments totaling 6,130 square feet.

The report evaluates the Martinez Community Hospital under the criteria of the California Register of Historical Resources and the Statutes and Guidelines of the California Environmental Quality Act (CEQA) to identify potential historic resources that may be affected by a project or demolition. The conclusion of this report is that the Martinez Community Hospital does not appear to be eligible for the California Register. The building is recorded (historical and descriptive data) on the attached California Department of Parks and Recreation (DPR) 523 Forms (Primary Record and Building, Structure and Object Record). This report was undertaken at the request of the Contra Costa County Health Services, currently negotiating to buy 20 Allen Street. Contra Costa County Health Services is studying the feasibility of replacing the existing building at 20 Allen Street with a new Mental Health Recovery Services building that would be part of the adjacent Contra Costa County Regional Medical Center.

## II. RESEARCH & FIELD METHODS

Architectural Historian Ward Hill conducted a field survey of the Martinez Community Hospital and the Contra Costa County Regional Medical Center in September, 2009. Mr. Hill examined and photographed the exterior and the office interior (the apartments were not surveyed), noting later alterations.

The pre-field phase of research indicated that the Martinez Community Hospital was not included in the City of Martinez downtown Historic Building Inventory, nor in any of the standard inventories of historic buildings: the *National Register of Historical Places* (U.S. National Park Service); the *California Register of Historical Resources*; *California Inventory of Historic Resources* (State of California 1976); *California Historical Landmarks* (State of California 1982); or *Historic Spots in California* (Hoover rev. by Kyle 2000). Archival research was conducted during September and October, 2009 on the history of the Martinez Community Hospital and the adjacent Contra Costa County Hospital. Additional research focused on the history of the City of Martinez for the historical overview. Leslie Richardson, Contra Costa County General Services Department, Capital Project Division, and Steve Harris, Development Director, Contra Costa County Health Services provided historical background on the Contra Costa County Hospital. Research did not locate the original plans and specifications for the building.

The historical research was conducted at the following archives: the City of Martinez Planning and Building Inspection Departments, Martinez; Martinez Historical Society Archives; Contra Costa County Historical Society Library, Martinez; The Contra Costa County Library, Pleasant Hill; the Doe Library Map Room and the Bancroft Library, University of California, Berkeley; the Medical School Library at the University of California, San Francisco.

## III. HISTORICAL OVERVIEW

### A. The City of Martinez – Historical Background

#### *The Spanish & Mexican Periods: 1777-1848*

During the Spanish period, the Martinez area would have been under the control of Mission San Jose, which may have grazed sheep and cattle in the project area during the early 19th century. Founded in 1799, Mission San Jose was a considerable distance from the project site, approximately forty miles southwest in what is now the City of Fremont. The other missions (San Rafael and Sonoma) closest to Martinez were accessible only by water. South of Mission San Jose was another important settlement in Northern California during the Spanish period, the Pueblo de San Jose de Guadalupe, a small agricultural community founded in 1777 in what is today downtown San Jose. Neither the mission nor the pueblo maintained any kind of settlement on or near Martinez.

After Mexico seceded from Spain in 1822, grants of land to private citizens began. After the

secularization of the missions began in 1833, the number of land grants increased substantially. The earliest land grant in the vicinity of the project area was for 17,761 acres (known as Rancho El Pinole) to Ygnacio Martinez in 1842. Born in Mexico in 1774, Martinez came to California as a cadet in Santa Barbara in 1799. He was sent to San Francisco in 1817, and he retired in 1831 after having been the *Commandante* in San Francisco during the last four years of his service. After applying for his claim in Contra Costa County in the mid-1830s, Martinez moved to *Rancho El Pinole*, an area he had occupied since 1824 (Hoover & Rensch 2000:57). Rancho El Pinole included the area of Martinez west of *Arroyo Del Hambre Creek* (outside of the project area). Martinez built an adobe in the vicinity of what is now Pinole Valley Road in the City of Pinole. In 1849, Martinez's son Don Vicente built an adobe just south of the town of Martinez <sup>1</sup>. Another member of the Martinez family built an adobe in the Alhambra Valley on what became the John Sweet Ranch south of Martinez.

The area of the City of Martinez east of *Arroyo Del Hambre Creek* (which includes the project area) was part of *Rancho Las Juntas*, an 1844 grant of three square leagues (13,395 acres) to William Welch, a Scottish sailor who had arrived in California in 1821. Welch lived in San Jose from 1832 to 1844, later moving to Walnut Creek. He apparently never lived on *Rancho Las Juntas*, preferring to have his vaqueros tend his cattle and guard his property (Purcell 1940:194). Welch's vaqueros reportedly built a corral and holding pen for cattle in the vicinity of Escobar Street in what is now downtown Martinez (Perry 1986:2).

#### *The American Period: 1848-1900*

In 1848, California became a United States territory as a result of the Treaty of Guadalupe Hidalgo which ended the war with Mexico. California was not formally admitted as a state until 1850. After California was admitted as a state, Contra Costa County, one of the original 27 counties created by the California legislature, included what is today Contra Costa and Alameda Counties. In 1853, Alameda County was created from the western and southern sections of Contra Costa County.

1848 was also the year of the Gold Rush which brought a massive influx of immigrants to California from all parts of the world. California's 1848 population of less than 14,000 (exclusive of Indians) increased to 224,000 in four years. In 1847, Dr. Robert Semple had started a ferry service across Carquinez Straits from Benicia which became an important access to the gold fields for those traveling from San Francisco to the Sierra foothills. A commercial center developed at the southern docking point for Semple's ferry, eventually becoming the town of Martinez. The Martinez area was also the terminus of a road that continued south to San Jose through the San Ramon and Ygnacio Valleys (Scott 1985:29). According to historian Mae Fisher Purcell, this road, was "the pioneer road of the county" since it "carried the flow of traffic from Benicia to the pueblo of San Jose" (Purcell 1940:463).

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<sup>1</sup> The Vicente Martinez adobe, south of the project area, is near the John Muir house at Alhambra Avenue and Franklin Canyon Road, now a National Historic Site.

In 1849, Colonial William M. Smith, as an agent for the Martinez family, conducted the first survey for the town of Martinez on 120 acres of Rancho El Pinole east of Arroyo Del Hambre Creek near Suisun Bay (Purcell 1940:195). Between 1850 and 1851, the heirs of William Welch hired surveyor Thomas Brown to plat an addition to the original Martinez plat on the east side of Arroyo Del Hambre Creek (Munro-Fraser 1882:390). Anticipating a population boom, Brown surveyed a grid on over 500 acres. The first houses in Martinez were constructed in the vicinity of Alhambra and Ward Streets (Perry 1986:4). The early retail stores in the vicinity of the Main and Ferry Streets served the influx of new residents and the ferry passengers passing through Martinez.

Martinez became the county seat when Contra Costa County was created in 1850<sup>2</sup>. The presence of the county helped assure the growth of Martinez during the early years, but it was agriculture "that would bring real prosperity" to the town in the 19th century (Perry 1986:8). With the beginning of the American period, the population explosion resulting from the Gold Rush created a market for a wide range of agricultural products. As more and more gold seekers became discouraged with mining, they turned to farming as a livelihood. Farmers started to raise crops and livestock for sale, not just to be self-sufficient. Although California started to develop a more diversified farm economy, starting in the 1860's, wheat cultivation dominated California agriculture for nearly thirty years (Jelinek 1979; Hilkert & Lewis 1984). California wheat produced a hard, white grain because of the hot, dry period from May to October in the growing season. The wheat did not need the binding and curing of Midwest wheat, and thus could be shipped long distances upon being harvested. By the 1870s, Contra Costa County was producing 700,000 bushels of wheat annually on 80 square miles (Walker 1989:105)<sup>3</sup>. The Carquinez straits were lined "with miles of warehouses" that stored the wheat before shipping (Hilkert & Lewis 1984: Introduction). Owners of the large ranchos sold or leased their land to farmers who grew wheat. Wheat farming declined in the 1890s because yields dropped from not rotating crops and the development of competing wheat growing areas like Australia and Argentina (Hilkert & Lewis 1984:2).

Martinez was still a relatively small town of 875 in 1880 with the population concentrated in the central blocks near Suisun Bay. After the railroad arrived in Martinez in 1877, the agricultural economy changed from grain to fruit and vineyard cultivation over the next 10 years. The completion of the transcontinental railroad in 1869 opened a tremendous new market for California fruit. In almost every area in the county served by adequate rail transportation the big grain ranches were subdivided into small holdings. The railroad

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<sup>2</sup> The act incorporating the town of Martinez in 1851 was declared void on a technicality by the California Supreme Court. Martinez was not legally incorporated until 1876 (Hulaniski 1917:317).

