File No. 120357 Committee Item No. 5
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

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Board of Supervisors Meeting **Date** _____

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Completed by: Alisa Miller **Date** June 22, 2012
Completed by: _____ **Date** _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document can be found in the file.

[Planning Code - Increase Maximum Floor Area Ratios and Create the Van Ness Medical Use Subdistrict Within the Van Ness Special Use District - California Pacific Medical Center: Cathedral Hill Campus]

Ordinance amending the San Francisco Planning Code by: 1) amending Section 124 to allow a floor area ratio of 9:1 for a hospital and 7.5:1 for a medical office building within the Van Ness Special Use District, Medical Use Subdistrict; 2) amending Section 243 to include the establishment of the Van Ness Medical Use Subdistrict and associated controls; and 3) adopting findings, including environmental findings, Planning Code Section 302 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

NOTE: Additions are *single-underline italics Times New Roman*; deletions are ~~*strike-through italics Times New Roman*~~. Board amendment additions are double-underlined; Board amendment deletions are ~~strikethrough normal~~.

Be it ordained by the People of the City and County of San Francisco:

Section 1. Findings. The Board of Supervisors of the City and County of San Francisco hereby finds and determines that:

(a) On April 26, 2012, by Motion No. 18588, the Planning Commission certified as adequate, accurate and complete the Final Environmental Impact Report ("FEIR") for the California Pacific Medical Center Long-Range Development Plan. A copy of Planning Commission Motion No. 18588 is on file with the Clerk of the Board of Supervisors in File No. 120357. In accordance with the actions contemplated herein, this Board has reviewed the FEIR, and adopts and incorporates by reference as though fully set forth herein the findings, including a statement of overriding considerations and mitigation monitoring and reporting program, pursuant to the California Environmental

Quality Act (California Public Resources Code section 21000 et seq.), adopted by the Planning Commission on April 26, 2012 in Motion No. 18589. Said Motion is on file with the Clerk of the Board of Supervisors in File No. 120357.

(b) On April 26, 2012, the Planning Commission conducted a duly noticed public hearing on the proposed Planning Code amendments and, by Resolution No. 18597, recommended them for approval. The Planning Commission found that the proposed Planning Code amendments were, on balance, consistent with the City's General Plan, as it is proposed for amendment, and with Planning Code Section 101.1(b). A copy of said Resolution is on file with the Clerk of the Board of Supervisors in File No. 120357 and is incorporated herein by reference.

(c) Pursuant to Planning Code Section 302, this Board finds that these Planning Code amendments will serve the public necessity, convenience, and welfare for the reasons set forth in Planning Commission Resolution No. 18597 and the Board incorporates such reasons herein by reference. A copy of Planning Commission Resolution No. 18597 is on file with the Clerk of the Board of Supervisors in File No. 120357.

(d) The Board finds that these Planning Code amendments are on balance consistent with the San Francisco General Plan, as it is proposed to be amended, and with the priority policies of Planning Code Section 101.1 for the reasons set forth in Planning Commission Motion No. 18592 and the Board hereby incorporates such reasons herein by reference.

Section 2. The San Francisco Planning Code is hereby amended by amending Section 124, to read as follows:

(a) Except as provided in Subsections (b), (c), and (e) of this Section, the basic floor area ratio limits specified in the following table shall apply to each building or development in the districts indicated.

[TABLE 124 omitted; no changes to table]

(b) In R, NC, and Mixed Use Districts, the above floor area ratio limits shall not apply to dwellings or to other residential uses. In Chinatown Mixed Use Districts, the above floor area ratio limits shall not apply to institutions, and mezzanine commercial space shall not be calculated as part of the floor area ratio.

(c) In a C-2 District the basic floor area ratio limit shall be 4.8 to 1 for a lot which is nearer to an RM-4 or RC-4 District than to any other R District, and 10.0 to 1 for a lot which is nearer to a C-3 District than to any R District. The distance to the nearest R District or C-3 District shall be measured from the midpoint of the front line, or from a point directly across the street therefrom, whichever gives the greatest ratio.

(d) In the Van Ness Special Use District, as described in Section 243 of this Code, the basic floor area ratio limit shall be 7.0 to 1 where the height limit is 130 feet and 4.5 to 1 where the height limit is 80 feet. *Within the Van Ness Medical Use Subdistrict, the basic floor area ratio limit shall be 9.0 to 1 for a hospital and 7.5 to 1 for a medical office building, subject to Conditional Use Authorization for a hospital, medical center or other medical institution.*

(e) In the Waterfront Special Use Districts, as described in Sections 240 through 240.3 of this Code, the basic floor area ratio limit in any C District shall be 5.0 to 1.

(f) For buildings in C-3-G and C-3-S Districts other than those designated as Significant or Contributory pursuant to Article 11 of this Code, additional square footage above that permitted by the base floor area ratio limits set forth above may be approved for construction of dwellings on the site of the building affordable for 20 years to households whose incomes are within 150 percent of the median income as defined herein, in accordance

with the conditional use procedures and criteria as provided in Section 303 of this Code. For buildings in the C-3-G District designated as Significant or Contributory pursuant to Article 11 of this Code, additional square footage above that permitted by the base floor area ratio limits set forth above up to the gross floor area of the existing building may be approved, in accordance with the conditional use procedures and criteria as provided in Section 303 of this Code, where: (i) TDRs (as defined by Section 128(a)(5)) were transferred from the lot containing the Significant or Contributory building prior to the effective date of the amendment to Section 124(f) adding this paragraph when the floor area transferred was occupied by a non-profit corporation or institution meeting the requirements for exclusion from gross floor area calculation under Section 102.9(b)(15) of this Code; (ii) the additional square footage includes only the amount necessary to accommodate dwelling units and/or group housing units that are affordable for not less than 50 years to households whose incomes are within 60 percent of the median income as defined herein together with any social, educational, and health service space accessory to such units; and (iii) the proposed change in use to dwelling units and accessory space and any construction associated therewith, if it requires any alternation to the exterior or other character defining features of the Significant or Contributory Building, is undertaken pursuant to the duly approved Permit to Alter, pursuant to Section 1110; provided, however, that the procedures otherwise required for a Major Alteration as set forth in sections 1111.2 - 1111.6 shall be deemed applicable to any such Permit to Alter.

(1) Any dwelling approved for construction under this provision shall be deemed a "designated unit" as defined below. Prior to the issuance by the Director of the Department of Building Inspection ("Director of Building Inspection") of a site or building permit to construct any designated unit subject to this Section, the permit applicant shall notify the Director of Planning and the Director of Property in writing whether the unit will be an owned or rental unit as defined in Section 401 of this Code.

(2) Within 60 days after the issuance by the Director of Building Inspection of a site or building permit for construction of any unit intended to be an owned unit, the Director of Planning shall notify the City Engineer in writing identifying the intended owned unit, and the Director of Property shall appraise the fair market value of such unit as of the date of the appraisal, applying accepted valuation methods, and deliver a written appraisal of the unit to the Director of Planning and the permit applicant. The permit applicant shall supply all information to the Director of Property necessary to appraise the unit, including all plans and specifications.

(3) Each designated unit shall be subject to the provisions of Section 413 of this Code. For purposes of this Subsection and the application of Section 413 of this Code to designated units constructed pursuant to this Subsection, the definitions set forth in Section 401 of this Code shall apply, with the exception of the following definitions, which shall supersede the definitions of the terms set forth in Section 401:

(A) "Base price" shall mean 3.25 times the median income for a family of four persons for the County of San Francisco as set forth in California Administrative Code Section 6932 on the date on which a housing unit is sold.

(B) "Base rent" shall mean .45 times the median income for the County of San Francisco as set forth in California Administrative Code Section 6932 for a family of a size equivalent to the number of persons residing in a household renting a designated unit.

(C) "Designated unit" shall mean a housing unit identified and reported to the Director by the sponsor of an office development project subject to this Subsection as a unit that shall be affordable to households of low or moderate income for 20 years.

(D) "Household of low or moderate income" shall mean a household composed of one or more persons with a combined annual net income for all adult members

which does not exceed 150 percent of the qualifying limit for a median income family of a size equivalent to the number of persons residing in such household, as set forth for the County of San Francisco in California Administrative Code Section 6932.

(E) "Sponsor" shall mean an applicant seeking approval for construction of a project subject to this Subsection and such applicants' successors and assigns.

(g) The allowable gross floor area on a lot which is the site of an unlawfully demolished building that is governed by the provisions of Article 11 shall be the gross floor area of the demolished building for the period of time set forth in, and in accordance with the provisions of, Section 1114 of this Code, but not to exceed the basic floor area permitted by this Section.

(h) In calculating the permitted floor area of a new structure in a C-3 District, the lot on which an existing structure is located may not be included unless the existing structure and the new structure are made part of a single development complex, the existing structure is or is made architecturally compatible with the new structure, and, if the existing structure is in a Conservation District, the existing structure meets or is made to meet the standards of Section 1109(c), and the existing structure meets or is reinforced to meet the standards for seismic loads and forces of the 1975 Building Code. Determinations under this Paragraph shall be made in accordance with the provisions of Section 309.

(i) In calculating allowable gross floor area on a preservation lot from which any TDRs have been transferred pursuant to Section 128, the amount allowed herein shall be decreased by the amount of gross floor area transferred.

(j) Within any RSD, SPD, SLR, SLI or SSO District, live/work units constructed above the floor area ratio limit pursuant to Section 102.9(b)(19) of this Code shall be subject to the following conditions and standards:

(1) Considering all dwelling units and all live/work units on the lot, existing and to be constructed, there shall be no more than one live/work unit and/or dwelling unit per 200 square feet of lot area, except that, for projects in the RSD District which will exceed 40 feet in height, and therefore are required to obtain conditional use approval, the allowable density for dwelling units and live/work units shall be established as part of the conditional use determination; and

(2) The parking requirement for live/work units subject to this subsection shall be equal to that required for dwelling units within the subject district.

Section 3. The San Francisco Planning Code is hereby amended by amending Section 243, to read as follows:

SEC. 243. VAN NESS SPECIAL USE DISTRICT.

(a) General. A Special Use District entitled the Van Ness Special Use District, the boundaries of which are shown on Sectional Map No. ~~*2SU*~~ *SU02* of the Zoning Map, is hereby established for the purposes set forth below.

(b) Purposes. In order to implement the objectives and policies of the Van Ness Avenue Area Plan, a part of the General Plan, which includes (i) creation of a mix of residential and commercial uses on the boulevard, (ii) preservation and enhancement of the pedestrian environment, (iii) encouragement of the retention and appropriate alteration of architecturally and historically significant and contributory buildings, (iv) conservation of the existing housing stock, ~~and~~ (v) enhancement of the visual and urban design quality of the street, *and (vi) the establishment of an area appropriate for a medical center use (the "Van Ness Medical Use Subdistrict") to support citywide and regional health care at the transit nexus of Van Ness Avenue and Geary Boulevard;* the following controls are imposed in the Van Ness Special Use District.

(c) Controls. All provisions of the City Planning Code applicable to an RC-4 District shall apply except as otherwise provided in this Section.

(1) **Basic Floor Area Ratio.** The basic floor area ratio limit shall be 7.0 to 1 in the 130-foot height district and 4.8:1 in the 80-foot height district. These limits shall apply to dwellings notwithstanding Section 124(b) of this Code, including floor space used for nonaccessory off-street parking, driveways, and maneuvering areas. *The floor area ratio may be increased to up to 9:1 for a hospital and up to 7.5:1 for a medical office building if located within the Van Ness Medical Use Subdistrict.* For definitions of floor area ratio and gross floor area, see Sections 102.11 and 102.9, respectively. The provisions allowing a floor area premium set forth in Section 125(a) shall not apply in the Van Ness Special Use District.

(2) **Housing Density.** The restrictions on density set forth in Sections 207, 207.1, 208, 209.1 and 209.2 of this Code shall not apply.

(3) **Height and Bulk Restrictions.** See Height and Bulk Map No. ~~2H~~ *HT02*. See Section 270 of this Code for bulk limits. *However, medical centers within the Van Ness Medical Use Subdistrict subject to otherwise applicable standards for bulk limits per Section 270 and 271(C)(2) shall be permitted to exceed such standards to allow for unique massing and volume required for medical facilities, if authorized as a conditional use pursuant to Section 303 of this Code, in lieu of findings otherwise required under Section 271 of this Code.*

(4) Awnings, canopies and marquees. Awnings, canopies and marquees, as defined in Sections 790.20, 790.26 and 790.58 of this Code, and further regulated by the Building Code and Sections 243(c)(5), 136.2 and 607.3 of this Code, are permitted. *However, medical centers within the Van Ness Medical Use Subdistrict subject to otherwise applicable standards for awnings per Section 136.1 of this Code shall be permitted to exceed such standards to allow for coverage of patient drop-off and entry areas.*

(5) Medical Centers within the Van Ness Medical Use Subdistrict subject to otherwise applicable standards for obstructions over streets or alleys per section 136(c)(1)(B) of this code shall be permitted to exceed such standards for vertical dimensions and horizontal projections for architectural features to provide visual interest, achieve appropriate articulation of building facades, and reduce pedestrian level wind currents.

~~(5)~~*(6)* Signs.

(A) Signs located within the Van Ness Special Use District, with the exception of the Civic Center Special Sign District as described in Section 608.3 of this Code and as shown in Sectional Map SSD, shall be regulated as provided in Article 6, including Section 607.3 which governs signs located in the Van Ness Special Sign District.

(B) Signs on structures designated as landmarks under the provisions of Section 1004 shall be regulated as provided in Section 607.3(d).

~~(6)~~*(7)* Rear Yards. The requirements of this Code applicable to rear yards may be modified or waived by the Zoning Administrator pursuant to Section 307(g) if all of the following conditions are met:

(A) The interior block open space formed by the rear yards of abutting properties will not be adversely affected; and

(B) A comparable amount of usable open space is provided elsewhere on the lot or within the development where it is more accessible to residents; and

(C) The access of light and air to abutting properties will not be significantly impeded.

This provision shall be administered pursuant to the procedures which are applicable to variances, as set forth in Sections 306.1 through 306.5 and 308.2 of this Code.

~~(7)~~*(8)* Required Setbacks. Setbacks for buildings exceeding a height of 50 feet shall be regulated as provided in Section 253.2 of this Code.

~~(8)~~(9) Limitation of Nonresidential Uses.

(A) Residential Uses; Ratio Established. In newly constructed structures, nonresidential uses shall only be permitted if the ratio between the amount of net additional occupied floor area for residential uses, as defined in this paragraph below, to the amount of occupied floor area for nonresidential uses in excess of the occupied floor area of structures existing on the site at the time the project is approved is 3 to 1 or greater. In additions to existing structures which exceed 20 percent of the gross floor area of the existing structure, nonresidential uses shall be permitted in the addition in excess of 20 percent only if the ratio between the amount of occupied floor area for residential use, as defined in this paragraph below, to the area of occupied floor area for nonresidential use is 3 to 1 or greater. This residential use ratio shall not apply to development sites in the Van Ness Special Use District which have less than 60 feet of street frontage on Van Ness Avenue and have no street frontage other than the Van Ness Avenue frontage. For purposes of this Section, "nonresidential uses" shall mean those uses described in Sections 209.2(d) and (e) (hotel, inn, hostel), 209.3(a) (hospital, medical center or other medical institution with in-patient care facilities), 209.4 (community facilities), 209.6 (public facilities and utilities), 209.7 (vehicle storage and access) and 209.8 (commercial establishments); in the Automotive Special Use District nonresidential uses include automotive uses as described in Section 237; "residential use" shall mean those uses described in Sections 209.1 and 209.2(a), (b) and (c) (dwelling units and group housing).

(B) Reduction of Ratio of Residential Uses for Affordable Housing. The Planning Commission may modify the Van Ness Special Use District residential to nonresidential use ratio between Golden Gate Avenue and California Street as a conditional use in one of the following ways:

(i) In-Lieu Fee. By conditional use, the developer may elect to fulfill the obligation to build housing by paying an in-lieu fee to the Affordable Housing Fund as provided in Section 413 of this Code. No more than a 50 percent reduction of the required housing for a specific project can be fulfilled by paying an in-lieu fee. Use of these funds shall provide affordable housing within 2,000 feet of the Van Ness Special Use District. The in-lieu fee shall be determined by the following formula:

(1) (Lot Area × FAR) / 4) × 3 = Residential SQ. FT Requirement

(2) Residential SQ. FT Requirement — Residential SQ. FT Developed = LOSS

(3) LOSS × $15 = In-Lieu Fee

(ii) Providing Affordable Housing. By conditional use, the developer may reduce up to 50 percent of the required amount of on-site housing by maintaining a portion of that housing as permanently affordable for the life of the project. Affordable units shall be managed by a nonprofit housing agency through a duly executed agreement between the project sponsor, the nonprofit agency and the Planning Department. The mix of affordable units retained in the project shall conform to the overall dwelling unit size mix of the project. The portion of retained residential which shall be affordable will be determined by calculating the number of market rate units which could be subsidized by the amount of "in-lieu fee" calculated in Paragraph (i) above. The number of square feet of affordable housing shall be calculated in the following manner:

(1) In-Lieu Fee / $30/square foot subsidy = Square Feet of Affordable Housing Retained in the Project

(iii) Annual Reporting, Evaluation and Adjustments to Affordability and Fee Calculations. The Department shall report annually to the Planning Commission on the activity and utilization of Section 243(c)(8)(B). Based on an evaluation of this report, the Planning Commission may initiate a modification or deletion of Section 243(c)(8)(B).

The dollar amounts used in the calculation for Paragraphs (i) and (ii) of this Subsection shall be subject to annual adjustments in accord with Section 413.6(1) of this Code. Affordability shall be defined by rents or sale prices affordable by households with no more than 80 percent of median income standards developed by HUD.

(iv) If the Commission finds that taking into consideration projects constructed since the effective date of the Van Ness Special Use District and the housing development potential remaining in the District the overall objective of adding a substantial increment of new housing on Van Ness Avenue will not be significantly compromised, the Commission may by conditional use modify the 3:1 housing ratio or may modify the rules regarding the timing and location of linked projects if in addition to Section 303(c) standards of this Code it finds that:

(1) The project is to provide space for expansion of an established business from an adjacent site (for this purpose two sites separated by an alley shall be deemed to be adjacent) or,

(2) The project is to provide space for an institutional, hotel, medical, cultural or social service use meeting an important public need which cannot reasonably be met elsewhere in the area, and

(3) Housing cannot reasonably be included in the project referred to in (1) and (2) above.

The Commission shall consider the feasibility of requiring the project to be constructed in such a manner that it can support the addition of housing at some later time.

(C) Off-Site Provision of Required Residential Space. For the purpose of calculating the 3 to 1 ratio between residential and nonresidential use, two or more projects for new construction within the Van Ness Special Use District may be considered and approved together as linked projects. The requirements of Paragraph (A) above may be

satisfied if the aggregate amount of occupied floor area for residential use in two or more linked projects is at least three times greater than the aggregate amount of occupied floor area for nonresidential use.

(i) Those building permit applicants who wish to link two or more projects for the purpose of meeting the 3 to 1 residential to nonresidential ratio shall file with the Planning Department a statement of intent identifying the applications covering the projects that are to be considered and approved together;

(ii) When the Planning Department approves an application for a project containing only nonresidential use and the project is linked to one or more other projects pursuant to the statement of intent filed with the Department, it shall include as a condition of approval a requirement prohibiting the project sponsor from commencing any work on the site until the Zoning Administrator issues a written determination that such work may proceed. The Zoning Administrator shall not issue such a determination until those permits authorizing the projects containing residential use have been issued and foundations have been completed at each such site;

(iii) If a permit for a project containing nonresidential use expires because of delays in the completion of foundations for linked projects containing residential uses, new permits may be approved for the nonresidential project within three years of such expiration without regard to the 3 to 1 residential ratio requirement if a Temporary Certificate of Occupancy or a Permit of Occupancy has been issued for each project containing residential use;

(iv) No building or portion of a building approved as a linked project that contains residential use required to meet the 3 to 1 residential to nonresidential ratio requirement shall be used for any nonresidential purposes; provided, however, that this restriction shall no longer apply if 50 percent or more of the non-residential occupied floor area in the linked

projects has been converted to residential use, or has been demolished, or has been destroyed by fire or other act of God;

(v) The Zoning Administrator shall impose as a condition of approval of a permit authorizing the residential uses of linked projects the requirement that the owner record in the land records of the property a notice of restrictions, approved as to form by the Zoning Administrator, placed on the use of the property by this Section.

(D) Nonconforming Uses. A use which existed lawfully at the effective date of this Section and which fails to conform to the use limitation of Section 243(c) (8)(A) above, shall be considered a nonconforming use and subject to the provisions of Sections 180 through 188 of this Code, including the provisions of Section 182 regarding change of use, except as follows:

(i) In calculating the cost of structural alterations pursuant to Section 181(b)(4), the cost of reinforcing the building to meet the standards for seismic loads and forces of the 1975 Building Code shall not be included; and

(ii) Notwithstanding the provisions of Section 181(b), the structure occupied by the nonconforming use may be enlarged by an amount equal to 20 percent of the gross floor area of the existing structure.

(E) Demolitions. All demolitions of buildings containing residential use and all conversions from residential uses to nonresidential uses above the ground floor shall be permitted only if authorized as a conditional use under Section 303 of this Code, unless the Director of the Department of Building Inspection or the Chief of the Bureau of Fire Prevention and Public Safety determines that the building is unsafe or dangerous and that demolition is the only feasible means to secure the public safety. When considering whether to grant a conditional use permit for the demolition or conversion, in lieu of the criteria set forth in Planning Code Section 303, consideration shall be given to the adverse impact on the public

health, safety and general welfare of the loss of housing stock in the district and to any unreasonable hardship to the applicant if the permit is denied. The definition of residential use shall be as set forth in Section 243(c)(8)(A), but shall not include any guest room in a building classified as a residential hotel subject to the Residential Hotel Unit Conversion and Demolition Ordinance.

A conditional use permit shall not be required if the demolition permit is sought in order to comply with a court order directing or permitting the owner to demolish a building because it is unsafe. No person shall be permitted to construct anything on the site of a demolished building subject to such an order for a period of two years unless (a) the proposal is for at least the same number and size of dwelling units and guest rooms and the same amount of nonresidential floor area as that which was demolished or (b) the applicant requests and is granted an exemption from this requirement on the ground that the applicant has demonstrated that (1) the need for demolition did not arise because of the deliberate or unreasonable neglect of the maintenance of the building, or that (2) the restrictions would cause undue hardship to the property owner or that (3) the restrictions would leave the property without any substantial remaining market value or reasonable use.

(F) *Residential* Parking. Pursuant to Table 151 in Article 1.5 of this Code, the residential parking requirement shall be one space for each dwelling unit; provided, however, that the Zoning Administrator may reduce the parking requirement to not less than one space for each four dwelling units pursuant to the procedures and criteria of Sections 307(g) and (i) of this Code.

(G) Medical Center Parking. Notwithstanding any contrary provision of this Code, the maximum parking provisions for the Van Ness Medical Use Subdistrict shall be either 150% of one parking space for each 8 beds excluding bassinets, or, 150% of one parking space for each 2,400 square feet of gross floor area devoted to sleeping rooms, whichever results in the greater amount of

permissible parking. Any parking sought up to this maximum but that exceeds the parking provisions outlined elsewhere in this Code may only be granted by the Planning Commission as a Conditional Use Authorization.

(H) Medical Center Loading. Loading standards for medical centers within the Van Ness Medical Use Subdistrict applicable under Section 154(b) may be reduced from the required minimum dimensions through a Conditional Use Authorization, provided that the dimensions provided will be sufficient to meet the reasonably foreseeable loading demands associated with the proposed facility.

~~(G)~~*(I)* Adult Entertainment Enterprises. The uses described in Section 221(k) of this Code are not permitted.

~~(H)~~*(J)* Other Entertainment Uses. Other Entertainment Uses as defined in Section 790.38 of this Code shall require notification as set forth in Section 312 of this Code.

~~(I)~~*(K)* Formula Retail Uses. Formula Retail uses, as defined in Section 303(i) of this Code, shall be permitted, subject to a Conditional Use Authorization, in parcels zoned RC-3 or RC-4 that are within the Van Ness SUD.

(L) Medical Center Street Frontages. If authorized as a Conditional Use under Section 303 of this Code, a medical center within the Van Ness Medical Use Subdistrict may deviate from the street frontage requirements of Section 145.1 of this Code, so long as the Planning Commission finds that the proposed street frontages otherwise achieve the intended purposes of Section 145.1 to "preserve, enhance and promote attractive, clearly defined street frontages that are pedestrian-oriented, fine-grained, and which are appropriate and compatible with the buildings and uses" in the surrounding areas.

~~(9)~~*(10)* Reduction of Ground Level Wind Currents.

(A) New buildings and additions to existing buildings shall be shaped, or other wind baffling measures shall be adopted, so that the development will not cause year-round ground level wind currents to exceed, more than 10 percent of the time, between 7:00 a.m.

and 6:00 p.m., the comfort level of 11 m.p.h. equivalent wind speed in areas of pedestrian use and seven m.p.h. equivalent wind speed in public seating areas. When pre-existing ambient wind speeds exceed the comfort levels specified above, the building shall be designed to reduce the ambient wind speeds in efforts to meet the goals of this requirement.

(B) An exception to this requirement may be permitted but only if and to the extent that the project sponsor demonstrates that the building or addition cannot be shaped or wind baffling measures cannot be adopted without unduly restricting the development potential of the building site in question.

(i) The exception may permit the building or addition to increase the time that the comfort level is exceeded, but only to the extent necessary to avoid undue restriction of the development potential of the site.

(ii) Notwithstanding the above, no exception shall be allowed and no building or addition shall be permitted that causes equivalent wind speeds to reach or exceed the hazard level of 26 m.p.h. for a single hour of the year.

For the purposes of this Section, the term "equivalent wind speed" shall mean an hourly wind speed adjusted to incorporate the effects of gustiness or turbulence on pedestrians.

(d) Van Ness Medical Use Subdistrict – Conditional Use for Medical Center. Within the Van Ness Medical Use Subdistrict, the boundaries of which are shown on Sectional Map No. SU02 of the Zoning Map, medical facilities affiliated with the same institution, separated only by a street or alley, shall be considered a single medical center for purposes of this section.

(1) The "Van Ness Medical Use Subdistrict" shall be defined as the area shown on Sectional Map SU02, to provide medical services by a licensed medical provider. The purpose of the Subdistrict is to allow for the development of a seismically compliant medical facility with unique design requirements not otherwise permitted within the Van Ness Special Use District. To the extent

provided in section 243, deviations from the controls of Section 243 shall be permitted in the Subdistrict relating to bulk, FAR, parking, loading, projections and obstructions over streets and alleys, and street frontage due to the unique requirements of new medical centers.

Section 4. This section is uncodified. Effective Date and Operative Date. This ordinance shall become effective 30 days from the date of passage. This Ordinance shall become operative only on (and no rights or duties are affected until) the later of (a) 30 days from the date of its passage, or (b) the date that Ordinance _____, and Ordinance _____ have both become effective. Copies of said Ordinances are on file with the Clerk of the Board of Supervisors in File No. 120458 & 120460

Section 5. This section is uncodified. In enacting this Ordinance, the Board intends to amend only those words, phrases, paragraphs, subsections, sections, articles, numbers, punctuation, charts, diagrams, or any other constituent part of the Planning Code that are explicitly shown in this legislation as additions, deletions, Board amendment additions, and Board amendment deletions in accordance with the "Note" that appears under the official title of the legislation.

APPROVED AS TO FORM:
DENNIS J. HERRERA, City Attorney

By: Audrey Pearson
Audrey Williams Pearson
Deputy City Attorney

FILE NO. 120357

LEGISLATIVE DIGEST

[Planning Code - Increase Maximum Floor Area Ratios and Create the Van Ness Medical Use Subdistrict Within the Van Ness Special Use District - California Pacific Medical Center: Cathedral Hill Campus]

Ordinance amending the San Francisco Planning Code Section 124 to: 1) allow a floor area ratio of 9:1 for a hospital and 7.5:1 for a medical office building within the Van Ness Special Use District, Medical Use Subdistrict; 2) amend Section 243 to include the establishment of the Van Ness Medical Use Subdistrict and associated controls; and 3) adopt findings, including environmental findings, Planning Code Section 302 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

Existing Law

Currently, San Francisco Planning Code Section 124 sets the maximum floor area ratios for development in San Francisco. San Francisco Planning Code Section 243 contains special development controls for the area encompassed within the Van Ness Special Use District.

Amendments to Current Law

This ordinance would amend Planning Code section 124 governing floor area ratios to set a floor area ratio of up to 9 to 1 (from 7 to 1) for the proposed Cathedral Hill hospital site (the block bounded by Van Ness Avenue, Geary Boulevard, Franklin and Post Streets), and up to 7.5 to 1 (from 7 to 1) for the proposed medical office building site (the block bounded by Van Ness Avenue, Geary Street, Cedar Street and one property west of Polk Street).

This ordinance would also amend the Van Ness Special Use District (Planning Code Section 243) to create a new Van Ness Medical Use Subdistrict. The subdistrict would encompass the proposed Cathedral Hill Hospital site and the proposed Cathedral Hill medical office building site, as well as the proposed connecting underground pedestrian tunnel. The subdistrict would include the following provisions:

1) Allow a floor area ratio of up to 9 to 1 for the hospital site, and up to 7.5 to 1 for the MOB Site (otherwise governed by provisions in Planning Code section 124(d));

2) Allow modification of standards for building projections to allow for coverage of drop-off and entry areas required by medical facilities (otherwise governed by provisions in Planning Code section 136.1);

3) Allow modification of standards for obstructions over streets or alleys for vertical dimension and horizontal projections to allow architectural features that achieve appropriate

articulation of building facades and that reduce pedestrian level wind currents (otherwise governed by provisions in Planning Code section 136(c)(1)(B));

4) Allow modification through conditional use authorization of standards for street frontage requirements as necessary for large-plate medical facilities on sloping sites with multiple frontages (otherwise governed by provisions in Planning Code §145.1);

5) Allow modification through conditional use authorization of parking standards for medical centers, provided that the amount of parking shall not exceed 150% of the number of spaces allowed by the Planning Code (otherwise governed by provisions in Planning Code sections 151 and 204.5);

6) Allow modification of loading standards for medical centers, to allow for provision of appropriate loading facilities unique to medical centers (otherwise governed by provisions in Planning Code section 154(b));

7) Allow modification through conditional use authorization of bulk standards to allow for the unique massing requirements of medical facilities (otherwise governed by provisions in Planning Code section 270 and 271);

Background Information

California Pacific Medical Center ("CPMC") currently operates four acute care medical centers in San Francisco: the California Campus, the Pacific Campus, the St. Luke's Campus, and the Davies Campus. As part of its program to meet state seismic readiness deadlines, CPMC's Long Range Development Plan ("LRDP") proposes a five campus system with three acute care hospitals – at Davies, St. Luke's, and a new hospital at the proposed Cathedral Hill Campus – providing approximately 903 licensed beds and three full-service emergency departments (one at each of the acute care hospitals). Once the proposed Cathedral Hill Hospital is built at the Cathedral Hill Campus, the acute care services at the California and Pacific campuses will be transferred to the Cathedral Hill Hospital. The Pacific Campus's existing acute care hospital would undergo renovation and reuse as an ambulatory care center. CPMC would sell the California Campus after the transfer of acute care and non-acute care services to the Cathedral Hill and/or the Pacific Campus. In the near term, under the LRDP, CPMC would also construct a medical office building at Cathedral Hill, a medical office building at Davies, and a new hospital and medical office building at St. Luke's. More details regarding CPMC's LRDP, including plans and renderings, can be found on the Planning Department's website at cpmc.sfplanning.org.

This ordinance concerns the proposed Cathedral Hill Campus at Van Ness Avenue and Geary Boulevard/Street. The Cathedral Hill Campus includes a new acute care hospital on the block bounded by Van Ness Avenue, Geary Boulevard, Franklin and Post Streets, a new medical office building on the site bounded by Van Ness Avenue, Geary Street, Cedar Street and one

property west of Polk Street, and a pedestrian tunnel under Van Ness Avenue to connect the two facilities. Additional medical office space for the campus will be provided within the existing building at 1375 Sutter Street, which is currently a mixture of retail, office, and medical office space.

The proposed Cathedral Hill Hospital will be a 555-bed, 265' tall, 15-story, approximately 875,378 gross square foot acute care hospital, with related hospital space, including 513 parking spaces on three underground levels. The proposed medical office building, across Van Ness Avenue, will be nine stories tall, approximately 130' in height, and will contain approximately 261,691 gross square feet of floor area and 542 off-street parking spaces on seven underground levels.

Among other approvals, the hospital and medical office building at the Cathedral Hill Campus will require ordinances to amend the San Francisco General Plan and Zoning Map. CPMC also seeks approval of a development agreement with the City primarily related to the construction of the hospital and medical office building at the Cathedral Hill Campus, a new medical office building at the Davies Campus, and construction of a replacement hospital and medical office building at the St. Luke's Campus.

BOARD of SUPERVISORS

City Hall
Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 25, 2012

Planning Commission
Attn: Linda Avery
1660 Mission Street, 5th Floor
San Francisco, CA 94103

Dear Commissioners:

April 10, 2012, Mayor Lee introduced the proposed legislation regarding the California Pacific Medical Center Long Range Development Plan (list of legislation attached).

These proposed ordinance and resolutions are being transmitted pursuant to Planning Code Section 302(b) for public hearing and recommendation. They are pending before the Land Use & Economic Development Committee and will be scheduled for hearing upon receipt of your response.

Angela Calvillo, Clerk of the Board

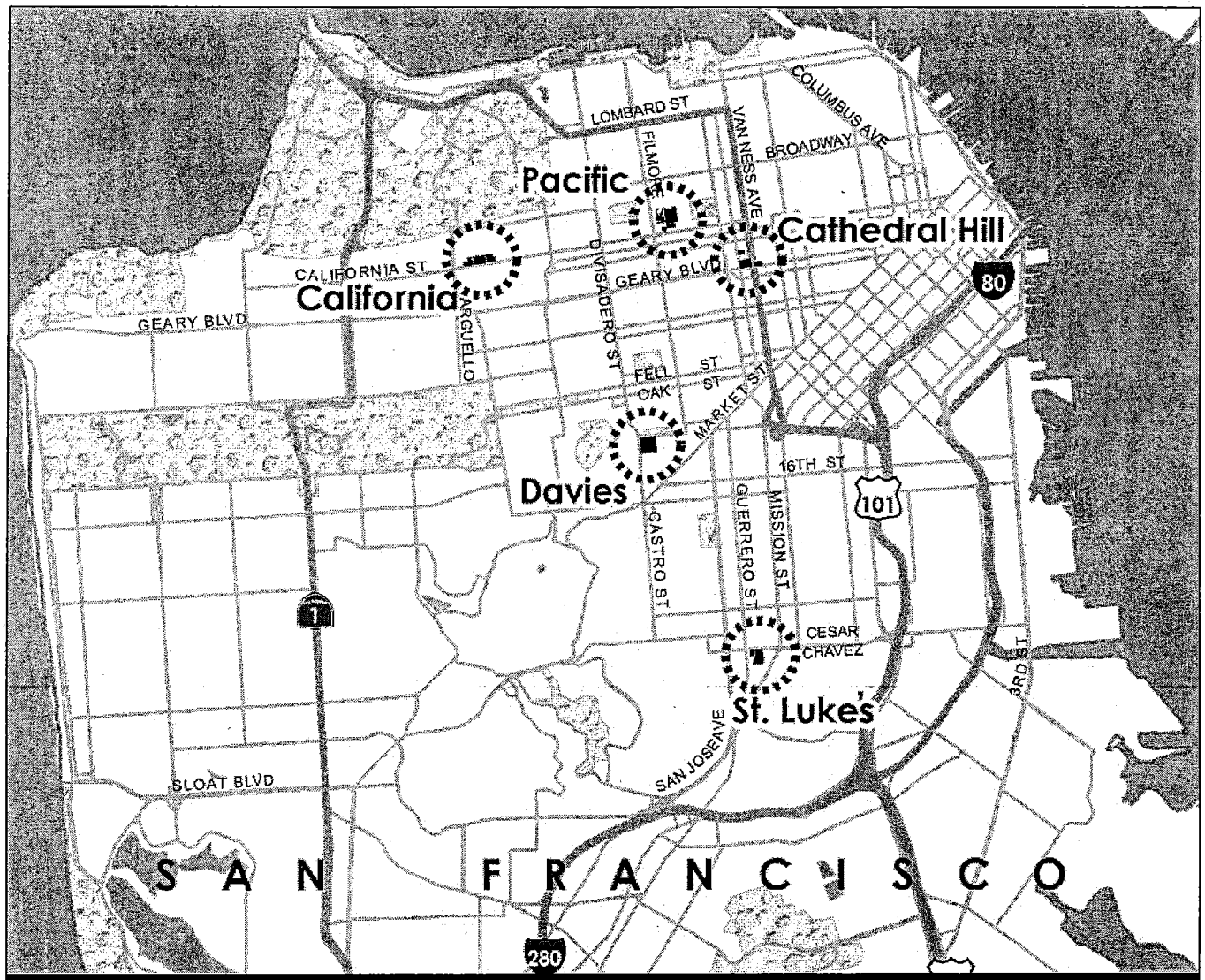
Alisa Miller

By: Alisa Miller, Committee Clerk
Land Use & Economic Development Committee

c: John Rahaim, Director of Planning
Scott Sanchez, Zoning Administrator
Bill Wycko, Chief, Major Environmental Analysis
AnMarie Rodgers, Legislative Affairs
Monica Pereira, Environmental Planning
Joy Navarrete, Environmental Planning

CEQA Clearance under Final Environmental Impact Report for California Pacific Medical Center Long Range Development Plan, Case 2005.0555E, Certified April 26, 2012. CPC M-19588

4/30/12



DRAFT ENVIRONMENTAL IMPACT REPORT
VOLUME 1
EXECUTIVE SUMMARY

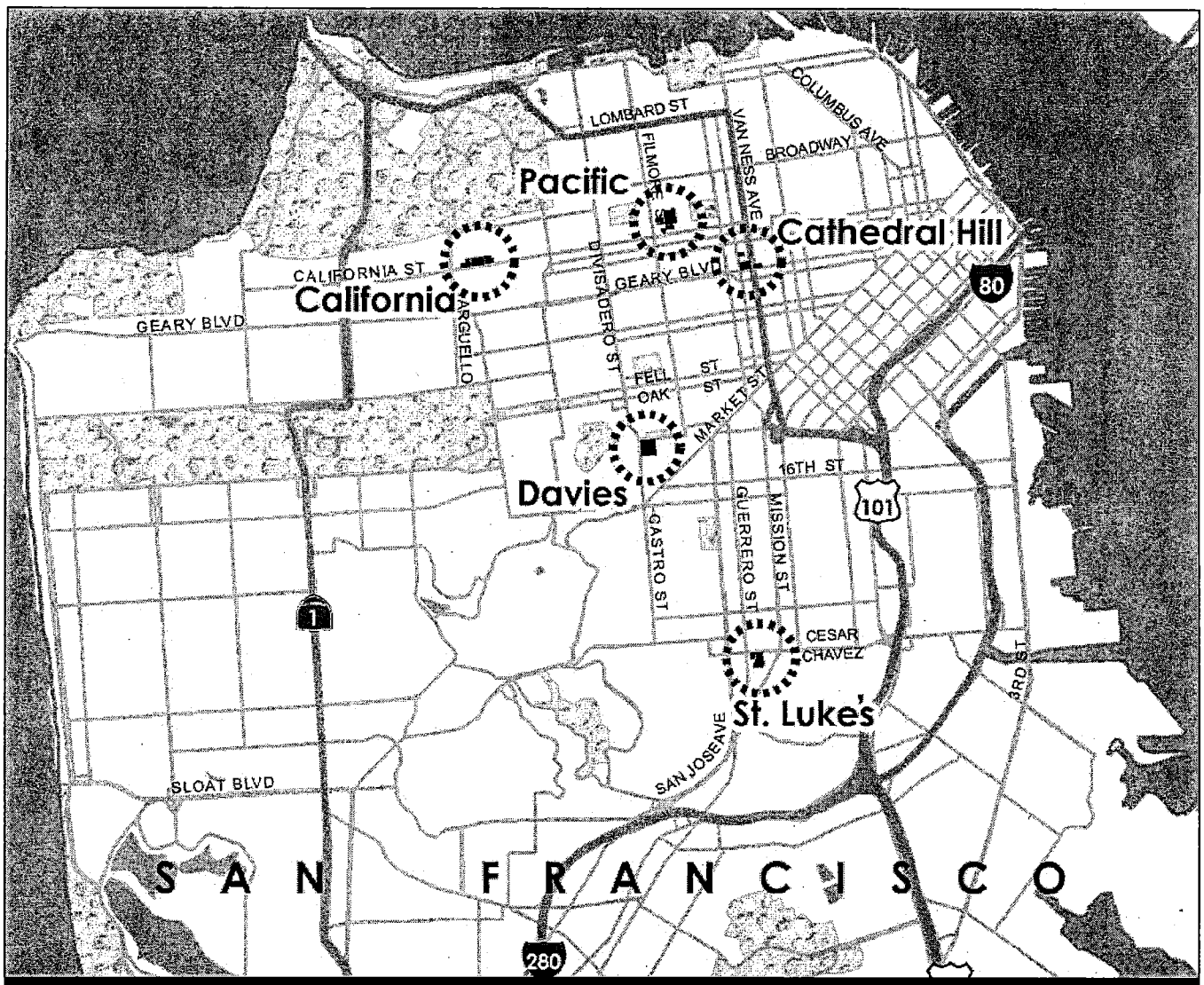
California Pacific Medical Center (CPMC) Long Range Development Plan

PLANNING DEPARTMENT CASE NO. 2005.0555E
STATE CLEARINGHOUSE NO. 2006062157

Draft EIR Publication Date:	JULY 21, 2010
Draft EIR Public Hearing Date:	SEPTEMBER 23, 2010
Draft EIR Public Comment Period:	JULY 21, 2010 – SEPTEMBER 29, 2010

SAN FRANCISCO
PLANNING
DEPARTMENT

Written comments should be sent to:
Environmental Review Officer | 1650 Mission Street, Suite 400 | San Francisco, CA 94103



DRAFT ENVIRONMENTAL IMPACT REPORT
VOLUME 2
CHAPTERS 1 – 4.4

California Pacific Medical Center (CPMC) Long Range Development Plan

PLANNING DEPARTMENT CASE NO. 2005.0555E
STATE CLEARINGHOUSE NO. 2006062157

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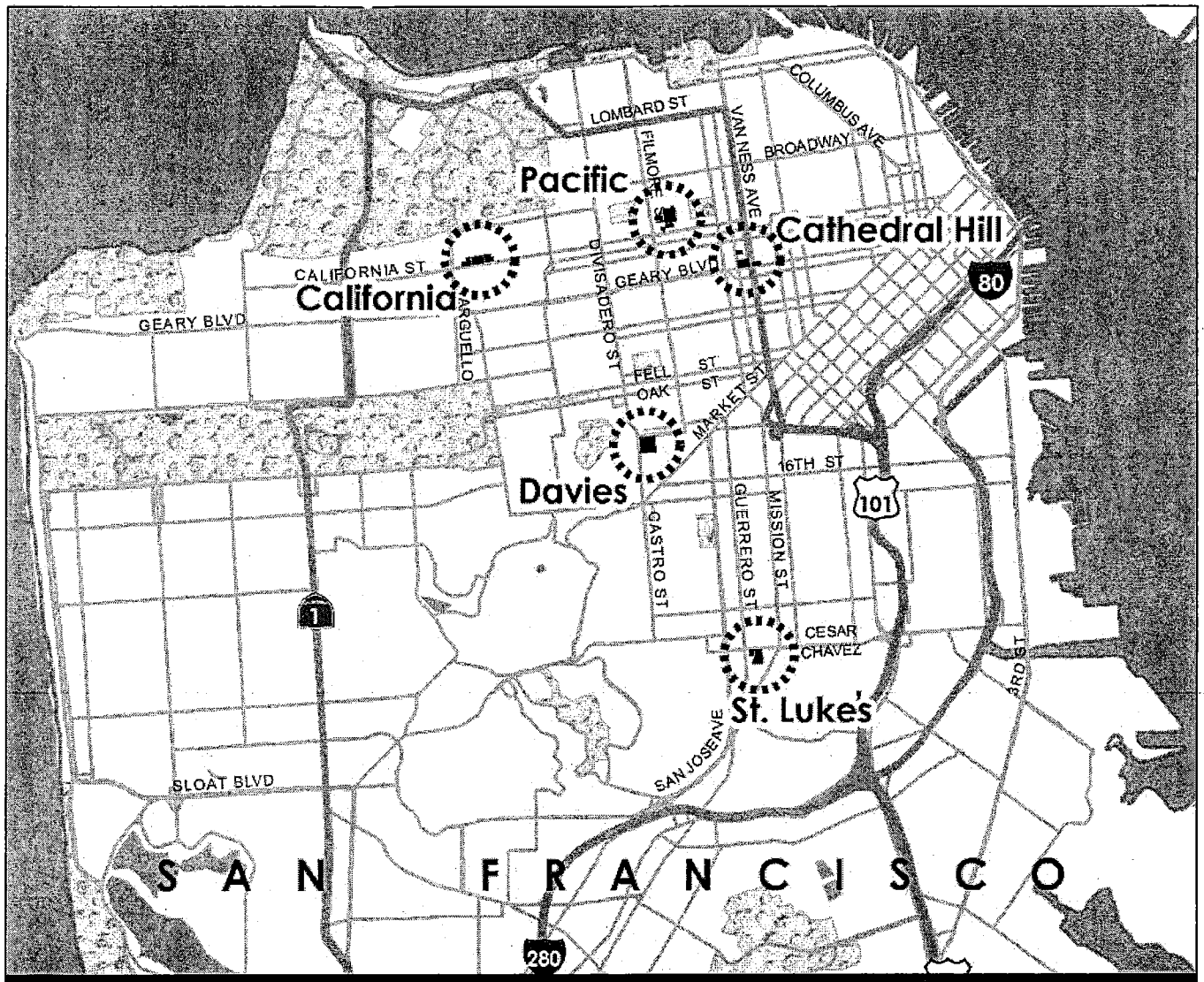

DRAFT ENVIRONMENTAL IMPACT REPORT
VOLUME 3
CHAPTERS 4.5 – 4.14

California Pacific Medical Center (CPMC) Long Range Development Plan

PLANNING DEPARTMENT CASE NO. 2005.0555E
STATE CLEARINGHOUSE NO. 2006062157

Draft EIR Publication Date:	JULY 21, 2010
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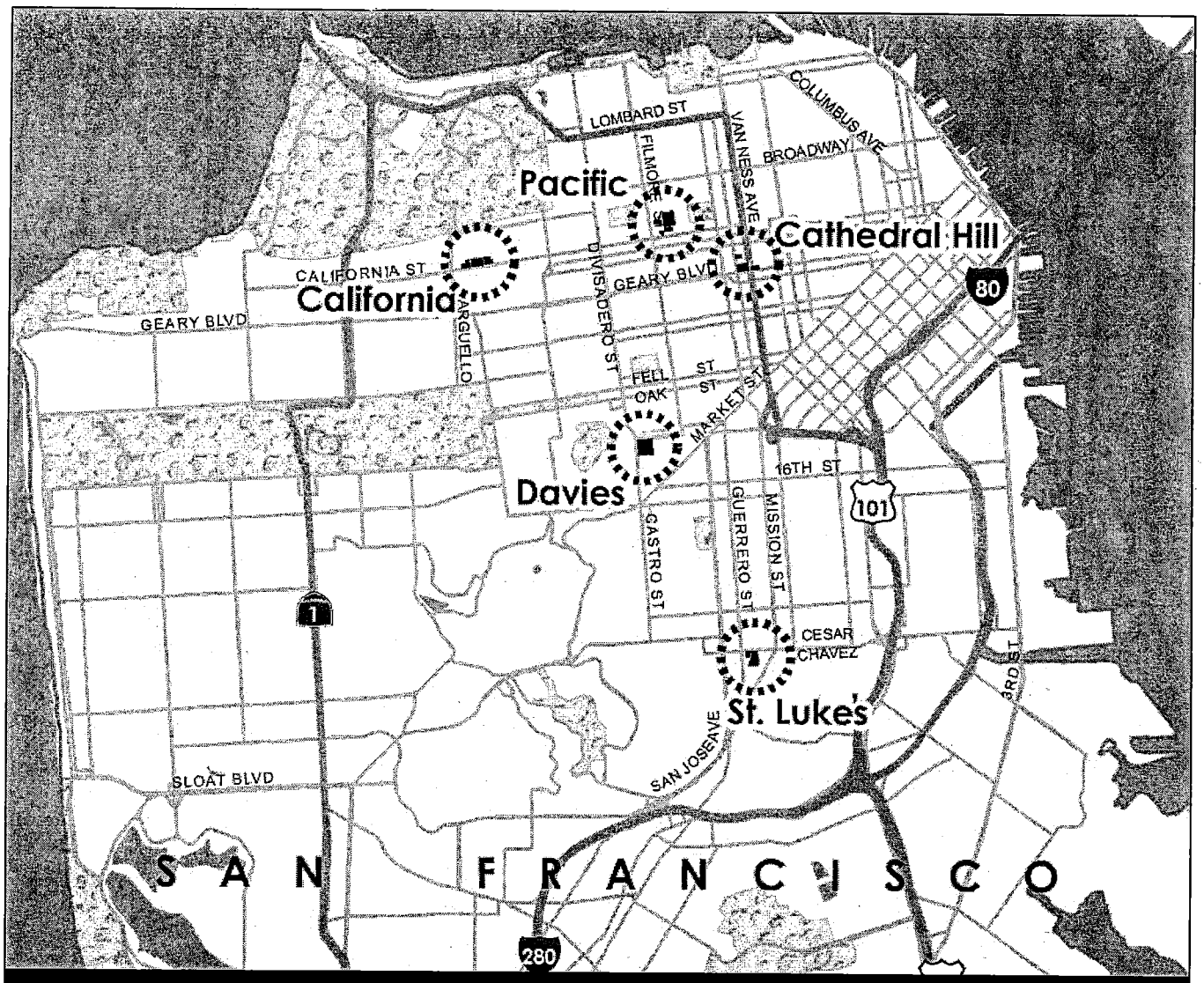

DRAFT ENVIRONMENTAL IMPACT REPORT
VOLUME 4
CHAPTERS 4.15 – APPENDICES

California Pacific Medical Center (CPMC) Long Range Development Plan

PLANNING DEPARTMENT CASE NO. 2005.0555E
STATE CLEARINGHOUSE NO. 2006062157

Draft EIR Publication Date:	JULY 21, 2010
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SAN FRANCISCO
PLANNING
DEPARTMENT

Written comments should be sent to:
Environmental Review Officer | 1650 Mission Street, Suite 400 | San Francisco, CA 94103

SAN FRANCISCO
PLANNING DEPARTMENT

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Information:
415.558.6377

March 29, 2012

To: Members of the Planning Commission and Interested Parties

From: Bill Wycko, Environmental Review Officer

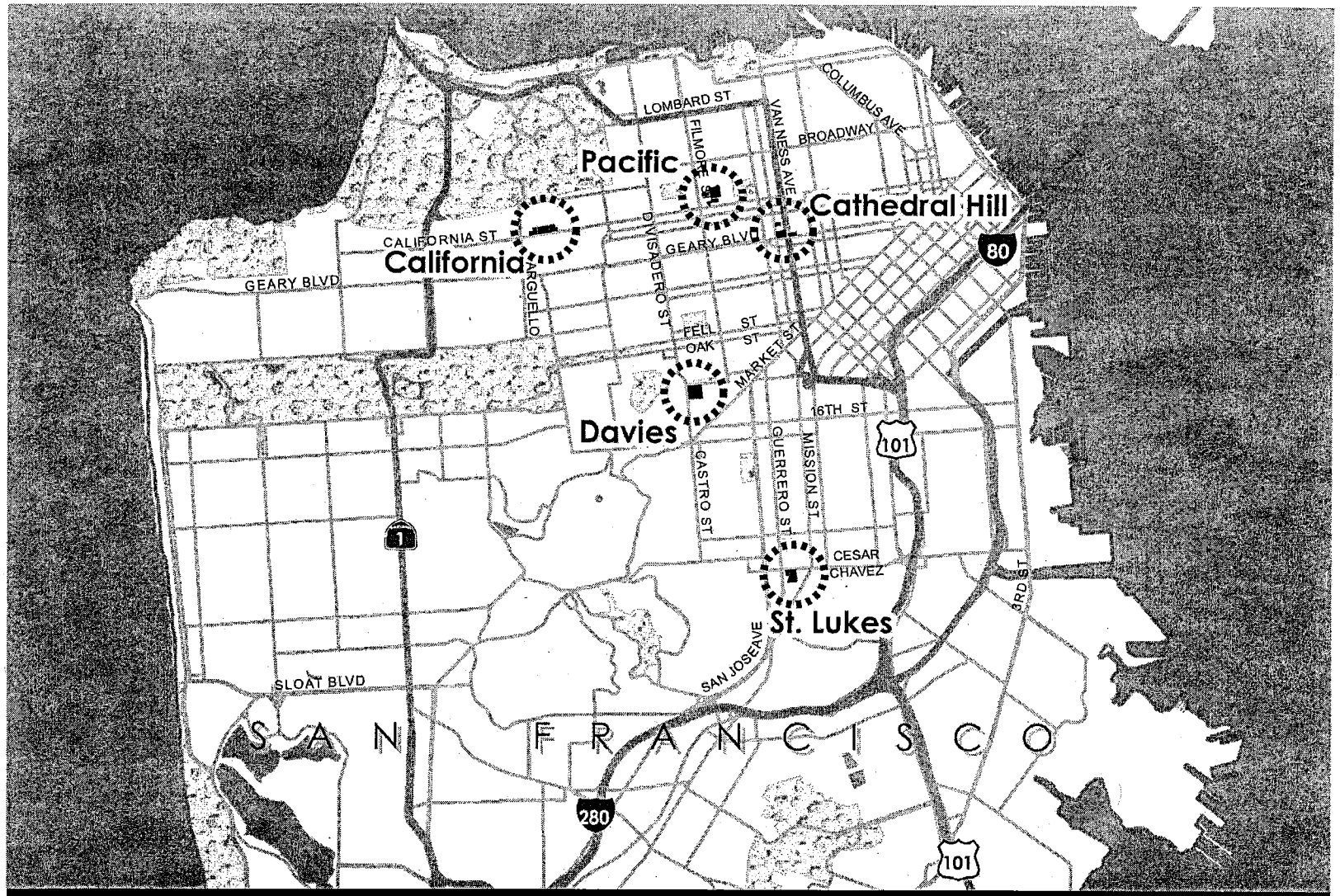
Re: Attached Comments and Responses on Draft Environmental Impact Report Case No. 2005.0555E: California Pacific Medical Center (CPMC) Long Range Development Plan

Attached for your review please find a copy of the Comments and Responses document for the Draft Environmental Impact Report (Draft EIR) for the above referenced project. This document has been provided either on a CD or as a hard copy. This document is also available for download on the Planning Department's website http://tinyurl.com/sfceqadocs. This document, along with the Draft EIR, will be before the Planning Commission for Final EIR certification on April 26, 2012. Please note that the public review period ended on October 19, 2010.

The Planning Commission does not conduct a hearing to receive comments on the Comments and Responses document, and no such hearing is required by the California Environmental Quality Act. Interested parties, however, may always write to the Commission members or to the President of the Commission at 1650 Mission Street, Suite 400, San Francisco, CA, 94103, and express an opinion on the Comments and Responses document, or the Commission's decision to certify the completion of the Final EIR for this project. The certification of the EIR does not indicate a decision by the City to approve or disapprove the proposed project. Approval hearing would occur after the EIR certification.

Please note that if you receive the Comments and Responses document in addition to the Draft EIR published on July 21, 2010, you technically have the Final EIR. If you have questions concerning the Comments and Responses document or the environmental review process, please contact Devyani Jain at (415) 575-9051 or Devyani.Jain@sfgov.org.

Thank you for your interest in this project and your consideration of this matter.



COMMENTS AND RESPONSES | VOLUME 1: CHAPTERS 1-5

California Pacific Medical Center (CPMC) Long Range Development Plan

PLANNING DEPARTMENT CASE NO. 2005.0555E
STATE CLEARINGHOUSE NO. 2006062157

Draft EIR Publication Date:	JULY 21, 2010
Draft EIR Public Hearing Date:	SEPTEMBER 23, 2010
Draft EIR Public Comment Period:	JULY 21, 2010 – OCTOBER 19, 2010
Comments and Responses Publication Date	MARCH 29, 2012
Final EIR Public Certification Date:	APRIL 26, 2012

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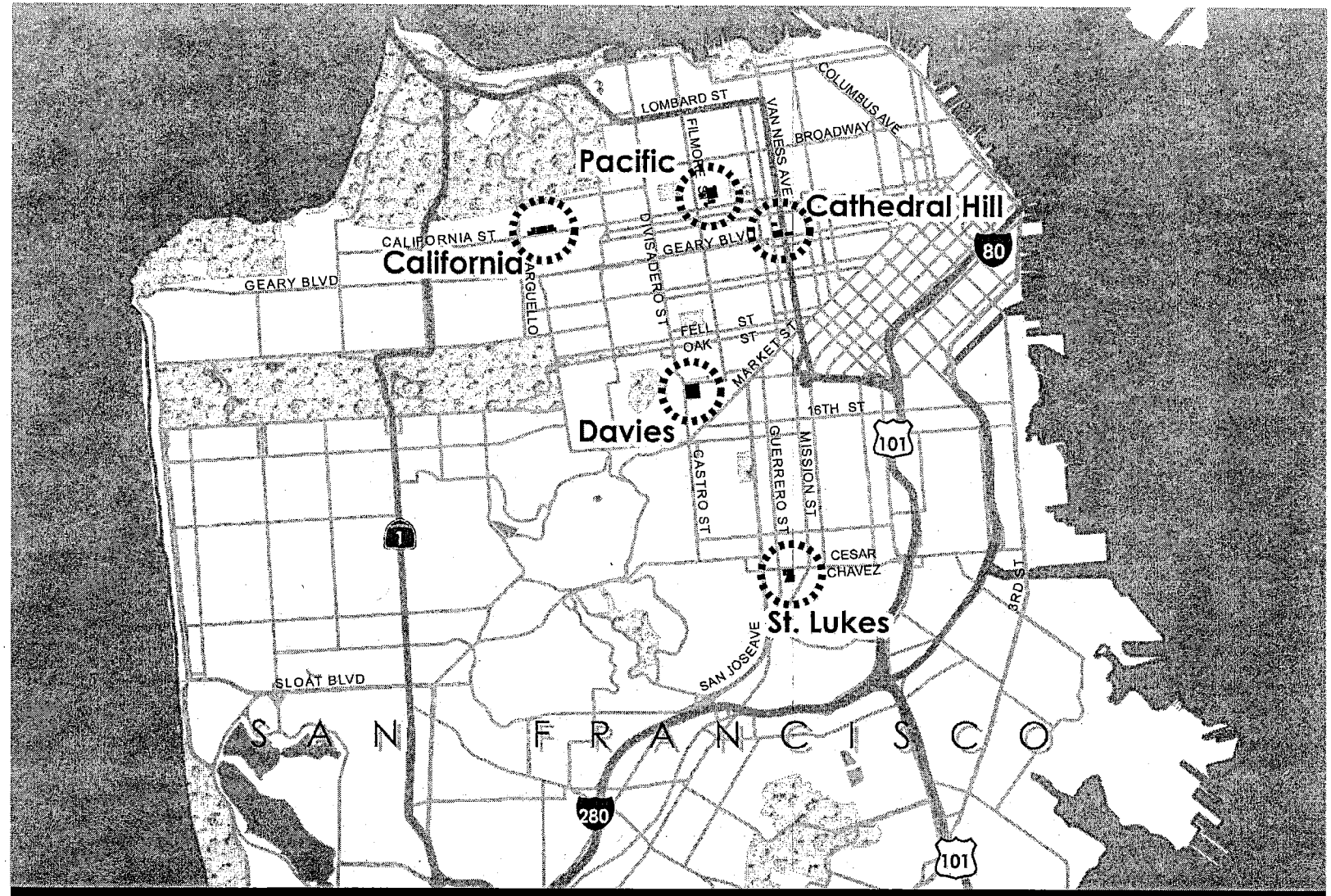

COMMENTS AND RESPONSES | VOLUME 2: APPENDICES

California Pacific Medical Center (CPMC) Long Range Development Plan

PLANNING DEPARTMENT CASE NO. 2005.0555E
STATE CLEARINGHOUSE NO. 2006062157

Draft EIR Publication Date:	JULY 21, 2010
Draft EIR Public Hearing Date:	SEPTEMBER 23, 2010
Draft EIR Public Comment Period:	JULY 21, 2010 – OCTOBER 19, 2010
Comments and Responses Publication Date	MARCH 29, 2012
Final EIR Public Certification Date:	APRIL 26, 2012

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April 27, 2012

Ms. Angela Calvillo, Clerk
Board of Supervisors
City and County of San Francisco
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Re: **Transmittal of Planning Department Case Numbers:**
2009.0885MTZCBRSK, 2009.0886MTZCBRSK, 2012.0403W:
California Pacific Medical Center Long Range Development Plan Project

BOS File No.'s: 120357, 120358, 120359, 120360, 120366, plus *pending* General Plan Amendment File No's_____ and _____.
Planning Commission Recommendation: *Approval*

Dear Ms. Calvillo,

Attached please find one original hardcopy plus this electronic transmittal of the proposed General Plan Amendment Ordinances, Planning Code Text Amendment Ordinances, Zoning Map Amendment Ordinances, and a Development Agreement Ordinance (collectively, the "Ordinances") for Board of Supervisors' approval. These Ordinances are associated with the California Pacific Medical Center Long Range Development Plan Project (hereinafter "CPMC LRDP Project"), which is a multi-phased development strategy to meet state seismic safety requirements for hospitals and to create a 20-year framework for CPMC's four existing medical campuses and for construction of a proposed new medical campus (the "Cathedral Hill Campus") in San Francisco. The proposed LRDPs would facilitate the development of certain Near-Term Projects under the CPMC LRDP at CPMC's St. Luke's, Cathedral Hill, and Davies Campuses.

On April 5, 2012, the San Francisco Planning Commission (hereinafter "Commission") conducted a duly noticed public hearing at a regularly scheduled meeting to consider the initiation of the proposed General Plan Amendment Ordinances associated with the CPMC LRDP Project.

On April 10, 2012, the Mayor introduced at the regularly scheduled Board of Supervisors hearing various legislation associated with the CPMC LRDP Project, including the Planning Code Text Amendment Ordinances, Zoning Map Amendment Ordinances, and a Development Agreement Ordinance.

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting to consider the proposed Ordinances as part of the CPMC LRDP Project.

The proposed Ordinances include the following amendments:

General Plan Amendments

- St. Luke's Campus:
  (1) amend Map 4 of the Urban Design Element, to reflect a maximum height of 105'-0" applicable to the St. Luke's Campus; and
  (2) amend Map 5 of the Urban Design Element, to reflect the proposed maximum plan and diagonal plan dimensions of 227' and 270', respectively, for the St. Luke's Replacement Hospital site, and 204' and 228', respectively, for the St. Luke's MOB site.

- Cathedral Hill Campus:
  (1) amend the text of the Van Ness Area Plan ("VNAP") to support a high density medical center at the intersection of Van Ness Avenue and Geary Street/Boulevard that is consistent with the City's Better Streets Plan and reflect various elements of this use;
  (2) amend Map 1 of the VNAP to designate the sites proposed for the new Cathedral Hill Hospital and Cathedral Hill Medical Office Building ("Cathedral Hill MOB") as "the Van Ness Medical Use Subdistrict", and to increase the allowable floor area ratio ("FAR") for the Cathedral Hill Hospital site from 7:1 to 9:1, and for the Cathedral Hill MOB site from 7:1 to 7.5:1;
  (3) amend Map 2 of the VNAP to create a 265-V Height and Bulk District coterminous with the Cathedral Hill Hospital site, in order to increase the height limit for the Cathedral Hill Hospital site from 130'-0" to 265'-0";
  (4) amend Map 4 of the Urban Design Element to reflect a maximum height applicable to the Cathedral Hill Hospital site of 265'-0"; and
  (5) amend Map 5 of the Urban Design Element to reflect the proposed maximum plan and maximum diagonal plan dimensions of 385'-0" and 466'-0", respectively, for the Cathedral Hill Hospital site, and 265'-0" and 290'-0", respectively, for the Cathedral Hill MOB site.

Planning Code Amendments

- St. Luke's Campus:
  (1) add section 249.68 to establish the Cesar Chavez/Valencia Streets Medical Use Special Use District ("SUD") and allow an FAR of up to 2.5:1 therein; and
  (2) add a new subdivision (k) to section 124 to allow an FAR of up to 2.5:1 in the Cesar Chavez/Valencia Streets Medical Use SUD.

- Cathedral Hill Hospital:
  (1) amend section 243 to establish a new Van Ness Medical Use Subdistrict within the Van Ness SUD encompassing the sites of the proposed Cathedral Hill Hospital and Cathedral Hill MOB and the area where the proposed Van Ness Avenue pedestrian tunnel would be located, allow an FAR of up to 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB, and allow modification of various otherwise applicable standards within the Van Ness Medical Use Subdistrict; and
  (2) amend section 124(d) to allow an FAR of up to 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB site.

Zoning Map Amendments

- St. Luke's Campus:
  (1) amend the Planning Code Zoning Map Sheet HT07 to extend the 105-E Height and Bulk District currently applicable to the existing buildings on the St. Luke's Campus to the entirety of the St. Luke's Campus, and
  (2) amend the Planning Code Zoning Map Sheet SU07 to show the boundaries of the Cesar Chavez/Valencia Streets Medical Use SUD.

- Cathedral Hill Campus:
  (1) amend the Planning Code Zoning Map Sheet HT02 to reclassify the Cathedral Hill Hospital site from 130-V to 265-V Height and Bulk District; and
  (2) amend the Planning Code Zoning Map Sheet SU02 to show the boundaries of the Van Ness Medical Use Subdistrict.

The core elements of the proposed **Development Agreement** include the following:

- A secure future for St. Luke's – requirement that CPMC rebuilds and maintains St. Luke's Hospital for 20 years
- A continued level of Baseline Charity Care for San Francisco's most vulnerable populations for a period of 10 years. Over and above the Baseline Commitment, hospital care for 10,000 new Medi-Cal Managed Care beneficiaries for a period of 10 years
- Endowment of a new Community Care Innovation Fund to support community clinics and social service providers and facilitate shift towards Medi-Cal Managed Care
- Support for long-term care in the City by maintaining 100 Skilled Nursing Facility ("SNF") beds for 10 years
- Protection of the City's Health Service System ("HS"S) from premium increases by capping rates for 10 years
- Funding for affordable housing
- Funding for MTA transit facilities and service
- Funding for pedestrian safety and streetscape improvements
- Workforce requirements related to local hire for construction, job training programs, and the creation of career paths for San Franciscans

The Planning Commission certified the Final Environmental Impact Report for the Project on April 26, 2012, by Motion No. 18588. At the April 26, 2012, hearing, the Commission voted on various CPMC LRDP Project approvals, including recommending approval of the proposed Ordinances and draft Development Agreement.

The following is a list of accompanying documents (one hard copy, plus electronic copy via email):

- Planning Commission Resolution No.'s 18590, 18591, 18593, 18597, 18602
- Planning Commission Executive Summary for the CPMC LRDP Project
- Draft General Plan Amendments Ordinances: St. Luke's [Board File No. Pending _____] Cathedral Hill Campus [Board File No. Pending _____] (originals delivered)
- Draft Development Agreement, plus DA Errata from 4.24.12

If you have any questions or require further information please do not hesitate to contact me at (415) 558-6395.

Sincerely,

AnMarie Rodgers
Manager of Legislative Affairs

cc:
Mayor's Office, Jason Elliot
Supervisor Eric Mar
Supervisor Malia Cohen
Supervisor Scott Wiener
City Attorney, Audrey Pearson

SAN FRANCISCO
PLANNING DEPARTMENT

Executive Summary

CPMC Long Range Development

HEARING DATE: APRIL 26, 2012

1650 Mission St.
Suite 400
San Francisco,
CA 94103-2479

Reception:
415.558.6378

Fax:
415.558.6409

Planning
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415.558.6377

Date:	April 12, 2012
Case No.:	**Cathedral Hill Campus:** 2009.0885MTZWCBRSK **St. Luke's Campus:** 2009.0886MTZWCBRSK **Davies Campus:** 2004.0603CW **All Campuses:** 2005.0555E; 2012.0403W
Project Address:	**Cathedral Hill Campus:** 1100 & 1101 Van Ness Avenue; 1255 Post Street; 1020, 1028-1030, 1034-1036, 1040-1052, 1054-1060, and 1062 Geary Street; 1375 Sutter Street **St. Luke's Campus:** 3555, 3615 Cesar Chavez Street; 1580 Valencia Street **Davies Campus:** 601 Duboce Avenue **Pacific Campus:** 2315 & 2333 Buchanan Street; 2300 California Street; 2330, 2340-2360, 2351, 2400, & 2405 Clay Street; 2315, 2323, 2324, 2329, & 2395 Sacramento Street; 2018, 2100 & 2200 Webster Street **California Campus:** 3698, 3700, 3838 & 3848-3850 California Street; 3801, 3905, 3773 & 3901 Sacramento Street; 460 Cherry Street
Zoning/Ht. & Blk.	**Cathedral Hill Campus:** RC-4,Van Ness Special Use District/130-V; NC-3/130-E **St. Luke's Campus:** RH-2/105-E, 65-A **Davies Campus:** RH-3/65-D, 130-E **Pacific Campus:** RM-1, RM-2; 40-X, 160-F **California Campus:** RH-2, RM-2; 40-X, 80-E
Proposed Zoning/ Height & Bulk:	**Cathedral Hill Campus:** RC-4, Van Ness Special Use District, Van Ness Avenue Medical Use Subdistrict/265-V (hospital site), 130-V (MOB site); NC-3/130-E (1375 Sutter Street site) **St. Luke's Campus:** RH-2, Cesar Chavez/Valencia Streets Medical Use Special Use District/105-E **Davies Campus:** No Change **Pacific Campus:** No Change **California Campus:** No Change
Assessor's Block/Lot:	**Cathedral Hill Campus:** 0695/005, 006; 0694/005, 006, 007, 008, 009, 009A, 010; 0690/016 **St. Luke's Campus:** 6575/001, 002; 6576/021 and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street **Davies Campus:** 3539/001 **Pacific Campus:** 0612/008; 0613/002, 029; 0628/013, 014; 0629/041, 044; 0636/033; 0637/014, 015, 016, 017, 018, 019 **California Campus:** 1015/001, 016, 052, 053, 054; 1016/001, 002, 003, 004, 005, 006, 007, 008, 009; 1017/027, 028

Project Sponsor: Geoffrey Nelson, CPMC
633 Folsom Street, 5th Floor
San Francisco, CA 94107
(415) 600-7206
NelsonGK@Sutterhealth.org

Staff Contact: Elizabeth Watty – (415) 558-6620
Elizabeth.Watty@sfgov.org

Recommendation: **Certify FEIR**
Adopt CEQA Findings
Recommend Approval of General Plan Amendments
Adopt General Plan/Planning Code 101.1 Consistency Findings
Recommend Approval of Planning Code Amendments
Recommend Approval of Zoning Map Amendments
Approve Conditional Use/Planned Unit Developments with Conditions
Approve Office Allocations
Adopt General Plan Referral Findings
Recommend Approval of the Development Agreement

PROJECT DESCRIPTION

Summary

The Near-Term Projects outlined in CPMC's LRDP will result in a five campus system with three acute care hospitals – Davies, St. Luke's, and Cathedral Hill – providing approximately 903 licensed beds and three full-service emergency departments (one at each of the acute care hospitals). As described below, the Davies Hospital North Tower was retrofitted in 2008 to remain operational to 2030. The St. Luke's Hospital will be replaced by a new hospital built on campus, adjacent to the existing hospital. The California and Pacific Campuses will remain operational as acute care hospitals until the proposed Cathedral Hill is constructed and operational. Once the proposed Cathedral Hill Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred to the Cathedral Hill Hospital, and the Pacific Campus's existing 2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care center.[1] In the long-term, the Pacific Campus will become an outpatient facility, and CPMC proposes an additional medical office building on the Davies Campus[2]. The specific Near-Term Projects are summarized below and described in greater detail in the following sections (plans and renderings are available on the Department's website at cpmc.sfplanning.org; and hard copies are included in the Commission packets):

---

[1] 2333 Buchannan Street is an Existing Use under the proposed Development Agreement and is distinguished from the new construction proposed for the Long-Term Project at the Pacific Campus. The renovation and reuse may include, but is not limited to, the following uses: outpatient care, diagnostic and treatment services, Alzheimer's residential care, medical support services such as pre- and post-ambulatory surgery, outpatient laboratory services, physical and occupational therapy, hospital administration, and cafeteria uses.

[2] Long-Term Projects at the Davies and Pacific Campuses are being evaluated at a program-level as part of CPMC's LRDP EIR. There are no pending Near-Term Projects under review for the Pacific Campus, and CPMC has not proposed any Near-Term or Long-Term Projects at the California Campus, which CPMC plans to sell after the majority of the services at that campus have been relocated to the Cathedral Hill and Pacific Campuses.

- Construction of a new 555-bed acute care hospital on the west side of Van Ness Avenue between Geary Boulevard and Post Street;
- Construction of a new medical office building (MOB) on the east side of Van Ness Avenue between Geary and Cedar Streets;
- Construction of a new 80-bed acute-care hospital on the St. Luke's Hospital campus (requiring the vacation of a portion of San Jose Avenue);
- Demolition of the existing St. Luke's Hospital (only after occupancy of the new hospital) and the subsequent construction of a new MOB/expansion building at the general location of the existing hospital; and
- Construction of a new Neuroscience Institute/MOB at the Davies Campus.

Cathedral Hill Campus

The Cathedral Hill Project will include a new acute care hospital, a new medical office building (MOB), and a pedestrian tunnel under Van Ness Avenue to connect the two facilities.

Hospital

The proposed Cathedral Hill Hospital will be a 555-bed, 265'-0" tall, 15-story, approximately 875,378 gsf acute care hospital. It may include, but is not limited to inpatient medical care, labor and delivery, and post-partum care; specialized programs such as organ transplantation, interventional cardiology and newborn intensive care; and an approximately 12,000 sf emergency department. It will also include retail space, a cafeteria, education and conference space; a private, outdoor courtyard for patients, visitors, and staff, and a central utility plant and a three-level underground parking garage with 513 parking spaces. All vehicular access to the main drop-off and parking levels will be from Geary Boulevard and Post Street, with emergency vehicle (ambulance) access from Post Street. Large vehicle loading and private vehicle access to the emergency department will be from Franklin Street.

The building configuration of the Cathedral Hill Hospital has been designed based on the need to accommodate the specialized operational and functional requirements of a major hospital building located on a single City block. The building has two distinct elements: a lower broad supporting podium and a narrow tower with an east-west orientation. These elements accommodate two distinct building functions: diagnostic and treatment and support services within the podium, and inpatient care in the upper bed tower. The building silhouette, created by the tower and podium design, relates to both the immediate neighborhood context and the broader urban core. The building also has been designed to minimize the proportion of the façade along Van Ness Avenue and Post and Franklin Streets and allow for an appropriate pedestrian scale along those streets.

