



## 12.7 TOPICAL RESPONSES



**PART 1: CEQA-RELATED TOPICAL RESPONSES** – The following responses are directly related to issues raised as part of the public comment process for the CEQA review of the project and are intended to serve as part of the responses to comments required by *CEQA Guidelines* section 15088.

**TOPICAL RESPONSE NO. 1**

**PARKING IMPACTS DURING PROJECT CONSTRUCTION AND OPERATION**

**CEQA Issue 1 – Parking During Construction: Where will both employees and visitors park while construction occurs on the project site?**

The September 2008 Revised Draft EIR includes a section specifically on the topic of parking, Section 5.5, Parking. The EIR section is based upon a technical report prepared by Linscott, Law & Greenspan Engineers, dated May 19, 2008 (the technical report is included in its entirety as Appendix K of the September 2008 Revised Draft EIR). Both the EIR section and technical report detail what would happen with respect to parking as new buildings are constructed on the project site. To ensure that sufficient parking is provided at all times, including during construction periods, mitigation has been recommended for the project, Mitigation Measure PRK1. The mitigation measure is restated below, and requires the preparation of a Parking Mitigation Plan during construction phases. The mitigation identifies the type of provisions that are to be provided in the Plan, and approved by the Director of Community Development prior to the commencement of construction. The mitigation does identify that during construction, off-site parking for construction workers as well as on-site medical employees is an option. If that option is chosen, the Plan must detail where off-site parking would occur and how construction workers and/or on-site medical employees would be transported to and from the site.

**PRK1** To maximize the on-site parking for non-construction uses, the project applicant shall prepare and implement a Parking Management Plan during the construction phases of the project. The Plan may include provisions for: 1) no construction worker parking on-site, and 2) off-site parking at an existing facility or facilities with a parking surplus, with a shuttle system, or other similar transportation method to and from the hospital campus. The Plan shall be approved by the Director of Community Development prior to the issuance of any building permit included in the HMNMH Master Plan, which is identified in Section 3.0, Project Description, of this EIR.

In addition, the Conditions of Approval include a provision in which additional parking strategies would be implemented in order to maintain adequate parking for the site and to avoid any unanticipated impacts to nearby residential streets as a part of construction of the project as well as during project operations. These strategies include applying a “crosscheck” formula prior to each stage of development, monitoring actual peak parking demands following each stage of Master Plan development, and implementation of electronic wayfinding displays at strategic locations tied to parking availability monitoring and “real time” reporting. With implementation of Mitigation Measure PRK1, impacts during construction are mitigated to less than significant levels and adequate parking will be provided.

**CEQA Issue 2 – Parking During Operation: Is there sufficient parking during each phase and buildout of the proposed project? Does the proposed project comply with the City’s Unified Development Code? Have parking spaces been allocated for the Emergency Room? If so, how were the spaces calculated? Are the Emergency Room spaces consistent with the City’s Unified Development Code?**

Sufficient parking will be provided during each phase and at buildout of the proposed project. As noted above, a technical report prepared by Linscott, Law & Greenspan Engineers and summarized in Section 5.5,



Parking, of the September 2008 Revised Draft EIR, details how the site operates today and how it will operate in the future as new medical office buildings or the new hospital building are completed. In addition, the Conditions of Approval include a provision in which additional parking strategies would be implemented in order to maintain adequate parking for the site and to avoid any unanticipated impacts to nearby residential streets during project operations. These strategies include applying a “crosscheck” formula prior to each stage of development, monitoring actual peak parking demands following each stage of Master Plan development, and implementation of electronic wayfinding displays at strategic locations tied to parking availability monitoring and “real time” reporting. The text below summarizes the September 2008 Revised Draft EIR analysis of both existing conditions and project impacts.

#### Existing Parking Supply

Presently, the parking supply exceeds the code requirement for existing site uses and actual observed parking demands, based upon existing code requirements. Thus, at present, there is not an overall parking deficit, as demonstrated by the numbers below:

Existing Total Parking Supply: 1,114 spaces  
Existing City Code Requirement: 930 spaces

Therefore, the existing parking demand exceeds the Code requirement by 184 spaces. This information is shown in Table 5-1 in Appendix K.

As part of the Linscott, Law & Greenspan study, actual parking demand was observed on Wednesday, November 7, 2007 and Thursday, November 8, 2007. The observed demand on November 7<sup>th</sup> was 1,051 spaces and on November 8<sup>th</sup> was 1,004 spaces; a 63-space and over 110-space surplus, respectively. The parking demand numbers for November 7<sup>th</sup> and November 8<sup>th</sup> reflect that approximately 30 construction workers currently park on-site. These workers will no longer be utilizing any parking spaces at the completion of the current construction project; therefore, parking demand will be decreased.

Although the overall site meets current parking demands, there are parking subareas on-site that are full at the peak demand time. These areas include the spaces generally between McBean Parkway and the hospital or medical office buildings. The largest of these lots has attendant-assisted parking, where a visitor can leave their vehicle with an attendant even if a space is not immediately or conveniently available. This allows the parking supply in the various subareas to be efficiently managed. There are other parking subareas, generally located towards the “back” of the site that were observed to be slightly less utilized. These less utilized areas demonstrate the existing on site parking surplus.

#### Future Parking Supply

With respect of future buildout of the Master Plan, the parking analysis summarized in Section 5.5 indicates that application of current Code parking ratios will produce a parking surplus. Calculations for each accumulating milestone of development compared to the total on-site parking required at each of the milestones is also provided in the parking analysis (refer to Table 4-2 in Appendix K). Required parking spaces per each proposed component of the Master Plan are shown in Table 5.5-5, City Code Parking Calculation Summary. In addition, Section 6.0 of Appendix K suggests a number of parking management measures that the project applicant can utilize to assure the most efficient use of on-site parking.

The City’s Unified Development Code calculates parking based on square feet/footage, which is defined as the gross square feet or footage of a building, tenant space, or area, unless indicated otherwise (Section 17.18.130). The HMNMH Master Plan Parking Summary and Footnote 2 within Table 2-1 of the Appendix K Parking Study Report, which are both included in the September 2008 Revised Draft EIR, cite the City’s Unified Development Code definition of gross floor area, which was used as the basis to determine the floor



area values represented within the table. This footnote reads as follows, “Floor Area (gross)” shall mean the sum of the gross horizontal areas of several floors of the building measured from the exterior faces of the exterior walls excluding exterior balconies and porches. Floor area shall not include stairwells, vertical shafts and attics and mechanical penthouses provided there are not usable rooms, no windows and the mechanical penthouse area is used exclusively for mechanical equipment.”

As noted in a comment on the September 2008 Revised Draft EIR, the footnote in the two exhibits listed above does not reflect a recent Unified Development Code amendment that took effect in February 2007 which removed stairways from the list of gross floor area exclusions. As a result, the City-required parking, as specified in the September 2008 Revised Draft EIR, inadvertently did not include the square footage of stairwell space for MOB 1, 2 and 3 or the stairwell square footage in existing MOB E.

To correct this omission, the HMNMH Master Plan Parking Summary included as part of the September 2008 Revised Draft EIR has been revised to include an additional 2,752 square feet of building space. Specifically, square footage of stairwell space by building is listed below:

MOB 1	800 square feet
MOB 2	800 square feet
MOB 3	800 square feet
<u>MOB E</u>	<u>352 square feet</u>
Total	2,752 square feet

The addition of 2,752 gross square feet of medical office building space, which represents the total square footage of stairwell space, would increase the project's overall parking requirement by 14 parking spaces (applying the City's code ratio of one parking space per 200 square feet). Therefore, the total number of on-campus parking required by the City has been changed from 2,190 spaces to 2,204 spaces (an increase of 14 spaces). Since the project proposes a total of 2,231 parking spaces, the project will continue to meet the City's existing parking requirement of 2,204 and will provide an excess of 27 spaces beyond the code requirements. This adjustment in required parking has been reflected in the HMNMH Master Plan Parking Summary. The total number of parking spaces to be provided on the hospital campus as part of the HMNMH Master Plan Project or the conclusions in the EIR will not change as a result of this revision.

#### Emergency Room Parking

At the time the original hospital was constructed, Los Angeles County code required parking based on the number of hospital beds licensed by OSHPD for HMNMH. Following City incorporation, the City added an additional requirement for outpatient services. At no time has the HMNMH been required to provide a separate calculation for emergency room beds.

Section 17.18.130 of the City's UDC currently requires that two parking spaces be provided for each licensed bed. The UDC defines “licensed bed” as a bed for which a hospital holds a license to operate by the State of California Office of Statewide Health Planning and Development (OSHPD). Such beds are those intended for an overnight stay or longer. Emergency room beds are not licensed beds, according to OSHPD regulations. The definition of licensed bed was recently added to the UDC to provide clarification to existing parking code requirements. The UDC amendment adding this definition did not change how parking space requirements are calculated for hospitals. According to the U.S. Health Department's Agency for Healthcare Research and Quality (AHRQ) standardized definition of licensed hospital bed is “the maximum number of beds for which a hospital holds a license to operate.” Many hospitals do not operate all of the beds for which they are licensed.

It is important to note that parking for emergency room space has never been calculated on a per-bed ratio. Instead, the emergency room is parked based on its square footage. The HMNMH Master Plan calls out



5,518 square feet of existing emergency room urgent care space that is parked at a 1:400 ratio, resulting in 18 parking spaces in accordance with the City's Unified Development Code requirements.

Additionally, the Parking Study Report prepared as part of the Master Plan did not rely on the Code calculations alone. The extensive field study data and analysis, leading to the "crosscheck" formula, were developed to assure a parking balance throughout Master Plan implementation. This balance is further assured by Mitigation Measure PRK2, as provided below, in Section 5.5, Parking, of the September 2008 Revised Draft EIR, which requires that the City review of each phase of the project to ensure the provision of adequate parking.

**PRK2** As part of the plan review process for each phase of Master Plan buildout, the City of Santa Clarita shall ensure that the project applicant accompanies each development phase with adequate parking, in compliance with the City's Municipal Code.



**TOPICAL RESPONSE NO. 2**  
**PROJECT TRAFFIC IMPACTS AND MITIGATION**

**CEQA Issue 3 – Traffic Mitigation/Bridge & Thoroughfare District Fees: What mitigation is the project applicant responsible for? Are the Bridge & Thoroughfare fees applicable to the project? Does the project applicant receive fee credit for traffic mitigation/ improvements?**

The September 2008 Revised Draft EIR identifies mitigation measures associated with project-related and cumulative projects-related impacts to ensure that impacts are at less than significant levels (Level of Service D or better). The eight mitigation measures are restated below.