<sup>3</sup> The town of Pacheco southeast of Martinez (now part of Pleasant Hill) was an early center of grain production during the years when wheat was California's most important agricultural export. Grains were shipped from Pacheco to wharves in Martinez for shipping. In 1869, much of the population of Pacheco moved to Concord, laid out near a new rail line. Little survives today of the original town of Pacheco.

provided a way to get fruit to market while still fresh, and improvements in refrigerated rail cars made it possible to ship fresh produce longer distances. The development of the canning industry also created new methods of preserving and storing for later consumption (Braznell 1982:11-21). Two canneries started in the 1880s near Martinez, Joseph Black's cannery and the Martinez Packing Company, also canned salmon (Perry 1986:25). During the 19th century, the wharves and the railroad at Martinez became the focal point for shipping agricultural products from Contra Costa County (Perry 1986:47). Martinez was also an important commercial center serving the local agricultural community.

### *The American Period: Twentieth Century*

By 1900, the population of Martinez grew to about 2,000. During the 19th century, Martinez was primarily a waterfront town depending on ferry service, deep water shipping and rail transport of agricultural products. Beginning about 1910, the economy changed substantially with the arrival of the oil refineries and chemical companies in the area. In 1895, Union Oil Company purchased land in Rodeo for a refinery, and the Standard Oil Company purchased land in Richmond for a refinery the next year. Early industrial companies near Martinez include the Bull's Head Oil Company, which built a small refinery in 1904 on the eastern edge of the town, and the Mountain Copper Company, which erected a smelter at Bull's Head Point in 1905. The first large oil company to open a refinery near Martinez was the Associated Oil Company in 1913. Although three miles from Martinez, Associated Oil hired many of the town's workers in its plant. The construction of the major Shell Oil refinery near Martinez in 1914 on Suisun Bay created an unparalleled land rush as developers acquired large tracts of land for residential subdivisions (Perry 1986:25). Tent camps were initially set up because of the severe housing shortage in Martinez after the Shell Oil facility opened. Many of the early farms and vineyards near Martinez were soon subdivided for small, middle-class houses for Shell Oil workers, recruited from as far away as Wyoming and Montana (Perry 1986:27).

During the 20th century, the county government and the Shell Oil refinery have been the most important economic forces in Martinez. Shell purchased another 13 acres in 1928 for a petrochemical plant. By 1950, Shell was producing over 1,000 products in their oil and chemical facilities. Shell has undertaken major expansions and modernization of their Martinez plant in 1966 and 1980 (Perry 1986:28). The county government's expansion especially after World War II is best exemplified by the construction in 1961 of the 175 foot tall Mc Brien Administration Building, the first "high-rise" in Martinez. A new county jail facility was constructed in Martinez in 1981.

As trucks and cars became more common in the 1920s, Martinez ceased to be the center of shipping by water and rail in the region. The opening of the Caldecott Tunnel and the Bay Bridge in 1937 provided Contra Costa County a more direct vehicular means of access to San Francisco and the central Bay Area. The construction of several new highways in the county during the 1930s was followed by the construction of a major freeway system during the decades after World War II. The ferry service to Benicia began to decline after the Carquinez Bridge opened in 1927, and ceased entirely when the George Miller Memorial

Bridge between Martinez and Benicia opened in 1962. The process of subdividing farm and ranch land near Martinez for residential development, which began in the 1920s and 1930s after the Shell refinery opened, continued during the post-World War II construction boom. Although the Shell refinery and the county government are still important to the local economy, Martinez today is primarily a suburban residential community serving the larger regional economy of Contra Costa County and the Bay Area.

### *Early History of the Martinez Community Hospital*

The development of the Martinez Community Hospital is directly associated with the history of the adjacent Contra Costa County hospital. The Contra Costa County Hospital had its beginnings in 1876 when the County purchased thirteen acres on B Street in Martinez, the County seat, for \$ 825 (Epstein 2000: 7). In 1880, the first County Hospital buildings – three one-story wooden buildings (each about the size of a house) – were constructed for \$ 3,225 according to plans prepared by E.W. Hiller, Lamb and Ferrie, contractors (Hulaniski 1917:266). The County had 54 beds in 1883, and 95 by the early 1890s.

The County Hospital expanded substantially in 1910 to 1914 with two new buildings designed by San Francisco architect William Weeks with R.H. Ingraham, contractor (the project specifications on file with the County are dated December 20, 1909). In 1910, the first (north) wing of the new county hospital was constructed at a cost of \$ 40,000; in 1914, the second (south) wing, similar to the first building, was constructed at a cost of \$ 36,000. In 1910-11, the hospital had 298 patients; the total grew to 666 in 1915-16 with the new buildings. Special buildings were also constructed for juvenile detention and the insane ward. In 1914, the staff consisted of a superintendent, a surgeon-in-chief, assistant surgeon, a matron and five graduate nurses.

Dr. E.W. Merrithew, named County physician in 1911, became the chief County Hospital administrator. Private patients of general practitioners had originally been treated at the County Hospital. The County Hospital facilities were required primarily for the treatment of indigents, thus it could only take a limited number of paying patients. Because of the lack of County Hospital services, many Contra Costa County residents went to hospitals in Oakland or San Francisco. During the twenties, Dr. Merrithew requested funding from the County Board of Supervisors for additional facilities to ameliorate the County Hospital's crowded conditions. The Board suggested the County Hospital simply stop accommodating paying patients in order to increase capacity for those who lack financial resources (Bray 1973:H-4).

To increase patient capacity, Dr. Merrithew decided to organize his patients and fellow practitioners to establish a private community hospital next to the County Hospital. The supporters of the community hospital formed a corporation to sell stock. Stockholders were told they could receive dividends on their shares at some point but the purchasers were told they were primarily “performing a community service” with their stock purchases (Bray 1973:4H). The corporation sold 2,710 shares at \$ 25 per share; \$ 67,750

raised was supplemented by a \$ 25,000 loan from the Bank of Martinez.

The corporation hired San Francisco architect Alexander A. Cantin to design the building and they awarded Richmond contractor Wallace Snellgrove on December 7, 1929 under the \$ 59,400 construction contract (Bray 1973:4H)<sup>4</sup>. The building was completed in late Spring, 1930. The Hospital, which originally had 35 beds, received its first patients in 1931. The obstetrics ward was one of the primary services of the Community Hospital. In the early years, infants were charged \$ 1.00 daily, mothers \$5.50 a day and the delivery room charge was \$ 15.00 (Epstein 2000:7). An addition to the hospital, including a roof top solarium, cost \$8,000 in 1938.

### *County Hospital & the Martinez Community Hospital – Post World War II*

By the 1940s, the County Hospital facilities were woefully inadequate as hospital design medical treatment changed dramatically and the County's population exploded with many new residents and the Post War baby boom. The County population had increased from 32,000 in 1910 to about 300,000 in 1950. The major growth in the County Hospital occurred under the leadership of Dr. George Degnan, who became the County physician in 1948. The Hospital added a series of "finger plan" buildings (narrow rectangular plan structures with side corridors along a connecting spine) from 1948 to 1952 along the south side of the campus.

Dr. Merrithew, who had become medical director of the Martinez Community Hospital in 1944, retired from his position at the County Hospital in 1948. A non-profit corporation, the Martinez Community Hospital, took over operation of the hospital in 1949. Many of the original shareholders donated their shares to the new entity. The other shares were bought out by the corporation. The Hospital's assets were valued at \$ 247,250 in 1949 (Bray 1973:4H). The front façade of the Community Hospital was likely remodeled extensively in the 1950s. The original high parapet and ornamental details were removed.