The new Cathedral Hill Hospital's building massing, height and square footage would be concentrated most intensely on the southern half of the site, along Geary Boulevard, where the 15-story rectangular tower would be constructed. The lowest concentration of building mass, height and square footage would be located on the northern half of the site, along Post Street, where the six-story podium component would be constructed. Levels 1 through 4 of the 15-story and six-story portions of the Cathedral Hill Hospital would be connected as one contiguous building (the podium). There is an open-air courtyard area on the fifth floor of its six-story portion.

The most efficient placement of the inter-related services in the podium requires the broad floor plates of the podium (approximately 100,000 g.s.f). This design locates all the operating and procedure rooms and required recovery spaces on one floor, which increases the building and operational efficiencies, and reduces the overall size of the building. These floor plates replace, by comparison, existing spaces currently occupying multiple floors, buildings, and campuses (Pacific and California).

The location of the main pedestrian entrance on Van Ness Avenue orients related public space, such as the second floor cafeteria, along the east side of the podium. Since the site slopes downhill from Franklin Street to Van Ness Avenue, the lobbies and public realm capitalize on daylight at the east side of the site. Spaces not requiring daylight, such as parking and support services, are stacked below the uphill grade along Franklin Street, lowering the perceived height of the podium from the west side of the site.

Access to the podium for vehicles, including ambulances and delivery vehicles, was also designed taking into account the buildings around the site, existing circulation issues, the slope of the site, and necessary adjacencies within the building. For example, the loading dock is located directly adjacent to the service elevators and away from the Daniel Burnham towers.

The closest part of the Cathedral Hill Hospital to the Daniel Burnham towers will be the podium, the height of which is actually lower than the existing height limit for new construction at that location. Kiosk Markets would be located in niches in the bays along the Van Ness Avenue façade of the Cathedral Hill Hospital. These niches could provide space for commercial uses such as a café, news stand or flower shop.

The bed tower and elevators are offset to the south of the site. This location for the bed tower was chosen so that the tower would not be in the center of the podium. If it were in the podium center, this would not allow the necessary contiguous floor areas in the podium (i.e. unbroken by a large elevator core). In determining whether the tower should be on the north or south side of the property, it was clear that the south side location was preferable. Although the location chosen for the tower has certain disadvantages, including shadowing the major green roof areas and courtyard on the podium, it was determined that these disadvantages were outweighed by the advantages to the Daniel Burnham towers and properties generally to the north.

The Central Utility Plant is on the top two floors of the building. This location has overall benefits for air quality and noise. Roof screens will conceal the Central Utility Plant. The roof screens are also a design element on the roof, creating an interesting building silhouette. Variation in materials at the screens articulates and integrates the tower façade.

Although the proposed Cathedral Hill Hospital is not subject to San Francisco Building Code and the Green Building Ordinance, CPMC has committed to "building green", and is seeking LEED Certified status for the Cathedral Hill Hospital.

Medical Office Building

The proposed Cathedral Hill MOB will be across Van Ness Avenue from the Cathedral Hill Hospital, on a site bound by Van Ness Avenue, Geary Street, Cedar Street, and one property west of Polk Street. The Cathedral Hill MOB will be nine stories tall, approximately 130'-0" in height, and will contain approximately 261,691 gsf of floor area and 542 off-street parking spaces on seven underground levels. It will provide office space to physicians affiliated with the Cathedral Hill Hospital who will admit patients to the hospital, and other ancillary services, such as retail space along Van Ness Avenue and Geary Street. The Cathedral Hill MOB will be internally connected to the Cathedral Hill Hospital through a pedestrian tunnel below Van Ness Avenue. The main vehicular access will be from Cedar Street (ingress and egress) and Geary Street (ingress only). The primary patient drop off and one-of-two main pedestrian entrances will occur on Cedar Street at the west end of the block, near the corner of Van Ness Avenue. The other main pedestrian entrance will be mid-block on Van Ness Avenue.

The Cathedral Hill MOB would replace seven smaller buildings along Geary Street between Van Ness Avenue and Polk Street. An important goal of the design of the Cathedral Hill MOB is to complement, to the extent feasible, the scale of nearby buildings so that the new building will fit within the urban pattern of this neighborhood.

The Cathedral Hill MOB is designed to be compatible with the architecture, scale, and massing of the surrounding building, relating to the historical vernacular the buildings found along Van Ness Avenue. The design draws cues from – but is distinctly different than - the historical vernacular of many buildings found along the Van Ness Avenue corridor (i.e. Concordia Club, Regency Theater, Opal, 1000 Van Ness). The building's architectural organization includes a symmetrical design with a clearly articulated "entrance" at the center of the building's Van Ness Avenue façade, and with a solid base holds the corners more appropriately. The exterior treatment of the building includes a concrete cladding (GFRC), and the scale of the building includes window openings punched in the GFRC, similar to the two-story window bays found along many of the buildings along Van Ness Avenue. The height of the building at the street aligns with similar buildings along the Van Ness Avenue corridor, particularly the adjacent building, the Concordia Club; the podium at the street is capped by a contemporary cornice, in a form similar to other buildings on Van Ness Avenue. The upper portion of the building is set back from the Van Ness Avenue podium façade to reinforce this scale at the street.

The Cathedral Hill MOB is subject to San Francisco's Green Building Ordinance, and will achieve a minimum of LEED Silver certification.

1375 Sutter Street

Additional medical office space will be provided within the existing building at 1375 Sutter Street, which is currently a mixture of retail, office, and medical office space. That building will be renovated, retaining the existing retail and parking spaces; an additional 60 parking spaces required as the result of increased medical office use within the building will be provided off-site within the Cathedral Hill Hospital's underground parking garage.

Streetscape

The streetscape plan in development by CPMC for the Cathedral Hill Campus is a critical part of its design. CPMC proposes to enhance the pedestrian environment by improving the street frontages in the Cathedral Hill Campus area. The Cathedral Hill Project would enhance the pedestrian environment and improve the street frontages in the area, by expanding sidewalk widths and the landscaped areas, offering visual relief to pedestrians, and providing a buffer between pedestrians and traffic lanes. Rainwater gardens would be incorporated around the Cathedral Hill Hospital on Geary Boulevard and Post Street. These rain gardens would filter and absorb storm water from the sidewalks and building faces, and potentially from the building roofs and street surfaces. Landscaping along Van Ness Avenue for both the Cathedral Hill Hospital and Cathedral Hill MOB frontages would include tightly spaced matching street trees, and a "seasonal garden" planting strip separating the sidewalk from the curb lane. The entrances to both facilities would have entry plazas and matching flowering trees on either side of Van Ness. The public Emergency Department entrance on Franklin would have an inviting entry plaza, with vertical plantings near the entrance.

The western end of Cedar Street would be transformed into an Entry Plaza for the Cathedral Hill MOB, with a curbless drop-off area defined by tactile warning tiles and lighted bollards. Cedar Street would be planned so that it could be used for special events such as street fairs or markets in the evenings or on weekends, when the Cathedral Hill MOB and Cedar Street businesses would be closed. Cedar Street would be planted with street trees and shrubs, and would include pedestrian-level street lights along its length.

CPMC's streetscape plan has been designed to complement the City-sponsored improvements anticipated as part of the BRT project. The plan for Geary Boulevard west of Van Ness includes a stop for the proposed Geary BRT with a transit plaza. The Van Ness BRT stops are planned for the Van Ness median south of Geary. The final locations of the BRT stops have not been determined; however CPMC will

update its Streetscape Plan accordingly to be consistent with adjustments to the BRT plan. The streetscape plan includes designs for BRT stop shelters. The Cathedral Hill Project includes benches along Geary Street and Post Street to accommodate transit riders. A stop for the CPMC shuttle is planned near the corner of Post Street and Van Ness Avenue, which will provide wind and rain protection and will also include shade trees and seating.

St. Luke's Campus

The St. Luke's Replacement Hospital and MOB Project is part of CPMC's Long Range Development Plan (LRDP) to improve its delivery of citywide health care, and comply with seismic requirements of California law.

The new Replacement Hospital and St. Luke's MOB are major components of CPMC's plans to continue to provide health care services in San Francisco. The new Replacement Hospital is being sited so that it can be built without disrupting services at the existing Hospital Tower. It is being designed, in compliance with SB 1953, to remain operational after a strong earthquake. The Replacement Hospital includes a new 80-bed acute care hospital, and the St. Luke's MOB will provide space for physicians who will be affiliated with the Replacement Hospital, as well as diagnostic and treatment space and space for other outpatient care. The St. Luke's Replacement Hospital and MOB Project will preserve and enhance San Francisco's health care infrastructure in the South of Market area.

Replacement Hospital & MOB

Specifically, the proposal for the St. Luke's Replacement Hospital includes the construction of a new 146,410 gsf, five-story and approximately 99'-0" tall, 80-bed full-service, acute care hospital, sited on the Campus' existing surface parking lot and over a portion of the to-be-vacated San Jose Avenue that has been closed for use as a street since 1968 (and is currently used for parking for the St. Luke's Campus under an encroachment permit). Based on the recommendations of the Blue Ribbon Panel, which the Board of Supervisors commended through Resolution No. 478-08, the new Replacement Hospital will be sited such that the existing hospital can remain in continuous operation during the new hospital's construction. The Replacement Hospital will include Centers of Excellence in Senior and Community Health and an expanded Emergency Department, and may include, but is not limited to, inpatient medical care, diagnostic and treatment space, surgical care, critical care, labor and delivery, and post-partum care. It will also include a cafeteria and an enclosed loading area.

The Emergency Department at the Replacement Hospital will be approximately 11,500 gsf, which is an increase of approximately 4,440 gsf over the existing Emergency Department in the 1957 Building. The new Emergency Department will be a significant improvement over the existing facility, and waiting times for patients should be reduced, because it will have all private treatment spaces. The new Emergency Department will be in the Replacement Hospital, adjacent to Imaging Services; this adjacency will increase efficiency. There will be more support space and improved technology. Waiting time for patients should be reduced by additional flexible triage space. Additionally, many of the non-emergency patient visits would be accommodated by expanding the existing Health Care Center, an urgent care center currently operating out of the Monteagle Office Building. By creating additional capacity via an urgent care center on the St. Luke's Campus, the effective combined Emergency Department and urgent care capacity would increase from about 26,000 visits per year today to approximately 31,600 visits.

After the Replacement Hospital opens and once services are moved into it from the existing Hospital Tower and the 1957 Building, the existing Hospital Tower will be demolished as part of the St. Luke's Near-Term Project. After demolition of the Hospital Tower, the new St. Luke's MOB would be

constructed at that site, also as part of the St. Luke's Near-Term Project. Construction of the St. Luke's MOB is expected to occur after 2015.

The existing uses in the St. Luke's 1957 Building, such as the Emergency Department, surgery, diagnostics and treatment, would be transferred to the Replacement Hospital, and the building would be converted from acute care to support use. The MRI Trailer, and the enclosed passageway connecting to the 1912 Building, would be removed after construction of the St. Luke's MOB. The uses in the MRI Trailer would be transferred to the Replacement Hospital or St. Luke's MOB upon completion. CPMC would also then construct a new 104,008 gsf, five-story and approximately 100'-tall St. Luke's MOB in the existing hospital's place. The St. Luke's MOB would include medical office space for doctors admitting patients to the Replacement Hospital, and would include retail, educational, and conference space, along with a four level underground garage with approximately 219 parking spaces. Vehicular access to the underground parking garage will be from Cesar Chavez and Valencia Streets.

The exterior designs of the Replacement Hospital and St. Luke's MOB were developed with input from the Planning Department staff and the community. The exteriors of the bases of the Replacement Hospital and of the St. Luke's MOB will be durable (tile, stone or brick) and will ground the buildings on the site, engaging users at the pedestrian level. The upper floors will be Glass Fiber Reinforced Concrete (GFRC). Metal panels are used for the canopy which runs along the entire east side of the Replacement Hospital, unifying the upper and lower public plazas and creating a connection from the interior of the Replacement Hospital to the exterior terraced plazas. The soffit of the canopy is continuous between the interior and exterior, further connecting the Replacement Hospital to the organizing element of the Campus, the reestablished and pedestrian oriented San Jose Avenue.

The St. Luke's MOB will be entitled at the same time as the Replacement Hospital, but the design will continue to be refined with Planning staff while the Replacement Hospital is being built since the St. Luke's MOB cannot be built until the existing hospital is demolished. Once built, the new St. Luke's MOB will connect internally to the Replacement Hospital and 1957 Building.

Although the proposed Replacement Hospital is not subject to the San Francisco Building Code and the Green Building Ordinance, CPMC has committed to "building green", and is seeking LEED Certified status for the St. Luke's Replacement Hospital. The St. Luke's MOB is subject to San Francisco's Green Building Ordinance, and will achieve a minimum of LEED Silver certification.

Landscape, Streetscape, and Open Spaces

The new Replacement Hospital and St. Luke's MOB will be organized around landscaped open space that mimics the existing San Jose Avenue alignment between Cesar Chavez Street and 27th Street. This landscaped public plaza would span two levels and would be designed to unify the Campus, mediate the site's significant grade change and provide a public pedestrian pathway along a similar path of travel as the vacated San Jose Avenue right-of-way between Cesar Chavez and 27th Streets. The lower north plaza at Cesar Chavez will front the Replacement Hospital's cafeteria and primary entrance at the northeast corner of the building and the ground floor retail at the base of the St. Luke's MOB. The upper plaza, to the south of the lower plaza, will provide access to the second level of the Replacement Hospital. Stairs against the east face of the Replacement Hospital connect the Campus's south upper plaza at 27th Street and the north lower plaza at Cesar Chavez. A canopy will cover the drop-off area on Cesar Chavez Street and adjacent Replacement Hospital entrance, and continue along the east face of the Replacement Hospital along the public plaza, to provide protection in inclement weather, as is required by the California Building Code. The plazas and adjacent streetscape along Cesar Chavez would be enlivened by activity at the Replacement Hospital's lobby and café, a community room facing the lower plaza, and by the St. Luke's MOB retail along the full Cesar Chavez frontage. All landscaping and street improvements as part

of the St. Luke's Near-Term Project are consistent with and complement the Cesar Chavez Street Design Plan.

Davies Campus

In 2004, CPMC submitted plans with the City outlining the creation of a 46,006 gsf, four-story medical office building (aka Neuroscience Institute), on a portion of the campus that is currently occupied by sections of two surface parking lots containing 64 surface parking spaces. The new Neuroscience Institute would consolidate CPMC's neuroscience programs in a new building at the Davies Campus. At the time of this original application, the project was not considered part of the proposed CPMC Seismic Compliance Hospital Replacement program (also called the Four Campus Master Plan). The Planning Commission approved the Neuroscience Institute project in June 2007; however, in September 2007 the Board of Supervisors heard the environmental appeal (Case No. 2004.0603E), overturned the environmental document (Final Mitigated Negative Declaration), and voted to require that the Neuroscience Institute project be evaluated in the context of CPMC's future development plans.

There have been no changes to the Neuroscience Institute project since the Commission's previous approval, other than (1) the addition of an emergency generator located south of the proposed building (screened from Noe Street); and (2) design changes to the new sidewalk along Noe Street consistent with recently implemented diagonal parking on Noe Street, and from a meandering path to a more straight path of travel, consistent with the City's Better Streets Plan.

The Neuroscience Institute Project proposes the construction of a four-story, 46,006 gsf medical office / clinic building ("the Neuroscience Institute") at the southwest corner of Duboce Avenue and Noe Street. The Neuroscience Institute will contain approximately 19,077 gsf of medical office space, 18,207 gsf of outpatient clinic space, 11,795 gsf of circulation/mechanical/support space, and 1,021 gsf of retail space (pharmacy). The Neuroscience Institute Project also includes a screened exterior generator located to the south of the proposed building, which was not part of the proposal in 2004.

The Neuroscience Institute Project is intended to better accommodate patients at the Davies Campus. The complementary programs and services of Neuroscience/neurosurgery, microsurgery, and acute rehabilitation are being consolidated at the Davies Campus. The new and reconfigured space would house research and treatment facilities for a range of neurological disorders such as amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), Multiple Sclerosis (MS) and Muscular Dystrophy (MD), all painful and debilitating conditions requiring very specialized drop-off, loading, and treatment facilities.

The existing MOB at the Davies Campus is currently near capacity with medical professionals that serve the neighborhood, and cannot accommodate this programmatic need.

The new Neuroscience Institute would conform to the zoning, height, and bulk requirements for the site. The building would be approximately 13 feet in height on the façade nearest Duboce Park, and then step up to a Planning Code height of 40 feet in height along the primary (Noe Street) façade.

The ground floor, Level 1, would hold the main lobby, medical offices, an EEG Clinic, and pharmacy space. The ground-floor lobby would provide improved access to the medical center for ambulatory patients, who would be able to arrive by the nearby N-Judah train and cross Duboce Avenue to the covered entry at the northeast corner of the building. Once inside, they would be able to access the North Tower and the rest of the hospital by taking the elevators to Level 4 and using the interconnecting corridor to corresponding North Tower Level A. Currently, pedestrians who arrive on the N-Judah must climb a steep hill up Duboce Avenue to reach the North Tower hospital entrance. There will be an additional pedestrian entrance on the south end of the building, facing the surface parking lot.

Level 1 would also have the main electrical room and mechanical space containing the major equipment serving the building.

Level 2 of the proposed Neuroscience Institute, located above Level 1, would contain medical offices.

The Neuromuscular ("NM") Clinic would be on Level 3 of the proposed Neuroscience Institute. The NM Clinic would be used for the treatment of various neuromuscular diseases such as Lou Gehrig's disease, Multiple Sclerosis, and Muscular Dystrophy. The clinic would have a vehicular drop-off located between the North Tower and the proposed Neuroscience Institute, permitting disabled patients with large wheelchair and gurney transport vans to have same-level access to the clinic. These patients would use the Neuroscience Institute's internal elevators to access the hospital's North Tower via the interconnecting corridor on Level 4. Vehicular access for the NM Clinic drop-off would be through the existing service drive on Duboce Avenue.

Because of the natural grade of the site, there would be an approximately 4' tall space created between the roof level of the building's 3rd floor and the floor level of the 4th floor (which must align with North Tower Level A). To eliminate unnecessary visual height, some mechanical equipment typically placed at rooftop level is tucked into this interstitial space between floors. In addition, the proposed Neuroscience Institute would use steam, hot water, chilled water, medical gasses and emergency power generated in the existing central plant of the hospital, thereby reducing the amount of roof-top equipment that would otherwise be needed, and eliminating the need for diesel exhaust stacks on the roof of the proposed Neuroscience Institute.

Level 4 would house the admitting, preparatory, and recovery functions for ambulatory surgery that takes place in the North Tower hospital; patients from throughout the building would be able to access the North Tower hospital through an interconnecting corridor on Level 4 (the A level of the hospital).

The Neuroscience Institute Project would also result in the creation of a new "MUNI lobby" at the north end of the building directly connecting, for the first time, the lowest physical level of the Campus with the N-Judah MUNI train line across Duboce Avenue, thereby promoting safe, convenient use of available transit. In addition, the Neuroscience Institute Project would widen the passable width of the sidewalk on Noe Street by expanding the sidewalk westward onto CPMC property as well as eastward at block-end bulbouts; install pedestrian seating along Noe Street; and completely renovate and improve the sidewalk surface and landscape for the length of Noe Street – including the retention of existing Significant trees and the addition of new trees – making the pedestrian experience safer and more attractive.

SITE DESCRIPTION AND PRESENT USE

CPMC currently operates a four-campus hospital system with four acute care hospitals – Davies, California, Pacific, and St. Luke's Campuses – providing a total of 1,174 licensed beds and four full-service emergency departments (one at each hospital). The number of beds and average daily inpatient census is the highest of all hospitals in San Francisco. The CPMC system handles approximately one-third of the City's total hospital discharges, about half of the babies born in the City, and almost one-third of the City's emergency department visits.

Cathedral Hill Campus

The site of the proposed Cathedral Hill Hospital currently contains the Cathedral Hill Hotel and 1255 Post Street office building. The site occupies a full city block – bounded by Van Ness Avenue, Geary Boulevard, Franklin Street, and Post Street – and contains approximately 106,000 square feet of lot area. The site slopes downward to the east along Post Street and Geary Boulevard, and slopes downward to the south along

Franklin Street and Van Ness Avenue. The hotel is 10 stories above grade and 176 feet tall, and the adjacent office building is 11 stories above grade and 180'-tall; these buildings are both vacant, and together they contain approximately 381,791gsf of floor area.

The site of the proposed Cathedral Hill MOB is located on the east side of Van Ness Avenue, between Geary and Cedar Streets (Geary Boulevard becomes Geary Street east of Van Ness Avenue). The site contains approximately 36,200 sf of lot area, and slopes downward to the east along Cedar and Geary Streets, and slopes downward to the south along Van Ness Avenue and the eastern edge of the project site near Polk Street. The site currently contains seven parcels with a variety of ground floor commercial uses, five residential dwelling units, and 20 residential hotel units on upper floors. All of these spaces are vacant.

The sites of the future Cathedral Hill Hospital and Cathedral Hill MOB are located within the RC-4 Zoning District (Residential-Commercial, High Density), Van Ness Special Use District, Van Ness Automobile Special Use District, and 130-V Height and Bulk District.

The RC-4 Zoning District is intended to provide a mixture of high-density dwellings with supporting commercial uses. Hospitals are permitted in this District with Conditional Use authorization.

The Van Ness Avenue Special Use District controls help to implement the objectives and policies of the Van Ness Avenue Plan, which is a part of the General Plan. The key goals of the Van Ness Avenue Plan are to (i) create of a mix of residential and commercial uses along Van Ness Avenue, (ii) preserve and enhance of the pedestrian environment, (iii) encourage the retention and appropriate alteration of architecturally and historically significant and contributory buildings, (iv) conserve the existing housing stock, and (v) enhance the visual and urban design quality of the street. The controls of the special use district include a requirement that new residential uses be provided at a 3:1 ratio to net new nonresidential uses. With a Conditional Use Authorization, this requirement can be modified or waived for institutional uses that serve an important public need that cannot reasonably be met elsewhere in the area.

St. Luke's Campus

St. Luke's Hospital is located in the southeastern quadrant of the City and occupies a full city block, totaling approximately 3.6 acres. It is bounded by Cesar Chavez Street, Valencia Street, Duncan Street, San Jose Avenue, and 27th Street. The campus currently contains eight buildings, totaling approximately 451,868 gsf of floor area and 329 parking spaces. It is licensed for 229 beds.

More specifically, the campus includes the following facilities:

- The **St. Luke's Hospital Tower** has 12 stories above ground and one story below ground, is approximately 197,983 gsf, and is primarily used for inpatient care, skilled nursing, and administrative support. There are eight surface parking spaces north of the Hospital Tower.
- The **1957 Building** has four stories above ground and is approximately 31,724 gsf. It is primarily used for the Emergency Department, diagnostic and treatment space, and support space. There are 106 parking spaces associated with this building; 74 spaces on a surface parking lot; and 32 street spaces along San Jose Avenue.
- The **1912 Building** has four stories above ground, is approximately 26,280 gsf, and is primarily used for hospital administration, outpatient care, diagnostic and treatment space, support space, and the chapel.
- The **Monteagle Medical Center** has eight stories above ground and one story below ground and is approximately 90,005 gsf which includes medical office space, outpatient care space, diagnostic and treatment space, and support space.

- The **Redwood Administration Building** is a portable one-story building containing approximately 2,400 gsf which is used for hospital administration.
- The **Hartzell Building** has two stories above ground and one story below ground and has approximately 18,506 gsf primarily used for office and educational uses for the Samuel Merritt School of Nursing.
- The **Duncan Street Parking Garage** is two stories above ground and contains approximately 83,370 gsf for 215 parking spaces. There are an additional 114 off-street surface parking spaces on the St. Luke's Campus, including in a surface parking lot to the west of San Jose Avenue, for a total of 329 parking spaces.
- The one story **MRI Trailer** provides 1,600 gsf and is used for diagnostic and treatment space.

Several buildings on the campus are connected to each other: the Hospital Tower, the 1957 Building, the 1912 Building, and the Monteagle Medical Center connect north to south through internal corridors at various levels; and the MRI Trailer is connected via an enclosed passageway to the 1912 Building.

The St. Luke's Campus is located in the RH-2 Zoning District (Residential, House, Two-Family), which allows a hospital with a Conditional Use Authorization. The RH-2 Districts are devoted to one-family and two-family houses. In some cases, group housing and institutions are found in these areas, although nonresidential uses tend to be quite limited.

Davies Medical Center

The Davies Campus is an entire city block, comprising approximately 7.2 acres, bounded by Duboce Avenue, Noe, 14th, and Castro Streets. It includes approximately 501,000 gross square feet of floor area within five buildings: the Davies Hospital North Tower, the Davies Hospital South Tower, the Rehabilitation Center, the 45 Castro Medical Office Building, and a 290-space parking garage. The Davies Campus also includes 206 additional off-street surface parking spaces, for a campus total of 496 off-street parking spaces.

The Davies Campus is located in the RH-3 Zoning District (Residential, House, Three-Family), which allows a hospital with a Conditional Use authorization. The RH-3 Districts have many similarities to RH-2 Districts, but structures with three units are common in addition to one-family and two-family houses. Nonresidential uses are more common in these areas than in RH-2 Districts.

CPMC has completed several construction projects over the last few years at the Davies Campus, including the seismic strengthening of the North Tower, which contains the acute care hospital facilities. Rehabilitation of Davies' acute care hospital to an "SPC-2" level (described below) meets the requirements of SB 1953, allowing it to operate until 2030.

SURROUNDING PROPERTIES AND NEIGHBORHOOD

Cathedral Hill Campus

The neighborhoods surrounding the Cathedral Hill Campus site include Cathedral Hill, the Tenderloin, the Polk Street NCD, the Western Addition, Civic Center, Little Saigon, Japantown and Lower Pacific Heights. Although the surrounding neighborhoods contain predominately low- and mid-rise structures, there are a number of large-scale high-rise apartment buildings[3] and several large commercial buildings[4] in

[3] Including the Cathedral Hill Towers building at 1200 Gough Street, the Sequoias Apartment building at 1400 Geary Boulevard, and the Daniel Burnham Court complex at 1 Daniel Burnham Court.

the Van Ness Avenue corridor. The Cathedral Hill neighborhood is also known for its prominent houses of worship, including St. Mary's Cathedral, St. Mark's Lutheran Church, First Unitarian Universalist Church of San Francisco, and Hamilton Square Baptist Church.

St. Luke's Campus

The St. Luke's Campus is in the greater Mission neighborhood, surrounded by the Inner Mission, Outer Mission, Glen Park, Bernal Heights, Precita Valley, Diamond Heights and Noe Valley neighborhoods. The neighborhood contains a mix of residential uses, including single-family dwellings, duplexes and small apartment buildings. Retail uses are scattered through the area, mainly on Cesar Chavez, Mission, and Valencia Streets. On Mission Street, retail stores and other commercial uses form a continuous corridor of commercial activity. Mission Street draws shoppers, customers and business clients from beyond the immediate neighborhood of the St. Luke's Campus.

Davies Medical Center

The neighborhoods surrounding the Davies Campus are predominantly zoned RH-3 (Residential House, Three-Family) and P (Public). The general character of the surrounding area is a mixture of two- and three-family dwellings ranging in height between three and four stories tall. Duboce Park is directly across Duboce Avenue and to the north of the Davies Campus .

ENVIRONMENTAL REVIEW

On July 21, 2010, the Department published a Draft Environmental Impact Report ("DEIR") for the LRDP Project for public review (Case No. 2005.0555E). The DEIR was available for public comment until October 19, 2010. On September 30, 2010, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting to solicit comments regarding the DEIR. On March 29, 2012, the Department published a Comments and Responses document, responding to comments made regarding the DEIR for the LRDP Project[5].

HEARING NOTIFICATION REQUIREMENTS

TYPE	REQUIRED PERIOD	REQUIRED NOTICE DATE	ACTUAL NOTICE DATE	ACTUAL PERIOD
Classified News Ad	20 days	April 6, 2012	April 6, 2012	20 days
Posted Notice	20 days	April 6, 2012	April 6, 2012	20 days
Mailed Notice	20 days	April 6, 2012	April 6, 2012	20 days

The proposal requires a Section 311-neighborhood notification for the Davies and St. Luke's Campuses, which was conducted in conjunction with the Conditional Use authorization process.

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[4] Including the AMC Theaters at 1000 Van Ness Avenue, the Holiday Inn at 1500 Van Ness Avenue, and the former Ellis Brooks Chevrolet Dealership at the corner of Van Ness Avenue and Bush Street.

[5] The Near-Term Projects that are before the Commission are consistent with the Project Description in the FEIR. In some cases, the gsf numbers in the approval documents vary from, and are less than, those in the FEIR. This is because as part of the approval process, staff reviewed the gsf numbers under the methodology set forth in Planning Code Section 102.9, and further refined the total square footage numbers to reflect Planning Code gross square footage. The variation in gsf is a result of that process, and does not reflect actual changes in building square footage, envelope, program or otherwise.

PUBLIC COMMENT

The Department has received hundreds of written communications in support of and opposition to the LRDP Project from individuals, business owners, labor organizations, and non-profit organizations, as well as expressions of support and opposition at various public meetings, including the DEIR hearing on September 23, 2010; informational hearings at the Planning Commission on March 10, 2011, May 12, 2011, and June 9, 2011; and at the Initiation hearing on April 5, 2012.

ISSUES AND OTHER CONSIDERATIONS

- <u>St. Luke's Campus</u>

  Planned Unit Development Modifications: The St. Luke's Replacement Hospital and MOB Project does not strictly conform to several aspects of the Planning Code. As part of the Planned Unit Development (PUD) process, the Commission may grant modification from certain requirements of the Planning Code for projects that exhibit outstanding overall design and are complementary to the design and values of the surrounding area. The Near-Term Projects on the St. Luke's Campus request modification of the existing PUD for the campus to allow exceptions from regulations related to rear yard requirements, restrictions on projections into streets and alleys, to height and bulk restrictions for buildings over 40 feet in the RH-2 District, and off-street parking requirements.

  Height Reclassification. The Replacement Hospital would be approximately 99'-0", exceeding the existing height limit of 65'-0"that applies to the portion of the Campus where the Replacement Hospital would be sited. The St. Luke's MOB would be approximately 100'-0", and although it would not exceed the zoned height for that portion of the Campus, which is 105'-0", it would exceed the height limit mapped in the General Plan. Zoning Map and General Plan Map Amendments would be required to reclassify these heights and allow the Near-Term Projects to proceed.

  Bulk. The St. Luke's Campus is currently subject to bulk limits under General Plan Urban Design Element Map 5 (Urban Design Guidelines for Bulk of Buildings), which establishes a maximum plan dimension of 110 feet and maximum diagonal plan dimension of 125 feet applicable to portions of buildings above a height of 80 feet. The St. Luke's Campus is subject to split Height and Bulk Districts under Planning Code Height and Bulk Map HT07: the portion of the Campus with the existing Hospital Tower is currently zoned with an "-E" bulk designation; whereas the portion of the Campus containing the existing surface parking is currently zoned for "-A". Pursuant to Planning Code Section 270, the "-E" Bulk Designation limits development to a maximum length and diagonal dimension of 110'-0" and 140'-0", respectively, for development over 65'-0", and the "-A" Bulk Designation limits development to a maximum length and diagonal dimension of 110'-0" and 125'-0", respectively, for development over 40'-0". The Planning Commission may grant modifications to these criteria through the exception process of Section 271.

  The St. Luke's Replacement Hospital and MOB Project includes an amendment to General Plan Urban Design Element Map 5 to increase the bulk limitations to maximum plan and maximum diagonal plan dimensions of 227'-0" and 270'-0", respectively, for the Replacement Hospital site, and 204'-0" and 228'-0", respectively, for the St. Luke's MOB site. It also includes a Zoning Map

Amendment to redesignate the entire St. Luke's Campus within the "E" Bulk Designation to allow a deviation from the bulk requirements of the "E" Height and Bulk District otherwise applicable to buildings over 40 feet within the RH-2 District through a Conditional Use authorization, due to the unique massing and volume requirements for medical facilities, in order to allow the development of the St. Luke's Replacement Hospital and MOB Project with the proposed building dimensions.

- <u>Cathedral Hill Campus</u>

Conditional Use Authorization. The Cathedral Hill Project requires Conditional Use authorization as follows: (1) to allow a Medical Center within the RC-4 District and pursuant to the provisions for the Van Ness Special Use District ("VNSUD"); (2) to allow construction of buildings over 50'-0" in an RC-4 District; (3) to authorize demolition of five residential dwelling-units at the MOB site; (4) to modify standards for active ground floor uses and width of curb cuts; (5) to provide an exception to allow wind speeds greater than 11 mph at certain sidewalk locations around the perimeter of the Medical Center; (6) to modify the bulk limits applicable to the Cathedral Hill Hospital and MOB sites; and (7) to modify the 3:1 residential to net new non-residential ratio requirement in the VNSUD. Several of these Conditional Use authorizations are the result of Planning Code Text Amendments to the VNSUD, which enable the project to seek Conditional Use authorizations to modify provisions of the Code that would not otherwise be in conformity.

Van Ness Area Plan Amendments. The Cathedral Hill Project includes amendments to several components of the Van Ness Area Plan, in order to support a high density medical center at the transit nexus of Van Ness Avenue and Geary Boulevard/Street. Specifically, it includes amendments to: (1) modify the text of the Van Ness Area Plan to allow a medical center at the transit nexus of Van Ness and Geary Boulevards and reflect various elements of this use, including but not limited to making the Cathedral Hill Project subject to the City's Better Streets Plan, rather than several of the specific streetscape requirements of the Van Ness Area Plan; (2) Map 1 to designate the sites proposed for the new Cathedral Hill Hospital and MOB as "The Van Ness Medical Use Subdistrict", and to increase the allowable FAR for the Cathedral Hill Hospital Site from 7:1 to 9:1, and to increase the FAR for the Cathedral Hill MOB site from 7:1 to 7.5:1; and (3) Map 2 to create a 265-V Height and Bulk District coterminous with the Cathedral Hill Hospital site.

General Plan Urban Design Element Amendments. The Cathedral Hill Project includes amendments to the General Plan Urban Design Element, to: (1) Map 4 to increase the maximum height applicable to the Cathedral Hill Hospital site of 265'-0"; and (5) Map 5 to reflect the proposed to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 385' and 466', respectively, for the Cathedral Hill Hospital site and 265' and 290', respectively, for the Cathedral Hill MOB site. **Height Reclassification.** The Cathedral Hill Hospital would be approximately 265'-0", exceeding the existing height limit of 130'-0"as set forth in the Planning Code Height and Bulk Map HT02, and the maximum height limit of 240'-0" as set forth in the General Plan Urban Design Element Map 4 . In addition to the amendment to General Plan Urban Design Element Map 4 described above, a Zoning Map Amendment would be required to reclassify the Cathedral Hill Hospital site to the proposed height, and to allow the Cathedral Hill Project to proceed.

Bulk. The Cathedral Hill Campus is currently subject to bulk limits under General Plan Urban Design Element Map 5 (Urban Design Guidelines for Bulk of Buildings), which establishes a maximum plan dimension of 110 feet and maximum diagonal plan dimension of 140 feet applicable to portions of buildings above a height of 40 feet at the Cathedral Hill Hospital site, and a maximum plan dimension of 110 feet and maximum diagonal plan dimension of 125 feet applicable to portions of buildings above a height of 80 feet at the Cathedral Hill MOB site. The Cathedral Hill Campus is currently zoned with an "-V" bulk designation. Pursuant to Planning Code Sections 243 and 270, the "-V" Bulk Designation limits development to a maximum length and diagonal dimension of 110'-0" and 140'-0", respectively, for development over 50'-0". The Planning Commission may grant modifications to these criteria through the exception process of Section 271.

The proposed maximum length and diagonal dimensions of 385'-0" and 466'-0", respectively, for the Cathedral Hill Hospital, and 265'-0" and 290'-0", respectively for the Cathedral Hill MOB exceed the maximum allowed dimensions in General Plan Urban Design Element Map 5 and Planning code Section 270 and therefore require a General Plan Amendment to Map 5, as described above, and Conditional Use authorization.

In addition to the General Plan and Zoning Map Amendments described above, the Cathedral Hill Project includes Planning Code Text Amendments, to allow a deviation from the bulk requirements of Section 243 and 270 for a medical center project within the VNSUD, Van Ness Medical Use Subdistrict, due to the unique massing and volume requirements for medical facilities, if authorized as a Conditional Use authorization. Almost all hospital buildings require exceptions from bulk limits, and the requested exception from bulk limits is consistent with precedent from other hospital approvals.

- <u>Davies Campus</u>

Planned Unit Development Modifications. The Neuroscience Institute Project does not strictly conform to the rear yard requirements of the Planning Code. As part of the PUD process, the Commission may grant modification from certain requirements of the Planning Code for projects that exhibit outstanding overall design and are complementary to the design and values of the surrounding area. CPMC is seeking such a modification to the existing PUD for the Davies Campus to allow an exception to the rear yard requirements of the Planning Code.

- **CPMC's Seismic Safety Requirements:** CPMC's LRDP is driven by California's strict seismic standards for hospitals. Currently, CPMC operates a four campus hospital system with four acute care hospitals: Davies, California, Pacific, and St. Luke's. Due to state law, specifically the 1972 Alquist Priolo Act, as amended by Senate Bill (SB) 1953 and subsequent legislation, all acute care hospitals must meet or exceed performance standards intended to result in the hospitals being life-safe or operational after a major earthquake. CPMC is one of four hospitals in the City currently planning to build new facilities to comply with Structural Performance Category (SPC) 5, the most stringent seismic requirements of SB 1953; UCSF and SF General Hospital are under construction, while CPMC and Chinese Hospital have applications pending with the Planning Department.

The Structural Performance Categories are ratings of seismic safety. They range from SPC-1, the lowest possible structural performance category (wherein buildings pose a significant risk of collapse and a danger to the public after a strong earthquake), to SPC-5, the highest category

(wherein buildings are in compliance with the structural provisions of SB 1953 and are projected to be able to remain not just life-safe but operational following strong ground motion).

SPC ratings 4, 3, and 2 are assumed to remain life-safe after a major seismic event, but not necessarily fully operational. Acute care hospitals with SPC ranking 1, considered a collapse hazard, must have been retrofitted by 2008, or have elected to rebuild their hospital to an SPC-5 standard by 2013. Successor legislation to SB 1953, including SB 1661, SB 608, and most recently SB 90, have added progress reporting requirements and allowed for compliance extensions to accommodate, among other things, the time required to receive local approvals to build. Via SB 90, for example, an extension beyond 2013 is available, but a final deadline (with completion no later than 2020) is not set until hospitals can evidence a reliable funding and construction plan for compliance.

None of CPMC's existing hospitals are comprised entirely of SPC-5 –rated buildings. Only the Davies Campus was able to be retrofitted to SPC-2 by the 2008 deadline, allowing CPMC to provide acute care services in the rehabilitated buildings until 2030. The remaining three campuses – California, Pacific, and St. Luke's Campuses – have some or all component facilities currently rated SPC-1 and are required to be retrofitted or rebuilt as described above. Below is a list of CPMC's current acute-care hospitals' SPC ratings (and number of respective buildings on campus at each rating):

- California: SPC-1 (10 buildings), SPC-4 (1 building), SPC-5 (1 building);
- Pacific: SPC-1 (2 buildings);
- St. Luke's: SPC-1 (1 building), SPC-2 (1 building), SPC-4 (1 building);
- Davies: SPC-1 (2 buildings), SPC-2 (2 buildings)

- **Development Agreement ("DA"):** A DA is in general terms a contract between the City and the developer that provides greater security and flexibility to both parties, and that can result in greater public benefits in exchange for developer certainty. Development Agreements are typically used for large-scale projects with substantial infrastructure investment and multi-phase build outs. Should the Commission certify the EIR and decide to approve the Near-Term Projects, the intent is for the City and CPMC to enter into a DA. Approval of the DA and the concurrent enabling ordinances would allow both parties to receive certain benefits that could not be guaranteed through the normal entitlement process. This partnership would rebuild seismically vulnerable hospitals and move San Francisco's healthcare system into the future. The Near-Term Projects would double the number of seismically safe hospital beds in San Francisco, inject $2.5 billion into the City's economy, create 1,500 new construction jobs and provide $1.1 billion in community benefits.

- **Bus Rapid Transit Update:**
The San Francisco County Transportation Authority (SFCTA) is leading the proposed Van Ness BRT and Geary Corridor BRT projects, in partnership with the San Francisco Municipal Transportation Agency. The proposed Van Ness Avenue BRT project team circulated the project's Draft EIS/EIR from November 4, 2011 to December 23, 2011, and is currently in the process of responding to comments. The SFCTA and SFMTA will be selecting a locally preferred alternative (LPA) from one of the three build alternatives analyzed in the Draft EIS/EIR this spring. Project staff will present an informational update to the Planning Commission once SFCTA and SFMTA have made a recommendation on the LPA. The Van Ness BRT project has secured $55M in funding from the Federal Transit Administration Small Starts program. The proposed Van Ness

BRT project costs range by alternative from $90M to $130M. Additional planned funding sources for the project include $20M in programmed Prop K transportation sales tax funds and other regional and State grant programs. The project schedule anticipates start of construction in mid-2015 and an opening date in late 2016.

The proposed Geary BRT project team is in the midst of environmental studies and technical studies to refine the project design. The Draft EIS/EIR for the proposed Geary Corridor BRT is scheduled to be circulated in late 2013. The project's estimated cost is $248M and funding planned to date includes $75M from FTA Small Starts program, $30M in programmed Prop K transportation sales tax funds, and other potential local, regional, federal and private sources. Construction of the proposed Geary Corridor BRT is expected to begin in 2017 and end near 2019. The CPMC LRDP FEIR analysis includes both with and without the proposed BRT scenarios.

- **Follow-up from Initiation Hearing on April 5, 2012.** The Planning Commission had several follow-up questions and suggestions related to CPMC's LRDP – in addition to questions about the status of the BRT – during the Initiation hearing on April 5, 2012. City staff is working through these items and will be prepared with responses under separate cover on or before the April 26, 2012 hearing.

REQUIRED COMMISSION ACTION

In order for the Near-Term Projects to proceed, the Commission must take the following actions:

(1) Certify the Final Environmental Impact Report

(2) Adopt findings under the California Environmental Quality Act, including findings rejecting alternatives as infeasible and adopting a Statement of Overriding Considerations and a Mitigation, Monitoring, and Reporting Program;

(3) Recommend approval to the Board of Supervisors of the following General Plan Amendments:

a. Cathedral Hill Campus:

i. **Van Ness Area Plan:** (a) to amend the text of the Van Ness Area Plan to support a high density medical center, consistent with the City's Better Streets Plan, at the transit nexus of Van Ness Avenue and Geary Boulevard and reflect various elements of this use; (b) to amend Map 1 to designate the sites proposed for the new Cathedral Hill Hospital and MOB as "The Van Ness Medical Use Subdistrict,", and to increase the allowable Floor Area Ratio (FAR) for the Cathedral Hill Hospital site from 7:1 to 9:1; and for the Cathedral Hill MOB site from 7:1 to 7.5:1; (c) to amend Map 2 to create a 265-V District coterminous with the Cathedral Hill Hospital site, in order to amend the height limit for the Cathedral Hill Hospital site from 130' to 265'.

ii. **Urban Design Element:** (a) to amend Map 4 to reflect the proposed height maximum of 265'-0", for the Cathedral Hill Hospital site; and (b) to amend Map 5 to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 385' and 466', respectively, for the Cathedral Hill Hospital site and 265' and 290', respectively, for the Cathedral Hill MOB site.

b. St. Luke's Campus:

i. **Urban Design Element:** (a) to amend Map 4 to reflect the proposed height maximum of 105'-0", for the St. Luke's Campus; and (b) to amend Map 5 to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 227' and 270', respectively, for the Replacement Hospital site and 204' and 228', respectively, for the St. Luke's MOB site.

(4) Adopt findings of consistency with the San Francisco General Plan and Planning Code Section 101.1, those actions required for implementation of the Near Term Projects in the LRDP and associated legislation, and for adoption of the Development Agreement, and including those actions required by Charter Section 4.105 for General Plan Referral.

(5) Recommend approval to the Board of Supervisors of the Planning Code Text Amendments:

a. Cathedral Hill Campus:

i. **Section 243:** To amend the Van Ness Special Use District to create the Van Ness Medical Use Subdistrict, which would include the following provisions:

1. Allow an FAR of up to 9:1 for the Cathedral Hill Hospital site, and up to 7.5:1 for the Cathedral Hill MOB site;
2. **Section 136.1** – Allow modification of otherwise applicable standards for building projections to allow for coverage of drop-off and entry areas required by medical facilities;
3. **Section 136(c)(1)(B)** – Allow modification of otherwise applicable standards for obstructions over streets or alleys to allow architectural features that achieve appropriate articulation of building facades and that reduce pedestrian level wind currents;
4. **Section 145.1** – Allow modification through Conditional Use Authorization of otherwise applicable street frontage requirements as necessary for large-plate medical facilities on sloping sites with multiple frontages;
5. **Section 151 and 204.5** – Allow modification through Conditional Use authorization of otherwise applicable parking standards for medical centers, provided that the amount of parking provided shall not exceed 150% of the number of spaces otherwise allowed by the Planning Code;
6. **Section 154(b)** – Allow modification through Conditional Use authorization of otherwise applicable loading standards to allow appropriate loading facilities unique to medical centers;
7. **Section 270 and 271** – Allow modification through Conditional Use Authorization of otherwise applicable bulk standards to allow for the unique massing requirements of medical facilities.

ii. **Section 124(d):** To amend section 124(d) to allow an FAR of up to 9:1 for the Cathedral Hill Hospital site, and up to 7.5:1 for the Cathedral Hill MOB site.

b. St. Luke's Campus:

i. Add Section 249.68: to establish the Cesar Chavez/Valencia Streets Medical Use Special Use District and to allow and FAR of up to 2.5 to 1 within the new Cesar Chavez/Valencia Streets SUD.

ii. Amend Section 124 to add subsection "k" to increase the FAR from 2.25:1.0 to 2.5:1.0 within the boundaries of the St. Luke's Campus.

(6) Recommend approval to the Board of Supervisors of the following Zoning Map Amendments

a. Cathedral Hill Campus:

i. Map SU02: to show the boundaries of the Van Ness Special Use District, Van Ness Medical Use Subdistrict.

ii. Map HT02: to reclassify the height and bulk district for the Cathedral Hill Hospital site from 130-V to 265-V, in order to allow a maximum height of 265'-0".

b. St. Luke's Campus:

i. Map SU07: to show the boundaries of the Cesar Chavez/Valencia Streets Medical Use SUD.

ii. Map HT07: to reclassify the height and bulk district for the portion of the St. Luke's Campus currently designated as 65-A (i.e., the Replacement Hospital site and remaining portions of the existing surface parking lot west of San Jose Avenue and the to-be-vacated area of San Jose Avenue between Cesar Chavez and 27th Streets) to 105-E.

(7) Approve the following Conditional Use authorizations, pursuant to Section 303:

a. Cathedral Hill Campus:

i. To allow (1) the Cathedral Hill Hospital and MOB as a conditional use medical center use within the RC-4 District and pursuant to the provisions for the Van Ness Special Use District (Sections 209.3, 243) ; (2) construction of buildings over 50'-0" in an RC-4 District (Sections 243, 253); (3) demolition of five residential dwelling-units at the Cathedral Hill MOB site (Section 317); (4) modification of standards for active ground floor uses and width of curb cuts (Section 145.1); (5) exception to allow wind speeds greater than 11 mph at certain sidewalk locations around the perimeter of the Campus (Section 243); (6) modification of the bulk limits applicable to the Cathedral Hill Hospital and MOB sites (Section 270, 271); (7) modification of the 3:1 residential to net new non-residential ratio requirement in the Van Ness SUD (Section 243).

b. St. Luke's Campus:

i. To amend the existing PUD for CPMC's St. Luke's Campus (Sections 209.3(a), 209.9(b), 304), to allow (1) modifications to the rear yard and off-street parking requirements (Sections 134 and 151); (2) to allow exceptions from the dimension limitations for projections over streets or alleys as part of the PUD (Section 136); (3) to allow buildings over 40'-0" in an RH-2 District (Section 253); and (4) to allow deviation from otherwise applicable bulk limits (Sections 270, 271).

c. Davies Campus:

i. To amend the existing PUD for CPMC's Davies Campus (Sections 209.3(a), 304) to allow modifications to the rear yard requirements (Section 134).

(8) Approve Office Allocation:

a. Cathedral Hill Campus: allocate 248,254 sf

b. St. Luke's Campus: allocate 99,848 sf

(9) Approve the General Plan Referrals for the St. Luke's and Cathedral Hill Campuses

(10) Recommend approval of the proposed draft Development Agreement to the Board of Supervisors.

BASIS FOR RECOMMENDATION

- CPMC has provided quality health care to the San Francisco community for over 150 years. It is the largest medical center in the City, and is presently responsible for about one-third of all hospitalizations, about one-half of all births in the City, about 40 percent of all patients receiving health services in the City and almost 40 percent of emergency visits. Each year CPMC cares for more than 75,000 persons in its emergency departments. The LRDP would ensure CPMC's continued existence and viability in San Francisco.
- CPMC's acute care hospitals on the existing St. Luke's, California and Pacific Campuses do not meet State seismic standards. Regardless of the State legal mandate, it is in the public interest that CPMC meet these seismic standards as soon as possible. The LRDP achieves the objective of allowing CPMC's facilities to be rebuilt to meet the desired and legally mandated seismic standards.
- The LRDP allows CPMC to build two modern state-of-the art seismically safe hospitals (at St. Luke's and the new Cathedral Hill Campus), to replace the three seismically non-compliant hospitals, without any interruption in delivery of acute care services at existing medical service facilities due to construction. CPMC would also continue to provide seismically safe acute-care services at the previously retrofitted Davies Hospital North Tower through 2030.
- CPMC's facilities, particularly if they are rebuilt to remain operational after an earthquake, are an essential part of the City's preparation for, and ability to respond to a disaster. If CPMC were not to build the new hospitals, the City would lose approximately one-third of all acute care beds, and three full-service emergency departments, one of which provides specialty pediatric emergency care.
- Construction of the Near-Term Projects in the LRDP will double the number of earthquake safe beds in San Francisco, inject about $1.9 billion into the local economy during the next five years, and create 1,500 high paying union construction jobs.
- The LRDP would allow the City to retain CPMC as a substantial employer, employing approximately 6,200 persons, of which about half are San Francisco residents. The LRDP would also permit the City to retain and enhance its domestic and international reputation as an education, training, and research center for medical services that benefit the residents of San Francisco. This benefits the City and its residents because it will attract patients, doctors and researchers to San Francisco.

- Under the terms of the Development Agreement, CPMC would increase entry-level local construction employment and internship opportunities. CPMC would make good faith efforts to achieve 30% local hire measured by construction trade hours for the Near-Term Projects under the LRDP overall for each contractor, by each trade. CPMC would achieve 50% local hire for new entry-level administrative and engineering positions and internships, would fill half of all new apprentice positions with graduates from the CityBuild Academy, and would create and administer a structured program to advance apprentices from CityBuild Academy to journey-level status in their trade by the end of the Project. CPMC plans to hire at least 40 San Francisco-resident permanent entry-level hires annually for five years, representing just under half of all entry level hires, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods. CPMC would also provide $2 million for community workforce services, which would provide grants to community-based organizations through the City's Office of Economic and Workforce Development for recruitment, training, and job retention services.
- CPMC's LRDP will assure the availability of modern and high quality, general and specialized inpatient and out-patient, emergency and urgent health care to the residents of San Francisco, including seniors, Medicare, Medi-Cal, insured and un-insured.
- Under the LRDP, the Davies Campus, which has already undergone a number of renovations, will continue to specialize in health care for people with HIV/AIDS, include a new neuroscience center, and provide microsurgical services and rehabilitation care following serious illness or injury.
- The LRDP will assure the availability of medical offices for physicians located near hospital facilities to serve the residents of San Francisco.
- The new St. Luke' Replacement Hospital would be a full-service community hospital integrated into the CPMC city-wide system of care. It would provide critical services including Obstetrics/Gynecology, Medical/Surgical, Intensive Care and Urgent Care, as well as Centers of Excellence in Senior and Community Health.
- By creating additional capacity via an urgent care center on the St. Luke's Campus, the effective urgent and emergency capacity would increase substantially. The expanded department will be critical in serving the southeastern portion of San Francisco, and in preventing overburdening of the San Francisco General Hospital Emergency Department.
- Emergency services, including psychiatric emergency care, would be provided at the St. Luke's, Davies and Cathedral Hill Campuses. These emergency departments serve patients regardless of ability to pay.
- The 18 psychiatric inpatient beds in the mental health center on the Pacific Campus would remain in service.
- CPMC would ensure a skilled nursing facility (SNF) capacity of 100 beds to serve its patients, including retaining 38 beds currently located at the Davies Campus. The remaining beds would be on CPMC campuses or in the community.
- Under the terms of the proposed Development Agreement, CPMC would commit to providing services to the poor and underserved, including traditional charity care, hospital care for

additional Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan, unpaid costs and other benefits for the poor and underserved. Specifically, CPMC would commit to:

- Two new, seismically-safe hospitals, at the St. Luke's and Cathedral Hill campuses;
- A secure future for St. Luke's hospital;
- Significantly increased provision of healthcare for low-income and underserved San Franciscans, including hospital care for 10,000 additional Medi-Cal beneficiaries, which represents one-third of the City's new Medi-Cal beneficiaries expected under federal healthcare reform;
- $20 million endowment by CPMC of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations; and
- Funding to develop capacity of one or more Tenderloin clinics to participate in Medi-Cal managed care.

- Under the terms of the proposed Development Agreement, CPMC would provide additional funding to the City, including:
  - $62 million for affordable housing, to replace the 20 residential hotel units and five dwelling units displaced, fund new affordable rental units, and to help moderate income CPMC employees purchase a home in San Francisco, resulting in approximately 320 affordable units [145 from initial $29M payments; 175 from DALP recapture] to the market over 13 years, and assisting at least 145 moderate income CPMC employees buy a home in San Francisco.
  - $20 million from CPMC for MTA transit facilities and service.
  - $13 million from CPMC for pedestrian safety and streetscape improvements.
- The new Cathedral Hill Hospital would be centrally located, at the intersection of two major transit hubs, in a location that is central to San Francisco populations, and near underserved neighborhoods with the highest population density, the most seniors, and the most low income residents.
- The LRDP will be constructed at no cost to the City, and will provide substantial direct and indirect economic benefits to the City.
- The LRDP is necessary and desirable, is compatible with the surrounding neighborhoods, and would not be detrimental to persons or adjacent properties in the vicinity.

RECOMMENDATION:	**Approval with Conditions**

Attachments:
Draft Certification Motion
Draft CEQA Findings Motion, including Mitigation, Monitoring, and Reporting Program
Draft Resolutions and Ordinances for General Plan Amendments
Draft Motion for General Plan and Planning Code Section 101.1 Consistency Findings
Draft Resolutions and Ordinances for Planning Code Text Amendments
Draft Resolution and Ordinance for Zoning Map Amendments
Draft Motions for Conditional Use Authorization

Draft Motions for Office Allocation
Draft Motions for General Plan Referral
Draft Resolution and Ordinance for Development Agreement
Block Book Map
Sanborn Map
Zoning Map
Aerial Photographs
Height and Bulk Maps
Photo Simulations
Graphics Package from Project Sponsor, including Plans and Renderings

SAN FRANCISCO
PLANNING DEPARTMENT

Planning Commission Resolution No. 18597

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Planning Code Text Amendment
Zoning Map Amendment
HEARING DATE: APRIL 26, 2012

Date:	April 12, 2012
Case No.:	2005.0555E; 2009.0885MTZCBRSK; 2012.0403W
Project Address:	1100, 1101 Van Ness Avenue; 1255 Post Street, 1020, 1028-1030, 1034-1036, 1040—1052, 1054-1060, 1062 Geary Street
Zoning/Ht. & Blk.	RC-4/Van Ness Special Use District/130-V
Proposed Zoning/ Height & Bulk:	Van Ness Special Use District, Van Ness Avenue Medical Use Subdistrict 265-V (Hospital site), 130-V (MOB site)
Assessor's Block/Lot:	0695/005, 006; 0694/005, 006, 007, 008, 009, 009A, 010
Project Sponsor:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
Staff Contact:	Elizabeth Watty – (415) 558-6620 Elizabeth.Watty@sfgov.org

RECOMMENDING THAT THE BOARD OF SUPERVISORS ADOPT FINDINGS RELATING TO: (1) AMENDMENTS TO THE PLANNING CODE TO (A) AMEND SECTION 243, THE VAN NESS SPECIAL USE DISTRICT, TO CREATE A NEW VAN NESS MEDICAL USE SUBDISTRICT THAT WOULD (i) ALLOW AN FAR UP TO 9:1 FOR THE CATHEDRAL HILL HOSPITAL SITE AND 7.5:1 FOR THE CATHEDRAL HILL MOB SITE; (ii) ALLOW MODIFICATION OF OTHERWISE APPLICABLE STANDARDS FOR BUILDING PROJECTIONS UNDER SECTION 136.1; (iii) ALLOW MODIFICATION OF OTHERWISE APPLICABLE STANDARDS FOR STREET FRONTAGE REQUIREMENTS UNDER SECTION 145.1; (iv) ALLOW MODIFICATION OF OTHERWISE APPLICABLE PARKING STANDARDS UNDER SECTIONS 151 AND 204.5 FOR MEDICAL CENTERS, PROVIDED THE AMOUNT OF PARKING SHALL NOT EXCEED 150% OF THE NUMBER OF SPACES OTHERWISE ALLOWED BY THE PLANNING CODE; (v) ALLOW MODIFICATION OF OTHERWISE APPLICABLE STANDARDS FOR LOADING UNDER SECTION 152; (vi) ALLOW MODIFICATION OF OTHERWISE APPLICABLE STANDARDS FOR OBSTRUCTIONS OVER STREETS AND ALLEYS UNDER SECTION 136; AND (vii) ALLOW MODIFICATION OF OTHERWISE APPLICABLE BULK STANDARDS UNDER SECTIONS 270 AND 271; AND (B) AMEND SECTION 124(D) TO ALLOW AN FAR UP TO 9:1 FOR THE CATHEDRAL HILL HOSPITAL SITE AND 7.5:1 FOR THE CATHEDRAL HILL MOB SITE; AND (2) AMENDMENTS TO THE PLANNING CODE ZONING MAP TO (A) AMEND MAP HT02 TO RECLASSIFY THE CATHEDRAL HILL HOSPITAL SITE FROM 130-V TO 265-V HEIGHT AND BULK DISTRICT; AND (B) AMEND MAP SU02 TO SHOW THE BOUNDARIES OF THE VAN NESS MEDICAL USE SUBDISTRICT; AND (3) MAKE AND ADOPT FINDINGS, INCLUDING FINDINGS

UNDER PLANNING CODE SECTION 302, ENVIRONMENTAL FINDINGS AND FINDINGS OF CONSISTENCY WITH THE GENERAL PLAN AND THE EIGHT PRIORITY POLICIES OF PLANNING CODE SECTION 101.1.

PREAMBLE

On June 10, 2005, Ralph F. Marchese of the Marchese Company, Inc., on behalf of the California Pacific Medical Center (hereinafter referred to variously as "CPMC" and "Project Sponsor"), submitted an Environmental Evaluation Application ("EEA") with the Planning Department ("Department"), Case No. 2005.0555E[1]. The Department issued a Notice of Preparation of Environmental Review on July 1, 2006, to owners of properties within 300 feet, adjacent tenants, and other potentially interested parties. However, as planning for the CPMC Long Range Development Plan ("LRDP") continued, additional components were added to the LRDP that resulted in a reissuance of a revised NOP for a 30-day public review period on May 27, 2009.

On July 21, 2010, the Draft Environmental Impact Report ("DEIR") for CPMC's LRDP Project, including the Cathedral Hill Campus Project, was prepared and published for public review, and was available for public comment until October 19, 2010.

On September 23, 2010, the Planning Commission ("Commission") conducted a duly noticed public hearing at a regularly scheduled meeting to solicit comments regarding the DEIR. On March 29, 2012, the Department published a Comments and Responses ("C&R") document, responding to comments made regarding the DEIR prepared for the LRDP. Together, the C&R document, the DEIR, and any Errata Sheets, (the Appendices to the Draft EIR and C&R document), Department staff testimony and responses to questions and comments at the Commission's April 26, 2012, public hearing regarding certification of the Final EIR, and all of the supporting information that has been reviewed and considered by the Department comprise the Final EIR for the LRDP ("FEIR").

On April 26, 2012, the Commission reviewed and considered the FEIR and found that the contents of said report and the procedures through which the FEIR was prepared, publicized, and reviewed complied with the California Environmental Quality Act (California Public Resources Code Sections 21000 *et seq.*) ("CEQA"), 14 California Code of Regulations Sections 15000 *et seq.* (the "CEQA Guidelines"), and Chapter 31 of the San Francisco Administrative Code ("Chapter 31").

The Commission found the FEIR was adequate, accurate and objective, reflected the independent analysis and judgment of the Department and the Commission, and that the summary of comments and responses contained no significant revisions to the DEIR, and certified the FEIR for the LRDP Project in compliance with CEQA, the CEQA Guidelines and Chapter 31.

The Planning Department, Linda Avery, is the custodian of records, located in the File for Case No. 2005.0555E, at 1650 Mission Street, Fourth Floor, San Francisco, California.

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[1] At the time of this application, the Cathedral Hill Hospital site was within the boundaries, and was governed by the land use controls, of the Western Addition A-2 Plan. Those controls expired on January 1, 2009.

Department staff prepared a Mitigation Monitoring and Reporting program (MMRP) for the LRDP Project, which material was made available to the public and this Commission for this Commission's review, consideration and action.

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to the Planning Department ("Department") amend the following sections of the General Plan: (1) the text of the Van Ness Area Plan to support a high density medical center at the intersection of Van Ness Avenue and Geary Boulevard that is consistent with the City's Better Streets Plan and reflect various elements of this use; (2) "Map 1 – Generalized Land Use and Density Plan" of the Van Ness Area Plan to designate the sites proposed for the new Cathedral Hill Hospital and Cathedral Hill MOB as "The Van Ness Medical Use Subdistrict"; and to increase the allowable floor area ratio ("FAR") for the Cathedral Hill Hospital site from 7:1 to 9:1, and to increase the allowable FAR for the Cathedral Hill MOB site from 7:1 to 7.5:1; (3) "Map 2 – Height and Bulk Districts" of the Van Ness Area Plan to create a 265-V Height and Bulk District coterminous with the Hospital site, in order to amend the height limit for the Cathedral Hill Hospital site from 130'-0" to 265'-0"; (4) "Map 4 – Height Map" of the Urban Design Element, to reflect a maximum height applicable to the Cathedral Hill Hospital site of 265'-0"; and (5) "Map 5 – Bulk Map" of the Urban Design Element, to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 385' and 466', respectively, for the Cathedral Hill Hospital site and 265' and 290', respectively, for the Cathedral Hill MOB site. (2009.0885M), with respect to a proposal to: (1) demolish the existing Cathedral Hill Hotel and 1255 Post Street office building (Assessor's Block/Lots 0695-005, 006) and construct a new, approximately 15 story, 555-bed, 875,378 g.s.f acute care hospital with 513 underground parking spaces at 1101 Van Ness Avenue; (2) demolish seven existing vacant residential and commercial buildings (Assessor's Blocks/Lots 0694-005, 0694-006, 0694-007, 0694-008, 0694-009, 0694-009A, 0694-010) and construct a new, approximately 261,691 g.s.f MOB with 542 underground parking spaces at 1100 Van Ness Avenue; (3) construct a pedestrian tunnel under Van Ness Avenue to connect the Cathedral Hill Hospital to the Cathedral Hill MOB; and (4) various streetscape, sidewalk, and landscape improvements surrounding the Medical Center (collectively, "Cathedral Hill Project"), within the RC-4 (Residential-Commercial, High Density) District, VNSUD, and 130-V Height and Bulk District.

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to the Department to amend the following sections of the San Francisco Planning Code: Section 243, the Van Ness Special Use District, to create a new Van Ness Medical Use Subdistrict, that would allow an FAR up to 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB site; allow modification of otherwise applicable standards for building projections to allow for coverage of drop-off and entry areas required by medical facilities; allow modification of otherwise applicable standards for obstructions over streets or alleys for vertical dimension and horizontal projections to allow architectural features that achieve appropriate articulation of building facades and that reduce pedestrian level wind currents; allow modification through Conditional Use authorization of otherwise applicable standards for street frontage requirements as necessary for large-plate medical facilities on sloping sites with multiple frontages; allow modification through Conditional Use authorization of otherwise applicable parking standards for medical centers, provided that the amount of parking shall not exceed 150% of the number of spaces otherwise allowed by the Planning Code; allow modification of otherwise applicable loading standards for medical centers; and to allow modification through Conditional Use authorization of otherwise applicable bulk standards to allow for the unique massing requirements of medical facilities. The Project

Sponsor also requested an amendment to Planning Code Section 124(d) to allow an FAR up to 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB site (Case No. 2009.0885T).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to the Department to amend the following Zoning Maps of the San Francisco Planning Code: (1) Map HT02 to reclassify the Cathedral Hill Hospital site from 130-V to 265-V Height and Bulk District; and (2) Map SU02 to show the boundaries of the Van Ness Medical Use Subdistrict (Case No. 2009.0885Z).

On June 10, 2010, the Project Sponsor filed an application, as modified by subsequent submittals, with the Department for Conditional Use Authorization to allow (1) the Cathedral Hill Hospital and MOB as a medical center use within the RC-4 District and pursuant to the provisions for the Van Ness Medical Use District ("VNSUD"); (2) allow construction of buildings over 50'-0" in an RC-4 District; (3) authorize demolition of five residential dwelling-units at the Cathedral Hill MOB site; (4) modify standards for active ground floor uses and width of curb cuts; (5) provide an exception to allow wind speeds greater than 11 mph at certain sidewalk locations around the perimeter of the Campus; (6) modify the bulk limits applicable to the Cathedral Hill Hospital and MOB sites; (7) modify the 3:1 residential to net new non-residential ratio requirement in the VNSUD, pursuant to Planning Code Sections 145.1, 209.3, 243, 253, 270, 271, 303, and 317.

On June 10, 2010, the Project Sponsor submitted a request for the allocation of Office Space for approximately 194,000 sf of medical office space along with ancillary hospital and medical support service space on the upper floors of the proposed Cathedral Hill MOB (Case No. 2009.0885B).

On April 28, 2011, the Project Sponsor submitted a request for a General Plan Referral, Case No. 2009.0885R, regarding construction of a tunnel that would connect the Cathedral Hill Hospital and Cathedral Hill MOB sites below grade under Van Ness Avenue, installation of a diesel fuel tank under the Geary Boulevard sidewalk at the Cathedral Hill Hospital site; and sidewalk widening throughout the Cathedral Hill Campus (2009.0885R).

On March 30, 2012, the Project Sponsor submitted an Application for a Development Agreement relating to the construction and reconstruction of health care facilities in furtherance of the CPMC's LRDP by and between the City and County of San Francisco and CPMC, pursuant to Administrative Code Section 56.4. This Application was endorsed and accepted as complete by the Planning Director on April 4, 2012.

On April 5, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18571, initiating the requested General Plan Amendments.

On April 10, 2012, the Mayor, at the Board of Supervisors hearing, introduced the (1) Planning Code Text Amendments in Board File No. 120357; (2) the Zoning Map Amendments in Board File No. 120359, (3) the street encroachment ordinance in Board File No.120362, (4) the Development Agreement in Board File No. 120366, and (5) sidewalk width legislation in Board File No. 120364.

On April 26, 2012, by Motion No. 18588, the Commission certified as accurate, adequate and complete the FEIR for the LRDP Project, which includes the Cathedral Hill Hospital and MOB Project. A copy of Commission Motion No. 18588, is in the file for Case No.2005.0555E. Also on April 26, 2012, by Motion No. 18589, the Commission adopted findings, including a statement of overriding considerations, and an

MMRP, pursuant to CEQA. In accordance with the actions contemplated herein, the Commission has reviewed the FEIR and adopts and incorporates by reference as though fully set forth herein the findings, including the statement of overriding considerations, pursuant to CEQA, adopted by the Commission on April 26, 2012, in Motion No. 18589.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted: (1) Resolution No. 18591, recommending that the Board of Supervisors approved the requested General Plan Amendments; (2) Motion No. 18592, approving the General Plan and Planning Code Section 101.1 Findings; (3) Motion No. 18598, approving the Conditional Use authorization; (4) Motion No. 18599, approving the Office Allocation; (5) Motion No. 18600, approving the General Plan Referral; and (6) Resolution No. 18602, recommending that the Board of Supervisors approve the Development Agreement.

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on Case No. 2009.0885EMTZCBRSK.

The Commission has heard and considered the testimony presented to it at the public hearing and has further considered written materials and oral testimony presented on behalf of the applicant, Department staff, and other interested parties.

The Commission has reviewed the proposed Planning Code and Zoning Map Amendment Ordinances; and

MOVED, that the Commission hereby recommends that the Board of Supervisors approve the proposed Planning Code and Zoning Map Amendment Ordinances, and adopt the attached Resolution to that effect.

FINDINGS

Having reviewed the materials identified in the preamble above, and having heard all testimony and arguments, this Commission finds, concludes, and determines as follows:

1. The Commission finds the Cathedral Hill Project to be a beneficial development to the City that could not be accommodated without the actions requested.
2. CPMC has provided quality health care to the San Francisco community for over 150 years. It is the largest medical center in the City, and is presently responsible for about one-third of all hospitalizations, about one-half of all births in the City, about 40 percent of all patients receiving health services in the City and almost 40 percent of emergency visits. Each year CPMC cares for more than 75,000 persons in its emergency departments. The LRDP would ensure CPMC's continued existence and viability in San Francisco.
3. The existing acute care hospitals at the Pacific and California Campuses do not meet State seismic standards. Regardless of the State legal mandate, it is in the public interest that CPMC meet these seismic standards as soon as possible. These Ordinances, along with the Development Agreement and related approvals, achieve the objective of allowing CPMC's facilities to be rebuilt

to meet the desired and legally mandated seismic standards, without any interruption in delivery of acute care services at the existing hospitals due to construction.

4. The Cathedral Hill Hotel and 1255 Post Street office building sites were selected for the location of a new acute care hospital because these aggregated parcels met CPMC's site selection objectives, including: (1) being available for sale; (2) being large enough to accommodate the co-location of acute care services from the California and Pacific Campuses; (3) preventing the interruption of existing services at the California and Pacific Campuses during the construction; (4) being located on geologically stable soil; (5) being at a major transit nexus; and (6) the availability of adjacent properties for the construction of a medical office building.

5. The Planning Code was not created with the new construction of hospitals as a focused land use typology, and thus does not recognize the complexity, site and Building Code constraints, and health care delivery intricacies involved therein.

6. A number of conforming amendments to the San Francisco Zoning Map are required in order to resolve the aforementioned issues and facilitate the implementation of the CPMC LRDP.

7. The CPMC LRDP and its proposed amendments to the Planning Code, Zoning Map, and General Plan support the underlying goals of the General Plan, such as maintaining a sound and diverse economic base, providing expanded employment opportunities, promoting high quality urban design, enhancing San Francisco's position as a national and regional center for health services, and promoting adequate health services in all geographic districts.

8. CPMC's facilities, particularly if they are rebuilt to remain operational after an earthquake, are an essential part of the City's preparation for, and ability to respond to a disaster. If CPMC were not to build the new hospitals, the City would lose approximately one-third of all acute care beds, and three full-service emergency departments, one of which provides specialty pediatric emergency care.

9. Construction of the LRDP will double the number of earthquake safe beds in San Francisco, inject about $1.9 billion into the local economy during the next five years, and create 1,500 high paying union construction jobs.

10. The Near-Term Projects in the LRDP would allow the City to retain CPMC as a substantial employer, employing approximately 6,200 persons, of which about half are San Francisco residents. The LRDP would also permit the City to retain and enhance its domestic and international reputation as an education, training, and research center for medical services that benefit the residents of San Francisco. This benefits the City and its residents because it will attract patients, doctors and researchers to San Francisco.

11. Under the terms of the Development Agreement, CPMC would increase entry-level local construction employment and internship opportunities. CPMC would make good faith efforts to achieve 30% local hire measured by construction trade hours for the Near-Term Projects under the LRDP overall for each contractor, by each trade. CPMC would achieve 50% local hire for new entry-level administrative and engineering positions and internships, would fill half of all new apprentice positions with graduates from the CityBuild Academy, and would create and administer a structured program to advance apprentices from CityBuild Academy to journey-level status in their trade by the end of the Project. CPMC plans to hire at least 40 San Francisco-resident permanent entry-level hires annually for five years, representing just under half of all

entry level hires, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods. CPMC would also provide $2 million for community workforce services, which would provide grants to community-based organizations through the City's Office of Economic and Workforce Development for recruitment, training, and job retention services.

12. The Near-Term Projects will assure the availability of modern and high quality, general and specialized inpatient and outpatient, emergency and urgent health care to the residents of San Francisco, including seniors, Medicare, Medi-Cal, insured and un-insured.

13. The Near-Term Projects at the Cathedral Hill Campus will assure the availability of medical offices for physicians located near hospital facilities to serve the residents of San Francisco.

14. The new Cathedral Hill Hospital would be a full-service, acute care hospital with an approximately 12,000 sf emergency department integrated into the CPMC city-wide system of care. It would provide critical services including inpatient medical care, Obstetrics/Gynecology, Medical/Surgical, Intensive Care, as well as specialized programs such as organ transplantation, interventional cardiology and newborn intensive care.

15. Emergency services, including psychiatric emergency care, would be provided at the St. Luke's, Davies and Cathedral Hill Campuses. These emergency departments serve patients regardless of ability to pay.

16. The 18 psychiatric inpatient beds in the mental health center on the Pacific Campus would remain in service.

17. Under the terms of the proposed Development Agreement, CPMC would commit to providing services to the poor and underserved, including traditional charity care, hospital care for additional Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan, unpaid costs and other benefits for the poor and underserved. Specifically, CPMC would commit to:

    a. Two new, seismically-safe hospitals, at the St. Luke's and Cathedral Hill campuses;

    b. A secure future for St. Luke's hospital;

    c. Significantly increased provision of healthcare for low-income and underserved San Franciscans, including hospital care for 10,000 additional Medi-Cal beneficiaries, which represents one-third of the City's new Medi-Cal beneficiaries expected under federal healthcare reform;

    d. $20 million endowment by CPMC of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations; and

    e. Funding to develop capacity of one or more Tenderloin clinics to participate in Medi-Cal managed care.

18. Under the terms of the proposed Development Agreement, CPMC would provide additional funding to the City, including:

    a. $62 million for affordable housing, to replace the 20 residential hotel units and five dwelling units displaced, fund new affordable rental units, and to help moderate income CPMC employees purchase a home in San Francisco, resulting in approximately 320

affordable units [145 from initial $29M payments; 175 from DALP recapture] to the market over 13 years, and assisting at least 145 moderate income CPMC employees buy a home in San Francisco.

b. $20 million from CPMC for MTA transit facilities and service.

c. $13 million from CPMC for pedestrian safety and streetscape improvements.

