

TAHOE REGIONAL PLANNING AGENCY
REGIONAL PLANNING COMMITTEE

TRPA/Zoom

June 26, 2024

Meeting Minutes

CALL TO ORDER AND DETERMINATION OF QUORUM

Ms. Gustafson called the meeting to order at 4:17 p.m.

Members present: Ms. Aldean, Ms. Gustafson, Ms. Leumer, Mr. Settlemeyer

Members absent: Mr. Hoenigman

I. APPROVAL OF AGENDA

Mr. Hester stated there are no changes to the agenda.
Ms. Gustafson deemed the agenda approved as posted.

II. APPROVAL OF MINUTES

Ms. Aldean made a motion to approve the May 22, 2024 minutes as presented.
Motion carried-Voice vote.

III. [Informational presentation and discussion of proposed amendments to Douglas County's South Shore Area Plan to establish a new healthcare subdistrict, modify the Kingsbury Town Center, and incorporate signage regulations and an energy conservation strategy](#)

TRPA staff Mr. Stock, Ms. Moroles-O'Neil, Douglas County, and Dr. Purvance, Barton Health provided the presentation

Mr. Stock said the amendments include the addition of the Kingsbury Manor mobile home park into the area plan and the proposed amendments. They also include the incorporation of signage regulations into the area plan, including new standards for changeable signs in the casino core. Additionally, the amendments introduce an energy conservation strategy. The county's proposal includes the creation of a healthcare sub-district in the Kingsbury Commercial Town Center and additional height allowances for hospital uses on the lakeside of that new zone. This is in anticipation of a potential Barton Hospital campus at the site of the former Lakeside Inn Casino, across the street from Barton's existing Stateline Clinic.

You will also hear a brief presentation from Barton Health staff about their vision for that site. However, it's important to note that this item focuses on plan-level amendments. There will be ample opportunity to delve into the details of the hospital project if and when that proposal comes forward. What will not be covered in today's presentations are the amendments to the South Shore Area Plan to incorporate the Tahoe Living Phase 2 housing standards. TRPA staff will be working through a

separate parallel hearing process to implement these amendments. This proposal is scheduled for the County's Planning Commission and Board of County Commissioners in August. If the schedule holds, it will then go to Advisory Planning Commission and the Regional Planning Commission in September and the Governing Board in October.

(presentation continued)

Ms. Moroles-O'Neil said several of these amendments have been in the works for many years, and the County was not able to follow through with them or move them through the approval process. I have been personally working on this project for about two years.

The South Shore Area Plan encompasses properties such as Edgewood, the casino core, Kingsbury Town Center, and the high-density tourist district along Highway 50 from Stateline to the lower Kingsbury area. It includes various zoning types, including tourist, recreation, resort recreation, and mixed-use.

The South Shore Area Plan was adopted in 2013 and is part of the TRPA Regional Plan. It replaced the Kingsbury and Stateline community plans and the relevant Plan Area Statements, which were over 20 years old and had undergone very minor changes. In comparison, the South Shore Area Plan is a relatively new document, just over 10 years old.

The Douglas County proposed amendments to the South Shore Area Plan are as follows: Expand the Kingsbury Town Center to include the entirety of the Kingsbury Manor mobile home park; incorporate signage regulations; create a new healthcare sub-district; and incorporate an energy conservation strategy.

The boundary expansion amendment would address the current situation where the mobile home park is dissected, with part of it in the commercial town center district and the rest outside. Bringing the entire parcel within the South Shore Area Plan and the town center boundary provides zoning consistency. With this boundary expansion, additional uses such as higher density multi-family and tourist accommodation would be allowed.

Signage standards were inadvertently omitted with the original adoption of the South Shore Area Plan. This amendment would incorporate county sign standards and modify the code to allow electronic messages to change from 4 cycles to 12 cycles per hour. For example, this modification would allow more frequent updates for directional information, such as parking availability and event information.

The proposed healthcare sub-district would be limited to the red boundary area shown on the map. Barton Health, as mentioned, currently has facilities on the east side of Highway 50. An expanded healthcare facility on the west side would enhance services with leading technology and equipment. The proposed maximum height of 85 feet is limited to hospital use, balancing lot coverage with height to mitigate environmental impacts. At the front of the parcel along Highway 50, the building height would be lower, using a step-down design towards the rear of the site. Only about 30 percent of the hospital would reach the maximum height of 85 feet. The table shows the uses allowed in the healthcare sub-district, specifying the area for existing and future healthcare uses and supporting services. Currently, hospital use is allowed per a special use permit, but creating this healthcare sub-district would eliminate the need for such a permit.