The Martinez Community Hospital was found to be seismically inadequate by the State Department of Public Health in 1970. The Hospital Board decided the costs to upgrade the structure (\$180,000) were prohibitive given the building in other ways did not meet current standards to deliver acute care. The old Hospital closed in 1973, and the Board

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<sup>4</sup> Born in 1875, San Francisco architect Alexander A. Cantin began his career as an architect 1901 and he maintained an active practice until 1950. Cantin was best known as a designer of Bay Area movie theaters during the boom period of the 1920s and early 1930s (he had contract with one of the major theater chains). His theater designs included the Orinda Theater, the Grand Lake in Oakland and the Alhambra Theater, San Francisco. Alexander A. Cantin was the founding member of the Cantin, Cantin & Capell firm, a partnership with his son A. Mackenzie Cantin. Born in 1912, Cantin's son A. Mackenzie Cantin became the managing partner with his father's firm in 1948 (A.A. Cantin retired about 1950). The firm operated initially as Cantin, Cantin & Page, later as Cantin, Cantin & Capell and Cantin & Cantin. The firm designed primarily institutional and commercial structures in the Bay Area, including a number of schools, military housing and hospitals. The firm designed the Berkeley Community Theater on the Berkeley High School campus in the late 1950s. A.A. Cantin died in 1964 and A. MacKenzie Cantin died in 2002. ("Alexander A. Cantin" obituary, *Oakland Tribune*, January 18, 1964; [www.ced.berkeley.edu/cedarchives/profiles/cantin.htm](http://www.ced.berkeley.edu/cedarchives/profiles/cantin.htm)).

moved the Community Hospital, now known as the Martinez Health Center, to twelve acres near the Veterans Administration Hospital near Highway 4 in Martinez. The new hospital with a 165 beds did not do well and was later purchased by Kaiser Hospitals (Epstein 2000:7).

A partnership that included William Rich, Raymond Leal and James Maguire purchased the Community Hospital at 20 Allen Street in the 1970s. The new owners proposed a new residential development on the site. Problems obtaining various development approvals led to the project being abandoned (Diaz 1990:2). In the 1983 the building was extensively remodeled for small offices and apartments. The remodeling included an extensive seismic upgrade. The office space was leased by the Contra County Health Services Department until recent years. The building was known as the Health Services Administration building. The office space is currently vacant although the residential units are occupied. The current owner purchased the building in the last year.

#### *The Redevelopment of the Contra Costa County Hospital*

A new campaign to upgrade and extensively redevelop the Contra Costa County Hospital facilities began in the 1990s. After years of controversy, in 1997 a new County Medical Center designed by Kaplan, McLaughlin and Diaz replaced the south wing of the original 1914 Hospital with its 1936 addition (the north wing had been demolished a number of years earlier and lot had been left vacant). A new Hospital laboratory designed by Fong and Chan was constructed in 1999. The Martinez Health Center designed by Anshen and Allen replaced in 2005 wards A, B, C and D constructed in 1951-52. The current proposal to develop a new Mental Health Services building as part of the Regional Medical Center facility on the site of the Martinez Community Hospital is part of the on-going effort to upgrade the medical facilities at the County Hospital.

#### **IV. DESCRIPTION**

Photographs are included with the attached DPR 523 forms. The Martinez Community Hospital is on an irregular shaped, 2.23 acre parcel located at the southwest corner of Allen and Ilene Streets adjacent to the north side of the Contra Costa County Regional Medical Center. The long, front (east) façade is partially obscured by the mature redwood trees near the building. A variety of trees and hedges are also adjacent to the rear (west) façade around the main parking lot. The site slopes up to the west with a steep hill on the western part of the parcel. An asphalt paved parking lot with 68 spaces occupies is adjacent to the southwest side of the building. Another small parking lot is at the northeast corner of the lot.

The two-story brick masonry office and apartment building is on the eastern side of the parcel near the two streets. The building has a concrete foundation. The original brick building had a T-shaped plan. The eastern main block is 192 feet long while the stem of the T extends west 52 feet (this area includes primarily two-story apartments). Wood-frame north (38 feet) and west (22 feet) extensions of the building house apartments. The

south end has a wood-frame stairwell addition. The additions are covered with wood shingles. The walls are thirteen inches in five course common bond. The lower story is ten feet tall while the upper story is eleven and half feet.

The roof parapet ranges in height six to eighteen inches above the roof. The parapet brick is covered with square tiles. The parapet is about 44 inches tall at the main entrance. The lower level has nine inch thick interior brick walls. Wood trusses supported by interior posts and the brick wall support the roof. The floor joists are supported on girders bearing on wood columns or pockets in the exterior brick walls.

The original brick front (east) façade has a prominent central stair and main entrance porch that project out from the main building wall. The prominent central entrance stair has side brick stringers and brick stairs. The recessed entrance porch has flanking window bays with decorative patterned brick above the second floor window. A vertical angled side surrounds and the ‘Martinez Hospital’ sign set in relief (with geometric side blocks) above frame the deeply recessed main entrance door. The double entrance doors appear to be modern metal frame doors. Adjacent to the central main entrance porch, the symmetrical façade has six flanking window bays on the north and south, then a squared off bay with two (first and second floor) windows projects out. An end wing on the north and south is set back from the main façade. The setback continues onto the west façade. The original windows have been replaced with modern anodized aluminum frame windows. The flat rear (west) façade has a series of windows, some with segmental arches. The south façade on the stem of the “T” has a modern wood stair leading to the first and second floor apartments.

Inside the building has 17,710 square feet of space including 11,580 square feet of offices, and seven apartments totaling 6,130 square feet. Each apartment has one bedroom and one bathroom (the apartments were not inspected). The northern half of the building is single-story while the southern half has a full lower story. The 1983 remodeling into office included the interior carpeting and vinyl floor covering, gypsum board walls, acoustical tile ceilings and fluorescent lighting.

The original hospital interior appears to have been completely demolished as part of the 1983 remodeling. The following description of the original hospital interior appeared in the August 1, 1973 article “Community Hospital Story,” in the *Morning News-Gazette* (H25).

The hospital plant was entirely on one floor, but with a high and spacious basement). The foyer is faced with marble and large plate glass doors giving access to the lobby; directly across the lobby is the hospital office. There are twelve private rooms decorated in selected color tones with curtains to match. A majority of the rooms have connecting lavatories while the deluxe suites have the added accommodation of a bath. The building is built in the form

of a letter 'T' the stem being occupied by a surgery and various hospital units. The cross of the 'T' is occupied by the private rooms, deluxe suites, wards, kitchens, nurse's dining room etc. In the extreme end of the south wing is the men's ward with 8 beds. The private rooms face the front or east in the south and north wings, the latter providing the women's ward of six beds. In the inner corner of the 'T' in the south wing is located the nurse's dining room and the pantry connected with the kitchen. In the north wing is the nursery, amply large for the accommodation of twelve basinetts. On the roof over the surgical wing is the solarium with a wide expanse of high glass sides guarding against wind and draft

## V. HISTORIC EVALUATION

### California Register of Historical Resources

In September, 1992, Governor Wilson signed Assembly Bill 2881 which created more specific guidelines for identifying historic resources during the project review process under the California Environmental Quality Act (CEQA):

A project that may cause a substantial adverse change in the significance of an historical resource is a project that may have a significant effect on the environment. For purposes of this section, an historical resource is a resource listed in, or determined eligible for listing in, the California Register of Historical Resources.<sup>5</sup>

Consequently, under Section 21084.1, an historic resource eligible for the California Register would by definition be an historic resource for purposes of CEQA compliance. The Final Guidelines for nominating resources to the California Register were published January 1, 1998. Under the regulations, a number of historic resources are automatically eligible for the California Register if they have been listed under various state, national or local historic resource criteria.

In order for a resource to be eligible for the California Register, it must satisfy all of the following three criteria:

- A. A property must be significant at the local, state or national level, under one or more of the following four *criteria of significance* (these are essentially the same as National Register criteria with more emphasis on California history):

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<sup>5</sup>. California State Assembly, Assembly Bill 2881, Frazee, 1992. An Act to Amend Sections 5020.1, 5020.4, 5020.5, 5024.6 and 21084 of, and to add Sections 5020.7, 5024.1, and 21084.1 to, the Public Resources Code, relating to historic resources.

1. the resource is associated with events or patterns of events that have made a significant contribution to the broad patterns of local or regional history and cultural heritage of California or the United States.
  2. the resource is associated with the lives of persons important to the nation or to California's past.
  3. the resource embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of a master, or possesses high artistic values.
  4. the resource has the potential to yield information important to the prehistory or history of the state or the nation (this criteria applies only to archaeological sites).
- B. the resource retains historic integrity (defined below); and,
- C. it is 50 years old or older (except for rare cases of structures of exceptional significance).

The California Register regulations define "integrity" as ". . . the authenticity of a property's physical identity, evidenced by the survival of characteristics that existed during the property's period of significance," that is, it must retain enough of its historic character or appearance to be recognizable as an historical resource. Following the National Register integrity criteria, California Register regulations specify that integrity is a quality that applies to historic resources in seven ways: location, design, setting, materials, workmanship, feeling and association<sup>6</sup>. A property usually must retain these qualities to possess integrity, although which aspects of integrity a property must retain depends on why the property is significant. The qualities that make a historic resource significant must survive, i.e. retain historic integrity, in order for it to be eligible.