Project-Related Mitigation

- TR1** In order to address impacts along McBean Parkway at the Magic Mountain Parkway intersection, the following improvements shall be required:
- ◆ Add a third through lane for the westbound direction (re-striping). This improvement shall be implemented in conjunction with the construction of MOB1.
  - ◆ Add right-turn overlap phasing for the westbound right-turn movement (signal modification). This improvement shall be implemented in conjunction with the construction of MOB1.
  - ◆ Add a third through lane for the eastbound direction (re-striping). This improvement shall be implemented in conjunction with the construction of the Inpatient Building/MOB2.
- TR2** In order to address impacts along Orchard Village Road at the Wiley Canyon Road intersection, the following improvement shall be required:
- ◆ Add a separate northbound right-turn lane with right-turn overlap phasing (within existing right-of-way between Wiley Canyon Road and the Santa Clara River South Fork Bridge). This improvement shall be implemented in conjunction with the construction of MOB1.
- TR3** In order to address impacts along Orchard Village Road at the McBean Parkway intersection, the following improvements shall be required:
- ◆ Widen the southbound approach (project driveway) to allow for a left-turn lane and a second through lane. This improvement shall be implemented in conjunction with the construction of MOB1.
  - ◆ Add a separate westbound right-turn lane (for project access). This improvement shall be implemented in conjunction with the construction of the Inpatient Building/MOB2.
  - ◆ Add a separate southbound right-turn lane (project driveway). This improvement shall be implemented in conjunction with the construction of the Inpatient Building /MOB2.
- TR4** In order to address impacts along Valencia Boulevard at the Magic Mountain Parkway intersection, the following improvement shall be required:
- ◆ Add a second westbound left-turn lane by removing the existing right-turn lane (re-striping the westbound approach as a mirror image of the existing eastbound approach). This improvement shall be implemented in conjunction with the construction of the Inpatient Building/MOB2.



- TR5** The project applicant shall pay fees to the established Valencia Bridge and Thoroughfare District, in accordance with City policy, in order to provide a fair-share contribution of funds for future traffic system improvements.

Cumulative Projects-Related Mitigation

- TR6** In order to address impacts along McBean Parkway at the Orchard Village Road intersection, the following improvement shall be required:

- ◆ Restripe the hospital driveway to reconfigure the first through lane to a shared left-turn/through lane. This improvement shall be implemented in conjunction with the construction of MOB3.

- TR7** In order to address long-term (2030) impacts along McBean Parkway at the Valencia Boulevard intersection, the following improvement shall be required:

- ◆ Add a fourth westbound through lane (requires the widening of Valencia Boulevard).

The project's fair share equals 4.3 percent of the cost of this improvement (refer to [Table 5.4-16, Share Summary](#)). If a fair share program has been adopted or if these improvements have been added to a district, such as a Bridge & Thoroughfare District, payment of fair share costs shall be made prior to the issuance of a building permit for MOB3. This fair share payment shall be considered this project's full compliance of Mitigation Measure TR7 and, if a funding program is established, would reduce impacts to less than significant.

- TR8** In order to address long-term (2030) impacts along McBean Parkway at the Orchard Village Road intersection, the following improvement shall be required:

- ◆ Add a separate eastbound right-turn lane (requires the widening of McBean Parkway).

The project's fair share equals 30.5 percent of the cost of this improvement (refer to [Table 5.4-16, Share Summary](#)). If a fair share program has been adopted or if these improvements have been added to a district, such as a Bridge & Thoroughfare District, payment of fair share costs shall be made prior to the issuance of a building permit for MOB3. This fair share payment shall be considered this project's full compliance of Mitigation Measure TR8 and, if a funding program is established, would reduce impacts to less than significant.

The project applicant has full responsibility for Mitigation Measures TR1 through TR5, since the mitigation applies to project-related impacts, as well as Mitigation Measure TR6, since the improvement is on the project site. With respect to Mitigation Measures TR7 and TR8, the project applicant is responsible for a specified percentage of the project cost. The installation of the improvements in Mitigation Measures TR7 and TR8 is the responsibility of the Valencia Bridge & Major Thoroughfare Construction Fee District, if the improvements have been included within a Bridge & Thoroughfare District. If so, the project applicant is required to pay fees to the District which constitutes their fair share of the necessary improvements. This latter scenario will apply to Mitigation Measure TR7 and TR8.

Subsequent to release of the September 2008 Revised Draft EIR, the City of Santa Clarita amended the Valencia Bridge and Major Thoroughfare Construction Fee District (B&T) on September 9, 2008 (City Council Resolution 08-89). Pursuant to that Resolution, the City of Santa Clarita amended the list of improvements, and fees charged, within the District. The Resolution added the improvements for the



intersections of McBean Parkway and Orchard Village Road and McBean Parkway and Valencia Boulevard to those included in the District.

The amendment to the B&T District will result in a credit of approximately \$300,000 of street improvements that are required as a part of the proposed project (refer to Mitigation Measures above). The amendment raised the fees required to be paid to the District. The proposed project's B&T fees will increase from \$450,000 to more than \$750,000, and as previously noted, the proposed project will receive a credit of \$300,000 toward the payment of the B&T fees. In addition to the B&T fees, the City, pursuant to the Development Agreement, if it is approved, will receive from the proposed project an additional contribution of \$500,000.

**CEQA Issue 4 – Traffic Impacts: Are they too great and can they be mitigated?**

Section 5.4 Traffic, of the September 2008 Revised Draft EIR analyzed the traffic impacts of the proposed project. As noted in CEQA Issue 1 above, eight traffic-related mitigation measures have been identified. The eight mitigation measures reduce project- and cumulative projects-related impacts to less than significant levels and ensure that Levels of Service would be at D or better.

**CEQA Issue 5 – Eminent Domain: Is it required to mitigate traffic impacts?**

Eminent domain is not required to mitigate either project-specific or cumulative traffic impacts. As part of the proposed project, the project applicant will be required to dedicate a minimum of 58 feet of public right-of-way from the centerline along the project frontage plus an additional right-of-way dedication to accommodate a new right-turn lane from eastbound McBean Parkway to southbound Orchard Village Road. This dedication allows future traffic conditions to be addressed and mitigated without the use of eminent domain. The project applicant's land dedication on the project frontage provides adequate land in which to construct future traffic improvements along McBean Parkway, without the need to acquire properties along McBean Parkway.

Section 7.4 of the Development Agreement includes a provision whereby the applicant agrees to irrevocably dedicate additional right-of-way along the project frontage needed to realign and expand McBean Parkway. This section further states that the use of eminent domain to acquire any residential real property by the City of Santa Clarita for the HMNMH Master Plan traffic improvements or the McBean Parkway realignment improvements is precluded.

**CEQA Issue 6 – Site Access: Are the existing access locations off McBean Parkway sufficient?**

Currently, access to the project site is provided via three driveways located along McBean Parkway. Two locations are currently controlled by traffic signals at Orchard Village Road and Avenida Navarre. A third unsignalized driveway is located approximately 150 feet east of the westerly property line and allows both right and left turns onto McBean Parkway.

Section 5.4, Traffic, of the September 2008 Revised Draft EIR, analyzed site access impacts. The EIR concluded that site access impacts would be less than significant with the imposition of mitigation, specifically Mitigation Measure TR3, listed below.

**TR3** In order to address impacts along Orchard Village Road at the McBean Parkway intersection, the following improvements shall be required:

- ◆ Widen the southbound approach (project driveway) to allow for a left-turn lane and a second through lane. This improvement shall be implemented in conjunction with the construction of MOB1.





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- ◆ Add a separate westbound right-turn lane (for project access). This improvement shall be implemented in conjunction with the construction of the Inpatient Building/MOB2.
- ◆ Add a separate southbound right-turn lane (project driveway). This improvement shall be implemented in conjunction with the construction of the Inpatient Building /MOB2.

The Master Plan has been reviewed by the City, which included a review of site access. The City has determined that site access is adequate. Both the City and the HMNMH have emergency procedures that can be employed to ensure patients can still access the hospital site in the event of either a natural or man-made emergency.



**TOPICAL RESPONSE NO. 3  
EARTH MOVEMENT AND SLOPE FAILURE IMPACTS**

**CEQA Issue 7 – Slope Failure: Will the project cause slope failure to Summit homes?**

All proposed development (inpatient building, medical office buildings, and parking structures) would be located on the flat area of the site, which is the same area that has been developed for many years. No development is proposed on the slopes in the northerly portion of the site. Additional landscaping may be added to the slope, but no buildings. Therefore, the proposed project would not cause slope failure to homes in the Summit housing development to the northwest and north of the project site. This is supported by the analysis in Section 5.8, Geology, Soils, and Seismicity, in the September 2008 Revised Draft EIR.

The following text is restated from page 5.8-8 (Environmental Setting) of the September 2008 Revised Draft EIR:

“Seismically Induced Landsliding

Because the project area is situated on a relatively flat alluvial plain and lacks any significant slopes, the hazard from slope instability, from both landslides and debris flows, is considered negligible. However, slopes to the north of the site have the potential for landslide movement during a seismic event, which could impact the project site.”

The following text is restated from pages 5.8-13 and 5.8-14 (Impacts and Mitigation Measures) of the September 2008 Revised Draft EIR:

“Landslides and slope stability

Level of Significance Prior to Mitigation: Less Than Significant Impact.

Impact Analysis: The majority of the project site is situated on a relatively flat alluvial plain and lacks significant slopes. Therefore, the hazard from slope instability, from both landslides and debris flows, is considered negligible. The California Geological Survey (formerly the California Division of Mines and Geology) has designated the **slopes along the north side of the project site as having the potential for landslide movement during a seismic event (emphasis added)**. However, because the slope was engineered as part of the housing development above the site and the toe of the slope lies more than 50 feet from any of the proposed buildings, it is considered unlikely that future landslide activity on these slopes, if any, would impact the proposed project. In all events, the development of the project would not impact the slope.

The proposed project would not result in exposure of people or property to geologic hazards such as landslides resulting from earthquakes. Thus, impacts are concluded to be less than significant in this regard.”

In conclusion, the project is not proposing any buildings on the northerly slope area. Thus, while slope failure could occur as the result of a seismically-induced event, any such failure would not result from development associated with the proposed project.

**CEQA Issue 8 – Earth Movement: Does the project exceed the 100,000 cubic yard threshold?**

Section 5.8, Geology, Soils and Seismicity of the September 2008 Revised Draft EIR states that collective earth movement for excavation and overexcavation for HMNMH Master Plan improvements will exceed 100,000 cubic yards, which is a threshold of significance per CEQA Guidelines. Because this threshold of



significance was met, potential geological impacts for the HMNMH Master Plan project were evaluated as part of the September 2008 Revised Draft EIR. The impacts of earth movement are analyzed in Section 5.8, as well as in other chapters of the EIR related to construction activity (air quality, noise, hydrology and water quality). The September 2008 Revised Draft EIR concludes that impacts related to earth movement would be reduced to less than significant levels with the implementation of mitigation measures that reduce impacts associated with grading to less than significant levels.