19. The LRDP will be constructed at no cost to the City, and will provide substantial direct and indirect economic benefits to the City;

20. The LRDP is necessary and desirable, is compatible with the surrounding neighborhoods, and would not be detrimental to persons or adjacent properties in the vicinity;

21. The Planning Code Text Amendments and Zoning Map Amendments are necessary in order to approve the CPMC LRDP Project;

22. **General Plan Compliance.** The Cathedral Hill Project is, on balance, consistent with the Objectives and Policies of the General Plan, as outlined in **Motion No.** 18600.

23. **Planning Code Section 101.1(b)** establishes eight priority-planning policies and requires review of permits for consistency with said policies. On balance, the Cathedral Hill Project complies with said policies, as outlined in **Motion No.** 18600.

24. The Cathedral Hill Project is consistent with and would promote the general and specific purposes of the Code provided under Section 101.1(b) as outlined in **Motion No.** 18600 and also in that, as designed, the Cathedral Hill Project would contribute to the healthcare delivery and emergency services in San Francisco, include substantial economic benefits to the City during both the construction and operational phases, provide substantial other public benefits as outlined in the proposed Development Agreement, and be compatible with the character and stability of the neighborhood, thereby constituting a beneficial development.

25. Based on the foregoing, the public necessity, convenience and general welfare require the proposed Planning Code and Zoning Map amendments.

I hereby certify that the Planning Commission ADOPTED the foregoing Resolution on April 26, 2012.

Linda D. Avery
Commission Secretary

AYES: Fong, Antonini, Borden, and Miguel

NAYS: Moore and Sugaya

ABSENT: Wu

ADOPTED: April 26, 2012

SAN FRANCISCO
PLANNING DEPARTMENT

Planning Commission Motion No. 18588

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EIR CERTIFICATION

Date:	April 12, 2012
Case No.:	2005.0555E
Project Title:	**California Pacific Medical Center Long Range Development Plan**
Project Address:	**Cathedral Hill Campus:** 1100 & 1101 Van Ness Avenue; 1255 Post Street; 1020, 1028-1030, 1034-1036, 1040-1052, 1054-1060, and 1062 Geary Street; 1375 Sutter Street **St. Luke's Campus:** 3555, 3615 Cesar Chavez Street; 1580 Valencia Street **Davies Campus:** 601 Duboce Avenue **Pacific Campus:** 2315 & 2333 Buchanan Street; 2300 California Street; 2330, 2340-2360, 2351, 2400, & 2405 Clay Street; 2315, 2323, 2324, 2329, & 2395 Sacramento Street; 2018, 2100 & 2200 Webster Street **California Campus:** 3698, 3700, 3838 & 3848-3850 California Street; 3801, 3905, 3773 & 3901 Sacramento Street; 460 Cherry Street
Zoning/Ht. & Blk.:	**Cathedral Hill Campus:** RC-4, Van Ness Special Use District/130-V; NC-3/130-V **St. Luke's Campus:** RH-2/105-E, 65-A **Davies Campus:** RH-3/65-D, 130-E **Pacific Campus:** RM-1, RM-2; 40-X, 160-F **California Campus:** RH-2, RM-2; 40-X, 80-E
Assessor's Block/Lot:	**Cathedral Hill Campus:** 0695/005, 006; 0694/005, 006, 007, 008, 009, 009A, 010; 0690/016 **St. Luke's Campus:** 6575/001, 002; 6576/021 and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street **Davies Campus:** 3539/001 **Pacific Campus:** 0612/008; 0613/002, 029; 0628/013, 014; 0629/041, 044; 0636/033; 0637/014, 015, 016, 017, 018, 019 **California Campus:** 1015/001, 016, 052, 053, 054; 1016/001, 002, 003, 004, 005, 006, 007, 008, 009; 1017/027, 028
Staff Contact:	Devyani Jain - (415) 575-9051 Devyani.jain@sfgov.org
Recommendation:	**Certify Final Environmental Impact Report**

ADOPTING FINDINGS RELATED TO THE CERTIFICATION OF A FINAL ENVIRONMENTAL IMPACT REPORT, FILE NUMBER 2005.0555E, FOR THE CALIFORNIA PACIFIC MEDICAL CENTER LONG RANGE DEVELOPMENT PLAN ("PROJECT").

MOVED, that the San Francisco Planning Commission ("Commission") hereby CERTIFIES the Final Environmental Impact Report identified as Case No. 2005.0555E, California Pacific Medical Center ("CPMC") Long Range Development Plan ("Project"), based upon the following findings:

1. The City and County of San Francisco, acting through the Planning Department ("Department") fulfilled all procedural requirements of the California Environmental Quality Act (Cal. Pub. Res. Code Section 21000 *et seq.*), ("CEQA"), the State CEQA Guidelines (Cal. Admin. Code title 14, Section 15000 *et seq.*, ("CEQA Guidelines"), and Chapter 31 of the San Francisco Administrative Code ("Chapter 31").

   A. The project sponsor, CPMC, applied for environmental review of the Long Range Development Plan ("LRDP") on June 10, 2005. The Department determined that an Environmental Impact Report ("EIR") was required and pursuant to and in accordance with the requirements of Section 21094 of CEQA and Sections 15063 and 15082 of the CEQA Guidelines, the Department, as lead agency, published and circulated a Notice of Preparation ("NOP") on July 1, 2006, that solicited comments regarding the scope of the EIR for the proposed project. The NOP and its 30-day public review comment period were advertised in the San Francisco Examiner and mailed to public agencies, organizations and nearby property owners, and other individuals likely to be interested in the potential impacts of the proposed project, all in accordance with law. A public scoping meeting was held at the Cathedral Hill Hotel on July 18, 2006.

   B. As planning for the LRDP continued, the project sponsor added additional components to the LRDP, and filed revised Environmental Evaluation Applications on February 28, 2008, and December 8, 2008. The Department revised and re-issued the NOP for a 30-day public review period on May 27, 2009, and held an additional public scoping meeting on June 9, 2009, to accept oral comments on the revised and refined LRDP proposal. In addition, the City extended the public review period an additional 30 days to July 26, 2009.

   C. The NOP was distributed to the State Clearinghouse (State Clearinghouse Number 2006062157) and mailed to: governmental agencies with potential interest, expertise, and/or authority over the project; interested members of the public, including to those on the Department's list of persons requesting such notice; and occupants and owners of real property surrounding CPMC's four existing campuses and the proposed Cathedral Hill Campus location. Notices were also posted on the LRDP project sites, in the Department and on the Department's website. The Department published the Draft EIR on July 21, 2010, and circulated the Draft EIR to local, state, and federal agencies, and to interested organizations and individuals for review and comment beginning July 21, 2010. The Department provided notice in a newspaper of general circulation of the availability of the Draft EIR for public review and comment, and the date and time of the Commission public comment hearing. This notice was mailed to residents within a 300 foot radius of the four campuses and one proposed campus, the Department's list of persons/organizations requesting such notice, and to government agencies, both directly and through the State Clearinghouse.

   D. Notices of the date and time of the public hearing were posted at approximately 65 locations in and around the four campuses and one proposed campus, and the Draft EIR was posted on the Department's website. Copies of the Draft EIR were mailed or otherwise delivered to a list of persons/organizations requesting it and to government agencies (either through the State Clearinghouse or directly). Copies of the Draft EIR were also made available at the Department's information counter.

   E. A Notice of Completion was filed with the State Secretary of Resources via the State Clearinghouse.

2. The Commission held a public hearing to solicit testimony on the Draft EIR during the public review period on September 23, 2010. A court reporter, present at the public hearing, transcribed the oral comments verbatim, and prepared written transcripts. The Planning Department also received written comments on the Draft EIR, which were sent through mail, fax, hand delivery, or email. The

public review period was initially 60 days but was then extended to 90 days, ending on October 19, 2010.

3. The Department prepared responses to comments on the environmental issues received at the public hearing and in writing during the 90-day public review period for the Draft EIR, provided additional, updated information, clarification and modifications on issues raised by commenters, and prepared Department staff-initiated text changes. The Department presented this material in a Comments and Responses ("C&R") document, published on March 29, 2012, and distributed to the Commission and all parties who commented on the Draft EIR and made available to others upon request at the Department.

4. The Department has prepared a Final EIR, which includes the Draft EIR, the C&R document and any Errata Sheets, (the Appendices to the Draft EIR and C&R document), Department staff testimony and responses to questions and comments at the Commission's April 26, 2012, public hearing regarding certification of the Final EIR, and all of the supporting information that has been reviewed and considered by the Department.

5. Project Environmental Impact Report files have been made available for public review at the Planning Department offices at 1650 Mission Street, Suite 400, and are part of the record before the Planning Commission.

6. On April 26, 2012, at a public hearing, the Commission reviewed and considered the Final EIR, and the Commission hereby does find the contents of said report and the procedures through which the Final EIR was prepared, publicized and reviewed, comply with the provisions of CEQA, the CEQA Guidelines and Chapter 31.

7. The project sponsor has indicated that the presently preferred project is the proposed Project, as described in the Final EIR, with the St. Luke's Campus Cesar Chavez Street Utility Line Alignment Variant to the Project, as described in the Draft EIR at pages 2-186 to 2-187 and in Figure 2-61 on page 2-201 of the Draft EIR. Under this variant, most of the existing utilities located within the San Jose Avenue right-of-way (other than water, which would remain the same) would be relocated to different alignments than under the proposed LRDP. This variant was included to provide flexibility in considering the appropriate routes for relocating utilities from vacated San Jose Avenue.

   Under this variant, electrical lines would be rerouted south on San Jose Avenue, east on Duncan Street, north on Valencia Street, and west on 26th Street to a substation at the corner of San Jose Avenue and 26th Street. An additional electrical line would connect from the intersection of San Jose Avenue and Cesar Chavez Street and continue east on Cesar Chavez Street (connecting to the line described above). The utility relocation for the combined storm-sewer would follow a similar (but not identical) route as the electrical lines, as described above, and would be coordinated with the SFPUC, to be included in the SFPUC's Cesar Chavez Street Sewer System Improvement Project ("CCSSIP").

   The variant is preferred over the alignment in the LRDP project description. It would not have any associated significant impacts, except as described in the Final EIR for the LRDP alignment, but would not substantially reduce nor eliminate any significant impacts of the St. Luke's Campus project. The electrical line is proposed to follow the alignment described in this variant. The water line would follow the alignment as described, without changes, in both the LRDP and in this variant. The combined storm-sewer line relocation alignment has been superseded by and somewhat modified by the final CCSSIP. The combined storm-sewer has been incorporated into the SFPUC's CCSSIP and was subject to independent review by SFPUC, which confirmed there are no further associated significant impacts related to the CCSSIP alignment.

8. The Planning Commission hereby does find that the Final EIR concerning File No. 2005.0555E: CPMC Long Range Development Plan reflects the independent judgment and analysis of the City and County of San Francisco, is adequate, accurate and objective, and that the Comments and Responses document contains no significant revisions to the Draft EIR. The Commission further finds that the Final EIR, including without limitation, the C&R documents and appendices and all supporting information, and any Errata sheets and/or responses to late comments, do not add significant new information to the Draft EIR that would individually or collectively require recirculation of the EIR under CEQA, because the Final EIR contains no information revealing (1) any new significant environmental impact that would result from the Project or from a new mitigation measure proposed to be implemented, (2) any substantial increase in the severity of a previously identified environmental impact, (3) any feasible project alternative or mitigation measure considerably different from others previously analyzed that would clearly lessen the environmental impacts of the Project, but that was rejected by the Project's proponents, or (4) that the Draft EIR was so fundamentally and basically inadequate and conclusory in nature that meaningful public review and comment were precluded, and hereby does CERTIFY THE COMPLETION of said Final Environmental Impact Report in compliance with CEQA, the CEQA Guidelines, and Chapter 31.

9. The Planning Commission, in certifying the completion of said Final EIR, hereby does find that the Project and St. Luke's Campus Cesar Chavez Street Utility Line Alignment Variant described in the Final EIR and the project preferred by the project sponsor will have the following significant unavoidable environmental impacts that could not be mitigated to a level of non-significance:

<u>Transportation</u>

a) Impact TR-1: Implementation of the Cathedral Hill Campus project would result in a significant impact at the intersection of Van Ness/Market.

LRDP project trips at the Cathedral Hill Campus during the p.m. peak hour would degrade operations at the signalized intersection of Van Ness/Market from LOS D under 2015 Modified Baseline No Project conditions, to LOS E under 2015 Modified Baseline plus Project conditions. This impact would remain significant and unavoidable even with implementation of an expanded Transportation Demand Management ("TDM") program.

b) Impact TR-2: Implementation of the Cathedral Hill Campus project would result in a significant impact at the intersection of Polk/Geary.

LRDP project trips at the Cathedral Hill Campus would degrade operations at the signalized intersection of Polk/Geary from LOS D under 2015 Modified Baseline No Project conditions, to LOS E under 2015 Modified Baseline plus Project conditions during the a.m. peak hour, and from LOS C under 2015 Modified Baseline No Project conditions to LOS E under 2015 Modified Baseline plus Project conditions during the p.m. peak hour. This impact would remain significant and unavoidable even with implementation of an expanded TDM program.

c) Impact TR-19: If the proposed Van Ness Avenue BRT and Geary Corridor BRT projects are implemented, the Cathedral Hill Campus project's contribution to the combined impact of the Cathedral Hill Campus and BRT projects would be significant at the intersection of Polk/Geary.

The LRDP's contributions to the critical movements at the intersection of Polk/Geary, which would operate at LOS E under 2015 Modified Baseline plus Project conditions with the proposed BRT during both the a.m. and p.m. peak hours, were determined to be less than significant. However, this intersection was identified in Impact TR-2 as a significant and unavoidable impact, and this impact determination would similarly apply to the combined LRDP and BRT projects context. This impact would remain significant and unavoidable even with implementation of an expanded TDM program.

d) Impact TR-20: If the proposed Van Ness Avenue BRT and Geary Corridor BRT projects are implemented, the Cathedral Hill Campus project's contribution to the combined impact of the Cathedral Hill Campus and BRT projects would be significant at the intersection of Van Ness/Market.

The LRDP would result in a significant and unavoidable impact at the intersection of Van Ness/Market under 2015 Modified Baseline plus Project conditions and the LRDP's contribution to the traffic impact identified for the combined impact of the Cathedral Hill Campus and BRT projects at the intersection of Van Ness/Market would also be significant and unavoidable. This impact would remain significant and unavoidable even with implementation of an expanded TDM program.

e) Impact TR-29: Implementation of the Cathedral Hill Campus project would increase congestion and ridership along Van Ness Avenue, which would increase travel times and impact operations of the 49-Van Ness-Mission bus route.

Under 2015 Modified Baseline plus Project conditions, implementation of the proposed Cathedral Hill Campus project would result in an increase in travel time on the northbound 49-Van Ness-Mission, and an additional bus would be needed on that route during the a.m. and p.m. peak hours. The payment of the fee to provide for an additional bus on the 49-Van Ness bus route would reduce the LRDP's impact on the operation of the 49-Van Ness-Mission bus route to a less than significant level, but the ability of SFMTA to provide the additional service on this line needed to accommodate the Cathedral Hill project for the life of the project is uncertain and the proposed LRDP's impacts on the operation of the 49-Van Ness-Mission bus route would remain significant and unavoidable.

f) Impact TR-30: Implementation of the Cathedral Hill Campus project would increase congestion and ridership along Geary Street, which would increase travel times and impact operations of the 38/38L-Geary bus routes.

An additional bus would be required to maintain peak period headways on the 38/38L-Geary during the a.m. peak hour and two additional buses would be required on that route during the p.m. peak hour. The payment of the fee would provide for two additional buses, which would reduce the LRDP's impact on the operation of the 38/38L-Geary bus route to a less than significant level. However, because the ability of SFMTA to provide the additional service on this line needed to accommodate the Cathedral Hill Campus project for the life of the project is uncertain, the feasibility of the mitigation measure is unknown and project's impacts on the operation of the 38/38L-Geary bus route would remain significant and unavoidable.

g) Impact TR-31: Implementation of the Cathedral Hill Campus project would increase congestion and ridership along Polk Street, which would increase travel times and impact operations of the 19-Polk bus route.

Under 2015 Modified Baseline plus Project conditions, the proposed Cathedral Hill Campus project would increase travel time on the southbound 19-Polk bus route requiring a new bus to maintain peak period headways during the p.m. peak hour. The payment of a fee to provide for another bus on the 19 Polk would reduce the LRDP's impact on the operation of the 19-Polk bus route to a less than significant level. However, because the ability of SFMTA to provide the additional service on this line needed to accommodate the Cathedral Hill Campus project is uncertain, the feasibility of the mitigation measure is unknown and the project's impacts on the operation of the 19-Polk bus route would remain significant and unavoidable.

h) Impact TR-55: Implementation of the Cathedral Hill Campus project would result in a transportation impact in the project vicinity resulting from construction vehicle traffic and construction activities that would affect the transportation network.

The LRDP's construction would (1) significantly impact intersection operations at nine study intersections for a four-month period when there is overlap in excavation between the proposed Cathedral Hill Hospital and Cathedral Hill MOB; (2) necessitate temporary closure of a number of sidewalks adjacent to the proposed Cathedral Hill Hospital and Cathedral Hill MOB sites; (3) require closure of bus-only lanes on eastbound Post Street between Franklin Street and Van Ness Avenue and on westbound Geary Boulevard/Street between Polk Street and Franklin Street during construction at the Cathedral Hill Campus, causing buses to merge into the mixed-flow traffic lanes for the one-block segment on Post Street, and the two-block segment on Geary Street; (4) require sequential closures of two lanes of Van Ness Avenue at a time in approximately 100-foot long segments, significantly degrading traffic conditions at certain times ranging between 7 p.m. and midnight at Van Ness/Geary, Van Ness/Post, and Van Ness/O'Farrell; and (5) require closure during the evening and overnight hours on Van Ness Avenue of temporary walkways provided within the parking lane to compensate for temporary sidewalk closures for construction activities. Implementation of a construction transportation management plan would help reduce the Cathedral Hill Campus project's contribution to construction-related traffic, transit, and pedestrian impacts, however, this impact would remain significant and unavoidable.

i) Impact TR-75: Implementation of the Davies Campus project would have a significant impact at the intersection of Church/Market/14th Street that would operate at LOS F under 2020 Modified Baseline No Project conditions.

The increase in vehicle trips that would occur as a result of full buildout of the Davies Campus (near and long-term projects) under the LRDP would contribute considerably to critical movements operating at LOS E or LOS F at this intersection. This impact would remain significant and unavoidable even with implementation of an expanded TDM program.

j) Impact TR-99: Implementation of the Cathedral Hill Campus project LRDP would result in significant project and cumulative impacts at the intersection of Van Ness/Market.

The Cathedral Hill Campus project would result in a significant impact under 2015 Modified Baseline plus Project Conditions at the Van Ness/Market intersection during the p.m. peak hour. This impact would remain significant and unavoidable even with implementation of an expanded TDM program.

k) Impact TR-100: Implementation of the Cathedral Hill Campus project would result in a significant cumulative impact at the intersection of Van Ness/Pine.

The addition of trips generated by the Cathedral Hill Campus during the p.m. peak hour would degrade operations at the signalized intersection of Van Ness/Pine from LOS D under 2030 Cumulative No Project conditions to LOS E under 2030 Cumulative plus Project conditions. This impact would remain significant and unavoidable even with implementation of an expanded TDM program.

l) Impact TR-101: Implementation of the Cathedral Hill Campus project would result in significant project and cumulative impacts at the intersection of Polk/Geary.

The addition of trips generated by the Cathedral Hill Campus project during the p.m. peak hour would degrade operations at the signalized intersection of Polk/Geary from LOS D under 2030 Cumulative No Project conditions to LOS E under 2030 Cumulative plus Project conditions. In addition, the proposed project would result in a significant impact under 2015 Modified Baseline plus Project conditions. This impact would remain significant and unavoidable even with implementation of an expanded TDM program.

m) Impact TR-117: If the proposed Van Ness Avenue and Geary Corridor Bus Rapid Transit projects are implemented, the Cathedral Hill Campus project's contribution to the combined cumulative impacts of the Cathedral Hill Campus and BRT projects at the intersection of Polk/Geary would be significant.

The Cathedral Hill Campus project's contribution to the impacts identified for the combined effect of the Cathedral Hill Campus project and the BRT projects at the intersection of Polk/Geary would be significant and unavoidable under 2015 Modified Baseline conditions for which there is no feasible mitigation. Therefore, the contribution of the Cathedral Hill Campus project to the combined cumulative impacts at the intersection of Polk/Geary would also be significant and unavoidable.

n) Impact TR-118: If the proposed Van Ness Avenue and Geary Corridor Bus Rapid Transit projects are implemented, the Cathedral Hill Campus project's contribution to the combined cumulative impacts of the Cathedral Hill Campus and BRT projects at the intersection of Van Ness/Market would be significant.

The Cathedral Hill Campus project's contribution to the impacts identified for the combined effect of the Cathedral Hill Campus project and the BRT projects at the intersection of Van Ness/Market would be significant and unavoidable under 2015 Modified Baseline conditions, for which there is no feasible mitigation. Therefore, the contribution of the Cathedral Hill Campus project to the combined cumulative impacts at the intersection of Van Ness/Market would also be significant and unavoidable.

o) Impact TR-127: Implementation of the Davies Campus project would have significant impacts at the intersection of Church/Market/14th Street, which would operate at LOS F under 2030 Cumulative No Project conditions and 2030 Cumulative plus Project conditions.

Under 2030 Cumulative plus Project conditions, the increase in vehicle trips generated by the Davies Campus project would contribute considerably to critical movements operating at LOS E or F, and therefore would be significant. No feasible mitigation measures have been identified for impacts at the intersection of Church/Market/14th Street. Therefore, this impact would remain significant and unavoidable.

p) Impact TR-133: Implementation of the Cathedral Hill Campus project would increase congestion along Van Ness Avenue under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 49-Van Ness-Mission bus route.

Under 2030 Cumulative plus Project conditions, implementation of the proposed Cathedral Hill Campus project would result in increases in travel time on the northbound 49-Van Ness-Mission by about five minutes during the a.m. peak hour of five minutes, which would be more than half of the proposed headway of 7½ minutes, necessitating an additional bus on that route during the a.m. and p.m. peak hours. The payment of the fee to provide for an additional bus on the 49-Van Ness bus route would reduce the LRDP's impact on the operation of the 49-Van Ness-Mission bus route to a less than significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown and cumulative impacts on the 49-Van Ness-Mission bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

q) Impact TR-134: Implementation of the Cathedral Hill Campus project would increase congestion along Van Ness Avenue under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 47-Van Ness bus route.

As a result of the proposed Cathedral Hill Campus project, under 2030 Cumulative plus Project conditions an additional bus would be required on the 47-Van Ness to maintain peak period headways during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 47-Van Ness bus route during the p.m. peak hour would be a significant impact. The payment of the fee to provide for an additional bus on the 47-Van Ness bus route would reduce the LRDP's impact on the operation of the 47-Van Ness-Mission bus route to a less than significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown and cumulative impacts on the 47-Van Ness bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

r) Impact TR-135: Implementation of the Cathedral Hill Campus project would increase congestion along Geary Street under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 38/38L-Geary bus routes.

As a result of the proposed Cathedral Hill Campus project, under 2030 Cumulative plus Project conditions an additional bus would be required on the 38/38L-Geary to maintain peak period headways during the a.m. peak hour, and two additional buses would be required on that route during the p.m. peak hour. The payment of the fee to provide for additional buses on this route would reduce the LRDP's impact on the bus route to a less than significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown and cumulative impacts on the 38/38L-Geary bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

s) Impact TR-136: Implementation of the Cathedral Hill Campus project would increase congestion along Polk Street under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 19-Polk bus route.

Under 2030 Cumulative plus Project conditions, the Cathedral Hill Campus project would result in increases in travel time on the southbound 19-Polk bus route by about 8 minutes during the p.m. peak hour, which would necessitate an additional bus during the p.m. peak hour. The payment of the fee to provide for an additional bus on the route would reduce the LRDP's impact on the operation of the bus route to a less than significant level. However, because SFMTA's ability to provide additional service on this route is uncertain, the feasibility of implementing the mitigation measure is unknown and cumulative impacts on the 19-Polk bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

t) Impact TR-137: Implementation of the Cathedral Hill Campus project would increase congestion along Post Street under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 3-Jackson bus route.

As a result of the proposed Cathedral Hill Campus project, under 2030 Cumulative plus Project conditions an additional bus would be required on the 3-Jackson bus route to maintain peak period headways during the p.m. peak hour. The payment of the fee to provide for an additional bus would reduce transit delay impacts to the 3-Jackson bus route to a less-than-significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown and cumulative impacts on the 3-Jackson bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

u) Impact TR-152: Implementation of CPMC LRDP construction of the Cathedral Hill Campus would contribute to cumulative construction impacts in the Cathedral Hill Campus vicinity.

The construction of the Cathedral Hill Campus may overlap with the proposed Van Ness Avenue BRT and Geary Corridor BRT projects, should they be approved and funded. The potential for overlapping construction activities would increase the number of construction worker vehicles and trucks traveling to and from the vicinity of the Cathedral Hill Campus. In addition, implementation of the BRT improvements on Van Ness Avenue would require travel lane closures that would temporarily and permanently affect roadway capacity. Impact TR-55, discussed above, identified

significant and unavoidable impacts on the transportation network related to the construction activities at the Cathedral Hill Campus. Implementation of a construction transportation management plan would minimize impacts associated with the Cathedral Hill Campus project and reduce the project's contributions to cumulative impacts in overlapping areas but significant construction-related transportation impacts on local roadways in the vicinity of the Cathedral Hill Campus would still occur and cumulative construction impacts would be significant and unavoidable.

Noise

v) Impact NO-5: Groundborne vibration levels attributable to construction activities could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds.

Near-Term Projects at Cathedral Hill, Davies and St. Luke's Campuses

In the vicinity of the Cathedral Hill, Davies, and St. Luke's Campuses, groundborne noise and vibration may exceed the Federal Transit Administration's ("FTA") standard for human response at nearby off-site vibration-sensitive uses. Implementation of mitigation through construction contract requirements for: operational restrictions on vibratory rollers; community liaison; evaluation of recurring complaints by qualified acoustical consultant; and a construction vibration management plan would reduce excessive vibration; however, this impact would remain significant and unavoidable.

Air Quality

w) Impact AQ-3: Operation of the LRDP would exceed BAAQMD CEQA significance thresholds for mass emissions of criteria pollutants and would contribute to an existing or projected air quality violation at full buildout under the 1999 BAAQMD Guidelines.

Cathedral Hill, Davies, and St. Luke's Campuses

The net change in operational PM_{10} emissions from implementation of the LRDP (128 pounds/day, 23 tons/year) would exceed applicable daily and annual emission significance criteria under the 1999 BAAQMD CEQA Guidelines (80 pounds/day, 15 tons/year). Thus, under the 1999 BAAQMD CEQA significance criteria, operation of the proposed LRDP would result in or contribute to a violation of air quality standards. All feasible measures to reduce operational impacts related to PM_{10} emissions, which are primarily attributable to mobile sources (vehicles), have been incorporated into the proposed LRDP as part of CPMC's proposed enhanced TDM program. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would be significant and unavoidable.

x) Impact AQ-7: The LRDP's long-term operational criteria air pollutant emissions would contribute to a cumulatively considerable impact under the 1999 BAAQMD Guidelines.

Long-term operations at the Cathedral Hill, Davies, and St. Luke's Campuses after completion of the near-term projects would cause a permanent net increase in criteria air pollutant and precursor emissions. The 1999 BAAQMD CEQA Guidelines consider a project to result in a cumulatively considerable impact if operational criteria air pollutant and precursor emissions would exceed the

project-level emissions thresholds of significance. The near-term projects under the LRDP would exceed the project-level thresholds of significance for operational PM_{10} emissions. Thus, the project would contribute to a cumulatively considerable impact and would, therefore, result in a significant cumulative impact. All feasible measures to reduce operational impacts related to PM_{10} emissions, which are primarily attributable to mobile sources (vehicles), have been incorporated into the proposed LRDP as part of CPMC's proposed enhanced TDM program. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would be significant and unavoidable.

y) Impact AQ-9: Near-term construction activities associated with the LRDP would exceed 2010 BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation.

Under the proposed LRDP emissions of oxides of nitrogen ("NO_x") associated with near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses would exceed the 2010 BAAQMD CEQA Guidelines significance criterion for construction-related NO_x emissions. As a result, this impact would be significant under the 2010 BAAQMD CEQA Guidelines significance criterion.

Implementation of all feasible mitigation would not reduce this impact to a less than significant level and impacts associated with mass criteria pollutant emissions from near-term construction activities would remain significant and unavoidable.

Impact AQ-10: Construction activities associated with the near-term projects at the Cathedral Hill and St. Luke's Campuses would result in short-term increases in emissions of diesel particulate matter that exceed the 2010 BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and $PM_{2.5}$.

Cathedral Hill Campus

TAC and $PM_{2.5}$ emissions from construction at the Cathedral Hill Campus under the proposed LRDP would be significant under the 2010 BAAQMD CEQA Guidelines significance criteria. Even with implementation of all feasible mitigation, impacts related to the exposure of sensitive receptors to substantial amounts of TACs and $PM_{2.5}$ from construction activities at the Cathedral Hill Campus under the proposed LRDP would remain significant and unavoidable.

St. Luke's Campus

TAC emissions from construction activities at the St. Luke's Campus would exceed the 2010 BAAQMD CEQA Guidelines significance threshold, which would be a significant impact. Even with implementation of all feasible mitigation, impacts related to the exposure of sensitive receptors to substantial amounts of TACs and $PM_{2.5}$ from construction activities at the St. Luke's Campus under the proposed LRDP would remain significant and unavoidable.

z) Impact AQ-11: Operation of the LRDP would exceed the 2010 BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation at full build out.

Near-Term Projects at Cathedral Hill, Davies, and St. Luke's Campuses

The net change in operational emissions resulting from implementation of the LRDP's near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses would exceed the 2010 BAAQMD CEQA Guidelines daily and annual emission significance criteria for PM_{10}. Therefore, operation of these campuses under the proposed LRDP would result in or contribute to a violation of PM_{10} air quality standards. Even with implementation of all feasible measures to reduce operational impacts related to PM_{10} emissions, through CPMC's proposed enhanced TDM program, this impact would remain significant and unavoidable.

aa) Impact AQ-14: The proposed LRDP's construction emissions of toxic air contaminants would potentially contribute to a cumulatively considerable impact on sensitive receptors under the 2010 BAAQMD Guidelines.

Cathedral Hill Campus

Construction $PM_{2.5}$ emissions at the Cathedral Hill Campus would have a significant impact on off-site receptors under the 2010 BAAQMD CEQA Guidelines significance thresholds, even after all feasible mitigation is incorporated. Thus, the Cathedral Hill Campus construction emissions would also have a potentially cumulatively considerable impact on off-site receptors, a significant and unavoidable impact.

Davies Campus

Construction $PM_{2.5}$ emissions at the Davies Campus would have a significant impact on off-site receptors, under the 2010 BAAQMD CEQA Guidelines significance thresholds, even after all feasible mitigation is incorporated. Thus, construction emissions from the near-term project at the Davies Campus would also have a potentially cumulatively considerable impact on off-site receptors, a significant and unavoidable impact.

St. Luke's Campus

Construction $PM_{2.5}$ emissions at the St. Luke's Campus would have a significant impact on off-site receptors, under the 2010 BAAQMD CEQA Guidelines significance thresholds, even after all feasible mitigation is incorporated. Thus, the St. Luke's Campus construction emissions would also have a potentially cumulatively considerable impact on off-site receptors, a significant and unavoidable impact.

Greenhouse Gas Emissions

bb) **Impact GH-3: Direct and indirect CPMC LRDP–generated GHG emissions would have a significant impact on the environment or conflict with an applicable plan, policy, or regulation adopted for the purpose of reducing GHG emissions under the 2010 BAAQMD Guidelines.**

Cathedral Hill, Davies and St. Luke's Campuses

The 2010 BAAQMD CEQA Guidelines identified the following three alternative thresholds for determining whether a project's GHG emissions are significant:

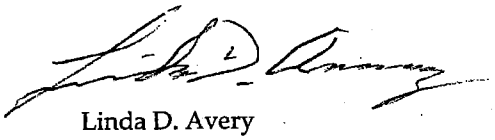
1) Compliance with a Qualified Greenhouse Gas Reduction Strategy; or

2) Whether a project's GHG emissions exceed 1,100 metric tons of carbon dioxide equivalent per year ("$MTCO_2e/yr$"); or

3) Whether a project's GHG emissions exceed 4.6 $MTCO_2e/yr$ per service population.

On December 14, 2010, after the Draft EIR had been published and following BAAQMD's approval of a Qualified GHG Reduction Strategy for San Francisco, the Environmental Planning Division determined that the proposed CPMC LRDP would be in compliance with the City's Qualified GHG Reduction Strategy. Because it has been determined to be consistent with the BAAQMD-approved GHG Reduction Strategy, the proposed LRDP has been shown to satisfy BAAQMD's mitigation guidance and to have identified all applicable, feasible mitigation measures. However, the Planning Department has determined that because the significance conclusion in the Draft EIR regarding operational GHG emissions was made prior to a determination of equivalency with a Qualified GHG Reduction Strategy, and the LRDP would exceed the 2010 BAAQMD GHG quantitative threshold of significance (which the Planning Department had previously determined applied), the proposed LRDP should conservatively be considered to result in a significant and unavoidable impact, despite the implementation of all feasible GHG reduction measures. Therefore, this impact would remain significant and unavoidable.

I hereby certify that the foregoing Motion was ADOPTED by the Planning Commission on April 26, 2012.



Linda D. Avery
Commission Secretary

AYES: President Fong, Commissioner Antonini, Commissioner Sugaya, Commissioner Borden, and Commissioner Miguel (5)

NAYS: Commissioner Moore (1)

ABSENT: Commissioner Wu (1)

ACTION: Certification of Final EIR

ADOPTED: April 26, 2012

SAN FRANCISCO
PLANNING DEPARTMENT

Planning Commission Motion No. 18589

CEQA FINDINGS[1]

HEARING DATE: APRIL 26, 2012

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San Francisco,
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Date:	April 12, 2012
Project Name:	**California Pacific Medical Center Long Range Development Plan**
Case Numbers:	**2005.0555E; 2009.0886EMTZCBRKS; 2009.0885EMTZCBRKS; 2004.0603EC; 2012.0403W**
Initiated by:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
Staff Contact:	Elizabeth Watty, Planner Elizabeth.Watty@sfgov.org, 415-558-6620
Reviewed By:	Kelley Amdur, Director Neighborhood Planning Kelley.Amdur@sfgov.org, 415-558-6351
Recommendation:	**Adopt CEQA Findings**

ADOPTING PROJECT APPROVAL FINDINGS UNDER THE CALIFORNIA ENVIRONMENTAL QUALITY ACT, INCLUDING FINDINGS REJECTING ALTERNATIVES AS INFEASIBLE, A STATEMENT OF OVERRIDING CONSIDERATIONS, AND A MITIGATION MONITORING, AND REPORTING PROGRAM, RELATING TO CALIFORNIA PACIFIC MEDICAL CENTER'S LONG RANGE DEVELOPMENT PLAN TO ALLOW THE IMPLEMENTATION OF THE NEAR-TERM PROJECTS ("PROJECT"), AT THE CATHEDRAL HILL CAMPUS (ASSESSOR'S BLOCKS-LOTS: 0690-016, 0694-005, 0694-006, 0694-007, 0694-008, 0694-009, 0694-009A, 0694-010, 0695-005, 0695-006); St. LUKE'S CAMPUS (ASSESSOR'S BLOCK-LOTS: 6575/001, 002; 6576/021 AND A PORTION OF SAN JOSE AVENUE BETWEEN CESAR CHAVEZ STREET AND 27TH STREET) AND THE DAVIES CAMPUS (ASSESSOR' BLOCKS-LOTS 3539-001).

PREAMBLE

The CPMC Long Range Development Plan ("LRDP") is a multi-phased development strategy to meet state seismic safety requirements for hospitals mandated originally in 1994 by Senate Bill ("SB") 1953 as modified through successor legislation, and to create a 20-year framework for CPMC's four existing medical campuses and for construction of a proposed new medical campus in San Francisco.

The four existing CPMC medical campuses are the St. Luke's Campus in the Mission District, Pacific Campus in the Pacific Heights area, the California Campus in the Presidio Heights area, and the Davies

[1] With changes from errata sheet, dated 4/24/12, incorporated.

Campus in the Duboce Triangle area. The proposed new medical campus is the Cathedral Hill Campus located along Van Ness Avenue in the vicinity of the intersection of Van Ness Avenue and Geary Boulevard/Geary Street.

The LRDP includes Near-Term Projects, including actions at the St. Luke's, Cathedral Hill and Davies Campuses, that have been analyzed at a project-specific level for purposes of CEQA compliance, and Long-Term Projects, including future actions at the Davies and Pacific Campuses, which would commence after 2015 and which are analyzed at a program level for purposes of CEQA compliance. There are no Near-Term Projects or Long-Term Projects proposed for the California Campus. The Near-Term Projects and Long-Term Projects are as defined and more particularly described in **Attachment A**. The approvals described in Section 1.C of **Attachment A** include a Development Agreement. That Agreement includes certain provisions that relate to the Long-Term Projects, but these do not authorize physical development of the Long-Term Projects. Therefore, these findings pertain only to the Near-Term Projects described in **Attachment A**.

CPMC applied for environmental review of the LRDP on June 10, 2005. Pursuant to and in accordance with the requirements of Section 21094 of CEQA and Sections 15063 and 15082 of the CEQA Guidelines, the San Francisco Planning Department, as lead agency, published and circulated a Notice of Preparation ("NOP") on July 1, 2006, that solicited comments regarding the scope of the environmental impact report ("EIR") for the proposed project. The NOP and its 30-day public review comment period were advertised in the San Francisco Examiner and mailed to public agencies, organizations and nearby property owners, and other individuals likely to be interested in the potential impacts of the proposed project. A public scoping meeting was held at the Cathedral Hill Hotel on July 18, 2006.

As planning for the LRDP continued, additional components were added to the LRDP, and revised Environmental Evaluation Applications were filed on February 28, 2008, and December 8, 2008. The NOP was revised and re-issued for a 30-day public review period on May 27, 2009. An additional public scoping meeting was held on June 9, 2009, to accept oral comments on the revised and refined LRDP proposal. In addition, the City extended the public review period an additional 30 days to July 26, 2009.

The NOP was distributed to the State Clearinghouse and mailed to: governmental agencies with potential interest, expertise, and/or authority over the project; interested members of the public; and occupants and owners of real property surrounding CPMC's four existing campuses and the proposed Cathedral Hill Campus location. The June 9, 2009, Public Scoping Meeting was held at the Grand Ballroom of the Cathedral Hill Hotel located at 1101 Van Ness Avenue, San Francisco, CA 94109. A total of 96 comment letters were received regarding the NOP, in addition to the verbal comments received at the scoping meeting. Commenters identified the following topics to be evaluated in the Draft EIR: Land Use and Planning; Aesthetics; Population and Housing; Cultural and Paleontological Resources; Transportation and Circulation Noise; Air Quality; Greenhouse Gas Emissions; Wind and Shadow; Recreation; Public Services; Utilities and Service Systems; Geology and Soils; Hazards and Hazardous Materials; Demolition and Construction Effects; and Project Alternatives.

The San Francisco Planning Department then prepared the Draft EIR, which describes the LRDP and the environmental setting, analyzes potential impacts, identifies mitigation measures for impacts found to be significant or potentially significant, and evaluates alternatives to the proposed LRDP. In assessing construction and operational impacts of the Project, the Draft EIR considers the potential impacts of the LRDP on the environment, and the potential cumulative impacts associated with the proposed LRDP in

combination with other past, present, and future actions with potential for impacts on the same resources. The analysis of potential environmental impacts in the Draft EIR utilizes significance criteria that are based on the San Francisco Planning Department Environmental Planning (formerly Major Environmental Analysis) Division guidance regarding the environmental effects to be considered significant. The Environmental Planning Division's guidance is, in turn, based on CEQA Guidelines Appendix G, with some modifications.

The Planning Department published the Draft EIR on July 21, 2010. The Draft EIR was circulated to local, state, and federal agencies and to interested organizations and individuals for review and comment beginning July 21, 2010. The public review period was initially 60 days but was then extended to 90 days, ending on October 19, 2010. The Commission held a public hearing to solicit testimony on the Draft EIR during the public review period on September 23, 2010. A court reporter, present at the public hearing, transcribed the oral comments verbatim, and prepared written transcripts. The Planning Department also received written comments on the Draft EIR, which were sent through mail, fax, hand delivery, or email. The San Francisco Planning Department then prepared the Comments and Responses ("C&R"). The C&R document was published on March 29, 2012, and includes copies of all of the comments received on the Draft EIR and written responses to each comment.

The C&R provided additional, updated information, clarification and modifications on issues raised by commenters, as well as Planning Department staff-initiated text changes. The Final EIR, which includes the Draft EIR, the C&R document and any Errata Sheets, (the Appendices to the Draft EIR and C&R document), and all of the supporting information, has been reviewed and considered. The C&R documents and appendices and all supporting information, and any Errata sheets for response to late comments, do not add significant new information to the Draft EIR that would individually or collectively constitute significant new information within the meaning of Public Resources Code Section 21092.1 or CEQA Guidelines Section 15088.5 so as to require recirculation of the Final EIR (or any portion thereof) under CEQA. The C&R documents and appendices and all supporting information, and any Errata sheets for response to late comments, contain no information revealing (1) any new significant environmental impact that would result from the LRDP or from a new mitigation measure proposed to be implemented, (2) any substantial increase in the severity of a previously identified environmental impact, (3) any feasible project alternative or mitigation measure considerably different from others previously analyzed that would clearly lessen the environmental impacts of the Project, but that was rejected by CPMC, or (4) that the Draft EIR was so fundamentally and basically inadequate and conclusory in nature that meaningful public review and comment were precluded.

On April 26, 2012, the Planning Commission by Motion No. 18588, found that the Final EIR was adequate, accurate, and objective, reflected the independent judgment of the Planning Commission and that the Comments and Responses document contains no significant revisions to the DEIR, and adopted findings of significant impact associated with the Project and certified the completion of the Final EIR for the Project in compliance with CEQA, and the CEQA Guidelines and Chapter 31.

The Planning Department prepared proposed Findings, as required by CEQA, regarding the alternatives, mitigation measures and significant impacts analyzed in the Final EIR and overriding consideration for approving the Near-Term Projects, including all of the actions listed in **Attachment A** hereto, and a proposed mitigation monitoring and reporting program, attached as **Exhibit 1** to **Attachment A**, which

material was made available to the public and this Planning Commission for the Planning Commission's review, consideration and actions.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting on the various approvals necessary to implement the Near-Term Projects described in the LRDP, including, but not limited to, General Plan amendments, Planning Code text amendments, Planning Code map amendments, conditional use authorizations and approval of a development agreement. These approvals are more fully set forth in Attachment A, Section I.C.1. The Commission adopted the following Resolutions and Motions to implement the Near-Term Projects: 18590, 18591, 18592, 18593, 18594, 18595, 18596, 18597, 18598, 18599, 18600, 18601, and 18602.

MOVED, that the Planning Commission has reviewed and considered the Final EIR and the record associated therewith, including the comments and submissions made to this Planning Commission, and based thereon, hereby adopts the Project Findings attached hereto as **Attachment A** including a statement of overriding considerations, and including as **Exhibit 1** the Mitigation Monitoring and Reporting Program.

I hereby certify that the Planning Commission ADOPTED the foregoing Motion on Thursday, April 26, 2012.

Linda D. Avery
Commission Secretary

AYES: Fong, Antonini, Borden, Miguel, and Sugaya

NAYS: Moore

ABSENT: Wu

ADOPTED: April 26, 2012

ATTACHMENT A

CALIFORNIA PACIFIC MEDICAL CENTER
LONG-RANGE DEVELOPMENT PLAN PROJECT - NEAR-TERM PROJECTS

CALIFORNIA ENVIRONMENTAL QUALITY ACT FINDINGS:
FINDINGS OF FACT, EVALUATION OF MITIGATION MEASURES AND ALTERNATIVES, AND STATEMENT OF OVERRIDING CONSIDERATIONS

SAN FRANCISCO PLANNING COMMISSION

April 26, 2012

In determining to approve the Near-Term Projects proposed in the California Pacific Medical Center ("CPMC") Long Range Development Plan ("LRDP"), as described in Section I.A, LRDP Near-Term Project Description, below, the following findings of fact and decisions regarding mitigation measures and alternatives are made and adopted, and the statement of overriding considerations is made and adopted, based on substantial evidence in the whole record of this proceeding and under the California Environmental Quality Act, California Public Resources Code Sections 21000-21177 ("CEQA"), particularly Sections 21081 and 21081.5, the Guidelines for implementation of CEQA, California Code of Regulations, Title 14, Sections 15000-15387 ("CEQA Guidelines"), particularly Sections 15091 through 15093, and Chapter 31 of the San Francisco Administrative Code.

This document is organized as follows:

Section I provides a description of the project proposed for adoption, project objectives, the environmental review process for the project, the approval actions to be taken and the location of records;

Section II identifies the impacts found not to be significant that do not require mitigation;

Section III identifies potentially significant impacts that can be avoided or reduced to less-than-significant levels through mitigation and describes the disposition of the mitigation measures;

Section IV identifies significant impacts that cannot be avoided or reduced to less-than-significant levels and describes any applicable mitigation measures as well as the disposition of the mitigation measures;

Section V identifies mitigation measures considered but rejected as infeasible for economic, legal, social, technological, or other considerations;

Section VI evaluates the different project alternatives (and variants) and the economic, legal, social, technological, and other considerations that support approval of the project and the rejection of the alternatives, or elements thereof, analyzed; and

Section VII presents a statement of overriding considerations setting forth specific reasons in support of the actions for the project and the rejection of the alternatives not incorporated into the project.

The Mitigation Monitoring and Reporting Program ("MMRP") for the mitigation measures that have been proposed for adoption is attached with these findings as **Exhibit 1** to Attachment A to Motion No. 18589. The MMRP is required by CEQA Section 21081.6 and CEQA Guidelines Section 15091. The MMRP provides a table setting forth each mitigation measure listed in the Final Environmental Impact

Report for the project ("Final EIR") that is required to reduce or avoid a significant adverse impact. The MMRP also specifies the agency responsible for implementation of each measure and establishes monitoring actions and a monitoring schedule. The full text of the mitigation measures is set forth in the MMRP. These findings are based upon substantial evidence in the entire record before the San Francisco Planning Commission (the "Commission"). The references set forth in these findings to certain pages or sections of the Draft Environmental Impact Report ("Draft EIR" or "DEIR") or the Comments and Responses document ("C&R") in the Final EIR are for ease of reference and are not intended to provide an exhaustive list of the evidence relied upon for these findings.

I.
LONG RANGE DEVELOPMENT PLAN DESCRIPTION, OBJECTIVES, ENVIRONMENTAL REVIEW PROCESS, APPROVAL ACTIONS, AND RECORDS

The Long Range Development Plan includes Near-Term Projects, including actions at CPMC's St. Luke's, Cathedral Hill and Davies Campuses, that have been analyzed at a project-specific level for purposes of CEQA compliance, and Long-Term Projects, including future actions at the Davies and Pacific Campuses, which would commence after 2015 and which are analyzed at a program level for purposes of CEQA compliance. There are no Near-Term Projects or Long-Term Projects proposed for the California Campus. The Near-Term Projects and Long-Term Projects are defined and more particularly described below in Sections I.A. and I.B., respectively. The approvals described in Section I.C below include a Development Agreement. That Agreement includes certain provisions that relate to the Long-Term Projects, but these do not authorize physical development of the Long-Term Projects. Therefore, these findings, and all references to the LRDP in these findings (except in Section VI), pertain only to the Near-Term Projects described in Section I.A. below.

A. LRDP Near-Term Projects Description.

1. St. Luke's Campus.

The following describes project components proposed for the St. Luke's Campus under the LRDP. All activities described below would occur in the near term. The LRDP, as proposed, would require the City to vacate a section of San Jose Avenue (between 27th Street and Cesar Chavez Street) that bisects the St. Luke's Campus. This portion of San Jose Avenue is frequently chained at its northern end, where it meets Cesar Chavez Street, and is not generally open to through traffic. It has been closed to public use and has been used for surface parking by CPMC and its predecessors pursuant to an encroachment permit since 1968.

a. St. Luke's Replacement Hospital.

The CPMC LRDP would result in the construction of the approximately 146,410 gross-square-foot ("g.s.f.") seismically compliant St. Luke's Replacement Hospital, adjacent to and west of the existing St. Luke's Hospital tower. Specifically, the St. Luke's Replacement Hospital would occupy the site of the existing 3615 Cesar Chavez Street Surface Parking Lot. A portion of the new St. Luke's Replacement Hospital would also be constructed across the vacated section of San Jose Avenue, between the existing 1957 Building and the existing 3615 Cesar Chavez Street Surface Parking Lot. The new, five-story St. Luke's Replacement Hospital would be approximately 99 feet in height.[2].. The Redwood Administration Building would be demolished before the start of hospital construction. The proposed St. Luke's Replacement Hospital would be open for patient care by about the beginning of 2017.

The St. Luke's Replacement Hospital would contain a total of 80 acute beds and an emergency department. It may include, but is not limited to, inpatient medical care, diagnostic and treatment space, surgical care, critical care, labor and delivery, post-partum care, cafeteria, loading area, and central utility plant space.

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[2] All heights are measured using Planning Code methodology for measurement, unless otherwise specified.

The proposed St. Luke's Replacement Hospital would be designed to achieve a LEED® Certified rating, including plans for reduced energy use associated with heating, cooling, ventilation, hot water, and lighting.

Parking for the St. Luke's Replacement Hospital would be accommodated through valet parking at the existing Duncan Street Parking Garage, increasing the garage's capacity to about 60 spaces. Additional parking for the St. Luke's Replacement Hospital would be provided at the new parking garage to be located in the proposed medical office building ("MOB")/Expansion Building, described below, which would provide 220 parking spaces. These two parking garages, plus 15 surface parking spaces (located throughout the campus), would provide a total of 450 parking spaces at the St. Luke's Campus. Loading (three spaces) for the St. Luke's Replacement Hospital would be located within the hospital, at Cesar Chavez Street between Guerrero and Valencia Streets.

b. Hospital Demolition and Plaza Pedestrian Improvements

After the existing 12-story St. Luke's Hospital tower is vacated and services have been relocated to the St. Luke's Replacement Hospital, the tower would be demolished. After demolition of the tower, an entry plaza, courtyard and pedestrian pathway would be constructed in the portion of the former San Jose Avenue right-of-way between Cesar Chavez Street and 27th Street that is not occupied by the St. Luke's Replacement Hospital.

c. Medical Office Building/Expansion Building.

After demolition of the existing St. Luke's Hospital tower, a new, approximately 104,008 g.s.f., five-story MOB/Expansion Building would be constructed at the site of the former hospital tower. The new five-story MOB/Expansion Building would be approximately 100 feet in height. The MOB/Expansion Building would include medical offices, diagnostic and treatment space, outpatient care, retail, hospital administration, cafeteria, education/conference space, and four below-ground parking levels that would provide approximately 220 parking spaces.

The building would be required to conform to Chapter 13C of the City's Building Code (San Francisco Green Building Requirements), which requires a LEED® Silver rating for the MOB/Expansion Building.

d. San Jose Avenue Street Vacation and Utilities Relocation.

As described above, a portion of the new St. Luke's Replacement Hospital would be located on the portion of San Jose Avenue between 27th Street and Cesar Chavez Street that is currently used as surface parking by CPMC under an encroachment permit from the City. For the St. Luke's Replacement Hospital to be constructed, the City would be required to approve a street vacation for this portion of San Jose Avenue, and existing utilities located within the San Jose Avenue right-of-way would be relocated.

e. 1957 Building.

After the opening of the new St. Luke's Replacement Hospital, the existing, approximately 31,700-sq.-ft. 1957 Building would be decommissioned from its status as a licensed hospital, and renovated and reused for administrative offices, storage, and conference space. The Emergency Department and surgical suites (operating rooms) currently within the 1957 Building would be replaced by new

facilities in the new St. Luke's Replacement Hospital. The exterior 1957 Building connector to the existing St. Luke's Hospital tower would be closed.

f. MRI Trailer.

The existing MRI Trailer and the enclosed passageway connecting the MRI Trailer to the existing 1912 Building are proposed to be removed on completion of the MOB/Expansion Building. Services offered at the MRI Trailer would be moved to the MOB/Expansion Building. Upon removal of the MRI Trailer and passageway, the resulting opening in the exterior wall of the 1912 Building would be closed, in accordance with the *Secretary of the Interior's Standards for the Treatment of Historic Properties*.

g. Streetscape Design, Landscaping, Open Space and Infrastructure.

Streetscape and landscape plans for the St. Luke's Campus have been developed as part of CPMC's community and neighborhood outreach program, and in conjunction with the City's proposed *Cesar Chavez Street Design Improvement Plan*. The improvements include various sidewalk replacements and widenings, pedestrian bulbouts, tree planting replacements, and other streetscape improvements, bus stop relocation, and installation of underground storage tanks adjacent to the St. Luke's Replacement Hospital.

h. Proposed St. Luke's Campus Site Access.

i. St. Luke's Replacement Hospital.

The main entrance to the St. Luke's Replacement Hospital would be from a central plaza area. The plaza would provide access to the replacement hospital at Level 1 from Cesar Chavez Street and at Level 2 from San Jose Avenue/27th Street. A staircase would be constructed along a portion of the San Jose Avenue right-of-way proposed for vacation between the St. Luke's Replacement Hospital and the MOB/Expansion Building to maintain a pedestrian connection between Cesar Chavez Street and 27th Street. Passenger drop-off to the main entrance of the St. Luke's Replacement Hospital would be from a white-zone drop-off area located along Cesar Chavez Street at midblock between Guerrero and Valencia Streets. Emergency vehicle ingress and egress to the Emergency Department's ambulance bay (emergency vehicle parking) would be from 27th Street near its intersection with San Jose Avenue. Service vehicles would enter and exit the loading area for the St. Luke's Replacement Hospital from Cesar Chavez Street. The CPMC shuttle stop for the hospital (currently located at Cesar Chavez Street) would be relocated to the northeast corner of San Jose Avenue and 27th Street.

ii. MOB/Expansion Building and Underground Parking Garage.

The MOB/Expansion Building would have two entrances, at the building's northwest corner (near the current intersection of San Jose Avenue and Cesar Chavez Street) and the southwest corner. A separate access point for retail uses would be provided at the corner of Valencia and Cesar Chavez Streets. Vehicular access to the underground parking garage at the MOB/Expansion Building would be available from both Cesar Chavez Street and Valencia Street. The existing bus stop for the 36-Teresita line, located outside the existing St. Luke's Hospital on Valencia Street, would be relocated to a new location, just south on Valencia Street in front of the 1957 Building. Approximately 10 on-street parking spaces would be removed to accommodate both the relocation of the bus stop and the City's proposed Valencia Streetscape Improvement Project.

2. Cathedral Hill Campus.

Development at the proposed new Cathedral Hill Campus would involve: the proposed Cathedral Hill Hospital, Cathedral Hill MOB, Van Ness Avenue pedestrian tunnel (connecting the Cathedral Hill Hospital and Cathedral Hill MOB), 1375 Sutter MOB conversion, streetscape improvements, and conversion of Cedar Street to a two-way street west of the MOB garage entrance.

a. Cathedral Hill Hospital.

CPMC would demolish the existing 10-story, approximately 445,400-sq. ft. former Cathedral Hill Hotel building at the northwest corner of Geary Boulevard and Van Ness Avenue and the existing 11-story, approximately 209,700 sq. ft. office building located on the northwest corner of the same block at Post and Franklin Streets. CPMC would then construct a new, approximately 875,378 g.s.f., 555-bed state-of-the-art acute care hospital on the hotel and office site that would fully comply with requirements of Senate Bill ("SB") 1953, as modified by successor legislation, concerning the seismic safety of acute care facilities. The acute care services currently offered at the Pacific Campus and the California Campus would be relocated to the proposed Cathedral Hill Hospital.

The 15-story (plus two-story basement) hospital tower would be approximately 265 feet in height. The proposed hospital's building length and diagonal dimensions respectively would be approximately

385 and 405 feet for the tower floors and 385 and 466 feet for the podium floor (as measured 50 feet above grade). The proposed Cathedral Hill Hospital would include three levels of at- or below-grade parking, which would contain 513 off-street parking spaces. Under the LRDP, a proposed CPMC intercampus shuttle stop serving the hospital, the Cathedral Hill MOB, and the 1375 Sutter Street MOB would be located on Post Street, adjacent to the hospital. The Cathedral Hill Hospital would be designed to attain a LEED® Certified rating. Other building design elements would include implementation of green roof elements on portions of the Cathedral Hill Hospital's podium roof area.

The Cathedral Hill Hospital's emergency generators—which are required by the Office of Statewide Health Planning and Development ("OSHPD") to ensure that the hospital remains operational in the event of a disaster—would be located on the roof of the 15-story hospital tower. The generators would be served by fuel storage tanks that would be located beneath the sidewalk and street along Geary Boulevard.

The main pedestrian entrance would be from Van Ness Avenue. The vehicular entrance to the proposed Cathedral Hill Hospital's Emergency Department would be from Franklin Street and would allow private vehicles to conveniently drop off patients inside the building. Ambulance access would be through a dedicated loading area containing three bays off of Post Street.

The main vehicular access to the hospital would be from the south side of the building along Geary Boulevard, with a one-way (south to north) drive-through lane that would connect Geary Boulevard to Post Street at midblock. Drivers would either turn off at the adjacent non-emergency passenger drop-off area or descend to the 513-space parking garage. The drive-through area would provide separate and distinct entrances for the proposed "adult" acute care services and the "Women's and Children's" services. Vehicular access would also be provided from Post Street via the mid-block access road. Egress from the hospital (other than egress onto Geary Boulevard for emergencies only) would be restricted to a right-turn exit (eastbound) onto Post Street. Access from Geary Boulevard would be allowed via a revocable curb cut permit, with the condition recorded as a Special Restriction on the deed of the hospital.

The main service vehicle and loading entrance would be accessed from Franklin Street. Larger vehicle deliveries would use the enclosed loading area. Smaller vehicles would use a secondary loading area within the sub-grade parking garage (access described above).

The Cathedral Hill Hospital may include, but would not be limited to, inpatient medical care; labor and delivery and post-partum care; specialized programs such as organ transplantation, interventional cardiology and newborn intensive care; and an emergency department. It would also include retail space, cafeteria, education and conference space, a central utility plant.

b. <u>Cathedral Hill Medical Office Building.</u>

In conjunction with construction of the proposed hospital, CPMC proposes to demolish seven existing buildings directly across Van Ness Avenue from the Cathedral Hill Hospital site, between Geary and Cedar Streets, and construct an approximately 261,691 g.s.f. medical office building in their place. The proposed Cathedral Hill MOB would provide offices for doctors affiliated with the Cathedral Hill Hospital. Uses in the building would include but not be limited to medical office, retail, education and conference, diagnostic and treatment, and parking.

The nine-story Cathedral Hill MOB would be approximately 130 feet tall to the top of the roof, as measured under the Planning Code's methodology for building height. The proposed MOB would be approximately 265 feet long with a diagonal dimension of 290 feet.

The proposed MOB would be required to conform to Chapter 13C of the City's Building Code (San Francisco Green Building Requirements), which requires that the building achieve a LEED® Silver rating. Other building design elements would include implementation of green roof elements on portions of the MOB's roof.

The main pedestrian entrance would be from Van Ness Avenue. The Cathedral Hill MOB would contain seven below-grade parking levels that would provide a total of 542 parking spaces and reach approximately 75 feet below street grade. Vehicular ingress to the MOB parking structure would be from Geary Street (from the east) and Cedar Street (from the west). The Cathedral Hill MOB would provide two loading spaces, both of which would accommodate trucks up to 25 feet long. Any delivery vehicle longer than 25 feet would be accommodated on-street or, if necessary, at the loading dock at the Cathedral Hill Hospital. All loading dock entries on Cedar Street would be right turns (eastbound). Egress from the Cathedral Hill MOB would be restricted to a right turn (eastbound) or left turn (westbound) onto Cedar Street. No egress would be provided onto Geary Street.

c. Van Ness Avenue Pedestrian Tunnel.

A pedestrian tunnel beneath Van Ness Avenue would connect the eastern portion of the proposed Cathedral Hill Hospital to the western portion of the Cathedral Hill MOB. The tunnel would be used by patients, visitors, physicians, and CPMC staff members, allowing them direct connection between the two buildings. It would also be used for the movement of records and materials.

d. 1375 Sutter Medical Office Building.

CPMC purchased the approximately 85,356 g.s.f. Pacific Plaza Office Building at 1375 Sutter Street (on the southeast corner of the intersection of Sutter and Franklin Streets) in 2008 to secure medical office space for CPMC physicians. The building would continue to undergo a phased interior renovation as existing tenants vacate and new physicians lease space in the building. Ultimately, all office space within the building would be converted from a mix of office and medical office use to exclusively medical office use. The physical improvements would be limited to interior renovation. The 1375 Sutter MOB site currently contains a partially below-grade self-park garage that provides 172 parking spaces, which would be retained with implementation of the proposed LRDP. The remainder (60) of the 232 parking spaces required by the Planning Code for the 1375 Sutter Street MOB would be provided at the Cathedral Hill Hospital parking garage, along with 116 accessory parking spaces for the 1375 Sutter Street MOB, all of which are included in the total of 513 parking spaces for that garage.

Pedestrian and vehicular access is currently available along Sutter Street and Franklin Street. This access would remain the same with implementation of the proposed LRDP.

e. Cedar Street Conversion to Two Way.

Cedar Street would become a two-way street west of the MOB garage ramp upon implementation of the LRDP.

f. Cathedral Hill Campus Streetscape Design, Landscaping, and Open Space.

CPMC proposes to upgrade the pedestrian environment by improving the street frontages of the area in the vicinity of the Cathedral Hill Campus. To achieve this objective, walkway widths would be expanded and substantial landscaped areas would be added to provide a buffer between pedestrians and traffic lanes. For the Cathedral Hill Hospital, improvements include sidewalk widening on Van Ness Avenue (west side, between Post Street and Geary Boulevard), Geary Boulevard (north side, between Van Ness Avenue and Franklin Street), and Post Street (south side, between Franklin Street and the Level 2 ingress/egress at mid-block); a pedestrian bulbout at Van Ness Avenue on Post Street, south side; a paving program, tree planting, landscape, hardscape seating, lighting, and other streetscape improvements along Van Ness Avenue (west side, Post Street to Geary Boulevard), Franklin Street (east side, Geary Boulevard to Post Street), Post Street (south side, Franklin Street to Van Ness Avenue), and Geary Boulevard (north side, Van Ness Avenue to Franklin Street); a paved entry plaza at the Van Ness Avenue and Geary Boulevard entrance; replacement and modification of the existing Van Ness Avenue crosswalk at Geary Street north side; and relocation of existing 38/38L Geary Line bus stop from west end of Geary Street, north side, between Van Ness Avenue and Polk Street to east end of Geary Boulevard, north side, between Franklin Street and Van Ness Avenue, and construction of new bus bulb-out and benches.

An outdoor courtyard for patients, visitors, and CPMC staff (approximately 6,600 sq. ft.) would be located on the podium section of the Cathedral Hill Hospital, with access from Level 5.

For the Cathedral Hill MOB, improvements including pedestrian bulbout modifications on Van Ness Avenue (east side, at Geary Street and Cedar Street); removal and improvement/replacement of north side Cedar Street sidewalk from Van Ness Avenue to Polk Street; pedestrian bulbout at Cedar Street on Polk Street, west side; removal and improvement of all other sidewalks abutting the Cathedral Hill MOB site (all frontages, and extending to Polk Street on Cedar Street, south side); raised crosswalks across Cedar Street at Van Ness Avenue and Polk Street; paving replacement/upgrade, tree planting, landscape, hardscape, seating, lighting and other streetscape improvements along portions of Van Ness Avenue (east side, Geary Street to Cedar Street), Cedar Street (Van Ness Avenue to Polk Street) and Geary Street (north side, Van Ness Avenue to Polk Street); and a Cedar Street west end entry plaza, including a drop-off area.

g. Near-Term Project Implementation Activities

Upon opening of the Cathedral Hill Hospital or shortly thereafter, all of the existing inpatient acute care and emergency department functions at the California Campus and the Pacific Campus's existing 2333 Buchanan Street Hospital would be decommissioned and transferred to the Cathedral Hill Hospital. The 2333 Buchanan Street building will undergo renovation and reuse as an ambulatory care center ("ACC") as part of the Near-Term implementation activities.[3] Certain existing uses at the California and Pacific Campuses that are not transferred to the Cathedral Hill Hospital would be transferred to the 2333 Buchanan Street building after its renovation. The ACC may include uses such as but not limited to outpatient care, diagnostic and treatment services, Alzheimer's residential care, medical support services such as pre- and post-ambulatory surgery, outpatient laboratory services, and physical and occupational therapy, hospital administration and/or cafeteria uses.

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[3] The renovation and reuse of the 2333 Buchanan Street building as part of the Near-Term Project implementation activities does not include the new construction proposed as part of the ACC Addition, a Long-Term Project as described in Section I.B. below.

3. Davies Campus.

Under the CPMC LRDP, the Davies Campus would focus on neurosciences and the complementary areas of rehabilitation and skilled nursing. Existing medical uses in the North and South Towers would continue. The existing Emergency Department would remain in the North Tower, along with inpatient care, with the focus on neuroscience-related treatment, microsurgery, and acute rehabilitation. The inpatient care uses at the North Tower would include 63 acute care beds and 48 acute rehabilitation beds. The existing South Tower would continue to be used for skilled nursing (38 beds), outpatient care, and diagnostic and treatment space.

a. Neuroscience Institute.

The approximately 46,006 g.s.f. Neuroscience Institute building is proposed for construction on the portion of the Davies Campus currently occupied by the 206-space surface parking lot at the corner of Noe Street and Duboce Avenue. Approximately 70 parking spaces in the surface parking lot would be eliminated. No new parking is proposed for the Davies Campus in the near term.

Completion of the Neuroscience Institute building would allow CPMC to consolidate complementary neuroscience departments (including neuroscience/neurosurgery, microsurgery, and acute rehabilitation) at the Davies Campus. The Neuroscience Institute may include, but is not limited to, medical office use, expanded care and services for patients with neurological conditions, enhanced rehabilitation services to allow patients to receive same-site treatment and follow-up care, ambulatory care, pre- and post-operative care, retail use, and a pedestrian drop-off area on Level 3.

The four-story Neuroscience Institute building would be approximately 40 feet in height, based on the Planning Code's methodology for measuring building heights. The fourth floor of the Neuroscience Institute building would extend over the proposed service drive and connect to the North Tower. The main entrance would be located on the south side of the building, toward 14th Street. The proposed building would have a secondary entrance across from Duboce Park.

The design of the Davies Campus includes features that are intended to connect the campus to the surrounding neighborhood by providing a transition between the medical buildings on campus and the neighborhood's residential buildings. The fourth floor of the proposed Neuroscience Institute building would be set back from both Noe Street and Duboce Avenue. Along the west side of Noe Street, the building would appear to be three stories, similar to the existing two- and three-story buildings on the east side of Noe Street.

b. Near-Term Streetscape Design, Landscaping, and Open Space.

Landscape improvements on the eastern edge of the Davies Campus along Noe Street would include renovation and improvement of approximately 500 linear feet of campus frontage along Noe Street. A landscaped open space would also be located immediately south of the building (serving as an entry court) as well as a smaller, private open space just north of the proposed Neuroscience Institute.

The new publicly accessible entry plaza immediately south of the proposed Neuroscience Institute building would incorporate varying pavement surfaces, plantings, and trees. East of the campus, along Noe Street, the sidewalk would be widened and would also receive improved surfaces, plantings, and new trees.

c. Site Access.

With construction of the proposed Neuroscience Institute building in the near term, a new passenger drop-off area would be located on the service drive, under the proposed connection to the Davies Hospital North Tower. All existing site access, including vehicular access and parking and passenger drop-off areas, would remain as existing with one exception: the existing entrance to the surface parking lot at the corner of Noe and Duboce Streets would be removed. Truck loading for the Neuroscience Institute would occur in the campus's existing loading area southwest of the proposed Neuroscience Institute building, accessible via the existing service drive from Duboce Avenue at 14th Street.

Site access to the Davies Hospital South Tower, Parking Garage, and the Davies Hospital North Tower's Emergency Department would remain available from the main entrance off Castro Street and Duboce Avenue.

B. Long-Term Projects.

The Long-Term Projects are future components of the LRDP that would commence after 2015. No approvals are being sought for physical development of the Long-Term Projects, and these findings do not address their development. This section B is provided for informational purposes only.

1. Davies Campus.

At the Davies Campus, the existing 283 -space parking garage at 14th and Castro Streets would be demolished. In its place, an approximately 80,900 sq. ft., 45-foot-tall, three-story Castro Street/14th Street MOB is proposed to be constructed to meet the future need for medical space at this campus, including, but not limited to, retail, diagnostic and treatment uses, and approximately 184,000 square feet of parking use in four below grade levels totaling approximately 490 spaces (replacement of the existing 283 spaces in the 14th and Castro Streets garage plus construction of approximately 207 new parking spaces).

Vehicular access to the proposed Castro Street/14th Street MOB would be provided from the main entrance off Castro Street and the parking entrance from 14th Street. Pedestrian site access to this building would be from the entrance drive.

2. Pacific Campus.

Under the proposed CPMC LRDP, a new outpatient ACC Addition would be constructed along with parking and other facilities as follows:

a. Underground Parking and ACC Addition.

The Stanford Building (2351 Clay Street) and the 2324 Sacramento Clinic would be demolished to accommodate the proposed Webster Street/Sacramento Street Underground Parking Garage and ACC Addition (discussed below). The site of the former Stanford Building would be excavated to construct the "L"-shaped, two-level, 22-foot-deep, approximately 113,100-sq.-ft. Webster Street/Sacramento Street Underground Parking Garage, which would provide about 248 parking spaces.

The 138-foot-tall, nine-story, approximately 205,000 g.s.f. ACC Addition would be built above the Webster/Sacramento Streets Underground Parking Garage, on the site of the current Stanford Building

and 2324 Sacramento Clinic, which would be demolished. The ACC Addition site is bounded by Clay Street to the north, the 2333 Buchanan Street Hospital (to be renovated and reused as an ACC, as described in Section I.A above) to the east, Sacramento Street to the south, and the 2100 Webster MOB to the west, on the central portion of the Pacific Campus.

The new ACC Addition would be located immediately west of the ACC. The ACC and ACC Addition buildings would both be nine stories and would be connected at three lower floors, with no connection on the upper floors. ACC Addition uses may include education and conference space, outpatient space, support space, diagnostic and treatment space, medical offices and outpatient care, and mechanical space.

b. North-of-Clay Aboveground Parking Garage.

CPMC would construct an approximately 172,500-sq.-ft. North-of-Clay Aboveground Parking Garage above the northern portion of the proposed Webster Street/Sacramento Street Underground Parking Garage, on the area currently occupied by the Annex MOB (2340-2360 Clay Street) and Gerbode Research Building (2200 Webster Street), which would be demolished, and part of the existing Buchanan Street surface parking lot (2315 Buchanan Street). This parking garage would be six stories (plus top deck) with a height of 70 feet.

A total of 715 new structured and surface parking spaces (Webster Street/Sacramento Street Underground Parking Garage and North-of-Clay Aboveground Parking Garage combined: 688 spaces; Buchanan Street surface parking lot: 27 spaces) would be provided at the Pacific Campus. This would bring the parking total at the Pacific Campus to 1,587 spaces.

c. Pacific Campus Proposed Site Access.

Several new or relocated access points are proposed for the Pacific Campus's existing and new buildings and parking garages via California, Buchanan, Sacramento, Webster, and Clay Streets. The main pedestrian entry to both the ACC and the ACC Addition would be located at the north end of the proposed Campus Drive near Clay Street. The main entry to the former 2333 Buchanan Street Hospital would be converted into a secondary entrance for the proposed ACC.

A new street, Campus Drive (located between the existing Pacific Professional Building and the ACC Addition), would be built to support existing vehicular access to the campus from Webster Street, provide vehicular access to and from Clay Street for the proposed Webster Street/Sacramento Street Underground Parking Garage, and allow egress from Sacramento Street for loading and unloading.

Vehicular traffic serving the ACC and ACC Addition would be routed to Clay Street east of Webster Street or Sacramento Street between Buchanan and Webster Streets. The entry/exit for the North-of-Clay Aboveground Parking Garage and for the Webster Street/Sacramento Street Underground Parking Garage would be located on Clay Street and Campus Drive, respectively. Vehicles dropping off passengers would utilize the drop-off area at the ground floor of the North-of-Clay Aboveground Parking Garage, and would exit onto Clay Street and turn right onto Webster Street. Vehicles exiting either garage would be directed onto Clay Street to exit. A secondary means of vehicular egress would be provided on Campus Drive, leading to Sacramento Street.

Other passenger drop-off areas would be located on Webster Street south of Clay Street near the Pacific Professional Building (existing), and on Buchanan Street near the north end of the ACC building (existing, renovated and reused). The ambulance entrance would remain on the north side of

Sacramento Street (at the south end of the ACC building) near Buchanan Street. Four off-street loading spaces would be located on Campus Drive near the entrance/exit on Sacramento Street.

The CPMC shuttle stop, currently located on Buchanan Street, would be relocated to the drop-off area located within the proposed North-of-Clay Aboveground Parking Garage, which would be closer to the new main entry at the proposed Campus Drive near Clay Street.

3. California Campus.

The majority of CPMC uses and programs, other than acute care inpatient and emergency care uses, which would have been transferred to the Cathedral Hill Hospital as part of the Near-Term project implementation activities described in Section I.A above, would continue at the California Campus until completion of the proposed ACC and ACC Addition at the Pacific Campus, at which time the Pacific Campus would absorb almost all remaining CPMC-related uses at the California Campus. No new construction is anticipated at the California Campus, although a limited amount of existing on-site medical activities would continue at the California Campus.

CPMC plans to sell the California Campus as early as possible after the transfer of acute care and non-acute care patients to the Cathedral Hill Hospital and Pacific Campus ACC and ACC Addition, as described above. A small amount of CPMC-operated space (approximately 2,400 sq. ft.) at the existing 3838 California Street MOB (primarily outpatient imaging and blood drawing would be leased from the buyer of the California Campus indefinitely. It is expected that by about 2020, almost all CPMC-related use of the California Campus would cease.

C. Approval Actions.

1. Planning Commission Approvals.

The Planning Commission is taking the following actions and approvals:

a. Project-wide Approvals.

- Approval of and recommendation to the Board of Supervisors to approve an ordinance regarding a Development Agreement.
- Adoption of Findings of Consistency with the General Plan and Planning Code Section 101.1.

b. Campus-Specific Approvals.

i. St Luke's Campus.

- Recommendation to the Board of Supervisors to approve an ordinance amending the General Plan by (1) amending Urban Design Element Map 4 - Urban Design Guidelines for Height of Buildings, to increase the height limit for the St. Luke's Campus to 105 feet, and (2) amending Urban Design Element Map 5 - Urban Design Guidelines for Bulk of Buildings, to reflect the proposed maximum plan dimensions and maximum diagonal

plan dimensions of 227' and 270', respectively, for the St. Luke's Replacement Hospital site and 204' and 228', respectively, for the MOB/Expansion Building site.