The energy conservation strategy is an extension of existing county efforts. The county proposes to officially adopt this strategy into the South Shore Area Plan. The County has already upgraded some of their buildings by installing solar screens on windows, double-glass windows, high-efficiency HVAC systems with control and monitoring systems at the County Courthouse in Lake Tahoe, and new high-efficiency boilers installed in several county buildings over the past three years.

Douglas County believes these amendments ensure conformance with the TRPA Regional Plan and will accommodate and incentivize appropriate redevelopment within the plan area in accordance with the goals and policies of the Regional Plan.

(presentation continued)

Dr. Purvance said we're here to serve the community and to do so effectively. The more engagement we have early in the process, the better the project will be and the better the needs of the community will be met. Barton Health has been serving the community's healthcare needs since 1963. We view the healthcare system much like the community: as a unified whole. We operate across two main counties to support our community, but we function as a single health system. Over the years, Barton has adapted the healthcare system to meet changing needs and opportunities. For almost two decades, we have focused on maintaining a dual campus model to provide convenient care close to home for residents in both California and Nevada. In our region, there is a growing need for healthcare. The demographics show an ageing population, with those aged 55 and older growing significantly. We want to accommodate these needs now and into the future.

One major challenge is the aging infrastructure at our current facilities, some of which are over 60 years old and are failing. Our California campus has two hospitals: an acute care hospital with roughly 50 beds providing trauma care, emergency services, ICU, labor and delivery, primary and specialty care; and a long-term care hospital with 48 beds, including skilled nursing. This facility has had a waiting list for many years.

The aging infrastructure poses significant challenges, including compliance with seismic regulations mandated for acute care hospitals in California by 2030. We support seismic regulations but advocate for a delay because retrofitting our old facilities to meet these standards is impractical. Continuing to operate these outdated facilities would severely impact community healthcare and require many patients to be transferred off the mountain for basic services.

Our California site is built out and located in a residential area, making it difficult to replace the hospital efficiently without major disruption to services. Constructing a new, state-of-the-art hospital on a greenfield site, such as the one we acquired at the Lakeside Inn site, is more efficient. This allows us to design a facility with modern features, including larger emergency rooms, advanced surgical spaces, and improved patient care areas. The new design will incorporate natural light and be situated closer to where many people reside and visit.

We are committed to maintaining dual campuses. The new healthcare sub-district in Nevada would house our acute care hospital, trauma system, inpatient beds, emergency department, ICU, and labor and delivery services. Meanwhile, our California campus will continue to provide robust outpatient and specialty care, including primary care and long-term care opportunities. This ensures that we meet the needs of both residents and visitors.

The new design will also include services like oncology and cardiovascular care, which are increasingly important for our ageing population. The proposed facility will be integrated into the existing

healthcare campus on Highway 50, with a skybridge connecting it to other services, enhancing convenience for patients and staff.

The new hospital design will be sensitive to the neighborhood, with entrances from Khale Drive and Highway 50, and will feature a well-designed, landscaped environment. We aim to create a gateway project that enhances the community's aesthetics and functionality. The building will step up from Highway 50 to minimize visual impact, with most of its mass located towards the back of the site.

Environmental benefits include modern construction standards, energy efficiency improvements, stormwater management, and reduced vehicle miles traveled compared to the previous hotel and casino use on the site.

Conceptual designs for the new hospital emphasize natural light and a healing environment, with amenities like a community cafe and meeting areas. The facility will also include landscaped areas and connections to local bike and walking paths. The proposed skybridge will provide a 24/7 accessible link between campuses, ensuring safe and convenient access for patients and staff.

The back side of the building, which faces the steepest drop, will feature a five-story structure. The height accommodates necessary healthcare infrastructure while maintaining a commitment to aesthetic and environmental considerations. The design will blend with the residential character of the area and provide seamless connectivity for the community.

Our current facilities are sound and safe, but they are aging and need replacement. We're not suggesting our current facilities are unsafe; rather, they are old and space constrained. Every week, our team members express concerns about the lack of space and the limitations of our current facilities. This feedback underscores the need for a new hospital. This new project will serve the community for decades and represents a significant opportunity to enhance healthcare services and their location. We are committed to maintaining a dual campus model to continue serving the needs of both residents and tourists effectively. Our focus remains on serving our unified community. We are one health system operating across dual campuses, both now and in the future.