With regard to the exportation of dirt off the HMNMH campus, the project proposes the construction of an Inpatient Building, three parking structures (PS1, PS2, and PS3), and one subterranean parking structure (PS4). Soil excavation and export totaling 93,293 cubic yards over the 15-year life of the project is required. The following indicates the amount of soil export required for each of the five structures:

- ◆ Inpatient Building – 13,100 cubic yards;
- ◆ PS1 – 17,700 cubic yards;
- ◆ PS2 – 11,493 cubic yards;
- ◆ PS3 – 9,000 cubic yards; and
- ◆ PS4 – 42,000 cubic yards.



**TOPICAL RESPONSE NO. 4  
PROJECT-GENERATED NOISE IMPACTS**

**CEQA Issue 9 – Helicopter Noise: Were the noise impacts from helicopters analyzed?**

The noise impacts associated with helicopter operations to the project site were analyzed in the September 2008 Revised Draft EIR, and are specifically detailed in Section 5.7, Noise. The analysis concludes that the future helicopter operations would be below the City's 65-dBA CNEL exterior noise standard for residential uses and further utilizes a 24-hour CNEL measurement, for the reasons set forth in the BridgeNet study.<sup>1</sup>

Section 5.7.2 of the September 2008 Revised Draft EIR provides a summary of existing helipad operations. Operations in 2005 averaged 10 to 12 arrivals or departures a month. Based on the BridgeNet report, monitoring at two sites west/northwest of the hospital showed that ambient noise levels over a period of 35 days, taken in December 2003 and January and February of 2004 (including helicopter activities), were 59.9 dBA CNEL (Site 1, which is closer to the existing helipad) and 53.8 dBA CNEL (Site 2, which is away from the existing helipad); both were below the 65 dBA CNEL exterior noise standard for residential uses. The majority of the helicopter events measured at these sites occurred for durations of more than one minute but less than five minutes per hour.

The impact analysis on page 5.7-28 notes that the level of helicopter activity is expected to increase to 15 to 17 flights a month in the future. The increase in flight activity from 12 to 17 a month represents an increase in the noise exposure level of about 1.5 dBA (in terms of the 24-hour weighted average scale of CNEL), which is not large enough to be perceptible.

For example, the increase of the noise level at the two monitoring sites to 61.4 dBA CNEL (Site 1 in the BridgeNet report) and 55.3 dBA CNEL (Site 2 in the BridgeNet report) would not result in the respective noise levels to exceed the City's 65-dBA CNEL exterior noise standard for residential uses. Therefore, no significant long-term noise impacts would occur from the helipad operations at the hospital associated with buildout of the proposed Master Plan.

Cities have very little regulatory authority over helipad operations. California Public Utilities Code 21662.4(a) specifically exempts cities from regulating the number of flight departures and arrivals based on the aircraft's noise level. As stated in previous staff reports prepared for the Master Plan, the Hospital obtained approval of a Minor Use Permit (MUP) from the Planning Commission in December of 2004 to construct a temporary elevated helipad at the rear of the existing hospital near the existing emergency room. That permit expired in 2007. At the September 23, 2008, City Council meeting, a member of the public voiced concern that specific conditions of approval for the now expired 2004 Minor Use Permit for the construction and operation of an elevated helipad structure on the hospital campus were not included in the HMNMH Master Plan Conditions of Approval. Although these issues are already regulated by existing federal, state and local mandates, to address this concern, the following three conditions have been added into the Conditions of Approval, as follows:

PL9. The applicant shall comply with all requirements of OSHPD (Office of Statewide Health Planning and Development) with regard to operation of the helipads.

PL10. The applicant shall conduct a noise study within three months of construction of the helipad on Parking Structure 1 and the Inpatient Building to ensure compliance with all applicable Federal, State and local standards. This noise study shall conform to the standards, methodology and scope

<sup>1</sup> It should be noted that the 65 dBA threshold and the use of the 24 hour CNEL is also consistent with the methodology utilized to evaluate airport noise by CalTrans under California Code of Regulations Title 21, section 5000 et seq.



of the Helicopter Noise Analysis conducted for the Henry Mayo Newhall Memorial Hospital by BridgeNet International.

PL11. The applicant shall store all chemicals in compliance with the applicable standards relating to the storage of hazardous chemicals and shall obtain the appropriate approvals from the Los Angeles County Fire Department, OSHPD, and other affected agencies for the storage of hazardous chemicals relating to a helipad.

**CEQA Issue 10 - Noise from Air Conditioning Units: Is mitigation required for the units?**

Rooftop air conditioning units (HVAC) are intended to be placed near the center of the rooftop on the Medical Office Buildings (MOB). The HVAC unit is approximately eight feet high, which includes a concrete mounting pad and vibration isolators. The HVAC units will be fenced in by a 9-foot, 6-inch-high barrier screen wall on four sides. The screen walls are constructed of metal stud framing, structural steel supports and bracing with exterior plaster finish on both sides of the screen walls. The reduction of dBA level from inside the screen wall to the outside of the screen wall averages from 5 to 10 dBA sound reduction depending upon the type of construction materials.

The approximate distance of the screen wall to the rooftop HVAC unit is 10 feet. The screen wall is located another 20 feet from the edge of each of the MOB's exterior parapet walls, and the exterior wall of the building closest to the sidewalk at McBean Parkway is another 20 feet. The total horizontal distance from the HVAC units to the vertical planes of the sidewalk is approximately 50 feet for MOB1 and MOB2. The distance between the property boundary on the west for MOB3 is 93 feet. On the western property boundary adjacent to MOB3 is a heavily landscaped raised berm and screen wall, which also act as noise barriers. The total vertical distance from the finished grade to the top of the screen wall is approximately 51 feet, 6 inches.

Based on the manufacturer's equipment data, the HVAC unit's daytime sound level located at the property boundary or sidewalk is 55 dBA without any shielding effects from a sound wall or rooftop/parapet wall. The rooftop/parapet wall would provide at least 10 dBA noise reduction for receptors at the sidewalk (51 feet 6 inches below and 50 feet away). With the 7.5 dBA noise reduction (this is an average assumption in the noise reduction) provided by the 9-foot, 6-inch screen wall around the HVAC unit, the noise level would be reduced to below 40 dBA. Thus, the rooftop HVAC units on MOB1 and MOB2 will be substantially below the City's daytime threshold of 60 dBA and nighttime threshold of 50 dBA.

For receptors at the western property line, the noise reduction provided by the rooftop/parapet wall would be less, but the longer distance (93 feet to MOB3, plus the 30 feet from building edge to the units) provides an additional 7.5 dBA noise attenuation. Total noise reduction would still be over 15 dBA and reduce the rooftop HVAC noise to below 40 dBA. Thus, the rooftop HVAC units on MOB3 will also be substantially below the City's daytime threshold of 60 dBA and nighttime threshold of 50 dBA.

In conclusion, this range of stationary noise levels is below the City's Noise Ordinance requirements and no mitigation is required.



**TOPICAL RESPONSE NO. 5  
PROJECT LAND USE IMPACTS**

**CEQA Issue 11 – Land Use - Is the project consistent with General Plan and the Unified Development Code? Is the project compatible with surrounding land uses?**

**General Plan**

The project is consistent with the City of Santa Clarita General Plan. The analysis related to this was specifically detailed in Section 5.1, Land Use, in the September 2008 Revised Draft EIR. The proposed project's consistency with the General Plan is articulated in Table 5.1-1, which provides an analysis of the proposed project's consistency with applicable General Plan goals and policies. As indicated in Table 5.1-1, the proposed project would not conflict with any applicable goals and policies of the City of Santa Clarita General Plan. Therefore, the proposed project would be consistent with the applicable goals and policies of the General Plan, and less than significant impacts would occur in this regard.

The consistency review encompasses 18 applicable goals and 17 applicable policies in the Land Use Element, Community Design Element, Circulation Element, Human Resources Element, Open Space and Conservation Element, and Safety Element. Among the goals and policies reviewed is Goal 2 of the Human Resources Element of the Santa Clarita General Plan which states, "Promote the provisions of a broad range of high quality health care services to meet the existing and future needs of City residents." The proposed Master Plan would expand the existing medical and health care services available to include additional acute care hospital beds, intensive care beds, and cardiac, high-risk pregnancy and neonatal care, among others. The proposed Master Plan also implements two policies of Goal 4 of the Land Use Element which states, "To ensure that development in the City is consistent with the overall community character and that it contributes in a positive way toward the City's image." Policy 4.3 states, "Encourage setbacks, landscaping, or other measures to provide physical and visual buffers between land uses to minimize potential land use conflicts between dissimilar uses," and Policy 4.14 states, "Regulate lighting in new and existing development so that it does not unduly contribute to nighttime visual pollution and glare, and is compatible with surrounding land uses." Building setbacks, stepbacks and height, architectural design and façade treatments, enhanced perimeter campus landscaping, pedestrian amenities, and lighting restrictions comply with the City's General Plan, the Unified Development Code and the Architectural Design Guidelines.

**Unified Development Code**

The Permitted Use Chart (Section 17.13.040) in the City's Unified Development Code (UDC) categorizes "Hospital Services" as a "Public or Semi Public Use Type." "Hospital Services" is defined in Section 17.12.070 of the Unified Development Code as "institutions providing and may include associated facilities for outpatient and emergency medical services, heliports, diagnostic facilities, laboratories, training, research, administrations and services to patients, employees and visitors." "Hospital Services" is an allowed use in the Residential Low zone with the approval of a Master Plan or a Conditional Use Permit. In addition to diagnostic facilities, laboratories and patient services, medical offices provide primary health services and medical or surgical care to persons on an outpatient basis and are, therefore, included in the definition of "Hospital Services." The medical office buildings on the HMNMH campus are tied to the overall operations of the hospital and are, therefore, included as part of the hospital services definition. For this reason, the Master Plan proposal and the use of the property for hospital services do not present a conflict with the zoning of the property or the requirements of the Unified Development Code.

**The requirement for a CUP or Master Plan for any land use does not render the use inconsistent with the zoning, but instead requires a higher level of review and discretion when considering the establishment or expansion of the use (emphasis added).**



The Master Plan meets the development standards of the City's Unified Development Code. As specified in the Section 17.15.010 of the Unified Development Code, a 25-foot setback is required for public and semi-public uses within a residential zone from the adjacent residentially-zoned properties that are developed with residential uses. The placement of all buildings and parking structures proposed as part of the HMNMH Master Plan will be set back at distances greater than 25 feet. In addition, a steep hill with dense, mature trees extends along the northwestern property line and creates a topographic division between the rear of the hospital campus and adjacent residential neighborhoods to the west and northwest.