The use of the phrase ". . . appears potentially eligible or not eligible" for the California Register is standard practice in an evaluation discussion. Only the State Office of Historic Preservation can make an actual determination of eligibility for the California Register.

### ***Evaluation***

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<sup>6</sup> . The definition of integrity under the California Register follows National Register of Historic Places criteria. Detailed definitions of the qualities of historic integrity are in National Register Bulletin 15, *How to Apply National Register Criteria for Evaluation*, published by the National Park Service. *How to Apply National Register Criteria for Evaluation* is online at [www.cr.nps.gov/nr/publications](http://www.cr.nps.gov/nr/publications).

The Martinez Community Hospital does not appear to be eligible for the California Register because of its loss of historic integrity. In order to retain historic integrity under California Register criteria, a resource must retain the “characteristics that existed during the property's period of significance.” The period of significance for the Martinez Community Hospital would be the early years (1930-1950) when it served as a private hospital for patients in Contra Costa County. Later remodeling has considerably altered the original façade design. The façade alterations included substantially reducing the height of the tall parapet of the considerably more prominent central entrance pavilion. The pavilion’s Art Deco, tripartite inset diamond pattern ornament, the impressive side buttresses flanking the entrance and the tile frieze and chevron pattern cornice were all removed. The height and ornamental details on the ancillary north and south bays were also removed. The appearance of the building extant today is considerably different compared to the original 1929 A.A. Cantin design. The 1983 remodeling of the building for offices and apartments removed virtually all characteristics related to the building’s original use as a hospital. The interior finishes and floor plan extant today date from the 1983 remodeling.

In conclusion, the Martinez Community Hospital does not appear to be eligible under California Register Criterion 3 because of the loss of design integrity from its original 1929-1930 design. The later alterations (both exterior and interior) have also compromised the building’s historic integrity as an early 20<sup>th</sup> century hospital building in Contra Costa County, thus the building does not appear to be eligible under Criterion 1 and 2. The building’s integrity of design, materials, workmanship, feeling and association has been compromised. The building also is not a contributing resource to a California Register eligible historic district. The Contra Costa County Hospital complex has been extensively redeveloped in recent years, thus little survives of earlier periods of its history associated with the original construction of the Martinez Community Hospital.

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- Munro-Fraser, J.P.  
1882 History of Contra Costa County, California. W. A. Slocum and Company, San Francisco, CA.
- Perry, Charlene  
1986 Martinez--A California Town. RSI Publications, Martinez, CA.  
2008 Martinez-A Handbook of Houses and History. Martinez Historical Society.
- Polsley Appraisal  
2004 Appraisal Report – Office/Apartment Building, 20 Allen Street, Martinez, California, January 15, 2004.
- Purcell, Mae Fisher  
1940 History of Contra Costa County. The Gillick Press, Berkeley, CA.
- Scott, Mel  
1985 The San Francisco Bay Area--A Metropolis in Perspective. Second Edition. The University of California Press, Berkeley, CA.
- Spears, Larry  
1988 "Ramshackle county hospital displays its flaws," *Oakland Tribune*, June 10, 1988.
- United States Department of Interior  
1990 National Register Bulletin 32 - Guidelines for Evaluating and Documenting Properties Associated with Significant Persons.  
1991 National Register of Historic Places: 1966 - 1991. American Association for State and Local History.  
1991 National Register Bulletin 15 - Guidelines for Applying National Register Criteria for Evaluation.  
1991 National Register Bulletin 16 & 16A - Guidelines for Completing National Register of Historic Places forms.

## MAPS

1871 - Topographic Map for the Contra Costa County Board of Supervisors.

1885, 1894, 1908, 1910 - Official Map of Contra Costa County, Contra Costa County Board of Supervisors.

1888, 1891, 1897, 1908, 1920, 1949 - Sanborn Fire Insurance Maps for Martinez.

1930 - Map of Martinez and Vicinity, Contra Costa County, R.R. Arnold County Surveyor.

# **20 ALLEN STREET**

DPR 523 FORMS

Primary Record and  
Building, Structure & Object Record

State of California – The Resources Agency  
DEPARTMENT OF PARKS AND RECREATION  
**PRIMARY RECORD**

Primary # \_\_\_\_\_  
HRI # \_\_\_\_\_  
Trinomial \_\_\_\_\_  
NRHP Status Code \_\_\_\_\_

Other Listings  
Review Code \_\_\_\_\_ Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Page 1 of 18

\*Resource Name or #: Martinez Community Hospital

P1. Other Identifier: none

\*P2. Location: **Not for Publication** **Unrestricted**  \*a. County Contra Costa

and (P2b and P2c or P2d. Attach a Location Map as necessary)

b. USGS 7.5' Quad **Date** T ; R ; ¼ of ¼ of Sec. ; B.M.

Address 20 Allen Street City Martinez Zip 94553

c. UTM: Zone ; mE/ mN

d. Other Location Data: (e.g. parcel #, directions to resource, elevation, etc. as appropriate)

The building is at the southeast corner Allen and Ilene Streets, west of Alhambra Avenue, Martinez, California.

\*P3a. Description (Describe the resource and its major elements. Include design, materials, condition, alterations, size, setting & boundaries):

The Martinez Community Hospital is on an irregular shaped, 2.23 acre parcel located at the southwest corner of Allen and Ilene Streets adjacent to the north side of the Contra Costa County Regional Medical Center. The long, front (east) façade is partially obscured by the mature redwood trees near the building. A variety of trees and hedges are also adjacent to the rear (west) façade around the main parking lot. The site slopes up to the west with a steep hill on the western part of the parcel. An asphalt paved parking lot with 68 spaces occupies is adjacent to the southwest side of the building. Another small parking lot is at the northeast corner of the lot. (see continuation sheet)

\*P3b. Resource Attributes: HP41

\*P4. Resources present:  Building \_\_\_ Structure \_\_\_ Object \_\_\_ Site \_\_\_ District \_\_\_ Element of District \_\_\_ Other

P5a. Photo or Drawing

SEE ATTACHED

P5b. Description of Photo:

\*P6. Date Constructed/Age and

Sources:  Historic \_\_\_ Prehistoric  
Both 1929

\*P7. Owner and Address

Anthony Christensen  
P.O. Box 841  
Alamo, CA 94507

\*P8. Recorded by: (Name, affiliation, and address) Ward Hill, Architectural  
Historian, 3124 Octavia Street, San  
Francisco, CA 94123

\*P9. Date Recorded October, 2009

\*P10. Survey Type: (Describe)  
Intensive

\*P11. Report Citation (Cite survey report and other sources, or enter "none"):

Historic Architecture Evaluation Report, Martinez Community Hospital, Martinez, California

Attachments: \_\_\_ NONE  Location Map \_\_\_ Sketch Map  Continuation Sheet  Building, Structure and Object Record \_\_\_  
Archaeological Record \_\_\_ District Record \_\_\_ Linear Feature Record \_\_\_ Milling Station Record \_\_\_ Rock Art Record \_\_\_  
Artifact Record \_\_\_ Photograph Record \_\_\_ Other (List)

# BUILDING, STRUCTURE AND OBJECT RECORD

\*NRHP Status Code \_\_\_\_\_

Page 2 of 18

\*Resource Name or # (assigned by recorder) Martinez Community Hospital

B1. Historic Name: none

B2. Common Name: NA

B3. Original Use: hospital

B4. Present Use vacant

\*B5. Architectural Style: Art Deco

\*B6. Construction History: (Construction date, alterations, and date of alterations)

The front façade was considerably altered in c. 1960. There are additions with apartments on the west and north, a stair on the south. The interior was completely remodeled in 1983 for offices and apartments.

\*B7. Moved? X No \_\_\_ Yes \_\_\_ Unknown Date: \_\_\_\_\_ Original Location:

\*B8. Related Features: roads, trees

B9a. Architect NA

b. Builder: NA

\*B10. Significance: Theme Medicine Area Contra Costa County

Period of Significance 1929 Property Type hospital Applicable Criteria A & C

(Discuss importance in terms of historical or architectural context as defined by theme, period and geographic scope. Also address integrity.)