Committee Comments & Questions

Ms. Aldean asked if you are planning to integrate employee housing into this new campus.

Dr. Purvance said we are looking at workforce housing options, however, in order to get all of the clinical structures onto this parcel, it would not be on this parcel. We think this parcel in its location with tie-ins to the community's transportation system, it would be better to locate workforce housing at different sites. Barton owns many properties in and out of the basin and some of our workforce lives out of the basin. Right now, we are engaged in workforce housing planning for the future as well. Patient overnight stays and staff that also stay overnight are what is planned in the proposed project.

Ms. Aldean said one of our objectives is to reduce vehicle miles traveled from outside the basin. Is it likely that you'll be able to accommodate most of your employees on your existing in basin properties or is that unrealistic?

Dr. Purvance said that's unrealistic. Today one third of our workforce and a lot of the workforce of Lake Tahoe comes from the Valley and to build workforce housing for all those that come into the basin is a big challenge for this community. However, reducing the amount of vehicles that come up

and what can we do for ride share for our valley folks today is being looked at. Then for those that can stay up here, what can we do to help find more workforce housing on some of our own properties which some of those will be in California. Again, figuring out transportation across that six mile difference between campuses is important for us from ride share standpoint.

Ms. Leumer asked if Nevada has different seismic regulations than California.

Dr. Purvance said yes, that is correct.

Ms. Leumer asked if they would consider building it to those standards to be on the safe side.

Dr. Purvance said yes. If we were to build in California, Nevada standards wouldn't change on how we would construct the facilities today. They only apply to acute care hospitals, and we plan to meet all the regulations and codes for building. Right now, Barton is listed as one of the world's top hospitals, which is amazing for a community hospital in a town our size. We're not a perfect system, but we can add to what we can do from a healthcare delivery standpoint.

Ms. Leumer said looking at what the land is now and what the vision is for the layout of the hospital, it looks like there might be more impervious surfaces.

Dr. Purvance said the land was highly developed in the past with the Lakeside Inn and casino. The site was largely disturbed from its natural state when we acquired the property. Today, those improvements are being removed and the land is being restored to its natural state. In building a project from ground up, we do believe that there will be significant improvements to the environment. As we look at stormwater drainage and treatment on site, would be an improvement from what was there previously. We're also aware that there's a high water table and to the best of our abilities, we'll design it to stay out of that water table. Which is another reason why we've looked at locating the project on the parcel in the way we have as well as the 85 foot height and depth which will be necessary not to dig low and, and then accommodate the clinical services necessary on site.

Ms. Leumer asked if there any concerns about flooding or groundwater intrusion? Has there been an analysis done?

Dr. Purvance said there's high groundwater there and the deeper you dig, the greater the intrusion and the risk of flooding on that site. However, the engineered plans designs that we're looking at today if there was interruption of groundwater due to a high winter which we're trying to design out of that area, the design would allow for that interception to occur and be appropriately treated as well.

Ms. Aldean asked if there is any remediation required on the site from former uses.

Dr. Purvance said not that we're aware of, but that would be our answer today. We have been monitoring the groundwater contaminants since Barton purchased the parcel and there is no remediation that's been recommended by the state engineers that have done the analysis on site. But there is ongoing monitoring that we anticipate will end before the start of this project.

Ms. Aldean asked if there were any PCPs on site.

Dr. Purvance said the Lakeside Inn previously had a dry cleaning facility. In monitoring around that site prior to the purchase, we determined that there was some PCE. It was a small area of contaminant. As it was assessed through the state of Nevada, it did not require remediation. It's been monitored from a plume standpoint and their recommendation was just additional monitoring at this point.

Mr. Settelmeyer it sounds like the amount of traffic vehicle miles traveled will not be significantly increased or decreased based on the information given. You mentioned that most people are outpatients, so, the California side will still have the ability for individuals to come over but they'll be able to have a state of the art hospital. How many people come from the Stateline gaming corridor (many accidents happen on the ski slope right there), how many of them are tourists versus California versus Nevada residents?