A conditional use permit (CUP) was previously approved by Los Angeles County in 1971 for development and operation of a hospital at this location prior to City incorporation. The CUP granted by the County determined that the hospital use was compatible with, and would not adversely affect, adjacent residential uses. The hospital has been operating at its present location for over 30 years. Pursuant to the UDC, the hospital is now seeking approval of a Master Plan for the medical campus expansion, buildings that exceed the UDC's 35-foot height threshold, dirt exportation and two helipads.

### **Land Use Compatibility**

The Master Plan is compatible with surrounding land uses, including development in the Valencia master planned community. This conclusion is supported by the proposed project's compliance with the UDC. The adopted UDC contains standards for transitioning between potentially incompatible uses addressing distance separation between uses (setbacks), building heights, and landscaping that are intended to minimize possible impacts. Section 5.1, Land Use and Section 5.3, Aesthetics, Light, and Glare of the September 2008 Revised Draft EIR include analysis related to these standards, specifically architecture and landscaping, building setbacks, and noise, details the visual impacts of the site, including site massing and views from surrounding uses.

Architecture & Landscaping: According to the City's Architectural Design Guidelines, Valencia is characterized as probably the most urban community in Santa Clarita with its combination of lush landscaping, urban architecture and sophistication in a suburban setting.

The existing hospital campus would provide planters with mature trees and dense landscaping along the westerly property line and approximately 200 feet of mature trees along a steep slope at the back of the property extending up to the existing residential neighborhood. Additional discussion regarding proposed landscaping is discussed in Section 5.3, Aesthetics, Light, and Glare, of the September 2008 Revised Draft EIR.

MOB1 and PS1 are contemporarily designed structures consisting of a combination of complementary and contrasting colors and materials to create visual interest and an attractive appearance of the hospital campus as one travels along McBean Parkway. The structures are located over 300 feet away from the main entrance to the campus at McBean Parkway and Orchard Village Road to create a more open appearance to the site and to allow additional landscaping. A prominent decorative cornice treatment is included along portions of the façade on MOB1 to enhance the building design and further reinforcing the Valencia-style architecture of the community on the hospital campus. Decorative metalwork is included along the three most prominent sides of PS1 to allow vine plantings to grow up the sides of the parking structure, softening its appearance and adding to the aesthetic appeal of the campus. Subsequent building facades would be required to maintain this same level of aesthetic quality as the campus builds out.

Building Setbacks: UDC Section 17.15.010.A.12 requires a minimum building setback of 25 feet for public and semi-public uses from residential property lines.



The hospital campus contains a large landscaped slope along the rear portion of the property that topographically separates the hospital use from the Summit residential neighborhood. The proposed buildings would be set back a minimum of 240 feet from the Summit residential property lines.

Along the western edge of the campus, adjacent to the Village Homes North neighborhood, the proposed three-story Medical Office Building 2 would be set back from the adjacent residential properties 178 feet at the front of the building (facing McBean Parkway) and 165 feet at the rear of the building.

Northwest of MOB2, the proposed three-story structures consisting of MOB3 and PS3 would be set back from 75 to 131 feet from the Village Homes North neighborhood to the west improving land use interface between the two uses. In addition, PS3 would be designed with no openings along the west side of the structure adjacent to residential uses to maintain residents' privacy. Residential properties to the east and south are separated from the hospital campus by McBean Parkway, a designated major highway on the City's Master Plan of Highway and Roadway System Map, as shown in Exhibit C-2 of General Plan Circulation Element.

An at-grade helipad located on the northeastern portion of the campus became operational with the opening of the HMNMH in 1975 and was operational for almost 30 years before service was suspended due to on-campus construction in September 2005. The Inpatient Building, which would have a rooftop helipad, would be located in the area previously occupied by the at-grade helipad. At its closest point, the Inpatient Building helipad would be approximately 350 feet from homes in the adjacent neighborhood. Instead of landing at surface level, helicopters would land at the rooftop, which measures 85 feet in height. The project also proposes a second helipad on the rooftop of PS1, which measures 47 feet in height. This helipad location would be approximately 250 feet from the nearest residence across McBean Parkway.

Noise: Impacts associated with noise are addressed in [Section 5.6, Noise](#), of the September 2008 Revised Draft EIR. The project will not have noise impacts incompatible with surrounding development.

In summary, the Master Plan has incorporated a number of features that specifically address compatibility with surrounding uses, which is supported by the analysis in [Section 5.1, Land Use](#), and [Section 5.3, Aesthetics, Light, and Glare](#), of the September 2008 Revised Draft EIR, which has been summarized above, and is highlighted by the examples below.

1. **Parking Structure 3.** Parking Structure 3 will be a four-level (three levels above ground and one subterranean level), 278-space parking structure in the westerly portion of the campus. The parking structure will be 27 feet to the top of the parapet and 30 feet to the top of the parking lot lights. This structure will have a minimum setback from the westerly property line of 75 feet. An architecturally enhanced solid wall will be provided along the western façade of the parking structure.

2. **Height Zones.** The Master Plan includes height zones across the medical campus, which are designed to avoid adverse visual impacts to surrounding residential neighborhoods from the addition of new buildings and parking structures. The no-development setback areas (Zone 1) and reduced heights at the main hospital entrance and around the periphery of the campus reduce the overall massing and scale of the development. The zone designated for 85-foot building heights (Zone 5) is limited in size and geographically situated in the central portion of the campus and is surrounded by Zone 1 (zero build along slope area), Zone 3 (35-foot height limit), and Zone 4 (47-foot height limit). The significant grade differences and landscape buffering that exists along the northwestern/western edge of the medical campus further buffers visual impacts from surrounding land uses. The height zones are depicted on [Exhibit 5.3-10, Proposed Building Height Limit Zones](#), in the September 2008 Revised Draft EIR.





3. Landscaping. Currently, 43 percent of the project site is landscaped with mature vegetation. Trees and landscaping currently exist throughout the parking lots where MOB1, MOB2, and PS1 are to be constructed, as well as along the hillside area and along the western property boundary. The proposed project would not remove any of the landscaping outside of the rear access road and would retain this landscape buffer. Existing mature trees that would screen parking lots and parking structures would be retained throughout the campus wherever possible. The Master Plan includes landscaping plans for McBean Parkway, perimeter landscaping, and on-site landscaping, which are intended to soften the overall appearance of the built environment. The specifics regarding landscaping are detailed in Section 5.3, Aesthetics, Light, and Glare, of the September 2008 Revised Draft EIR.

In conclusion, the proposed project is consistent with the General Plan and the Unified Development Code, and is compatible with surrounding land uses.



**PART 2: NON CEQA-RELATED PROJECT ISSUE TOPICAL RESPONSES** – The following responses are not CEQA-related issues subject to the requirement for written responses pursuant to *CEQA Guidelines* section 15088. However, because many commentators raised non-CEQA issues in conjunction with their CEQA comments, and further given the direction of the Santa Clarita City Council that all comments be responded to, these non-CEQA related topical responses are included herein solely for the convenience of those who provided comments on the Project.

**TOPICAL RESPONSE NO. 6  
DEVELOPMENT AGREEMENT TERMS**

**Project Issue 1 - The construction of a hospital or provision of additional inpatient care is not guaranteed in the Development Agreement; only medical offices are guaranteed.**

The issue raised does not raise an environmental issue within the meaning of CEQA or applicable to the project Draft EIR. The Development Agreement (DA) specifies a 15-year term for construction of the Master Plan and provides a sequence as to how the individual buildings would be built out. A development agreement can specify that construction commence within a specified time and that the project or any phase of a project be completed within a specified time.

The project proponents (Henry Mayo Hospital and G&L Realty) cannot definitively guarantee, nor can the City guarantee, that any of the medical office buildings or the Inpatient Building will be constructed until building permits have been secured and financing is in place. As specified in Section 4.7.1 of the Development Agreement, a building permit will not be issued for MOB3 until foundations for the Inpatient Building are substantially complete and either vertical steel rebar is in place for the first structural column section or, if a steel structural frame is to be used, the first vertical steel column section is in place. With this work, completion of the Inpatient Building is substantially guaranteed. It should be noted further that if any medical office buildings are built, parking structures can be guaranteed as part of the DA in that the medical office buildings would not be issued a Certificate of Occupancy without them.

Paragraph 5 of the Draft DA restricts HMNMH property and buildings to be used for hospital and hospital-related uses only. Medical office buildings owned by G & L Realty may only be used for uses such as doctors' offices, pharmacies, diagnostic imaging facilities, lab specimen collection, doctor billing service and other health care services as may be provided by doctors or HMNMH.

**Project Issue 2 – The Development Agreement only guarantees one vertical column of rebar is erected for the hospital.**

The issue raised expresses the opinions of the commentator. Section 4.7.1 of the Development Agreement requires that foundations for the Inpatient Building be substantially complete and either vertical steel rebar in place for the first structural column section or, if a steel structural frame is to be used, the first vertical steel column must be in place prior to issuance of a building permit for MOB 3. Based upon estimates provided by the project applicant, the overall cost of constructing the Inpatient Building is \$125,000,000 (excluding equipment financing and entitlements). The level of construction required prior to issuance of the building permit for MOB3 includes the following activities and equates to approximately 17% of the construction of the Inpatient Building:

Prepare Architectural and Engineering Plans:	\$3.75 million
Pay Permit Fees:	6.25 million
Excavation of the site:	15 million
Pour foundations:	18.75 million



Begin erecting steel: 21.25 million  
TOTAL: \$65 million

**Project Issue 3 – The Development Agreement fails to commit to additional operating rooms.**

The issue raised expresses the opinions of the commentator. The Hospital currently has four operating rooms in the main hospital that are used for inpatients. One operating room must be open for trauma cases at all times. One operating room must be available for emergency c-sections within 30 minutes of the emergency. Additionally, HMNMH operates an Ambulatory Care Center next to the hospital campus that includes an outpatient surgical center that also has four operating rooms for their dedicated purpose. Section 5.8.4 of the Development Agreement contains a provision in which HMNMH is committed to increase its operating rooms from 4 to at least 6 operating rooms as part of the Master Plan.

**Project Issue 4 - Development Agreement does not provide a substantial public benefit.**

The issue raised expresses the opinions of the commentator. Section 17.03.010 of the City's Unified Development Code requires that a Development Agreement provide "a clear and substantial public benefit" to the City and/or its residents. As stated in the Development Agreement, the following benefits to the public would occur as a result of development of the HMNMH Master Plan:

1. 120 additional hospital beds plus new, needed medical services in cardiac care, neonatal and high risk pregnancy care, intensive care and surgical care;
2. Results in approximately 570 additional long-term employment opportunities in a range of professional and non-professional health care positions;
3. Improves the community's emergency services and disaster readiness by the inclusion of helipad operations;
4. Secures a \$250,000 payment for a future Transitional Care Unit;
5. Provides additional right-of-way dedication and specific roadway improvements to accommodate the future McBean Parkway realignment; and
6. A direct payment to the City of \$500,000 in five years toward remaining future McBean Parkway realignment improvements.