The development of the Martinez Community Hospital is directly associated with the history of the adjacent Contra Costa County hospital. The Contra Costa County Hospital had its beginnings in 1876 when the County purchased thirteen acres on B Street in Martinez, the County seat, for \$ 825 (Epstein 2000: 7). In 1880, the first County Hospital buildings – three one-story wooden buildings (each about the size of a house) – were constructed for \$ 3,225 according to plans prepared by E.W. Hiller, Lamb and Ferrie, contractors (Hulaniski 1917:266). The County had 54 beds in 1883, and 95 by the early 1890s. (see continuation sheets)

B11. Additional Resource Attributes: (List attributes and codes) none

\*B12. References: (see continuation sheets)

B13. Remarks:

\*B14. Evaluator Ward Hill, Architectural Historian

\*Date of Evaluation: October, 2009

(This space reserved for official comments)

Sketch map with north arrow required  
SEE ATTACHED

Page 3 of 18

\*Resource Name or # (assigned by recorder) Martinez Community Hospital

\*Recorded by Ward Hill \*Date: October, 2009  Continuation  Update

**Item P3a. continued**

The two-story brick masonry office and apartment building is on the eastern side of the parcel near the two streets. The building has a concrete foundation. The original brick building had a T-shaped plan. The eastern main block is 192 feet long while the stem of the T extends west 52 feet (this area includes primarily two-story apartments). Wood-frame north (38 feet) and west (22 feet) extensions of the building house apartments. The south end has a wood-frame stairwell addition. The additions are covered with wood shingles. The walls are thirteen inches in five course common bond. The lower story is ten feet tall while the upper story is eleven and half feet.

The roof parapet ranges in height six to eighteen inches above the roof. The parapet brick is covered with square tiles. The parapet is about 44 inches tall at the main entrance. The lower level has nine inch thick interior brick walls. Wood trusses supported by interior posts and the brick wall support the roof. The floor joists are supported on girders bearing on wood columns or pockets in the exterior brick walls.

The original brick front (east) façade has a prominent central stair and main entrance porch that project out from the main building wall. The prominent central entrance stair has side brick stringers and brick stairs. The recessed entrance porch has flanking window bays with decorative patterned brick above the second floor window. A vertical angled side surrounds and the 'Martinez Hospital' sign set in relief (with geometric side blocks) above frame the deeply recessed main entrance door. The double entrance doors appear to be modern metal frame doors. Adjacent to the central main entrance porch, the symmetrical façade has six flanking window bays on the north and south, then a squared off bay with two (first and second floor) windows projects out. An end wing on the north and south is set back from the main façade. The setback continues onto the west façade. The original windows have been replaced with modern anodized aluminum frame windows. The flat rear (west) façade has a series of windows, some with segmental arches. The south façade on the stem of the "T" has a modern wood stair leading to the first and second floor apartments.

Inside the building has 17,710 square feet of space including 11,580 square feet of offices, and seven apartments totaling 6,130 square feet. Each apartment has one bedroom and one bathroom (the apartments were not inspected). The northern half of the building is single-story while the southern half has a full lower story. The 1983 remodeling into office included the interior carpeting and vinyl floor covering, gypsum board walls, acoustical tile ceilings and fluorescent lighting.

The original hospital interior appears to have been completely demolished as part of the 1983 remodeling. The following description of the original hospital interior appeared in the August 1, 1973 article "Community Hospital Story," in the *Morning News-Gazette* (H25).

The hospital plant was entirely on one floor, but with a high and spacious basement). The foyer is faced with marble and large plate glass doors giving access to the lobby; directly across the lobby is the hospital office. There are twelve private rooms decorated in selected color tones with curtains to match. A majority of the rooms have connecting lavatories while the deluxe suites have the added accommodation of a bath. The building is built in the form of a letter 'T' the stem being occupied by a surgery and various hospital units. The cross of the 'T' is occupied by the private rooms, deluxe suites, wards, kitchens, nurse's dining room etc. In the extreme end of the south wing is the men's ward with 8 beds. The private rooms face the front or east in the south and north wings, the latter providing the women's ward of six beds. In the inner corner of the 'T' in the south wing is located the nurse's dining room and the pantry connected with the kitchen. In the north wing is the nursery, amply large for the accommodation of twelve bassinets. On the roof over the surgical wing is the solarium with a wide expanse of high glass sides guarding against wind and draft

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\*Resource Name or # (assigned by recorder) Martinez Community Hospital

\*Recorded by Ward Hill

\*Date: October, 2009

Continuation  Update

**Item B10 continued:**

The County Hospital expanded substantially in 1910 to 1914 with two new buildings designed by San Francisco architect William Weeks with R.H. Ingraham, contractor (the project specifications on file with the County are dated December 20, 1909). In 1910, the first (north) wing of the new county hospital was constructed at a cost of \$ 40,000; in 1914, the second (south) wing, similar to the first building, was constructed at a cost of \$ 36,000. In 1910-11, the hospital had 298 patients; the total grew to 666 in 1915-16 with the new buildings. Special buildings were also constructed for juvenile detention and the insane ward. In 1914, the staff consisted of a superintendent, a surgeon-in-chief, assistant surgeon, a matron and five graduate nurses.

Dr. E.W. Merrithew, named County physician in 1911, became the chief County Hospital administrator. Private patients of general practitioners had originally been treated at the County Hospital. The County Hospital facilities were required primarily for the treatment of indigents, thus it could only take a limited number of paying patients. Because of the lack of County Hospital services, many Contra Costa County residents went to hospitals in Oakland or San Francisco. During the twenties, Dr. Merrithew requested funding from the County Board of Supervisors for additional facilities to ameliorate the County Hospital's crowded conditions. The Board suggested the County Hospital simply stop accommodating paying patients in order to increase capacity for those who lack financial resources (Bray 1973:H-4).

To increase patient capacity, Dr. Merrithew decided to organize his patients and fellow practitioners to establish a private community hospital next to the County Hospital. The supporters of the community hospital formed a corporation to sell stock. Stockholders were told they could receive dividends on their shares at some point but the purchasers were told they were primarily "performing a community service" with their stock purchases (Bray 1973:4H). The corporation sold 2,710 shares at \$ 25 per share; \$ 67,750 raised was supplemented by a \$ 25,000 loan from the Bank of Martinez.

The corporation hired San Francisco architect Alexander A. Cantin to design the building and they awarded Richmond contractor Wallace Snellgrove on December 7, 1929 under the \$ 59,400 construction contract (Bray 1973:4H)<sup>1</sup>. The building was completed in late Spring, 1930. The Hospital, which originally had 35 beds, received its first patients in 1931. The obstetrics ward was one of the primary services of the Community Hospital. In the early years, infants were charged \$ 1.00 daily, mothers \$5.50 a day and the delivery room charge was \$ 15.00 (Epstein 2000:7). An addition to the hospital, including a roof top solarium, cost \$8,000 in 1938.

*County Hospital & the Martinez Community Hospital – Post World War II*

By the 1940s, the County Hospital facilities were woefully inadequate as hospital design medical treatment changed dramatically and the County's population exploded with many new residents and the Post War baby boom. The County population had increased from 32,000 in 1910 to about 300,000 in 1950. The major growth in the County Hospital occurred under the leadership of Dr. George Degnan, who became the County physician in 1948. The Hospital added a series of "finger plan" buildings (narrow rectangular plan structures with side corridors along a connecting spine) from 1948 to 1952 along the south side of the campus.

Dr. Merrithew, who had become medical director of the Martinez Community Hospital in 1944, retired from his position at the County Hospital in 1948. A non-profit corporation, the Martinez Community Hospital, took over operation of the hospital in 1949. Many of the original shareholders donated their shares to the new entity. The other shares were bought out by the corporation. The Hospital's assets were valued at \$ 247,250 in 1949 (Bray 1973:4H). The front façade of the Community Hospital was likely remodeled extensively in the 1950s. The original high parapet and ornamental details were removed.

<sup>1</sup> Born in 1875, San Francisco architect Alexander A. Cantin began his career as an architect 1901 and he maintained an active practice until 1950. Cantin was best known as a designer of Bay Area movie theaters during the boom period of the 1920s and early 1930s (he had contract with one of the major theater chains). His theater designs included the Orinda Theater, the Grand Lake in Oakland and the Alhambra Theater, San Francisco. Alexander A. Cantin was the founding member of the Cantin, Cantin & Capell firm, a partnership with his son A. Mackenzie Cantin. Born in 1912, Cantin's son A. Mackenzie Cantin became the managing partner with his father's firm in 1948 (A.A. Cantin retired about 1950). The firm operated initially as Cantin, Cantin & Page, later as Cantin, Cantin & Capell and Cantin & Cantin. The firm designed primarily institutional and commercial structures in the Bay Area, including a number of schools, military housing and hospitals. The firm designed the Berkeley Community Theater on the Berkeley High School campus in the late 1950s. A.A. Cantin died in 1964 and A. MacKenzie Cantin died in 2002. ("Alexander A. Cantin" obituary, *Oakland Tribune*, January 18, 1964; [www.ced.berkeley.edu/cedarchives/profiles/cantin.htm](http://www.ced.berkeley.edu/cedarchives/profiles/cantin.htm)).