- Recommendation to the Board of Supervisors to approve an ordinance amending the Planning Code by adding a new section (Section 249.68) to establish a new Cesar Chavez/Valencia Streets Medical Use Special Use District ("SUD") for the St. Luke's Campus, and adding a new subdivision (k) to Section 124 to allow a floor area ratio ("FAR") of up to 2.5:1 in the Cesar Chavez/Valencia Streets Medical Use SUD.

- Recommendation to the Board of Supervisors to approve an ordinance amending the Planning Code Height/Bulk Map, Sheet HT07, to extend the 105-E Height/Bulk District currently applicable to the existing buildings on the St. Luke's Campus to the entirety of the St. Luke's Campus, and amending Planning Code Land Use Map SU07 to show the boundaries of the Cesar Chavez/Valencia Streets Medical Use SUD.

- Approval of a Conditional Use Authorization to modify and replace the existing Planned Unit Development for the St. Luke's Campus, to allow for construction of the Replacement Hospital, demolition of the existing Hospital Tower, and construction of the new MOB/Expansion Building in the RH-2 District, and:

    - An exception to rear yard requirements under Planning Code Section 134;

    - Authorization for buildings higher than 40 feet and an exception to Planning Code bulk restrictions to allow the length and diagonal dimensions of the proposed Replacement Hospital and MOB/Expansion Building;

    - An exemption from Planning Code requirements for on-site independently accessible off-street parking; and

    - Exceptions from restrictions on projections into streets and alleys under Planning Code Section 136.

- Approval of allocation of office space for the St. Luke's MOB/Expansion Building under Planning Code Sections 321 and 322.

- Approval of General Plan referral for sale, Street Vacation, and change of use of a portion of San Jose Avenue between 27th Street and Cesar Chavez Street, and for changes to the

sidewalk width along various streets adjacent to the St. Luke's Campus.

ii. <u>Cathedral Hill Campus.</u>

- Recommendation to the Board of Supervisors to approve an ordinance amending the General Plan by: (1) amending Urban Design Element Map 4 - Urban Design Guidelines for Height of Buildings to increase the height limit for the Cathedral Hill Hospital site to 265 feet; (2) amending Urban Design Element Map 5 – Urban Design Guidelines for Bulk of Buildings to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 385' and 466', respectively, for the Cathedral Hill Hospital site and 265' and 290', respectively, for the Cathedral Hill MOB site; (3) amending Van Ness Area Plan Map 1 (Generalized Land Use and Density Plan) to designate the sites of the proposed Cathedral Hill Hospital and Cathedral Hill MOB as "the Van Ness Medical Use Subdistrict" and increase the allowable FAR from 7:1 to 9:1 for the Cathedral Hill Hospital site and from 7:1 to 7.5:1 for the Cathedral Hill MOB site; and (4) amending Van Ness Area Plan Map 2 (Height and Bulk Districts) to create a 265-V District coterminous with the Cathedral Hill Hospital site.

- Recommendation to the Board of Supervisors to approve an ordinance amending the Van Ness Area Plan text to facilitate the development of a medical center at the transit nexus of Van Ness Avenue and Geary Boulevard and reflect various elements of this use.

- Recommendation to the Board of Supervisors to approve an ordinance amending the Planning Code by (1) amending Section 124 to allow an FAR of 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB site; and (b) amending Section 243 to establish a new Van Ness Medical Use Subdistrict within the Van Ness SUD encompassing the sites of the proposed Cathedral Hill Hospital and Cathedral Hill MOB and the area where the proposed Van Ness Avenue pedestrian tunnel would be located. The Van Ness Medical Use Subdistrict would:

    - Allow an FAR of up to 9:1 for the Cathedral Hill Hospital site and up to 7.5:1 for the Cathedral Hill MOB site;

    - Allow modification of otherwise applicable loading standards for medical centers per Planning Code Section 154(b), to allow for provision of appropriate loading facilities unique to medical facilities;

- Allow modification of otherwise applicable standards for building projections per Planning Code Section 136.2 to allow for coverage of drop-off and entry areas required by medical facilities;

- Allow modification through conditional use authorization of otherwise applicable parking standards for medical centers per Planning Code Sections 151 and 204.5, provided that the amount of parking provided shall not exceed 150 percent of the number of spaces otherwise required by the Planning Code;

- Allow modification of otherwise applicable standards for obstructions over streets or alleys per Planning Code Section 136(c)(1)(B) for vertical dimension and horizontal projections to allow architectural features to achieve appropriate articulation of building facades and to reduce pedestrian level wind currents;

- Allow modification through conditional use authorization of otherwise applicable bulk standards per Planning Code Sections 270 and 271 to allow for the unique massing requirements of medical facilities; and

- Allow modification through conditional use authorization of otherwise applicable standards for street frontage requirements per Planning Code Section 145.1 as necessary for large-plate medical facilities on sloping sites with multiple frontages.

- Recommendation to the Board of Supervisors to approve an ordinance amending Planning Code Height and Bulk Map HT02 to change the Cathedral Hill Hospital site to a 265-V Height and Bulk District in order to allow a building height of up to 265 feet and amending Planning Code Land Use Map SU07 to show the boundaries of the Van Ness Medical Use Subdistrict.

- Approval of a Conditional Use Authorization for the Cathedral Hill Campus to:

  - Authorize the Cathedral Hill Hospital and Cathedral Hill MOB as a conditional use medical center in an RC-4 zoning district and pursuant to the provisions for the Van Ness SUD in Planning Code Sections 243, 209.3, and 209.8;

- Authorize the Cathedral Hill Hospital height over 50 feet (265 feet) and the Cathedral Hill MOB height over 50 feet (130 feet) in an RC-4 district pursuant to Planning Code Section 253;
- Authorize demolition of five residential units at the Cathedral Hill MOB site pursuant to Planning Code Sections 243(c)(8)(E) and 317;
- Modify standards under Planning Code Section 145.1 for active ground floor uses and width of curb cuts, providing that, on balance, active uses and curb cuts around the perimeter of a site with multiple frontages meets the intent of Section 145.1;
- Authorize an exception to the requirements of Planning Code Section 243(c)(9) to allow wind speeds higher than 11 mph at certain sidewalk locations around the perimeter of the medical center, providing that, on balance, conditions are not worsened;
- Modify the bulk limits under Planning Code Section 270 for length and diagonal dimensions of 110 and 140 feet, respectively, applicable to the Cathedral Hill Hospital and Cathedral Hill MOB sites, to allow length and diagonal dimensions of approximately 385 and 466 feet, respectively, for the Cathedral Hill Hospital, and length and diagonal dimensions of approximately 265 and 290 feet, respectively, for the Cathedral Hill MOB, in lieu of findings per Planning Code Section 271; and
- Modify the 3:1 residential to net new non-residential ratio requirement in the Van Ness SUD under Planning Code Section 243(c)(8)(B)(iv) to allow no residential housing to be built provided fees, balanced against community benefit of project, are paid.

- Approval of allocation of Office Space for Cathedral Hill MOB under Planning Code Sections 321 and 322.
- Approval of General Plan Referral for Major Encroachment Permit for construction of underground tunnel, underground fuel tanks, and Cedar Street improvements, and for changes to the sidewalk width along various streets adjacent to the Cathedral Hill Campus.

iii. **<u>Davies Campus.</u>**

- Approval of a Conditional Use Authorization to amend a previously approved Conditional Use Authorization for a

Planned Unit Development for the Davies Campus to allow development of the Neuroscience Institute building.

- Approval of a Planned Unit Development for the Davies Campus to allow for exceptions to otherwise applicable requirements for rear yards under Planning Code Section 134.

2. **Board of Supervisors Actions.**

a. **Project-wide Approvals.**

- Approval of an ordinance modifying Administrative Code Chapter 56 and adopting a Development Agreement.

- Adoption of Findings of Consistency with the General Plan and Planning Code Section 101.1.

b. **Campus-Specific Approvals.**

i. **St Luke's Campus.**

- Approval of an ordinance amending the General Plan by (1) amending Urban Design Element Map 4 - Urban Design Guidelines for Height of Buildings, to increase the height limit for the St. Luke's Campus to 105 feet, and (2) amending Urban Design Element Map 5 – Urban Design Guidelines for Bulk of Buildings, to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 227' and 270', respectively, for the St. Luke's Replacement Hospital site and 204' and 228', respectively, for the MOB/Expansion Building Height.

- Approval of an ordinance amending the Planning Code by adding a new section (Section 249.68) to establish a new Cesar Chavez/Valencia Streets Medical Use SUD for the St. Luke's Campus, and adding a new subdivision (k) to Section 124 to allow a floor area ratio ("FAR") of up to 2.5:1 in the Cesar Chavez/Valencia Streets Medical Use SUD.

- Approval of an ordinance amending the Planning Code Height/Bulk Map, Sheet HT07, to extend the 105-E Height/Bulk District currently applicable to the existing buildings on the St. Luke's Campus to the entirety of the St. Luke's Campus, and amending Planning Code Land Use Map SU07 to show the boundaries of the Cesar Chavez/Valencia Streets Medical Use SUD.

- Approval of an ordinance ordering the summary vacation of San Jose Avenue between 27th Street and Cesar Chavez Street.

- Adoption of a Resolution approving a San Jose Avenue Transfer Agreement for a Portion of former San Jose Avenue between 27th Street and Cesar Chavez Street.

- Approval of an ordinance amending sidewalk width.

ii. <u>Cathedral Hill Campus.</u>

- Approval of an ordinance amending the General Plan by (1) amending Urban Design Element Map 4 - Urban Design Guidelines for Height of Buildings to increase the height limit for the Cathedral Hill Hospital site to 265 feet; (2) amending Urban Design Element Map 5 – Urban Design Guidelines for Bulk of Buildings to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 385' and 466', respectively, for the Cathedral Hill Hospital site and 265' and 290', respectively, for the Cathedral Hill MOB site; (3) amending Van Ness Area Plan Map 1 (Generalized Land Use and Density Plan) to designate the sites of the proposed Cathedral Hill Hospital and Cathedral Hill MOB as "the Van Ness Medical Use Subdistrict" and increase the allowable FAR from 7:1 to 9:1 for the Cathedral Hill Hospital site and from 7:1 to 7.5:1 for the Cathedral Hill MOB site; and (4) amending Van Ness Area Plan Map 2 (Height and Bulk Districts) to create a 265-V District coterminous with the Cathedral Hill Hospital site.

- Approval of an ordinance amending the General Plan by amending the Van Ness Area Plan text to facilitate the development of a medical center at the transit nexus of Van Ness Avenue and Geary Boulevard and reflect various elements of this use.

- Approval of an ordinance amending the Planning Code by (1) amending Section 124 to allow an FAR of 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB site; and (b) amending Section 243 to establish a new Van Ness Medical Use Subdistrict within the Van Ness SUD encompassing the sites of the proposed Cathedral Hill Hospital and Cathedral Hill MOB and the area where the proposed Van Ness Avenue pedestrian tunnel would be located. The Van Ness Medical Use Subdistrict would:

    - Allow an FAR of up to 9:1 for the Cathedral Hill Hospital site and up to 7.5:1 for the Cathedral Hill MOB site;

    - Allow modification of otherwise applicable loading standards for medical centers per Planning Code

Section 154(b), to allow for provision of appropriate loading facilities unique to medical facilities;

- Allow modification of otherwise applicable standards for building projections per Planning Code Section 136.2 to allow for coverage of drop-off and entry areas required by medical facilities;

- Allow modification through conditional use authorization of otherwise applicable parking standards for medical centers per Planning Code Sections 151 and 204.5, provided that the amount of parking provided shall not exceed 150 percent of the number of spaces otherwise required by the Planning Code;

- Allow modification of otherwise applicable standards for obstructions over streets or alleys per Planning Code Section 136(c)(1)(B) for vertical dimension and horizontal projections to allow architectural features to achieve appropriate articulation of building facades and to reduce pedestrian level wind currents;

- Allow modification through conditional use authorization of otherwise applicable bulk standards per Planning Code Sections 270 and 271 to allow for the unique massing requirements of medical facilities; and

- Allow modification through conditional use authorization of otherwise applicable standards for street frontage requirements per Planning Code Section 145.1 as necessary for large-plate medical facilities on sloping sites with multiple frontages.

- Approval of an ordinance amending Planning Code Height and Bulk Map HT02 to change the Cathedral Hill Hospital site to a 265-V Height and Bulk District in order to allow a building height of up to 265 feet and amending Planning Code Land Use Map SU07 to show the boundaries of the Van Ness Medical Use Subdistrict.

- Approval of a Major Encroachment Permit for construction of underground pedestrian tunnel, underground fuel tanks, and Cedar Street improvements.

- Approval of an ordinance amending sidewalk width on Van Ness (west side, between Geary Boulevard and Post Street), Geary Boulevard (north side between Van Ness Avenue and Franklin Street), and Post Street (south side, between Franklin

Street and the Level 2 ingress/egress) at mid-block, and a pedestrian bulbout (south side, Van Ness Avenue and Post Street).

3. **Other – Federal, State and Local Agencies or Departments.**

Implementation of the proposed LRDP will involve consultation with or require approvals by other local, state and federal regulatory agencies, including, but not limited to, the following:

a. **San Francisco Department of Public Works.**

i. **St. Luke's Campus.**

- Approval of findings and recommendation of Order of Street Vacation for a portion of San Jose Avenue between 27th Street and Cesar Chavez Street and endorsement and recommendation to the Board of Supervisors to approve sidewalk widening legislation.
- Approval of a Lot Line Adjustment merging the vacated segment of San Jose Avenue and existing St. Luke's Campus parcels.
- Approval of a tree removal permit.
- Various other permits and approvals related to streetscape improvement plans.

ii. **Cathedral Hill Campus.**

- Approval of a Lot Line Adjustment merging two parcels comprising the site of the Cathedral Hill Hospital.
- Approval of a Parcel Map merging seven parcels comprising the site of the Cathedral Hill MOB.
- Endorsement and recommendation to the Board of Supervisors to approve conversion of Cedar Street west of the Cathedral Hill MOB entrance from one-way to two-way.
- Endorsement and recommendation to the Board of Supervisors to approve sidewalk widening legislation.
- Endorsement and recommendation to the Board of Supervisors to approve a Major Encroachment Permit (construction of underground pedestrian tunnel, underground fuel tanks, Cedar Street improvements).
- Special permit for construction work at night on Van Ness Avenue pedestrian tunnel.

- Approval of a tree removal permit.
- Various other permits and approvals related to streetscape improvement plans

b. **San Francisco Department of Building Inspection.**

i. **Project-Wide Approvals**

- Demolition and site permits.

ii. **Cathedral Hill Campus**

- Approval of Permit to Convert twenty residential hotel units at the proposed Cathedral Hill MOB site.

c. **San Francisco Metropolitan Transportation Commission.**

- Approval and authorization of Executive Director to execute consent to Development Agreement.
- Approval of removal of street parking at St. Luke's Campus.
- Resolution approving conversion of Cedar Street west of the Cathedral Hill MOB entrance from one-way to two-way. Relocation of existing bus stop, from west end of Geary Street, north side, to east end of Geary Boulevard, and relocation of existing bus stop along Valencia.

d. **State of California, Office of Statewide Health Planning and Development (OSHPD).**

- Plan review and permitting for new hospital facilities
- Seismic certification

e. **California Department of Public Health (CDPH).**

- Licensing of new hospital facilities; and
- Overseeing compliance with the Medical Waste Management Program.

f. **State of California, Department of Transportation (Caltrans)**

- Approval of encroachment permit, lease and maintenance agreement for Van Ness Avenue pedestrian tunnel.

D. Findings About Significant Environmental Impacts and Mitigation Measures.

The following Sections II, III and IV set forth the findings about the Final EIR's determinations regarding significant environmental impacts and the mitigation measures proposed to address them. These

findings provide written analysis and conclusions regarding the environmental impacts of the LRDP and the mitigation measures included as part of the Final EIR and adopted as part of the LRDP.

In making these findings, the opinions of the Planning Department and other City staff and experts, other agencies and members of the public have been considered. These findings recognize that the determination of significance thresholds is a judgment within the discretion of the City and County of San Francisco; the significance thresholds used in the Final EIR are supported by substantial evidence in the record, including the expert opinion of the Final EIR preparers and City staff; and the significance thresholds used in the Final EIR provide reasonable and appropriate means of assessing the significance of the adverse environmental effects of the LRDP.

These findings do not attempt to describe the full analysis of each environmental impact contained in the Final EIR. Instead, a full explanation of these environmental findings and conclusions can be found in the Final EIR and these findings hereby incorporate by reference the discussion and analysis in the Final EIR supporting the determination regarding the LRDP impacts and mitigation measures designed to address those impacts. In making these findings, the determinations and conclusions of the Final EIR relating to environmental impacts and mitigation measures, are hereby ratified, adopted and incorporated in these findings, except to the extent any such determinations and conclusions are specifically and expressly modified by these findings.

As set forth below, the mitigation measures set forth in the Final EIR and the attached MMRP are hereby adopted and incorporated, except as to mitigation measures specifically rejected in Section V below, to substantially lessen or avoid the potentially significant and significant impacts of the LRDP. Accordingly, in the event a mitigation measure recommended in the Final EIR has inadvertently been omitted in these findings or the MMRP, such mitigation measure is nevertheless hereby adopted and incorporated in the findings below by reference. In addition, in the event the language describing a mitigation measure set forth in these findings or the MMRP fails to accurately reflect the mitigation measure in the Final EIR due to a clerical error, the language of the mitigation measure as set forth in the Final EIR shall control. The impact numbers and mitigation measure numbers used in these findings reflect the numbers contained in the Final EIR.

In Sections II, III and IV below, the same findings are made for a category of environmental impacts and mitigation measures. Rather than repeat the identical finding dozens of times to address each and every significant effect and mitigation measure, the initial finding obviates the need for such repetition because in no instance are the conclusions of the Final EIR or the mitigation measures recommended in the Final EIR for the LRDP, except as specifically set forth in Section V below, being rejected.

E. **Location and Custodian of Records.**

The public hearing transcripts and audio files, a copy of all letters regarding the Final EIR received during the public review period, the administrative record, and background documentation for the Final EIR are located at the Planning Department, 1650 Mission Street, San Francisco. The Planning Commission Secretary, Linda Avery, is the custodian of records for the Planning Department and the Planning Commission.

II.
IMPACTS FOUND NOT TO BE SIGNIFICANT AND THUS DO NOT REQUIRE MITIGATION

Under CEQA, no mitigation measures are required for impacts that are less than significant (Pub. Res. Code, § 21002; CEQA Guidelines, §§ 15126.4, subd. (a)(3), 15091). As more fully described in the Final EIR and based on the evidence in the whole record of this proceeding, it is hereby found that implementation of the LRDP would not result in any significant impacts in the following areas and that these impact areas therefore do not require mitigation:

Land Use

Impact LU-1: Implementation of the LRDP would not physically divide an established community.

Impact LU-2: Implementation of the LRDP would not conflict with any applicable land use plan, policy or regulation of an agency with jurisdiction over the project adopted for the purpose of avoiding or mitigating an environmental effect.

Impact LU-3: Implementation of the LRDP would not have a substantial impact on the existing character of the vicinity.

Cumulative Impacts: Implementation of the LRDP, along with other foreseeable future developments in the areas surrounding the CPMC campuses, would not result in any cumulatively considerable land use impacts.

Aesthetics

Impact AE-1: Implementation of the LRDP would not have a significant effect on a scenic highway or scenic vista.

Impact AE-2: Implementation of the LRDP would not substantially damage scenic resources, including but not limited to trees, rock outcroppings, and other features of the built or natural environment that contribute to a scenic public setting.

Impact AE-3: Implementation of the LRDP would not substantially degrade the existing visual character or quality of the site and surroundings at the sites of the existing and proposed CPMC campuses.

Impact AE-4: Implementation of the LRDP would not create a new source of light or glare that would adversely affect day or nighttime views in the area or that would substantially affect other people or properties.

Cumulative Impacts: Cumulative impacts related to aesthetics associated with implementing the LRDP would be less than significant.

Population, Employment and Housing

Impact PH-1: Implementation of the LRDP would not induce substantial population growth in an area, either directly (for example, by proposing new homes and businesses) or indirectly (for example, through extension of roads or other infrastructure).

Impact PH-2: Implementation of the LRDP would not displace substantial numbers of existing housing units or create demand for additional housing, necessitating the construction of replacement housing.

Impact PH-3: Implementation of the LRDP would not displace substantial numbers of people, necessitating the construction of replacement housing elsewhere.

Cumulative Impacts: The cumulative population, employment, and housing impact associated with implementing the LRDP would be less than significant. The cumulative housing displacement impact of the LRDP would be less than significant.

Cultural and Paleontological Resources

Impact CP-1: Implementation of the LRDP would not result in the removal of existing structures that are eligible for listing in the California Register of Historical Resources, and thus would not cause a substantial adverse change in the significance of a historical resource as defined in Section 15064.5 of the State CEQA Guidelines.

Cumulative Impacts: The proposed LRDP would have a less-than-significant cumulative impact related to cultural resources. Development of the proposed LRDP, when considered in combination with development of related projects, is not considered to result in a cumulatively considerable contribution to a significant cumulative impact related to paleontological resources.

Transportation and Circulation

Impact TR-3: Implementation of the Cathedral Hill Campus project would have a less-than-significant impact at the following six study intersections, which would operate at LOS E or LOS F under 2015 Modified Baseline No Project conditions and 2015 Modified Baseline plus Project conditions:[4]

- Gough/Geary
- Franklin/O'Farrell
- Franklin/Sutter
- Franklin/Bush
- 8th/Market
- Octavia/Market/U.S. 101

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[4] A supplemental traffic and transit analysis was prepared for the Final EIR, and is presented in C&R Tables 3.7-1 through 3.7-6 and accompanying discussion at pages C&R 3.7-11 to 3.7-25. It shows that intersection and transit delay impact determinations associated with the LRDP would essentially be the same or lower than under the 2015 or 2020 Modified Baselines plus Project conditions analyzed in the Draft EIR. The supplemental analysis is incorporated herein by this reference.

Impact TR-4: Implementation of the Cathedral Hill Campus project would have less-than-significant impacts at the following 18 study intersections, which would operate at LOS D or better under 2015 Modified Baseline plus Project conditions:

- Gough/Post
- Gough/Sutter
- Franklin/Geary
- Franklin/Post
- Franklin/Pine
- Van Ness/Fell
- Van Ness/Hayes
- Van Ness/O'Farrell
- Van Ness/Geary
- Van Ness/Post
- Van Ness/Sutter
- Van Ness/Bush
- Van Ness/Pine
- Van Ness/Broadway
- Polk/O'Farrell
- Polk/Cedar
- Polk/Post
- Polk/Sutter

Impact TR-5: Operation of the Cathedral Hill Campus parking garages would have a less-than-significant impact on traffic operations because inbound peak period queues would not spill back into adjacent travel lanes.

Although the impact of queuing (queue spillback) from the Cathedral Hill Campus parking garages would be less than significant, implementation of the following Improvement Measure, as more fully described in the Final EIR, would further reduce the less-than-significant impact by specifying actions that would be required should queues form on adjacent streets:

Improvement Measure I-TR-5: Off-Street Parking Queue Abatement.

Impact TR-18: If the proposed Van Ness Avenue Bus Rapid Transit ("BRT") and Geary Corridor BRT projects are implemented, the Cathedral Hill Campus project's contribution to the combined impact of the Cathedral Hill Campus and BRT projects at the following five of the BRT study intersections would be less than significant:

- Gough/Geary
- Van Ness/Fell
- Van Ness/Hayes
- Van Ness/Geary
- Van Ness/Broadway

Impact TR-27: Implementation of the Cathedral Hill Campus project would not cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity.

Impact TR-28: Implementation of the Cathedral Hill Campus' shuttle operation would be accommodated within the proposed shuttle loading zone and would not impact adjacent transit service.

Impact TR-37: Implementation of the Cathedral Hill Campus project would not create potentially hazardous conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the project site and adjoining areas.

Impact TR-40: Implementation of the Cathedral Hill Campus project would not result in substantial overcrowding on public sidewalks, create hazardous conditions for pedestrians, or otherwise interfere with pedestrian accessibility to the project site or adjoining areas.

While the impact on pedestrians would be less than significant, the following Improvement Measure, as more fully described in the Final EIR, would further reduce the less-than-significant impact:

Improvement Measure I-TR-40 Install Pedestrian Countdown Signals.

Impact TR-43: Implementation of the Cathedral Hill Campus project would not result in a loading demand during the peak hours of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones.

Impact TR-49: Implementation of the Cathedral Hill Campus project relevant to the passenger loading/unloading demand would be accommodated within the proposed passenger loading/unloading zones, and would not create potentially hazardous conditions.

Impact TR-52: Implementation of the Cathedral Hill Campus project would not result in a significant emergency vehicle access impact.

Impact TR-67: Implementation of the CPMC LRDP would not cause the level of service at California Campus study intersections to deteriorate from LOS D or better to LOS E or LOS F, or from LOS E to LOS F, and, therefore, the LRDP would not result in a significant traffic impact.

Impact TR-68: Implementation of the CPMC LRDP relevant to the California Campus would not cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity, resulting in unacceptable levels of service.

Impact TR-69: Implementation of the CPMC LRDP relevant to the California Campus would not create potentially hazardous conditions for bicyclists or otherwise substantially impact bicycle accessibility on the campus and adjoining areas.

Impact TR-70: Implementation of the CPMC LRDP relevant to the California Campus would not result in substantial overcrowding on public sidewalks, create hazardous conditions for pedestrians, or otherwise interfere with pedestrian accessibility to the campus or adjoining areas.

Impact TR-71: Implementation of the CPMC LRDP relevant to the California Campus would not result in a loading demand during the peak hours of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones, and would not create potentially hazardous conditions.

Impact TR-72: Implementation of the CPMC LRDP relevant to the California Campus would not result in a significant emergency vehicle access impact.

Impact TR-73: Implementation of the CPMC LRDP relevant to the California Campus would not result in construction-related impacts.

Impact TR-74: Implementation of the Davies Campus projects would have a less-than-significant impact at five study intersections that would operate at LOS E or LOS F under 2020 Modified Baseline No Project conditions and 2020 Modified Baseline plus Project conditions:

- Divisadero/Haight
- Castro/Duboce
- Castro/14th

- Castro/Market/17th
- Sanchez/Market/15th

Impact TR-76: Implementation of the Davies Campus projects would have a less-than-significant impact at the following seven study intersections, which would operate at LOS D or better under 2020 Modified Baseline plus Project conditions:

- Scott/Duboce
- Noe/Duboce
- Noe/14th
- Sanchez/Duboce
- Fillmore/Duboce
- Church/Duboce
- Octavia/Market/U.S. 101

Impact TR-77: Implementation of the Davies Campus project would not cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity, resulting in unacceptable levels of transit service.

Impact TR-78: Implementation of the Davies Campus project would not create potentially hazardous conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the project site and adjoining areas.

Impact TR-79: Implementation of the Davies Campus project would not result in substantial overcrowding on public sidewalks, create hazardous conditions for pedestrians, or otherwise impact pedestrian accessibility to the project site or adjoining areas.

Impact TR-80: Implementation of the Davies Campus project would not result in a loading demand during the peak hours of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones, and would not create potentially hazardous conditions.

Impact TR-81: Implementation of the Davies Campus project would not result in a passenger loading/unloading demand that could not be accommodated within the existing and proposed passenger loading/unloading zones, and would not create potentially hazardous conditions.

While the loading impact would be less than significant, implementation of the following Improvement Measure, as more fully described in the Final EIR, would further reduce the less-than significant passenger loading/unloading impact and the potential for conflicts between vehicles entering and exiting the Davies Campus via Castro Street:

Improvement Measure I-TR-81 Provide Appropriate Signage.

Impact TR-82: Implementation of the Davies Campus project would not result in a significant emergency vehicle access impact.

Impact TR-83: Implementation of construction-related activities on the Davies Campus would not cause a significant impact because of their temporary and limited duration.

Impact TR-84: Implementation of the St. Luke's Campus projects would have less-than-significant impact at the following six study intersections, which would operate at LOS E or LOS F under 2015 Modified Baseline No Project conditions and 2015 Modified Baseline plus Project conditions:

- Cesar Chavez/Valencia
- Cesar Chavez/Guerrero
- Guerrero/27th
- Guerrero/28th
- Cesar Chavez/South Van Ness
- Cesar Chavez/Dolores

Impact TR-85: Implementation of the St. Luke's Campus project would have less-than-significant impacts at the following nine study intersections, which would operate at LOS D or better under 2015 Modified Baseline plus Project conditions:

- Cesar Chavez/Bartlett
- Guerrero/Duncan
- Mission/Valencia/Fair
- Cesar Chavez/Mission
- Guerrero/26th
- San Jose/29th
- Valencia/26th
- Valencia/Duncan/Tiffany
- Mission/29th

Impact TR-86: Implementation of the St. Luke's Campus project would not cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity, resulting in inacceptable levels of transit service.

Impact TR-87: Implementation of the St. Luke's Campus project would not create potentially hazardous conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the St. Luke's Campus and adjoining areas.

Although bicycle impacts would be less than significant, implementation of the following Improvement Measure, as more fully described in the Final EIR, would further reduce less than significant impacts by requiring pedestrian and bicycle warning signals at the proposed garage exits:

Improvement Measure I-TR-87 Provide Pedestrian/Bicycle Improvements.

Impact TR-88: Implementation of the St. Luke's Campus project would not result in substantial overcrowding on public sidewalks, create hazardous conditions for pedestrians, or otherwise interfere with pedestrian accessibility to the project site or adjoining areas.

Although pedestrian impacts would be less than significant, the following Improvement Measure, as more fully described in the Final EIR, would further reduce less-than-significant impacts by requiring pedestrian crosswalks at the unsignalized intersection of San Jose Avenue/27th Street:

Improvement Measure I-TR-88 – Install Pedestrian Crosswalks.

Impact TR-89: Implementation of the St. Luke's Campus project would not result in a loading demand during the peak hours of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones, and would not create potentially hazardous conditions.

Impact TR-91: Implementation of the St. Luke's Campus project would not result in a passenger loading/unloading demand that could not be accommodated within the existing and proposed passenger loading/unloading zones, and would not create potentially hazardous conditions.

Impact TR-92: Implementation of the St. Luke's Campus project would not result in a significant emergency vehicle access impact.

Impact TR-94: Implementation of construction-related activities on the St. Luke's Campus would not cause a significant impact because of their temporary and limited duration.

Impact TR-95: Implementation of the Cathedral Hill, Davies and Pacific Campus projects would have less-than-significant combined impact at the study intersection of Octavia/Market/U.S. 101.

Impact TR-96: Implementation of the CPMC LRDP combined project transit demand would not exceed the proposed transit system capacity at the study area corridors.

Impact TR-97: Implementation of the CPMC LRDP would impact the ridership demand for CPMC shuttles, which would be accommodated within the proposed shuttle service.

Impact TR-98: Implementation of the CPMC LRDP with overlapping construction activities at the five campuses would not result in a significant construction impact.

Impact TR-103: Implementation of the Cathedral Hill Campus project would have less-than-significant impacts at the following 17 study intersections, which would operate at LOS D or better under 2030 Cumulative plus Project conditions:

- Gough/Post
- Gough/Sutter
- Franklin/Geary
- Franklin/Post
- Franklin/Pine
- Van Ness/Fell
- Van Ness/Hayes
- Van Ness/O'Farrell
- Van Ness/Geary
- Van Ness/Post
- Van Ness/Sutter
- Van Ness/Bush
- Van Ness/Broadway
- Polk/O'Farrell
- Polk/Cedar
- Polk/Post
- Polk/Sutter

Impact TR-116: If the proposed Van Ness Avenue and Geary Corridor Bus Rapid Transit projects are implemented, the Cathedral Hill Campus project's contribution to the combined cumulative impacts of the Cathedral Hill Campus and BRT projects at the following five intersections would be less than significant:

- Gough/Geary
- Franklin/O'Farrell
- Van Ness/Fell
- Van Ness/Hayes
- Van Ness/Broadway

Impact TR-128: Implementation of the Davies Campus project would have less-than-significant impacts at the following six study intersections, which would operate at LOS E or LOS F under 2030 Cumulative No Project conditions and 2030 Cumulative plus Project conditions:

- Divisadero/Haight
- Castro/Duboce
- Castro/14th
- Castro/Market/17th
- Sanchez/Market/15th
- Octavia Boulevard/Market/U.S. 101

Although the impacts at the above intersections would be less than significant, the following Improvement Measure, as more fully described in the Final EIR, would further reduce the less-than-significant impact at the intersection of Divisadero/Haight by improving the operation conditions from at that intersection LOS E or LOS F to LOS D:

Improvement Measure I-TR-128 Divisadero/Haight Intersection Improvement.

Impact TR-129: Implementation of the Davies Campus project would have less-than-significant impacts at the following six study intersections, which would operate at LOS D or better under 2030 Cumulative plus Project conditions:

- Scott/Duboce
- Noe/Duboce
- Noe/14th
- Sanchez/Duboce
- Fillmore/Duboce
- Church/Duboce

Impact TR-130: Implementation of the St. Luke's Campus project would have less-than-significant impacts at the following six study intersections, which would operate at LOS E or LOS F under 2030 Cumulative plus Project conditions:

- Cesar Chavez/Valencia
- Cesar Chavez/Guerrero
- Guerrero/27th
- Guerrero/28th
- Cesar Chavez/South Van Ness
- Cesar Chavez/Dolores

Impact TR-131: Implementation of the St. Luke's Campus project would have less-than-significant impacts at the following nine study intersections, which would operate at LOS D or better under 2030 Cumulative plus Project conditions:

- Cesar Chavez/Bartlett
- Guerrero/Duncan
- Mission/Valencia/Fair
- Cesar Chavez/Mission
- Guerrero/26th
- San Jose/29th

- Valencia/26th
- Valencia/Duncan/Tiffany
- Mission/29th

Impact TR-132: Implementation of the Cathedral Hill Campus project would not cause transit demand to exceed the proposed transit system capacity at the study area corridors under 2030 Cumulative plus Project conditions.

Impact TR-149: Implementation of the CPMC LRDP would not cause transit demand at the California Campus to exceed the transit system capacity at the study area corridors under 2030 Cumulative plus Project conditions.

Impact TR-150: Implementation of the Davies Campus project would not cause transit demand to exceed the transit system capacity at the study area corridors under 2030 Cumulative plus Project conditions.

Impact TR-151: Implementation of the St. Luke's Campus project would not cause transit demand to exceed the transit system capacity at the study area corridors under 2030 Cumulative plus Project conditions.

Noise

Impact NO-2: LRDP operation would not cause a substantial permanent increase in traffic noise levels at noise-sensitive residential receptors and/or expose noise-sensitive receptors to a substantial increase in noise levels.

Impact NO-4: Future traffic-related interior noise levels would not exceed applicable land use compatibility standards at the St. Luke's and Davies Campuses.

Cumulative Impacts: Cumulative impacts related to short-term exposure of sensitive receptors to increased construction noise and vibration, long-term exposure of sensitive receptors to increased traffic noise levels, long-term exposure of sensitive receptors to increased stationary-source noise, compatibility of sensitive land uses with the ambient noise environment, compatibility of sensitive land uses with the long-term groundborne noise and vibration environment, and short-term exposure of sensitive receptors to groundborne noise and vibration would be less than significant.

Air Quality

Impact AQ-2 (Davies and St. Luke's): Construction activities associated with the Near-Term projects at Davies and St. Luke's would not expose sensitive receptors to substantial concentrations of toxic air contaminants under the 1999 Bay Area Air Quality Management District ("BAAQMD") Guidelines.[5] (*For*

[5].The analysis in the Draft EIR uses both the 1999 BAAQMD CEQA Air Quality Guidelines and the updated thresholds of significance and methodologies from the June 2010 BAAQMD CEQA Air Quality Guidelines to evaluate the potential air quality impacts of the proposed LRDP. The adoption of the 2010 significance thresholds has been the subject of recent judicial actions. It is uncertain whether or to what extent BAAQMD might revise its guidelines as result of the litigation or its own subsequent review. However, the Planning Department has determined that Appendix D of the June 2010 BAAQMD CEQA Air Quality Guidelines continues to be appropriate for uses in the environmental analysis, for the reasons more fully set forth in the Final EIR. Therefore, in light of the timing of this EIR, the use of both the 1999 and June 2010 BAAQMD Guidelines in both the Draft EIR and the subsequent refined analysis of construction TAC emissions continues to represent an appropriate and conservative approach that provides full disclosure regarding the potential impacts of (and appropriate mitigation for) the proposed LRDP. This document therefore makes findings of significance using both the 1999 and the 2010 BAAQMD Guidelines.

the Cathedral Hill Campus, see Impact AQ-2, discussed in Section III, where this impact is regarded as a significant impact that can be reduced to a less-than-significant level through mitigation under the 1999 BAAQMD Guidelines.) (See also Impact AQ-10, in Section IV, where this impact is considered significant and unavoidable for the Cathedral Hill and St. Luke's Campuses under the 2010 BAAQMD Guidelines.)

Although impacts related to toxic air contaminant exposure from near-term projects at the St. Luke's and Davies Campuses would be less than significant, the following Improvement Measure, as more fully described in the Final EIR, and which has been incorporated into the construction management plans for the near-term projects at the St. Luke's and Davies Campuses, would reduce the carcinogenic risks and chronic noncarcinogenic health hazards posed by diesel particulate matter emissions during construction activities associated with development of the near-term projects at those campuses:

> *Improvement Measure I-AQ-N2: This improvement measure is identical to Mitigation Measure M-AQ-N2 for the Cathedral Hill Campus (Install Accelerated Emission Control Device on Construction Equipment).*

Impact AQ-4: Operation of the LRDP would not cause local concentrations of CO from motor vehicle exhaust to exceed state and federal ambient air quality standards under the 1999 BAAQMD Guidelines.

Impact AQ-5: Operations at the LRDP would not expose sensitive receptors to substantial concentrations of toxic air contaminants under the 1999 BAAQMD Guidelines.

Impact AQ-6: Construction and operation of the LRDP would not expose a substantial number of people to objectionable odors under the 1999 BAAQMD Guidelines.

Impact AQ-7: The LRDP's short-term construction emissions would not contribute to cumulatively considerable toxic air contaminant, criteria air pollutant or precursor emissions in the region. The LRDP's long-term operational toxic air contaminant emissions would not be cumulatively considerable under the 1999 BAAQMD Guidelines. (*See Impact AQ-7, in section IV, regarding contribution of the LRDP's long-term operational criteria air pollutant emissions to a cumulatively considerable significant and unavoidable impact, under the 1999 BAAQMD Guidelines.) (See also Impacts AQ-9 in Section IV, in which the near-term construction activities associated with the LRDP would exceed the 2010 BAAQMD CEQA significance threshold for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation; and AQ-14, in Section IV, in which the LRDP's construction emissions of toxic air contaminants would potentially contribute to a cumulatively considerable significant and unavoidable impact on sensitive receptors using the 2010 BAAQMD Guidelines).*

Impact AQ-12: Operation of CPMC campuses under the LRDP would not expose sensitive receptors to substantial concentrations of toxic air contaminants under the 2010 BAAQMD Guidelines.

Impact AQ-13: Construction and operation under the LRDP would not expose a substantial number of people to objectionable odors under the 2010 BAAQMD Guidelines.

Impact AQ-14: The proposed LRDP's operational emissions of toxic air contaminants would not contribute to a cumulatively considerable impact on sensitive receptors under the 2010 BAAQMD Guidelines.

Greenhouse Gas Emissions

Impact GH-1: Direct and indirect CPMC LRDP-generated GHG emissions would not have a significant impact on the environment, nor would they conflict with an applicable plan, policy or regulation adopted for the purpose of reducing GHG emissions (*State CEQA Guidelines, Appendix G*).

Impact GH-2: CPMC LRDP construction-related GHG emissions would not have a significant impact on the environment, nor conflict with an applicable plan, policy, or regulation adopted for the purpose of reducing GHG emissions (*2010 BAAQMD Guidelines*).

Wind and Shadow

Impact WS-1: The LRDP would not alter wind in a manner that substantially affects public areas.

Impact WS-2: The LRDP would not create net new shadow in a manner that would substantially affect the use of any park or open space under the jurisdiction of the San Francisco Recreation & Park Department, publicly accessible open space, outdoor recreation facility, or other public area or change the climate in either the community or the region.

Cumulative Impacts: Cumulative impacts of the proposed LRDP related to wind would be less than significant. The CPMC LRDP would also not result in a cumulatively considerable contribution to cumulative shadow impacts on open space.

Recreation

Impact RE-1: The LRDP would not increase the use of existing neighborhood and regional parks or other recreational facilities such that substantial physical deterioration of the facilities would occur or be accelerated. The LRDP also would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered park or recreational facilities, the construction of which could cause significant environmental impacts, in order to maintain acceptable service ratios, or other performance objectives.

Impact RE-2: The LRDP would not include recreational facilities or require the construction or expansion of recreational facilities which might have an adverse physical effect on the environment.

Impact RE-3: The LRDP would not adversely affect existing recreational opportunities.

Cumulative Impacts: Cumulative impacts of the proposed LRDP on recreation resources would be less than significant.

Public Services

Impact PS-1: The LRDP would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered fire and emergency services facilities to maintain acceptable service ratios, response times, or other performance objectives.

Impact PS-2: The LRDP (except the Cathedral Hill Campus during the construction period, as discussed at Impact PS-2 in Section III below regarding potentially significant impacts that can be reduced to a less-than-significant level through mitigation) would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered police protection facilities to maintain acceptable service ratios, response times, or other performance objectives.

Impact PS-3: The LRDP would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered schools to maintain acceptable service ratios or other performance objectives.

Impact PS-4: The LRDP would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered libraries to maintain acceptable service ratios or other performance objectives.

Cumulative Impacts: The cumulative impact on fire or police protection services related to the LRDP and foreseeable future developments in San Francisco would be less than significant. The cumulative impact on schools and library services related to the LRDP and foreseeable future developments in San Francisco would be less than significant.

Utilities and Service Systems

Impact UT-1: The LRDP would not exceed wastewater treatment requirements of the applicable regional water quality control board.

Impact UT-2: The LRDP would not require or result in the construction of new water treatment facilities or expansion of existing facilities, the construction of which could cause significant environmental effects.

Impact UT-3: The LRDP would not require or result in the construction of new wastewater treatment facilities or expansion of existing facilities, the construction of which could cause significant environmental effects.

Impact UT-4: The LRDP would not require or result in the construction of new stormwater drainage facilities or expansion of existing facilities, the construction of which could cause significant environmental effects.

Impact UT-5: The San Francisco Public Utilities Commission ("SFPUC") would have sufficient water supplies to serve the LRDP from existing entitlements and resources. No new or expanded entitlements would be needed.

Impact UT-6: The LRDP would be served by a landfill with sufficient permitted capacity to accommodate the LRDP's solid waste disposal needs.

Impact UT-7: The LRDP would comply with federal, state, and local statutes and regulations related to solid waste.

Cumulative Impacts: The cumulative impact of development projects, including the proposed LRDP, within San Francisco on water supplies would be less than significant. The cumulative impact of development projects, including the proposed LRDP, on the capacity of existing and planned storm sewers would be less than significant. The cumulative impact of future development, including the proposed LRDP, on San Francisco's solid waste disposal capacity would be less than significant.

Biological Resources

Impact BI-2: The LRDP would require removal of protected trees at most of the CPMC campus sites during construction. However, protected trees would be removed in compliance with the City's Urban

Forestry Ordinance and Section 143 of the San Francisco Planning Code, and thus the LRDP would not conflict with any local policies.

Although the landmark tree located at the St. Luke's Campus is not proposed for removal and, therefore, impacts on the landmark tree would be less than significant, the following Improvement Measure, as more fully described in the Final EIR, would further reduce the less-than-significant impact by further protecting the existing landmark tree from potential adverse construction impacts that could affect its health:

Improvement Measure I-BI-N2: Preparation and implementation of a Tree Protection Plan submitted to be submitted to DPW as part of the construction plans for the St. Luke's Campus.

Cumulative Impacts: The cumulative impacts of the LRDP related to biological resources would be less than significant.

Geology and Soils

Impact GE-1: The LRDP would not expose people or structures to the risk of loss, injury, or death involving rupture of a known earthquake fault or strong seismic ground shaking.

Impact GE-2: The LRDP would not expose people or structures to the risk of loss, injury, or death involving ground failure, including liquefaction, or be located on geologic unit or soil that is unstable, or that would become unstable as a result of the Project, and potentially result in liquefaction or lateral spreading.

Impact GE-3: The LRDP would not expose people or structures to the risk of loss, injury, or death involving landslides or be located on geologic unit or soil that is unstable, or that would become unstable as a result of the project, and potentially result in on- or off-site landslides.

Impact GE-5: The Near-Term Projects under the LRDP would not expose people or structures to the risk of loss, injury, or death involving ground failure, including densification or seismic settlement.

Impact GE-6: The LRDP would not be located on a geologic unit or soil that is unstable or that would become unstable as a result of the project, resulting in subsidence or collapse (except for potential ground subsidence from construction dewatering at the St. Luke's Campus, discussed below under Impact GE-6 in Section III regarding potentially significant impacts that can be reduced to a less-than-significant level through mitigation). Although the impact related to subsidence or soil collapse at the Cathedral Hill Campus would be less than significant, implementation of the following improvement measure, as more fully described in the Final EIR, would further reduce the less-than-significant impact by ensuring that unanticipated effects of dewatering activities are monitored.

Improvement Measure I-GE-N6: Excavation monitoring program.

Impact GE-7: The LRDP projects would not be located on expansive soil (as defined in Table 18-1-B of the Uniform Building Code), nor would it be substantially affected by corrosive soils, and therefore would not create substantial risks to life or property.

Impact GE-8: The CPMC campus sites do not have soils incapable of adequately supporting the use of septic tanks or alternative wastewater disposal systems where sewers are not available for the disposal of wastewater.[6]

Impact GE-9: The LRDP would not change substantially the topography or any unique geologic or physical features of the sites.

Cumulative Impacts: The cumulative impacts of the LRDP with regard to fault rupture would not be considerable. The LRDP would not make a cumulatively considerable contribution to any potential cumulative impacts arising out of strong seismic ground shaking. The LRDP would not make a cumulatively considerable contribution to any potential cumulative impact arising from liquefaction, settlement, lateral spreading, corrosive soils, or landsliding. Cumulative impacts related to erosion or the loss of topsoil would not be considerable. The LRDP would not make a cumulatively considerable contribution to any potential cumulative impacts from development on soils subject to instability, subsidence, collapse, and/or expansive soil, and the cumulative impact of the LRDP would be less than significant. No cumulative impact related to topography and unique geographic features would occur. Cumulative impacts related to the off-site disposal of excavated materials would be less than significant.

Hydrology and Water Quality

Impact HY-1: Dewatering activities during LRDP construction could temporarily lower the local groundwater table, but the LRDP would not substantially deplete groundwater supplies or interfere with recharge such that there would be a net deficit in aquifer volume or a substantial lowering of the local groundwater table.

Impact HY-4: Changes in the intensity of land use and increases in impervious surfaces at the CPMC campuses would not result in significant degradation of the quality of stormwater discharged to the combined sewer.

Impact HY-5: LRDP construction would not place any buildings or structures within a designated 100-year flood hazard area.

Impact HY-6: LRDP construction would not expose people or structures to risks from inundation by seiche, tsunami, or mudflow.

Cumulative Impacts: The cumulative impact related to the placement of buildings or structures within the 100-year flood hazard area and exposure of people or structures to risks from inundation by seiche, tsunami, or mudflow would be less than significant. The LRDP and other foreseeable development projects would have a less-than-significant cumulative impact on groundwater supplies and recharge. The cumulative impact on the capacity of existing and planned storm sewers would be less than significant. Cumulative impacts on water quality associated with construction of the LRDP and other foreseeable development projects would be less than significant. Therefore, the proposed CPMC LRDP would not contribute considerably to cumulative impacts related to hydrology and water quality.

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[6] All of the CPMC campuses would be served by sewer systems.

Hazards and Hazardous Materials

Impact HZ-1: LRDP construction would not create a significant hazard to the public or the environment through the routine transport, use, or disposal of hazardous materials or create a significant hazard through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment. (Except hazardous materials related to known soil and groundwater conditions, known underground structures, and unknown soil and groundwater conditions and USTs, as discussed below under Impact HZ-1 in Section III regarding potentially significant impacts that can be reduced to a less-than-significant level through mitigation).

Near-Term Projects at Cathedral Hill, Davies, and St. Luke's Campuses

Hazardous materials related to construction equipment would not create a significant hazard to the public or to the environment through the routine transport, use, or disposal of hazardous materials or create a significant hazard through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment during construction activities.

Hazardous materials related to demolition of structures would not create a significant hazard to the public or to the environment through the routine transport, use, or disposal of hazardous materials or create a significant hazard through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment.

Although the impact of hazardous materials related to demolition of structures would be less than significant, the less-than-significant impact related to potential exposure to PCBs and mercury during demolition of on-campus structures would be further reduced through the implementation of the following improvement measure, as more fully described in the Final EIR:

. *Improvement Measure I-HZ-N1: CPMC shall ensure that project contractors remove and properly dispose of PCB- and mercury-containing equipment prior to the start of project-related demolition or renovation.*

Impact HZ-2: LRDP operations would not create a significant hazard to the public or the environment through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment during project operation.

Impact HZ-3: The LRDP would not emit hazardous emissions or involve handling of hazardous or acutely hazardous materials, substances, or wastes within one-quarter mile of an existing or proposed school during construction or operation.

Although the impact related to hazardous emissions or handling of hazardous materials within one-quarter mile of an existing or proposed school would be less than significant, the impact related to potential hazardous air emissions from structures to be demolished on the Cathedral Hill, Davies, and St. Luke's Campuses would be further reduced through the implementation of the following improvement measure, as more fully described in the Final EIR:

Improvement Measure I-HZ-N3: This improvement measure is identical to I-HZ-N1 and requires the removal and proper disposal of PCB- and mercury-containing equipment prior to the start of project-related demolition or renovation.

Impact HZ-5: The near-term projects under the LRDP would not be located within an airport land use plan or within 2 miles of a public airport or private airstrip, and as a result, would not create a safety hazard for people residing or working in the area.

Impact HZ-6: The LRDP would not conflict with emergency response or evacuation plans during the project's construction and operational periods.

Impact HZ-7: The LRDP would not expose people or structures to a significant risk of loss, injury, or death involving fires.

Cumulative Impacts: Cumulative impacts from construction activities related to the routine transport, use, and disposal of hazardous materials would be less than significant. The LRDP's cumulative impact related to reasonably foreseeable risk of upset or accident would be less than significant. The LRDP's cumulative impact related to handling of acutely hazardous materials within one-quarter mile of a school would be less than significant. The LRDP's cumulative impact related to hazardous materials release sites would be less than significant. The LRDP's cumulative impact related to impairment of implementation of adopted emergency response plans would be less than significant.

Mineral and Energy Resources

Impact ME-1: The LRDP would not result in the loss of availability of a known mineral resource that would be of value to the region and the state, nor would it result in the loss of availability of a locally important mineral resource.

Impact ME-2: The LRDP would encourage activities that would result in the use of large amounts of fuel, water, and energy; however, these resources would not be used in a wasteful manner.

Cumulative Impacts: The energy demand associated with the proposed CPMC LRDP would not result in a cumulatively considerable contribution to the existing and ongoing significant cumulative impact on energy reliability.

Agricultural Resources

Impact AG-1: The LRDP would not convert Prime Farmland, Unique Farmland, or Farmland of Statewide Importance; would not conflict with existing zoning for agricultural use, or a Williamson Act contract; and would not involve other changes in the existing environment that, because of their location or nature, could result in conversion of Farmland of Statewide Importance to nonagricultural use.

Impact AG-2: The LRDP would not result in conflicts with existing zoning for, or cause rezoning of, forest land or timberland.

Impact AG-3: The LRDP would not result in the loss of or conversion of forest land to nonforest use.

Cumulative Impacts: The LRDP would not contribute to cumulative impacts on agricultural and forest resources.

Growth Inducement

Implementation of the proposed CPMC LRDP would not result in substantial additional development, population and employment growth at the CPMC campuses, in the surrounding neighborhoods, or citywide. Thus, the LRDP would not result in direct or indirect substantial growth inducement.

Urban Decay

The proposed LRDP would not result in conditions leading to urban decay.

III.
FINDINGS OF POTENTIALLY SIGNIFICANT IMPACTS THAT CAN BE AVOIDED OR REDUCED TO A LESS-THAN-SIGNIFICANT LEVEL THROUGH MITIGATION AND THE DISPOSITION OF THE MITIGATION MEASURES

CEQA requires agencies to adopt mitigation measures that would avoid or substantially lessen a project's identified significant impacts or potential significant impacts if such measures are feasible (unless mitigation to such levels is achieved through adoption of a project alternative). The findings in this Section III and in Section IV concern mitigation measures set forth in the Final EIR. These findings discuss mitigation measures as identified in the Final EIR for the Proposed Project. The full text of the mitigation measures is contained in the Final EIR and in **Exhibit 1**, the Mitigation Monitoring and Reporting Program. The impacts identified in this Section III would be reduced to a less-than-significant level through implementation of the mitigation measures contained in the Final EIR, included in the Project, or imposed as conditions of approval and set forth in **Exhibit 1**.

It is recognized that some of the mitigation measures are partially within the jurisdiction of other agencies. These agencies are urged to assist in implementing these mitigation measures, and it is hereby found that these agencies can and should participate in implementing these mitigation measures.

Cultural and Paleontological Resources

Impact CP-2: Construction under the proposed LRDP could potentially adversely affect the significance of subsurface archaeological resources pursuant to Section 15064.5 of the State CEQA Guidelines.

Cathedral Hill Campus

Subsurface excavation and construction activities at the site of the proposed Cathedral Hill Campus could adversely affect subsurface archaeological deposits beneath the site. The Cathedral Hill project site appears to have the potential to contain prehistoric archaeological deposits associated primarily with the Colma Formation, a soil layer initially developed before the earliest recorded human habitation in the region, which extends horizontally throughout the site at an approximate depth of 20–37 feet. Planned excavations at the Cathedral Hill Campus may go to a maximum of approximately 65.5 feet below surface along Van Ness Avenue, affecting the Colma Formation soils. .

Development of the Cathedral Hill Hospital block began in the 1860s when the Ladies' Protection and Relief Society Orphan Asylum was erected on the western half of the block. By 1869, buildings along Post Street and possibly along Geary Boulevard (probably residences) had been constructed. The former footprint of the Orphan Asylum and all of the individual dwellings within the Cathedral Hill Campus

site on Geary Boulevard/Geary Street, Van Ness Avenue, and Cedar and Post Streets have the potential to yield significant archaeological resources, primarily along the back lot lines where residents would have located privies or trash pits. The streets within this project site represent a cross section of the neighborhood and of San Francisco in its earliest phases and could supply important information about this population.

Prehistoric or historic cultural resources related to the site's previous uses that are discovered during construction of the proposed Cathedral Hill Campus may represent historical resources or unique archaeological resources as defined by CEQA. Because of the potential for a substantial change to or destruction of these resources, if encountered, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP and will be implemented as provided therein.

> *Mitigation Measure M-CP-N2: Archaeological Testing Program, Archaeological Monitoring Program, Archaeological Data Recovery Program, procedures for treatment of Human Remains and Associated or Unassociated Funerary Objects, and Final Archaeological Resources Report.*

Based on the Final EIR and the entire administrative record, it is hereby found and determined that implementing Mitigation Measure M-CP-N2 at the proposed Cathedral Hill Campus would reduce Impact CP-2 to a less-than-significant level because it would ensure that any potentially affected archaeological deposit would be identified, evaluated, and, as appropriate, subject to data recovery and reporting by a qualified archaeologist under the oversight of the Environmental Review Officer.

St. Luke's Campus

LRDP construction activities at the St. Luke's Campus could adversely affect subsurface archaeological deposits beneath the site. The St. Luke's Replacement Hospital would require excavation up to a depth of 19 feet below grade.. The MOB/Expansion Building would require excavation up to approximately 45 feet below grade.

The St. Luke's Campus site has the potential to prehistoric or historic archaeological resources. Colma Formation and more recent soil deposits in the subsurface of the St. Luke's Campus site may contain prehistoric archaeological resources. Individual structures pictured within the St. Luke's Campus site on 19th-century maps have the potential to yield significant archaeological resources from the time period from the 1870s, when the first structure was built on the site, through the first decade of the 20th century. Refuse or structural features would be potentially eligible under Criterion 4 of the California Register of Historic Resources ("CRHR") for their ability to address research questions relating to late-19th-century medical practices in San Francisco, and to add to the existing body of comparable data recovered from similar San Francisco sites.

The following mitigation measure, as more further described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-CP-N2: This mitigation measure is identical to Mitigation Measure M-CP-N2 for the Cathedral Hill Campus.*

As more fully described in the Final EIR, if encountered, the impact to prehistoric or historic resources would be significant and, based on the Final EIR and the entire administrative record, it is hereby found and determined that, as more fully described therein and for the same reasons as discussed above for the

proposed Cathedral Hill Campus, implementing Mitigation Measure M-CP-N2 at the St. Luke's Campus would reduce Impact CP-2 to a less-than-significant level.

Davies Campus

LRDP construction at the Davies Campus site could adversely affect archaeological deposits beneath the site. Excavation for the Neuroscience Institute building would reach approximately 50 feet below current street level and require the removal of approximately 63,000 cubic yards of soil. The Davies Campus appears to have the potential to contain prehistoric archaeological deposits, which would be associated primarily with the deeply buried Colma Formation. Sites uncovered in or on Colma Formation soils could be eligible for listing in the CRHR for their data potential (Criterion 4).

The site of the Davies Campus site was 0.15 mile from Mission Dolores and may have been affected by mission-related activities. The site was the location of various outbuildings associated with the German Hospital constructed in 1877. Architectural remains of these outbuildings, and institutional and residential refuse, and possibly architectural features, from the German Hospital may be found during LRDP construction. Temporary human burials, casualties of the 1906 earthquake, were placed in the corner of the yard, but the corner that housed the mortuary was not located within the Davies Campus site. It is possible, though unlikely, that burials from the earthquake could be found during LRDP construction. If pit refuse from the German Hospital is located within the site, a determination would be made about whether the features of this refuse have enough integrity to meet data requirements for CRHR eligibility. Any recovered archaeological evidence of a settlement from the Spanish period would be considered highly significant. Indications of the extent to which San Francisco's native population retained its cultural practices and adapted to or resisted the demands of life at the mission have the potential to add valuable data to, and possibly alter, the historical record. These or similar resources found during construction may represent historical resources or unique archaeological resources as defined by CEQA. Because of the potential for a substantial change to or destruction of these resources, if the resources are discovered, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-CP-N2: This mitigation measure is identical to Mitigation Measure M-CP-N2 for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, it is hereby found and determined that, as more fully described therein and for the same reasons as discussed for the proposed Cathedral Hill Campus, implementing Mitigation Measure M-CP-N2 at the Davies Campus would reduce Impact CP-2 to a less-than-significant level.

Impact CP-3: Construction-related earthmoving activities would take place in several paleontologically sensitive rock formations; therefore, earthmoving activities could damage or destroy previously unknown, unique paleontological resources at the project site.

Cathedral Hill, St. Luke's and Davies Campuses

The Colma Formation (all CPMC campuses), slope debris and ravine deposits (St. Luke's Campus), and older native sediments (Davies Campus) are considered paleontologically sensitive rock formations because of their potential to contain unique paleontological resources. Therefore, earthmoving activities in these deposits could damage unique paleontological resources, which would be a significant impact.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure M-CP-N3: Construction Personnel Training Program and Recovery Plan.

As more fully described in the Final EIR, the potential impact to paleontological resources is significant. Based on the Final EIR and the entire administrative record, it is hereby found and determined that implementing Mitigation Measure M-CP-N3 at the Cathedral Hill, St. Luke's, and Davies Campuses would reduce Impact CP-3 to a less-than-significant level because construction workers would be trained regarding the possibility of encountering paleontological resources, and in the event that resources were encountered, fossil specimens would be recovered and recorded and would undergo appropriate curation.

Impact CP-4: Project-related construction activities could disturb as-yet-undiscovered human remains.

Cathedral Hill, St. Luke's and Davies Campuses

Although no human remains have been listed or recorded at any of the proposed or existing CPMC campus sites, they are known to occur on the San Francisco peninsula in Middle and Late Holocene sites. Constructing new facilities at the CPMC campus sites would require excavation exposing the Colma Formation, a Late Pleistocene–Early Holocene landform that offered potential occupation surfaces for Native Americans for a period of several thousand years. As a result, as-yet-undiscovered human remains may be uncovered by excavations at these locations. Because of the potential for disturbance of human remains, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure M-CP-N4: This mitigation measure is identical to Mitigation Measure M-CP-N2, above.

Based on the Final EIR and the entire administrative record, and because Mitigation Measure M-CP-N4 would ensure that the treatment of any human remains and associated or unassociated funerary objects discovered during any soil-disturbing activity shall comply with applicable federal and state laws, it is hereby found and determined that implementing Mitigation Measure M-CP-N4 at the Cathedral Hill, St. Luke's, and Davies Campuses would reduce Impact CP-4 to a less-than-significant level.

Cumulative Impacts: Archaeological resources and human remains.

CEQA requires the recovery of significant scientific data where otherwise a project would result in the loss of the archaeological resource. For those archaeological properties potentially eligible or eligible for listing in the CRHR under Evaluation Criterion 4, mitigation through data recovery is generally considered sufficient to reduce impacts to a less-than-significant level. Consequently, development in the recent past has not, and development in the present and reasonably foreseeable future would not, contribute to a significant adverse cumulative impact on archaeological resources. Similarly, with implementation of Mitigation Measures M-CP-N2 and M-CP-N3, as described above and more fully set forth in the Final EIR and the attached MMRP, the proposed LRDP would have a less-than-significant impact on archaeological resources that are unique and nonrenewable members of finite classes, and the

incremental contribution of the LRDP to these cumulative effects would not be cumulatively considerable because it would not contribute to a loss of valuable resources.

Transportation and Circulation

Impact TR-44: Implementation of the Cathedral Hill Campus project and subsequent operation of the Cathedral Hill Hospital off-street loading facility could result in potentially hazardous conditions on Franklin Street.

The main entrance to the Cathedral Hill Hospital loading dock would be from separate entrance and exit driveways on Franklin Street. Prior to entering the loading area, a large truck would need to come to a stop in the second travel lane, and an attendant would need to temporarily stop on-coming traffic on Franklin Street while the truck maneuvered into the dock. Because Franklin Street is a major arterial street with large platoons of vehicles during significant portions of the day, stopping these vehicles may cause vehicle queues to form and extend into upstream intersections (e.g., Franklin Street/Geary Street) and interrupt intersection operations. It may result in a safety issue if vehicles stuck at an intersection decide to maneuver around other vehicles to move out of oncoming cross traffic. Therefore, the project's impact related to loading operations at the off-street loading facility on Franklin Street would be a significant impact.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure MM-TR-44 Loading Dock Restrictions and Attendant.

Based on the Final EIR and the entire administrative record, and because Mitigation Measure M-TR-44 would include time restrictions for larger truck deliveries, initial traffic impact monitoring and potential adjustments as warranted by such monitoring, and the provision of a delivery attendant during larger deliveries, it is hereby found and determined that implementation of Mitigation Measure M-TR-44 would reduce the impacts related to loading operations and, therefore, the impact related to the Cathedral Hill Hospital's loading facility to create hazardous conditions on Franklin Street traffic operations would be less than significant with mitigation.

Noise

Impact NO-1: Short-term noise generated by project-related construction and/or demolition activities could temporarily expose existing nearby noise-sensitive receptors to substantial increases in ambient noise levels.

Cathedral Hill Campus

During the most intense phases of demolition and excavation activities, construction noise generated at the proposed Cathedral Hill Campus would be 81 dB L_{eq} at 100 feet and therefore, 1 dB above the San Francisco Noise Control Ordinance standard for daytime construction of 80 dB L_{eq} at 100 feet from powered construction equipment. Sensitive receptors at the following locations would experience noise levels exceeding 80 dB L_{eq}: Geary Boulevard residences across from the Cathedral Hill Hospital site (81 dB L_{eq}), Hamilton Square Baptist Church (82 dB L_{eq}), 1 Daniel Burnham Court (82 dB L_{eq}), 1142 Van Ness Avenue (87 dB L_{eq}), 1001 Polk Street (83 dB L_{eq}), 1050 Van Ness Avenue (81 dB L_{eq}), and 1015 Geary Street

(81 dB L_{eq}).[7] As a result, certain construction activities at the Cathedral Hill Campus would not comply with the standards of the San Francisco Noise Control Ordinance. Therefore, this potential impact from construction of the Cathedral Hill Hospital and Cathedral Hill MOB would be significant.

Van Ness Avenue Pedestrian Tunnel

The Van Ness Avenue pedestrian tunnel would be constructed concurrently with (but take substantially less time than) the construction of the proposed Cathedral Hill Hospital and Cathedral Hill MOB. Noise generated by tunnel construction work between 7 a.m. and 7 p.m. would be enclosed within the tunnel. Therefore, this noise would be less than 80 dB L_{eq} at 100 feet from powered construction equipment, and would not exceed the San Francisco Noise Control Ordinance's standard for daytime construction. Therefore, the impact from daytime construction of the Van Ness Avenue pedestrian tunnel would be less than significant.

Initial surface work would be conducted at night between 7 p.m. and 5 a.m., Monday-Friday, and would require approximately four months to complete. Nighttime work is proposed to avoid the need for extended lane closures during high-traffic periods and to minimize disruption of traffic, because the initial surface work for the pedestrian tunnel requires the closure of two traffic lanes at a time on Van Ness Avenue during each work shift. The Department of Public Works or the Director of Building Inspection would need to grant a special permit to authorize construction work after 8 p.m. and before 7 a.m., because construction noise could exceed ambient noise levels by more than 5 dBA as measured at the nearest property plane. It is found and determined, however, for the reasons stated in the Final EIR and the entire administrative record and due to its temporary nature (approximately 4 months), that this nighttime noise impact would be less than significant with issuance of a special permit with conditions, including implementing Mitigation Measures M-NO-N1a, M-NO-N1b, and M-NO-N1c, as described below and more fully described in the Final EIR.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the MMRP and will be implemented as provided therein.

> *Mitigation Measure M-NO-N1a: CPMC shall minimize the impacts of construction noise where feasible by implementing the measures listed in the Final EIR and MMRP, including, construction equipment noise minimization and deflection techniques and noise suppression devices in accordance with the San Francisco Noise Control Ordinance. These measures shall be required in each contract agreed to between CPMC and a contractor under the LRDP and shall be applied to all projects and programs covered by the CPMC LRDP EIR.*
>
> *Mitigation Measure M-NO-N1b: Community Liaison*
>
> *Mitigation Measure M-NO-N1c: Construction Noise Management Plan, including data gathering and analysis, monitoring, and potential review and approval by a qualified acoustical consultant of additional mitigation measures meeting specified performance standards, if warranted under specified criteria.*

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[7] As explained on page 4.6-44 of the Draft EIR, during demolition, excavation, and foundation construction, it is expected that the construction noise would be shielded partially or completely by a portion of the shell of existing building facades being demolished, and eventually by the construction pit as work progresses. However, this shielding effect was not accounted for in the analysis of the potential noise levels at these sensitive receptors.

Based on the Final EIR and the entire administrative record, and including the requirement to obtain a special permit authorizing initial surface construction work related to the Van Ness Avenue pedestrian tunnel construction during nighttime hours, and the recommended noise reduction techniques set forth in the mitigation measures described above, which involve implementing both physical (e.g., noise shielding) and operational (e.g., restrictions on idling of construction equipment, community liaison) impact reduction measures that are considered practical and feasible, it is hereby found and determined that implementing Mitigation Measures M-NO-N1a, M-NO-N1b, and M-NO-N1c would reduce construction noise impacts at the proposed Cathedral Hill Campus to a less-than-significant level.

St. Luke's Campus

During the most intense phases of demolition and excavation activities, construction noise generated at the St. Luke's Campus would be 80 dB L_{eq} at 100 feet. Sensitive receptors at the following locations would experience noise levels exceeding 80 dB L_{eq}: residences on the 1450-1600 blocks of Guerrero Street (84 dB L_{eq}) and the 578-643 blocks of San Jose Avenue (81 dB L_{eq}). During daytime hours, on-campus noise sensitive receptors (patients and staff occupying the existing St. Luke's Hospital tower) would experience elevated interior-noise levels exceeding those recommended for hospitals. As a conservative conclusion, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP and will be implemented as provided therein.

> *Mitigation Measure M-NO-N1: This mitigation is identical to Mitigation Measures M-NO-N1a, M-NO-N1b and M-NO-N1c for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, including the recommended noise reduction techniques set forth in the mitigation measure described above, which involves implementing both physical (e.g., noise shielding) and operational (e.g., restrictions on idling of construction equipment, community liaison) impact reduction measures that are considered practical and feasible, it is hereby found and determined that implementing Mitigation Measure M-NO-N1 would reduce construction noise impacts at the St. Luke's Campus to a less-than-significant level.

Davies Campus

During the most intense phases of demolition and excavation activities, construction noise generated at the Davies Campus would be above 80 dB L_{eq} at 100 feet. On-campus sensitive receptors at the Davies Hospital North Tower would experience noise levels (81 dB L_{eq}) exceeding 80 dB L_{eq}. Also, during daytime hours, on-campus noise-sensitive receptors (patients and staff occupying the Davies Hospital North and South Towers) could experience elevated interior noise levels, including noise levels exceeding those recommended for hospitals. Therefore, as a conservative conclusion, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP and will be implemented as provided therein.

> *Mitigation Measure M-NO-N1: This mitigation measure is similar to Mitigation Measures M-NO-N1a, M-NO-N1b and M-NO-N1c for the Cathedral Hill Campus but differs in that evaluation of interior construction-noise levels at on-site receptors by a qualified acoustical consultant shall be required if the number of complaints to the community liaison becomes excessive and warrants further action.*

Based on the Final EIR and the entire administrative record, and for the same reasons as described above for the St. Luke's Campus, it is hereby found and determined that implementing Mitigation Measure M-NO-N1 would reduce construction noise impacts at the Davies Campus to a less-than-significant level.

Impact NO-3: Operation of stationary noise sources associated with the CPMC LRDP could expose on-site and off-site noise-sensitive receptors to noise levels that would exceed applicable standards, and/or result in a substantial increase in ambient noise levels.

Cathedral Hill Campus

Noise levels attributable to the proposed Cathedral Hill Hospital's Level 5 kitchen exhaust fans, to Aduromed (medical waste disposal) operations, and to oxygen truck deliveries could potentially exceed noise limits set forth in the San Francisco Noise Control Ordinance and could result in a substantial increase in ambient noise levels. As a result, this impact would be significant.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-NO-N3a: CPMC shall retain the services of a qualified acoustical consultant to measure the sound levels of operating exterior equipment within 30 days after installation. If exterior equipment meets sound-level standards, no further action is required. If exterior equipment does not meet sound-level standards, CPMC shall replace and/or redesign the exterior equipment to meet the City's noise standards. Results of the measurements shall be provided to Hospital Facilities Management/Engineering and the City to show compliance with standards.*
>
> *Mitigation Measure M-NO-N3b: Bay doors shall be required to be closed during Aduromed operations, to the extent feasible.*
>
> *Mitigation Measure M-NO-N3c: In the event that it is determined to be infeasible for bay doors to be closed during Aduromed operation, a noise-absorptive material shall be applied (prior to initiation of Aduromed operations with open doors) to the entire ceiling structure of the loading-dock area to reduce noise levels from Aduromed operations. The material shall have a minimum Noise Reduction Coefficient of 0.75.*
>
> *Mitigation Measure M-NO-N3d: Noise attenuators shall be included on kitchen exhaust fans located on Level 5 of the Cathedral Hill Hospital adjacent to patient rooms, or the sound power levels of the exhaust fans shall be limited. Hospital Facilities Management/Engineering shall review the effectiveness of attenuators.*
>
> *Mitigation Measure M-NO-N3e: Delivery of oxygen to the proposed Cathedral Hill Campus shall not be scheduled during hours when church activities are typically taking place. Communication shall be established between the adjacent churches and CPMC, and a mutually acceptable time for delivery of oxygen shall be determined.*

Mitigation Measures M-NO-N3a through M-NO-N3e include practical and feasible physical (e.g., equipment design) and operational (e.g., delivery schedule) impact reduction measures. Therefore, implementing these mitigation measures would reduce the impact of the operation of stationary noise sources (i.e., mechanical HVAC equipment, emergency electrical generators, Aduromed), to a less-than-significant level at the proposed Cathedral Hill Campus.

Davies Campus

The operation of the proposed new emergency generator at the Davies Campus could potentially generate noise levels that exceed noise limits set forth in the San Francisco Noise Control Ordinance and result in a substantial increase in ambient noise levels. As a result, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-NO-N3: CPMC shall retain the services of a qualified acoustical consultant to conduct an additional site-specific noise study to evaluate and establish the appropriate ambient noise levels at the Davies Campus for purposes of a detailed HVAC and emergency-generator noise reduction analysis. The recommendations of the acoustical consultant shall include specific equipment design and operations measures to reduce HVAC and emergency-generator noise to acceptable levels for exterior and interior noise levels as specified in the San Francisco Noise Control Ordinance.*

Based on the Final EIR and the entire administrative record, it is found and determined, that the above mitigation measure involves implementing physical (e.g., equipment design) impact reduction measures related to stationary equipment that are considered practical and feasible to achieve compliance with the San Francisco Noise Control Ordinance. Thus, implementing Mitigation Measure M-NO-N3 at the Davies Campus would reduce the impact of the operation of stationary noise sources (i.e., an emergency generator) to a less-than-significant level.

St. Luke's Campus

As more fully described in the Final EIR, the operation of stationary sources (specifically, rooftop HVAC equipment) at the St. Luke's Campus could potentially generate noise levels that could exceed the City's noise limits set forth in the San Francisco Noise Control Ordinance and result in a substantial increase in ambient noise levels. As a result, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-NO-N3: This mitigation measure is identical to Mitigation Measure M-NO-N3 for the Davies Campus and Mitigation Measure M-NO-N3a for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, it is found and determined that the above mitigation measure involves implementing physical (e.g., equipment design) impact reduction measures related to stationary equipment that are considered practical and feasible to achieve compliance with the San Francisco Noise Control Ordinance standards. Thus, implementing Mitigation Measure M-NO-N3 at the St. Luke's Campus would reduce the impact of the operation of stationary noise sources (i.e., mechanical HVAC equipment, emergency electrical generators) to a less-than-significant level.

Impact NO-4: Future traffic-related interior noise levels could exceed applicable land use compatibility standards at the Cathedral Hill Campus.

As more fully described in the Final EIR, future traffic noise levels could result in interior noise levels at the Cathedral Hill Campus that exceed an interior noise level of 45 dB L_{dn}. As a result, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-NO-N4: CPMC shall obtain the services of a qualified acoustical consultant to perform a detailed interior-noise analysis and develop noise-insulating features for the habitable interior spaces of the proposed Cathedral Hill Hospital that would reduce the interior traffic-noise level inside the hospital to 45 dB L_{dn}. Interior spaces of the hospital shall be designed to include insulating features (e.g., laminated glass, acoustical insulation, and/or acoustical sealant) that would reduce interior noise levels to 45 dB L_{dn} or lower.*

Based on the Final EIR and the entire administrative record, it is found and determined, that implementation of Mitigation Measures M-NO-N4 would require that the Cathedral Hill Hospital be designed to achieve interior traffic noise levels of 45 dB L_{dn} or below by including noise-insulating features. Compliance with this performance standard is feasible with currently available, commonly used building technology. Therefore, implementing Mitigation Measure M-NO-N4 at the proposed Cathedral Hill Campus would reduce the impact of traffic-related interior noise levels to a less-than-significant level.