**Project Issue 5 – There are two development agreements. Which of the two development agreements is currently being considered, the one the Planning Commission denied or the August 7<sup>th</sup> draft?**

The issue raised expresses the opinions of the commentator. With respect to the Development Agreement, the denial of which by the Planning Commission has been appealed to the City Council. Pursuant to Section 17.03.010.D, the Council has the option of denying or approving the Development Agreement—with modifications if deemed appropriate. Because it is a negotiated contract between the City and the project applicant, modifications must also be agreed to by the applicant.

Because the scope of the project has been reduced since it was reviewed by the Planning Commission, the Development Agreement has been revised to reflect the present project. The Development Agreement currently before the City Council is the same entitlement application originally processed with the Master Plan, denied by the Planning Commission, appealed by the applicant, and modified by the City Council and applicant. **There is only one, and has been only one, Development Agreement entitlement associated with the Master Plan.**



**Project Issue 6 - There's no commitment for a neonatal facility in the Development Agreement if another hospital provides one.**

The issue raised provides factual background information only and does not raise an environmental issue within the meaning of CEQA or applicable to the project Draft EIR. Section 5.8.2 of the Development Agreement specifically relieves HMNMH from providing a neonatal intensive care service on site within two years of occupancy of the Inpatient Building if, prior to that time, another hospital locates in the Santa Clarita Valley and provides those services. It should be noted that HMNMH has already commissioned the architectural drawings for the 12-bed neonatal intensive care unit within the main hospital building. The full construction drawings are anticipated to be submitted to the California Office of Statewide Health Planning and Development (OSHPD) for review and approval in 2009, with anticipated construction in 2010.

**Project Issue 7 - The Development Agreement allows G&L to request paid parking in the future even though the community is opposed.**

The issue raised provides factual background information only and does not raise an environmental issue within the meaning of CEQA or applicable to the project Draft EIR. The City's Unified Development Code requires the approval of a Minor Use Permit (MUP) for any vehicular gating. HMNMH and G&L Realty understand this provision and are not asking for anything more. Through the MUP process, the City maintains its right to approve gated parking, a common device used to implement controlled parking. Currently, both gated parking and paid parking are restricted as a part of the HMNMH Master Plan. Should the HMNMH wish to propose gated parking and/or paid parking at some point in the future, they will be required to submit a Minor Use Permit request to be reviewed and approved by the Santa Clarita City Council, per Development Agreement section 6. This language is restated below:

6. Parking. During the Term of this Agreement, Developer shall not (i) gate any entrances to surface parking areas (other than the Existing Gated Areas for physician parking) or Parking Structures on the Campus Property or (ii) charge any patients or visitors for parking on the Campus Property unless: (a) in the case of any proposed gating of parking entrances, Developer hereafter files an application with the City for a minor use permit of such gating, which application must be submitted to the City Council for its review and approval; and (b) in the case that Developer hereafter proposes to charge patients or visitors for parking on the Campus Property, Developer files an application with the City for approval of the right to institute such parking charges, which application must be submitted to the City Council for its review and approval.

The Development Agreement requirement for the review and approval of a Minor Use Permit by the City Council to allow for future gated parking on the hospital campus is above and beyond the processing requirements for Minor Use Permits as stated in the City's Unified Development Code. Minor Use Permits require a public hearing before the City's Planning Commission only if opposition is received during the noticing period. Consideration of a Minor Use Permit by the City Council would only occur if the matter is appealed or called up by a councilmember. The Development Agreement for the HMNMH Master Plan project requires a higher level of discretion in automatically requiring City Council review and approval for the Minor Use Permit.

**Project Issue 8 - Co-mingling the for-profit G&L and the hospital, a nonprofit public benefit corporation, in a contract with the City is bad public policy.**

The issue raised expresses the opinions of the commentator. The City of Santa Clarita will not incur any cost, liability or expense as a part of the Development Agreement. Increasing inpatient and medical office facilities to ensure adequate and safe health care, including upgrading and expansion of existing deficiencies, would provide needed services to residents of the City and the surrounding community. Entering into a development agreement that specifies the nature and timing of such improvements and services would have a



positive communitywide benefit and is one of the goals of the General Plan Public Services, Facilities, and Utilities Element. The draft Development Agreement associated with the HMNMH Master Plan helps meet these goals; therefore, entering into such an agreement is intended to promote and implement responsible public policy.

**Project Issue 9 - The Development Agreement includes giveaways, a gift of public funds or gives special consideration to G&L in terms of road mitigation fees.**

The issue raised expresses the opinions of the commentator. The project proponents are required by the City to construct street improvements along the frontage of the hospital campus, including right-turn lanes and bus turnouts. These improvements will be constructed beyond the right-of-way required to serve the Master Plan in that they would be built at the “ultimate alignment” needed to accommodate future roadway realignment improvements for McBean Parkway. In constructing these improvements, additional improvements such as relocating traffic signals would be constructed by the project. In addition, the project proponents are required to pay their fair share contribution toward B&T fees. Credit toward payment of B&T fees will be given in an amount equal to improvements constructed beyond those required to mitigate project-generated impacts. This is not a giveaway or a gift of public funds. If the applicants were to only construct minimum project-related street improvements along their frontage, those improvements (right turn lanes, bus turn outs) would have to be torn out and relocated at their ultimate alignment in the future when the McBean Parkway is realigned. The City feels it is prudent and more cost-effective to secure the improvements upfront and minimize construction-related traffic delays in the future when McBean Parkway is realigned.

As noted above, an additional \$500,000 above and beyond the payment of B&T fees will be paid by the applicants that will be used toward the cost of completing the future McBean Parkway realignment improvements.

**Project Issue 10 - Other developers will request the City similarly honor their development agreements under the Most Favored Nation clause.**

The City received comments stating the previous development agreements approved by the City contained “Most Favored Project” or “Most Favored Nations” language that would be impacted by approval of the proposed HMNMH Development Agreement. These types of clauses provide that if a subsequent developer of a “similar project” gets a better deal, the City must retroactively afford the first developer the same benefits.

Staff reviewed all of the development agreements approved by the City Council since incorporation. Currently, the City has seven active Development Agreements with various entities. Four of the development agreements do not contain the “Most Favored Project” language. The remaining three development agreements for the Rye Canyon Business Park, North Valencia II and the Centre Point Business Park contain this language. However, the “Most Favored Project” clause in these development agreements is limited to “similar projects.”

For Rye Canyon Business Park, a “similar project” is defined as one primarily for business park uses containing over two million square feet of new construction. For the North Valencia II agreement, a “similar project” is defined as a project primarily for residential or mixed uses and containing over 1,000 residential units and 300 acres of new construction. For the Centre Point Business Park, a “similar project” is defined as one primarily for business park uses, containing over 500,000 square feet of new construction.

As the proposed HMNMH project does not fall within any of the definitions of a “similar project” as described above, the Most Favored Project clauses are not implicated by the proposed HMNMH Development Agreement.



**Project Issue 11 - No commitment has been provided to ensure Centers of Excellence.**

The issue raised expresses the opinions of the commentator. Paragraph 4.7.1 of the Development Agreement requires that HMNMH and G&L Realty provide written verification to the City Council that a minimum of 20%, or 12,000 square feet, of MOB2 has been leased to HMNMH for Centers of Excellence. This verification must be provided prior to issuance of a Certificate of Occupancy for any portion of MOB2.

**Project Issue 12 - The Development Agreement violates every public policy in the City's history and violates all City and state law requirements.**

The issue raised expresses the opinions of the commentator that the Development Agreement: 1) does not mitigate its adverse effects on the environment and the community; 2) is premature and should not be approved before approval of the Master Plan; and 3) does not provide substantial additional public benefits beyond those of the project.

The commentator is correct in that the environmental areas of air quality, cumulative global warming, construction-related noise and solid waste cannot be fully mitigated as identified in the September 2008 Revised Draft EIR. If the City Council wishes to approve the project, a Statement of Overriding Considerations for each significant, unavoidable impact would be required.

State law provides that cities may establish procedures and requirements for development agreements. There are a number of findings for approval of a development agreement in the City's UDC. These essentially specify that the proposed development: 1) be consistent with the General Plan and the provisions contained in the UDC for the zone; 2) that it provides for clear and substantial public benefit to the City and/or residents; 3) that it does not adversely affect people residing or working in the surrounding area; and 4) that it does not jeopardize public health, safety or welfare. The Development Agreement has been found to be consistent with each of the criteria. The substantial public benefits provided beyond project improvements include:

1. Secures a \$250,000 payment for a future Transitional Care Unit;
2. Provides additional right-of-way dedication and specific roadway improvements to accommodate future McBean Parkway realignment; and
3. Secures a direct payment to the City of \$500,000 in five years toward the remaining future McBean Parkway realignment improvements.

The Development Agreement associated with the proposed Master Plan project may be approved either at the same time as the Master Plan or later. If the City Council wishes to approve both the Master Plan and the Development Agreement at the same public hearing, the Master Plan would be approved by adoption of a resolution, which would become effective upon adoption. If approved at the same hearing, the Development Agreement would be approved by ordinance, which requires a second reading at a subsequent City Council hearing and would be effective 30 days later.



**TOPICAL RESPONSE NO. 7  
MASTER PLAN**

**Project Issue 13 - A hospital is needed on the east side of the City.**

The issue raised restates information contained in the Draft EIR, but does not raise an environmental issue within the meaning of CEQA. The EIR considered an alternative where construction of a second hospital campus with medical office buildings would occur at another location within the community. It was recognized that health care service needs exist elsewhere in the community as well, particularly on the east side of the Santa Clarita Valley. This alternative was determined not to be feasible because HMNMH has significant investment in its current location and is seeking to fully utilize the capacity of its existing hospital campus and infrastructure systems, which is centrally located within the Santa Clarita Valley.

**Project Issue 14 - Medical office buildings should be constructed someplace else. There is already enough medical office buildings on the hospital campus and vacant medical office buildings are located throughout the City, so no additional medical office space is needed on this hospital campus.**

The issue raised expresses the opinions of the commentator. One of the primary objectives of the HMNMH Master Plan is to design a medical campus with patients in mind by linking inpatient services and medical buildings in a single setting. Attachment 1 to these Topical Responses contains an analysis prepared by CB Richard Ellis of the current market for medical office building space in the Santa Clarita Valley.