Dr. Purvance said we've looked at the data around the community and where individuals come from. We're here to care for the residents and our tourists. Our inpatient hospital has roughly 70 percent of our inpatients are residents and 30 percent tourists from out of the basin. Our ER has statistics that are a little bit greater than that. We see a larger tourist population in our ER. If you look at ambulance traffic in the basin there are a fair number of runs that are between this project location and the AI Tahoe region. That's probably the highest run volume in town and a lot of that volume coming from the casino corridor now travels down Highway 50 into a residential neighborhood location where our campus is for our hospital today. We believe that for some that are receiving care and that's probably a high volume of the calls that EMS receives will be closer to this facility. We also know that from an outlying facility standpoint or outside of this urban core area, we know that EMS has located their first responder services according to where the residents live. Their ability to respond to patients need from a 911 standpoint is not impacted. We believe their ability to transport patients throughout the community to a new facility is not going to change the outcomes in health care.

Mr. Settelmeyer said on a second visit to their hospital, the wait time was a little bit excessive, and I made it down to Douglas County Minden/Gardnerville hospital quicker than you were able to admit me. With the new hospital, will you be able to attract potentially new personnel and potentially serve the public faster?

Dr. Purvance said our ER is 30 plus years old and it's undersized. We do get a fair amount of volume, especially in the wintertime and ambulance traffic as well. While we triage, we're very much looking forward to expanding the ER space so that we can fast track patients that can be easily seen and discharged as well as additional space to get patients in for care in the new model. We believe that some people seek other services because of their age as well as the lack of ability to bring on new programs such as oncology services which require more space. Newer facilities will allow us to expand the care for the community, keep our local residents local, the tourists local as well.

Ms. Aldean said the hospital location in South Lake Tahoe is more convenient for some of the underserved populations which many of those people may not have automobiles. You alluded to the fact about how you are going to get hospital personnel to the hospital without generating too much additional vehicle miles traveled. We have transit but the wait times are probably excessive in an emergency situation. Is there a way for you to expedite transporting folks without automobiles who have relied on your services at the South Lake Tahoe location to the new location?

Dr. Purvance said we are looking at that because we recognize that there is a larger portion of underserved patients that live in the communities closer to the proposed Nevada hospital than the existing California hospital. There are free transportation options that take time to get to the Stateline

campus that don't exist for our California campus today based on population demographics. That's problematic and we want to help from an equity standpoint. We're very engaged in the transportation discussion. Barton has team members that are on the transit board trying to find solutions and be a source of not only information but data and support for system-wide improvements to transportation. We think that a hospital campus closer to the Stateline solves some of those issues. It does create some for some of the outlying areas but solves it for some of those who are not accessing health care today that are closer to this urban corridor region. If anybody needs urgent services, there is 911. The existing EMS agencies do a fantastic job of getting those patients where they need to go.

Ms. Aldean said unfortunately, travelling by ambulance can be extremely costly and some of those patients in those underserved populations will prefer to take their own automobile if they have one. She appreciated that you are actively engaged in the region on how to solve some of our transportation issues.

Ms. Aldean said it seems that the Kingsbury Manor mobile home park has more synergism with the Ponderosa mobile home park than there is incorporating it into this new district. She understands the separate ownership and separate parks, but it is a common use and there are some people who think it's a prerequisite to doing away with that affordable housing.

Ms. Moroles-O'Neil said it's not separate ownership of the parcel. There's that little sliver that is currently in the town center. The County has been asked what if the owner decides to put a high end structure, which would also be a good site for affordable housing. The ability to have a higher density multi-family is also an option or nothing happens. We're not eliminating the ability to retain the mobile home park. It's just to create consistency in the zoning and allow for other opportunities for redevelopment in the future if that's what is desired. It's to ensure that it's all within the town boundary and the South Shore Area Plan. It's not the intent of the county to propel the owner to do anything other than in the future if there was redevelopment.

Ms. Aldean suspects that's the concern because we are struggling to provide people with affordable housing options. I recall that the law is that they must be relocated to a comparable development within 50 miles.

Ms. Aldean asked if it was an owner or county initiative.

Ms. Moroles-O'Neil said it's a county initiative.

Mr. Stock said TRPA staff are still reviewing this proposal and have not made any recommendation. As part of our review, we're looking at different development scenarios. We have existing protections for affordable housing and incentives for affordable housing within town centers. We're looking at those to determine what the potential impact of this rezoning could be on housing affordability in that area.