Air Quality

Impact AQ-1: Construction activities associated with the LRDP would not result in short-term increases in fugitive dust that exceed 1999 BAAQMD CEQA significance criteria (1999 BAAQMD Guidelines).

Near-Term Projects at Cathedral Hill, Davies and St. Luke's Campuses

Demolition, excavation, and construction activities for the near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses would require the use of heavy trucks, excavating and grading equipment, and other mobile and stationary construction equipment. Material handling, traffic on unpaved or unimproved surfaces, demolition of structures, use of paving materials and architectural coatings, exhaust from construction worker vehicle trips, and exhaust from diesel-powered construction equipment would cause emissions during construction. Furthermore, heavy construction activity on dry soil exposed during construction phases would cause dust. These activities could cause potentially significant effects on local air quality.

Under the 1999 BAAQMD Guidelines, the implementation of all feasible construction dust control measures would reduce construction emissions to less-than-significant levels. Under the San Francisco Dust Control Ordinance, a dust control plan must be prepared that describes all dust control measures to be implemented during demolition and construction activities. Preparation of such a dust control plan is proposed as part of the construction management plan for the LRDP. The construction management plan would include BAAQMD Basic and Optional Control Measures. To ensure that these measures would be legally binding, they have been included as Mitigation Measure M-AQ-N1a, discussed below.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-AQ-N1a: Implement BAAQMD Basic and Optional Control Measures and Additional Construction Mitigation Measures during Construction.*

Mitigation Measure M-AQ-N1b: Implement Equipment Exhaust Control Measures during Construction.

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measures M-AQ-N1a and M-AQ-N1b at the proposed Cathedral Hill, Davies, and St. Luke's Campuses would reduce Impact AQ-1 to a less-than-significant level, because (a) under the 1999 BAAQMD Guidelines, air pollutant emissions from construction activities would be considered a less than significant impact if all of BAAQMD's Basic and Optional Control Measures that are applicable are implemented, and Mitigation Measure M-AQ-N1a would require implementation of all applicable BAAQMD Basic and Optional Control Measures, together with Additional Construction Mitigation Measures, during construction ; (b) Mitigation Measure M-AQ-N1b would reduce exhaust emissions from construction equipment during project construction by implementing BAAQMD-recommended control measures requiring minimization of equipment idling times, and maintenance and proper tuning of construction equipment; and (c) all requirements of the Dust Control Ordinance would also be implemented as part of the proposed LRDP per CPMC's construction management plan to minimize fugitive dust emissions during construction activities. Therefore, construction emissions of fugitive dust associated with the LRDP would not violate or contribute substantially to an existing or projected air quality violation, or expose sensitive receptors to substantial pollutant concentrations.

Impact AQ-2: Construction activities associated with the LRDP (near-term projects at the Cathedral Hill Campus) would not expose sensitive receptors to substantial concentrations of toxic air contaminants under the 1999 BAAQMD Guidelines. *(But see Impact AQ-10, in Section IV, where this impact is considered significant and unavoidable for the Cathedral Hill and St. Luke's Campuses under the 2010 BAAQMD Guidelines.)* .

As more fully described in the Final EIR, the LRDP's construction-related toxic air contaminant ("TAC") emissions at the proposed Cathedral Hill Campus would generate a cancer risk of approximately 8.3 in a million at the maximally exposed off-site individual, assuming the receptor is a resident child. This result reflects a conservative, screening-level estimate; additional, more refined modeling would better characterize risk associated with construction at Cathedral Hill Campus and would result in smaller impacts. This level is below the 1999 BAAQMD CEQA Guidelines significance threshold of 10 in a million.

The screening-level analysis assumed the implementation of the following Mitigation Measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), which is hereby adopted in the form set forth in the Final EIR and the attached MMRP:

Mitigation Measure M-AQ-N2: Install Accelerated Emission Control Device on Construction Equipment.

The proposed CPMC construction management plan includes measures consistent with Mitigation Measure M-AQ-N2, thereby incorporating this mitigation measure into the proposed LRDP. Implementation of Mitigation Measure M-AQ-N2 would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by diesel particulate matter ("DPM") emissions below the 1999 BAAQMD CEQA significance criteria, as demonstrated by the screening-level analysis described above and more fully described in the Final EIR. Therefore, this impact would be reduced to a less-than-significant level with implementation of Mitigation Measure M-AQ-N2.

AQ-8: Construction activities associated with the LRDP would not result in short-term increases in fugitive dust that exceed the 2010 BAAQMD CEQA significance criteria.

Near-Term Projects at Cathedral Hill, Davies, and St. Luke's Campuses

The impact related to generation of fugitive dust during construction activities for the near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses under the proposed LRDP is identical to the near-term impact described above under Impact AQ-1. Therefore, these activities could cause potentially significant effects on local air quality.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-AQ-N8a: Implement BAAQMD Basic and Optional Control Measures and Additional Construction Mitigation Measures during Construction.* (This mitigation measure is identical to Mitigation Measure M-AQ-N1a for Impact AQ-1).
>
> *Mitigation Measure M-AQ-N8b: Implement Equipment Exhaust Control Measures during Construction.* (This mitigation measure is identical to Mitigation Measure M-AQ-N1b for Impact AQ-1).

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementation of Mitigation Measures M-AQ-N8a and M-AQ-N8b at the Cathedral Hill, Davies, and St. Luke's Campuses would reduce the impact of fugitive dust emissions from construction of near-term projects to a less-than-significant level under the 2010 BAAQMD CEQA significance criteria because: (a) Mitigation Measure M-AQ-N8a would require, during construction, implementation of all applicable Basic and Optional Control Measures identified under the 1999 BAAQMD CEQA Guidelines, and all applicable Basic Construction Mitigation Measures identified under the 2010 BAAQMD CEQA Guidelines and Additional Construction Mitigation Measures during construction; (b) Mitigation Measure M-AQ-N8b would reduce exhaust emissions from construction equipment during project construction by implementing BAAQMD-recommended control measures requiring minimization of equipment idling times, and maintenance and proper tuning of construction equipment; and (c) all requirements of the San Francisco Dust Control Ordinance would also be implemented as part of the proposed LRDP per CPMC's construction management plan to minimize fugitive dust emissions during construction activities. Therefore, construction emissions of fugitive dust associated with the LRDP would not violate or contribute substantially to an existing or projected air quality violation, or expose sensitive receptors to substantial pollutant concentrations.

AQ-10: Construction activities associated with the near-term project at the Davies Campus would not result in short-term increases in emissions of diesel particulate matter that exceed the 2010 BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and $PM_{2.5}$.

As more fully described in the Final EIR, a conservative, screening-level evaluation of construction-related TAC emissions from development of the proposed Neuroscience Institute at the Davies Campus indicates that the emissions would generate a cancer risk that would be below the 2010 BAAQMD CEQA Guidelines significance threshold of 10 in a million.

The screening-level estimate assumed the implementation of the following mitigation measure, which has been incorporated into the project, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), and which is

hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein:

> *Mitigation Measure M-AQ-N10b: Install Accelerated Emission Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As more fully described in the Final EIR, as demonstrated by the screening-level evaluation, implementation of Mitigation Measure M-AQ-N10b would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions below the 2010 BAAQMD CEQA significance criteria. Therefore, impacts related to the exposure of sensitive receptors to substantial amounts of TACs and $PM_{2.5}$ from construction activities associated with the near-term project at the Davies Campus would be reduced to a less-than-significant level with the implementation of Mitigation Measure M-AQ-N10b.

Public Services

Impact PS-2: Construction activities at the Cathedral Hill Campus would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered police protection facilities to maintain acceptable service ratios, response times, or other performance objectives.

The San Francisco Police Department has indicated that construction activities at the Cathedral Hill Campus under the proposed LRDP could result in a temporary effect on police services during the construction period, if construction activities cause traffic conflicts that could delay police response times. Therefore, if this disturbance occurred, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-PS-N2: CPMC shall implement Mitigation Measure M-TR-55. the development of a Transportation Management Plan.*

Based on the Final EIR and the entire administrative record, and as more fully described therein, it is found and determined, that with implementation of Mitigation Measure M-PS-N2, CPMC would develop a transportation management plan ("TMP") for construction to anticipate and minimize impacts of various construction activities associated with the Cathedral Hill Campus. Under the TMP, appropriate information would be distributed to contractors and affected agencies regarding coordination of construction activities to minimize overall disruptions and ensure that overall circulation is maintained to the extent possible. The TMP would include construction strategies, demand management activities, alternative route strategies, and public information strategies. In addition, the TMP would provide necessary information to various contractors and agencies as to how to maximize the opportunities for complementary construction management measures and to minimize the possibility of conflicting impacts on the roadway system, while safely accommodating the traveling public in the area. Therefore, implementing Mitigation Measure M-PS-N2 would reduce construction-period impacts related to police services at the Cathedral Hill Campus to a less-than-significant level.

Biological Resources

Impact BI-1: Tree and shrub removal and vegetation clearing required at most of the CPMC campus sites during project construction may potentially disturb nesting birds and could result in destruction of bird nests, a potential violation of the California Fish and Game Code or the Migratory Bird Treaty Act.

Cathedral Hill Campus

All perimeter trees—77 at the site of the proposed Cathedral Hill Hospital and four at the site of the proposed Cathedral Hill MOB—would be removed during demolition and replaced after construction in accordance with the Urban Forestry Ordinance and Section 143 of the Planning Code. The only potential for adverse effects on biological resources is the loss or destruction of active bird nests, which is regulated under the federal Migratory Bird Treaty Act and the California Fish and Game Code. Construction-related activity and construction equipment moving around the site could temporarily disturb roosting birds on the campus site and within the immediate vicinity. If this disturbance occurred, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-BI-N1: Preconstruction surveys during nesting season; if active nests are located during survey, consultation with California Department of Fish and Game for guidance on obtaining and complying with Section 1081 agreement, which may include prohibiting construction activities within a buffer area, modifying construction activities, and/or removing or relocating active nests.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-BI-N1 at the proposed Cathedral Hill Campus would reduce the impact related to disturbance of bird nets to a less-than-significant level because preconstruction surveys would be conducted by a qualified wildlife biologist during the nesting season and, if active nests are discovered, protection measures to avoid construction-related disturbance and potential destruction of active bird nests would be implemented.

Davies Campus

Construction of the near-term project at the Davies Campus would necessitate the removal of approximately 35 trees of various native and nonnative species. Replacement trees would be planted after building construction as part of the landscape improvements along Noe Street and in the plaza south of the proposed Neuroscience Institute building, in compliance with the Urban Forestry Ordinance and Section 143 of the Planning Code. The only potential for adverse effects on biological resources is the loss or destruction of active bird nests, which is regulated under the federal Migratory Bird Treaty Act and the California Fish and Game Code. Construction-related activity and construction equipment moving around the site could temporarily disturb roosting birds on the campus site and within the immediate vicinity. If this disturbance occurred, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-BI-N1: This mitigation measure is identical to Mitigation Measure M-BI-N1 for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-BI-N1 at the Davies Campus would reduce the impact related to disturbance of bird nests to a less-than-significant level because preconstruction surveys would be conducted by a qualified wildlife biologist during the nesting season and, if active nests are discovered, protection measures to avoid construction-related disturbance and potential destruction of active bird nests would be implemented.

St. Luke's Campus

Construction of the St. Luke's Replacement Hospital would necessitate the removal of approximately 27 perimeter trees, which would be replaced afterward in accordance with the Urban Forestry Ordinance and Section 143 of the Planning Code. The only potential for adverse effects on biological resources is the loss or destruction of active bird nests, which is regulated under the federal Migratory Bird Treaty Act and the California Fish and Game Code. Construction-related activity and construction equipment moving around the site could temporarily disturb roosting birds on the campus site and within the immediate vicinity. If this disturbance occurred, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-BI-N1: This mitigation measures is identical to Mitigation Measure M-BI-N1 for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-BI-N1 at the St. Luke's Campus would reduce the impact related to disturbance of bird nests to a less-than-significant level because preconstruction surveys would be conducted by a qualified wildlife biologist during the nesting season and, if active nests are discovered, protection measures to avoid construction-related disturbance and potential destruction of active bird nests would be implemented.

Geology and Soils

Impact GE-4: The LRDP would not result in substantial erosion or loss of topsoil.

Near-Term Projects at Cathedral Hill, Davies, and St. Luke's Campuses

Exposed fill and native sand, including dune sand deposits, would be moderately to highly susceptible to erosion resulting from stormwater runoff when exposed during construction-related activities such as excavation. Topsoil and underlying soils at the construction sites would be disturbed during project-related excavation and grading activities. Without proper controls, these construction activities would expose loose soils to both wind and water erosion. If this occurred, the impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-GE-N4: CPMC shall implement Mitigation Measure M-HY-N3.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that as described below in the discussion of Impact HY-3, Mitigation Measure M-HY-

N3 would reduce the potential for erosion by requiring implementation of a stormwater pollution prevention plan ("SWPPP"). Therefore, implementing Mitigation Measure M-GE-N4 at the proposed Cathedral Hill Campus and at the Davies Campus and St. Luke's Campus would reduce the impact related to erosion or loss of topsoil to a less-than-significant level.

Impact GE-6: The St. Luke's Campus project would not be located on a geologic unit or soil that is unstable or that would become unstable as a result of the project, resulting in subsidence or collapse.

St. Luke's Campus

Excavation activities during construction of the St. Luke's Replacement Hospital and MOB/Expansion Building would likely encounter groundwater, which would require dewatering. Construction of the St. Luke's Replacement Hospital would require only minor amounts of local dewatering. However, dewatering during excavation of the shoring system for the MOB/Expansion Building would require the removal of large amounts of groundwater. Excavation for the proposed utility route, as described in the Final EIR and in Section VI.C. below, could also potentially encounter groundwater that would require dewatering. Removing large amounts of water from the water table during dewatering has the potential to result in ground subsidence at the MOB/Expansion Building and utility routes sites and at adjacent streets and properties as overlying soil loses support from the volume of the water. Accordingly, the potential impact related to ground subsidence from construction dewatering would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-GE-N6: Excavation and dewatering program shall be included in design-level geotechnical report for the MOB/Expansion Building, the proposed utility route, and the sewer variant at St. Luke's Campus. The program shall include measures to monitor settlement and groundwater levels while dewatering is in progress and, if deemed potentially damaging to surrounding improvements, the groundwater outside the excavation shall be recharged or the dewatering program altered to reduce drawdown to an acceptable level.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-GE-N6 at the St. Luke's Campus would reduce the impact related to subsidence from construction dewatering to a less-than-significant level because it would prevent significant subsidence impacts by monitoring settlement and groundwater levels during dewatering activities and by requiring groundwater recharge or alteration of the dewatering program to reduce drawdown to an acceptable level, should settlement or groundwater levels be deemed potentially damaging to surrounding improvements.

Hydrology and Water Quality

Impact HY-2: The proposed construction activities would result in net increases in impervious surfaces in areas that drain to the City's combined sewer system, and an increase in total or peak runoff volume from the site could contribute to the frequency or severity of combined sewer overflow events or flooding on- or off-site.

Cathedral Hill Campus

The building footprint for the proposed Cathedral Hill Hospital would have a slightly greater amount of impervious surface than the footprint of the existing structures it would replace. The footprint of the Cathedral Hill MOB would result in similar impervious coverage to that existing on the site. While the potential increase in stormwater runoff would be small, the proposed development would continue to contribute to flows in the combined sewer that experiences overflows in wet weather. Overall, the total or peak runoff volume from the Cathedral Hill Campus could increase without the implementation of Low-Impact Design ("LID") stormwater management controls. An increase in total or peak runoff volume from the Cathedral Hill Campus, compared to existing conditions, would contribute to the frequency or severity of combined sewer overflow ("CSO") events. If it did, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-HY-N2: Preparation and implementation of a Stormwater Control Plan in compliance with all policies and regulations adopted by the City, including SFPUC's Stormwater Design Guidelines, which require a 25% decrease in the rate and volume of stormwater runoff from the 2-year, 24-hour design storm as compared to existing conditions. This will be achieved by using LID stormwater Best Management Practices ("BMPs"). In addition, the design team for the project shall incorporate as many concepts as practicable from "Start at the Source: Design Guidance Manual for Stormwater Quality Protection" published by the Bay Area Storm Water Management Agencies Association.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-HY-N2 at the proposed Cathedral Hill Campus would reduce impacts related to combined sewer overflow events or flooding to a less-than-significant level, because stormwater runoff from the site would be reduced by 25% as compared to existing conditions.

Davies Campus

Overall, the near-term project at the Davies Campus may result in a net increase in impervious surface at the campus. The total or peak runoff volume from the Davies Campus could increase without the implementation of LID stormwater management controls. An increase in total or peak runoff volume from the Davies Campus, compared to existing conditions, could contribute to the frequency or severity of CSO events. If it did, the impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-HY-N2: This mitigation measure is identical to Measure M-HY-N2 for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-HY-N2 at the Davies Campus would reduce impacts related to combined sewer overflow events or flooding to a less-than-significant level because stormwater runoff from the site would be reduced by 25% as compared to existing conditions.

St. Luke's Campus

Proposed new development at the St. Luke's Campus under the LRDP would be located on areas that are currently highly developed and impervious. However, parking areas within which the St. Luke's Replacement Hospital and MOB/Expansion Building would be located currently have vegetated medians and buffers, which would be removed, resulting in a net increase in impervious surface at the St. Luke's Campus. The total or peak runoff volume from the site could increase without implementation of LID stormwater management controls. An increase in total or peak runoff volume from the St. Luke's Campus, compared to existing conditions, could contribute to the frequency or severity of CSO events. If it did, the impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-HY-N2: This mitigation measure is identical to Measure M-HY-N2 for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-HY-N2 at the St. Luke's Campus would reduce impacts related to combined sewer overflow events or flooding to a less-than-significant level because stormwater runoff from the site would be reduced by 25% as compared to existing conditions.

Impact HY-3: Excavation and other construction-related activities have the potential to degrade the quality of stormwater runoff from the CPMC campuses, but CPMC would implement a SWPPP to reduce pollution of surface water during construction.

Near-Term Projects at Cathedral Hill, Davies and St. Luke's Campuses

An estimated combined total of approximately 290,000 cubic yards of soil would be excavated during the near-term construction at the Cathedral Hill, Davies, and St. Luke's Campuses. Soil stockpiles and excavated portions of the near-term development sites on these campuses would be exposed to runoff. If not managed properly, the runoff could cause increased erosion and sedimentation to be carried into the combined sewer system. Mobilized sediment could accumulate in new locations as runoff occurs, which would block flows, potentially resulting in increased localized ponding or flooding. Without proper controls, these activities at the CPMC campuses would expose loose soils to both wind and water erosion and create sediment discharges in the combined sewer system. Because of the large number of vehicles that would enter and exit the construction sites, the potential exists for loose soil to adhere to vehicle tires. Upon exiting the construction site, the soil would be deposited on surface streets, where it would be discharged to storm drains. If these actions occurred, the impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-HY-N3: Submittal of a site-specific SWPPP to SFPUC; the SWPPP shall include an erosion and sediment control plan with appropriate BMPs, nonstormwater-management BMPs, waste management BMPs, and BMP inspection, maintenance and repair requirements; the SWPPP shall demonstrate how treatment control measures targeting the project-specific contaminants would be incorporated into the project.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-HY-N3 would reduce the potential for contaminants, sediments, or pollutants in stormwater runoff to enter the combined sewer system during construction. In addition, any groundwater encountered during construction would be subject to requirements of the City's Industrial Waste Ordinance (Ordinance Number 199-77), requiring that groundwater meet specified water quality standards before it may be discharged into the sewer system. SFPUC's Bureau of Environmental Regulation and Management must be notified of projects requiring dewatering, and analysis of the water may be required before discharge. Water quality standards would not be exceeded, nor would construction of the near-term projects conflict with any applicable land use plan, policy, or regulation adopted by the City or the San Francisco Bay Regional Water Quality Control Board ("RWQCB"). Compliance with the City's and the RWQCB's requirements would reduce stormwater quality degradation during construction activities. Therefore, implementing Mitigation Measure M-HY-N3 at the Cathedral Hill Campus, Davies, and St. Luke's Campuses would reduce construction-related impacts related to the quality of stormwater runoff to a less-than-significant level.

Hazards and Hazardous Materials

Impact HZ-1: Project construction would not create a significant hazard to the public or the environment through the routine transport, use, or disposal of hazardous materials or create a significant hazard through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment.

Near-Term Projects at Cathedral Hill, Davies and St. Luke's Campuses

Hazardous materials related to known soil and groundwater conditions: Known Reported Environmental Conditions ("RECs") and other potential environmental conditions were identified at the sites of the near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses. Construction-related activities for the near-term projects at each campus involving movement of soil that contains hazardous materials could result in impacts from worker and public exposure to chemicals in the soils from dust, and impacts on water quality and the environment if hazardous constituents were to migrate off-site. In addition, if construction requires dewatering of groundwater, a release of hazardous materials could occur, potentially resulting in exposure to the public and the environment if contaminated groundwater is discharged to the sanitary sewer system. Such impacts would be minimized by implementing legally required health and safety precautions and implementation of environmental contingency plans ("ECPs") that have been prepared for each campus. ECPs for the Project have not been reviewed by the San Francisco Department of Public Health ("SFDPH") for compliance with federal and state law. Additionally, SFDPH has recommended that subsurface sampling be conducted for any areas of excavation at the Davies Campus that occur in proximity to USTs. Should this exposure occur, the impact would be significant.

Hazardous materials related to known underground structures: Five previously closed-in-place underground storage tanks ("USTs") and a lubrication pit have been identified at the Cathedral Hill Hospital site; one active, permitted UST and one closed-in-place UST has been identified at the Davies Campus Neuroscience Institute Site; one closed-in-place UST has been identified at the St. Luke's Replacement Hospital site; and one active, permitted UST has been identified in the location of the St. Luke's MOB/Expansion Building. Known USTs at the development sites at the Cathedral Hill and Davies Campuses would remain in place under the management of SFDPH's underground tank program, unless required to be moved or deemed unstable. The USTs at the St. Luke's Campus would be required to be

removed as part of excavation for the St. Luke's Replacement Hospital and MOB/Expansion Building. Removal of USTs could expose workers to potentially hazardous materials from the contents and vapors in the tanks. Additionally, the public and the environment could be exposed to those materials if removal results in spills to the soil or groundwater adjacent to the tank.

To address potential hazards related to known USTs at the Cathedral Hill, Davies, and St. Luke's Campuses, the Environmental Site Assessments ("ESAs") for the development sites recommended the preparation of site-specific ECPs. The ECPs identify known and potential RECs at the campuses, including USTs, and provide instruction on their removal. The measures and recommendations contained in the ECPs need to be reviewed and approved by SFDPH for their compliance with federal and state law. Accordingly, if such exposure were to occur, the impact would be significant.

Hazardous materials related to unknown soil and groundwater conditions and USTs: There is a potential for construction activities at the campuses to encounter previously unidentified hazards, such as soil with obvious contamination, perched groundwater at levels higher than anticipated, or an abandoned UST located before permitting requirements were imposed. Additionally, because no ESAs were prepared for the location of the proposed pedestrian tunnel beneath Van Ness Avenue at the Cathedral Hill Campus or along the proposed utility realignment, as described in the Final EIR and in Section VI.C. below, at the St. Luke's Campus, unknown contaminants could exist in the soil or groundwater at these locations. Exposure of construction workers, the public, or the environment to previously unidentified contaminated soil or groundwater could result in a significant impact. Utility trenches have the potential to create a horizontal conduit for chemical contaminants contained in soil vapors or shallow groundwater to migrate along permeable soils that would be places such as trench backfill. Should previously unidentified USTs be discovered during construction, they would have to be closed in place or removed. Removal activities could pose both health and safety risks, such as exposure of workers, tank handling personnel, and the public to tank contents or vapors. Similarly, the discovery of buried debris that could be hazardous could also present an increased risk of adverse health or environmental effects.

The likelihood of significant adverse effects from discovery of previously unidentified USTs is minimal, because there are multiple existing requirements in place to address such affects. Additionally, to address potential hazards related to unknown soil and groundwater conditions or USTs at the development sites, the ESAs for the Cathedral Hill, Davies, and St. Luke's Campuses recommended the preparation of site-specific ECPs for each campus. The ESAs recommended that the ECPs identify procedures and requirements to follow upon the discovery of previously unidentified contaminants in soil or groundwater or USTs. The measures and recommendations by the ESAs contained in the ECP need to be reviewed and approved by SFDPH for their compliance with federal and state law. Accordingly, this impact would be significant.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure HZ-1-N1a: Preparation of Site Mitigation Plans ("SMPs") for the Cathedral Hill, Davies, and St. Luke's Campuses; requirements for the handling, hauling, and disposal of contaminated soils; and preparation of a closure/certification report.*
>
> *Mitigation Measure HZ-1-N1b: Preparation of an Unknown Contingency Plan.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementation of Mitigation Measure HZ-1-N1a would reduce the potential impacts related to known soil and groundwater conditions and USTs because (a) it would require the

preparation and approval by SFDPH of SMPs that contain soil and groundwater management protocols based on the site-specific ECPs; (b) it would require air quality monitoring during tank removal activities and sampling of surrounding soils to ensure that leaks have not occurred; (c) the SMPs would limit the exposure of workers to known contaminated soil and groundwater and potentially hazardous materials in the contents and vapors of USTs and limit the off-site migration of contaminants in soil and groundwater, preventing their exposure to the public and environment. Therefore, adherence to the site-specific health and safety plans and implementation of Mitigation Measure M-HZ-N1a would reduce impacts related to known soil and groundwater conditions and USTs at the Cathedral Hill, Davies, and St. Luke's Campuses to a less-than-significant level.

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementation of Mitigation Measure HZ-1-N1a would reduce the potential impacts related to unknown soil and groundwater conditions and USTs because it requires the preparation and approval by SFDPH of unknown contingency plans containing management protocols for the discovery of previously unidentified soil and groundwater contamination, USTs, or other subsurface facilities, which would limit the exposure of workers to unknown contaminated soil and groundwater and potentially hazardous materials in the contents and vapors of USTs and limit the off-site migration of contaminants in soil and groundwater, preventing their exposure to the public and environment. Therefore, adherence to the site-specific health and safety plans and implementation of Mitigation Measure M-HZ-N1b would reduce impacts related to unknown soil and groundwater conditions and USTs at the Cathedral Hill, Davies, and St. Luke's Campuses to a less-than-significant level.

Impact HZ-4: The project would not be located on a site that is included on a list of hazardous materials sites compiled in accordance with Government Code Section 65962.5 and, as a result, would not create a significant hazard to the public or the environment; in the long term, however, project construction could occur on such a site, and thus could create a significant hazard to the public or the environment.

Cathedral Hill Campus

Several USTs have been closed in place at the site of the proposed Cathedral Hill Hospital, and one UST has been removed. Certificates of completion for its removal are on file with SFDPH and soil data from around the USTs indicate that the USTs did not affect the surrounding soil. However, given the potential for construction at the Cathedral Hill Campus to encounter USTs, if exposure were to occur, the impact would be significant.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *M-HZ-N4a This mitigation measure is identical to M-HZ-N1a for near-term impacts and requires the preparation of site mitigation plan (SMPs) for the near-term projects at the Cathedral Hill Campus.*
>
> *M-HZ-N4b This mitigation measure is identical to M-HZ-N1b for near-term impacts and requires the preparation of unknown contingency plans for the near-term projects at the Cathedral Hill Campus.*

For the reasons discussed above under Impact HZ-1 , implementation of Mitigation Measures M-HZ-N4a and M-HZ-N4b would reduce impacts related to known soil and groundwater conditions, USTs, or other subsurface facilities at the Cathedral Hill Campus to a less-than-significant level.

Davies Campus

The records search for the site of the proposed Neuroscience Institute at the Davies Campus indicated the presence of five USTs recorded for the site. According to the ESA, however, two of the USTs have been abandoned in place with the oversight of SFDPH, two of the reported USTs are not located on the Davies Campus and are likely false records, and one is likely a duplicate record. Because of the potential for construction at the Davies Campus to encounter USTs, this impact would be significant.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *M-HZ-N4c This mitigation measure is identical to M-HZ-N1a for near-term impacts and requires the preparation of site mitigation plan (SMPs) for the near-term projects at the Davies Campus.*
>
> *M-HZ-N4d This mitigation measure is identical to M-HZ-N1b for near-term impacts and requires the preparation of unknown contingency plans for the near-term projects at the Davies Campus.*

For the reasons discussed above under Impact HZ-1 , implementation of Mitigation Measures M-HZ-N4c and M-HZ-N4d would reduce impacts related to known soil and groundwater conditions, USTs, or other subsurface facilities at the Davies Campus to a less-than-significant level.

St. Luke's Campus

The records search for the St. Luke's Campus indicated the presence of active, permitted USTs, with no record of leaks In addition, one or more diesel fuel tanks at the St. Luke's Campus was removed or closed in place in 1999 and 2000 under the oversight of SFDPH, and the case is listed as closed with a "no further action" determination issued by SFDPH. Because of the potential for construction at the St. Luke's Campus to encounter USTs and contaminated soil or groundwater, this impact would be significant.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *M-HZ-N4e This mitigation measure is identical to M-HZ-N1a for near-term impacts and requires the preparation of site mitigation plan (SMPs) for the near-term projects at the St. Luke's Campus.*
>
> *M-HZ-N4f This mitigation measure is identical to M-HZ-N1b for near-term impacts and requires the preparation of unknown contingency plans for the near-term projects at the St. Luke's Campus.*

For the reasons discussed above under Impact HZ-1, implementation of Mitigation Measures M-HZ-N4c and M-HZ-N4d would reduce impacts related to known soil and groundwater conditions, USTs, or other subsurface facilities at the St. Luke's Campus to a less-than-significant level.

IV.
SIGNIFICANT IMPACTS THAT CANNOT BE AVOIDED OR MITIGATED TO A LESS-THAN-SIGNIFICANT LEVEL

Based on substantial evidence in the whole record of these proceedings, it is hereby found and determined that, where feasible, changes or alterations have been required, or incorporated into, the Proposed LRDP to reduce the significant environmental impacts as identified in the Final EIR. It is further found, however, that certain mitigation measures in the Final EIR, as described in this section, or changes, have been required in, or incorporated into, the LRDP, pursuant to Public Resources Code Section 21002 and CEQA Guidelines Section 15091, which may lessen, but do not avoid (i.e., reduce to less-than-significant levels), the potentially significant environmental effects associated with implementation of the LRDP that are described below. Although all of the mitigation measures set forth in the Mitigation Monitoring and Reporting Plan (MMRP), attached as **Exhibit 1**, are adopted, for some of the impacts listed below, despite the implementation of feasible mitigation measures, the effects remain significant and unavoidable.

It is further found, as described in this Section IV below, based on the analysis contained within the Final EIR, other considerations in the record, and the significance criteria identified in the Final EIR, that because some aspects of the LRDP could cause potentially significant impacts for which feasible mitigation measures are not available to reduce the impact to a less-than-significant level, those impacts remain significant and unavoidable. It is also recognized that although mitigation measures are identified in the Final EIR that would reduce some significant impacts, certain measures, as described in this Section IV below, are uncertain or infeasible for reasons set forth below, and therefore those impacts remain significant and unavoidable or potentially significant and unavoidable.

Thus, the following significant impacts on the environment, as reflected in the Final EIR, are unavoidable. As more fully explained in Section VIII, below, under Public Resources Code Section 21081(a)(3) and (b), and CEQA Guidelines 15091(a)(3), 15092(b)(2)(B), and 15093, it is found and determined that legal, environmental, economic, social, technological and other benefits of the LRDP override any remaining significant adverse impacts of the LRDP for each of the significant and unavoidable impacts described below. This finding is supported by substantial evidence in the record of this proceeding.

Transportation and Circulation

Impact TR-1: Implementation of the Cathedral Hill Campus project would result in a significant impact at the intersection of Van Ness/Market.

As more fully described in the Final EIR, the addition of the proposed LRDP project trips at the Cathedral Hill Campus during the p.m. peak hour would degrade operations at the signalized intersection of Van Ness/Market from LOS D under 2015 Modified Baseline No Project conditions, to LOS E under 2015 Modified Baseline plus Project conditions. This would be considered a significant traffic impact.

Providing additional traffic lanes or otherwise increasing vehicular capacity at this intersection is not feasible because it would require narrowing of sidewalks to substandard widths, and/or demolition of buildings adjacent to these streets. Signal timing adjustments may somewhat improve intersection operations, but would be infeasible due to traffic, transit or pedestrian signal timing policies and

requirements. This is because, for example, such adjustments at an intersection within a major transportation corridor, such as Van Ness Avenue or Geary Boulevard/Street, would affect the signal timing settings and traffic and transit operations at other signalized intersections throughout the rest of the corridor, and would have secondary effects on pedestrian crossing times. Under the LRDP, CPMC would expand its current Transportation Demand Management ("TDM") program to further discourage use of private automobiles. Although this would reduce the number of trips through this intersection, the extent of the reduction to this impact is not certain. Consequently, no feasible mitigation measures have been identified to reduce this impact to a less-than-significant level. Therefore, the traffic impact at the intersection of Van Ness/Market would remain significant and unavoidable.

Impact TR-2: Implementation of the Cathedral Hill Campus project would result in a significant impact at the intersection of Polk/Geary.

As more fully described in the Final EIR, the addition of the proposed LRDP project trips at the Cathedral Hill Campus would degrade operations at the signalized intersection of Polk/Geary from LOS D under 2015 Modified Baseline No Project conditions, to LOS E under 2015 Modified Baseline plus Project conditions during the a.m. peak hour, and from LOS C under 2015 Modified Baseline No Project conditions to LOS E under 2015 Modified Baseline plus Project conditions during the p.m. peak hour. This would be considered a significant traffic impact.

Providing additional traffic lanes or otherwise increasing vehicular capacity at this intersection is not feasible because it would require narrowing of sidewalks to substandard widths, and/or demolition of buildings adjacent to these streets. Signal timing adjustments may somewhat improve intersection operations, but would be infeasible due to traffic, transit or pedestrian signal timing policies and requirements. This is because, for example, such adjustments at an intersection within a major transportation corridor, such as Van Ness Avenue or Geary Boulevard/Street, would affect the signal timing settings and traffic and transit operations at other signalized intersections throughout the rest of the corridor, and would have secondary effects on pedestrian crossing times. Under the LRDP, CPMC would expand its current TDM program to further discourage use of private automobiles. Although this would reduce the number of trips through this intersection, the extent of the reduction to this impact is not certain. Consequently, no feasible mitigation measures have been identified to reduce this impact to a less-than-significant level. Therefore, the traffic impact at the intersection of Polk/Geary would remain significant and unavoidable.

Impact TR-19: If the proposed Van Ness Avenue BRT and Geary Corridor BRT projects are implemented, the Cathedral Hill Campus project's contribution to the combined impact of the Cathedral Hill Campus and BRT projects would be significant at the intersection of Polk/Geary.

The LRDP's contributions to the critical movements at the intersection of Polk/Geary, which would operate at LOS E under 2015 Modified Baseline plus Project conditions with the proposed BRT during both the a.m. and p.m. peak hours, were determined to be less than significant. However, as described more fully above and in the Final EIR, this intersection was identified in Impact TR-2 as a significant and unavoidable impact, and this impact determination would similarly apply to the combined LRDP and BRT projects context.

As discussed above under Impact TR-2, no feasible mitigation measures have been identified for impacts at the intersection of Polk/Geary, and the extent to which the expanded TDM program would reduce this impact is uncertain. Therefore, the LRDP's contribution at the Cathedral Hill Campus to the traffic

impact identified for the combined Cathedral Hill Campus and BRT projects at the intersection of Polk/Geary would be significant and unavoidable.

Impact TR-20: If the proposed Van Ness Avenue BRT and Geary Corridor BRT projects are implemented, the Cathedral Hill Campus project's contribution to the combined impact of the Cathedral Hill Campus and BRT projects would be significant at the intersection of Van Ness/Market.

As determined under Impact TR-1, and as more fully described in the Final EIR and above, the LRDP would result in a significant and unavoidable impact at the intersection of Van Ness/Market under 2015 Modified Baseline plus Project conditions. As discussed under Impact TR-1, no feasible mitigation measures have been identified for impacts at the intersection of Van Ness/Market, and the extent to which the expanded TDM program would reduce this impact is uncertain. The LRDP's contribution to the traffic impact identified for the combined impact of the Cathedral Hill Campus and BRT projects at the intersection of Van Ness/Market would also be significant and unavoidable.

Impact TR-29: Implementation of the Cathedral Hill Campus project would increase congestion and ridership along Van Ness Avenue, which would increase travel times and impact operations of the 49-Van Ness-Mission bus route.

As more fully described in the Final EIR, under 2015 Modified Baseline plus Project conditions, implementation of the proposed Cathedral Hill Campus project would result in an increase in travel time on the northbound 49-Van Ness-Mission by about four minutes during the a.m. peak hour, which would be more than half of the proposed headway of 7½ minutes. In addition, the results of the San Francisco Municipal Transportation Agency's ("SFMTA's") cost/scheduling model indicated that, as a result of the proposed Cathedral Hill Campus project, an additional bus would be needed on that route during the a.m. and p.m. peak hours. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on the operation of the 49-Van Ness-Mission bus route during the a.m. and p.m. peak hours would result in a significant transit operational impact.

The following mitigation measure is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure MM-TR-29 -- Transit Mitigation Agreement.

The payment of the fee identified in Mitigation Measure MM-TR-29 to provide for an additional bus on the 49-Van Ness bus route would reduce the LRDP's impact on the operation of the 49-Van Ness-Mission bus route to a less than significant level. The fee is provided for in the proposed Development Agreement between the City and CPMC. However, because the ability of SFMTA to provide the additional service on this line needed to accommodate the Cathedral Hill project for the life of the project is uncertain, the feasibility of the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, the proposed LRDP's impacts on the operation of the 49-Van Ness-Mission bus route would remain significant and unavoidable.

Impact TR-30: Implementation of the Cathedral Hill Campus project would increase congestion and ridership along Geary Street, which would increase travel times and impact operations of the 38/38L-Geary bus routes.

As more fully described in the Final EIR, the SFMTA's cost/scheduling model indicated that, as a result of the proposed Cathedral Hill Campus project, an additional bus would be required to maintain peak period headways on the 38/38L-Geary during the a.m. peak hour and two additional buses would be required on that route during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 38/38L-Geary during the a.m. and p.m. peak hours would result in a significant transit operational impact.

The following mitigation measure is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure MM-TR-30 -- Transit Mitigation Agreement.

The payment of the fee identified in Mitigation Measure MM-TR-30 to provide for two additional buses would reduce the LRDP's impact on the operation of the 38/38L-Geary bus route to a less than significant level. The fee is provided for in the proposed Development Agreement between the City and CPMC. However, because the ability of SFMTA to provide the additional service on this line needed to accommodate the Cathedral Hill Campus project for the life of the project is uncertain, the feasibility of the mitigation measure is unknown No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, the proposed Cathedral Hill Campus project's impacts on the operation of the 38/38L-Geary bus route would remain significant and unavoidable.

Impact TR-31: Implementation of the Cathedral Hill Campus project would increase congestion and ridership along Polk Street, which would increase travel times and impact operations of the 19-Polk bus route.

As more fully described in the Final EIR, under 2015 Modified Baseline plus Project conditions, the proposed Cathedral Hill Campus project would increase travel time on the southbound 19-Polk bus route by about 8 minutes during the p.m. peak hour, which would be more than half of the proposed headway of 10 minutes. A new bus would be required to maintain peak period headways during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 19-Polk bus route during the p.m. peak hour would result in a significant transit operational impact.

The following mitigation measure is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure MM-TR-31 -- Transit Mitigation Agreement.

The payment of this fee to provide for another bus on the 19 Polk would reduce the LRDP's impact on the operation of the 19-Polk bus route to a less than significant level. The fee is provided for in the proposed Development Agreement. However, because the ability of SFMTA to provide the additional service on this line needed to accommodate the Cathedral Hill Campus project is uncertain, the feasibility of the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, the proposed Cathedral Hill Campus project's impacts on the operation of the 19-Polk bus route would remain significant and unavoidable.

Impact TR-55: Implementation of the Cathedral Hill Campus project would result in a transportation impact in the project vicinity resulting from construction vehicle traffic and construction activities that would affect the transportation network.

As more fully described in the Final EIR, the proposed Cathedral Hill Hospital and Cathedral Hill MOB would be constructed over an approximately 54-month period. Construction activities would take place generally between 7 a.m. and 7 p.m. on weekdays and between 7 a.m. and 5 p.m. on Saturdays. Second shift work (between 4 p.m. and midnight) is only expected during the interior build out phase of the Cathedral Hill Hospital. Additionally, to minimize impacts on traffic, transit, and pedestrians along Van Ness Avenue, surface construction activities related to the proposed Van Ness Avenue pedestrian tunnel would likely be limited to between 7 p.m. and 5 a.m., when Van Ness Avenue is less congested. In total, approximately 102 nights of surface work would be required for construction of the pedestrian tunnel.

As more fully described in the Final EIR, for a 4-month period when there is overlap in excavation between the proposed Cathedral Hill Hospital and Cathedral Hill MOB, levels of service would be LOS E or LOS F at up to nine of the study intersections. Thus, the LRDP's construction impact on intersection operations at these nine study intersections would be significant.

As more fully described in the Final EIR, construction activities would necessitate temporary closure of sidewalks adjacent to the proposed Cathedral Hill Hospital and Cathedral Hill MOB sites. Because of the number of temporary closures of sidewalks adjacent to the project sites necessitating pedestrian detours, the proposed Cathedral Hill Campus project would result in a significant impact on pedestrians during construction.

As more fully described in the Final EIR, the bus-only lanes on eastbound Post Street between Franklin Street and Van Ness Avenue and on westbound Geary Boulevard/Street between Polk Street and Franklin Street would be closed during construction at the Cathedral Hill Campus. During these times, Muni buses would need to merge into the mixed-flow traffic lanes for the one-block segment on Post Street, and the two-block segment on Geary Street. Operation of buses in mixed-flow traffic at these locations would be considered a significant impact on Muni operations.

As more fully described in the Final EIR, construction of the proposed Van Ness tunnel would require sequential closures of two lanes of Van Ness Avenue at a time in approximately 100-foot long segments. During the period of construction affecting street operations, at least one travel lane in each direction would always be open during construction to minimize diversion of vehicles to other streets in the area. When the southbound traffic flow on Van Ness Avenue is restricted to one travel lane, the intersection of Van Ness/Geary would operate at LOS E or LOS F between 7 p.m. and midnight. Between 7 and 8 p.m., the upstream intersection of Van Ness/Post would operate at LOS E, and between 8 p.m. and midnight it would operate at LOS C or better. When the northbound traffic flow on Van Ness Avenue is restricted to one travel lane, the intersection of Van Ness/Geary would operate at LOS F between 7 and 9 p.m. Between 7 and 8 p.m., the upstream intersection of Van Ness/O'Farrell would also operate at LOS F, and between 8 and 9 p.m., it would operate at LOS D. The closure of lanes on Van Ness Avenue during tunnel construction would be considered a significant impact on the intersections of Van Ness/Geary, Van Ness/Post, and Van Ness/O'Farrell.

As more fully described in the Final EIR, construction of the pedestrian tunnel under Van Ness Avenue would require closure during the evening and overnight hours on Van Ness Avenue of temporary walkways provided within the parking lane to compensate for temporary sidewalk closures for construction activities. Since tunnel construction would only affect one side of Van Ness Avenue at any

given time, detour routes would need to be established to direct pedestrians to the opposite side of the street. Closure of the Van Ness Avenue sidewalks during this time would be considered a significant impact on pedestrians.

Because of the extent and duration of construction activities at the proposed Cathedral Hill Campus, the construction-related impact on traffic, transit, and pedestrians would be considered significant. The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure TR-55 -- Construction Transportation Management Plan.

Implementation of Mitigation Measure MM-TR-55 would help reduce the Cathedral Hill Campus project's contribution to construction-related traffic, transit, and pedestrian impacts. However, given the magnitude of the proposed project and the duration of the construction period, the project's construction impact would not be reduced to a less-than-significant level, and no other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, this impact would remain significant and unavoidable.

Impact TR-75: Implementation of the Davies Campus project would have a significant impact at the intersection of Church/Market/14th Street that would operate at LOS F under 2020 Modified Baseline No Project conditions.

As further described in the Final EIR, the intersection of Church/Market/14th Street would operate at LOS F under 2020 Modified Baseline No Project conditions. The increase in vehicle trips that would occur as a result of full buildout of the Davies Campus (near-term and long-term projects) under the LRDP would contribute considerably to critical movements operating at LOS E or LOS F at this intersection and, therefore, would result in a significant impact. As discussed in more detail in the Final EIR, no feasible mitigation measures have been identified and, therefore, the impact would, in this condition, remain significant and unavoidable.

However, as further discussed in the Final EIR and the transportation analysis performed for the LRDP (Davies Campus Transportation Impact Study, Fehr & Peers, June, 2010) ("Davies TIS"), the implementation of the near-term project at the Davies Campus would not have a significant impact at the intersection of Church/Market/14th Street. As further described in the Davies TIS, although the intersection would operate unacceptably in 2015, the contribution of the near-term Neuroscience Institute project to critical movements would not be significant. Therefore, construction of only the Neuroscience Institute would have a less than significant impact.

Impact TR-99: Implementation of the Cathedral Hill Campus project LRDP would result in significant project and cumulative impacts at the intersection of Van Ness/Market.

As discussed in more detail in the Final EIR, the Cathedral Hill Campus project would result in a significant impact under 2015 Modified Baseline plus Project Conditions at the Van Ness/Market intersection during the p.m. peak hour. This would be considered a significant cumulative traffic impact.

As discussed above under Impact TR-1 and in more detail in the Final EIR, no feasible mitigation measures have been identified to reduce cumulative project impacts to less-than-significant levels at the Van Ness/Market intersection. Under the LRDP, CPMC would expand its current TDM program to further discourage use of private automobiles. Although this may reduce the number of trips through this intersection, the extent of the reduction to this impact is not certain. Consequently, no feasible

mitigation measures have been identified to reduce this impact to a less-than-significant level. The traffic impact at the intersection of Van Ness/Market would, therefore, remain significant and unavoidable.

Impact TR-100: Implementation of the Cathedral Hill Campus project would result in a significant cumulative impact at the intersection of Van Ness/Pine.

As described in more detail in the Final EIR, the addition of trips generated by the Cathedral Hill Campus during the p.m. peak hour would degrade operations at the signalized intersection of Van Ness/Pine from LOS D under 2030 Cumulative No Project conditions to LOS E under 2030 Cumulative plus Project conditions. This would be considered a significant traffic impact.

As discussed in more detail in the Final EIR, providing additional traffic lanes or otherwise increasing vehicular capacity at this intersection is not feasible because it would require narrowing of sidewalks to deficient widths and/or demolition of adjacent buildings. Signal timing adjustments may somewhat improve intersection operations, but would be infeasible because of traffic, transit, or pedestrian signal timing policies and requirements. This is because, for example, such adjustments at an intersection within a major transportation corridor, such as Van Ness Avenue or Geary Boulevard/Street, would affect the signal timing settings and traffic and transit operations at other signalized intersections throughout the rest of the corridor, and would have secondary effects on pedestrian crossing times. Under the LRDP, CPMC would expand its current TDM program to further discourage use of private automobiles. Although this may reduce the number of trips through this intersection, the extent of the reduction to this impact is not certain. Consequently, no feasible mitigation measures have been identified to reduce this impact to a less-than-significant level. The cumulative traffic impact at the intersection of Van Ness/Pine would, therefore, remain significant and unavoidable.

Impact TR-101: Implementation of the Cathedral Hill Campus project would result in significant project and cumulative impacts at the intersection of Polk/Geary.

As described in more detail in the Final EIR, the addition of trips generated by the Cathedral Hill Campus project during the p.m. peak hour would degrade operations at the signalized intersection of Polk/Geary from LOS D under 2030 Cumulative No Project conditions to LOS E under 2030 Cumulative plus Project conditions. In addition, the proposed project would result in a significant impact under 2015 Modified Baseline plus Project conditions. This would be considered a significant traffic impact.

For reasons discussed above under Impact TR-2 and in more detail in the Final EIR, no feasible mitigation measures have been identified to reduce cumulative project impacts to less-than-significant levels at the Polk/Geary intersection. Under the LRDP, CPMC would expand its current TDM program to further discourage use of private automobiles. Although this may reduce the number of trips through this intersection, the extent of the reduction to this impact is not certain. Consequently, no feasible mitigation measures have been identified to reduce this impact to a less-than-significant level. The cumulative traffic impact at the intersection of Polk/Geary would, therefore, remain significant and unavoidable.

Impact TR-117: If the proposed Van Ness Avenue and Geary Corridor Bus Rapid Transit projects are implemented, the Cathedral Hill Campus project's contribution to the combined cumulative impacts of the Cathedral Hill Campus and BRT projects at the intersection of Polk/Geary would be significant.

As determined and more fully discussed under Impact TR-19 above and in the Final EIR, the Cathedral Hill Campus project's contribution to the impacts identified for the combined effect of the Cathedral Hill Campus project and the BRT projects at the intersection of Polk/Geary would be significant and unavoidable under 2015 Modified Baseline conditions. As discussed above under Impact TR-2 and more fully in the Final EIR, no feasible mitigation measures have been identified for impacts at the intersection of Polk/Geary. Therefore, the contribution of the Cathedral Hill Campus project to the combined cumulative impacts at the intersection of Polk/Geary would also be significant and unavoidable.

Impact TR-118: If the proposed Van Ness Avenue and Geary Corridor Bus Rapid Transit projects are implemented, the Cathedral Hill Campus project's contribution to the combined cumulative impacts of the Cathedral Hill Campus and BRT projects at the intersection of Van Ness/Market would be significant.

As determined and more fully discussed under Impact TR-20 above and in the Final EIR, the Cathedral Hill Campus project's contribution to the impacts identified for the combined effect of the Cathedral Hill Campus project and the BRT projects at the intersection of Van Ness/Market would be significant and unavoidable under 2015 Modified Baseline conditions. As discussed above under Impact TR-1 and more fully in the Final EIR, no feasible mitigation measures have been identified for impacts at the intersection of Van Ness/Market. Therefore, the contribution of the Cathedral Hill Campus project to the combined cumulative impacts at the intersection of Van Ness/Market would also be significant and unavoidable.

Impact TR-127: Implementation of the Davies Campus project would have significant impacts at the intersection of Church/Market/14th Street, which would operate at LOS F under 2030 Cumulative No Project conditions and 2030 Cumulative plus Project conditions.

As more fully described in the Final EIR, under 2030 Cumulative plus Project conditions, the increase in vehicle trips generated by the Davies Campus project would contribute considerably to critical movements operating at LOS E or F, and therefore would be significant.

As discussed in the Final EIR, the roadway capacity at this intersection has been maximized and potential improvements are limited by the right-of-way constraints and competing traffic volume demands on the north/south and east/west approaches. Providing additional travel lanes at this intersection would require substantial reduction in sidewalk widths, which would be inconsistent with the pedestrian environment encouraged by the City. For those reasons, no feasible mitigation measures have been identified for impacts at the intersection of Church/Market/14th Street. Therefore, this impact would remain significant and unavoidable.

Impact TR-133: Implementation of the Cathedral Hill Campus project would increase congestion along Van Ness Avenue under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 49-Van Ness-Mission bus route.

As more fully described in the Final EIR, under 2030 Cumulative plus Project conditions, implementation of the proposed Cathedral Hill Campus project would result in increases in travel time on the northbound 49-Van Ness-Mission by about five minutes during the a.m. peak hour of five minutes, which would be more than half of the proposed headway of 7½ minutes. In addition, to the results of SFMTA's cost/scheduling model indicated that an additional bus would be needed on that route during the a.m. and p.m. peak hours. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 49-Van Ness-Mission bus route during the a.m. and p.m. peak hours would be a significant impact.

Implementation of Mitigation Measure MM-TR-29 would serve to reduce delays along the Van Ness Avenue corridor and reduce transit delay impacts to a less-than-significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, cumulative impacts on the 49-Van Ness-Mission bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

Impact TR-134: Implementation of the Cathedral Hill Campus project would increase congestion along Van Ness Avenue under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 47-Van Ness bus route.

As more fully described in the Final EIR, the SFMTA's cost/scheduling model indicated that, as a result of the proposed Cathedral Hill Campus project, under 2030 Cumulative plus Project conditions an additional bus would be required on the 47-Van Ness to maintain peak period headways during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 47-Van Ness bus route during the p.m. peak hour would be a significant impact.

The following mitigation measure is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure MM-TR-134. Transit Mitigation Agreement.

As more fully discussed in the Final EIR, implementation of Mitigation Measure MM-TR-134 would reduce transit delay impacts to a less-than-significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, cumulative impacts on the 47-Van Ness bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

Impact TR-135: Implementation of the Cathedral Hill Campus project would increase congestion along Geary Street under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 38/38L-Geary bus routes.

As more fully described in the Final EIR, SFMTA's cost/scheduling model indicated that, as the result of the proposed Cathedral Hill Campus project, under 2030 Cumulative plus Project conditions an additional bus would be required on the 38/38L-Geary to maintain peak period headways during the a.m. peak hour, and two additional buses would be required on that route during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 38/38L-Geary during the a.m. and p.m. peak hours would be a significant impact.

As discussed above, implementation of Mitigation Measure MM-TR-30 would reduce transit delay impacts on the 38/38L-Geary bus route to a less-than-significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, cumulative impacts on the 38/38L-Geary bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

Impact TR-136: Implementation of the Cathedral Hill Campus project would increase congestion along Polk Street under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 19-Polk bus route.

As more fully described in the Final EIR, under 2030 Cumulative plus Project conditions, the Cathedral Hill Campus project would result in increases in travel time on the southbound 19-Polk bus route by about 8 minutes during the p.m. peak hour, which would be more than half of the proposed headway of 10 minutes. In addition, SFMTA's cost/scheduling model indicated that an additional bus would be required during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 19-Polk bus route during the p.m. peak hour would be a significant impact.

As discussed above, implementation of Mitigation Measure MM-TR-31 would reduce transit delay impacts on the 19-Polk bus route to a less-than-significant level. However, because SFMTA's ability to provide additional service on this route is uncertain, the feasibility of implementing the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, cumulative impacts on the 19-Polk bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

Impact TR-137: Implementation of the Cathedral Hill Campus project would increase congestion along Post Street under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 3-Jackson bus route.

As more fully described in the Final EIR, SFMTA's cost/scheduling model indicated that, as the result of the proposed Cathedral Hill Campus project, under 2030 Cumulative plus Project conditions an additional bus would be required on the 3-Jackson bus route to maintain peak period headways during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 3-Jackson bus route during the p.m. peak hour would be a significant impact.

The following mitigation measure is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein:

Mitigation Measure MM-TR-137. Transit Mitigation Agreement.

Implementation of Mitigation Measure MM-TR-137 would reduce transit delay impacts to the 3-Jackson bus route to a less-than-significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, cumulative impacts on the 3-Jackson bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

Impact TR-152: Implementation of CPMC LRDP construction of the Cathedral Hill Campus would contribute to cumulative construction impacts in the Cathedral Hill Campus vicinity.

The construction of the Cathedral Hill Campus may overlap with the proposed Van Ness Avenue BRT and Geary Corridor BRT projects, should they be approved and funded. While both of these projects are still undergoing environmental review, the Van Ness Avenue BRT is proposed to be in service by 2016, and the Geary Corridor BRT also potentially could be in service by 2016. The potential for overlapping construction activities would increase the number of construction worker vehicles and trucks traveling to

and from the vicinity of the Cathedral Hill Campus. In addition, implementation of the BRT improvements on Van Ness Avenue would require travel lane closures that would temporarily and permanently affect roadway capacity. These impacts are being and will be further evaluated as part of the ongoing environmental and project reviews for the BRT projects. The San Francisco County Transportation Authority published the Draft Environmental Impact Statement/Environmental Impact Statement for the Van Ness BRT project on November 7, 2011, and the comment period closed on December 23, 2011.

Impact TR-55, discussed above, identified significant and unavoidable impacts on the transportation network related to the construction activities at the Cathedral Hill Campus. Implementation of Mitigation Measure MM-TR-55 (Construction Transportation Management Plan) would minimize impacts associated with the Cathedral Hill Campus project and reduce the project's contributions to cumulative impacts in overlapping areas. However, given the magnitude of these impacts, and the proximity of the Cathedral Hill Campus to the Van Ness Avenue BRT and Geary Corridor BRT projects, some disruption and increased delays would still occur even with implementation of this measure, and it is possible that significant construction-related transportation impacts on local roadways in the vicinity of the Cathedral Hill Campus would still occur. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, the Cathedral Hill Campus cumulative construction impacts would be significant and unavoidable.

Noise

Impact NO-5: Groundborne vibration levels attributable to construction activities could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds.

Near-Term Projects at Cathedral Hill, Davies and St. Luke's Campuses

As more fully described in the Final EIR, attenuated vibration-inducing construction activities at off-site locations in the vicinity of the Cathedral Hill, Davies, and St. Luke's Campuses would not exceed Caltrans's threshold for building damage of 0.25 in/sec PPV. However, depending on the individual land use type of sensitive receptors in the vicinity of construction at each of these campuses, predicted levels of groundborne noise and vibration may exceed the Federal Transit Administration's ("FTA") standard for human response at nearby off-site vibration-sensitive uses. Therefore, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-NO-N5: Construction contract requirements for: operational restrictions on vibratory rollers; community liaison; evaluation of recurring complaints by qualified acoustical consultant; construction vibration management plan.*

Based on the Final EIR and the entire administrative record, it is found and determined that the above mitigation measure involves implementing operational (e.g., distance and daytime restrictions) impact reduction measures that are considered practical and feasible, and requires a construction vibration management plan that would require repair of vibration-damaged buildings to their pre-existing conditions. Construction-related groundborne vibration would be reduced by implementation of Mitigation Measure M-NO-N5 at the Cathedral Hill, Davies, and St. Luke's Campuses, but not to a less

than significant level because excessive vibration may still occur at certain sensitive receptors. Therefore, this impact would remain significant and unavoidable.

Air Quality

Impact AQ-3: Operation of the LRDP would exceed BAAQMD CEQA significance thresholds for mass emissions of criteria pollutants and would contribute to an existing or projected air quality violation at full buildout under the 1999 BAAQMD Guidelines.

Cathedral Hill, Davies, and St. Luke's Campuses

The net change in operational PM_{10} emissions from implementation of the LRDP (128 pounds/day, 23 tons/year) would exceed applicable daily and annual emission significance criteria under the 1999 BAAQMD CEQA Guidelines (80 pounds/day, 15 tons/year). Thus, under the applicable (1999) BAAQMD CEQA significance criteria, operation of the proposed LRDP would result in or contribute to a violation of air quality standards. All feasible measures to reduce operational impacts related to PM_{10} emissions, which are primarily attributable to mobile sources (vehicles), have been incorporated into the proposed LRDP as part of CPMC's proposed enhanced transportation demand management ("TDM") program (described at DEIR pages 4.5-98, 5-14 and 5-15, C&R pages [3.9-28 to 3.9-31]). No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would be significant and unavoidable.

Impact AQ-7: The LRDP's long-term operational criteria air pollutant emissions would contribute to a cumulatively considerable impact under the 1999 BAAQMD guidelines.

Long-term operations at the Cathedral Hill, Davies, and St. Luke's Campuses after completion of the near-term projects would cause a permanent net increase in criteria air pollutant and precursor emissions. The 1999 BAAQMD CEQA Guidelines consider a project to result in a cumulatively considerable impact if operational criteria air pollutant and precursor emissions would exceed the project-level emissions thresholds of significance. As described above under Impact AQ-3, the near-term projects under the LRDP would exceed the project-level thresholds of significance for operational PM_{10} emissions. Thus, the project would contribute to a cumulatively considerable impact and would, therefore, result in a significant cumulative impact.

All feasible measures to reduce operational impacts related to PM_{10} emissions, which are primarily attributable to mobile sources (vehicles), have been incorporated into the proposed LRDP as part of CPMC's proposed enhanced TDM program (described at DEIR pages 4.5-98, 5-14 and 5-15 and C&R pages [3.9-28 to 3.9-31]). No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would be significant and unavoidable.

Impact AQ-9: Near-term construction activities associated with the LRDP would exceed 2010 BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation.

As more fully described in the Final EIR, emissions of reactive organic gases, PM_{10} and $PM_{2.5}$ associated with the near-term projects under the proposed LRDP would not exceed the 2010 BAAQMD CEQA Guidelines significance thresholds. However, emissions of oxides of nitrogen ("NO_x") associated with near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses under the proposed LRDP would total 81 lb/day, which would exceed the 2010 BAAQMD CEQA Guidelines significance criterion of

54 lb/day for construction-related NO_x emissions. As a result, this impact would be significant under the 2010 BAAQMD CEQA Guidelines significance criterion.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

M-AQ-N9: Implement Construction Mitigation under Recently Adopted Thresholds of Significance.

As more fully described in the Final EIR, even with implementation of the mitigation described above which includes implementing Mitigation Measure M-AQ-N1a, "Implement BAAQMD Basic and Optional Control Measures and Additional Construction Mitigation Measures during Construction", discussed above under Impacts AQ-1 and AQ-8, and Mitigation Measure M-AQ-N2, "Install Accelerated Emission Control Device on Construction Equipment", discussed under Impact AQ-2, which would reduce emissions of criteria pollutants from construction equipment exhaust, NO_x emissions from construction equipment sources are predicted to remain above the 2010 BAAQMD CEQA Guidelines significance threshold. No additional feasible mitigation is available to reduce this impact to a less–than-significant level. Therefore, impacts associated with mass criteria pollutant emissions from near-term construction activities would remain significant and unavoidable.

Impact AQ-10: Construction activities associated with the near-term projects at the Cathedral Hill and St. Luke's Campuses would result in short-term increases in emissions of diesel particulate matter that exceed the 2010 BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and $PM_{2.5}$.

Cathedral Hill Campus

As more fully described in the Final EIR, TAC emissions from construction at the Cathedral Hill Campus under the proposed LRDP would generate a cancer risk at the maximally exposed off-site individual, assuming the receptor is a resident child that exceeds the 2010 BAAQMD CEQA Guidelines significance threshold (i.e., a cancer risk of 10 in a million for a resident child), and an incremental increase in annual $PM_{2.5}$ equivalent to the 2010 BAAQMD CEQA Guidelines significance threshold (i.e., an annual $PM_{2.5}$ increase of 0.3 ug/m3). These results represent a screening-level estimate that is conservative because, among other reasons, cancer risks are adjusted using population-specific age sensitivity factors ("ASFs") recommended by BAAQMD, and it assumes for purposes of the amount of exposure, that the receptor would always be home, breathing outside air at the location within the residence nearest to the construction activity. Based on the conservative screening-level evaluation, and because of the scale of the construction activities and proximity to adjacent sensitive receptors, the impacts would be significant under the 2010 BAAQMD CEQA Guidelines significance criteria.

The following mitigation measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-AQ-N10a: Install Accelerated Emission Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As explained in the Final EIR, while implementation of Mitigation Measure M-AQ-N10a would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions, this impact

would remain above the 2010 BAAQMD CEQA significance criteria. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, impacts related to the exposure of sensitive receptors to substantial amounts of TACs and $PM_{2.5}$ from construction activities at the Cathedral Hill Campus under the proposed LRDP would remain significant and unavoidable.

St. Luke's Campus

A conservative screening-level evaluation of overall risk from near-term construction TAC emissions at the St. Luke's Campus indicates that the emissions would generate a cancer risk at the maximally exposed off-site individual, assuming the receptor is a resident child, that exceeds the 2010 BAAQMD CEQA Guidelines significance threshold, which would be a significant impact. This result represents a screening-level estimate that is conservative because, among other reasons, cancer risks are adjusted using population-specific age sensitivity factors ("ASFs") recommended by BAAQMD, and it assumes for purposes of the amount of exposure, that the receptor would always be home, breathing outside air at the portion of the residence nearest to the construction activity, and that no reduction of particulate matter would occur as it transits from the outside air to the indoors environment.

The following mitigation measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-AQ-N10c: Install Accelerated Emission Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As explained in the Final EIR, while implementation of Mitigation Measure M-AQ-N10c would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions, this impact would remain above the 2010 BAAQMD CEQA significance criteria. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, impacts related to the exposure of sensitive receptors to substantial amounts of TACs and $PM_{2.5}$ from construction activities at the St. Luke's Campus under the proposed LRDP would remain significant and unavoidable.

Impact AQ-11: Operation of the LRDP would exceed the 2010 BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation at full build out.

Near-Term Projects at Cathedral Hill, Davies, and St. Luke's Campuses

As more fully described in the Final EIR, the net change in operational emissions resulting from implementation of the LRDP's near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses would exceed the 2010 BAAQMD CEQA Guidelines daily and annual emission significance criteria for PM_{10}. Therefore, operation of these campuses under the proposed LRDP would result in or contribute to a violation of PM_{10} air quality standards. All feasible measures to reduce operational impacts related to PM_{10} emissions, which are primarily attributable to mobile sources (vehicles), have been incorporated into the proposed LRDP as part of CPMC's proposed enhanced TDM program (described at DEIR pages 4.5-98, 5-14 and 5-15, and C&R pages 3.9-28 to 3.9-31). No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would be significant and unavoidable.

Impact AQ-14: The proposed LRDP's construction emissions of toxic air contaminants would potentially contribute to a cumulatively considerable impact on sensitive receptors under the 2010 BAAQMD Guidelines.

Cathedral Hill Campus

As more fully described in the Final EIR, based on the modeling and risk evaluation for construction $PM_{2.5}$ emissions described in the Final EIR analysis of Impact AQ-10, the proposed construction at the Cathedral Hill Campus would have a significant impact on off-site receptors, even after all feasible mitigation is incorporated. Thus, the Cathedral Hill Campus construction emissions would also have a potentially cumulatively considerable impact on off-site receptors.

The following mitigation measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-AQ-N10a: Install Accelerated Emissions Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As explained in the Final EIR, while implementation of Mitigation Measure M-AQ-N10a would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions, this impact would remain above the 2010 BAAQMD CEQA Guidelines significance thresholds. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would remain significant and unavoidable.

Davies Campus

As more fully described in the Final EIR, based on the modeling and risk evaluation for construction $PM_{2.5}$ emissions described in the Final EIR analysis of Impact AQ-10, construction of the near-term project at the Davies Campus under the proposed LRDP would have a significant impact on off-site receptors, even after all feasible mitigation is incorporated. Thus, construction emissions from the near-term project at the Davies Campus would also have a potentially cumulatively considerable impact on off-site receptors.

The following mitigation measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-AQ-N10b: Install Accelerated Emissions Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As explained in the Final EIR, while implementation of Mitigation Measure M-AQ-N10b would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions below the single-source thresholds, this impact would remain above the 2010 BAAQMD CEQA Guidelines significance thresholds. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would remain significant and unavoidable.

St. Luke's Campus

As more fully described in the Final EIR, based on the modeling and risk evaluation for construction $PM_{2.5}$ emissions described in the Final EIR analysis of Impact AQ-10, the proposed construction at the St. Luke's Campus would have a significant impact on off-site receptors, even after all feasible mitigation is incorporated. Thus, the St. Luke's Campus construction emissions would also have a potentially cumulatively considerable impact on off-site receptors.

The following mitigation measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-AQ-N10c: Install Accelerated Emissions Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As explained in the Final EIR, while implementation of Mitigation Measure M-AQ-N10c would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions below the single-source thresholds, this impact would remain above the 2010 BAAQMD CEQA Guidelines significance thresholds. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would remain significant and unavoidable.

Greenhouse Gas Emissions

Impact GH-3: Direct and indirect CPMC LRDP–generated GHG emissions would have a significant impact on the environment or conflict with an applicable plan, policy, or regulation adopted for the purpose of reducing GHG emissions under the 2010 BAAQMD Guidelines.

Cathedral Hill, Davies and St. Luke's Campuses

As more fully described in the Final EIR, the proposed LRDP would be required to comply with San Francisco's greenhouse gas ("GHG") reduction strategy, which would reduce operational GHG emissions. Given that the City's GHG reduction strategy adopts numerous GHG reduction strategies

recommended in the *Climate Change Scoping Plan*; that it includes binding, enforceable measures to be applied to development projects; and that the strategy has produced measurable reductions in GHG emissions, the proposed LRDP would be consistent with state and local GHG reduction strategies. In addition, the proposed LRDP would not conflict with any plans, policies, or regulations adopted for the purpose of reducing GHG emissions. Further, because all proposed construction at the CPMC campuses under the proposed LRDP would constitute infill development in close proximity to public transportation and would locate employment centers near residential neighborhoods, the proposed LRDP is consistent with the goals of SB 375 and other state, regional, and local laws, regulations, and policies intended to reduce GHG emissions by prioritizing and facilitating infill and transit-oriented development.

The 2010 BAAQMD CEQA Guidelines identified the following three alternative thresholds for determining whether a project's GHG emissions are significant:

1) Compliance with a Qualified Greenhouse Gas Reduction Strategy; or

2) Whether a project's GHG emissions exceed 1,100 metric tons of carbon dioxide equivalent per year ("$MTCO_2e$/yr"); or

3) Whether a project's GHG emissions exceed 4.6 $MTCO_2e$/yr per service population.

A lead agency may choose the threshold against which to analyze a project in order to determine the significance of a project's GHG emission impacts; however, BAAQMD encourages lead agencies to prepare a Qualified GHG Reduction Strategy and then to use the first threshold set forth above as the standard of significance for GHG emissions. Thus, on August 12, 2010, the San Francisco Planning Department submitted a draft of the City and County of San Francisco's Strategies to Address Greenhouse Gas Emissions document to BAAQMD. This document presents a comprehensive assessment of policies, programs, and ordinances that collectively represent San Francisco's Qualified GHG Reduction Strategy. BAAQMD reviewed San Francisco's GHG reduction strategy and concluded that the strategy meets the criteria for a Qualified GHG Reduction Strategy as outlined in BAAQMD's 2010 CEQA Guidelines. Therefore, projects that are determined to be consistent with San Francisco's GHG reduction strategy would result in a less-than-significant GHG emissions impact.

The proposed LRDP's net operational GHG emissions would exceed the 2010 BAAQMD CEQA Guidelines' second alternative GHG emissions threshold of 1,100 $MTCO_2e$/yr. In addition, the proposed LRDP would exceed BAAQMD's third alternative GHG emission threshold of 4.6 $MTCO_2e$/year per service population for project-level analysis.

As more fully explained in the Final EIR, several sustainability attributes that are proposed as part of the proposed LRDP and that would serve to reduce GHGs were not accounted for in the calculation of operational GHG emissions, because of the unavailability of sufficient methodologies to accurately account for associated GHG emission reductions. In order to facilitate a determination of project compliance with San Francisco's GHG reduction strategy, in November 2010, the San Francisco Planning Department Environmental Planning Division released a Greenhouse Gas Analysis Compliance Checklist that is to be completed for each proposed project. Thus, subsequent to the publication of the Draft EIR, a checklist breaking down LRDP compliance by building for near-term projects under the LRDP has been completed (see CPMC LRDP GHG Compliance Checklist included as C&R Appendix D). Based on the CPMC LRDP GHG Compliance Checklist, on December 14, 2010, the Environmental Planning Division determined that the proposed CPMC LRDP would be in compliance with the City's Qualified GHG Reduction Strategy. Because it has been determined to be consistent with the BAAQMD-approved GHG

Reduction Strategy, the proposed LRDP has been shown to satisfy BAAQMD's mitigation guidance and to have identified all applicable, feasible mitigation measures. However, the Planning Department has determined that because the significance conclusion in the Draft EIR regarding operational GHG emissions was made prior to a determination of equivalency with a Qualified GHG Reduction Strategy, and the LRDP would exceed the 2010 BAAQMD GHG quantitative threshold of significance (which the Planning Department had previously determined applied), the proposed LRDP should conservatively be considered to result in a significant and unavoidable impact, despite the implementation of all feasible GHG reduction measures. Therefore, this impact would remain significant and unavoidable.

V.
MITIGATION MEASURES REJECTED AS INFEASIBLE

No mitigation measures identified in the Final EIR are rejected as infeasible.

VI.
EVALUATION OF PROJECT ALTERNATIVES

This Section describes the reasons for approving the proposed LRDP and the reasons for rejecting the alternatives. CEQA requires that an EIR evaluate a reasonable range of alternatives to the proposed project or the project location that substantially reduce or avoid significant impacts of the proposed project. CEQA requires that every EIR also evaluate a "No Project" alternative. Alternatives provide the decision maker with a basis of comparison to the proposed project in terms of their significant impacts and their ability to meet project objectives. This comparative analysis is used to consider reasonable, potentially feasible options for minimizing environmental consequences of the proposed project.

A. Alternatives Considered, Rejected and Reasons for Rejection

The Alternatives set forth in the Final EIR and listed below are hereby rejected based upon substantial evidence in the record, including evidence of economic, legal, social, technological, and other considerations described in this Section, in addition to those described in Section VII below, that make these alternatives infeasible. These determinations are made with the awareness that CEQA defines "feasibility" to mean "capable of being accomplished in a successful manner within a reasonable period of time, taking into account economic, environmental, legal, social, and technological factors." (CEQA Guidelines § 15364.) Under CEQA case law, the concept of "feasibility" encompasses (i) the question of whether a particular alternative promotes the underlying goals and objectives of a project; and (ii) the question of whether an alternative is "desirable" from a policy standpoint to the extent that desirability is based on a reasonable balancing of the relevant economic, environmental, social, legal, and technological factors.

1. Alternative 1: No Project.

Consistent with Section 15126.6(e)(1) of the CEQA Guidelines, this alternative assumes the continuation of existing conditions, taking into account what would reasonably be expected to occur on the CPMC campuses if the LRDP were not to proceed.

The No Project Alternative assumes that, except as described below for the Davies Campus, buildings on the existing CPMC campuses could not be used for acute care after the applicable SB 1953 (as amended) deadline. This alternative also assumes that most existing acute care uses at the CPMC campuses would be converted to non-acute care uses. CPMC would phase out the admission of acute care inpatients at the Pacific, California, and St. Luke's Campuses before the relevant SB 1953 deadline and would no longer provide any inpatient acute care, other than at the Davies Hospital North Tower, which would (because of previously completed retrofits) continue to provide acute care services until 2030. The EIR analyzed two subalternatives for the No Project Alternative at St. Luke's Campus: Alternative 1A and Alternative 1B. Under Alternative 1A, no existing buildings would be demolished or new buildings constructed at the St. Luke's Campus. Alternative 1B would involve demolishing the existing St. Luke's Hospital and constructing a new outpatient facility in its place. All inpatient care would cease after 2030 at the CPMC campuses in San Francisco under the No Project Alternative (with either St. Luke's No Project Alternative 1A or 1B), after 2030, when acute care bed licenses expire at the Davies Hospital North Tower.