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\*Resource Name or # (assigned by recorder) Martinez Community Hospital

\*Recorded by Ward Hill \*Date: October, 2009  Continuation  Update

The Martinez Community Hospital was found to be seismically inadequate by the State Department of Public Health in 1970. The Hospital Board decided the costs to upgrade the structure (\$180,000) were prohibitive given the building in other ways did not meet current standards to deliver acute care. The old Hospital closed in 1973, and the Board moved the Community Hospital, now known as the Martinez Health Center, to twelve acres near the Veterans Administration Hospital near Highway 4 in Martinez. The new hospital with a 165 beds did not do well and was later purchased by Kaiser Hospitals (Epstein 2000:7).

A partnership that included William Rich, Raymond Leal and James Maguire purchased the Community Hospital at 20 Allen Street in the 1970s. The new owners proposed a new residential development on the site. Problems obtaining various development approvals led to the project being abandoned (Diaz 1990:2). In the 1983 the building was extensively remodeled for small offices and apartments. The remodeling included an extensive seismic upgrade. The office space was leased by the Contra County Health Services Department until recent years. The building was known as the Health Services Administration building. The office space is currently vacant although the residential units are occupied. The current owner purchased the building in the last year.

*The Redevelopment of the Contra Costa County Hospital*

A new campaign to upgrade and extensively redevelop the Contra Costa County Hospital facilities began in the 1990s. After years of controversy, in 1997 a new County Medical Center designed by Kaplan, McLaughlin and Diaz replaced the south wing of the original 1914 Hospital with its 1936 addition (the north wing had been demolished a number of years earlier and lot had been left vacant). A new Hospital laboratory designed by Fong and Chan was constructed in 1999. The Martinez Health Center designed by Anshen and Allen replaced in 2005 wards A, B, C and D constructed in 1951-52. The current proposal to develop a new Mental Health Services building as part of the Regional Medical Center facility on the site of the Martinez Community Hospital is part of the on-going effort to upgrade the medical facilities at the County Hospital.

**Evaluation**

The Martinez Community Hospital does not appear to be eligible for the California Register because of its loss of historic integrity. In order to retain historic integrity under California Register criteria, a resource must retain the "characteristics that existed during the property's period of significance." The period of significance for the Martinez Community Hospital would be the early years (1930-1950) when it served as a private hospital for patients in Contra Costa County. Later remodeling has considerably altered the original façade design. The façade alterations included substantially reducing the height of the tall parapet of the considerably more prominent central entrance pavilion. The pavilion's Art Deco, tripartite inset diamond pattern ornament, the impressive side buttresses flanking the entrance and the tile frieze and chevron pattern cornice were all removed. The height and ornamental details on the ancillary north and south bays were also removed. The appearance of the building extant today is considerably different compared to the original 1929 A.A. Cantin design. The 1983 remodeling of the building for offices and apartments removed virtually all characteristics related to the building's original use as a hospital. The interior finishes and floor plan extant today date from the 1983 remodeling.

In conclusion, the Martinez Community Hospital does not appear to be eligible under California Register Criterion 3 because of the loss of design integrity from its original 1929-1930 design. The later alterations (both exterior and interior) have also compromised the building's historic integrity as an early 20<sup>th</sup> century hospital building in Contra Costa County, thus the building does not appear to be eligible under Criterion 1 and 2. The building's integrity of design, materials, workmanship, feeling and association has been compromised. The building also is not a contributing resource to a California Register eligible historic district. The Contra Costa County Hospital complex has been extensively redeveloped in recent years, thus little survives of earlier periods of its history associated with the original construction of the Martinez Community Hospital.

State of California – The Resources Agency  
DEPARTMENT OF PARKS AND RECREATION  
**CONTINUATION SHEET**

Primary # \_\_\_\_\_  
HRI # \_\_\_\_\_  
Trinomial \_\_\_\_\_

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\*Resource Name or # (assigned by recorder) Martinez Community Hospital

\*Recorded by Ward Hill \*Date: October, 2009  Continuation  Update

**Item B12. continued**

Applied Structural Associates

2001 Seismic Evaluation Report, 20 Allen Street, Martinez, CA. January 24, 2001.

2004 Seismic Evaluation Report, Addendum Report, 20 Allen Street, Martinez, March 4, 2004. on file at Contra Costa County Health Services Department.

Blount, Terry, Martinez Planning Department

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Braznell, William

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Bray, Justice A.F.

1973 "The Beginning and End of Community Hospital," *Martinez News-Gazette*, August 1, 1973.

California, Office of the Governor

1992 Governor's Office of Planning & Research, Technical Publications.

1994 *CEQA and Historical Resources*. Governor's Office of Planning & Research, Technical Publications.

California State Assembly

1992 Assembly Bill 2881, Frazee. An Act to Amend Sections 5020.1, 5020.4, 5020.5, 5024.6 and 21084 of, and to add Sections 5020.7, 5024.1, and 21084.1 to, the Public Resources Code, relating to historic resources.

California (State of), Department of Parks and Recreation, Office of Historic Preservation

1976 California Inventory of Historic Resources.

1992 California Points of Historical Interest. May 1, 1992.

1996 California Historical Landmarks.

1998 *The California Register of Historical Resources - Regulations for the Nomination of Properties*, January 1, 1998.

2001a California Environmental Quality Act (CEQA) and Historical Resources. Technical Assistance Series 1.

2001b Historical Resource Registration Programs in California. Technical Assistance Series 2.

2001c California State Law and Historic Preservation: Statutes, Regulations and Administrative Policies Regarding Historic Preservation and Protection of Cultural and Historical Resources. Technical Assistance

Contra Costa Labor Health and Welfare Council

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Coppock, Robert

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State of California – The Resources Agency  
DEPARTMENT OF PARKS AND RECREATION  
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Primary # \_\_\_\_\_  
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\*Resource Name or # (assigned by recorder) Martinez Community Hospital

\*Recorded by Ward Hill \*Date: October, 2009  Continuation  Update

Daigle, Patricia

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1989 "SF architects picked for hospital design," *Contra Costa County Times*, July 10, 1989.

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1990 Preliminary Appraisal of 20 Allen Street, Martinez, California. On file at Contra Costa County Health Services department, Martinez.

Emanuel, George

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Epstein, Marvin A.

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Johnson, Maxine Page

1977 Historical Synopsis of Contra Costa County Hospital and Ambulatory Facilities. Manuscript on file at the Contra Costa Historical Society, Martinez.

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Lingren, Doris

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\*Recorded by Ward Hill \*Date: October, 2009  Continuation  Update