IV. UPCOMING TOPICS

Mr. Hester said in August and September respectively there is a group of amendments from the City of South Lake Tahoe scheduled and this amendment package presented today as well as make the Phase 2 housing amendments applicable in Douglas County.

VIII. COMMITTEE MEMBER REPORTS

Mr. Settelmeyer thanked Ms. Gustafson for chairing this meeting.

X. PUBLIC INTEREST COMMENTS

Ellie Waller said it's what's not being said, it's the devil in the detail. Surprisingly, demolition work has been done on that site. No remediation, what type of permit is in play? I believe many of these changes in the South Shore Area Plan are not for the Barton Hospital and its facilities. Lots of explanation to the public and general is necessary on policy versus action needed. The way these things are stated in the area plan. South Shore Policy, 8.1, "Encourage Barton Hospital system to prepare a facilities plan.....". It must be done before the hospital comes into play. South Shore Policy, 8.3, "Provide flexibility for Barton Healthcare system to engage in public private ventures upon adoption of that facilities plan." It further goes into how TRPA has transition, of development rights like Commercial Floor Area, alphabet soups in here. South Shore Policy, 8.4, "Redevelopment in the healthcare sub district supports community wellness improvement, safety of non-motorists, which would include transforming the area into a pedestrian friendly and mixed-use environment. Is this about the Main Street Management Plan? Some of the stale, 2011 South Shore Vision Plan generated for the South Shore Alliance of Resorts. Douglas County has a resolution to maintain Highway 50 at four lanes. Will this or is this attempt to try to supersede that? South Shore Action Plan, 8.3 "Douglas County will work with Tahoe Transportation District and Barton to expand transit services for the Barton facilities in California." Why would we just do it for the Barton facilities since we are looking at vehicle miles traveled (VMT) coming directly into this area. Even more complex is TRPA will include the Tahoe Living Working Group Phase 1 and Phase 2 affordable housing requirements. Most township people don't even know what this is. Most of the public didn't start participating until late 2021 or 2022. This needs to be vetted with the public. What is Douglas County buying into here? What funding will be required and when? Who wrote these amendments? From a perspective of a person that went through the Placer County Area Plan as a community member that was engaged, and I don't think there is enough public participation. South Shore Action Plan, 5.2, "Douglas County shall participate with the Tahoe Metropolitan Planning Organization (TMPO), the Tahoe Transportation District (TTD), the Federal Highway Administration, the Nevada Department of Transportation (NDOT), the City of South Lake Tahoe in the planning and implementation of the South Shore Community Revitalization project called the "Loop Road." What is the status of the Loop Road? Is it being amended or revised? She submitted a 52 page comment letter to the Town Hall. That's getting revised and updated, I need to add more of the policy information. This is being fast tracked.

Ryan Smith, Meyers and employed at business on Shady Lane and gets to participate in both campuses. I've had several procedures done at each of them and am encouraged by Dr. Purvance and Barton's team's vision. With two daughters who competitively snowboarded I have experienced the emergency room at Barton in the City of South Lake Tahoe. There were times when injuries necessitated an ambulance ride down the hill, and I appreciate the comments about the cost of ambulance rides. I optimistically look forward to elevating the care that is offered in our area. My coworkers and I frequently use the urgent care facility at the bottom of the hill here on the Nevada side. It's always been easy to get in and out, but lately it's clear that the popularity and usage of this hidden secret has been impacted and it's due to growth. Similarly, I saw my primary care physician last week on 4th Street and in 13 years I'd never seen the waiting room as busy as it was. As our community residents age and shift, the need for health care to shift and grow is evident and am proud of Barton for working towards growth and improvement rather than working to just maintain the status quo.

Dorothy Dean ER nurse for Barton off and on for 20 years. In rebuttal to Dr. Purvance's comments are that I don't feel that brake lights are healing lights. My greatest fear about moving this hospital is increased length of transport time for critically injured people. This is a level 3 trauma center. Trauma has a golden hour and is the opportunity to save the patient. Transport times are going to be impacted for the population center of the South Shore. An updated hospital is just a building blocking a beautiful view if the injured and ill can't get to the hospital quickly enough for life-saving treatment. If you can't retain experienced local nurses and other health care professionals to provide care. Or if medical care becomes financially prohibitive for the majority of the community, the hospital is supposed to serve. The hospital moving to Nevada is a logistical change, but not just a logistical change. The hospital is moving further from the population center of the community that Barton was created to serve and is placing a physical obstacle of an often bottlenecked and time consuming drive in the way of people that may need the most rapid medical response that we can give them. Some will be closer; most will be further. Of primary concern to me is that as a member of the nurses' union, Dr. Purvance did mention the many awards for superior care that Barton has earned in the last few years. I'm proud of them because Barton began receiving those awards for nursing care after the nurse is unionized. At the bargaining table, I have asked Barton's representatives to maintain California's safe staffing laws in the new hospital on the Nevada side, only to be flatly rejected twice. Barton did not follow California safe staffing laws for the first 13 years after those were enacted but miraculously when we unionized and Barton decided to start complying with those laws, then they started earning these awards. Barton's flat refusal to even consider following these same staffing ratios on the other side of the stateline is concerning.