The No Project Alternative would reduce the impacts of the proposed LRDP[8] because no or relatively limited new development would occur. CPMC would continue to operate its existing campuses (with the exception of the California Campus), which, as under the proposed LRDP, would cease operations by 2020. The only new development that would occur under the No Project Alternative would be the construction of a new St. Luke's Outpatient Facility under St. Luke's No Project Alternative 1B. Because of the limited amount of new development that would occur, the No Project Alternative would reduce the significant and unavoidable construction and operational air quality impacts and the operational GHG impacts of the proposed LRDP to a less-than-significant level, and the significant and unavoidable transportation and circulation impacts of the proposed LRDP would not occur. The significant and unavoidable impacts of the proposed LRDP related to groundborne vibration would not occur at any of the CPMC campuses under the No Project Alternative, except at the St. Luke's Campus under No Project Alternative 1B, where this impact would remain significant and unavoidable, although reduced in comparison to the proposed LRDP.

The No Project Alternative (with either St. Luke's No Project Alternative 1A or 1B) is hereby rejected because, although it would reduce the significance of the transportation and circulation, air quality, GHG emissions, and groundborne vibration impacts of the proposed LRDP, it would fail to meet most of the basic objectives of the project. It would not meet the overarching objective of the project to construct modern, efficient, seismically safe hospital facilities that would remain operational in the event of a major disaster, both to serve CPMC's patients and to play an important role in San Francisco's disaster response preparedness system. The proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital would not be constructed, and CPMC's existing acute care hospitals at the Pacific and California Campuses would be prohibited from continuing to provide acute care inpatient services after the deadline for complying with state seismic safety laws. Therefore, CPMC facilities at these campuses would not include acute care facilities that could remain operational in the event of a major disaster, and CPMC facilities would have a greatly diminished role in San Francisco's disaster response and preparedness system.

The No Project Alternative would not meet the project's core medical services objective of ensuring ongoing medical services and an uninterrupted continuum of care at CPMC to the same extent as under the proposed LRDP, because most acute care services would no longer be provided. The No Project Alternative would not meet the core medical services objectives of meeting the existing and future projected acute care and outpatient needs of CPMC's patients, with appropriate physician specialties, including specialized services that are provided by a limited number of service providers in the Bay Area, and of providing a modern, efficient, and clinically safe patient environment in facilities that are based on contemporary best practices in hospital design and rational hospital space and facility guidelines. This is because, after 2013, unless extended by SB 90 (potentially out to 2020) or successor legislation, all of the inpatient facilities at CPMC campuses, except for the Davies Campus North Tower Hospital, would be closed to acute care patients, and the Cathedral Hill Hospital with community services and extensive specialized tertiary services would not be constructed. In addition, the Davies Campus Neurosciences Institute, with specialized neuroscience services, the St. Luke's Replacement Hospital, and the St. Luke's MOB/Expansion Building would not be constructed. The No Project Alternative also would not meet the core medical services objective of efficiently reorganizing CPMC's campuses by consolidating specialized services and Women's and Children's services in one acute care hospital, because the Cathedral Hill

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[8] For purposes of this Alternatives section, "LRDP" encompasses both Long-Term and Near-Term projects, as described in Section IA and IB.

Hospital would not be constructed, and those acute care services would be discontinued after 2013, in compliance with SB 1953 (as amended), unless extended by SB 90 or successor legislation.

The No Project Alternative would not meet the core medical services of rebuilding and revitalizing the St. Luke's Campus as a community hospital that is an integral part of CPMC's larger health care system, and that provides services such as medical/surgical care, critical care, emergency/urgent care, and gynecologic and low-intervention obstetric care. This is because the St. Luke's Replacement Hospital would not be constructed and the existing St. Luke's Hospital Tower would cease providing acute care services after the deadline for compliance with state seismic safety requirements.

In addition, elimination of acute care facilities and services at the Pacific, California, and St. Luke's Campuses without replacement would occur under the No Project Alternative. Consequently, this alternative would not meet the project's core medical services objective of ensuring ongoing medical services and an uninterrupted continuum of care. It would not meet the core medical services objective of distributing inpatient capacity among CPMC campuses to create a rational program-wide system of care, including an optimal number of smaller, community-based hospitals, ambulatory care facilities, and medical offices, sized and located to meet existing and projected future medical service demands. It would also not meet the core medical services objective of optimizing patient safety and clinical outcomes by: strategically grouping service lines and specialized services, providing multidisciplinary concentration of care for multisystem diseases, chronic disease management, and other higher level intervention treatments, limiting patient transfers, and providing critical care beds where patients can be appropriately and expeditiously supported by the necessary physicians, services, and equipment.

The No Project Alternative would not meet the project objective of retaining and enhancing CPMC's role as a provider of high-quality medical and administrative jobs, and contributor of community benefits in San Francisco. It also would not meet the project objective of maintaining CPMCs prominent role as an education, training and research institution for medical professionals in San Francisco and the greater Bay Area.

For these reasons, it is hereby found that the No Project Alternative is rejected because it would not meet the basic objectives of the project and, therefore, is not a feasible alternative.

2. Alternative 2: Four-Campus Rebuilding/Retrofit/Redevelopment Alternative.

Under Alternative 2, CPMC would rebuild, renovate, retrofit, or develop new buildings on its four existing campuses (Pacific, California, Davies, and St. Luke's) to meet the seismic safety requirements of SB 1953 (as amended). The proposed Cathedral Hill Campus would not be developed. The existing buildings at the site of the proposed Cathedral Hill Campus would remain in their existing condition (except for renovation of interiors of the existing buildings at the proposed Cathedral Hill Hospital site).

A larger amount of development would occur at the Pacific Campus than under the proposed LRDP. As under the LRDP, some outpatient services from the California Campus would permanently move to the Pacific Campus. The existing 2333 Buchanan Street Hospital would be converted to an ambulatory care center ("ACC") and become part of the new ACC complex at the Pacific Campus. A new ACC building with two towers (north and south) would be constructed. The existing Gerbode Research Building (2200 Webster Street), Annex MOB (2340-2360 Clay Street), and Stern Building (2330 Clay Street) on the northern portion of the Pacific Campus would be demolished and replaced by the new ACC North Tower. The existing Stanford Building (2351 Clay Street) adjacent to the 2333 Buchanan Street Hospital would be demolished and replaced by the new ACC South Tower. The existing parking garage at 2405 Clay Street on the western portion of the campus would be demolished and replaced by a new Clay

Street/Webster Street MOB/parking garage. The vacant building at 2018 Webster Street would be renovated for use as administrative offices for the Institute of Health and Healing. Alternative 2 would retain the 18 licensed beds currently housed in the Mental Health Center, as under the proposed CPMC LRDP, and the remaining existing buildings at the Pacific Campus would remain as they are.

Alternative 2 would increase the space of various uses on the Pacific Campus by approximately 621,100 sq. ft. relative to existing conditions, and there would be approximately 392,800 sq. ft. more development at the Pacific Campus than under the proposed LRDP. Under this alternative, as under the proposed LRDP, 18 licensed psychiatric beds would be retained, and the rest of the 295 existing licensed beds would be eliminated from the Pacific Campus.

The California Campus would continue to operate as a medical campus under Alternative 2. The existing on-campus 3700 California Street Hospital, 3801 Sacramento Street Outpatient/Research Building, 3905 Sacramento Street MOB, 3901 Sacramento Street residential building, 460 Cherry Street parking garage, 3698 California Street building, and 3773 Sacramento Street parking garage would be demolished. A new Cherry Street MOB/parking garage, acute care hospital, and Women's and Children's hospital would be constructed. The existing 3848-3850 California Street office building and 3838 California Street MOB would remain as they are on the California Campus. Redevelopment of the California Campus under Alternative 2 would commence around 2013 and construction would occur over a period of approximately six years (to about 2019).

Under Alternative 2, a new Acute Care Hospital at the California Campus would provide a total of 343 acute care beds, whereas no acute care beds would be provided at the California Campus under the proposed CPMC LRDP. A new Women's and Children's Hospital at the California Campus would have 105 beds. The overall space on the California Campus would increase by approximately 903,900 sq. ft. relative to the existing conditions, and the California Campus would provide approximately 1,846,000 sq. ft. more space for CPMC use under Alternative 2 than under the proposed LRDP.

The SB 1953 (as amended) deadlines potentially would require CPMC to terminate acute care services at the Pacific Campus before construction of the acute care hospital at the California Campus would be complete in about 2019 (accounting for extended time to allow for design of a new hospital at the California Campus, permitting, and construction), resulting in an interim period under Alternative 2 during which CPMC would not be able to provide acute care services at any campus other than the Davies and St. Luke's Campuses.

No new exterior construction would occur at the Davies Campus under Alternative 2. Acute care uses in the Davies Hospital North Tower would be converted to non-acute care uses after 2030. Under Alternative 2, the St. Luke's Campus would be identical to the proposed LRDP, and would include development of the new St. Luke's Replacement Hospital and MOB/Expansion Building.

Alternative 2 would avoid the proposed LRDP's significant and unavoidable construction-period and operational impacts identified for the Cathedral Hill Campus related to transportation and circulation and air quality, and its significant and unavoidable construction-period groundborne vibration impacts at the Cathedral Hill Campus. However, as discussed in Draft EIR Section 6.7.1, the increased development at the Pacific and California Campuses under Alternative 2 would result in several new significant and unavoidable impacts, including: cultural resources impacts related to the demolition of the Stern Building at the Pacific Campus and the 3698 California Street building at the California Campus, which are eligible for listing as historic resources; project and cumulative operational transportation impacts on intersections in the vicinity of the California Campus and at the Market Street/Octavia Boulevard/U.S. 101

intersection; construction-period impacts on traffic, pedestrians, transit, and intersection operations at the California Campus; construction-period impacts related to groundborne vibration at the California Campus; and construction-period air quality impacts related to emissions of TACs at the Pacific and California Campuses. Alternative 2 would also result in increases to the following significant and unavoidable impacts, which would also remain significant and unavoidable under the proposed LRDP (although reduced in comparison to Alternative 2): multi-campus construction and operation air quality impacts related to criteria air pollutant emissions; multi-campus impacts from GHG emissions; and construction impacts related to groundborne vibration at the Pacific Campus.

Alternative 2 is rejected because, although it would eliminate significant and unavoidable impacts identified for the Cathedral Hill Campus, it would result in the additional new and increased significant and unavoidable impacts described above, and because it would not meet several of the project objectives. For a period between the deadline for acute care hospitals to comply with state seismic safety requirements and redevelopment of the California Campus, when construction of new acute care hospital facilities at the Pacific and California Campuses would be completed, Alternative 2 potentially would result in the inability of CPMC to provide acute care services at these campuses (or replacement facilities). Therefore, Alternative 2 would not meet the core medical services objective of ensuring ongoing medical services and an uninterrupted continuum of care for CPMC patients during construction through a carefully planned, appropriately phased project to minimize disruption. Even if construction of the new acute care hospital facilities at the Pacific and California Campuses could be completed before the deadline for compliance with State seismic safety requirements, Alternative 2 would result in a lengthier period before CPMC's acute care facilities would be fully compliant with the seismic safety requirements, creating an increased risk that CPMC patients could be injured and that CPMC's acute care facilities would not be operational following a major earthquake during the period before construction of fully compliant facilities is completed.

The Cathedral Hill Hospital would not be constructed under this alternative, CPMC would continue to utilize its four existing campuses. Women's and children's acute care services would be re-located at the California Campus and in a separate building than the replacement acute care hospital at that campus. Moreover, the new Acute Care Hospital and women's and children's hospital constructed at the California Campus under Alternative 2 would not be as centrally located as the Cathedral Hill Hospital proposed under the LRDP. Therefore, Alternative 2 would not meet the overarching project objective of optimizing the use of CPMC's resources to provide an integrated health care system affording the highest quality of patient care to CPMC's patient population in the most cost-effective and operationally efficient manner, to the same extent as the proposed LRDP. It would not meet the core medical services objectives of efficiently reorganizing CPMC's campuses by consolidating specialized services and Women's and Children's services into one acute care hospital, and of distributing inpatient capacity among CPMC campuses to create a rational program-wide system of care, including an optimal number of smaller, community-based hospitals, ambulatory care facilities, and medical offices, sized and located to meet existing and projected future medical service demands.

Alternative 2 would not meet the core medical services objective of optimizing patient safety and clinical outcomes by: strategically grouping service lines and specialized services; providing multidisciplinary concentration of care for multisystem diseases, chronic disease management, and other higher level intervention treatments; limiting patient transfers; and providing critical care beds where patients can be appropriately and expeditiously supported by the necessary physicians, services, and equipment. Alternative 2 would also not meet the site selection and site planning objective of ensuring that a new centralized acute care hospital is appropriately located, taking into account CPMC's patient base and utilization patterns and San Francisco's population concentration, on a site that is easily accessible by

multiple transportation and transit modes, because the California Campus is not as centrally located or as well-served by major transit routes as the Cathedral Hill Campus under the proposed LRDP.

Alternative 2 would provide less total space for inpatient care across existing CPMC campuses, and would not include construction of the Neuroscience Institute and Castro Street/14th Street MOB at the Davies Campus. Therefore, Alternative 2 would not achieve the project's core medical services objective of meeting the existing and future projected acute care and outpatient needs of CPMC's patients, with appropriate physician specialties, including specialized services that are provided by a limited number of service providers in the Bay Area, to the same extent as the proposed LRDP.

For these reasons, it is hereby found that Alternative 2 is rejected because, although it would eliminate significant and unavoidable impacts identified for the Cathedral Hill Campus, it would result in several additional new and increased significant and unavoidable impacts, and because it would not meet several of the project objectives. It is, therefore, not a feasible alternative.

3. Alternative 3: Reduced Development at Cathedral Hill Alternative

Under Alternative 3, the size of the proposed new development of the Cathedral Hill Hospital (and associated parking) would be reduced compared to the hospital proposed in the LRDP, in that the Cathedral Hill Hospital would comply with the basic height requirements under the existing applicable height district (130-V Height and Bulk District). The Cathedral Hill Hospital would provide 400 licensed beds under Alternative 3, and would be approximately 341,000 sq. ft. smaller than under the proposed LRDP. The EIR analyzed two subalternatives (Alternative 3A and Alternative 3B) of Alternative 3. Women and Children's service lines (160 beds) that would be provided at the Cathedral Hill Campus under the LRDP, instead would be developed at either the St. Luke's Campus (under Alternative 3A) or the California Campus (under Alternative 3B). Development at the Pacific and Davies Campuses would be the same under Alternative 3 as under the proposed LRDP.

a. Alternative 3A (Reduced Development at Cathedral Hill; Women's and Children's Center at St. Luke's)

Under Alternative 3A, Women's and Children's services that are currently provided at the California Campus would be relocated to a new, 160-bed, 116-foot-tall, approximately 289,900 sq. ft. Women's and Children's Center at the St. Luke's Campus constructed as a second-phase addition to the St. Luke's Replacement Hospital on the location of the existing 1970 hospital tower. The 1970 hospital tower, the 1957 Building, the Redwood Administration Building, and the driveway immediately south of the Redwood Administration Building would be demolished to accommodate construction of the Women's and Children's Center. The MOB/Expansion Building proposed under the LRDP would not be constructed under Alternative 3A. The St. Luke's Replacement Hospital proposed under Alternative 3A would be similar to under the proposed LRDP, but would be slightly (12,900 sq. ft.) larger than under the LRDP, to accommodate additional diagnostic and treatment services to support the Women's and Children's Center. The existing Hartzell Building, MRI Trailer, Monteagle Medical Center, and Duncan Street Parking Garage would be demolished to accommodate a new, approximately 427,700 sq. ft. MOB with a seven-level underground parking garage, which would be constructed in the southeast portion of the St. Luke's Campus. The MOB under Alternative 3A would be larger than the MOB/Expansion Building proposed under the LRDP, in order to support the outpatient/MOB demand associated with the 240 beds at the St. Luke's Campus under Alternative 3A. Development at the California Campus would be the same under Alternative 3A as under the proposed LRDP.

Alternative 3A was determined to be the environmentally superior alternative, other than the No Project Alternative. Alternative 3A would reduce the proposed LRDP's significant and unavoidable transportation and circulation project and cumulative impacts resulting from development at the Cathedral Hill Campus at one intersection (Van Ness Avenue/Market Street) to a less-than-significant level. It would also reduce the other significant and unavoidable transportation and circulation impacts and the construction-period air quality impacts related to toxic air contaminant emissions identified for the Cathedral Hill Campus under the proposed LRDP, but these impacts would remain significant and unavoidable. Alternative 3A would result in similar significant and unavoidable impacts related to construction-period groundborne vibration at the Cathedral Hill Campus as under the proposed LRDP. Alternative 3A would also result in similar regional construction-period and operational air quality impacts related to criteria air pollutant emissions as under the proposed LRDP. Alternative 3A would reduce the operational multi-campus impact of the proposed LRDP related to GHG emissions, but this impact would remain significant and unavoidable.

Alternative 3A is, however, rejected because, although it would reduce the significant and unavoidable project and cumulative transportation impacts of the proposed LRDP at one intersection to a less-than-significant level, and would reduce some of the proposed LRDP's other significant and unavoidable impacts (but not to a less-than significant-level), it would not meet many of the project objectives and does not meet other objectives to the same extent as the proposed Project. The reduced size of the Cathedral Hill Hospital under Alternative 3A would result in the relocation of Women's and Children's Center services to the St. Luke's Campus, which would not include the specialized tertiary services that would be provided at, and would not be as centrally located as, the Cathedral Hill Campus. As a result, Alternative 3A would not meet the core medical services objective of efficiently consolidating CPMC's campuses by reorganizing specialized services and Women's and Children's Center services into one acute-care hospital. Because Women's and Children's Center services would be separated from specialized services, Alternative 3A would not meet the core medical services objective of optimizing patient safety and clinical outcomes by: strategically grouping service lines and specialized services; providing multidisciplinary concentration of care for multisystem diseases, chronic disease management, and other higher level intervention treatments; limiting patient transfers; and providing critical care beds where patients can be appropriately and expeditiously supported by the necessary physicians, services, and equipment. Alternative 3A would not meet the core medical services objective of ensuring that program-wide medical care consolidation and distribution minimizes redundancies to avoid inefficiency and unnecessary costs to the health care system and patients. For example, additional or redundant support space, including space for diagnostic and treatment services, would need to be built at the St. Luke's Campus under Alternative 3A that would not be necessary if the Women's and Children's Center were located at the Cathedral Hill Campus, and members of CPMC's existing patient base currently receiving medical care services at the California and Pacific Campuses that would be relocated to St. Luke's Campus would need to travel further from northern and western portions of the City to the southeastern portion of the City in order to continue using those services. For the above reasons, Alternative 3A would not meet the project's overarching objective of optimizing the use of CPMC's resources to provide an integrated health-care system affording the highest quality of patient care to CPMC's patient population in the most cost-effective and operationally efficient manner.

The St. Luke's Campus is not centrally located and is not as well-served by transportation and transit modes as the Cathedral Hill Campus. Therefore, Alternative 3A would not be consistent with the site selection and site planning objective of ensuring that the new centralized acute-care hospital is appropriately located, taking into account CPMC's patient base and utilization patterns, and San Francisco's population concentration, on a site that is easily accessible by multiple transportation and transit modes. Relocating the Women's and Children's Center services lines to the St. Luke's Campus

also would not be consistent with the core medical services objective of rebuilding and revitalizing the St. Luke's Campus as a community hospital (with appropriately sized medical office building support). Relocating the Women's and Children's services currently provided at the California Campus to the St. Luke's Campus, rather than the Cathedral Hill Campus, would move them further from CPMC's existing patient and physician base. Therefore, Alternative 3A would not meet the core medical services objectives of meeting existing and future projected acute care and outpatient needs of CPMC's patients and distributing inpatient care among campuses to create a rational program-wide system of care, including an optimal number of smaller, community-based hospitals, ambulatory care facilities, and medical offices, sized and located to meet existing and projected future service demands for primary and secondary-care medical services, to the same extent as the proposed Project.

The "Blue Ribbon Panel" of leaders from the health, business, and labor fields and from the community that met and developed a plan for providing health care services at the St. Luke's Campus in conjunction with CPMC's Institutional Master Plan ("IMP"), and the San Francisco Health Commission, determined that the 80-bed St. Luke's Replacement Hospital under the proposed LRDP meets the anticipated future demand for acute care inpatient services at the St. Luke's Campus. The planned service mix and capacity of the proposed inpatient St. Luke's Replacement Hospital is in accordance with the July 2008 recommendations of the Blue Ribbon Panel and the studies prepared by The Camden Group, documents which are in the record of the Department and incorporated herein by reference, who were employed by the Panel to gather, analyze and provide relevant information. Thereafter, on July 21, 2009, the San Francisco Health Commission adopted Resolution 10-09, which put forward several specific recommendations regarding the St. Luke's Campus, one of which was to convene a Health Commission Task Force on CPMC's IMP to discuss and analyze progress in fulfilling the recommendations of the Blue Ribbon Panel. The Health Commission Task Force, in its specific review of CPMC's responsiveness to the recommendations of the Blue Ribbon Panel, determined that the St. Luke's Replacement Hospital as planned under the proposed CPMC LRDP would be appropriately sized and programmed as a community hospital, along with services that would be provided on the St. Luke's Campus, consistent with the recommendations of the Blue Ribbon Panel to accommodate existing and projected future patient demand for the south of Market service area.

Based on this evidence, the proposed LRDP, specifically the plan for the St. Luke's Campus, is not expected to exacerbate any real or perceived shortage of inpatient acute care beds for the south of Market Street area traditionally served by St. Luke's Hospital. Under the proposed LRDP, St. Luke's Hospital would accommodate growth in patient census, increase its Emergency Department and surgery capacity, and expand primary care programs in areas of demonstrated need in the community, such as senior care and low-risk obstetrics.

Furthermore, new plans under the LRDP for the proposed Cathedral Hill and St. Luke's Campuses under Alternative 3A would take time to develop, both in terms of design and permit approvals (including OSHPD approvals). According to the project sponsor, a major re-design of the proposed LRDP likely would add at least 5 years to the schedule for the proposed construction at these campuses, because of redesign and OSHPD repermitting requirements for replacement hospital facilities, resulting in a longer period before CPMC's acute care facilities would be fully compliant with State seismic safety requirements, and the potential closure of existing acute care hospital facilities at the California, Pacific, and St. Luke's Campuses before replacement facilities would be operational.

For these reasons, it is hereby found that Alternative 3A is rejected because, although it would reduce the significant and unavoidable project and cumulative transportation impacts of the proposed LRDP at one intersection to a less-than-significant level, and would reduce some of the proposed LRDP's other

significant and unavoidable impacts (but not to a less-than significant-level), it would not meet several of the project objectives or satisfy the project objectives as fully as the proposed LRDP, and, therefore, is not a feasible alternative.

b. Alternative 3B (Reduced Development at Cathedral Hill with Women's and Children's Services at California Campus)

Under Alternative 3B, Women's and Children's Center services that are currently provided at the California Campus would be relocated to a new, 160-bed, 100-foot-tall, approximately 420,000 sq. ft. replacement Women's and Children's Center within the eastern portion of the California Campus. The existing 3700 California Street Hospital would be demolished and the parcels on which it is located would be sold. Alternative 3B would also include continuation of other medical services at the California Campus, unlike the proposed LRDP. Medical office and other services to support the inpatient Women's and Children's services that would be located at the Cathedral Hill Campus under the LRDP (at the Cathedral Hill MOB and 1375 Sutter MOB) would instead be located within the existing 3838 California Street and 3905 Sacramento Street MOBs at the California Campus. Development at the St. Luke's Campus under Alternative 3B would remain the same as under the proposed LRDP, except that the MOB/Expansion Building would be reduced by two stories (or by about 35 feet) and would no longer include approximately 30,600 sq. ft. of the patient-care clinic uses proposed under the LRDP.

Similar to Alternative 3A, Alternative 3B would reduce the proposed LRDP's significant and unavoidable transportation and circulation project and cumulative impacts resulting from development at the Cathedral Hill Campus at one intersection (Van Ness Avenue/Market Street) to a less-than-significant level. It would also reduce the other significant and unavoidable transportation and circulation impacts and the construction-period air quality impacts related to TAC emissions identified for the Cathedral Hill Campus under the proposed LRDP, but these impacts would remain significant and unavoidable. Alternative 3B would result in similar significant and unavoidable impacts related to construction-period groundborne vibration at the Cathedral Hill Campus as under the proposed LRDP.

The increased development at the California Campus under Alternative 3B would result in several new significant and unavoidable impacts, including: cultural resources impacts related to the demolition of the 3698 California Street building, which is eligible for listing as a historic resource; construction-period impacts related to groundborne vibration at the California Campus; and construction-period air quality impacts related to TAC emissions at the California Campus. Alternative 3B would also result in increases to the following significant and unavoidable impacts, which would also remain significant and unavoidable under the proposed LRDP (although reduced in comparison to Alternative 3B): construction-period and operational regional air quality impacts related to criteria air pollutant emissions; and operational impacts related to GHG emissions.

Alternative 3B is rejected because, although it would reduce the significant and unavoidable project and cumulative transportation impacts of the proposed LRDP at one intersection to a less-than-significant level, and would reduce some of the proposed LRDP's other impacts related to development at the Cathedral Hill Campus to some degree (but not to a less-than-significant level), the increased development at the California Campus under Alternative 3B would result in several new and increased significant and unavoidable impacts, and because it would not meet several of the project objectives. The reduced size of the Cathedral Hill Hospital under Alternative 3B would result in the relocation of Women's and Children's Center services within the California Campus, which would not include the specialized tertiary services that would be provided at, and would not be as centrally located as, the Cathedral Hill Campus. As a result, Alternative 3B would not meet the core medical services objective of

efficiently reorganizing CPMC's campuses by consolidating specialized services and Women's and Children's Center services into one centrally located acute care hospital. Because Women's and Children's Center services at the California Campus would be separated from specialized services at the Cathedral Hill Campus, and because the services provided in the smaller St. Luke's MOB/Expansion Building would be reduced in comparison to under the proposed LRDP, Alternative 3B would not meet the core medical services objective of optimizing patient safety and clinical outcomes by: strategically grouping service lines and specialized services; providing multidisciplinary concentration of care for multisystem diseases, chronic disease management, and other higher level intervention treatments; limiting patient transfers; and providing critical care beds where patients can be appropriately and expeditiously supported by the necessary physicians, services, and equipment.

Alternative 3B would not meet the core medical services objective of ensuring that program-wide medical care consolidation and distribution minimizes redundancies to avoid inefficiency and unnecessary costs to the health care system and patients, because the continued use under Alternative 3B of existing buildings at the California Campus, which would be discontinued under the proposed LRDP, for medical offices, services, and support facilities related to the Women's and Children's Hospital at the California Campus would result in unnecessary redundancies. For the above reasons, Alternative 3B would not meet the project's overarching objective of optimizing the use of CPMC's resources to provide an integrated health-care system affording the highest quality of patient care to CPMC's patient population in the most cost-effective and operationally efficient manner.

The Women's and Children's Center at the California Campus under Alternative 3B would not be as centrally located or as well served by major transit routes as the Cathedral Hill Campus. Therefore, Alternative 3B would not meet the project's site selection and site planning objective of ensuring that the new centralized acute care hospital is appropriately located, taking into account CPMC's patient base and utilization patterns, and San Francisco's population pattern, on a site that is easily accessible by multiple transportation and transit modes, to the same extent as the proposed LRDP. Because the new MOB/Expansion Building at the St. Luke's Campus would be smaller and patient-care clinic uses would be eliminated at the St. Luke's Campus, this alternative would not meet the core medical services objective of providing for the development of an appropriately sized new medical office building or outpatient space at the St. Luke's Campus.

Furthermore, new plans for the Cathedral Hill and California Campuses under Alternative 3B would take time to develop, both in terms of design and permit approvals (including OSHPD approvals). According to the project sponsor, a major re-design of the proposed LRDP likely would add at least 5 years to the schedule for the proposed construction of these replacement hospitals, because of redesign and OSHPD repermitting requirements for hospital facilities, resulting in a longer period before CPMC's acute care facilities would be fully compliant with State seismic safety requirements and the potential closure of existing acute care hospital facilities at the California, Pacific, and St. Luke's Campuses before replacement facilities would be operational.

For these reasons, it is hereby found that Alternative 3B is rejected because, although it would reduce the significant and unavoidable project and cumulative transportation impacts of the proposed LRDP at one intersection to a less-than-significant level, and would reduce some of the proposed LRDP's other significant and unavoidable impacts at the Cathedral Hill Campus (but not to a less-than-significant level), it would result in several additional new and increased significant and unavoidable impacts, because it would not meet several of the project objectives or satisfy the project objectives as fully as the proposed LRDP, and, therefore, would be infeasible.

B. Off-Site and Other Alternatives Considered and Rejected in the EIR

In addition to all of the reasons set forth below regarding the reasons various off-site or other alternatives were considered and rejected in the EIR, most of the prior investigations regarding the following alternatives occurred before the merger of the St. Luke's Campus into the CPMC health care system in January 2007. Consequently, most of the alternatives described below would not meet the project's core medical services objectives related to rebuilding and revitalizing the St. Luke's Campus as a community hospital that is an integral part of CPMC's larger health care system, and of providing for the development of an appropriately sized new medical office building or outpatient space at the St. Luke's Campus as the logical outgrowth of the increased utilization of the campus, to increase the availability of outpatient services to meet community needs and to better recruit and retain physicians by increasing convenience for physicians admitting patients to the hospital at the St. Luke's Campus. Therefore, in addition to the other specific reasons set forth below, the following off-site and other alternatives are also rejected, as applicable, as infeasible because they would not achieve these core medical services objectives related to the St. Luke's Campus.

1. Inpatient Services Outside San Francisco, Mills Peninsula and Marin

Several strategies were identified by the project sponsor to potentially relocate some inpatient services from San Francisco to other Sutter Health affiliates in the North Bay or San Francisco Peninsula areas. For example, CPMC considered relocating services to the Mills Peninsula Hospital in Burlingame, the Novato Community Hospital, or a location at the Marin City Gateway Shopping Center. This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. Such an alternative would not address the need to replace facilities largely dedicated to serving the local patient populations in San Francisco. One of the overarching objectives of the LRDP is the need to construct modern, seismically safe acute care hospital facilities that will remain operational in the event of a major disaster both to serve CPMC's patients and to play an important role in San Francisco's disaster response and preparedness system, in compliance with the state seismic safety mandates of SB 1953.

The majority of the recipients of CPMC's inpatient services are San Francisco residents. Moreover, the growing proportion of elderly residents in San Francisco is expected to result in a 26% increase in demand for hospital acute-care beds from 2010 to 2030. Although the current total number of beds in San Francisco nominally meets the current demand, none of the existing CPMC acute care facilities currently meets SPC-5 seismic standards, under which facilities are projected to not just withstand, but remain fully functional through, a major disaster or seismic event. The eventual increase in demand for inpatient services driven by aging local population could result in a substantial acute care bed shortage occurring before 2030, on top of the general lack of major disaster/seismic readiness of these beds. Because CPMC is a major provider of health care to current and future residents of San Francisco, the need for CPMC to maintain inpatient acute care services inside San Francisco was a part of the decision to eliminate from further consideration an alternative that would involve relocating services outside of San Francisco.

Additionally, CPMC's medical planning assumed that the majority of San Francisco patients would not travel to Marin or San Mateo County to see their doctor or be admitted to a hospital for routine or non-specialty care. If inpatient services were relocated outside San Francisco, these patients would be forced to travel much farther than is currently considered reasonable for a regional urban center. Based upon reasonable assumptions regarding patient behavior, a large percentage of those patients currently using CPMC services who reside in San Francisco likely would seek to receive services, if possible, from another provider in San Francisco, rather than travel outside of San Francisco for such services. For many of CPMC's medical service lines, the capacity within San Francisco's other medical providers to accommodate CPMC's patient volumes does not exist, and

these patients would suffer hardship until remaining San Francisco providers could augment their capacity. For example, more than half of the babies born in San Francisco are born at a CPMC hospital (California Campus or St. Luke's Campus). Other providers in San Francisco could only absorb a small percentage of this patient volume. In effect, the only CPMC medical services that could be successfully relocated outside of San Francisco are those service lines that patients are already travelling regionally to use. These service lines (e.g., breast cancer, heart transplant, kidney transplant, liver transplant, oncology, pancreas transplant, and spine surgery services) make up approximately 25% to 30% of CPMC's services and currently meet an important need for San Francisco patients.

Further, an alternative involving provision of medical services outside of San Francisco would require site acquisition, planning, design, and entitlements (including EIR preparation), with costs and timeframes similar to those experienced in San Francisco. Given the typical length of time required to develop major medical projects (approximately five years from inception to approvals), alternate strategies outside of San Francisco would take longer to comply with current SB 1953 requirements and potentially would not be completed before expiration of the deadline for compliance.

At the locations considered for potential relocation of services out of San Francisco, neither the necessary additional bed capacity, nor the supporting programs, could be accommodated without substantial additional planning and site development. For example, Mills Peninsula Hospital would not have additional bed capacity sufficient to replace all the current in-use beds at the Pacific and California Campuses. Mills Peninsula Hospital also does not have the specialty medical services necessary to attract inpatients and outpatients traveling from the broader Bay Area region, or the additional capacity to accommodate the imaging services, diagnostic and treatment services space, and other functions needed to support CPMC's tertiary programs. Similar issues would be presented by relocation to the Novato Community Hospital.

In addition, the specialized, San Francisco-based physicians, nurses, and other staff who currently support CPMC specialty services would need to either relocate outside of San Francisco (which CPMC cannot compel) or somehow jointly serve hospitals in multiple, widely separated Bay Area cities. In most cases, the physicians currently providing these services are not CPMC personnel. These physicians typically have a mix of patients, many of whom would continue to demand or expect access to their physician in San Francisco.

Relocation of any of CPMC's programs to the Mills Peninsula Hospital was also rejected for the following reasons: (1) the Mills Peninsula Hospital would not be able to meet the projected demand for Neonatal Intensive Care Unit that would be met by capacity to be provided at the proposed CPMC Cathedral Hill Campus; (2) the Mills Peninsula Hospital does not have the postpartum capacity required and planned for under the CPMC LRDP; (3) the nature and capacity of the diagnostic and treatment platform at the Mills Peninsula Hospital is not functionally appropriate to meet the needs of the types of medical programs that could hypothetically be moved there from CPMC's proposed Cathedral Hill Campus; and (4) if any substantial program were to be moved to the Mills Peninsula Hospital instead of being provided at the Cathedral Hill Campus, a large amount of additional diagnostics and treatment capacity would need to be provided at the Mills Peninsula Hospital.

The Marin City Gateway Shopping Center site was dismissed primarily because of the cost and time constraints described above would prevent such an alternative from resulting in compliance with SB 1953 deadlines. Moreover, there were substantial uncertainties related to site acquisition, as well as environmental review, local approval, and other planning and development risks.

Relocating inpatient services outside San Francisco also would not meet the project objective of distributing inpatient capacity among CPMC campuses to create a rational overall system of care,

including an optimal number of smaller, community-based hospitals, ambulatory care facilities, and medical offices, sized and located to meet existing and projected future service demands for primary and secondary care services in San Francisco. A rational overall system of care must include local-serving medical service lines located within San Francisco to accommodate the approximately up to 75% of CPMC patients who currently reside in San Francisco and the projected future increase in such demand expected to result from the aging of San Francisco's population.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

2. **U.S. Public Health Service Hospital**

The site formerly occupied by the U.S. Public Health Service Hospital ("PHSH") is located in the southwestern quadrant of the Presidio, encompassing approximately 24 acres just west of Park Presidio Boulevard and just north of Lake Street, at the intersection of Wedemeyer Street and North 15th Avenue. The PHSH site was evaluated by CPMC as both a hospital site and as the site for an outpatient center. Redevelopment of the PHSH site would have to be compatible with the Presidio, which is operated by the National Park Service ("NPS"), and with the PHSH site's historic status. Furthermore, plans would have to conform to the Presidio Trust Act, the Presidio Trust draft planning guidelines, the general objectives of the general management plan for the Presidio, the *Secretary of Interior's Standards for the Treatment of Historic Properties*, and federal laws for historic landmarks. The general management plan amendment for the Presidio proposed removing the nonhistoric 1950s addition to the PHSH Hospital and restoring the original structure for use as an educational or conference facility. Other potential uses identified by the general management plan amendment include senior housing, lodging, health care, research and development, hospitality, multimedia, office or market-rate residential.

Many constraints existed for using the PHSH site for a new CPMC hospital. A primary constraint was availability. According to CPMC, in 2001, CPMC investigated the Presidio Trust's interest in a long-term ground lease of the PHSH site for a new CPMC hospital, but the Trust did not indicate a serious interest in pursuing discussions with CPMC regarding a major hospital development at this site. Even if the site were available, other constraints included: requirements for preservation of historic structures at the PHSH site; inadequate access to the site from transit and major streets; concerns about anticipated staff or physician attrition because of the site's relatively remote location; and the increased complexity and length of the permitting process, which would have involved multiple additional federal, state, and local agencies, not required elsewhere.

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not meet the project sponsor's objectives. The apparent inability to procure a long-term ground lease of the PHSH site and the length and complexity of the permitting process made the site infeasible. For those reasons, the site did not meet the LRDP project objective of locating medical care facilities on sites that are owned by or practically can be acquired by CPMC in a cost-effective and timely manner. In addition, because of its peripheral location within San Francisco, inadequate access from major streets, and lack of easy access to multiple transit modes, the site would not meet the project objective of ensuring that the new centralized acute care hospital is appropriately located on a site that is easily accessible by multiple transportation and transit modes. Because of the NPS setting and historic status of the Presidio, the PHSH site would have presented more design challenges than the currently proposed Cathedral Hill Campus with respect to meeting the project objective of designing contemporary, architecturally integrated medical facilities that are compatible with neighborhood character and aesthetics in the areas surrounding the proposed new CPMC campus facilities.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

3. **Muni Bus Yard at Presidio and Euclid Avenues**

The 5.75-acre San Francisco Municipal Railway ("Muni") bus yard site at Presidio and Euclid Avenues is located at 2630–2640 Geary Boulevard. The possibility of decking over the existing bus yard and building a hospital above it was considered, but was deemed too complex and cost prohibitive to warrant further analysis. A hospital at this site would also be subject to operational constraints related to circulation, patient drop-off, and provision of hospital parking. According to CPMC, SFMTA never formally indicated that air rights for construction of a hospital above the bus yard were available or that such plans would meet the operational needs of the Muni system. The complexity of developing the first known mixed-use hospital/transit yard with the local transit agency also weighed into the infeasibility determination. This bus yard site also could not be used unless Muni could vacate the site and temporarily move its bus storage and maintenance operations elsewhere. Muni has been searching for many years for alternative sites for these purposes.

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. CPMC's inability to procure title to or secure a long-term lease of the bus yard site made this site infeasible. The site therefore would not meet the project objective of locating medical care facilities on sites that are owned by or practically can be acquired by CPMC in a cost-effective and timely manner. Even if the bus yard site could have been acquired from the City, other issues (e.g., the potential need for environmental remediation of the site) made this site infeasible for further consideration. Overall, this site would not meet the project objective of implementing an economically viable long-range development plan for CPMC.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

4. **Mervyn's Shopping Center**

The 6.61-acre Mervyn's Shopping Center site is located on the south side of Geary Boulevard at Masonic Avenue. The site borders the Kaiser Hospital complex immediately to the east. The site includes retail space occupied by several large retailers, including Mervyn's, Toys "R" Us, The Good Guys, and Office Depot. The long-term leases of the anchor tenants were the principal reasons that CPMC did not pursue further discussions related to acquisition of this site. This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objective. CPMC's inability to procure clear title to the Mervyn's Shopping Center site made this site infeasible. The site therefore did not meet the project objective of locating medical care facilities on sites that are owned by or practically can be acquired by CPMC in a cost-effective and timely manner.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

5. **Aggregation of Sites on the East Side of Masonic Avenue, Between O'Farrell Street and Turk Boulevard**

CPMC also identified a 6.22-acre potential site that would have involved the aggregation of five parcels (upon their acquisition) from three owners, including the Catholic Church and the San Francisco

Unified School District. The five parcels are located at 40 Vega Street (Wallenberg Public High School and associated playground, together making up two parcels), 270 Masonic Avenue (Blood Center of the Pacific), 250 Masonic Avenue (Blood Center of the Pacific parking lot), and 100 Masonic Avenue (Ephipany Center).

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. All five parcels that compose this site are zoned for three stories or less. According to CPMC, the site was removed from further consideration because of the high degree of uncertainty associated with assembling and significantly rezoning the site to create an adequate hospital site. CPMC also concluded that the likelihood of obtaining approval for a significantly higher than existing height limit for the site was very low, and that without this higher height limit, the building envelope and volume required for the necessary medical programs could not have been developed. Therefore, the site did not meet the project objectives of locating medical care facilities on sites that are owned by or practically can be acquired by CPMC in a cost-effective and timely manner.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

6. **Aggregation of Sites on the South Side of Geary Boulevard Between Scott and Pierce Streets**

In 2000, CPMC also considered a 3.39-acre potential site, containing the Gateway High School and adjacent playgrounds, at 1430 Scott Street, which would have involved the aggregation of four parcels that would need to be acquired from the San Francisco Unified School District. It was later viewed as a potential site if CPMC were also able to proceed with the acquisition from the San Francisco School of Podiatry of a 2.5-plus-acre site located one block to the south.

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. CPMC's decision to not undertake discussions with the school district about this site was based in part on its location. The site was also deemed too small, given the existing 50-foot height limit that applies to the site and considering the adjacent Kimbell Playground (public park) immediately to the east, and Hamilton Recreation Center across Geary Boulevard. Any development on the site would be restricted to 40 feet to comply with Section 295 of the San Francisco Planning Code (Planning Code), which prohibits any new buildings over 40 feet in height creating new shadow on public parks. CPMC determined that it would be infeasible to build a new facility with the necessary medical programs on this site within these height restrictions. The site also was not considered a "surplus property" by the San Francisco Unified School District, but was an active charter high school not being considered for sale by the district. CPMC's decision also was based on concerns related to converting a large playground for hospital development (i.e., conversion of public open space to developed space). Therefore, the site did not meet the project objectives of locating medical care facilities on sites that are owned by or can practically be acquired by CPMC in a cost-effective and timely manner, and ensuring that the new centralized acute-care hospital is appropriately located on a site that can accommodate a building of the necessary size to serve the required program of integrated services.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

7. **Presidio Three-Site Study**

In 2003, with the development of the Lucas film complex at the Presidio, the NPS planners indicated that although insufficient land was available to develop a large medical facility, it might be possible for

CPMC to develop a smaller medical facility, such as a single inpatient component, at the Presidio. CPMC revisited the PHSH site, and also evaluated the Letterman site and the Fort Scott District site in the Presidio as potential sites for an inpatient facility.

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. CPMC rejected all three sites because of concerns about: (a) possible staff or physician attrition caused by the sites' relatively remote locations; (b) inadequate access from transit and major streets; (c) insufficient development potential at the sites because of limitations imposed to protect natural landscapes and historic buildings at the Presidio; and (d) the complexity and length of the permitting process for Presidio sites, which would have involved multiple federal, state, and local agencies, not required elsewhere. Therefore, for the same reasons as described above with respect to the PHSH site within the Presidio, these sites failed to meet several of the key project objectives.

In 2004, a smaller outpatient proposal was presented to but rejected by the Presidio Trust. According to CPMC, the proposal was rejected primarily because of the Presidio Trust's concerns about CPMC development-related traffic and the proposal's compatibility with other Presidio uses. Subsequently, with the rejection of other high-profile development proposals within the Presidio, CPMC determined that it would be difficult to find support for development of an approximately 1-million-sq.-ft. new medical use at the Presidio.

These findings in the Final EIR are hereby concurred with. and this alternative is rejected because it would not meet the basic objectives of the project.

8. Initial Three-Campus Project with New Acute Care Hospital at the Davies Campus

CPMC's initial planning efforts in the late 1990s resulted in a three-campus plan that focused on consolidating as many of its services as possible on a single, existing CPMC-owned campus, and which included the following components: (a) a new acute care hospital south of the existing Davies Hospital North Tower, with beds being relocated from the acute care facilities at the Pacific and California Campuses; (b) development of a new, separate Women's and Children's Hospital at the California Campus; (c) conversion of the Pacific Campus to a full ambulatory care center ("ACC"); and (d) long-term-care facilities for the California and Davies Campuses.

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. The initial three-campus proposal did not have sufficient support from doctors affiliated with CPMC to proceed, primarily because of its concentration of acute care facilities at the Davies Campus and relatively far away (approximately 2.0 and 2.2 miles, respectively) from CPMC's primary patient and physician base at the Pacific and California Campuses. For this reason, the three-campus alternative was found to not meet the project objective of ensuring that the new, centralized acute care hospital is appropriately located, taking into account CPMC's patient base and use patterns and San Francisco's population concentration.

These findings in the Final EIR are hereby concurred with and this alternative is rejected because it would not meet the basic objectives of the LRDP.

9. Three-Campus Project with Integrated Acute Care Facility at the California Campus

In 2001, the CPMC Board of Directors approved a preliminary consideration of a "Tri-Campus" rebuild/retrofit plan that could be achieved within CPMC's three existing campuses. This Tri-Campus

plan included the following components: (a) an integrated acute care facility at the California Campus, including a new acute care hospital and adjacent Women's and Children's Center; (b) an ambulatory services complex at the Pacific Campus, including a new ACC and research and education facilities; and (c) in addition to continuing to provide acute care, a "continuum of care" complex at the Davies Campus that would provide longer-term services, including acute rehabilitation, with options to reduce the emergency department to urgent care.

This potential EIR alternative was considered but not selected for further analysis in the EIR because it would not achieve most of the project sponsor's objectives. It became apparent to CPMC that the plan had several flaws. Construction costs of development relative to needed health care delivery capacity at the Pacific, California, and Davies Campuses under this plan were too high. Retrofitting the Pacific and California Campuses and portions of the Davies Campus would have required CPMC to either do the work in small increments so that medical services to a limited population of patients and caregivers would be disrupted at any given time, or shut down existing buildings and the associated medical services entirely to accomplish the work more quickly. The first option would have resulted in much greater construction costs. Even a relatively small medical facility construction project typically takes 5 years to complete, and attempting an entire campus retrofit in this manner would have been very lengthy and costly. Therefore, CPMC determined that the Tri-Campus plan was not possible to pursue because of issues related to financial feasibility and the significantly longer period of time before CPMC's acute care facilities would be compliant with SB 1953 seismic safety requirements. Attempting an entire campus retrofit all at once was also determined to be infeasible; no other existing CPMC facility could accommodate the large volume of patients and medical services that would have required relocation from buildings temporarily shut down for retrofitting. Finally, the plan provided little to no expansion capacity in the future for acute care or other services.

For all of the reasons listed above, the Tri-Campus plan would not meet the project objective of implementing an economically viable development plan. Because of the additional length of construction related to closing down a few medical facilities at a time, the Tri-Campus plan would take longer to achieve the overarching project objective of constructing modern seismically safe hospital facilities that would be fully compliant with SB 1953. In addition, because of the operational disruptions involved, the Tri-Campus plan would not meet the project objective of ensuring ongoing medical services and an uninterrupted continuum of care at CPMC campuses during construction through a carefully planned, appropriately phased project that minimized disruption. Furthermore, because the St. Luke's Campus was not included in this earlier Tri-Campus plan, it would not have met the project objectives to rebuild and revitalize the St. Luke's Campus to include a seismically compliant community hospital that is an integral part of CPMC's larger health care system, and that provides services such as medical/surgical care, critical care, emergency, urgent care, and gynecologic and low-intervention obstetric care, or of providing for the development of an appropriately sized new medical office building or outpatient space at the St. Luke's Campus as the logical outgrowth of the increased utilization of the campus, to increase the availability of outpatient services to meet community needs and to better recruit and retain physicians by increasing convenience for physicians admitting patients to the hospital at the St. Luke's Campus.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

10. <u>Larger Four-Campus Alternative with Development on Existing Campuses and a Proposed Campus</u>

Design for a new consolidated medical facility and a "four campus plan" began in 2004, after CPMC's acquisition of the Cathedral Hill Hotel site. This resulted in a plan that consisted of the following: (a) an integrated acute-care and Women's and Children's Center and an MOB at the Cathedral Hill Campus; (b) an ambulatory services complex at the Pacific Campus (including a new ACC) and research and education facilities, with new parking; (c) continuing acute care as well as a "continuum of care" complex at the Davies Campus that would provide longer-term services such as acute rehabilitation, with commitment to continuing full emergency care; (d) a skilled nursing/assisted living facility at the California Campus (all existing acute care uses at the California Campus would be transferred to the Cathedral Hill Campus); and (e) a new clinic/MOB to accommodate a complement of medical services known as the "Neuroscience Institute" at the Davies Campus (the "Larger Four-Campus Plan").

An environmental evaluation application ("EEA") for the Larger Four-Campus Plan was filed in June 2005. Since then, the Larger Four-Campus Plan was substantially revised due to market conditions, changes in state seismic law, and community considerations regarding scale of development. The Larger Four-Campus Plan, therefore, was rejected, and changes that have been incorporated into the proposed LRDP , as compared to the Larger Four-Campus Plan, include: (a) downsizing of the Cathedral Hill Hospital by 400,000 sq. ft. and 65 beds, and an approximate 50-foot reduction in height; (b) removal of a formerly proposed research component at the Pacific Campus and substantial reduction in the height and capacity of the proposed parking structures at the Pacific Campus; (c) removal of the proposal to redevelop the California Campus; (d) inclusion of the Neuroscience Institute at the Davies Campus in the currently proposed LRDP, rather than as a stand-alone project undergoing its own separate environmental review; and (e) merger of the St. Luke's Campus into the CPMC system in January 2007, and plan as part of the proposed LRDP to replace the existing acute care hospital at the St. Luke's Campus with a new hospital, and then to demolish the existing hospital tower and construct a new MOB/Expansion Building in its location.

The Larger Four-Campus Plan was considered but not selected for analysis as a potential EIR alternative to the proposed LRDP because it would not achieve most of the project sponsor's objectives. The Cathedral Hill Hospital's proposed development program and height were reduced, because CPMC decided that providing additional square footage and beds, as proposed in this alternative to provide future flexibility, would not be cost-effective. The decision to remove the California Campus from CPMC's future development program resulted from funding concerns and the fact that CPMC's health services model does not anticipate CPMC continuing to provide skilled nursing services directly, beyond CPMC's demonstrated patient demand. Therefore, the Larger Four-Campus Plan Alternative would not meet the project objective to optimize the use of CPMC's resources to provide an integrated health-care system in the most cost-effective and operationally efficient manner. Moreover, the St. Luke's Campus was not included under this Larger Four-Campus Plan Alternative. Therefore, it would not have met the project objectives to rebuild and revitalize the St. Luke's Campus to include a seismically compliant community hospital that is an integral part of CPMC's larger health care system, and that provides services such as medical/surgical care, critical care, emergency, urgent care, and gynecologic and low-intervention obstetric care, or of providing for the development of an appropriately sized new medical office building or outpatient space at the St. Luke's Campus as the logical outgrowth of the increased utilization of the campus, to increase the availability of outpatient services to meet community needs and to better recruit and retain physicians by increasing convenience for physicians admitting patients to the hospital at the St. Luke's Campus.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

11. Four-Campus Renovation/Retrofit of Existing Acute Care Facilities Alternative

CPMC also studied a "retrofit only" project that could be implemented if no entitlements could be secured in San Francisco for a larger multi-campus plan. The Four-Campus Renovation/Retrofit of Existing Acute Care Facilities Alternative (the "Retrofit Only Alternative") assumed no (or very limited) new construction and satisfaction of the requirements of SB 1953 primarily through renovating and retrofitting existing acute care facilities, rather than building new facilities. No development would have occurred at the site of the Cathedral Hill Campus under this scenario.

The Retrofit Only Alternative included the following components at each campus: (a) At the Pacific Campus, no existing buildings would be demolished and no new buildings would be constructed. The 2333 Buchanan Street Hospital would be renovated and retrofitted to continue to provide acute-care uses after 2015; (b) At the California Campus, the 3700 California Street Hospital and attached 3801 Sacramento Street Outpatient/Research Building would be renovated and retrofitted to continue to provide acute care uses after 2015. The remainder of the California Campus would remain as is; (c) At the Davies Campus, the Neuroscience Institute would be constructed. No other new buildings would be constructed and no existing buildings would be demolished. The Davies Hospital North Tower would continue to be used for acute care uses until 2030; (d) At the St. Luke's Campus, acute care uses would shift elsewhere within the CPMC system. Inpatient care would be distributed to the Pacific and Davies Campuses, where the capacity exists to receive them. Obstetrics/birthing would be redistributed to the California Campus. The St. Luke's Hospital would be demolished, because of its existing seismic hazards.

The Retrofit Only Alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. According to CPMC, retrofitting could not bring existing on-campus structures up to "new construction" standards of safety without prohibitive costs. Retrofitting a large number of buildings at existing campuses would require CPMC either to do the work in small increments (so that disruption of medical services would be limited to a small population of patients and caregivers at any given time) or shut down entire existing buildings and the associated medical services (to accomplish the work more quickly). These options were determined to be infeasible because of issues related to financial feasibility, the significantly longer period of time before CPMC's acute care facilities would be compliant with SB 1953 seismic safety requirements, and lack of existing facilities that could accommodate temporary relocation of patients and services from buildings undergoing retrofits. Therefore, this alternative would not meet the project objective of implementing an economically viable development plan. This alternative would also disrupt services, which would have affected patients, physicians, and staff. Therefore, this alternative would not meet the project objective of ensuring ongoing medical services and an uninterrupted continuum of care at CPMC during construction through a carefully planned, appropriately phased project to minimize disruption.

The existing on-campus buildings are not laid out optimally to accommodate contemporary best practices (*e.g.*, certain spaces such as clinic treatment areas and patient rooms have typically increased in size over the years with advancing technology and medical care practice models). Therefore, the Retrofit Only Alternative would not have met the project objective of providing a modern, efficient, and clinically safe patient care environment in facilities based on contemporary best practices in hospital design and national hospital space and facility guidelines, including provision of all single-patient rooms, individual bathrooms, adequate common spaces for families and staff, floor plans that allow staff to work efficiently

and safely with patients, appropriate department adjacencies, and the ability to accommodate current-day medical technologies.

Retrofitting the 2333 Buchanan Street Hospital at the Pacific Campus and the 3700 California Street Hospital and 3801 Sacramento Street Outpatient/Research Building at the California Campus would at most bring the acute care facilities up to an SPC-2 level, which would allow the provision of acute care services until, but not beyond, 2030. Buildings rated at SPC-2 are superior to the existing construction at the Pacific and California Campuses (rated as SPC-1, considered hazardous and at risk of collapse or significant loss of life in the event of an earthquake); however, SPC-2 level buildings are not "reasonably capable of providing services to the public following strong ground motion" like SPC-5 (generally new) structures. Buildings rated at SPC-2 could be so damaged by a major seismic event that they would require extensive rework to become operational again. Therefore, the Retrofit Only Alternative would not meet the project objective of optimizing the use of CPMC's resources to provide an integrated health care system affording the highest quality of patient care to CPMC's patient population in the most cost-effective and operationally efficient manner. It would not take significantly longer to achieve the project objective of constructing modern, seismically safe hospital facilities that would remain operational in the event of a major disaster to serve CPMC's patients, as well as play an important role in San Francisco's disaster response and preparedness system, through the development of a new CPMC campus and the redevelopment of existing campuses in a manner that is fully compliant with SB 1953. The Retrofit Only Alternative also would not have met the project objectives to rebuild and revitalize the St. Luke's Campus to include a seismically compliant community hospital with emergency services that is an integral part of CPMC's larger healthcare system.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

12. Code Complying Alternative

Under the Code-Complying Alternative, development at each CPMC campus would comply with Planning Code requirements related to height, bulk, and density. However, CPMC would continue to request certain exceptions and exemptions to the Planning Code for other requirements (e.g., off-street parking, loading dock size, rear yard setbacks, street frontage).

Under this alternative, the Cathedral Hill Hospital would be redesigned to comply with the existing Planning Code height limit of 130 feet, existing floor area ratio ("FAR") of 7:1, and existing bulk limits consisting of a maximum building length of 110 feet and maximum diagonal dimension of 140 feet, for portions of the building above 50 feet in height. Complying with these existing height, FAR, and bulk requirements would limit the Cathedral Hill Hospital to a three-story podium with three full floor plates of integrated invasive services. If a single tower were to be constructed above the podium level, complying with the existing height limit would restrict it to six stories and the existing bulk limits would substantially reduce its length and diagonal dimensions from those proposed under the LRDP. This would result in a six-story single tower on top of the podium, positioned near Franklin Street. Together, the podium and tower would compose a nine-story building. The resulting hospital would, however, provide only a total of approximately 90 beds, about 465 fewer than under the LRDP.

Alternatively under the Code-Complying Alternative, additional towers that would each comply with the existing height and bulk limits (and, therefore, would each be similar in size to the single tower described above) could be placed above the podium portion of the Cathedral Hill Hospital. Accounting for Building Code separation requirements, the Cathedral Hill Hospital could be redesigned to comply with

the existing bulk requirements if six smaller towers were located 50 feet apart from one another above the podium level (rather than building a single tower, as assumed above). The six-tower design could provide a total of approximately 450 beds. The six-tower design would also include a central plant within the podium portion of the hospital, and mechanical equipment would be located on top of each of the towers.

The Cathedral Hill MOB would be redesigned under the Code-Complying Alternative to comply with the existing bulk limits (maximum building length of 110 feet and maximum diagonal dimension of 140 feet, for portions of the building above 50 feet). In total, approximately 75,000 fewer sq. ft. of usable space and 90 fewer physician offices would be available in the Cathedral Hill MOB under this alternative than under the proposed LRDP. The 1375 Sutter MOB would be the same as under the proposed LRDP.

The proposed ACC Addition and North-of-Clay Aboveground Parking Garage at the Pacific Campus would be redesigned under this alternative to comply with the existing Planning Code bulk limits for portions of the buildings above a height of 80 feet (maximum building length of 110 feet, maximum diagonal dimension of 140 feet). Due to the height and bulk restrictions, the upper floors of the ACC Addition would be either substantially reduced in size or divided up into several towers, as with the six-tower redesign of the Cathedral Hill Hospital described above.

The California and Davies Campuses would be the same under the Code-Complying Alternative as under the proposed LRDP.

The St. Luke's Replacement Hospital would be redesigned under this alternative to comply with the existing Planning Code height limit of 65 feet and existing bulk limits consisting of a maximum building length of 110 feet and maximum diagonal dimension of 140 feet, for portions of the building above 40 feet. Although the St. Luke's Campus is subject to a campus wide FAR of 1.8:1 under the Planning Code, the existing development on the campus results in an FAR of 2.25:1. The Code-Complying Alternative assumed that development within the campus would conform to a maximum FAR of 2.25:1 (i.e., that the FAR would be no greater than the existing development on the campus).

Compliance with the 65-foot height limit and existing bulk limits would limit the St. Luke's Replacement Hospital to three stories, resulting in a total of only about 34 beds. Support services in the replacement hospital also would be reduced because of the site restrictions and other spatial constraints related to providing 34 beds. The 100-foot tall MOB/Expansion Building would be the same as under the proposed LRDP.

The Code-Complying Alternative was considered but not selected for analysis as a Project Alternative in the EIR because it would not achieve most of the project sponsor's objectives.

A 90-bed, single-tower Cathedral Hill Hospital under the Code-Complying Alternative would not be able to accommodate the majority of the acute care uses currently provided at the Pacific and California Campuses that would be relocated to Cathedral Hill under the LRDP, yet these services would cease at the Pacific and California Campuses because of seismic noncompliance. Therefore, the Code-Complying Alternative would fail to meet the project's core medical services objectives—ensuring ongoing medical services and an uninterrupted continuum of care at CPMC, meeting the existing and projected acute care and outpatient needs of CPMC's patients, and efficiently consolidating CPMC's campuses.

A Code-complying redesign of the Cathedral Hill Hospital to include six towers, as described above, would be infeasible, primarily because the constrained square footage within each tower floor would be insufficient to provide the required clinical support for nursing. Additionally, the discontinuity of the bed towers and the resulting size of nursing units allowable within each tower would pose significant

operational issues and inefficiencies, and would result in redundant staffing and increase the cost of care. Traffic and site circulation also would be severely compromised because the tower cores would not accommodate a drive-through at the Cathedral Hill Hospital for access to the patient drop-off and parking areas, and the loading dock would likely require relocation. The hospital's structural grid and required mechanical runs also would be much less efficient than those proposed under the LRDP. Therefore, even with the six-tower redesign of the Cathedral Hill Hospital, the Code-Complying Alternative would fail to meet the overarching project objective of optimizing the use of CPMC's resources to provide an integrated health-care system in the most cost-effective and operationally efficient manner.

The floor plan for bed towers within the Cathedral Hill Hospital would be constrained by the existing bulk limits such that only minimal space would be available for a nurse core, circulation space, mechanical space, or restrooms. Thus, with either a single-tower or six-tower redesign of the Cathedral Hill Hospital, the Code-Complying Alternative would not meet the project's core medical services objective of providing a modern, efficient, and clinically safe patient care environment in facilities based on contemporary best practices in hospital design and national hospital space and facility guidelines, including individual bathrooms, adequate common spaces for families and staff, floor plans that allow staff to work efficiently and safely with patients, and the ability to accommodate current-day medical technologies.

As explained above, redesigning the Cathedral Hill MOB to comply with the existing Planning Code bulk requirements would reduce usable space by approximately 75,000 sq. ft. and result in 90 fewer physician offices than under the proposed LRDP. The proposed LRDP already includes a substantially smaller ratio of MOB/outpatient space to acute care bed/inpatient space at the Cathedral Hill Hospital than is the average for MOBs and hospitals across the CPMC system. Therefore, further reducing the size of the Cathedral Hill MOB would make the overall Cathedral Hill Campus less viable. The proposed hospital transplant clinic, transplant foundation clinic, and women's diagnostic clinic would each require more than 17,000 sq. ft. and would not fit on any upper floor of the MOB under the Code-Complying Alternative. Therefore, the Code-Complying Alternative would not meet the project objectives of optimizing the use of CPMC's resources to provide an integrated health-care system affording the highest quality of patient care in the most cost-effective and operationally efficient manner, or of ensuring that hospital facilities have the capacity to be supported with medical office space, parking facilities, and other supportive functions.

Operational inefficiencies would occur at the Pacific Campus under the Code-Complying Alternative. Specifically, the ACC Addition would either be reduced in size considerably or divided into several towers to comply with the existing bulk limits. Therefore, the Code-Complying Alternative would fail to meet the overarching project objective of optimizing the use of CPMC's resources to provide an integrated health-care system in the most cost-effective and operationally efficient manner.

As explained above, compliance with the 65-foot height limit and existing bulk limits at the St. Luke's Replacement Hospital site would limit the St. Luke's Replacement Hospital to a total of approximately 34 beds and also would reduce its support services. Therefore, the Code-Complying Alternative would not meet the project objective of rebuilding and revitalizing the St. Luke's Campus as a community hospital to the same extent as under the proposed LRDP.

For all of these reasons, the Code-Complying Alternative was considered but rejected from further analysis. These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

13. Potential No Project Alternatives at St. Luke's Campus

A total of four No Project Alternatives were considered at the St. Luke's Campus. Two of the four scenarios were considered but rejected as infeasible: retrofit of the existing St. Luke's Hospital to continue providing acute care services and retrofit of the existing St. Luke's Hospital for subacute or other non-acute care uses. These two scenarios are described below.

a. Retrofit of the existing St. Luke's Hospital to continue providing acute care services.

The existing 1970 hospital tower and 1957 Building together compose the existing St. Luke's Hospital. Both the 1970 hospital tower and 1957 Building are currently rated SPC-1 under OSHPD's SB 1953 regulations. This indicates that the building is at significant risk of partial collapse, posing a risk to life safety in the event of a major earthquake. Following a design earthquake magnitude of 7.9 on the San Andreas Fault, there would be significant risk to life safety, and the St. Luke's 1970 hospital building likely would not be safe or usable for occupancy. Continued uninterrupted use of the existing 1970 hospital tower and the 1957 Building for acute care inpatient services would require compliance with SB 1953 by the statutory deadline. However, it was determined to be unlikely that a new, statutorily compliant seismic retrofit of these buildings could be designed, approved by OSHPD, and completed by the SB 1953 compliance deadline of January 1, 2013, unless extended by SB 90 (potentially out to 2020) or successor legislation. Even if a seismic retrofit of the existing St. Luke's hospital buildings could be completed before the deadline for compliance with State seismic safety requirements, retrofitting would result in a lengthier period before the facility would be fully compliant with the seismic safety requirements, creating an increased risk that inpatients at the St. Luke's Campus could be injured and that the hospital would not be operational following a major earthquake during the period before construction of fully compliant facilities is completed. CPMC therefore determined that it would not be feasible to seismically retrofit the existing St. Luke's Hospital to continue to provide acute care services in the existing hospital buildings.

This potential No Project Alternative at the St. Luke's Campus was considered but not selected for detailed analysis in the EIR because it was determined to be infeasible. Because completion by the statutory deadline of a retrofit project that complies with SB 1953 may not be possible, the retrofit option potentially would not comply with SB 1953. In that event, acute care use at the existing St. Luke's Hospital would have to either cease or be relocated elsewhere until completion of seismic retrofit work, substantially disrupting patient services at St. Luke's. Attempting to retrofit the hospital buildings while occupied by patients, even if statutorily feasible, would not be possible because of the necessary interruption of utilities and other critical services a retrofit would require. Safety risks to patient and staff in these buildings also render this option infeasible.

The alternative of retrofitting the St. Luke's Hospital tower and 1957 Building to the SPC-2 level would allow for continued acute care use of the existing St. Luke's Hospital until 2030. The estimated costs for an SPC-2 retrofit and associated work are estimated to be more than $200 million, which would allow approximately 15 years of use after completion, because SB 1953 would require the building to meet the higher SPC-5 standard by 2030. Retrofitting to SPC-5 and conformance with Nonstructural Performance Criteria would be required to allow acute care use in the existing hospital building after 2030. The estimated cost of an SPC-5 and Nonstructural Performance Criteria 5 ("NPC-5") retrofit and associated work is estimated to be more than $300 million. These cost estimates however, do not include improvements to, and additional costs for, modernizing or updating the existing St. Luke's Hospital to meet current standards of care (e.g., size of rooms and nursing stations, single occupancy rooms).

CPMC has determined that seismically retrofitting the existing St. Luke's Hospital would be substantially more expensive and disruptive than replacing the existing hospital building, or relocating the patient volumes currently served at St. Luke's at either a seismically compliant CPMC facility or at a CPMC facility with substantially better mechanical systems, or a combination of these options. The remedial work required to strengthen the building to state seismic standards, and other life safety system modifications, would be both expensive and disruptive. The retrofitting work would interfere with existing programs and services and would require substantial changes to the hospital's interior spaces.

Numerous clinical services at the hospital likely would require relocation to other sites and, at a minimum, would close for a substantial period of time. Because this retrofit option would cause inpatient acute care services to cease or be substantially disrupted for a period of years during construction, the project objective of ensuring ongoing medical services and an uninterrupted continuum of care during construction at the St. Luke's Campus, which was also a recommendation of the Blue Ribbon Panel, would not be met.

For the above-noted reasons of disruption, inability to provide continuous acute care, and substantially higher costs relative to compromising available on-campus facilities (involving a substantial loss of space), CPMC found retrofit of the existing St. Luke's Hospital to provide inpatient acute-care services to be infeasible. This alternative was therefore not further analyzed in the EIR. These findings in the Final EIR are hereby concurred with, and this No Project alternative at the St. Luke's Campus is rejected because it would be infeasible and would not meet the basic objectives of the project.

b. <u>Retrofit the existing St. Luke's Hospital for subacute inpatient care or other nonacute care uses.</u>

Under this potential No Project alternative, acute care services would be removed from the building before the statutory deadline for compliance with the seismic safety requirements of SB 1953. Existing acute care patients would be relocated elsewhere. The 1970 tower then would be converted for non-acute care uses, such as subacute care services, or other non-acute care uses, such as a medical clinic or medical offices.

This potential No Project alternative at the St. Luke's Campus was considered but not selected for detailed analysis in the EIR because it was determined to be infeasible. CPMC determined that the condition of the 1970 hospital tower and the substantial modifications required to remodel it for non-acute care uses would trigger the need for substantial seismic retrofitting. The building would likely require seismic strengthening and mitigation of the liquefaction potential of the soil. It would also require upgrades to life safety systems (*e.g.*, fire alarm and fire sprinkler), and Americans with Disabilities Act access to be safe for building occupants, and substantial additional remodeling for the intended use. Further, without the presence of a functioning inpatient hospital at the St. Luke's Campus, the need for supportive, administrative, or medical office space would be reduced to below the capacity of a renovated 1970 hospital tower (*i.e.*, there would be no programmatic need for such a sizeable remodel in the absence of a hospital on the campus). The scope of the retrofit required, in order to reuse the existing St. Luke's Hospital building, even if full compliance with SPC-2 level requirements were not mandated, would exceed the requirements for the tenant improvements themselves. CPMC determined that seismic strengthening would likely be required to achieve SPC-2-level performance or its equivalent, to provide acceptable levels of protection. The cost of these improvements was anticipated to exceed $100 million. Therefore, CPMC found retrofit of the existing St. Luke's Hospital for subacute or other non-acute care uses to be infeasible. This alternative was therefore not further analyzed in the EIR.

These findings in the Final EIR are hereby concurred with, and this No Project alternative at the St. Luke's Campus is rejected because it would not meet the basic objectives of the project.

C. Variants to the Proposed LRDP.

1. Cathedral Hill Campus No Van Ness Avenue Tunnel Variant

The No Van Ness Avenue Pedestrian Tunnel Variant would eliminate the Van Ness Avenue pedestrian tunnel from the Cathedral Hill Campus project. It is intended to provide flexibility in accommodating permit timing and other considerations, including obtaining authorization from another agency, Caltrans. This variant was also analyzed to determine whether any adverse impact would occur with respect to additional pedestrian volume and conflicts with vehicle traffic, in the event the tunnel was not or could not be built due to factors outside of CPMC's control. CPMC and Caltrans entered into a Highway Improvement Agreement, dated January 26, 2011, which provides the mechanisms and funding for processing the required Caltrans encroachment permit and lease. Caltrans has, by letter dated May 19, 2011, confirmed its initial review of the proposed tunnel. This variant is not preferred because it raises operational, health care delivery, and efficiency concerns, in that it would require that patients, visitors, medical staff, and other employees cross Van Ness Avenue at the Post Street or Geary Boulevard/Geary Street intersection to travel between the proposed Cathedral Hill Hospital and the Cathedral Hill MOB.

2. Cathedral Hill Campus Two-Way Post Street Variant

The Two-Way Post Street Variant would create two-way vehicular access on Post Street between Van Ness Avenue and Gough Street. It provides flexibility to consider the possibility of allowing vehicles exiting the Cathedral Hill Hospital onto Post Street the option of traveling westbound or eastbound. Because Post Street would become a two-way street under the Two-Way Post Street Variant, vehicular access to the hospital from Post Street would be available to both eastbound traffic (similar to the access under the proposed near-term projects) and westbound traffic (via a left-hand turn into the hospital). Vehicular exit points from the hospital and MOB would remain similar to those under the near-term projects as proposed. This Variant is rejected because the analysis concluded that it would not substantially reduce nor eliminate any significant impacts of the Cathedral Hill Campus project, and would result in additional significant traffic impacts, individually and cumulatively, at the Franklin/Bush intersection and additional cumulatively significant traffic impacts at the Geary/Gough intersection.

3. Cathedral Hill Campus MOB Access Variant

The MOB Access Variant would maintain Cedar Street one-way in the eastbound direction, to provide flexibility in the event that the proposal to change Cedar Street to two-way west of the MOB driveways is not approved. Vehicular entry points to the Cathedral Hill MOB would be located along Cedar Street (eastbound traffic) and Geary Street (westbound traffic), and vehicular exit points for the MOB would be located at Cedar Street (eastbound exit) and Geary Street. There would be no change to the Cathedral Hill Hospital egress or ingress. Access from Geary Street would be both ingress and egress for the MOB. Emergency egress onto Geary Street would be allowed at the hospital, as is the case under the preferred Project.

This Variant would not have an individually significant transit impact on the 19-Polk bus route as would occur under the LRDP, but it would result in cumulatively significant transit impacts to the 19-Polk bus route as under the LRDP. These impacts, both for the LRDP and the MOB Access Variant, are

potentially mitigable through the purchase of a new bus to service the 19-Polk route. The impact would remain significant because, regardless of the provision of funding by CPMC, SFMTA's ability to provide the additional service on this line needed to accommodate this project is uncertain.

This variant is rejected because, aside from the impact to the 19-Polk bus route previously discussed, the Final EIR analysis concluded that this variant would not substantially reduce or eliminate significant impacts of the Cathedral Hill Campus project, and would result in additional significant traffic hazard and pedestrian hazard impacts at the Geary Street ingress/egress point to the MOB.

4. St. Luke's Campus Alternate Emergency Department Location Variant

Under this variant, the Emergency Department and ambulance bay for the St. Luke's Replacement Hospital would be relocated from the south side of the building near the intersection of San Jose and 27th Street to the north side of the building on Cesar Chavez Street. A walk-in entrance to the Emergency Department would be located at the northeast corner of the St. Luke's Replacement Hospital on the first floor. The loading dock would be relocated to the southwest corner of the second floor. Service vehicles would enter the loading dock from 27th Street. This variant is rejected because the analysis concluded that it would not substantially reduce nor eliminate any significant impacts of the St. Luke's Campus project.

5. St. Luke's Campus Cesar Chavez Street Utility Line Alignment Variant

Under this variant, most of the existing utilities located within the San Jose Avenue right-of-way (other than water, which would remain the same) would be relocated to different alignments than under the proposed LRDP. This variant was included to provide flexibility in considering the appropriate routes for relocating utilities from vacated San Jose Avenue.

Under this variant, electrical lines would be rerouted south on San Jose Avenue, east on Duncan Street, north on Valencia Street, and west on 26th Street to a substation at the corner of San Jose Avenue and 26th Street. An additional electrical line would connect from the intersection of San Jose Avenue and Cesar Chavez Street and continue east on Cesar Chavez Street (connecting to the line described above). The utility relocation for the combined storm-sewer would follow a similar (but not identical) route as the electrical lines, as described above, and would be coordinated with the SFPUC, to be included in the SFPUC's Cesar Chavez Street Sewer System Improvement Project ("CCSSIP").

The variant is preferred over the alignment in the LRDP project description. It would not have any associated significant impacts, except as described in the Final EIR for the LRDP alignment, but would not substantially reduce nor eliminate any significant impacts of the St. Luke's Campus project. The electrical line is proposed to follow the alignment described in this Variant. The water line would follow the alignment as described, without changes, in both the LRDP and in this variant. The combined storm-sewer line relocation alignment has been superseded by and somewhat modified by the final CCSSIP. The combined storm-sewer has been incorporated into the SFPUC's CCSSIP and was subject to independent review by SFPUC, which confirmed there are no further associated significant impacts related to the CCSSIP alignment.

D. Additional Alternatives Proposed by the Public

During the term of analysis of the CPMC LRDP, various commentors have proposed alternatives to the CPMC LRDP, particularly the Near-Term Projects. To the extent that these comments addressed the adequacy of the EIR analysis, they were described and analyzed in the C&R document. As presented in the

record, the Final EIR reviewed a reasonable range of alternative, and CEQA does not require the City or the project sponsor to consider every proposed alternative so long as the CEQA requirements for alternatives analysis have been satisfied. For the foregoing reasons, as well as economic, legal, social, technological and other considerations set forth herein, and elsewhere in the record, these alternatives are rejected.