**Project Issue 15 - Too much development is proposed on this site.**

The issue raised expresses the opinions of the commentator. The Master Plan makes use of an existing hospital campus. The proposed expansion of the hospital campus, as well as the existing hospital and medical office buildings, are capable of being served by existing infrastructure systems. Sufficient right-of-way exists along the project frontage to accommodate traffic generated as a result of the project and street improvements, such as right-turn lanes and bus turnouts are proposed to improve traffic efficiency. All buildings are set back minimum required distances from each other, the street, and from adjacent residential uses. Sufficient parking is proposed on-site to support the proposed use and landscape buffers and setbacks meet stringent City requirements. Pedestrian, transit and vehicle access can be accommodated from the public street and throughout the site in a safe, logical manner. The Fire Department and Sheriff's Department have reviewed the site plan and have indicated that the proposed Master Plan meets all of their requirements for access and safety. The size of the buildings and the design of the site plan meet all applicable City codes and policies; therefore, the size, design and operating characteristics of the proposed Master Plan uses meet all required development policies and standards of the City.

**Project Issue 16 - Medical office space does not need to be located near a hospital to attract top doctors.**

The operating characteristics of medical office uses are well-suited to be located in close proximity to hospitals. It is important that doctors be able to provide medical service to their patients in a hospital setting when needed. It is preferable that doctors be in close proximity to the hospital to better serve their patients and make better use of their time, rather than spending time traveling between facilities.

At the June 12, 2007, City Council meeting, the Council requested that staff provide information regarding existing hospital campuses in the Los Angeles area to determine how they compare with the HMNMH campus. To accomplish this task, City staff visited 16 hospitals in the Conejo and San Fernando Valleys in July 2007, to collect information regarding the campus characteristics. Using information provided by the



Office of Statewide Health Planning and Development (OSHPD), staff selected those hospital campuses that have a minimum of 100 beds or more and offer emergency care.

Among the data collected for each facility was whether one or more medical office buildings (MOBs) are located on a hospital campus. This determination was based on the field inspection, the review of aerial photos, and Los Angeles County Assessor's information. Medical office buildings were determined to be on-campus if they were located within the primary area of the hospital facility or on property immediately adjacent to the hospital. Medical office buildings separated by a thoroughfare from the hospital facility were not considered to be on-campus buildings. Of the 16 hospital campuses evaluated, all of them contain on-campus medical office buildings.

**Project Issue 17 - How do medical offices help the hospital?**

Medical office buildings provide needed support services that otherwise do not necessarily need to be offered within a hospital. Although many uses are best located within a hospital building, not all medical services, such as doctors' offices, diagnostic imaging facilities, lab specimen collection, doctor billing services and other such health care services as may need to be located within a hospital. The process for obtaining building permits is extensive and the cost of constructing hospitals is much higher, requiring State Office of Health Planning and Development (OSHPD) review and approval, whereas, medical office buildings require compliance only with local building codes and are reviewed and approved by the local municipality.

In August 2007, the City's consultant, Kurt Salmon Associates, prepared a response to a question regarding how health care delivery has changed over the years (i.e. procedures and surgeries that were once done on an inpatient basis are now outpatient). In their response, KSA stated that, "Over the last 50 years, the net affect of improved diagnostic and treatment technologies has been an overall increase in inpatient as well as outpatient demand. As the technologies improve, many procedures which are performed in the inpatient setting can be done in an outpatient building...On the inpatient side, the service areas that will see high growth are critical care beds, imaging, pharmaceutical services and lab testing; while on the outpatient side, demand for surgical services, imaging, chronic care, and outpatient cancer care may similarly experience very high growth." It is expected that the existing and future medical office buildings on the HMNMH campus will help to provide the full range of medical services on one integrated campus.

**Project Issue 18 - The medical office buildings take up land that could be used for expanding the hospital.**

The hospital could be constructed in a manner that takes up more ground space than what is currently proposed; however, as discussed above, without supportive medical office space in close proximity to the hospital, more of these services would need to be located within the hospital building at much greater cost. With construction of medical office buildings as part of the Master Plan, available capital is "freed up" for the hospital to maximize its health care delivery to the community, both in terms of new hospital facilities as well as expanded outpatient services. In addition, many services and functions typically tied to a hospital are conducted within medical office buildings. See response to Project Issue 17 above.

**Project Issue 19 - The only reduction in the Master Plan that has been proposed is to the hospital building, not medical office buildings.**

This statement is incorrect. Throughout the public hearing process, there have been multiple revisions and reductions to the proposed HMNMH Master Plan to medical office buildings, parking structures and hospital buildings. The project has undergone two major revisions from the original proposed project since the public hearing process began in October 2005. The original project consisted of the construction of three five-story inpatient buildings, a six-story administration building, three four-story medical office buildings, and four parking structures, up to five levels in height, along with other ancillary buildings over a 25-year time period





in two phases. The proposal also included the removal of 93,020 square feet of on-campus buildings, including the existing Nursing Pavilion. At full implementation, the total net square footage of the HMNMH Master Plan would have been 938,799 square feet.

Following the February 2006 Planning Commission meeting, the applicant redesigned the project and a revised Draft EIR was prepared for public circulation in September 2006. At that time, the project was revised to include three development phases over a 25-year time period to include two four-story medical office buildings, two three-story medical office buildings, two five-story inpatient buildings, a five-story hospital administration building, five parking structures and other ancillary buildings. The project would have required the removal of 29,220 square feet of existing building space. The total square footage of this revised master plan project would have been 916,611 square feet.

As part of the revised master plan presented to the Planning Commission in September 2006, the applicant made several revisions to both the height and the horizontal setback of the proposed buildings and parking structures located along the periphery of the hospital campus. Specifically, along the southwestern edge of the property, Medical Office Building 2 was reduced in height from four stories to three stories along McBean Parkway. The horizontal setback of Medical Office Building 2 from the adjacent single-family residential neighborhood was also increased. In addition, Parking Structure 3 was reduced in height, reoriented, and stepped-back to reduce the massing of the structure and its presence along the periphery of the campus and the adjacent residential properties. Medical Office Building 3, originally a four-story building proposed toward the center of the campus, was repositioned as a three-story building adjacent to Medical Office Building 2.

At the November 21, 2006, Planning Commission meeting, the applicant further revised the project that was presented in September 2006. The revisions included the removal of one of the four-story medical office buildings (MOB 4) totaling 90,000 square feet and a reduction in building height from four stories to three stories for Medical Office Building 1. With these revisions, the total net square footage at full Master Plan implementation would have been 837,211 square feet.

Prior to the start of the City Council hearings in June 2007, the applicant further reduced the scope of the HMNMH Master Plan by removing one of the parking structures (Parking Structure 5), one of the five-story inpatient buildings (Inpatient Building B) and the five-story hospital administration building. Later in 2007, Parking Structure 4 was redesigned to be a two-level subterranean structure. The current revised 2008 Master Plan will increase the existing square footage of the hospital campus from 340,071 square feet to 667,434 square feet, a 327,363 net square-foot increase over a 15-year timeframe. This represents a 56 percent decrease in new net square footage from the 2004 Master Plan proposal.

**Project Issue 20 - The hospital proposes to construct a 100-foot-high building that is inconsistent with the proposed Master Plan.**

The 125,363 square-foot Inpatient Building is proposed to be 85 feet in height to the top of the parapet and 100 feet in height to the top of the wind sock and elevator shaft. Pursuant to Santa Clarita Municipal Code Section 17.03.025, a Master Plan entitlement can be used for approval of both permitted and conditionally permitted uses within the underlying zone. Thus, approval of buildings exceeding the City's 35' height threshold can be approved in the Master Plan. The proposed height of the Inpatient Building does not pose an inconsistency with the Master Plan.

**Project Issue 21 - Three operating rooms (a fourth to be added in 2009) for the Master Plan does not provide appropriate health care for the community. This is less than any other hospital in northern Los Angeles County. The way to attract doctors is through operating rooms.**



The hospital currently has four operating rooms in the main hospital that are used for inpatients. Additionally, the hospital operates an ambulatory care center next to the hospital campus that includes an outpatient surgical center that also has four operating rooms and two gastroenterology labs for their dedicated purpose. It is anticipated that two-to-four additional operating rooms will be added as part of the Master Plan.

The full number of operating rooms that will be needed when the addition is designed has not been finalized; however, the HMNMH is committed to a minimum of a 50% increase in the number of inpatient operating rooms. Attachment 2 to these Topical Responses contains a letter from HMNMH dated October 8, 2008 regarding the need for operating rooms and the hospital campus.

**Project Issue 22 - Trauma victims utilizing the parking structure helipad would be unduly exposed to the elements and take too long to get to the hospital emergency room.**

The first helipad to be built on top of the first parking structure (PS1) will be designed to land the helicopter on the highest platform ramp, unload the patient directly to a “covered” transport vehicle, descend down a special transport elevator, exit the elevator and transport 90 seconds to the emergency room ambulance entrance. The vehicle to be used is specially designed for this function and is operated at safe speeds that will not be a danger to the operator, patient, or emergency response personnel.

**Project Issue 23 - The new cardiac catheterization lab may be archaic because 64-cut scan technology may virtually eliminate it before it opens and the cath lab will not do stints or angioplasty, so paramedics will not bring heart attack victims to the emergency room.**

HMNMH has evaluated both Coronary Computed Tomography (CCT) and the need for a Cardiac Cath Lab at HMNMH. Both technologies are in place and the HMNMH believes both will be needed for the foreseeable future for diagnosis and treatment of coronary artery disease. Los Angeles County implemented Cardiac Receiving Center (CRC) criteria in 2007. At this time, HMNMH does not meet the criteria to be a CRC, but the hospital does intend to apply for this designation in the future.

**Project Issue 24 - There is insufficient parking. Why is it that the parking studies says that existing Code requires 950 spaces and that there are currently 1,114 spaces on site, yet people cannot find a place to park?**

There are certain parking areas within the hospital campus that are now full during peak times, which is why people believe there is a parking deficit. These parking areas are located generally between McBean Parkway and the hospital or MOB1s and contain the spaces of first choice. The largest of these lots has attendant-assisted parking that manages the supply for greater efficiency and convenience of patrons to the hospital campus. Essentially, a hospital campus visitor can leave their vehicle with an attendant in this lot even if a space is not immediately, or conveniently available. The lots toward the “back” of the site are slightly less utilized, which is why there has been determined to be parking surpluses to varying degrees.

**Project Issue 25 - Cars that cannot find a space and do not want to pay G&L’s parking fees park will park in the surrounding neighborhoods and people will not be able to park in front of their houses.**

On-campus parking provided as part of the HMNMH Master Plan is consistent with the City’s Unified Development Code parking requirements and will ensure that employees, patients and visitors to the campus will be able to find adequate parking. A total of 2,231 parking spaces will be provided at project completion, and each stage of Master Plan development is required to meet required parking. In addition, parking for all existing medical office buildings will be upgraded to meet the current City standard of one parking space for each 200 square feet of floor area (as defined in the City’s UDC) prior to occupancy of MOB1.