Scott Morgan, Assistant County Manager Douglas County said the Douglas County Board of Commissioners have not officially taken a position on this and may at some future point in time. He's speaking today as a staff member of the county manager's office. We are in support of the continuation of this process and supportive of continuing to look at this as a very viable location and site for the Barton Hospital facility. We see many advantages for our employees. One third of them live outside of the basin that no longer will have to thunder through downtown South Lake Tahoe to participate in their employment. We see it as a great opportunity for economic diversity in our community in Douglas County. We see it as a development of our workforce and has many positive influences in Douglas County. We are a major neighbor of this facility with Khale Park. And if anybody is affected by a view, it would be Douglas County. We are supportive of this location and structure and its height restrictions or requirements that are needed to construct this facility. This location has many possibilities. The Community and Recreation center is state of the art even though it's 20 years old. It's next to Rabe Meadow, a positive recreation amenity. Edgewood Golf Course is part of the beginning of the Stateline to Stateline bike path that will someday go all the way around the Nevada side of Lake Tahoe. There are many opportunities to combine healthcare, medical facilities, recreation opportunities, and employment. There are a lot more workforce development opportunities in Douglas County at this location and support further research and discovery as we move forward with the process. I also want to point out that it seems like we have looked at this and put our heads together and said, you know, if this is a teardown of an existing facility and multiple years waiting to rebuild. There aren't many other locations, and this is a gift.

Jenay Askinoras, Kingsbury Grade resident and business owner said living on Lower Kingsbury, I commute by bicycle a lot and excited about Barton to potentially putting in some sidewalks. The proposed expansion offers a transformative solution, which brings state of the art hospital to and a comprehensive range of services directly to us. Connecting across both states and being able to expand healthcare and wellness for our entire community is beneficial. Bringing a modern hospital into the area and high quality care becoming more readily available makes sense. The new building

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and the location create opportunities for new services and hopefully improves treatments as well as a safer building in which to provide them. Visibility to the visitors so that they know that we have these services available and close by. It's an investment in the area improving the future for both states and of course that dual campus idea of having connections on both sides so that everyone can have access.

Doug Flaherty, TahoeCleanair.org said the administrator said that the community is out of room when it comes to wildfire evacuation. No one's against increasing health care. You need to do it right. This is going to require an environmental impact statement on the part of Barton. It's not an exempt facility or exempt use. Don't do an environmental assessment because that will cause a lawsuit. A lot of things have changed recently that would justify an Environmental Impact Statement or an Environmental Impact Report. One is the fact that Douglas County has just designated Highway 50 an evacuation corridor. If you look at where the proposed project rests, it is going to be a nightmare to evacuate the hospital. Some may believe we'll use the hospital as a shelter in place facility is not true. If you look into major hospital locations across Northern California during the wildfires and smoke, they had to evacuate those facilities. It was a nightmare for staff and patients. It's an impossible task right there. There's been a lot of cumulative projects that have taken place since 2012 Regional Plan. Don't try to shove a sham TRPA. Environmental Checklist or an Environmental Assessment down the public's throat. We need a roadway by roadway wildfire capacity evacuation assessment.

XII. ADJOURNMENT

Ms. Leumer moved to adjourn.

Ms. Gustafson adjourned the meeting at 5:27 p.m.

Respectfully Submitted,



Marja Ambler
Clerk to the Board

The above meeting was recorded in its entirety. Anyone wishing to listen to the recording of the above-mentioned meeting may find it at <https://www.trpa.gov/meeting-materials/>. In addition, written documents submitted at the meeting are available for review. If you require assistance locating this information, please contact the TRPA at (775) 588-4547 or virtualmeetinghelp@trpa.gov.