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MAPS

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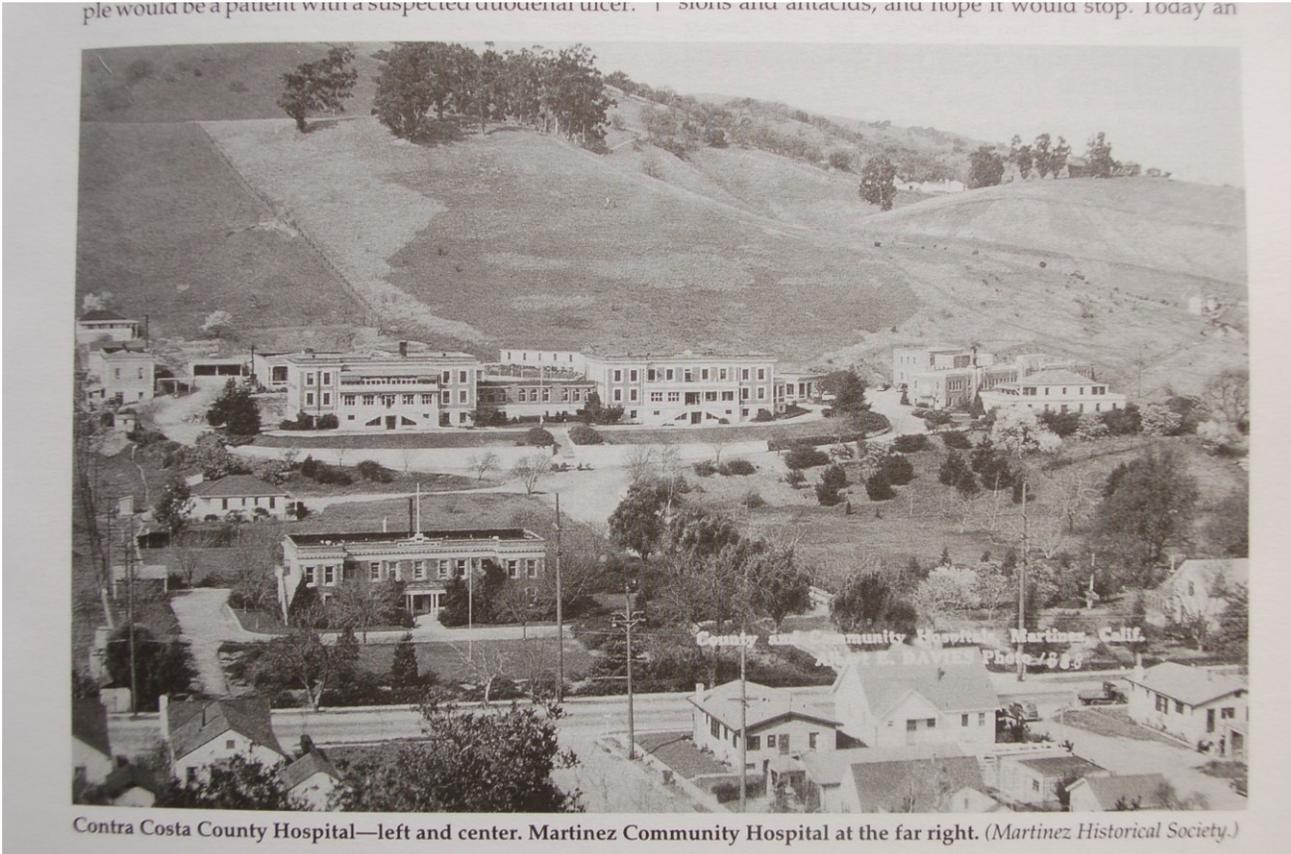
State of California – The Resources Agency  
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Trinomial \_\_\_\_\_

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\*Resource Name or # (assigned by recorder) Martinez Community Hospital

\*Recorded by Ward Hill \*Date: October, 2009  Continuation  Update



**Photo 1: Historic View-Contra Costa County Hospital c. 1940  
Martinez Community Hospital at right  
Courtesy of the Martinez Historical Society**

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\*Resource Name or # (assigned by recorder) Martinez Community Hospital

\*Recorded by Ward Hill

\*Date: October, 2009

Continuation  Update



**Photo 2: Historic View- Martinez Community Hospital c. 1940  
Courtesy of the Martinez Historical Society**

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\*Resource Name or # (assigned by recorder) Martinez Community Hospital

\*Recorded by Ward Hill

\*Date: October, 2009

Continuation  Update



**Photo 3: Historic View – Martinez Community Hospital c. 1940**  
Courtesy of the Martinez Historical Society



**Photo 4: Martinez Community Hospital**  
(view from northeast)

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\*Resource Name or # (assigned by recorder) Martinez Community Hospital

\*Recorded by Ward Hill

\*Date: October, 2009     Continuation     Update



**Photo 5: Martinez Community Hospital  
(view from southeast)**



**Photo 6: Martinez Community Hospital – side view of main stair  
(view from southeast)**

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\*Resource Name or # (assigned by recorder) Martinez Community Hospital

\*Recorded by Ward Hill

\*Date: October, 2009

Continuation  Update



**Photo 7: Martinez Community Hospital  
Main stair and entrance  
(view from northeast)**



**Photo 8: Martinez Community Hospital  
Main Stair (view from east)**

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\*Resource Name or # (assigned by recorder) Martinez Community Hospital

\*Recorded by Ward Hill

\*Date: October, 2009

Continuation  Update



**Photo 9: Martinez Community Hospital  
(view from southwest)**



**Photo 10: Martinez Community Hospital  
(view from west)**

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\*Resource Name or # (assigned by recorder) Martinez Community Hospital

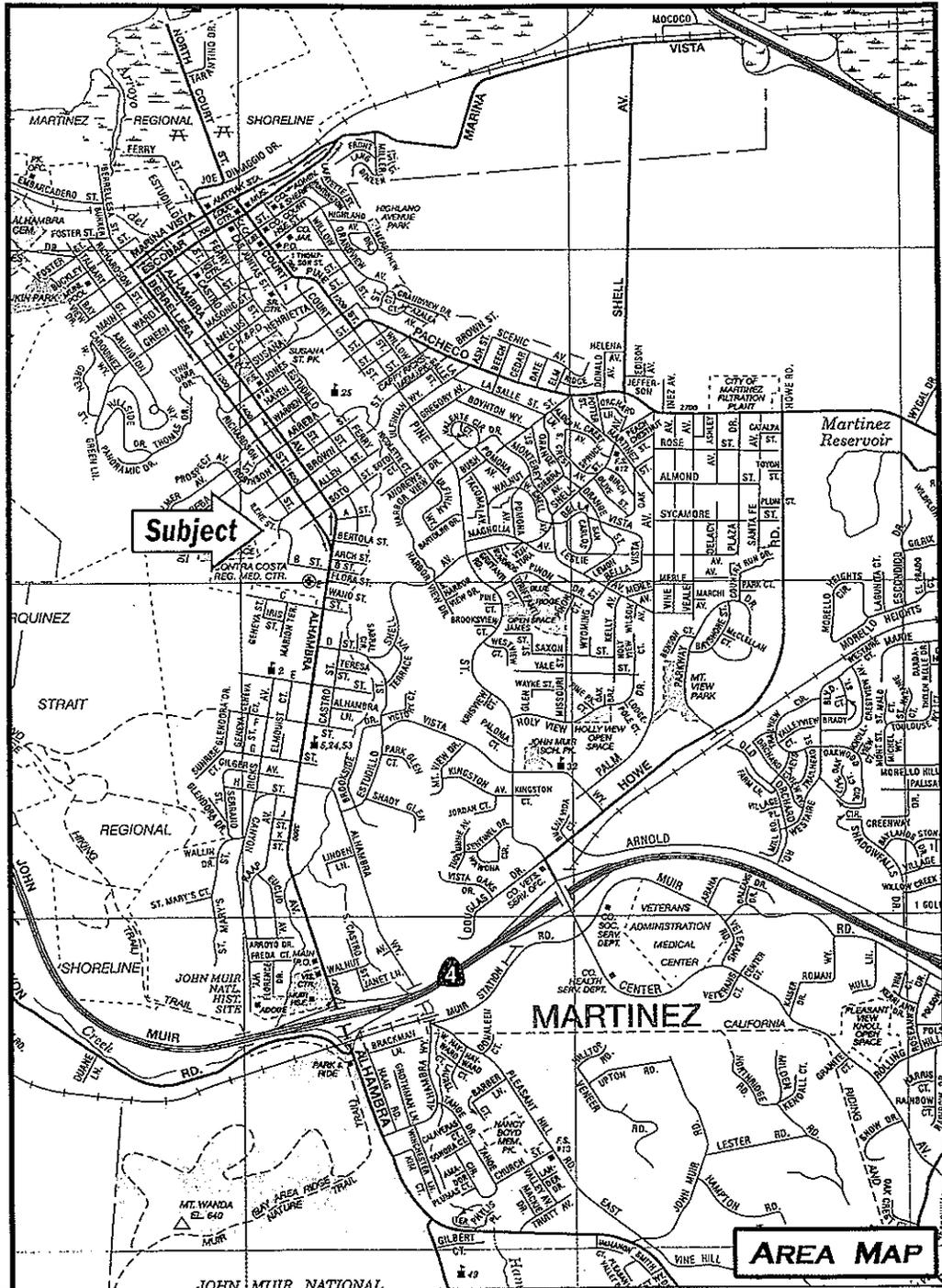
\*Recorded by Ward Hill \*Date: October, 2009  Continuation  Update