Currently, gated parking and paid parking is restricted as a part of the HMNMH Master Plan. The Conditions PL18 of the project Conditions of Approval for the HMNMH Master Plan Project states as follows:

PL19. With the exception of the existing 48 gated, surface parking spaces designated for physician use, no gating of parking spaces is authorized under the Master Plan approval.

Should the HMNMH wish to propose gated parking and/or paid parking at some point in the future, they will be required to submit a Minor Use Permit request to be reviewed and approved by the Santa Clarita City Council, per Development Agreement Section 6. This language is restated below:

6. Parking. During the Term of this Agreement, Developer shall not (i) gate any entrances to surface parking areas (other than the Existing Gated Areas for physician parking) or Parking Structures on the Campus Property or (ii) charge any patients or visitors for parking on the Campus Property unless: (a) in the case of any proposed gating of parking entrances, Developer hereafter files an application with the City for a minor use permit of such gating, which application must be submitted to the City Council for its review and approval; and (b) in the case that Developer hereafter proposes to charge patients or visitors for parking on the Campus Property, Developer files an application with the City for approval of the right to institute such parking charges, which application must be submitted to the City Council for its review and approval.

The Development Agreement requirement for the review and approval of a Minor Use Permit to allow for future gated parking on the hospital campus is above and beyond the processing requirements for Minor Use Permits as stated in the City's Unified Development Code. Minor Use Permits require a public hearing before the City's Planning Commission only if opposition is received during the noticing period. Consideration of a Minor Use Permit by the City Council would only occur if the matter is appealed or called up by a councilmember. The Development Agreement for the HMNMH Master Plan project requires a higher level of discretion in automatically requiring City Council review and approval for the Minor Use Permit.

**Project Issue 26 - In accordance with the UDC, Master Plans must comply with Section 17.03.025.M regarding development standards of the underlying zone, compatible design to existing and potential development and protection of surrounding areas in the immediate vicinity.**

The zoning designation for the project site is Residential Los (RL). This zone is intended primarily for single-family detached homes; however, the RL zone also permits hospitals and related uses with the approval of a Master Plan. The Master Plan includes a request to accommodate buildings exceeding 35 feet in height. The UDC also specifies that all structures related to public and semi-public uses, including hospitals, that are located in or adjacent to residential zones have a twenty-five (25) foot setback from adjacent developed residentially zoned properties. The proposed project exceeds this standard with the closest structures ranging from approximately 75' to 240+' from existing homes. Many of the homes located adjacent to the hospital campus are at a higher elevation, some up to 80±' higher than the hospital ground level. The enhanced building setbacks, when considered in conjunction with the higher building heights, meet the intent, if not the letter, of the City's development standards. Creation of height zones across the 30.4-acre campus take into consideration adjacent grade differences. Stepped and reduced building heights have been provided along the west/southwest edge of the campus. A solid wall is proposed along the west/southwest edge of the campus for privacy of the adjacent residential uses along with enhanced perimeter landscaping. Construction activities will be screened with opaque material as viewed from adjacent residential uses. With approval of the Master Plan, the proposed HMNMH expansion will be consistent with the zoning of the site and all development standards required under the City's UDC.



**Project Issue 27 - All access to Henry Mayo Hospital is from McBean Parkway. If that street is shut down because of something like a broken water main, people cannot get to the hospital.**

The HMNMH campus is located on McBean Parkway, a six-lane major highway as defined in the City's General Plan Circulation Element. The hospital campus does not have a single means of access as vehicular traffic may enter or exit the campus on McBean Parkway or Orchard Village Road. Three existing driveways provide access to the campus at (1) Avenida Navarre, (2) the intersection of Orchard Village Road, and (3) the far western edge of the campus. Three points of access are also proposed as part of the Master Plan.

**Project Issue 28 - None of the requirements addressing noise previously applied to heliport operations are now being required of the Master Plan.**

Cities have very little regulatory authority over heliport operations. California Public Utilities Code 21662.4(a) specifically exempts cities from regulating the number of flight departures and arrivals based on the aircraft's noise level. As stated in previous staff reports prepared for the Master Plan, the Hospital obtained approval of a Minor Use Permit (MUP) from the Planning Commission in December of 2004 to construct a temporary elevated heliport at the rear of the existing hospital near the existing emergency room. That permit expired in 2007. At the September 23, 2008, City Council meeting, a member of the public voiced concern that specific conditions of approval for the now expired 2004 Minor Use Permit for the construction and operation of an elevated heliport structure on the hospital campus were not included in the HMNMH Master Plan Conditions of Approval. Although these issues are already regulated by existing federal, state and local mandates, to address this concern, the following three conditions have been added into the Conditions of Approval, as follows:

PL9. The applicant shall comply with all requirements of OSHPD (Office of Statewide Health Planning and Development) with regard to operation of the heliports.

PL10. The applicant shall conduct a noise study within three months of construction of the heliport on Parking Structure 1 and the Inpatient Building to ensure compliance with all applicable Federal, State and local standards. This noise study shall conform to the standards, methodology and scope of the Helicopter Noise Analysis conducted for the Henry Mayo Newhall Memorial Hospital by BridgeNet International.

PL11. The applicant shall store all chemicals in compliance with the applicable standards relating to the storage of hazardous chemicals and shall obtain the appropriate approvals from the Los Angeles County Fire Department, OSHPD, and other affected agencies for the storage of hazardous chemicals relating to a heliport.



**TOPICAL RESPONSE NO. 8  
MISCELLANEOUS QUESTIONS & COMMENTS**

**Miscellaneous Issue 1 – The proposed OVOV designation of the hospital site as “institutional” is inappropriate because the hospital site has always been designated as Low Density Residential. The new General Plan will only bring rapid growth to a city that is already landlocked with traffic that cannot be mitigated.**

The hospital campus has not always been designated for residential land use. The hospital was originally permitted under Los Angeles County jurisdiction in 1971, prior to the City of Santa Clarita’s incorporation in December 1987. At that time, the County zoning designations for the two properties that comprise the HMNMH medical campus were Commercial Planned Development and Heavy Agriculture. Following City incorporation, the City adopted the Santa Clarita General Plan to govern its jurisdictional area in 1991, and adopted the Unified Development Code in 1992 as an implementation tool of the General Plan.

Upon adoption of the 1991 City of Santa Clarita General Plan, the land use designation for the two campus properties changed from Commercial Planned Development (CPD) and Heavy Agriculture (A-2-5) to Residential Low (RL), which is still in place. In November 1992, the City’s Unified Development Code was adopted by the City Council to serve as the implementation tool of the General Plan. The City’s Zoning Map mirrors the land use designations of the General Plan on a property-specific basis. Therefore, in order to be consistent with the City’s General Plan, the Henry Mayo Newhall Memorial Hospital campus received a zoning designation of Residential Low (RL). At present, the City of Santa Clarita does not have an Institutional land use designation; therefore, land uses such as schools, fire stations, sheriff stations and hospitals are often designated a residential land use when located in residential areas.

One Valley One Vision is a joint effort between the County of Los Angeles and the City of Santa Clarita to create a single vision and guidelines for the future growth of the Valley and the preservation of natural resources. Initiated in 2000, the result of this project will be a General Plan document and Environmental Impact Report (EIR) for the buildout of the entire Santa Clarita Valley. Both the City and County have their own General Plans; but each has become outdated and no longer addresses the current concerns of the Santa Clarita Valley, especially as the Valley has grown rapidly during the past decade. As part of this work effort, a draft land use map has been prepared for the planning area which offers an Institutional land use designation for uses such as civic and governmental offices, public works yards, public or private schools, libraries, day care centers, hospitals, museums, fire stations, police stations, landfills, and prisons. On this draft land use map, the HMNMH campus is proposed to be designated to reflect the built conditions and operations of the site. It is important to note that this land use map is in draft form and has not been formally considered or adopted by the City or County decision-making bodies at this time.

**Miscellaneous Issue 2 - Eminent domain is hidden in the conditions of approval and called a Resolution of Necessity. Reports reviewed by the state say that eminent domain is required to mitigate traffic.**

Eminent domain is not required for the implementation of the HMNMH Master Plan project or needed to mitigate traffic impacts along McBean Parkway. At the June 12, 2007, City Council meeting, staff was directed by the City Council to explore additional engineering options to increase the McBean Parkway right-of-way for this improvement, without having to affect the existing single-family residences at the southwest corner of the intersection. Subsequent to this direction, staff concluded that by taking up to 12 additional feet along the HMNMH/G&L properties, McBean Parkway could be realigned to create space on the southern side for a right-turn pocket onto Orchard Village Road. For this reason, residential eminent domain is not required for future roadway improvements.



At the September 23, 2008, City Council meeting, some public concern was raised regarding the Conditions of Approval, specifically the language in Condition EN 4, a standard Department of Public Works (Engineering Division) condition of approval placed on most projects in the City which require acquisition of easements for roadway improvements or off-site infrastructure improvements. This condition referenced the City's ability to exercise acquisition of property for easements or right-of-way for public improvements. This standard condition has been removed from the project Conditions of Approval as the storm drain and sewer improvement studies prepared for the project have concluded that no additional off-site easements are needed. The City will have no need to exercise eminent domain for the HMNMH Master Plan project.

**Miscellaneous Issue 3 - Is excluding the requirement for a CUP under the Master Plan legal?**

Given that the Master Plan entitlement covers all proposed requests related to the hospital use, helipad operation, dirt exportation, and building heights, the Conditional Use Permit request submitted in August 2004 prior to the City's establishment of a Master Plan entitlement in January 2005, was eliminated as one of the required entitlements because it is redundant. This has not changed the scope of the project, but instead has streamlined the entitlement package. Pursuant to Santa Clarita Municipal Code Section 17.03.025, a Master Plan entitlement can be used for approval of both permitted and conditionally permitted uses within the underlying zone. Thus, approval of buildings exceeding 35 feet in height and helipad operations can be approved in the Master Plan itself, obviating an additional conditional use permit entitlement. The Master Plan request is inclusive of the medical campus expansion, buildings that exceed the Unified Development Code's 35' height threshold, dirt exportation and helipad operation.

**Miscellaneous Issue 4 - It is clear that when Section L, grounds for revocation of Mater Plans was drafted in the UDC, the idea that profit and non-profit applicants would never be co-mingled.**

The provisions for a Master Plan entitlement, as specified in Santa Clarita Municipal Code Section 17.03.025, do not consider the status of an applicant – whether private, public or non-profit entity. It would be inappropriate for the City to distinguish between the for-profit and non-profit components of this project. The only requirement is that persons or entities having a legal interest in property authorize the processing of the land use entitlements submitted. The City is tasked with processing the entitlement through the public hearing process, ensuring that it complies with all required codes, standards and policies. All provisions of the Master Plan entitlement apply to the proposed project, regardless of the number of applicants involved or their status.