VII.
STATEMENT OF OVERRIDING CONSIDERATIONS

Pursuant to Public Resources Section 21081 and CEQA Guidelines Section 15093, it is hereby found, after consideration of the Final EIR and the evidence in the record, that each of the specific overriding economic, legal, social, technological and other benefits of the LRDP as set forth below independently and collectively outweighs the significant and unavoidable impacts and is an overriding consideration warranting approval of the LRDP. Any one of the reasons for approval cited below is sufficient to justify approval of the LRDP. Thus, even if a court were to conclude that not every reason is supported by substantial evidence, this determination is that each individual reason is sufficient. The substantial evidence supporting the various benefits can be found in the Final EIR and the preceding findings, which are incorporated by reference into this Section, and in the documents found in the administrative record, as described in Section I.

On the basis of the above findings and the substantial evidence in the whole record of this proceeding, it is specifically found that there are significant benefits of the LRDP in spite of the unavoidable significant impacts. It is further found that, as part of the process of obtaining LRDP approval, all significant effects on the environment from implementation of the LRDP have been eliminated or substantially lessened where feasible. Any remaining significant effects on the environment found to be unavoidable are found to be acceptable due to the following specific overriding economic, technical, legal, social and other considerations:

- CPMC has provided quality health care to the San Francisco community for over 150 years. It is the largest medical center in the City, and is presently responsible for about one-third of all hospitalizations, about one-half of all births in the City, about 40 percent of all patients receiving health services in the City and almost 40 percent of emergency visits. Presently, CPMC cares for more than 75,000 persons a year in its emergency departments. The LRDP would ensure CPMC's continued existence and viability in San Francisco.

- CPMC's acute care hospitals on the existing St. Luke's, California, and Pacific Campuses do not meet State seismic standards which require that hospitals withstand a severe earthquake and remain operational in the aftermath as a condition of continuing to operate. Regardless of the State legal mandate, it is in the public interest that CPMC meet these seismic standards as soon as practicable. The LRDP achieves the objective of allowing CPMC's facilities to be rebuilt to meet the desired and legally mandated seismic standards.

- The LRDP allows CPMC to build two new world-class and state-of-the art seismically safe hospitals (at St. Luke's and the new Cathedral Hill Campus), to replace the three seismically non-compliant hospitals, without any interruption in delivery of acute care services at existing medical service facilities due to construction. CPMC would also continue to provide seismically safe acute-care services at the previously retrofitted Davies Hospital North Tower to 2030.

- CPMC's three seismically non-compliant existing hospitals are old and clinically obsolete. The LRDP allows CPMC to build modern, state of the art facilities that consolidate inpatient services to enhance patient care, efficiency and lower costs. Further, the new hospitals will accommodate the deployment of modern technology, and will better align department locations and adjacencies to enhance quality and efficiency of care.

- CPMC's facilities, particularly if they are rebuilt to remain operational after an earthquake, are an essential part of the City's preparation for, and ability to respond to a disaster. If CPMC were not to build the new hospitals, the City would lose approximately one-third of all acute care beds, and three full-service emergency departments, one of which provides specialty pediatric emergency care.

- CPMC's LRDP will assure the availability of modern and high quality, general and specialized inpatient and out-patient, emergency and urgent health care to the residents of San Francisco, including seniors, Medicare, Medi-Cal, insured and un-insured.

- Under the LRDP, the Davies Campus, which has already undergone a number of renovations, will continue to specialize in health care for people with HIV/AIDS, include a new neuroscience center, and provide microsurgical services and rehabilitation care following serious illness or injury. In addition, the existing Emergency Department would continue to operate at the Davies Campus.

- The LRDP will assure the availability of medical offices for physicians located near hospital facilities to serve the residents of San Francisco.

- The LRDP would allow the City to retain CPMC as a substantial employer; it being estimated that CPMC employs over 6,000 persons, of which about half are San Francisco residents. The LRDP would also permit the City to retain and enhance its domestic and international reputation as an education, training, and research center for medical services that benefit the residents of San Francisco. This benefits the City and its residents because it will attract patients, doctors and researchers to San Francisco.

- Construction of the LRDP will double the number of earthquake safe beds in San Francisco, inject about $1.9 billion into the local economy during the construction period, and create 1,500 high paying union construction jobs.

- As recommended by current patient standard of care guidelines for hospitals, all acute care beds on all Campuses will be located in single-patient rooms. Single patient rooms are more desirable from a clinical outcome standpoint, for patient privacy, provide higher utilization of rooms, and more efficient uses of hospital space than the current, standard two-patient room in existing CPMC acute-care hospitals.

- The LRDP provides for the rebuilding of the St. Luke's hospital. It is in the public interest that St. Luke's is rebuilt and that services be maintained for the south of Market area.

- The new St. Luke's Replacement Hospital would be consistent with the capacity and service mix recommendations of the independent Blue Ribbon Panel created to guide the redevelopment of St. Luke's, and consistent with the guidance of the Health Commission to serve the needs of the surrounding community.

- The new St. Luke' Replacement Hospital would be a community hospital integrated into the CPMC city-wide system of care.

- CPMC would enhance services at the St. Luke's Campus by providing access to inpatient and outpatient services.

- By creating additional capacity via an urgent care center on the St. Luke's Campus, the effective urgent and emergency capacity would increase substantially. The expanded department will be

critical in serving the southeastern portion of San Francisco, and in preventing overburdening of the San Francisco General Hospital Emergency Department.

- Emergency services would be provided at the St. Luke's, Davies and Cathedral Hill Campuses. These emergency departments serve patients regardless of ability to pay.

- The new Cathedral Hill Hospital would be located at the intersection of two major transit hubs, in a location that is central to San Francisco populations, and near underserved neighborhoods. It is sized appropriately to house both the women's and children's services currently provided at the California Campus and adult acute-care services currently provided at the Pacific Campus. Improved emergency facilities and an emergency communications center would provide vital emergency response and management services, and expand access to these community services.

- Although the Cathedral Hill Hospital would provide tertiary, specialized medical services to patients referred from other CPMC community hospitals at the Davies and St. Luke's Campuses, the Cathedral Hill Hospital would also operate as a full-service community hospital. Therefore, it would provide similar services to residents of the surrounding community as would a typical community hospital.

- The Cathedral Hill Hospital (and Emergency Department) is more centrally located than the existing hospitals (on the California and Pacific Campuses) it would replace. It would be adjacent to the area of the City with the highest population density, the most seniors and low income residents. It would therefore provide more accessible services and a platform for CPMC to expand its existing health programs in surrounding neighborhoods, while also being convenient to existing CPMC patients and physicians who currently use the California and Pacific Campuses.

- All CPMC hospitals are accessible to Medicare, Medi-Cal, insured and uninsured patients. Under the terms of the proposed Development Agreement, CPMC would commit to providing services to the poor and underserved, including traditional charity care, hospital care for additional Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan, unpaid costs and other benefits for the poor and underserved.

- Under the terms of the Development Agreement, CPMC would provide a host of additional assurances and benefits that will accrue to the public and the City, including, but not limited to, contributions to assist the City with its housing, work-force development, transit and pedestrian safety needs.

- The LRDP would improve access to health care throughout San Francisco, through CPMC's city-wide system of care, including the four LRDP campuses and network of outpatient practices, clinics and partnerships throughout the City.

- CPMC would ensure a skilled nursing facility (SNF) capacity of 100 beds to serve its patients, including retaining 38 beds currently located at the Davies Campus. The remaining beds would be on CPMC campuses or in the community. To the extent that any of these remaining beds are community-based (*i.e.*, not located on CPMC campuses), they would not include SNF beds that are in current use.

- The LRDP would contribute to the commercial revitalization of the neighborhoods surrounding the new hospitals and medical buildings at the Cathedral Hill and St. Luke's Campuses by increasing pedestrian presence and customer base.

- The LRDP will provide sustainable and resource efficient buildings, including through resource-efficient construction and landscaping, energy and water conservation, building operations and maintenance practices.

- The LRDP will be constructed at no cost to the City, and will provide substantial direct and indirect economic benefits to the City.

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Planning Commission Motion No.18592

GENERAL PLAN FINDINGS

PLANNING CODE SECTION 101.1 FINDINGS

HEARING DATE: APRIL 26, 2012

Date:	April 12, 2012
Project Name:	**California Pacific Medical Center Long Range Development Plan**
Case Numbers:	**2005.0555E; 2009.0886MTZCBRKS; 2009.0885MTZCBRKS; 2004.0603C; 2012.0403W**
Initiated by:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
Staff Contact:	Elizabeth Watty, Planner Elizabeth.Watty@sfgov.org, 415-558-6620
Reviewed By:	Kelley Amdur, Director Neighborhood Planning Kelley.Amdur@sfgov.org, 415-558-6351
Recommendation:	**Adopt General Plan/Planning Code 101.1 Consistency Findings**

ADOPTING FINDINGS OF CONSISTENCY WITH THE SAN FRANCISCO GENERAL PLAN AND PLANNING CODE SECTION 101.1 FOR THE CALIFORNIA PACIFICA MEDICAL CENTER'S LONG RANGE DEVELOPMENT PLAN TO ALLOW THE IMPLEMENTATION OF THE NEAR-TERM PROJECTS AND THE LEGISLATION ASSOCIATED THEREWITH, ALONG WITH THE DEVELOPMENT AGREEMENT ("PROJECT"), AT THE CATHEDRAL HILL CAMPUS (ASSESSOR'S BLOCKS-LOTS: 0690-016, 0694-005, 0694-006, 0694-007, 0694-008, 0694-009, 0694-009A, 0694-010, 0695-005, 0695-006); St. LUKE'S CAMPUS (ASSESSOR'S BLOCKS-LOTS 6575/001, 002; 6576/021 AND A PORTION OF SAN JOSE AVENUE BETWEEN CESAR CHAVEZ STREET AND 27TH STREET) AND THE DAVIES CAMPUS (ASSESSOR' BLOCK-LOTS 3539-001), AND INCLUDING ENVIRONMENTAL FINDINGS.

PREAMBLE

The CPMC Long Range Development Plan ("LRDP") is a multi-phased development strategy to meet state seismic safety requirements for hospitals mandated originally in 1994 by Senate Bill ("SB") 1953 as modified through successor legislation, and to create a 20-year framework for CPMC's four existing medical campuses and for construction of a proposed new medical campus in San Francisco.

The four existing CPMC medical campuses are the St. Luke's Campus in the Mission District, Pacific Campus in the Pacific Heights area, the California Campus in the Presidio Heights area, and the Davies Campus in the Duboce Triangle area. The proposed new medical campus is the Cathedral Hill

Campus located along Van Ness Avenue in the vicinity of the intersection of Van Ness Avenue and Geary Boulevard/Geary Street.

The LRDP includes both Near-Term Projects, including actions at the St. Luke's, Cathedral Hill and Davies Campuses, and Long-Term Projects at the Davies and Pacific Campuses. Implementation of the Near-Term Projects requires approval of, but is not limited to, General Plan amendments for the St. Luke's and Cathedral Hill Campuses, Zoning Map and Planning Code text amendments at the St. Luke's and Cathedral Hill campuses, the sale and transfer of San Jose Avenue between 27th Street and Cesar Chavez Street from the City to CPMC and its change of use from a city street to a medical center; construction of the Tunnel under Van Ness Avenue; changes to the sidewalk widths at the St. Luke's and Cathedral Hill Campuses; and Major Encroachment Permits at the St. Luke's and Cathedral Hill Campuses, and conditional use authorizations at the Davies, St. Luke's and Cathedral Hill Campuses, along with approval of a Development Agreement (collectively, for purposes of this Motion No. 18592 only, the "Project,"). The Commission finds that the Project is, on balance, consistent with the Objectives and Policies of the General Plan as it is proposed for amendment, and the Priority Policies of Planning Code section 101.1, as discussed below.

On April 26, 2012, by Motion No. 18588, the Planning Commission certified as adequate, accurate and complete the Final Environmental Impact Report ("FEIR") for the LRDP Project. A copy of Planning Commission Motion No. 18588 is in the file for Case No. 2005.0555E. Also on April 26, 2012, by Motion No. 18589, the Planning Commission adopted findings, including a statement of overriding considerations, and a mitigation monitoring and reporting plan, pursuant to CEQA. In accordance with the actions contemplated herein, the Planning Commission has reviewed the FEIR and adopts and incorporates by reference as though fully set forth herein the findings, including the statement of overriding considerations, pursuant to CEQA, adopted by the Planning Commission on April 26, 2012, in Motion No, 18589.

MOVED, that the Planning Commission has reviewed and considered CPMC's LRDP, and the record associated therewith, including the comments and submissions made to this Planning Commission, and based thereon, hereby adopts the General Plan and Planning Code Section 101.1 Consistency Findings set forth herein.

FINDINGS

Having reviewed the materials identified in the preamble above, and having heard all testimony and arguments, this Commission finds, concludes, and determines as follows:

1. The above recitals are accurate and constitute findings of this Commission.

2. **General Plan Compliance.** The Project, including but not limited to the sale and transfer of a portion of San Jose Avenue between 27th Street and Cesar Chavez Street from the City to CPMC and its change of use from a city street to part of a medical center; construction of a tunnel under Van Ness Avenue; changes to the sidewalk widths at the St. Luke's and Cathedral Hill Campuses; Major Encroachment Permits at the St. Luke's and Cathedral Hill Campuses, Zoning Map and Planning Code text amendments at the St. Luke's and Cathedral Hill Campuses, and other actions and legislation associated with the Near-Term Projects,

along with the Development Agreement, is, on balance, consistent with the following Objectives and Policies of the General Plan, including Objectives and Policies as they are proposed for amendment:

HOUSING ELEMENT

Objectives and Policies

OBJECTIVE 1:
IDENTIFY AND MAKE AVAILABLE FOR DEVELOPMENT ADEQUATE SITES TO MEET THE CITY'S HOUSING NEEDS, ESPECIALLY PERMANENTLY AFFORDABLE HOUSING.

Policy 1.1
Plan for the full range of housing needs in the City and County of San Francisco, especially affordable housing.

Policy 1.8
Promote mixed use development, and include housing, particularly permanently affordable housing, in new commercial, institutional or other single use development projects.

The Project includes institutional uses, and as such is not subject to the City's Jobs-Housing Linkage Fee. In addition, the Planning Code allows a beneficial institutional use such as the Cathedral Hill Hospital and MOB to be approved by Conditional Use without meeting the 3:1 residential to net new non-residential ratio requirement of the Van Ness Special Use District. Nonetheless, the Project Sponsor has committed to the following pursuant to the Development Agreement that would help to implement Objective 1 and Policy 1.1 and 1.8: contributions exceeding $62 million toward affordable housing replacement, funding the production of new affordable rental units, and creating a downpayment assistance program for low and moderate income CPMC employees seeking to purchase a home in San Francisco. The City would also receive an estimated $35 million in repayments from the DALP program (through repayment of DALP loans and the City's estimated $6 million share of property appreciation) to use for affordable housing projects.

The Project will contribute to the production of housing through contributions in the Development Agreement, as described below. The Project does not include traditional "single use" institutional uses and in fact include various uses in support of the principal medical use. In addition, due to factors such as challenges in identifying large sites appropriate to accommodate medical facilities, and the unique design and operational requirements of hospitals (including strict OSHPD construction standards and associated costs), the Project does not include the type of mixed use development opportunity contemplated by this policy. The Project is not inconsistent with this policy and will not adversely impact the City's ability to meet it. In addition, as to the Cathedral Hill site, the Van Ness Area Plan identified the Cathedral Hill sites as in commercial use, and did not consider them as sites available to meet housing production goals for the plan area.

OBJECTIVE 2 RETAIN EXISTING HOUSING UNITS, AND PROMOTE SAFETY AND MAINTENANCE STANDARDS, WITHOUT JEOPARDIZING AFFORDABILITY

Policy 2.1
Discourage the demolition of sound existing housing, unless the demolition results in a net increase in affordable housing.

OBJECTIVE 3
PROTECT THE AFFORDABILITY OF THE EXISTING HOUSING STOCK, ESPECIALLY RENTAL UNITS

Policy 3.1
Preserve rental units, especially rent controlled units, to meet the City's affordable housing needs.

Policies 2.1 and 3.1 address existing housing, and acknowledge in the text that they are implemented through San Francisco's Planning Code, which includes a conditional use process for demolition of residential units, and the Residential Hotel Ordinance, which requires permits for conversion of residential hotel rooms. Construction of the Cathedral Hill MOB will require demolition of five residential hotel units and twenty residential units. The Project Sponsor will comply with the residential hotel conversion requirements of Administrative Code Section 41.13 by paying a fee of $2,684,800.00. It will also contribute $1,453,820 to address demolition of the residential units. Beyond the replacement fees, under the terms of the Development Agreement, the Project will contribute to substantial new housing through a $29 million Affordable Housing Payment, and the City will receive an additional approximately $35 million to the City for affordable housing through funds from repayment of DALP loans, which includes the City's approximately $6 million share of property appreciation.

OBJECTIVE 7
SECURE FUNDING AND RESOURCES FOR PERMANENTLY AFFORDABLE HOUSING, INCLUDING INNOVATIVE PROGRAMS THAT ARE NOT SOLELY RELIANT ON TRADITIONAL MECHANISMS OR CAPITAL.

Policy 7.1
Expand the financial resources available for permanently affordable housing, especially permanent sources.

Policy 7.7
Support housing for middle income households, especially through programs that do not require a direct public subsidy.

Policy 7.8
Develop, promote, and improve ownership models which enable households to achieve homeownership within their means, such as down-payment assistance, and limited equity cooperatives.

As discussed in the findings for Objective 1 and 7 above, through commitments in the Development Agreement, CPMC will contribute over $62 million toward affordable housing to replace displaced units, fund the production of new affordable rental units, and create a downpayment assistance program for low and moderate income CPMC employees seeking to purchase a home in San Francisco. As part of the $62 million commitment, CPMC will provide $2,684,800 in funding to replace the 20 residential hotel units that will be demolished, and $1,453,820 in funding to replace the five dwelling units that will be demolished. CPMC will also provide $29 million to the City's affordable housing fund, and create a $29 million down payment assistance loan program (DALP) for its employees who earn up to 100% of area median income. The City's existing DALP is currently substantially oversubscribed, and these funds will provide an opportunity for additional low and moderate income households to access home ownership opportunities. The Mayor's Office of Housing anticipates, for example, that the program will provide a minimum of 145 loans and will allow 100% AMI households who can only afford 15% of the homes in San Francisco to now afford nearly 40% of homes. Funds from the down payment assistance loans will be recaptured into the affordable housing fund, along with a portion of equity, when CPMC employees sell units bought with the loans. An estimated $35million ($29 million plus an estimated $6 million in appreciation) is expected to flow into the affordable housing fund over time this way, beyond the initial $62 million contribution.

OBJECTIVE 8:
BUILD PUBLIC AND PRIVATE SECTOR CAPACITY TO SUPPORT, FACILITATE, PROVIDE AND MAINTAIN AFFORDABLE HOUSING.

Policy 8.1
Support the production and management of permanently affordable housing.

Policy 8.2
Encourage employers located within San Francisco to work together to develop and advocate for housing appropriate for employees.

See discussion regarding Objectives 1 and 7 above regarding the Project's contributions to production of affordable housing. The DALP is directly responsive to and implements Policies 8.1 and 8.2.

OBJECTIVE 11:
SUPPORT AND RESPECT THE DIVERSE AND DISTINCT CHARACTER OF SAN FRANCISCO'S NEIGHBORHOODS.

Policy 11.8
Consider a neighborhood's character when integrating new uses, and minimize disruption caused by expansion of institutions into residential areas.

CPMC's Cathedral Hill, St. Luke's, and Davies Campuses have been designed to acknowledge and respond to their surrounding neighborhood contexts, as described in greater detail under the Urban Design Element findings outlined below. The Cathedral Hill Campus is located within a mixed use Residential Commercial district, and development of the Near-Term Projects under the LRDP at the St. Luke's and Davies Campuses, although located within residential zoning districts, would involve

redevelopment within the existing boundaries of these CPMC campuses rather than expansion onto additional sites. The Project approvals include many mitigation measures, conditions of approval and other community benefits commitments designed to address, among other things, neighborhood compatibility during both the construction and operational phases. The Development Agreement also includes a Community Visioning Plan process for any future development plans at the Davies, Pacific and California Campuses.

COMMERCE AND INDUSTRY ELEMENT

Objectives and Policies

OBJECTIVE 1:
MANAGE ECONOMIC GROWTH AND CHANGE TO ENSURE ENHANCEMENT OF THE TOTAL CITY LIVING AND WORKING ENVIRONMENT.

Policy 1.1
Encourage development which provides substantial net benefits and minimizes undesirable consequences. Discourage development which has substantial undesirable consequences that cannot be mitigated.

The Project will provide substantial benefits to the City, including expanded employment opportunities for City residents at all employment levels. CPMC and the rest of the health services sector are critically important to the economic health of San Francisco. CPMC is the second largest private employer in San Francisco. CMPC is estimated to currently employ over 6,200 people, of which about half are San Francisco residents. The Project is necessary to maintain and expand employment in these long-term health services and support services jobs.

The construction of the Near-Term Projects will significantly benefit the San Francisco economy. During this period of economic recovery, the Near-Term Projects will provide up to approximately 400 to 500 construction jobs per year, with a maximum of up to approximately 1,500 jobs at the peak construction period. The construction and operation of the Near-Term Projects would inject about $2.5 billion into the local economy. The Near Term Projects also include Workforce commitments, through the proposed Development Agreement, that provide substantial construction and operational phase jobs and programs for local businesses and residents, including unemployed and economically disadvantaged residents and a workforce training contribution of $2,000,000.

The Project would ensure CPMC's continued existence and viability in San Francisco. The Project will enable CPMC to continue to provide essential health services to the community without interruption, in modern facilities that will comply with the most stringent state seismic mandates in SB 1953. Because the new hospital facilities can be expected to remain operational after a strong earthquake, CPMC's role in emergency preparedness will be enhanced. Emergency preparedness for the City will also be enhanced by the expanded Emergency Department facilities and improved emergency communications centers proposed as part of the Project.

If the new CPMC hospital facilities under the Project were not constructed, there would be a negative impact on CPMC's delivery of essential health care services to the community, as well as on San Francisco's healthcare employment sector.

The St. Luke's Replacement Hospital and MOB will contribute to the revitalization of the St. Luke's Campus and will enhance the medical care provided there and will contribute to the neighborhood character and the local economy. Continuation of inpatient, emergency and outpatient medical services at the St. Luke's Campus was strongly recommended by the Blue Ribbon Panel (BRP). The Board of Supervisors also adopted on November 25, 2008, Resolution No. 478-08 commending the BRP and urging all City Departments to endorse the recommendations of the BRP.

CPMC chose the location at Van Ness Avenue and Geary Boulevard for its new acute care hospital (i.e., the Cathedral Hill Hospital) for several reasons, including that s that a new hospital on an available site would be less disruptive than replacing the existing California and Pacific Campus hospitals by expanding either of those campuses, which are zoned for lower-density residential neighborhoods.

The Cathedral Hill Campus will be a major employment center, capitalizing on the transit infrastructure at the site, including the proposed Van Ness Avenue and Geary Bus Rapid Transit ("BRT") projects, toward which CPMC would provide $5 million in funding pursuant to the proposed Development Agreement.

Under the Project, the Davies Campus, which has already undergone a number of renovations, will continue to specialize in health care for people with HIV/AIDS, include a new neuroscience center, and provide microsurgical services and rehabilitation care following serious illness or injury. In addition, the existing Emergency Department would continue to operate at the Davies Campus.

The Project would contribute to the commercial stabilization and revitalization of the neighborhoods surrounding the new hospitals and medical buildings at the Cathedral Hill, Davies and St. Luke's Campuses by increasing medical activity, and therefore pedestrian activity which supports nearby businesses.

Under the terms of the proposed development agreement, CPMC would provide a host of additional assurances and benefits that will accrue to the public and the City, including, but not limited to, contributions to assist the City with its health care, housing, work-force development, transit and pedestrian safety needs.

The Project approvals include many mitigation measures, conditions of approval and other community benefits commitments designed to address, among other things, neighborhood compatibility.

OBJECTIVE 2:
MAINTAIN AND ENHANCE A SOUND AND DIVERSE ECONOMIC BASE AND FISCAL STRUCTURE FOR THE CITY.

Policy 2.1
Seek to retain existing commercial and industrial activity and to attract new such activity to the city.

CPMC is one of the City's largest private employers, employing approximately 6,200 people, of which about half are San Francisco residents. The Near-Term Projects will enable the retention and expansion of one of the City's largest private employers.

The Project would also permit the City to retain and enhance its domestic and international reputation as an education, training, and research center for medical services that benefit the residents of San Francisco by attracting patients, doctors and researchers to San Francisco.

Construction of the Near-Term Projects will inject about $2.5 billion into the local economy and create 1,500 union construction jobs.

Under the terms of the proposed Development Agreement, CPMC would provide additional assurances and guarantee approximately $1.1 billion in community benefits that will accrue to the public and the City, including, but not limited to, contributions to assist the City with its healthcare, housing, work-force development, transit and pedestrian safety needs.

The Project would contribute to the commercial revitalization of the neighborhoods surrounding the new hospitals and medical buildings by increasing pedestrian activity.

OBJECTIVE 3
PROVIDE EXPANDED EMPLOYMENT OPPORTUNITIES FOR CITY RESIDENTS, PARTICULARLY THE UNEMPLOYED AND ECONOMICALLY DISADVANTAGED.

Policy 3.1
Promote the attraction, retention and expansion of commercial and industrial firms which provide employment improvement opportunities for unskilled and semi-skilled workers.

Policy 3.2
Promote measures designed to increase the number of San Francisco jobs held by San Francisco residents.

Policy 3.3
Emphasize job training and retraining programs that will impart skills necessary for participation in the San Francisco labor market.

The Near-Term Projects will provide expanded employment opportunities for City residents at all employment levels. CPMC and the rest of the health services sector are critically important to the economic health of San Francisco. CPMC is one of the City's largest private employers, employing approximately 6,200 people, of which about half are San Francisco residents. The Project will enable the retention and expansion of one of the City's largest private employers. The construction of the proposed

Near-Term Projects will also significantly benefit the San Francisco economy. During this period of economic recovery, the Near-Term Projects will provide up to approximately 400 to 500 construction jobs per year, with a maximum of up to approximately 1,500 jobs at the peak construction period.

CPMC supports career development and advancement opportunities for its employees. A wide range of educational and training opportunities are offered to CPMC employees, including college preparatory courses for entry-level workers. San Francisco City College offers courses, such as Medical Terminology, at CPMC campuses. Seminars are offered on basic business skills. Language classes are also taught on site by San Francisco City College instructors. The programs specifically designed for entry-level workers make CPMC a good place for workers newly entering the labor force or the health services sector.

The job skills acquired through employment at CPMC, including skills acquired through the job training opportunities described above, support career advancement within CPMC. These skills would also be transferable to other health care sector employers.

Many job classifications at CPMC are not associated directly with health care. Examples include food service, transportation, security, facilities maintenance, management and administrative support positions. These classifications also range from entry-level to upper level positions. The job skills acquired by these workers would be transferable to other health care and non-health care employers.

CPMC commitments under the proposed Development Agreement will also result in an increase in entry-level local construction employment and internship opportunities. CPMC will make good faith efforts to achieve 30% local hire measured by construction trade hours for the Near-Term Projects under the LRDP overall for each contractor, by each trade. CPMC will achieve 50% local hire for new entry-level administrative and engineering positions and internships, will fill half of all new apprentice positions with graduates from the CityBuild Academy, and will create and administer a structured program to advance apprentices from CityBuild Academy to journey-level status in their trade by the end of the project. CPMC plans to hire at least 40 San Francisco-resident permanent entry-level hires annually for five years, representing just under half of all entry level hires, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods. CPMC will also provide $2 million for community workforce services, which will provide grants to community-based organizations through the City's Office of Economic and Workforce Development for recruitment, training, and job retention services.

OBJECTIVE 6
MAINTAIN AND STRENGTHEN VIABLE NEIGHBORHOOD COMMERCIAL AREAS EASILY ACCESSIBLE TO CITY RESIDENTS

Policy 6.1
Ensure and encourage the retention and provision of neighborhood-serving goods and services in the city's neighborhood commercial districts, while recognizing and encouraging diversity among the districts.

Policy 6.7

Promote high quality urban design on commercial streets.

Policy 6.9
Regulate uses so that traffic impacts and parking problems are minimized.

Policy 6.10
Promote neighborhood commercial revitalization, including community-based and other economic development efforts where feasible.

The development of the St. Luke's Replacement Hospital and St. Luke's MOB will ensure and encourage the retention and provision of neighborhood-serving goods and services by increasing the number of CPMC employees and others in the area during its hours of operation, which, for the St. Luke's Replacement Hospital, will be twenty-four hours a day every day. As with other CPMC campuses, St. Luke's Replacement Hospital and St. Luke's MOB staff and visitors can be expected to patronize local retail and service businesses. The Project would retain the retail space in the Monteagle Building, and would add about 2,600 square feet of ground floor retail in the St. Luke's MOB.

The development of the Cathedral Hill Campus will ensure and encourage the retention and provision of neighborhood-serving goods and services by increasing the number of CPMC employees and others in the area during its hours of operation, which, for the Cathedral Hill Hospital, are twenty-four hours a day every day.

The Cathedral Hill Hospital would include approximately 3,100 square feet of ground floor retail space. The Cathedral Hill MOB would include approximately 7,050 square feet of ground floor retail space, including a pharmacy. This additional retail space in the neighborhood would ensure and encourage the retention and provision of neighborhood-serving goods and services. It would also maintain and strengthen viable neighborhood commercial areas easily accessible to City residents. The Cathedral Hill Campus is easily accessible to City residents and will be even more so with the addition of the Geary and Van Ness BRT lines.

The proposed development of the Neurosciences Institute at the Davies Campus will ensure and encourage the retention and provision of neighborhood-serving goods and services by increasing the number of CPMC employees and others in the campus vicinity.

The Project will promote high quality urban design for the reasons set forth in the discussion below regarding consistency with the General Plan's Urban Design Element.

The Project will minimize the effects of traffic and parking on the surrounding neighborhood for the reasons set forth in the discussion below regarding consistency with the General Plan's Transportation Element.

OBJECTIVE 7
ENHANCE SAN FRANCISCO'S POSITION AS A NATIONAL AND REGIONAL CENTER FOR GOVERNMENTAL, HEALTH, AND EDUCATIONAL SERVICES

Policy 7.2
Encourage the extension of needed health and educational services, but manage expansion to avoid or minimize disruption of adjacent residential areas.

Policy 7.3
Promote the provision of adequate health and educational services to all geographical districts and cultural groups in the city.

The Project will enhance San Francisco's position as a national and regional center for health services; CPMC continues to be one of the top hospitals in the country thereby attracting medical professionals and patients to its facilities nationally.

CPMC chose the location at Van Ness Avenue and Geary Boulevard for its new acute care hospital for several reasons, one of which was that a new hospital on an available site would be less disruptive than replacing the existing California and Pacific Campus hospitals by expanding either of those campuses, which are predominantly zoned for relatively low-density residential neighborhoods. CPMC's search for an appropriate and available site for a new medical center campus and the related planning process included consideration of several vacated school sites and otherwise underutilized sites (e.g., the U.S. Public Health Service Hospital site in the southwestern quadrant of the Presidio, the Mervyns' Shopping Center site at Geary Boulevard and Masonic Avenue, an aggregation of sites on the east side of Masonic Avenue which included parcels owned by the Catholic Church and the San Francisco Unified School District, an aggregation of sites on the south side of Geary Avenue that included the Gateway High School site, and the Letterman and Fort Scott District sites in the Presidio). Each of these sites was deemed either unavailable or inappropriate for a new CPMC medical center campus. Ultimately, the search and planning process resulted in the purchase of the proposed Cathedral Hill Campus site.

Furthermore, the planned sites for the new Cathedral Hill Hospital and Cathedral Hill MOB would be located closer than either the Pacific or California Campus to a medically underserved area of the City that includes the Tenderloin/Little Saigon neighborhood, which has the highest population density of low-income households, seniors (the most frequent users of hospital care), children and youth. Under the proposed Project, CPMC would continue to provide medical services in various neighborhoods across the City, including the southeast portion of the City served by the St. Luke's Campus, and the proposed Cathedral Hill Campus would bring medical services to underserved neighborhoods.

The current design of the Cathedral Hill Hospital has been modified since the original proposal in order to minimize the disruption of the new building on the adjacent residential tower. The Cathedral Hill Hospital's bed tower has been shifted to the south side of the property, away from the Daniel Burnham Court building, in order to, among other reasons, minimize its presence and shadow on the residents of that building.

With respect to the Near-Term Projects at Cathedral Hill, St. Luke's and Davies, any effects on adjacent residential areas will be addressed both during construction and after the new buildings at these campuses are operational by various conditions of approval and mitigation measures proposed for the Near-Term Projects. For example, construction will be managed by City regulations as well as by

CPMC's construction management plans, which will be developed with input from the City and neighboring properties, and will be required and enforced by the City as part of the conditions of approval. Safeguards will be in place to minimize emissions such as noise, glare, dust and odor, both during construction and operations.

The effects of the Near-Term Projects' operations on nearby residents from traffic will be minimized by many design factors, including the placement of vehicular access and egress, loading docks, emergency vehicle access and egress; and streetscape features for pedestrians, including widening of certain sidewalks and improved transit access. Through the commitments in the Development Agreement, CPMC will also provide $400,000 in funding to MTA for studies regarding improvements to bicycle facilities around and between the proposed new CPMC facilities.

CPMC has also committed to the following benefits that help minimize disruption on adjacent residential areas surrounding the proposed Cathedral Hill Campus:

- *Construction of the Van Ness Avenue pedestrian tunnel that will improve pedestrian safety, particularly for patients who have mobility constraints.*
- *Funding to develop capacity of one or more Tenderloin clinics to participate in Medi-Cal managed care;*
- *$5 million in funding for the proposed Van Ness and Geary BRT projects;*
- *$10.5 million Transit Fee to MTA to help alleviate transit delay and meet new demands on the transit system associated with the new Cathedral Hill Campus;*
- *A surcharge on parking at the new Cathedral Hill Campus of $0.50 off-peak and $0.75 peak for each entry and exit to provide an estimated $500,000 per year of additional funding to MTA for a period of 10 years;*
- *$8 million in funding for pedestrian safety and public realm improvements in the Tenderloin, including pedestrian-scale lighting, sidewalk widening and changing one-way streets to two-way;*
- *$150,000 to help form a Lower Polk Community Benefit District ("CBD") as well as a $1 million seed grant to the CBD;*
- *$200,000 grant for the Safe Passage Pilot program in the Tenderloin.*

  CPMC has also committed to the following benefits that help minimize disruption on adjacent residential areas surrounding the proposed Davies Campus:

- *Construction of a series of pedestrian safety improvements around the Davies Campus, valued at approximately $475,000.*

  CPMC has also committed to the following benefits that help minimize disruption on adjacent residential areas surrounding the proposed St. Luke's Campus:

- *Construction of a series of pedestrian safety improvements around the St. Luke's Campus, valued at approximately $3,300,000.*

CPMC has been engaged with community representatives and the City since the beginning of the planning process for the Project, working to achieve a balance that would provide community and regional access to care while responding to the needs of the surrounding neighborhoods.

CPMC has worked to address citywide health care needs through the development of its 2008 Institutional Master Plan ("IMP") and through the proposed LRDP, which implements the 10-year planning provisions of the IMP.

In its Resolution 10-09 concerning the IMP, adopted after several public hearings on the IMP, the San Francisco Health Commission, in Resolution 10-09, accepted the IMP, with recommendations to ensure that the IMP "results in the best possible health plan for the City and County of San Francisco." A year later, the Health Commission's Task Force on CPMC's IMP published its Updates and Accomplishments concerning the recommendations in Resolution 10-09; the Health Commission adopted Resolution 02-10, memorializing these accomplishments. As set out in these documents, the LRDP helps to implement the Health Commission recommendations.

The St. Luke's Replacement Hospital and St. Luke's MOB will enhance San Francisco's position as a national and regional center for health services, and will extend needed health services.

Although certain medical services at the California and Pacific Campuses would be replaced and consolidated at the proposed Cathedral Hill Campus, all of the existing CPMC campuses, with the exception of the California Campus, would continue to provide medical care. CPMC would continue to serve communities surrounding the Mission District (St. Luke's Campus), Duboce Triangle (Davies Campus), and Pacific Heights (Pacific Campus) neighborhoods. The hospitals at the St. Luke's and Davies Campuses would generally serve as community hospitals with certain specialized services (e.g., senior care, outpatient pediatrics, and low risk obstetrics services at the St. Luke's Campus; neuroscience, AIDS/HIV, and acute rehabilitation services at the Davies Campus). These community hospitals would provide primary and secondary care (and similarly the Pacific Campus would provide a wide variety of outpatient services), serving as a point of access, with patients needing more specialized care (e.g., tertiary or quaternary services) referred to the centralized "hub" at the Cathedral Hill Campus (or to the appropriate specialized facilities at the St. Luke's, Davies, or Pacific Campuses).

Thus, although the proposed Project would involve the development of a large, centralized hospital at the proposed Cathedral Hill Campus, serving as a "hub" for the CPMC San Francisco network, it would not result in the type of consolidation and centralization that is one of the concerns underlying Policy 7.3. Under the proposed Project, CPMC would continue to provide medical services in various neighborhoods across the City, including the southeast portion of the City served by the St. Luke's Campus, and the proposed Cathedral Hill Campus would bring medical services to underserved neighborhoods. Therefore, the proposed Project would provide adequate health care services to meet patient demand within the service areas of all campuses within the CPMC system.

Through the commitments in the Development Agreement CPMC will further promote the provision of adequate health services to all geographical districts and cultural groups in the City. Specifically, CPMC has committed to the following, which are geared toward providing health services to the most medically underserved of San Franciscans:

- *Two new, seismically safe hospitals at the St. Luke's and Cathedral Hill Campuses;*
- *A secure future for St. Luke's hospital;*
- *Significantly increased provision of healthcare for low-income and underserved San Franciscans, including hospital care for 10,000 additional Medi-Cal beneficiaries, which represents one-third of the City's new Medi-Cal beneficiaries expected under federal health care reform; and*
- *$20 million endowment by CPMC of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations.*

The Cathedral Hill Campus will both meet the needs of the City's residents and serve as a regional referral center for tertiary care. The Cathedral Hill Hospital will comply with the seismic safety requirements of SB 1953 and can be expected to remain operational after a strong earthquake. The proximity to quality health care in seismically sound facilities is a benefit for all. The presence of CPMC assures that San Francisco will continue to be recognized as a national and regional center for health services.

TRANSPORTATION ELEMENT

Objectives and Policies

OBJECTIVE 1
MEET THE NEEDS OF ALL RESIDENTS AND VISITORS FOR SAFE, CONVENIENT AND INEXPENSIVE TRAVEL WITHIN SAN FRANCISCO AND BETWEEN THE CITY AND OTHER PARTS OF THE REGION WHILE MAINTAINING THE HIGH QUALITY LIVING ENVIRONMENT OF THE BAY AREA.

Policy 1.2
Ensure the safety and comfort of pedestrians throughout the city.

Policy 1.3
Give priority to public transit and other alternatives to the private automobile as the means of meeting San Francisco's transportation needs, particularly those of commuters.

Policy 1. 6
Ensure choices among modes of travel and accommodate each mode when and where it is most appropriate.

The designs of the Cathedral Hill Hospital and of the Cathedral Hill MOB include many elements that will enhance the safety and comfort of pedestrians. The streetscape plan for the Cathedral Hill Campus was a collaborative effort, with input from the community and from the Planning Department, the San Francisco Municipal Transportation Agency, the San Francisco County Transportation Authority, the Mayor's Office on Disability, the Department of Public Works and Caltrans. The underlying goal of the streetscape plan was to meet or exceed the requirements outlined in the City's adopted Better Streets Plan.

CPMC's streetscape plan for the Cathedral Hill Campus includes the following features:

- *Improving the street frontages in the campus area, with substantial landscaped areas, to offer visual relief to pedestrians, and provide a buffer between pedestrians and traffic lanes.*
- *Improving certain street frontages in the campus area with wider sidewalks that provide more space for pedestrians and more queuing space for transit users.*
- *Creating corner bulb outs to reduce crossing distances and increase queuing space.*
- *Removing approximately seven curb cuts along Van Ness Avenue and at other locations; this removal benefits pedestrians by eliminating the conflict between vehicles and pedestrians.*
- *Providing entry plazas with distinctive landscape and hardscape features at the entrances to both the Cathedral Hill Hospital and Cathedral Hill MOB.*
- *Integrating the proposed Geary Boulevard Muni stop with the Cathedral Hill Hospital entry plaza. The proposed Van Ness BRT stops are planned for the Van Ness Avenue median south of Geary. The proposed Cathedral Hill Campus is consistent with the proposed BRT projects as improvements to the transit service at this major transit hub.*
- *Providing benches along Van Ness Avenue and Geary Boulevard and Post Streets to accommodate transit riders and pedestrians.*
- *Providing benches opposite the lobby of the Cathedral Hill Hospital on Geary Boulevard.*
- *Providing a stop for the CPMC shuttle near the corner of Post Street and Van Ness Avenue, which will include landscaping/trees.*
- *Enhancing Cedar Street to make it a multi-use space with streetscape improvements and distinctive pavement.*
- *Providing outdoor lighting that is a key factor in pedestrian safety and comfort. The historic lighting fixtures along Van Ness Avenue will be retained. Along Geary Boulevard, Post and Franklin Streets, the existing city standard streetlights would be reinstalled. Along Cedar Street, new pedestrian-level streetlights are proposed. Additional pedestrian-level lighting would be provided at both the Cathedral Hill Hospital and Cathedral Hill MOB. Given that the Cathedral Hill Hospital will be open 24 hours per day, its "eyes on the street" will provide increased pedestrian safety and comfort.*
- *Creating a kiosk market in the bays along the Van Ness Avenue façade of the Cathedral Hill Hospital. These niches could provide space for commercial uses such as a café, news stand or flower shop.*
- *Designing the Emergency Department drop-off area to be more like a pedestrian plaza than a vehicular drive-through area.*

At St. Luke's, the campus boundaries will be landscaped to present a more open, welcoming presence to the neighborhood and to encourage pedestrian traffic through the campus. The landscaping and street improvements proposed at the St. Luke's Campus are coordinated and consistent with, and complement, the Cesar Chavez Street Design Plan, and meet or exceed the standards outlined in the City's adopted Better Streets Plan.

CPMC's streetscape plan for the St. Luke's Campus includes the following features:

- *Improving the street frontages in the campus area, with substantial landscaped areas, to offer visual relief to pedestrians, and provide a buffer between pedestrians and traffic lanes.*

- *Providing a public entry plaza to both the St. Luke's Replacement Hospital and St. Luke's MOB, courtyard, and public pedestrian pathway along a similar path of travel as the vacated San Jose Avenue right-of-way between Cesar Chavez and 27th Streets.*
- *Providing a stop for the CPMC shuttle on San Jose Avenue which will include landscaping/trees.*
- *Providing outdoor lighting that is a key factor in pedestrian safety and comfort. Additional pedestrian-level lighting would be provided at both the St. Luke's Replacement Hospital and St. Luke's MOB. The building lobbies and other entries would be well lit, and light would spill from those spaces onto the sidewalks. Given that the St. Luke's Replacement Hospital will be open 24-hours per day, its "eyes on the street" will provide increased pedestrian safety and comfort.*

The location of the new Cathedral Hill Campus at a major transit hub ensures choices among modes of travel. CPMC will provide employees, patients and visitors at all its campuses with multiple options for traveling to and from the campuses. This commitment is reflected in CPMC's Transportation Demand Management ("TDM") Program. CPMC offers its employees choice among modes of travel, including the following:

- *Transit. The choice of the major transit hub at Van Ness Avenue and Geary Boulevard/Street as the site for the Cathedral Hill Campus assures that the land use will support General Plan Transportation Element Policies 1.3 and 1.6. The locations of entrances to the Cathedral Hill Hospital and Cathedral Hill MOB were planned taking into consideration access from existing and planned transit stops. The Cathedral Hill Campus design includes many features intended to accommodate transit usage, such as transit shelters and the CPMC shuttle stop. The locations of entrances to the St. Luke's Replacement Hospital and St. Luke's MOB were planned taking into consideration access from existing and planned transit stops. The St. Luke's Campus design includes features intended to accommodate transit usage, such as the CPMC shuttle stop proposed on San Jose Avenue. CPMC shuttle stops will continue to be provided at the other CPMC campuses.*
- *Bicycles. CPMC will provide bicycle parking and shower facilities for employees and staff at both the Cathedral Hill Hospital and Cathedral Hill MOB. Bicycle racks are also planned at the entrances of both buildings. The St. Luke's Campus will provide bicycle parking and shower facilities for employees and staff. Bicycle parking will be provided at the St. Luke's MOB and accessed from Valencia Street.*
- *Pedestrians. The many pedestrian improvements planned as part of the Near-Term Projects at the Cathedral Hill and St. Luke's Campuses, including the streetscape plans, are described above.*
- *Parking. CPMC will provide parking at the Cathedral Hill Hospital, Cathedral Hill MOB, and St. Luke's MOB, but the amount of parking provided will be consistent with the policy of the City and with CPMC's TDM program that those who can should use other modes of transportation. The parking pricing and time limitations will also be consistent with Transportation Element Policies 1.3 and 1.6.*
- *Parking for carpools, vanpools, car-share vehicles. CPMC will continue to provide incentives for these types of shared vehicular trips.*

- *Taxis The Cathedral Hill Hospital will provide convenient, sheltered spaces for taxi pick-up and drop-off.*

CPMC must provide access to its facilities for employees, patients and visitors, affiliated doctors (who are generally not employees), and others, and provide for materials deliveries. Through the TDM program, CPMC is committed to encouraging sustainable transportation. The proper approach to providing sustainable modes of transportation must take into account the needs of the individuals who must travel to and from the facilities. The needs of employees in this urban environment, who generally have regular schedules, are often best served by public transit.

Public transit also often does not meet the needs of patients because of their physical conditions; many patients are ill, or require wheelchairs, other ambulatory devices or mobility assistance. Patients with contagious diseases are another segment of that population who should not use public transit.

At St. Luke's Campus, on-site parking is prioritized for use by patients, doctors and, to the extent feasible, visitors, staff who work in the evenings and at night when space is available, and the general public. Doctors need to travel quickly back and forth between their hospital patients and their other patients, who are not always at the same site. The private automobile is often the most efficient mode for these trips. The proximity of the St. Luke's MOB to the St. Luke's Replacement Hospital will minimize these automobile trips, and could improve circulation and reduce automobile traffic in the area. CPMC's extensive TDM program encourages and provides incentives for employees who utilize public transportation, and encourages a wide range of transportation options.

At the Davies Campus, improvements associated with the Neuroscience Institute project will result in the creation of a new "MUNI lobby" at the north end of the building directly connecting, for the first time, the lowest physical level of the campus with the popular N-Judah MUNI train line across Duboce Avenue, thereby promoting safe, convenient use of available transit. In addition, the project will:

- *Widen the passable width of the sidewalk on Noe Street by expanding the sidewalk westward onto CPMC property as well as eastward at block-end bulbouts.*
- *Install pedestrian seating along Noe Street.*
- *Completely renovate and improve the sidewalk surface and landscape for the length of Noe Street, making the pedestrian experience safer and more attractive.*

CPMC's current TDM program at its existing campuses has been shown to be effective in promoting the use of public transit by its employees. For example, at the Davies Campus over 40% of the staff members use public transit to travel to the campus. Since the Cathedral Hill Campus site is on major transit lines and is on the edge of the downtown core, it is anticipated that approximately 50% of staff members will use transit, consistent with general ridership percentages for other businesses on the Van Ness corridor.

CPMC's proposed system-wide TDM program will encourage and provide incentives for employees who utilize public transportation, and encourage a wide range of transportation options. Key components of CPMC's TDM program are:

- *CPMC Shuttle Service: CPMC will extend its existing free intercampus shuttle service for doctors and staff to the proposed Cathedral Hill Campus. Shuttle bus services will be substantially increased to link the Cathedral Hill Campus with off-site parking and BART and Muni metro stations. The existing shuttle routes provide service among the campuses, between campuses and CPMC off-site parking facilities, between the Pacific Campus (which is currently the hub for the shuttle system) and CPMC off-campus facilities including 633 Folsom, and between the Civic Center BART station and the Pacific Campus. The St. Luke's Campus is served with direct shuttle service to and from the Davies Campus and to and from the 24th Street Bart Station.*

- *Rideshare Promotions: Carpools and Vanpools: CPMC will extend its policy of free parking for registered carpool and vanpools with three or more CPMC employees or tenants, along with a $2,500 per year subsidy for vanpool vehicles. CPMC participates in the 511 Regional Rideshare program which provides rideshare matches for employees.*

- *Pre-Tax Transit Program: CPMC will provide for the maximum limit allowed for federal income tax purposes of $230 per month in pre-tax spending for transit passes. CPMC will not offer the $230 per month pre-tax parking benefit also allowed for tax purposes, because of this benefit's inevitable effect of increasing single occupancy vehicle use.*

- *Transit Subsidy: All CPMC employees will be offered a transit subsidy, at a value to be benchmarked against the adult Muni monthly FastPass price, for use toward purchase of passes for transit, including Muni and TransLink.*

- *Flexible Work Schedules: CPMC will extend its policy of allowing some employees to work flexible schedules in order to relieve traffic congestion. Many CPMC employees work off-peak shifts, which also relieves peak hour traffic congestion.*

- *Car Sharing: CMPC will provide designated car-share parking spaces at the Cathedral Hill Campus in compliance with code requirements. The St. Luke's Campus provides two spaces at the Duncan Street Parking Garage for a car-share program. These spaces will remain during and after construction of the St. Luke's Replacement Hospital and St. Luke's MOB. There are currently several additional car sharing options in the vicinity of the St. Luke's Campus. Car-share spaces will also be provided at the St. Luke's MOB in compliance with code requirements.*

- *Emergency Ride Home Program: CPMC participates in the City's Emergency Ride Home Program. CPMC employees who participate in the program and use public transportation are eligible for reimbursements from the City.*

- *Guaranteed Ride Home: For safety concerns, CPMC security provides rides home to employees who live within four blocks of each campus during after-hours.*

- *Off-Site Parking: CPMC will provide off-site remote parking at a discount at the Geary Street Mall at 16th Avenue, and at the Japantown Garage at Geary and Laguna. These facilities will*

be served by CPMC shuttles. These off-site facilities provide parking to employees some of whom would otherwise park near the campuses, thus reducing traffic congestion in the residential campus areas.

- *Education and Promotion: CPMC sponsors an annual Transportation Fair that features a free bicycle workshop by the San Francisco Bicycle Coalition and educational materials on commute alternatives and transit. CPMC provides a Parking Services Newsletter informing employees of the most current parking charges and off-street parking facilities. CPMC has a dedicated web page with transit and parking information and related links. Promotional materials will be significantly enhanced and will include web-based marketing and information, ride-share coordination and real-time transit scheduling information.*

- *Coordinator: A dedicated transportation coordinator will manage the TDM program.*

- *Parking fees: Parking fees will be increased to be consistent with or higher than the prevailing fees in the area. Increased parking fees will provide a further disincentive for long term parking and will encourage drivers to use alternative modes of transportation.*

In addition to CPMC's proposed enhancements to its existing TDM program, CPMC would make commitments through the proposed Development Agreement to provide funding for improvements to MTA transit facilities and services. These commitments include: providing $5 million in funding for the proposed Van Ness and Geary BRT projects; payment of a $10.5 million Transit Fee to MTA to help meet new demands on the transit system associated with the new Cathedral Hill Campus; a parking surcharge of $0.50 off-peak and $0.75 peak that will be imposed on every entry and exit from the Cathedral Hill parking garage, estimated to provide an additional $500,000 per year to MTA, for a period of 10 years; and $400,000 in funding to MTA for studies regarding improvements to bicycle facilities around and between the proposed new CPMC facilities.

OBJECTIVE 2:
USE THE TRANSPORTATION SYSTEM AS A MEANS FOR GUIDING DEVELOPMENT AND IMPROVING THE ENVIRONMENT.

Policy 2.1
Use rapid transit and other transportation improvements in the city and region as the catalyst for desirable development, and coordinate new facilities with public and private development.

Policy 2.2
Reduce pollution, noise and energy consumption.

Policy 2.5
Provide incentives for the use of transit, carpools, vanpools, walking and bicycling and reduce the need for new or expanded automobile and automobile parking facilities.

CPMC has sited its new Cathedral Hill Campus at the transit nexus of Van Ness Avenue and Geary Street/Boulevard, which are two of the most transit-rich thoroughfares in the City. One of the reasons this site was chosen was its central location and access to public transit. CPMC has worked closely with the MTA to coordinate appropriate funding levels for improvements to MTA transit facilities and services, which would be CPMC commitments under the proposed Development Agreement, including: $5 million in funding for the proposed Van Ness and Geary BRT projects; a $10.5 million Transit Fee to MTA to help meet new demands on the transit system associated with the new Cathedral Hill Medical Center; a parking surcharge of $0.50 off-peak and $0.75 peak that will be imposed on every entry and exit from the Cathedral Hill parking garage, estimated to provide an additional $500,000 per year to MTA, for a period of 10 years; and $400,000 in funding to MTA for studies regarding improvements to bicycle facilities around and between the proposed new CPMC facilities.

The designs of the Cathedral Hill Campus, St. Luke's Campus, and Davies Campus facilities, including streetscape elements, are intended to promote and enhance transit use, which will reduce pollution, noise and energy consumption. CPMC's TDM program implements its policy of providing appropriate transportation alternatives for all users of the CPMC system. As described in detail in the above discussion regarding Transportation Element Objective 1, the TDM program includes incentives for the use of transit, carpools and vanpools. Both public and staff bicycle parking are provided to encourage bicycle use.

OBJECTIVE 7
DEVELOP A PARKING STRATEGY THAT ENCOURAGES SHORT-TERM PARKING AT THE PERIPHERY OF DOWNTOWN AND LONG-TERM INTERCEPT PARKING AT THE PERIPHERY OF THE URBANIZED BAY AREA TO MEET THE NEEDS OF LONG-DISTANCE COMMUTERS TRAVELING BY AUTOMOBILE TO SAN FRANCISCO OR NEARBY DESTINATIONS.

Policy 7.1
Reserve a majority of the off-street parking spaces at the periphery of downtown for short term parking.

Although the CPMC campuses are not located downtown, CPMC's parking strategy discourages long-term parking by employees in its on-campus parking garages and parking lots. CPMC provides off-site parking for employees at several decentralized parking garages near its campuses, and provides a shuttle system that serves these locations and others. Other elements of CPMC's TDM program, such as newsletters and informational transportation events, also discourage on-site parking and the use of private vehicles by promoting attractive alternatives, such as rideshare programs, and incentives for use of transit, carpools, and vanpools, as described in more detail above in the discussion of Transportation Element Objective 1.

OBJECTIVE 11:
ESTABLISH PUBLIC TRANSIT AS THE PRIMARY MODE OF TRANSPORTATION IN SAN FRANCISCO AND AS A MEANS THROUGH WHICH TO GUIDE FUTURE DEVELOPMENT AND IMPROVE REGIONAL MOBILITY AND AIR QUALITY.

Policy 11.3
Encourage development that efficiently coordinates land use with transit service, requiring that developers address transit concerns as well as mitigate traffic problems.

The Cathedral Hill Campus is well served by major north-south and east-west transit lines, including the proposed Van Ness and Geary BRT lines. As described more specifically above in the discussions regarding Transportation Element Objectives 1 and 2, the Development Agreement includes CPMC commitments for approximately $20 million in funding for Muni transit facilities and service, part of which is expected to be utilized within the Van Ness and Geary corridors for proposed BRT planning and/or infrastructure.

Although the Cathedral Hill Campus would contain a large supply of off-street parking, primary parking ingress and egress for the Cathedral Hill Hospital and Cathedral Hill MOB are provided on Post and Cedar Streets, respectively. There would be secondary parking ingress driveways for both buildings (with no egress at the Cathedral Hill MOB, and egress at the Cathedral Hill Hospital permitted during an emergency situation only) located on Geary Street/Boulevard. These driveway locations would minimize disruption to transit service on Geary Street.

However, if the ingress driveways on Geary Street/Boulevard were to create substantial conflicts with transit or other transportation modes in the future, the Geary curb cut permits would be revoked and the driveways would be closed, as specified through the Conditions of Approval outlined in Motion No. 18598. The Cathedral Hill Hospital ingress driveway would remain but would be closed except during an emergency situation. Non-emergency ingress or egress would be provided from Post and Cedar streets only.

The St. Luke's Campus is directly accessible by nine Muni Bus lines, including: 14-Mission; 26-Valencia; 27-Bryant; 49-Van Ness-Mission; the 67-Bernal Heights; and the J-Church Muni Metro light rail line, which is six blocks west of the Campus. In addition, the 24th Street BART Station is at the corner of Mission Street and 24th Street, approximately five blocks north of the St. Luke's Campus.

The proposed Neurosciences Institute building at the Davies Campus will be directly accessible to the N-Judah Muni light rail line, No. 24 bus along Castro Street, and the No. 37 bus along 14th Street, and is within two blocks of additional bus routes. Muni Metro lines including the K, L, M, and the Castro Shuttle are available under Market Street and Church Street Station (the F Market streetcar line is also available on Market Street). All of these transit lines have been shown to have capacity sufficient to accommodate expected ridership from the proposed Neurosciences Institute building during peak periods.

At all campuses, staff, visitors and patients are encouraged to utilize transit, in accordance with CPMC's TDM program, as described in more detail above in the discussion regarding Transportation Element Objective 1.

OBJECTIVE 12:
DEVELOP AND IMPLEMENT PROGRAMS IN THE PUBLIC AND PRIVATE SECTORS, WHICH WILL SUPPORT CONGESTION MANAGEMENT AND AIR QUALITY

OBJECTIVES, MAINTAIN MOBILITY AND ENHANCE BUSINESS VITALITY AT MINIMUM COST.

Policy 12.1
Develop and implement strategies which provide incentives for individuals to use public transit, ridesharing, bicycling and walking to the best advantage, thereby reducing the number of single occupant auto trips.

As described in more detail above in the discussion regarding Transportation Element Objective 1, CPMC's TDM Program, along with the commitments in the proposed Development Agreement, support congestion management and air quality objectives, maintain mobility and enhance business vitality.

OBJECTIVE 14
DEVELOP AND IMPLEMENT A PLAN FOR OPERATIONAL CHANGES AND LAND USE POLICIES THAT WILL MAINTAIN MOBILITY AND SAFETY DESPITE A RISE IN TRAVEL DEMAND THAT COULD OTHERWISE RESULT IN SYSTEM CAPACITY DEFICIENCIES.

Policy 14.6
Reduce peak period congestion through the promotion of flexible work schedules at worksites throughout the City.

Policy 14.7
Encourage the use of transit and other alternatives modes of travel to the private automobile through the positioning of building entrances and the convenient location of support facilities that prioritizes access from these modes.

Planning transportation access to a medical center campus is different from planning access to other types of land uses, because a hospital does not have as sharp a peak transportation demand on a daily basis during the work week, as would a typical office building. Hospitals operate 24 hours a day, seven days a week, and a significant number of hospital employees work on shifts. There are generally three eight-hour shifts per day. Therefore, traffic demand for a hospital use is more dispersed than for an office use. While medical office employees would follow typical a.m. and p.m. peaking patterns, patients at medical office buildings such as the Cathedral Hill MOB, St. Luke's MOB, and Davies Neurosciences Institute building would result in more dispersed travel demand throughout the day, because patient visits are scheduled at various times during the day.

CPMC will encourage the use of transit and other alternative modes of travel to and from all CPMC campuses through proposed enhancements to its existing TDM program, as described in more detail above in the discussion of Transportation Element Objective 1. Under the enhanced TDM program, CPMC, among other things, would extend its policy of allowing some employees to work flexible schedules in order to relieve traffic congestion. Many CPMC employees work off-peak shifts, which also relieves peak hour traffic congestion.

In addition, CPMC will encourage the use of transit and other alternative modes of travel to and from the Cathedral Hill Campus through:

- *The location of the Cathedral Hill Hospital and Cathedral Hill MOB at an intersection which is a major transit hub.*
- *The placement of the pedestrian entrances to the Cathedral Hill Hospital and Cathedral Hill MOB taking into consideration access from existing and planned transit stops.*
- *The proximity of the Cathedral Hill MOB to the Cathedral Hill Hospital, which will minimize trips by physicians with offices at the Cathedral Hill MOB traveling to the Cathedral Hill Hospital.*
- *The provision of a vehicular passage through the Cathedral Hill Hospital between Geary Boulevard and Post Street to provide space for vehicular queuing within the property.*
- *Special maneuvering areas within the Cathedral Hill Hospital and Cathedral Hill MOB garages to provide queuing space within the facilities.*
- *The placement of entrances to the Cathedral Hill Hospital for other vehicles, including delivery vehicles and ambulances, in order to provide on-site maneuvering areas and to allow entering and exiting without on-street backing movement, thereby minimizing impacts on traffic circulation.*
- *The design for the Cathedral Hill Campus, which includes transportation features such as transit shelters, the shuttle stop and the Van Ness Avenue pedestrian tunnel connecting the Cathedral Hill Hospital and the Cathedral Hill MOB.*
- *The provision of bicycle parking spaces at the Cathedral Hill Campus.*

CPMC will encourage the use of transit and other alternative modes of travel to and from the St. Luke's Campus through:

- *The placement of the pedestrian entrances to the St. Luke's Replacement Hospital and St. Luke's MOB taking into consideration access from existing and planned transit stops.*
- *The proximity of the St. Luke's MOB to the St. Luke's Replacement Hospital, which will minimize trips by physicians traveling to the St. Luke's Replacement Hospital.*
- *The proposed shuttle stop at St. Luke's is located at the intersection of San Jose Avenue and 27th Street, providing direct access to the St. Luke's Campus.*
- *CPMC's shuttle service provides direct access to the 24th Street BART station.*
- *The provision of bicycle parking at the St. Luke's Campus.*
- *The provision of car-sharing spaces at the St. Luke's MOB in compliance with code requirements.*

CPMC will encourage the use of transit and other alternative modes of travel to and from the Davies Campus through:

- *The placement of the pedestrian entrances to the Neuroscience Institute taking into consideration access from existing transit stops.*
- *The proximity of the Neuroscience Institute to the Davies Campus hospital, which will minimize trips by physicians traveling to the hospital.*
- *The provision of bicycle parking spaces at the Davies Campus.*

OBJECTIVE 15:
ENCOURAGE ALTERNATIVES TO THE AUTOMOBILE AND REDUCED TRAFFIC LEVELS ON RESIDENTIAL STREETS THAT SUFFER FROM EXCESSIVE TRAFFIC THROUGH THE MANAGEMENT OF TRANSPORTATION SYSTEMS AND FACILITIES.

Policy 15.1
Discourage excessive automobile traffic on residential streets by incorporating traffic-calming treatments.

The Project includes automobile traffic-calming treatments at the St. Luke's, Davies, and Cathedral Hill Campuses, such as widened sidewalks and landscape strips. It also includes corner bulbs at the St. Luke's and Cathedral Hill Campuses.

Under the proposed Development Agreement, CPMC would be committed to funding several streetscape, lighting, and pedestrian safety improvements, including:

- *Providing $8 million for pedestrian safety and public realm improvements in the Tenderloin, including pedestrian-scale lighting, sidewalk widening, and changing specified streets from one-way to two-way.*
- *Providing $150,000 to help form a Lower Polk CBD, as well as a $1 million seed grant to the CBD.*
- *Providing a $200,000 grant for the Safe Passage Pilot program in the Tenderloin.*
- *Constructing a series of pedestrian safety and public realm improvements around the Davies Campus, valued at approximately $475,000.*
- *Constructing a series of pedestrian safety and public realm improvements around the St. Luke's Campus, valued at approximately $3,300,000.*

OBJECTIVE 16:
DEVELOP AND IMPLEMENT PROGRAMS THAT WILL EFFICIENTLY MANAGE THE SUPPLY OF PARKING AT EMPLOYMENT CENTERS THROUGHOUT THE CITY SO AS TO DISCOURAGE SINGLE-OCCUPANT RIDERSHIP AND ENCOURAGE RIDESHARING, TRANSIT AND OTHER ALTERNATIVES TO THE SINGLE-OCCUPANT AUTOMOBILE.

Policy 16.1
Reduce parking demand through the provision of comprehensive information that encourages the use of alternative modes of transportation.

Policy 16.3
Reduce parking demand through the provision of incentives for the use of carpools and vanpools at new and existing parking facilities throughout the City.

Policy 16.4
Manage parking demand through appropriate pricing policies including the use of premium rates near employment centers well-served by transit, walking and bicycling, and progressive rate structures to encourage turnover and the efficient use of parking.

Policy 16.5
Reduce parking demand through limiting the absolute amount of spaces and prioritizing the spaces for short-term and ride-share uses.

Policy 16.6
Encourage alternatives to the private automobile by locating public transit access and ride-share vehicle and bicycle parking at more close-in and convenient locations on-site, and by locating parking facilities for single-occupant vehicles more remotely.

Planning transportation access to a medical center campus is different from planning access to other types of land uses, because a hospital does not have as sharp a peak transportation demand on a daily basis during the work week, as would a typical office building. Hospitals operate 24 hours a day, seven days a week, and a significant number of hospital employees work on shifts. There are generally three eight-hour shifts per day. Therefore, traffic demand for a hospital use is more dispersed than for an office use. While medical office employees would follow typical a.m. and p.m. peaking patterns, patients at medical office buildings such as the Cathedral Hill MOB, St. Luke's MOB, and Davies Neurosciences Institute building would result in more dispersed travel demand throughout the day, because patient visits are scheduled at various times during the day.

CPMC's TDM program, which is described in more detail in the discussion above regarding Transportation Element Objective 1, includes the dissemination of information at Transportation Fairs, through its Parking Services Newsletter and through its dedicated web page.

CPMC provides the following incentives for carpools and vanpools:

- *CPMC participates in the 511 Regional Rideshare program which provides rideshare matches for employees.*
- *CPMC provides price incentives for carpool and vanpool parking.*
- *Carpools and vanpools use priority parking spaces near the elevators.*

CPMC's parking policy in the TDM program for the Cathedral Hill, St. Luke's, and Davies Campuses will include pricing policies to discourage long-term parking and encourage turnover and efficient use of parking.

Parking demand at the Cathedral Hill, Davies, and St. Luke's Campuses will be reduced through limitations on the numbers of spaces and through prioritizing spaces for short-term and ride-share uses, through appropriate pricing and space allocations for ride-share uses.

As described above, CPMC will encourage the use of public transit for trips to its campuses by many methods, including the relocations of Muni stops for more convenient transit access. By providing parking for employees at off-site locations which are served by its inter-campus shuttle, CPMC encourages its employees to utilize these sites that are located farther from its facilities. Parking is provided at all campus garage facilities for ride-share vehicles and bicycles.

OBJECTIVE 21:
DEVELOP TRANSIT AS THE PRIMARY MODE OF TRAVEL TO AND FROM DOWNTOWN AND ALL MAJOR ACTIVITY CENTERS WITHIN THE REGION.

Policy 21.9
Improve pedestrian and bicycle access to transit facilities.

CPMC's plans for the Cathedral Hill, St. Luke's, and Davies Campuses, including their respective streetscape plans, include design elements that will improve pedestrian access to transit facilities and will provide bicycle parking for both employees and visitors, improving their access to transit. Please see the discussion above regarding Transportation Element Objective 1 for more detail regarding improvements related to pedestrian and bicycle access to transit facilities under CPMC's TDM program and CPMC's commitments under the proposed Development Agreement.

OBJECTIVE 23:
IMPROVE THE CITY'S PEDESTRIAN CIRCULATION SYSTEM TO PROVIDE FOR EFFICIENT, PLEASANT, AND SAFE MOVEMENT.

Policy 23.1
Provide sufficient pedestrian movement space with a minimum of pedestrian congestion in accordance with a pedestrian street classification system.

Policy 23.2
Widen sidewalks where intensive commercial, recreational, or institutional activity is present, sidewalks are congested, where sidewalks are less than adequately wide to provide appropriate pedestrian amenities, or where residential densities are high.

Policy 23.3
Maintain a strong presumption against reducing sidewalk widths, eliminating crosswalks and forcing indirect crossings to accommodate automobile traffic.

Policy 23.5
Establish and enforce a set of sidewalk zones that provides guidance for the location of all pedestrian and streetscape elements, maintains sufficient unobstructed width for passage of people, strollers and wheelchairs, consolidates raised elements in distinct areas to activate the pedestrian environment, and allows sufficient access to buildings, vehicles, and streetscape amenities.

Policy 23.6
Ensure convenient and safe pedestrian crossings by minimizing the distance pedestrians must walk to cross a street.

Policy 23.9
Implement the provisions of the Americans with Disabilities Act and the City's curb ramp program to improve pedestrian access for all people.

As part of the Project, CPMC proposes to widen certain sidewalks around the Cathedral Hill, St. Luke's, and Davies Campuses in response to the anticipated pedestrian activity. The widened sidewalks are consistent with the City's Better Streets Plan, and will enable appropriate pedestrian amenities, such as street trees, street furnishings, street trees, and landscaping. CPMC will also introduce new curb bulbs

and raised crosswalks at several locations in order to reduce the street crossing distance and improve pedestrian safety.

Please also see the discussions of Transportation Element Objectives 1 and 15 above for more detail regarding proposed pedestrian safety and streetscape improvements that are part of the Project or would be funded by CPMC as commitments under the Development Agreement.

OBJECTIVE 24:
IMPROVE THE AMBIENCE OF THE PEDESTRIAN ENVIRONMENT.

Policy 24.2
Maintain and expand the planting of street trees and the infrastructure to support them.

Policy 24.3
Install pedestrian-serving street furniture where appropriate.

Policy 24.4
Preserve pedestrian-oriented building frontages.

Policy 24.5
Where consistent with transportation needs, transform streets and alleys into neighborhood-serving open spaces or "living streets" by adding pocket parks in sidewalks or medians, especially in neighborhoods deficient in open space.

Street trees are the organizing element of the pedestrian environment. Locations for street trees, along with other streetscape elements such as irrigation, are identified through streetscape plans for the Cathedral Hill, St. Luke's, and Davies Campuses. Through the Conditions of Approval for each of these campuses, maintenance of the streetscape and campus landscaping will be required.

CPMC's streetscape plan for the Cathedral Hill Campus provides for seasonal garden zones along Van Ness Avenue and rainwater gardens around the Cathedral Hill Hospital on Geary Boulevard and Franklin and Post Streets. The seasonal gardens would consist of ornamental and flowering trees and perennials. Flowering trees are located within the planting area, between the street tree spacing. The seasonal gardens will also serve to treat storm water during the rainy season.

The rain gardens will be graded to allow two plant communities along each street. Higher areas would support dry plants, while the lower areas would support water-loving plants that thrive in the seasonal rains. Plants would also be selected to emphasize the difference between these wet and dry zones. Also, different plant communities for each zone would respond to microclimates of the sites: sun-loving plants along Geary Boulevard, shade-tolerant plants along Post Street, and wind-tolerant plants along Franklin Street.

All planting areas would be irrigated with a low-water-use irrigation system during the dry season.

Street trees would be planted at an approximately 30-foot spacing along all of the streets within the Cathedral Hill Campus area. The Van Ness Area Plan requires London Plane trees along Van Ness Avenue. A light and tall tree species, such as Honey Locust, is proposed for Cedar Street. The Franklin Street trees would be a dense evergreen species, such as Brisbane Box, that would fit in with the existing

trees along Franklin Street. Geary Boulevard and Post Street would be planted with medium-density shade trees.

At the St. Luke's Campus, the new buildings will be organized around a landscaped open space that mimics the existing San Jose Avenue alignment between Cesar Chavez Street and 27th Street. This landscaped public plaza spans two levels and is designed to unify the St. Luke's Campus, mediate the site's significant grade change and provide a public pedestrian pathway along a similar path of travel as the vacated San Jose Avenue right-of-way between Cesar Chavez and 27th Streets. The lower north plaza at Cesar Chavez will front the St. Luke's Replacement Hospital's cafeteria and primary entrance at the northeast corner of the building and the ground floor retail at the base of the St. Luke's MOB, providing pedestrian interest and visibility into the building.

At the Davies Campus, the landscaping of Noe Street alongside the Neuroscience Institute will be designed to be compatible with the existing streetscape. The existing sidewalk area will be widened, reconfigured and replanted, creating an environment that both patients and residents can enjoy. The proposed right-of-way improvements will include several species of trees suitable to a residential neighborhood.

All new buildings at the Cathedral Hill, St. Luke's, and Davies Campuses have been designed to allow for visibility into the ground floor spaces of the buildings in order to make the pedestrian environment more agreeable and safe; features at these campuses include retail kiosks, retail tenant spaces, cafeterias, and pedestrian entrances and lobbies.

The western end of Cedar Street will be transformed into an Entry Plaza for the Cathedral Hill MOB. Features will include a curbless drop-off area defined by tactile warning tiles and lighted bollards, and enhanced paving. Curbs are maintained throughout the alley outside of the drop-off zone. East of the Entry Plaza/drop off area, the street and sidewalk pavement will be enhanced, and the sidewalks will be planted with street trees and shrubs, and pedestrian-level street lights will be installed. The street is planned so that it could be used for special events such as street fairs or markets in the evenings or on weekends, when the Cathedral Hill MOB is closed.

OBJECTIVE 26:
CONSIDER THE SIDEWALK AREA AS AN IMPORTANT ELEMENT IN THE CITYWIDE OPEN SPACE SYSTEM.

Policy 26.1
Retain streets and alleys not required for traffic, or portions thereof, for through pedestrian circulation and open space use.

Policy 26.2
Partially or wholly close certain streets not required as traffic carriers for pedestrian use or open space.

Policy 26.3
Encourage pedestrian serving uses on the sidewalk.

As described above, CPMC's streetscape plan for the Cathedral Hill Campus provides many sidewalk improvements that are consistent with Transportation Element Objective 26 and Policies 26.1 through

26.3. The potential kiosk markets are just one example of pedestrian-serving uses on the sidewalk that are consistent with Policy 26.3. Other examples include attractive and functional street furniture and enhanced transit stops. The streetscape plan's proposed transformation of Cedar Street into an area that could be used as a neighborhood-serving open space is consistent with Policies 26.1 and 26.2.

CPMC's plaza and streetscape design process for the St. Luke's Campus took into consideration existing open space in the vicinity and current proposals for additional public space. The plaza will convert portion of San Jose Avenue not needed for motorized or non-motorized vehicle traffic into a significant improvement to pedestrian access in the area, connecting the upper southern part of the St. Luke's Campus directly with Cesar Chavez Street to the north. The streetscape plan for the St. Luke's Campus includes sidewalk planning that treats the sidewalk area as an important public access realm.

At the Davies Campus, the Noe streetscape design and plaza entry at the southern end of the Neuroscience Institute greatly enhance the pedestrian realm along Noe Street, better connecting relatively more improved sections of Noe Street with Duboce Park to the north.

OBJECTIVE 28:
PROVIDE SECURE AND CONVENIENT PARKING FACILITIES FOR BICYCLES.

Policy 28.1
Provide secure bicycle parking in new governmental, commercial, and residential developments.

Policy 28.3
Provide parking facilities which are safe, secure, and convenient.