**Photo 11: Martinez Community Hospital  
Remodeled Interior: office corridor – second floor**



**Photo 12: Martinez Community Hospital  
Remodeled Interior: typical office space**

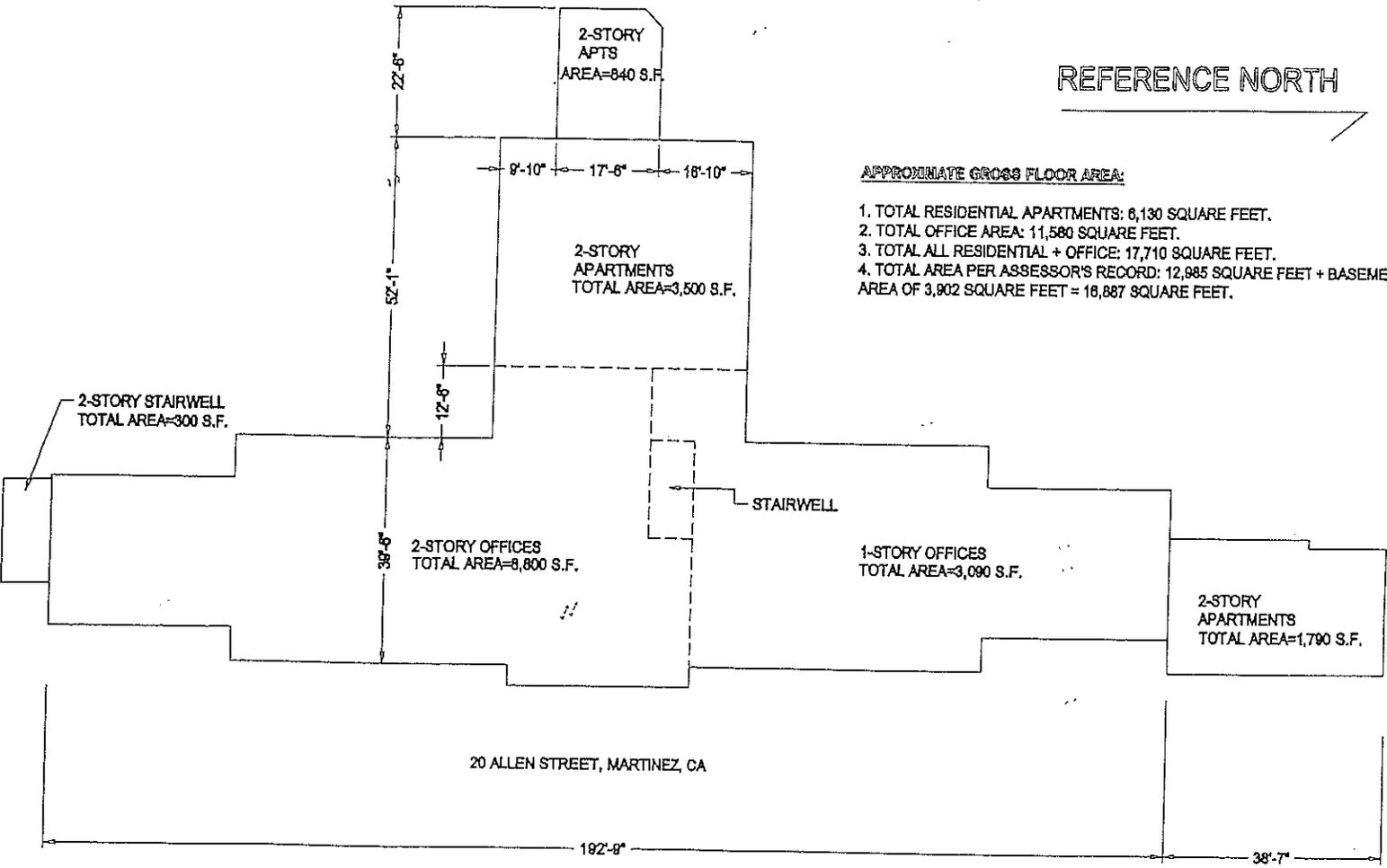


1727 Martin Luther King Way  
 Suite 219  
 Oakland, CA 94612

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 (888) 945-3423  
 Fax (510) 763-5246

REGISTERED  
 STRUCTURAL  
 ENGINEERS

10/21/09  
 10/21/09



**APPROXIMATE GROSS FLOOR AREA:**

1. TOTAL RESIDENTIAL APARTMENTS: 6,130 SQUARE FEET.
2. TOTAL OFFICE AREA: 11,580 SQUARE FEET.
3. TOTAL ALL RESIDENTIAL + OFFICE: 17,710 SQUARE FEET.
4. TOTAL AREA PER ASSESSOR'S RECORD: 12,985 SQUARE FEET + BASEMENT AREA OF 3,902 SQUARE FEET = 16,887 SQUARE FEET.

FIGURE NO.1

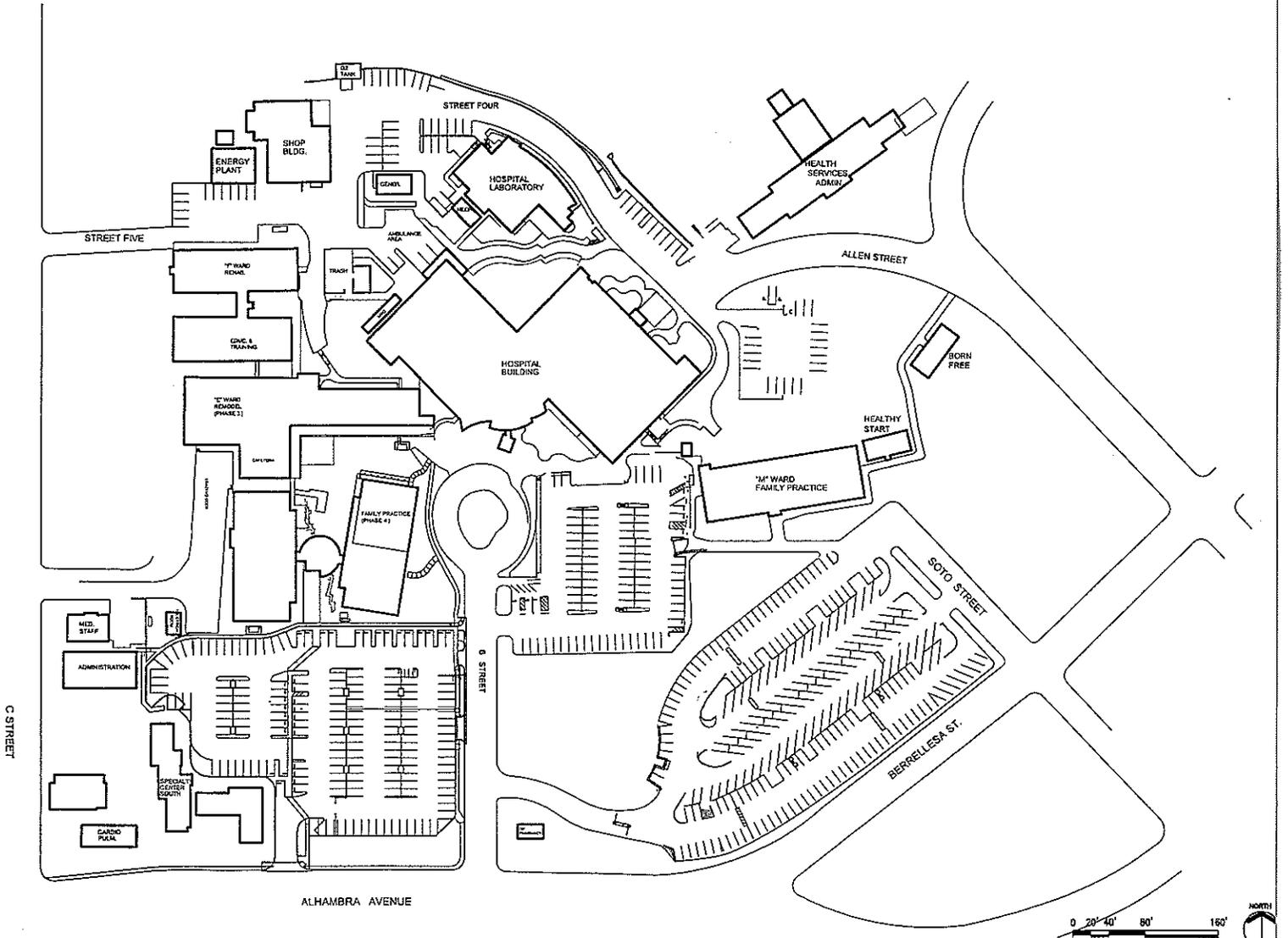


APPROXIMATE BUILDING OUTLINE DIMENSIONS

20 ALLEN STREET, MARTINEZ, CA

NO SCALE

**Sketch Plan:**  
 existing building footprint with additions



**Original Martinez Community Hospital indicated on site plan  
as "Health Services Administration"**