**Miscellaneous Issue 5 - The recent amendment of the Valencia Bridge and Thoroughfare District gave a 2.2 million dollar gift of public funds to G&L Realty for improvements to Orchard Village Road and McBean Parkway. There was no staff report or public testimony on the decision to revise the Valencia B&T District to include these improvements.**

On September 9, 2008, the City Council voted on Agenda Item 13 to approve an amendment to the Valencia Bridge and Major Thoroughfare Construction Fee District (B&T District). The amendments were necessary to update the District so that sufficient funds will be collected to construct all of the highway system improvements identified in the Circulation Element of the General Plan. Improvements funded through the District include, but are not limited to, new and improved roadways, bridges, intersections and interchanges. Updating the B&T District provides an equitable financing mechanism by which new development within an identified area would share the cost of providing full-mitigation transportation improvements. This type of funding district levies an assessment in proportion to the estimated number of vehicle trips generated by a new development.

The 2008 amendment to the B&T District includes, among other things, the realignment of McBean Parkway at Orchard Village Road in order to accommodate a new eastbound right-turn lane, as well as a fourth westbound through lane at the intersection of McBean Parkway and Valencia Boulevard. The Hospital



Master Plan will contribute its fair share toward the cost of these improvements through payment of B&T District fees. In addition to payment of these fees, all street improvements constructed along the McBean Parkway frontage by the applicant as a part of the Master Plan would be required at the ultimate right-of-way location needed to accommodate the future realignment. This eliminates any “throw away” costs that would otherwise be incurred as a result of tearing up right-turn lanes and bus turnouts along the project frontage that would be necessary for the realignment. According to the project traffic study, the McBean Parkway/Orchard Village Road and McBean Parkway/Valencia Boulevard intersection improvements are not needed as a result of project-generated traffic. While the project does contribute to cumulative traffic impacts at these two intersections, including the improvements in the B&T District is not a gift of public funds; it does, however, provide assurance that a funding source will be in place to pay for the improvements when they are needed.

**Miscellaneous Issue 6 - True disaster readiness under the Master Plan would be delayed for 10 or 15 years.**

The issue raised expresses the opinion of the commentator. HMNMH is one of 13 Los Angeles County Disaster Resource Centers. The Disaster Resource Program is a model of Metropolitan Medical Response developed by Los Angeles County Department of Health Services Emergency Medical Services Agency. It is not enough to plan for a single event. Flexibility to respond to combinations of escalating events is needed. Several factors need to be managed to maintain viability and continue to render services. Those areas are: communication, resources and assets, safety and security, staffing, utilities management, and the continuation of clinical activities.

The most crucial activities that must take place during an emergency are those related to patient care, which includes transporting patients. Establishing and maintaining helipad operations for emergency and disaster preparedness is proposed as part of the Master Plan. The first helipad would be constructed as a part of Parking Structure 1, which would be the first structure built under the Master Plan. A second helipad would be constructed as part of the Inpatient Building, which would provide more efficiency all for emergency operations requiring this function. Once the second helipad is constructed and in operation, the only time both helipads would be used would be in the case of a true disaster, otherwise, only the Inpatient Building helipad would be used. Currently, the City’s only hospital contains no such emergency helipad services. Therefore, construction of the Master Plan would help improve disaster readiness in the City starting from construction of the very first structure.

**Miscellaneous Issue 7 - In order to get additional beds, Henry Mayo eliminated TCU and now seniors have to go over the hill to recuperate.**

The Development Agreement for the HMNMH Master Plan project requires HMNMH to continue to participate in City’s TCU Task Force and contribute \$250,000 for the feasibility, siting and construction of a facility or other senior health care needs. Specifically, the sum of \$50,000 shall be paid upon the effective date of the Development Agreement, followed by annual installments of \$50,000 on the anniversary date of the effective date.

In addition, the HMNMH, in August 2007, prepared a series of responses to issues and questions posed by the Santa Clarita City Council and the public regarding the status of the Transitional Care Unit. Below are the questions and responses that provide additional information on this topic:

**Explore the feasibility of keeping the Transitional Care Unit open on the HMNMH campus until a long-term permanent home is found for this facility.**

The Transitional Care Unit (TCU), a licensed skilled nursing unit, is operated by the Hospital to serve patients who no longer need hospitalization. The space the TCU occupies in the Hospital's



Pavilion building meets the State's stringent requirements for hospital beds (the Hospital's original intent for that space was that it eventually be converted to hospital beds at the time the community needs it).

An analysis completed by the Hospital almost two years ago quantified the need to convert the TCU to hospital beds, and the Hospital advocates for this conversion in order to meet the needs of the community's sickest, most fragile patients. The Hospital continues to monitor the growing need for hospital beds. The Hospital averaged ten patients per day in the ER during the last six months [in 2007] who were waiting for a hospital bed for an extended period of time - 2-3 days in some cases.

Plans for safe transfer of patients needing skilled nursing care were developed. Public concern arose surrounding the adequacy of local skilled nursing beds - only one other facility besides Henry Mayo provides such care in the Santa Clarita Valley. Therefore, the Hospital focused attention on working with the community to bring other skilled nursing options into the Santa Clarita Valley to provide the residents with a choice.

#### **How many TCU beds are empty on an average day?**

The number of TCU patients at Henry Mayo declined by about 30% in the last 45 years. This decline is due to community-based nursing homes having developed extensive services that allow longer stays for post-hospitalization, rehab care, and other providers such as certified Home Health Agencies, outpatient infusion centers, not previously available. On average, 8-10 beds (of the total 27 beds) are vacant in the TCU every day.

The TCU Task Force has reviewed the need for and explored the solution of replacing the TCU in the Santa Clarita Valley. The Hospital participation has included Hospital Board members, two Foundation Board members and CEO. Other leaders and interested parties have also served on this Task Force.

The Hospital has been an active supporter of the Task Force. The Hospital initiated a feasibility study for building a replacement, free-standing TCU and initiated discussions with known operators and developers of TCU facilities. Other members of the Task Force also initiated discussions and the Hospital has willingly shared data and expressed the intent to "partner" with any reputable owner/developer of a replacement TCU.

#### **Miscellaneous Issue 8 – How many total parking spaces will be provided in surface parking lots and the first level of parking structures?**

A total of 673 parking spaces will be provided on the first level/surface level of parking throughout the hospital campus. This is comprised of the following:

Parking Structure 1	144
Parking Structure 2	95
Parking Structure 3	70
Parking Structure 4	56
Surface Parking (General)	253
Surface Parking (for Physicians – currently gated)	48
Surface Parking (for Emergency Room)	<u>7</u>
TOTAL:	673





**Miscellaneous Issue 9 - What are the helipad rules?**

The rules and regulations for the placement and operation of a hospital helipad are controlled by Federal, State and local government. Both the Federal Aviation Administration (FAA) and California Department of Transportation (Caltrans), Division of Aeronautics are responsible for the oversight of the design and operation of the facility. This includes helipad design, lighting, flight paths and safety measures. In addition, the State of California Public Utilities Code regulates emergency aircraft flights for medical purposes. California Public Utilities Code Section 21662.4(a) specifically exempts emergency aircraft flights from local ordinances adopted by a city that restrict flight departures and arrivals to particular hours of the day or night or that restrict the departure or arrival of aircraft based upon the aircraft's noise level. Cities control land use which is implemented by General Plan policies and zoning criteria that permit the location and operation of helipad facilities through the entitlement process.

**Miscellaneous Issue 10 – Does Alternative No. 3, Reduced Height Inpatient Building, result in similar environmental impacts as compared to the proposed project?**

Alternative 3 consists of construction of MOB's 1-3, plus a four-story Inpatient Building and supporting facilities, which would include the same number of hospital beds. The overall height of the Inpatient Building would be reduced from 85 feet to 70 feet. To account for the decreased building height, an additional 12,800 square feet of building area would increase overall project site development associated with a larger building footprint for the Inpatient Building.

Parking requirements would remain the same under this Alternative as the number of licensed beds and square footage devoted to outpatient services would not change. At 14 vehicle trips per 1,000 square feet of new hospital building area, the increase in square footage would account for an additional 180 vehicle trips per day, which would be an increase of 10% in hospital-related trips, or a 2.4% increase per day for the entire project. Increased traffic would have a corresponding increase in air quality impacts. However, in reality, recognizing that the hospital operations that would occur within the four-story inpatient building alternative will not vary from those expected to occur in the proposed five-story inpatient building, the additional square footage will not likely generate additional traffic. Although square footage is the standard measurement used to gauge traffic generation, in this case, the functionality of the inpatient building is a better indicator of vehicle trips. Therefore, there would likely be no increase in vehicle trips with the four-story inpatient building alternative.

Building setbacks from adjacent property lines would remain unchanged; however, soil excavation associated with the increased building footprint would increase. The reduction in building height under Alternative Three would slightly reduce the building's visual impacts as seen from the rear property line along some residences in the Summit neighborhood. Noise impacts on nearby residences from helipad operations would slightly increase due to the additional time needed for helicopters to take off and/or hover over the area prior to landing.

Utility consumption and solid waste would increase slightly with the additional building footprint and floor area. Overall, other environmental impacts, including land use, population and employment, aesthetics, light and glare, hazards and hazardous materials, sheriff and fire protection services, and hydrology and water quality associated with reducing the height of the Inpatient Building would remain unchanged. In summary, impacts associated with traffic, air quality, noise, solid waste, utilities and grading under the Reduced Height Inpatient Building would be slightly increased.



**Issue 11 - List all mitigating factors to address impacts on the surrounding neighborhoods.**

The Master Plan has been designed to avoid land use impacts on the surrounding neighborhood through:

- (1) Creation of height zones across the 30.4-acre campus that takes into consideration adjacent grade differences;
- (2) Provision of only subterranean and surface parking at the main entrance to the hospital at Orchard Village Road in order to reduce building massing;
- (3) Reduction of the number of new medical office buildings from four MOBs, one four-story hospital administration building, two Inpatient buildings and five parking structures to three MOBs, one Inpatient Building and three above-ground parking structures;
- (4) Reduction of the height of MOBs from four to three stories;
- (5) Placement of new buildings and parking structures set back from property lines;
- (6) Stepped and reduced building heights along the west/southwest edge of the campus;
- (7) Construction of a solid wall along the west side of PS3 to control vehicle noise and maintain residents' privacy;
- (8) Roof-mounted equipment screening to reduce noise impacts;
- (9) Enhanced architectural design on all building and parking structure facades to soften appearances;
- (10) Enhanced perimeter landscaping, including planting of mature trees along the western property line to screen improvements from existing residences;
- (11) Limitation of construction-related traffic on surrounding streets, including off-site earth moving operations to non-peak hours of 9:00 a.m. to 2:00 p.m.;
- (12) Pedestrian access is accommodated from the public street and throughout the site to minimize unnecessary vehicle trips; and
- (13) Provision of screening of construction activities with opaque material as viewed from adjacent residential uses.