CPMC's plans for the Cathedral Hill, St. Luke's, and Davies Campuses include reliable, safe, secure, and conveniently located bicycle parking facilities that are sheltered from the weather for staff, along with bicycle racks at the main entrances for the public.

At the Cathedral Hill Campus, CPMC plans to provide 150 bicycle parking spaces in the new parking garage at the Cathedral Hill Hospital, along with shower facilities for staff bicyclists, and 62 bicycle parking spaces in the new parking garage at the Cathedral Hill MOB, along with shower facilities for staff. Bicycle racks will also be provided for the public at the entrances to the Cathedral Hill Hospital and Cathedral Hill MOB.

CPMC currently provides 10 bicycle parking spaces within the Duncan Street Garage, and plans to provide bicycle parking spaces in the parking garage at the St. Luke's MOB, along with shower facilities for staff bicyclists. Approximately 10 bicycle racks will also be provided for the public at the entrance to the St. Luke's Emergency Department.

The Davies Campus currently provides 26 bicycle parking spaces, and the Near-Term Project would provide an additional 25 bicycle parking spaces in the plaza, by the main south entrance of the pedestrian plaza.

OBJECTIVE 30:
ENSURE THAT THE PROVISION OF NEW OR ENLARGED PARKING FACILITIES DOES NOT ADVERSELY AFFECT THE LIVABILITY AND DESIRABILITY OF THE CITY AND ITS VARIOUS NEIGHBORHOODS.

Policy 30.1
Assure that new or enlarged parking facilities meet need, locational and design criteria.

Policy 30.5
In any large development, allocate a portion of the provided off-street parking spaces for compact automobiles, vanpools, bicycles and motorcycles commensurate with standards that are, at a minimum, representative of their proportion of the city's vehicle population.

Policy 30.6
Make existing and new accessory parking available to nearby residents and the general public for use as short-term or evening parking when not being utilized by the business or institution to which it is accessory.

The proposed below-grade parking garages at the Cathedral Hill Campus and within the St. Luke's MOB have been designed to meet the need and location of the proposed facilities, and have been designed in consultation with the Planning Department's transportation planners. At the Cathedral Hill Campus, this results in narrow garage entries and restricted ingress/egress at various access points. The capacity of parking provided within the Cathedral Hill Campus and the St. Luke's MOB garages is consistent with the Code allowance for off-street parking for facilities of the proposed size. The design of the garages, including access, egress, circulation and capacity, together with CPMC's parking strategy as set forth in its TDM program, assure that parking will meet the needs of the campuses to the extent feasible, but will not adversely affect the surrounding neighborhoods.

It is the current policy of CPMC, which will also apply to the Project , to reserve on-site parking for use by patients and doctors. Although staff is typically encouraged to use alternative modes of transportation, those who work in the evenings and at night, when space is readily available, will be able to park at the site. The amount of parking for the CPMC campuses has been determined to meet this need and locational and design criteria.

A portion of parking spaces at both Campuses will be allocated to compact automobiles, vanpools, bicycles and motorcycles commensurate with standards that exceed their proportion of the city's vehicle population. Spaces will also be provided for vehicles that are part of car-share programs.

Subject to capacity and reasonable security considerations, parking in the Cathedral Hill Hospital and Cathedral Hill MOB will be available to nearby residents and the general public in the evenings and on weekends.

OBJECTIVE 31:
ESTABLISH PARKING RATES AND OFF-STREET PARKING FARE STRUCTURES TO REFLECT THE FULL COSTS, MONETARY AND ENVIRONMENTAL, OF PARKING IN THE CITY.

Policy 31.1
Set rates to encourage short-term over long term automobile parking.

Policy 31.2
Where off-street parking near institutions and in commercial areas outside downtown is in short supply, set parking rates to encourage higher turnover and more efficient use of the parking supply.

Policy 31.3
Encourage equity between drivers and non-drivers by offering transit fare validations and/or cash-out parking programs where off-street parking is validated or subsidized.

CPMC's fee structure for the Cathedral Hill, St. Luke's, and Davies Campus parking garages, including the surcharges charged on every entry and exit at the Cathedral Hill Hospital and Cathedral Hill MOB pursuant to CPMC's Development Agreement commitments, as described in more detail above, will encourage short-term over long-term automobile parking, and will thereby encourage higher turnover and more efficient use of the parking supply.

As explained in more detail in the above discussion regarding Transportation Element Objective 1, CPMC's TDM program includes market rate parking pricing and transit fare subsidies, effectively giving preference to non-drivers. This exceeds the intent of Transportation Element Policy 31.3, which encourages equity between drivers and non-drivers.

OBJECTIVE 33:
CONTAIN AND LESSEN THE TRAFFIC AND PARKING IMPACT OF INSTITUTIONS ON SURROUNDING RESIDENTIAL AREAS.

Policy 33.1
Limit the provision of long-term automobile parking facilities at institutions and encourage such institutions to regulate existing facilities to assure use by short-term clients and visitors.

Policy 33.2
Protect residential neighborhoods from the parking impacts of nearby traffic generators.

Some of the residential areas adjacent to the Cathedral Hill, St. Luke's, and Davies Campuses are within Residential Parking Permit ("RPP") zones. CPMC has supported the use of RPPs in the neighborhoods around its campuses, which prevent parking by hospital personnel, patients and visitors on residential streets for more than two hours (during weekday business hours).

Although there are some trips to institutions which are appropriately made by automobile, especially for physicians, some medical appointments, and hospital visits, CPMC encourages work trips for staff to be made by transit wherever possible, and has implemented a system-wide TDM program, as described in more detail in the above discussion regarding Transportation Element Objective 1. In addition, new parking provided at the Cathedral Hill Campus has been carefully designed to favor short-term, carpool or bicycle parking for trips which cannot reasonably be made on transit. CPMC's fee structure for the Cathedral Hill, St. Luke's, and Davies Campus garage, including the surcharges charged on every entry and exit at the Cathedral Hill Hospital and Cathedral Hill MOB pursuant to CPMC's Development Agreement commitments, as described in more detail above, favors short-term over long-term automobile parking.

The St. Luke's Campus will provide a total of 450 structured parking spaces for the primary use of patients and visitors. Parking rates will be set to discourage long-term day use from hospital personnel. The proposed St. Luke's MOB would provide 220 parking spaces, and the vehicular entrances/exits will be on Cesar Chavez and Valencia Streets. No vehicular entrance or exits from the St. Luke's MOB garage would be on San Jose Avenue or 27th Street, which would limit the amount of traffic on those residential streets.

The Davies Campus will provide a total of 421 parking spaces for the primary use of patients and visitors. Parking rates will be set to discourage long-term day use from hospital personnel. No new vehicular entrances or exists to or from the existing surface parking lot or parking garage would be introduced as part of the Neuroscience Institute Project, thereby limiting the amount of traffic on those residential streets.

CPMC's parking strategy for the Cathedral Hill, St. Luke's, and Davies Campuses, including its TDM program, will contain and lessen the traffic and parking impact of the Project on surrounding residential areas.

URBAN DESIGN ELEMENT

Objectives and Policies

OBJECTIVE 1:
EMPHASIS OF THE CHARACTERISTIC PATTERN WHICH GIVES TO THE CITY AND ITS NEIGHBORHOODS AN IMAGE, A SENSE OF PURPOSE, AND A MEANS OF ORIENTATION.

Policy 1.1
Recognize and protect major views in the city, with particular attention to those of open space and water.

Policy 1.3
Recognize that buildings, when seen together, produce a total effect that characterizes the city and its districts.

Policy 1.5
Emphasize the special nature of each district through distinctive landscaping and other features.

Policy 1.6
Make centers of activity more prominent through design of street features and by other means.

Policy 1.8
Increase the visibility of major destination areas and other points for orientation.

The Cathedral Hill Hospital and Cathedral Hill MOB will reinforce topography and the characteristic pattern both in the immediate neighborhood and as part of the larger Van Ness Avenue setting, and will not significantly affect major public view corridors. Because of the scale of the Cathedral Hill Hospital,

its architectural compatibility, its location at a transit hub, and its proposed streetscape design, the Cathedral Hill will be a significant presence, and will provide a positive image for the City as well as for the immediate neighborhood. The Cathedral Hill Hospital and Cathedral Hill MOB will provide a sense of purpose to the urban pattern, and will give variety to Van Ness Avenue. Additionally, the streetscape improvements proposed at the Cathedral Hill Campus are intended to provide a template for other potential improvements along Van Ness Avenue.

The Cathedral Hill Hospital would be taller than several of the buildings in the vicinity, particularly the commercial and residential buildings on the south side of Geary Boulevard. However, the Cathedral Hill Hospital would be consistent in height with the existing residential towers north and west of the site. The Cathedral Hill Hospital also would be consistent with the existing building skyline in the vicinity. The scenic views from Alta Plaza (southeast view) and Alamo Square (northeast view) would not be substantially altered.

The new Cathedral Hill MOB has been designed to be consistent with the height of existing buildings located west of the site along Van Ness Avenue, and along Geary Boulevard. It is designed to be Code-compliant with regard to height, but is reduced in height at the street in order to better relate to the prevailing street wall height along Van Ness Avenue.

For the above reasons, major views in the City and existing view corridors would be preserved.

Both the Cathedral Hill Hospital and Cathedral Hill MOB have been designed, through their architectural features and articulations, along with the streetscape design tying them together and into the neighborhood, to complement one another and to complement the surrounding buildings and neighborhoods. The total effect is that the Cathedral Hill Campus would be integrated into the pattern of the neighborhood, the Van Ness Corridor and the City as a whole. The Cathedral Hill Hospital, which is an important institutional use and a center of activity, will be architecturally distinctive and an appropriately prominent presence on the Van Ness corridor, while the Cathedral Hill MOB will be architecturally compatible with the prevailing pattern of buildings along Van Ness Avenue.

The Cathedral Hill Hospital will be visible as a major destination in the City for employees, as well as for patients, their families, and others. Van Ness Avenue and Geary Boulevard are major transportation corridors for both autos and public transportation. Van Ness Avenue, which is part of Highway 101 in San Francisco, links the North and South Bay communities. Highway 80, which connects to the East Bay, is accessed from South Van Ness Avenue approximately one mile south of the site. The Cathedral Hill Campus can be accessed directly by several major local and regional public transportation providers such as Muni and Golden Gate Transit. This major destination at a key transit hub will also be visible as a point of orientation in the neighborhood through the integration of the streetscape design described above.

At the St. Luke's Campus, the St. Luke's Replacement Hospital and St. Luke's MOB will reinforce topography and the characteristic pattern both in the immediate neighborhood and as part of their larger setting. Because of the scale of the St. Luke's Replacement Hospital, its architectural palate and compatibility, and the proposed streetscape design, it will be a significant presence, and will provide a

positive image for the City as well as for the immediate neighborhood. The St. Luke's MOB will also be appropriate in scale and architecture.

Both the St. Luke's Replacement Hospital and St. Luke's MOB have been designed, through their massing, their architectural features and articulations, along with the plaza and streetscape design tying them together and into the neighborhood, to complement one another and to complement the surrounding campus and neighborhoods. The total effect of the St. Luke's Replacement Hospital and St. Luke's MOB will be integrated into the pattern of both the neighborhood, the Mission District and the City as a whole.

CPMC's integrated design for the St. Luke's Replacement Hospital, St. Luke's MOB, public plaza and streetscape in the area emphasizes the special nature of the St. Luke's Campus area and the immediate neighborhood through distinctive landscaping, signage, and other elements. The St. Luke's Campus as a center of activity will be distinctive and appropriately prominent as a presence in the location where it has served the community since the 1870s.

The exteriors of the bases of the St. Luke's Replacement Hospital and of the St. Luke's MOB will be durable (currently envisioned to be a brick similar in tone to the existing 1912 Building) and will ground the buildings on the site, engaging users at the pedestrian level. Metal panels are used for the canopy which runs along the entire east side of the St. Luke's Replacement Hospital, unifying the upper and lower public plazas and creating a connection from the interior of the St. Luke's Replacement Hospital to the exterior terraced plazas. The soffit of the canopy is continuous between the interior and exterior, further connecting the St. Luke's Replacement Hospital to the organizing element of the St. Luke's Campus, the landscaped plaza and public pedestrian pathway along a similar path of travel as the vacated San Jose Avenue right-of-way between Cesar Chavez and 27th Streets.

At the Davies Campus, the proposed Neuroscience Institute would be located at the intersection of Noe Street and Duboce Avenue. Noe Street is considered a street of remarkable visual character, with distinct landscaping that includes a variety of trees and planters that activate the sidewalks and create a pleasant experience for neighbors and visitors alike. The activity from the street is reflected in the residential character with a diverse mixture of building styles and roof types. The activity continues at the edges of Noe Street to include the N-Judah Muni transit line and Duboce Park, creating a vibrant neighborhood that embodies a sense of place.

The height of the proposed Neuroscience Institute would be consistent with the scale of homes found in the area and would be Code-compliant with regard to height. The siting of the building at the base of Noe Street and Duboce Avenue would ensure that views from nearby open areas will be preserved. The proposed Neuroscience Institute will activate an underutilized site, which is currently a surface parking lot. The façade would correspond to the image of the neighborhood, and an intricate façade of vertical planes will provide visual interest. The selection of high-quality, sustainable hardwood (that will weather over time) is complementary to the neighborhood, providing a transition from the institutional nature of the Davies Campus to its residential and open space surroundings.

OBJECTIVE 2:

CONSERVATION OF RESOURCES WHICH PROVIDE A SENSE OF NATURE, CONTINUITY WITH THE PAST, AND FREEDOM FROM OVERCROWDING.

Policy 2.6
Respect the character of older development nearby in the design of new buildings.

Policy 2.9
Review proposals for the giving up of street areas in terms of all the public values that streets afford.

The integrated design of the Cathedral Hill Hospital and Cathedral Hill MOB takes into consideration the context of the site, including the older development nearby. The building configuration of the Cathedral Hill Hospital has been designed based on the need to accommodate the specialized operational and functional requirements of a major hospital building located on a single City block. The building has two distinct elements: a lower broad supporting podium and a narrow tower with an east-west orientation. These elements accommodate two distinct building functions: diagnostic and treatment and support services within the podium, and inpatient care in the upper bed tower. The Cathedral Hill Hospital's building silhouette, created by the tower and podium design, relates to both the immediate neighborhood context, the broader urban core, and the City's east-west skyline. The building also has been designed to minimize the proportion of the façade along Van Ness Avenue and Post and Franklin Streets and allow for an appropriate pedestrian scale along those streets.

The new Cathedral Hill Hospital's building massing, height and square footage would be concentrated most intensely on the southern half of the site, along Geary Boulevard, where the 15-story rectangular tower would be constructed. The lowest concentration of building mass, height and square footage would be located on the northern half of the site, along Post Street, where the six-story podium component would be constructed. This would be the closest part of the Cathedral Hill Hospital to the Daniel Burnham towers, and the height of the Hospital at this location is actually lower than the existing Cathedral Hill Office Building and the existing height limit for new construction at that location.

An important goal of the design of the Cathedral Hill MOB is to complement, to the extent feasible, the scale of nearby buildings so that it will fit within the urban pattern of this neighborhood. The Cathedral Hill MOB would consist of a rectangular-shaped building that would span the entire site. The massing, height and square footage would be concentrated most intensely on the western half of the site along Van Ness Avenue, where the nine-story (130-foot tall) portion of the new building will be. However, the height of the building at the Van Ness Avenue street wall would step down to be compatible with the predominant heights of buildings at the street. The building would also step down along the eastern half of the site, to be compatible with the height of the adjacent Pierce Arrow Building. The Pierce Arrow Building occupies the remaining portion of the block (approximately one quarter of the block). See also the analysis in Objective 3 and in Van Ness Area Plan, Objective 1, below.

In summary, the character of the surrounding development is both respected and enhanced by the design of the Cathedral Hill Hospital and Cathedral Hill MOB, including the integrated streetscape elements.

The Davies Neuroscience Institute building has been designed to incorporate colors and textures from the surrounding context, and to relate with both the adjacent residential neighborhood and the Duboce Park through the use of wood siding and residential-scale detailing. The new building will respect the character of the abutting older residential development by acting as a transition from the larger hospital tower buildings on the Davies, and will provide a connection north-south from the N-Judah Muni stop and Duboce Park to other parts of the surrounding neighborhood through the integrated streetscape design and transparency of the new building at the street.

The integrated design of the St. Luke's Replacement Hospital and St. Luke's MOB, the public plaza and streetscape, takes into consideration the context of the site, including the surrounding residential neighborhood and commercial activity along Cesar Chavez and Valencia Streets. The character of the surrounding development is both respected and enhanced by the design, scale, and massing of the St. Luke's Replacement Hospital and St. Luke's MOB.

The street vacation of San Jose Avenue, between Cesar Chavez and 27th Streets, would not be detrimental to vehicular or pedestrian circulation, because this portion of San Jose Avenue is gated at its northern end where it meets Cesar Chavez Street and has not been open to through traffic since at least 1968. CPMC currently uses the area proposed to be vacated pursuant to an encroachment permit recorded on May 15, 1968, predominantly for CPMC emergency vehicle access and surface parking. On February 6, 2002, the Department of Parking and Traffic submitted a letter to the Board of Supervisors, which concluded that the encroachment permit had minimal negative impact on the traffic circulation in the adjacent area, because the Street Area had been closed to through traffic for over 30 years, and residents in the neighborhood had become accustomed to its closure. As such, this portion of San Jose Avenue does not currently contribute positively to the urban fabric or pedestrian experience. Furthermore, the street vacation would not interfere with rights or access to any private property, as all properties that abut the area proposed for vacation are owned by CPMC as part of the St. Luke's Campus, which is fully served by other roadways. The street vacation also would not inhibit access for fire protection or any other emergency purpose, or interfere with utility lines or service without adequate reimbursement; obstruct or diminish a significant view or interfere with industrial operations; eliminate or reduce open space that could be used for public recreation; eliminate street space adjacent to a public facility such as a park; eliminate street space that has formed the basis for creation of any lot, or construction or occupancy of any building according to standards that would be violated by discontinuance of the street; enlarge a property that would result in additional dwelling units, excessive density, or a building of excessive height or bulk; reduce street space in areas of high building intensity without provision of new open space accessible for public enjoyment; remove significant natural features; have an adverse effect on any element of the General Plan; or result in a situation where the future development or use of such street area is unknown.

The street vacation of the portion of San Jose Avenue between Cesar Chavez and 27th Streets is necessary in order to facilitate the construction of a new seismically safe acute care hospital at the St. Luke's Campus while allowing for the continued operation of an existing acute care hospital on the same campus during the construction period, consistent with the Blue Ribbon Panel's recommendations. It would incorporate a well-designed pedestrian courtyard, landscaped plaza, and public pedestrian pathway along a similar path of travel as the vacated San Jose Avenue right-of-way between Cesar

Chavez and 27th Streets, and would further the public values and purposes of streets as expressed in The Urban Design Element and elsewhere in the General Plan.

OBJECTIVE 3:
MODERATION OF MAJOR NEW DEVELOPMENT TO COMPLEMENT THE CITY PATTERN, THE RESOURCES TO BE CONSERVED, AND THE NEIGHBORHOOD ENVIRONMENT.

Policy 3.1
Promote harmony in the visual relationships and transitions between new and older buildings.

Policy 3.2
Avoid extreme contrasts in color, shape and other characteristics which will cause new buildings to stand out in excess of their public importance.

Policy 3.3
Promote efforts to achieve high quality of design for buildings to be constructed at prominent locations.

Policy 3.4
Promote building forms that will respect and improve the integrity of open spaces and other public areas.

Policy 3.5
Relate the height of buildings to important attributes of the city pattern and to the height and character of existing development.

Policy 3.7
Recognize the special urban design problems posed in development of large properties.

At the Davies Campus, the proposed Neuroscience Institute has been designed to meet the programmatic needs of CPMC's patients, while also complementing the neighborhood's vibrancy and diverse mix of building styles.

The proposed Neuroscience Institute has been designed to provide a transition from the institutional nature of the existing Davies Campus to the surrounding residential neighborhood. With the siting and massing of the building along the Davies Campus property line, the proposed Neuroscience Institute will actively engage the neighborhood in way that has not previously been accomplished, and which will preserve the neighborhood's special features while restoring vitality to the design of the Davies Campus.

The Neuroscience Institute building would be complementary and harmonious with the existing neighborhood character in terms of architecture, scale, and massing. The façade will feature materials compatible with the residential neighborhood, including a sustainable harvested exterior wood cladding that will weather over time, accenting alternating inset windows of clear and translucent glass.

The height of the proposed Neuroscience Institute building would be similar in scale to the residential neighborhood. An optimum configuration of programmatic functions (mechanical components have been placed out of sight allowing the building to comply with height requirements without diminishing the aesthetics of the façade). This configuration would allow the proposed building to sit along the property line without casting significant new shadow that would impact the neighborhood's quality of life.

The design of the Neuroscience Institute creates a subtle transition from the institutional nature of the Davies Campus to its surroundings. The proposed Neuroscience Institute building will be approximately 13 feet in height on the façade nearest Duboce Park, and will then step up to approximately 40 feet in height along the primary (Noe Street) façade.

At the first floor of the Neuroscience Institute, a pedestrian corridor will be placed behind a translucent glass exterior extending the length of the building, leading to office doors. The wall space will provide opportunities to have art displayed, enlivening the experiences at the pedestrian level. In the evening, this corridor will remain lit to activate the sidewalk and provide increased visibility.

The engagement of the Noe/Duboce intersection with the siting and massing of the proposed Neuroscience Institute would be unique within the Davies Campus. Previous development has not created a vital dynamic between the campus and the neighborhood. The Neuroscience Institute would balance CPMC's programmatic needs related to serving the health care needs of the future population of the City, while respecting the existing development within the neighborhood.

In terms of streetscape, the Near-Term Project at the Davies Campus will include the replacement of an existing property line fence with a more interesting visual face to the campus. The proposed landscape, streetscape, and tree plans will result in a landscaped berm along the abutting southern surface parking lot frontage, a new entry plaza, a widened sidewalk, and a promenade along Noe Street to enhance the connection to and from the N-Judah Muni stop and Duboce Park.

The context of the St. Luke's Replacement Hospital and St. Luke's MOB within the St. Luke's Campus, as well as the relationship of the campus to its surroundings, were carefully considered in the design of these facilities, and in the design of the public plaza which will connect the facilities and integrate the St. Luke's Campus into the neighborhood. The St. Luke's Replacement Hospital design has been carefully massed and articulated to respond sensitively to the neighboring residents. The interior of the St. Luke's Campus, along a similar path of travel as the vacated portion of San Jose Avenue, would become more contemporary and animated and establish an organizing element (similar to a street grid).

The St. Luke's Replacement Hospital and St. Luke's MOB finishes will be similar to those which exist throughout the neighborhood. The base material on the lower floors will be durable (tile, stone or brick) and will ground the buildings on the site and engage pedestrians at the street level. For the upper floors glass fiber reinforced concrete ("GFRC") will be the primary material. Metal panels are used for the canopy that runs along the entire east side of the St. Luke's Replacement Hospital and will be a unifying element between the upper and lower plazas. The canopy would create a connection from the interior of the St. Luke's Replacement Hospital to the exterior terraced plazas. Because the soffit of the canopy would be continuous between the interior and exterior, the St. Luke's Replacement Hospital would be

connected to the organizing element of the St. Luke's Campus – the landscaped plaza and pedestrian pathway along a similar path of travel as the vacated San Jose Avenue right-of-way.

The height of the St. Luke's Replacement Hospital will be lower than the existing Hospital Tower on the St. Luke's Campus, and would improve the hospital's relationship to the neighborhood and the rest of the campus. The height of the St. Luke's MOB would relate to the height of the St. Luke's Replacement hospital, anchor the corner intersection of Cesar Chavez and Valencia Streets, and also would be lower than the height of the existing Hospital Tower.

According to the General Plan, clustering of larger, taller buildings, such as the proposed Cathedral Hill Hospital and Cathedral Hill MOB at important activity centers (such as the major transit nexus of Van Ness Avenue and Geary Boulevard) can visually express the functional importance of these centers. For emergency services purposes, medical centers should be identifiable, and easy to find and access.
Hospitals are generally built on large properties and stand out from residential uses. For emergency services purposes, the Cathedral Hill Campus must be easy to find and access. However, to the extent feasible, the Cathedral Hill Campus should also integrate with the design of the community. The Cathedral Hill Hospital and Cathedral Hill MOB will complement the City pattern and will promote harmony in visual relationships and transitions between new and older buildings. The Cathedral Hill Hospital is located on an entire city block, and its design, including the contrast between the podium and tower, is intended to promote harmony in visual transitions. The height and texture of the façade of the Cathedral Hill Hospital podium have been articulated to create an attractive building perimeter and streetscape. Building skin is primarily metal and glass. Different types of vision and spandrel glass in alternate patterns add interest to the façade. The curtain wall and metal rain screen along with several vertical recesses create a balanced and well-proportioned look for the tower. The use of stone at the podium is intended to provide a pleasant façade along the streetscape.

The Cathedral Hill MOB is designed to be compatible with the architecture, scale, and massing of the surrounding buildings. The design of the Cathedral Hill MOB relates to the historical vernacular the buildings found along Van Ness Avenue. Specifically, the glass skin originally proposed for the exterior treatment of the building has been replaced with a heavier quality material of concrete cladding (GFRC). The scale has been broken down with smaller scale window openings punched in the GFRC, similar to the two-story window bays found along many of the buildings along Van Ness Avenue. This revised design more closely matches the historical vernacular of the Van Ness Avenue corridor (i.e. Concordia Club, Regency Theater, Opal, 1000 Van Ness). The building's architectural organization has also been revised to include a symmetrical design; the entry has been relocated to the center of the property along Van Ness Avenue rather than at the corner. The strong symmetrical façade, clearly articulated "entrance", and solid base holds the corners more appropriately. The height of the building at the street has been lowered in order to better align with similar buildings along the Van Ness Avenue corridor, particularly the adjacent building, the Concordia Club. The upper portion of the building has been set back from the Van Ness Avenue podium façade to reinforce this scale at the street, and a contemporary cornice has been added at the top of the podium to cap the building, as many buildings on Van Ness Avenue have strong cornices along the street. These design changes to the Cathedral Hill MOB result in a building that relates more to the vernacular of existing prominent buildings found along Van Ness Avenue, and less to the associated Cathedral Hill Hospital on the west side of Van Ness Avenue.

The Cathedral Hill Hospital and Cathedral Hill MOB together, with the proposed streetscape improvements, will create a well-designed street wall harmonious with building forms along Van Ness Avenue, while complimenting the City's east-west skyline of buildings along Geary Boulevard/Street. The high quality of design and distinguished architecture of the Cathedral Hill Hospital and Cathedral Hill MOB, together with its prominent location, will avoid inappropriate contrasts in color, shape or other characteristics.

OBJECTIVE 4:
IMPROVEMENT OF THE NEIGHBORHOOD ENVIRONMENT TO INCREASE PERSONAL SAFETY, COMFORT, PRIDE AND OPPORTUNITY.

Policy 4.1
Protect residential areas from the noise, pollution and physical danger of excessive traffic.

Policy 4.3
Provide adequate lighting in public areas.

Policy 4.4
Design walkways and parking facilities to minimize danger to pedestrians.

Policy 4.5
Provide adequate maintenance for public areas.

Policy 4.12:
Install, promote and maintain landscaping in public and private areas.

Policy 4.13:
Improve pedestrian areas by providing human scale and interest.

Policy 4.14:
Remove and obscure distracting and cluttering elements.

Policy 4.15
Protect the livability and character of residential properties from the intrusion of incompatible new buildings.

The neighborhood environment in the vicinity of the St. Luke's, Davies, and Cathedral Hill Campuses will be improved to increase public safety, comfort, pride and opportunity as envisioned by this Objective and these related Policies. Surface parking lots that abut low-density residential development at the Davies and St. Luke's Campuses will be eliminated and become the location for development of new buildings that will improve the continuity and compatibility of development on those existing campuses. Protection will be provided to minimize the exposure of residential areas to noise, pollution and physical danger of excessive traffic. The streetscape designs at all three campuses will be integrated with the active bases of the proposed new buildings, providing human scale and interest, thereby

improving the overall public realm. Landscaping would be provided in public and private areas at all three campuses.

Under the proposed Development Agreement, CPMC would be committed to funding several streetscape, lighting, and pedestrian safety improvements, including:

- *Providing $8 million for public realm and pedestrian safety improvements in the Tenderloin, including pedestrian-scale lighting; sidewalk widening; installation of corner bulbs and related crosswalk improvements and signal modifications at specified corners; and changing specified streets from one-way to two-way.*
- *Providing $150,000 to help form a Lower Polk CBD, as well as a $1 million seed grant to the CBD.*
- *Providing a $200,000 grant for the Safe Passage Pilot program in the Tenderloin.*
- *Constructing a series of public realm and pedestrian safety improvements around the Davies Campus, valued at approximately $475,000.*
- *Constructing a series of public realm and pedestrian safety improvements around the St. Luke's Campus, valued at approximately $3,300,000.*

CPMC's commitments under the Development Agreement for public realm and pedestrian safety improvements around the Davies Campus would include crosswalk and stop line striping at the Noe/Duboce intersection; pedestrian walkway improvements at Duboce Avenue, south side, near the intersection with Noe Street, including new painted steel fencing, two signs, striping, two new light fixtures, and new electrical service; tree island improvements at two locations; additional street trees and other tree work along the east side of Noe Street; pedestrian walkway improvements at 14th Street, north side, near the intersection with Noe Street, including new painted steel fencing, two signs, striping, two new light fixtures, and new electrical service; new ADA-compliant sidewalk flare-downs in three locations at the 14th Street/Noe Street intersection; replacement of the Davies Campus perimeter fence; and addition of pedestrian-scale lighting at all entrances within the Davies Campus.

CPMC's commitments under the Development Agreement for public realm and pedestrian safety improvements around the St, Luke's Campus would include widening the western sidewalk of Valencia Street from 10' to approximately 20' from Cesar Chavez Street to Duncan Street, including trees and bulb-outs at the southwest corner of Valencia and Duncan; permanently upgrading the traffic diverter and plaza known as "Guerrero Park" at the intersection of San Jose Avenue, Guerrero Street, and 28th Street, including construction of new curb, installation of pavers, raised planter beds, new trees and landscaping, irrigation, and lighting; upgrade of St. Luke's Campus perimeter lighting along Valencia between Cesar Chavez and Duncan; upgrade of St. Luke's Campus perimeter fencing; various pedestrian bulb-outs and median extensions; pedestrian lighting on the sidewalk along Duncan between Valencia and San Jose, along San Jose between Cesar Chavez and Duncan, along 27th Street between Guerrero and San Jose, and along Cesar Chavez between Valencia and Guerrero; repairing a retaining wall and 1912 Building stairs and related landscape area upgrade within the St. Luke's Campus; and installing a pocket park at the intersection of Valencia, Duncan, and Tiffany Avenue.

COMMUNITY SAFETY ELEMENT

Objectives and Policies

OBJECTIVE 2
REDUCE STRUCTURAL AND NON-STRUCTURAL HAZARDS TO LIFE SAFETY, MINIMIZE PROPERTY DAMAGE AND RESULTING SOCIAL, CULTURAL AND ECONOMIC DISLOCATIONS RESULTING FROM FUTURE DISASTERS.

Policy 2.1
Assure that new construction meets current structural and life safety standards.

Policy 2.3
Consider site soils conditions when reviewing projects in areas subject to liquefaction or slope instability.

Policy 2.5
Assess the risks presented by other types of potentially hazardous structures and reduce the risks to the extent possible.

Policy 2.9
Consider information about geologic hazards whenever City decisions that will influence land use, building density, building configurations or infrastructure are made.

The Project will enable CPMC to continue to provide essential health services to the community without interruption, in modern facilities that will comply with the most stringent state seismic mandates in SB 1953. CPMC's site selection for the new Cathedral Hill Campus was in part based on soil conditions at the site that were stable enough for a new acute care hospital.

OBJECTIVE 3
ENSURE THE PROTECTION OF LIFE AND PROPERTY FROM DISASTERS THROUGH EFFECTIVE EMERGENCY RESPONSE. PROVIDE PUBLIC EDUCATION AND TRAINING ABOUT EARTHQUAKES AND OTHER NATURAL DISASTERS AND HOW INDIVIDUALS, BUSINESSES AND COMMUNITIES CAN REDUCE THE IMPACTS OF DISASTERS.

Policy 3.1
Promote greater public awareness of disaster risks, personal and business risk reduction, and personal and neighborhood emergency response.

Policy 3.3
Maintain a local organization to provide of emergency services to meet the needs of San Francisco.

Policy 3.5
Maintain an adequate Emergency Command Center.

Policy 3.7
Establish a system of emergency access routes for both emergency operations and evacuation.

Because the new hospital facilities can be expected to remain operational after a strong earthquake, CPMC's role in emergency preparedness will be enhanced. Emergency preparedness for the City will also be enhanced by the expanded capacity within the new Emergency Department facilities and improved emergency communications centers proposed as part of the Project.

VAN NESS AREA PLAN

Objectives and Policies

OBJECTIVE 1:
CONTINUE EXISTING COMMERCIAL USE OF THE AVENUE AND ADD A SIGNIFICANT INCREMENT OF NEW HOUSING.

Policy 1.6
Allow a medical center at the intersection of Van Ness Avenue and Geary Boulevard.

The Cathedral Hill Medical Center is considered to be a high-density medical center, and will be located at the transit nexus of Van Ness Avenue and Geary Boulevard/Street. It would support Van Ness Avenue's redevelopment as a mixed-use boulevard by diversifying the mix of nonresidential uses, maximizing utilization of the major bus lines/transit node, and locating medical care and essential emergency services in close proximity of the City's dense urban core and at a central location for both day and nighttime populations groups within the City. It would also create opportunities for improved streetscape and pedestrian amenities at a key transit nexus that are consistent with the Better Streets Plan.

OBJECTIVE 5:
ENCOURAGE DEVELOPMENT WHICH REINFORCES TOPOGRAPHY AND URBAN PATTERN, AND DEFINES AND GIVES VARIETY TO THE AVENUE.

Policy 5.1
Establish height controls to emphasize topography and adequately frame the great width of the Avenue, and support the redevelopment of the Avenue as a diverse, mixed-use boulevard and transit corridor.

Policy 5.2
Encourage a regular street wall and harmonious building forms along the Avenue.

Policy 5.3
Continue the street wall heights as defined by existing significant buildings and promote an adequate enclosure of the Avenue.

Policy 5.4
Preserve existing view corridors.

Policy 5.6
Encourage separation of towers for buildings involving more than one tower.

The Cathedral Hill Hospital and Cathedral Hill MOB at the transit nexus of Geary Boulevard and Van Ness Avenue will complement the City pattern and will promote harmony in visual relationships and transitions between new and older buildings. The Cathedral Hill Hospital is located on an entire City block. Its design, including the podium and narrower tower, is intended to promote harmony in visual transitions. The Cathedral Hill MOB is designed to be compatible with the scale, massing, and overall vernacular of the surrounding buildings. The Cathedral Hill Hospital and Cathedral Hill MOB, together with the proposed streetscape improvements, will create a well-designed street wall with harmonious building forms along Van Ness Avenue.

The Cathedral Hill Hospital would be taller than several of the buildings in the vicinity, particularly the commercial and residential buildings on the south side of Geary Boulevard. However, the Cathedral Hill Hospital would be consistent in height with the existing residential towers north and west of the site, and would comply with the 265 foot limit in Map 2 of the Van Ness Area Plan. The Cathedral Hill Hospital also would be consistent with the existing building skyline in the vicinity and the heights in Map 2. The scenic views from Alta Plaza (southeast view) and Alamo Square (northeast view) would not be substantially altered.

The new Cathedral Hill MOB has been designed to be consistent with the height of existing buildings located west of the site along Van Ness Avenue, and along Geary Boulevard. It is designed to be Code-compliant with regard to height, but is reduced in height at the street in order to better relate to the prevailing street wall height along Van Ness Avenue.

For the above reasons, major views in the City and existing view corridors would be preserved.

The design of the podium of the Cathedral Hill Hospital and of the Cathedral Hill MOB is consistent with Objectives of the Van Ness Area Plan. The height and texture of the façade of the Hospital podium have been articulated to create an attractive building perimeter and streetscape. Building skin is primarily metal and glass. Different types of vision and spandrel glass in alternate patterns add interest to the façade, both at a skyline and pedestrian level. The curtain wall and metal rain screen along with several vertical recesses create a balanced and well-proportioned look for the tower. The use of stone at the podium, along with retail kiosks along the base of the building at Van Ness Avenue, will provide a pleasant façade along the streetscape that will frame the corridor.

The Cathedral Hill MOB has been designed to be compatible with the architecture, scale, and massing of the surrounding buildings. The design of the Cathedral Hill MOB relates to the historical vernacular

the buildings found along Van Ness Avenue. Specifically, the scale and material of the building responds to the surrounding context by the use of smaller scale window openings punched in the GFRC, similar to the two-story window bays found along many of the buildings along Van Ness Avenue. The building's symmetrical design is grounded on Van Ness Avenue with a clearly articulated "entrance", and solid base. The height of the building at the street aligns with similar buildings along the Van Ness Avenue corridor, particularly the adjacent building, the Concordia Club. The upper portion of the building has been set back from the Van Ness Avenue podium façade to reinforce the predominant scale at the street.

These design features of the Cathedral Hill Hospital and Cathedral Hill MOB assure that the exterior facades will complement and enhance significant works of architecture along Van Ness Avenue. They will create varied rhythms with changes in fenestration and materials to articulate the façade plane, incorporate setbacks and stepping down of building forms to frame the street and be compatible with adjacent buildings, and incorporate detail at base the buildings through variety of materials, color, texture and architectural projections.

To respond to the bulk policies of the Van Ness Avenue Area Plan, the building configuration of the Cathedral Hill Hospital has two distinct elements: a broad lower supporting podium and a narrow tower with an east-west orientation. This east-west pattern is consistent with City-wide policy of articulating towers to respond to the topography and existing skyline. The combination of the tower and podium creates a building silhouette that relates to both the immediate neighborhood context and the broader urban core. The building design minimizes the proportion of the façade along Van Ness Avenue and Post and Franklin Streets and allows for an appropriate pedestrian scale along those streets.

The Cathedral Hill MOB would replace smaller buildings along Geary Street between Van Ness Avenue and Polk Street. An important goal of the design of the Cathedral Hill MOB is to complement, to the extent feasible, the scale of the buildings along Van Ness Ave, so that the Cathedral Hill MOB will fit within the urban pattern of this neighborhood. The stepped massing of the Cathedral Hill MOB down along Geary Street from Van Ness Avenue allows the building scale to transition down to the adjacent neighborhood toward Polk Street.

As prescribed by Objective 5 of the Van Ness Area Plan, the height of the Cathedral Hill Hospital , complies with the 265 foot height limit in Map 2, relates to the City pattern as well as to the topography, and character of existing development in the area, while meeting the other objectives of the Plan. The design for the Cathedral Hill Hospital, Cathedral Hill MOB and streetscape emphasizes topography and improves the framing of Van Ness Avenue, particularly compared to the lack of framing resulting from the existing Cathedral Hill Hotel and Office Building, which are setback from the street.

OBJECTIVE 6:
ENCOURAGE DISTINGUISHED ARCHITECTURE WHOSE SCALE, COMPOSITION AND DETAILING ENHANCES THE OVERALL DESIGN STRUCTURE OF THE AVENUE AND RELATES TO HUMAN SCALE.

Policy 6.1
Design exterior facades which complement and enhance significant works of architecture along the Avenue.

Policy 6.2
Create varied rhythms in developments on large lots by inserting vertical piers/columns, or changes in fenestration and materials to articulate what otherwise would be an undifferentiated facade plane.

Policy 6.3
Incorporate setbacks and/or stepping down of building form on new developments — and major renovations when necessary — to increase sun exposure on sidewalks.

Policy 6.4
Differentiate bases of buildings and incorporate detail at ground level through variety in materials, color, texture and architectural projections. Provide windows with clear glass throughout the building.

The Cathedral Hill Campus will complement the City pattern and will promote harmony in visual relationships and transitions between new and older buildings. The Cathedral Hill Hospital is located on an entire city block, and its design, including the podium and narrower tower, is intended to promote harmony in visual transitions. The Cathedral Hill MOB is designed to transition to be compatible with the scale, massing, and vernacular of the surrounding buildings. The Cathedral Hill Hospital and Cathedral Hill MOB, with the proposed streetscape improvements, will create a well-designed street wall with harmonious building forms along Van Ness Avenue. The high quality of design and distinguished architecture of the Cathedral Hill Hospital and Cathedral Hill MOB, together with their prominent location, will avoid inappropriate contrasts in color, shape or other characteristics.

The designs of the podium of the Cathedral Hill Hospital and of the Cathedral Hill MOB are consistent with Objectives of the Van Ness Area Plan. The height and texture of the façade of the Cathedral Hill Hospital podium have been articulated to create an attractive building perimeter and streetscape. Building skin is primarily metal and glass. Different types of vision and spandrel glass in alternate patterns add interest to the façade, both at a skyline and pedestrian level. The curtain wall and metal rain screen along with several vertical recesses create a balanced and well-proportioned look for the tower. The use of stone at the podium, along with retail kiosks along the base of the building at Van Ness Avenue, will provide a pleasant façade along the streetscape that will frame the corridor.

The Cathedral Hill MOB has been designed to be compatible with the architecture, scale, and massing of the surrounding buildings. The design of the Cathedral Hill MOB relates to the historical vernacular the buildings found along Van Ness Avenue. Specifically, the scale and material of the building responds to the surrounding context by the use of smaller scale window openings punched in the GFRC, similar to the two-story window bays found along many of the buildings along Van Ness Avenue. The building's symmetrical design is grounded on Van Ness Avenue with a clearly articulated "entrance", and solid base. The height of the building at the street aligns with similar buildings along the Van Ness Avenue corridor, particularly the adjacent building, the Concordia Club. The upper portion of the

building has been set back from the Van Ness Avenue podium façade to reinforce the predominant scale at the street.

These design features of the Cathedral Hill Hospital and Cathedral Hill MOB assure that the exterior facades will complement and enhance significant works of architecture along Van Ness Avenue. They will create varied rhythms with changes in fenestration and materials to articulate the façade plane, incorporate setbacks and stepping down of building forms to frame the street and be compatible with adjacent buildings, and incorporate detail at base the buildings through variety of materials, color, texture and architectural projections.

OBJECTIVE 8:
CREATE AN ATTRACTIVE STREET AND SIDEWALK SPACE WHICH CONTRIBUTES TO THE TRANSFORMATION OF VAN NESS AVENUE INTO A RESIDENTIAL BOULEVARD.

Policy 8.1
Require sponsors of major renovation or new development projects to improve and maintain the sidewalk space abutting their properties according to the guidelines contained in this Plan.

Policy 8.2
Where there are no trees, plant trees within the sidewalk space and the median strip. Maintain existing healthy trees and replace unhealthy ones.

Policy 8.3
Provide street trees with tree grates that have removable sections to adequately accommodate tree growth.

Policy 8.5
Maintain existing sidewalk widths.

Policy 8.6
Incorporate uniform sidewalk paving material, color, pattern and texture throughout the length of the Avenue.

Policy 8.7
Trim sidewalk curbs with hydraulically pressed, pre-cut four-inch square stone paving blocks to a horizontal depth of 12 inches. Replace median pavements with grey tone interlocking paving blocks.

Policy 8.8
Assure a uniform architectural style, character and color in the design of street lights and poles.

Policy 8.9
Provide attractive street furniture at convenient locations and intervals throughout the length of the street.

Projects located at the transit nexus of Van Ness Avenue and Geary Boulevard are consistent with the policies in Objective 8 if they include an integrated streetscape plan that incorporates – among other elements – planting, sidewalk treatment, street lighting and street furniture, and that is generally consistent with the streetscape guidelines regarding such elements in Chapter 6 of the Better Streets Plan; and locate and design any sidewalk vaults or sub-sidewalk spaces so that they are compatible with such streetscape plans.

The Cathedral Hill Campus is consistent with Objective 8. All sidewalks contiguous to the Cathedral Hill Hospital and Cathedral Hill MOB will be improved and maintained by CPMC. CPMC's streetscape plan for the Cathedral Hill Campus provides for seasonal garden zones along Van Ness Avenue, and rainwater gardens around the Cathedral Hill Hospital on Geary Boulevard and Franklin and Post Streets. The seasonal garden would consist of ornamental and flowering trees and perennials, and would serve to treat storm water during the rainy season. Flowering trees would be located within the planting area, between the street tree spacing. The rain gardens would be graded to allow two plant communities along each street. Higher areas would support dry plants, while the lower areas would support water-loving plants that thrive in the seasonal rains. Plants would also be selected to emphasize the difference between these wet and dry zones. Also, different plant communities for each zone would respond to microclimates of the sites: sun-loving plants along Geary Boulevard, shade-tolerant plants along Post Street, and wind-tolerant plants along Franklin Street. All planting areas would be irrigated with a low-water-use irrigation system during the dry season.

Street trees would be planted and evenly spaced along all of the streets within the Cathedral Hill Campus area. The Van Ness Area Plan requires London Plane trees along Van Ness Avenue, and a light and tall tree species, such as Honey Locust, would be installed along Cedar Street. The Franklin Street trees would be a dense evergreen species, such as Brisbane Box, which would fit in with the existing trees along Franklin Street, and the Geary Street/Boulevard and Post Street frontages would be planted with medium-density shade trees.

The existing sidewalks will be replaced and expanded, consistent with the intent of the Van Ness Area plan as well as the City's adopted Better Streets Plan. Although the streetscape plan for the Cathedral Hill Campus includes widening of certain sidewalks around the Cathedral Hill Hospital and Cathedral Hill MOB, such widening is appropriate, given the scale and massing of the buildings planned and the anticipated pedestrian activity in the area, and is consistent with the Better Streets Plan. The sidewalks will be rebuilt with the City-standard paving, except at the main entrances of the Cathedral Hill Hospital and Cathedral Hill MOB, where there will be distinctive yet compatible paving, which CPMC will be responsible for maintaining. CPMC's proposed paving plan is compatible with the City-standard paving for the area, and appropriate given the specific context of the Cathedral Hill Hospital and Cathedral Hill MOB.

The historic lighting fixtures along Van Ness Avenue will be retained. Along Geary Street/Boulevard, Post and Franklin Streets, the existing city standard streetlights would be reinstalled. Along Cedar Street, new pedestrian-level streetlights would be installed, which would be a uniform architectural style, character and color. Additional pedestrian-level lighting would also be provided at both the Cathedral Hill Hospital and Cathedral Hill MOB.

CPMC's streetscape plan for the Cathedral Hill Campus includes pedestrian-serving street furniture, including seat wall elements as part of the seasonal gardens planned along both sides of Van Ness Avenue. Seating walls would also be placed near the relocated transit stop along Geary Boulevard near the intersection of Van Ness Avenue.

CPMC's integrated design for the Cathedral Hill Hospital, Cathedral Hill MOB and streetscape in the area, as described above, emphasizes the special nature of the Cathedral Hill Campus at the transit nexus of Van Ness Avenue and Geary Street/Boulevard through distinctive yet compatible landscaping, paving, street furniture, and other elements.

OBJECTIVE 9:
PROVIDE SAFE AND EFFICIENT MOVEMENT AMONG ALL USERS ON VAN NESS AVENUE.

Policy 9.5
Whenever feasible, provide access to parking from minor east-west streets. Prohibit new parking access from Van Ness Avenue. For development of lots with no direct access to an east-west street, allow of-site provision of required parking as set forth in Section 159(c) of the Planning Code.

Policy 9.10
Improve the efficient and free flowing use of sidewalk space in new development.

Policy 9.11
Orient building entrances to enhance pedestrian circulation.

Policy 9.12
Unify the design of trash bins, benches, news racks, street lighting fixtures, sidewalk surface treatment, canopies, awnings and bus shelters throughout the length of the street.

Policy 9.13
Discourage access to freight loading facilities from Van Ness Avenue.

No parking access to the Cathedral Hill Campus will be provided from Van Ness Avenue, which would be a positive change from the Cathedral Hill Hospital site's current vehicular access points, which include a driveway on Van Ness Avenue. Approximately seven curb cuts on or near Van Ness Avenue will be removed as part of the proposed development at the Cathedral Hill Campus. Furthermore, primary ingress and egress for the Cathedral Hill MOB will be from Cedar Street, a minor east-west street, and primary ingress and egress for the Cathedral Hill Hospital will be from Post Street, which, while not a minor street, is less of a major transit thoroughfare than Geary Boulevard, the other east-west street adjoining the Cathedral Hill Hospital. The placement of the vehicular access points to be provided for the garage facilities at the Cathedral Hill Campus are planned to minimize conflicts between automobiles and pedestrians, and to minimize traffic and transit delays associated with queuing into and out of the Cathedral Hill Campus parking facilities.

CPMC's streetscape plan for the Cathedral Hill Campus would improve street frontages in the campus area with wider sidewalks that provide more space for pedestrians and more queuing space for transit users, thereby improving the efficient and free flowing use of sidewalk space. Additionally, under the proposed Development Agreement, CPMC would be committed to $8 million in funding for pedestrian safety and public realm improvements in the Tenderloin, including pedestrian-scale lighting and additional sidewalk widening.

CPMC would provide entry plazas with distinctive landscape and hardscape features at the entrances to both the Cathedral Hill Hospital and Cathedral Hill MOB. The western end of Cedar Street will be transformed into the entry plaza for the Cathedral Hill MOB, with features including a curbless drop-off area defined by tactile warning tiles and lighted bollards, and enhanced paving. East of the Cathedral Hill MOB entry plaza, the street and sidewalk pavement will be enhanced, and the sidewalks will be planted with street trees and shrubs, and pedestrian-level street lights will be installed. Additionally, the locations of entrances to the Cathedral Hill Hospital and Cathedral Hill MOB were planned taking into consideration access from existing and planned transit stops, and the proposed Geary Boulevard Muni stop would be integrated with the Cathedral Hill Hospital entry plaza. Therefore, the entrances would be oriented in a manner that would enhance pedestrian circulation.

CPMC's streetscape plan for the Cathedral Hill Campus, including design of trash bins, benches, street lighting fixtures, sidewalk surface treatment, and others streetscape features would be consistent with design considerations for the entire Van Ness Avenue.

The freight loading facilities for the Cathedral Hill Hospital are on the Franklin Street side of the Cathedral Hill Hospital and will accommodate trucks up to 55 feet long, while the freight loading facilities for the Cathedral Hill MOB are on Cedar Street. The size and configuration of the loading docks for the Cathedral Hill Hospital and Cathedral Hill MOB will allow delivery vehicles to drive into the facilities without stopping or backing up on surrounding streets, in order to any associated congestion. The garages at both the Cathedral Hill Hospital and Cathedral Hill MOB have been designed to accommodate small delivery vehicles.

The design and locations of the loading facilities and access thereto will also minimize conflict between vehicular access and pedestrian circulation. Many deliveries of necessary supplies and other materials will be made from the Sutter Health regional distribution center in Millbrae, which allows for a more efficient delivery schedule and minimizes trips.

The underground Van Ness Avenue pedestrian tunnel connecting the Cathedral Hill Hospital and Cathedral Hill MOB will be used for movement of pedestrians and materials between the buildings, thereby further reducing street congestion.

OBJECTIVE 11:
PRESERVE THE FINE ARCHITECTURAL RESOURCES OF VAN NESS AVENUE.

Policy 11.1
Avoid demolition or inappropriate alteration of historically and architecturally significant buildings.

Policy 11.3
Encourage the retention and appropriate alteration of contributory buildings.

Policy 11.4
Encourage architectural integration of new structures with adjacent significant and contributory buildings.

Six of the seven buildings proposed to be demolished at the site of the Cathedral Hill MOB are considered contributory buildings per Appendix B of the Van Ness Avenue Area Plan. These buildings are 1020, 1030, 1034-1036, 1040, 1054-1060, and 1062 Geary Street. As confirmed in the FEIR analysis, "contributory" in this context does not mean that the buildings are of sufficient value to qualify as landmarks or historic resources, but as noted in the Van Ness Avenue Area Plan they are considered to possess architectural qualities which are in harmony with the prevailing characteristics of the more significant landmark buildings and as contributing to the character of the street.

The Cathedral Hill MOB is an essential component of the proposed Cathedral Hill Campus, which would provide an important public benefit to the City. The Cathedral Hill MOB will provide critical medical services such as clinical and physician office space to support the seismically compliant Cathedral Hill Hospital. It is essential for the Cathedral Hill MOB to be located within close proximity to the Cathedral Hill Hospital in order for both buildings to function cohesively as a medical center. The location of the proposed Cathedral Hill MOB (and Cathedral Hill Hospital) was selected for several important factors including, geologic stability, location at a major transportation and transit hub, central location, adequate size, site availability, and its location to CPMC's existing patient and physician distribution. To meet the requirements of SB 1953 and its successor legislation to provide a seismically compliant hospital, and provide a modern MOB to support such a hospital, it would not be possible to retain the existing contributory buildings on the proposed site. Moreover, the EIR analysis confirmed that no historic buildings would be demolished, altered, or otherwise impacted as the result of construction of the Cathedral Hill Hospital and Cathedral Hill MOB.

Demolition of contributory buildings are allowed at the transit nexus of Van Ness Avenue and Geary Street to accommodate a medical center, as long as any replacement structure or structures are designed to contribute to the character of the street and be in harmony with the more significant landmark quality buildings in the vicinity. For the reasons that follow below, and as further detailed in the analysis regarding Objectives 5 and 6 above, the design of the Cathedral Hill MOB would contribute to the character of the street and be in harmony with the more significant landmark quality buildings in the vicinity.

The proposed Cathedral Hill MOB has been designed to provide a visual transition between the larger scale buildings encouraged along Van Ness Avenue consistent with the permitted 130 ft. height limit, and numerous older, lower and smaller scale buildings in the neighborhood. The existing architectural forms of punched windows, and belt and cornice lines of older buildings along Van Ness Avenue, have

been incorporated into the design of the Cathedral Hill MOB. The Van Ness Area Plan identifies a number of buildings on the east side of Van Ness as architecturally significant, including the adjacent Concordia Club at 1142 Van Ness Ave, the adjacent Pierce Arrow Building at 1000 Geary (now a homeless shelter), the Opal Hotel at 1050 Van Ness Ave, the AMC Theater building at 1000 Van Ness Avenue, and 1300 Van Ness Ave.

The Cathedral Hill MOB building massing is designed to be consistent with the pattern of development at the Van Ness Avenue street wall, including the adjacent architecturally significant Concordia Club. The Cathedral Hill MOB would also step down along Geary Street in an effort to complement the lower-rise buildings along Polk Street, including the Pierce Arrow Building.

3. **General Plan Priority Policies.** The Project is generally consistent with the eight General Plan priority policies set forth in Planning Code Section 101.1 in that:

   A) The existing neighborhood-serving retail uses will be preserved and enhanced and future opportunities for resident employment in and ownership of such businesses will be enhanced:

   The development of the new Cathedral Hill Campus will reinforce the vitality of existing neighborhood-serving retail uses by increasing the number of people in the area during hours of operation, which, for the Cathedral Hill Hospital, will be twenty-four hours a day every day. The Cathedral Hill MOB also will bring employees, patients and visitors into the neighborhood who will support neighborhood-serving retail uses.

   There are many vacant retail and commercial spaces in the immediate vicinity of the Cathedral Hill Campus. It is anticipated that the additional people brought into the area when the Cathedral Hill Hospital and Cathedral Hill MOB are operational will provide support for new and existing neighborhood-serving retail and commercial businesses. Support by CPMC personnel for nearby retail businesses is shown at the California Campus, where CPMC personnel support Laurel Village, at the Pacific Campus, where CPMC personnel support the Upper Fillmore Street Neighborhood Commercial District, and at the St. Luke's Campus where nearby businesses along the Cesar Chavez, Valencia, and Mission Street corridors also benefit from CPMC personnel. The Cathedral Hill Hospital will be a significant presence on the Van Ness corridor. Other existing retail uses in the area will not only be preserved but, due to the increased number of people in the area who can be expected to patronize such retail uses, will be enhanced by the presence of the Cathedral Hill Campus, thereby increasing opportunities for resident employment in and ownership of such businesses, consistent with this Priority Policy.

   Although the Cathedral Hill MOB would demolish existing retail uses, the MOB would include approximately 7,047 square feet of ground floor retail space, including a pharmacy. The new retail space in the Cathedral Hill Hospital and Cathedral Hill MOB would provide future opportunities for residential employment in, and possibly ownership of, neighborhood-serving retail businesses.

Subject to capacity and reasonable security considerations, parking in the Cathedral Hill Hospital and Cathedral Hill MOB would be available to meet retail demand for nearby residents and the general public in the evenings and on weekends.

At the St. Luke's Campus, development of the new St. Luke's Replacement Hospital and St. Luke's MOB will reinforce the vitality of existing neighborhood-serving retail uses by increasing the number of people in the area during business hours, which for the St. Luke's Replacement Hospital will be twenty-four hours a day every day. St. Luke's Replacement Hospital and St. Luke's MOB employees, patients and visitors will continue to support neighborhood-serving retail uses, as is currently the case. There are no neighborhood-serving retail uses that will be adversely affected as a result of the St. Luke's Replacement Hospital and St. Luke's MOB, since these buildings will be sited over a surface parking lot owned and operated by CPMC, a portion of the vacated San Jose Avenue, and over portions of the existing St. Luke's Campus.

The 873 s.f. of retail space currently located in the St. Luke's Hospital Tower will be demolished, but replaced and expanded by the construction of the St. Luke's MOB, which will contain 2,600 square feet of ground floor retail space. The new retail space in the St. Luke's MOB would provide opportunities for residential employment in, and possibly ownership of, neighborhood-serving retail businesses consistent with this Policy. The St. Luke's Campus will include enhanced hospital uses and new medical office uses that will reinforce the vitality of existing neighborhood-serving retail uses. Subject to capacity and reasonable security considerations, parking in the St. Luke's MOB will be available to meet retail demand for nearby residents and the general public in the evenings and on weekends.

At the Davies Campus, the proposed Neuroscience Institute would be built within an existing on-campus surface parking lot and, therefore, no neighborhood serving retail uses would be displaced or otherwise adversely affected by the proposal. The Neuroscience Institute building will include a small retail pharmacy store that would serve the entire Davies Campus as well as the general public, which will increase opportunities for residential employment in retail businesses. To the extent that construction and operation of the Neuroscience Institute would result in increased employment at the Davies Campus, surrounding retail opportunities (the majority of which are two blocks away at either Haight or Market Streets) could be enhanced.

The Project is consistent with this Priority Policy.

B) The existing housing and neighborhood character will be conserved and protected in order to preserve the cultural and economic diversity of our neighborhoods:

The Cathedral Hill Hospital would not displace any existing housing because there is no existing housing on the Cathedral Hill Hospital site. The Cathedral Hill Hospital would be consistent with the vision of the Van Ness Area Plan for "an attractive mixed use boulevard." The character of the neighborhood would be enhanced by the Cathedral Hill Hospital due to improved scale, massing, and detailing compared to the existing hotel and office building,

which do not provide for a strong street wall and do not comply with the design guidelines of the Van Ness Area Plan.

The site for the Cathedral Hill MOB contains 20 residential hotel units and 5 dwelling units, all of which would be demolished to accommodate the Cathedral Hill MOB. CPMC would comply with the City's established processes for demolition of residential hotel units (the Residential Hotel Ordinance, Administrative Code Chapter 83) and residential units (Planning Code Section 317). CPMC, through commitments in the Development Agreement, would contribute $2,684,800 in funding to replace the 20 residential hotel units, and an additional $1,453,820 in funding to replace the 5 dwelling units. CPMC will also facilitate the production of substantial new affordable housing units by contributing funding to the City's affordable housing fund, and create a down payment assistance loan program for its employees who earn up to 100% of area median income. Funds from the down payment assistance loans will be recaptured into the affordable housing fund, along with a portion of equity, when CPMC employees sell units bought with the loans. Additional funding is expected to flow into the affordable housing fund over time this way.

All tenants who lived in the existing units at the Cathedral Hill MOB site have been relocated to new housing, and the units are all currently vacant. The assistance provided by CPMC to these former tenants exceeded the legal requirements for relocation assistance.

The replacement of the existing hotel, office building and buildings east of Van Ness Avenue at the Cathedral Hill MOB site, by the new Cathedral Hill Hospital and Cathedral Hill MOB, will have a positive impact on the character of the neighborhood. The Cathedral Hill Hospital and Cathedral Hill MOB are designed to be integrated into the existing development in the area. The streetscape plan will improve pedestrian safety and further integrate the Cathedral Hill Hospital and Cathedral Hill MOB into the neighborhood. The cultural and economic diversity of the neighborhood will be protected and enhanced by the presence of the Cathedral Hill Campus, which will provide increased medical access near one of the City's most dense and most medically underserved communities, and will not be adversely impacted by the demolition of a limited number of existing residential units.

The St. Luke's Replacement Hospital and St. Luke's MOB will not displace any existing housing because there is no existing housing on the St. Luke's Campus. Revitalization of the St. Luke's Campus to maintain and enhance essential health care and medical services will aid in preserving the diversity of the neighborhood.

The replacement of the existing Hospital Tower by the St. Luke's Replacement Hospital and the construction of the new St. Luke's MOB will have a positive impact on the character of the St. Luke's Campus and on the surrounding neighborhood. The St. Luke's Replacement Hospital and St. Luke's MOB are designed to be integrated into both the campus and the surrounding development in the area, both commercial and residential. The height of the new buildings will step down in order to be compatible with the heights of the adjacent residential structures located to the south and west of the Campus.

The public pedestrian plaza and the other St. Luke's Campus streetscape improvements and landscaping will improve pedestrian comfort and safety and further integrate the St. Luke's Campus into the neighborhood. The location of the plaza between the St. Luke's MOB and St. Luke's Replacement Hospital, and the relationships of the spaces within those buildings, will provide "eyes on the street" and will increase connectivity between the communities to the south and north of the St. Luke's Campus.

At the Davies Campus, the construction of the Neuroscience Institute building and the associated streetscape and campus improvements would not adversely affect any existing housing or neighborhood character, as discussed throughout the Urban Design Element consistency findings.

The proposed Neuroscience Institute building and related landscaping and streetscaping plans are appropriate for the surrounding neighborhood. The pedestrian experience is what gives Noe Street its unique character. The sidewalks and landscaping around the Neuroscience Institute have been designed for a heightened pedestrian experience that considers both patients and neighborhood residents, and helps visually connect the two. Among other streetscape improvements, the width of the sidewalk area along the west side of Noe Street is proposed to be increased and landscaped, consistent with other sections of Noe Street.

The design of the Neuroscience Institute has been conceived as a transitional building from the institutional buildings found on the Davies Campus to the residential fabric surrounding the campus. The use of translucent and clear glass along the exterior of the building would allow for sunlight to permeate the interior. The structural elements of the exterior (the pattern of translucent and clear glass, which is set at regular intervals, is repeated every 10 feet) would break the façade into a scale similar to the bays on Noe Street, but in a distinctly contemporary style.

To further enhance the neighborhood character, the location and siting of the Neuroscience Institute was placed near the Davies Campus property line, allowing a pedestrian corridor on the ground floor level to extend along the exterior of the Neuroscience Institute, which will be visually engaging while activating the street. This area will be well lit and will have wall space available for the placement of art that can be enjoyed by the community.

The Project is consistent with this Priority Policy.

C) The City's supply of affordable housing will be preserved and enhanced:

CPMC will contribute $62 million through commitments in the Development Agreement toward affordable housing to replace the 20 residential hotel and five dwelling units that would be demolished at the Cathedral Hill MOB site, fund the production of new affordable rental units, and create a downpayment assistance program for low and moderate income CPMC employees seeking to purchase a home in San Francisco. As part of the $62 million commitment, CPMC will create a $29 million down payment assistance loan program for its employees who earn up to 100% of area median income. Funds from the down payment

assistance loans will be recaptured into the affordable housing fund, along with a portion of equity, when CPMC employees sell units bought with the loans. An estimated $35 million($29 million + $6 million in property value appreciation) is expected to flow into the affordable housing fund over time this way, which will help to increase the City's supply of affordable housing and stabilize long-term housing funding.

Neither the St. Luke's nor Davies Campuses currently include any housing, thus the Project would not adversely affect the City's supply of affordable housing.

The Project is consistent with this Priority Policy.

D) The commuter traffic will not impede Muni transit service or overburden our streets or neighborhood parking:

The Cathedral Hill Campus location, building design and streetscape plan will complement and support the operation of Muni service in the vicinity of the campus.

Planning transportation access to a medical center campus is different from planning access to other types of land uses, because a hospital does not have as sharp a peak transportation demand on a daily basis during the work week, as would a typical office building. Hospitals operate 24 hours a day, seven days a week, and a significant number of hospital employees work on shifts. There are generally three eight-hour shifts per day. Therefore, traffic demand for a hospital use is more dispersed than for an office use. While medical office employees would follow typical a.m. and p.m. peaking patterns, patients at medical office buildings such as the Cathedral Hill MOB, St. Luke's MOB, and Davies Neurosciences Institute building would result in more dispersed travel demand throughout the day, because patient visits are scheduled at various times during the day. Therefore traffic generation for the Cathedral Hill Campus will be dispersed during the day. These factors will serve to reduce commuter traffic at the Cathedral Hill Campus.

The site for the Cathedral Hill Campus is at a major public transit hub. Transit service at this site is expected to be substantially improved in the future with implementation of both the proposed Geary and Van Ness Bus Rapid Transit (BRT) projects. As part of the Development Agreement, CPMC has committed to $5 million in funding for the proposed Van Ness and Geary Bus Rapid Transit projects; $10.5 million Transit Fee to MTA to help meet new demands on the transit system associated with the new medical facilities; a surcharge on parking of $0.50 off-peak and $0.75 peak for each entry and exit to provide additional funding of $500,000 per year for 10 years to MTA; and $400,000 in funding to MTA for studies for improvements to bicycle facilities around and between the proposed new CPMC facilities.

Neighborhood parking would not be overburdened because the Cathedral Hill Campus would include adequate parking at the Cathedral Hill Hospital, where 513 off-street parking spaces are proposed, and at the Cathedral Hill MOB, where 542 off-street parking spaces are proposed. The underground garages in these buildings would include car-share and secure bicycle parking facilities. The garage facilities in the Cathedral Hill Hospital and Cathedral Hill MOB

would be connected by a pedestrian tunnel under Van Ness Avenue. The Project Sponsor has worked closely with the Department to develop the appropriate balance both to ensure adequate parking that is Code-complying, and that the City's "transit first" goals are met.

Commuter traffic associated with the St. Luke's Replacement Hospital and St. Luke's MOB are not expected to impede Muni transit service, overburden City streets, or adversely affect neighborhood parking. The siting of the St. Luke's Replacement Hospital and St. Luke's MOB, the MOB garage entrance and exit on Valencia Street, the public plaza and the other St. Luke's Campus landscaping, will complement and support the operation of Muni service in the vicinity of the St. Luke's Campus.

The St. Luke's MOB would include an underground parking garage with approximately 220 off-street parking spaces. The proposed access to the St. Luke's MOB garage will be on a non-residentially developed street to minimize impact to residential traffic. The Project Sponsor has developed an appropriate balance of parking both to ensure adequate parking and that the City's "transit first" goals are met.

The Davies Neuroscience Institute building and the associated campus and streetscape improvements would not significantly affect automobile traffic congestion or parking problems throughout the neighborhood. The site is well served by transit, including the N-Judah Muni light rail, which a significant number of employees and visitors use to arrive at the campus, and the N-Judah and other transit lines with stops near the Davies Campus have been shown to have sufficient capacity to accommodate expected ridership from the proposed Neuroscience Institute during the peak periods. The surrounding neighborhood has residential parking permit restrictions, and the Davies Campus provides bicycle parking and shower facilities for bicyclists in order to encourage modes of transportation other than vehicular.

CPMC's existing system-wide Transportation Demand Management (TDM) program will be augmented to support this priority Policy across all campuses. CPMC's TDM program includes incentives for transit use, off-site parking for employees and a shuttle system coordinated with off-site parking and transit locations, further reducing commuter traffic to the CPMC campuses.

The Project is consistent with this Priority Policy.

E) A diverse economic base will be maintained by protecting our industrial and service sectors from displacement due to commercial office development. And future opportunities for resident employment and ownership in these sectors will be enhanced:

The Cathedral Hill Hospital would not include any general commercial office development and would not displace or otherwise adversely impact the City's industrial or service sectors. Although the Cathedral Hill Hospital would remove approximately 14,780 square feet of existing retail space, it would include approximately 3,100 square feet of new retail space.

The Cathedral Hill MOB will include medical offices, but would not include any general commercial office development. The Cathedral Hill MOB would not displace any industrial uses, although it would be located on the former sites of an adult video store at 1020 Geary Street, a bakery/café at 1100 Van Ness Avenue, a restaurant at 1100 Van Ness Avenue, two bar/lounges at 1030 and 1054-1060 Geary Street, and a car repair shop at 1062 Geary Street. All of these former commercial uses at the Cathedral Hill MOB site are now vacant. with the Cathedral Hill MOB would include approximately 7,047 square feet of ground floor retail, which would be available to the service sector for local-serving retail uses.

At the St. Luke's Campus, the St. Luke's Replacement Hospital and St. Luke's MOB would not include any general commercial office development and would not displace or otherwise adversely affect the City's industrial or service sectors. Although the existing St. Luke's Hospital Tower that would be demolished includes 873 s.f. of retail space, the St. Luke's MOB that will be constructed in its place will include more than three times as much retail space (approximately 2,600 square feet), which would be available to the service sector for local-serving retail uses.

At the Davies Campus, there would be no commercial office development, and the new Neuroscience Institute building would be constructed over a portion of an existing surface parking lot. The Neuroscience Institute would not displace or otherwise adversely affect the City's industrial or service sectors. The Neuroscience Institute building will include a small retail pharmacy store, which will increase opportunities for service-sector employment.

CPMC is the second largest private employer in San Francisco and is critically important to the economic health of San Francisco. The Project will maintain CPMC's important role as a major employer and major provider of essential health care services. Almost half of CPMC employees are San Francisco residents. During the construction period, the Near-Term Projects would provide needed employment for San Francisco's industrial and service sectors, which is especially important during the current recession. As a major employer, operations of the CPMC campuses will rely upon and benefit other economic sectors, including the service sector and, to a lesser extent, the industrial sector.

Through the commitments in the Development Agreement, CPMC will provide substantial construction and operational phase jobs and programs for local businesses and residents, including unemployed and economically disadvantaged residents. CPMC's commitments under the Development Agreement include the following:

- *CPMC will make good faith efforts to achieve 30% local hire measured by construction trade hours for the Near-Term Projects overall for each contractor, and by each trade.*
- *For new entry-level administrative and engineering positions and internships, CPMC will achieve 50% local hire.*
- *Half of all new apprentice positions will be filled with graduates from the CityBuild Academy; OEWD/CityBuild, contractors and unions will work together to maximize opportunities for local residents for remaining 50%.*

- *CPMC will create and administer a structured program to advance apprentices from CityBuild Academy to journey-level status in their trade by the end of the project.*
- *CPMC will hire at least 40 permanent entry-level hires annually for 5 years; targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods.*
- *CPMC will provide $2 million for community workforce services, which will provide grants to CBOs through OEWD for recruitment, training, job retention services.*

The Project is consistent with this Priority Policy.

F) The City will achieve the greatest possible preparedness to protect against injury and loss of life in an earthquake.

The Cathedral Hill Hospital and St. Luke's Replacement Hospital together comprise the most significant private proposal currently in development in San Francisco that has a primary goal of earthquake preparedness. The importance of earthquake preparedness is obvious. According to the United States Geological Survey, the overall probability of a magnitude 6.7 or stronger earthquake in the Greater Bay Area in the next 30 years is 63%, or about 2 out of 3. The purpose of building these hospitals is to comply with the stringent seismic requirements of Senate Bill 1953 and its successor legislation. The Project, including the Cathedral Hill Hospital and St. Luke's Replacement Hospital, will achieve significantly greater preparedness for earthquakes and other disasters for the entire City.

Senate Bill 1953 and its successor legislation requires that CPMC's hospitals at the California, Pacific, and St. Luke's Campuses either be retrofitted or rebuilt, or the acute care services provided there be relocated to new, compliant facilities that will remain operational after a strong earthquake. This new seismic standard is much stricter than "life safety" standards, which are generally intended to prevent collapse. The deadline for relocating to a new facility is January 1, 2013, under SB 1953, unless extended by SB 90 (potentially out to 2020) or successor legislation. If this deadline is not met, the acute care facilities at the Pacific, California, and St. Luke's Campuses are threatened with de-licensure (closure).

It is not feasible to retrofit or rebuild acute care facilities on the St. Luke's, California, or Pacific Campuses due to the service disruptions that would result. Taking any of these campuses out of operation, even temporarily, would result in an unacceptable impact to health care delivery in San Francisco. At St. Luke's Campus, the Blue Ribbon Panel concluded that building the St. Luke's Replacement Hospital is the best solution for the St. Luke's Campus, which would enable the continued operation of the existing Hospital Tower during the construction of the St. Luke's Replacement Hospital. The services currently offered at the acute care hospitals on the Pacific and California Campuses would be relocated to the new Cathedral Hill Hospital.

The Cathedral Hill MOB, St. Luke's MOB, and Neuroscience Institute would also comply with current seismic codes for medical office building construction. The physicians and other resources available at medical office buildings in close proximity to the hospitals at the

Cathedral Hill, St. Luke's, and Davies Campuses will be an important component of CPMC's ability to respond to a seismic event.

The Project is essential to the City's overall plan to provide safe and accessible facilities and available personnel in the event of an earthquake or other major disaster. The Cathedral Hill Hospital, St. Luke's Replacement Hospital and the recently completed seismic retrofit of the Davies Hospital North Tower together will result in about half of the City's inpatient health care being provided in facilities that are not only fit to withstand a major earthquake, but can be expected to remain operational thereafter. The Emergency Departments at these facilities will also be available to meet the community's immediate needs following such a disaster.

The Project is consistent with and substantially furthers this Priority Policy.

G) That landmark and historic buildings will be preserved:

The EIR analysis confirms that no landmark or historic buildings will be demolished, altered, or otherwise directly impacted from construction of the Cathedral Hill Hospital, Cathedral Hill MOB, St. Luke's Replacement Hospital, St. Luke's MOB, or Davies Campus Neuroscience Institute building. The discussion above regarding the Van Ness Area Plan objectives describes how the CHMOB building will be designed to be compatible with the more significant landmark buildings in the area.

The Project is consistent with this Priority Policy.

H) Parks and open space and their access to sunlight and vistas will be protected from development:

The Cathedral Hill Hospital and Cathedral Hill MOB sites do not include and are not within the immediate vicinity of any existing parks or public open space, and the results of the Section 295 Shadow Studies for these buildings confirmed that there would be no new shadow cast on any existing park or public open space.

The St. Luke's Replacement Hospital and St. Luke's MOB sites do not include and are not within the immediate vicinity of any existing parks or public open space, and the results of the Section 295 Shadow Studies for these buildings confirmed that there would be no new shadow cast on any existing park or public open space.

The proposed Neuroscience Institute building at the Davies Campus would cast some shadow on Duboce Park for very short periods during the winter months, according to the FEIR. However, this increase would represent a .0003% increase in shadow-hours for the park, which is an insignificant increase. Moreover, the shadow would not shade the playground or basketball court, and thus, would not affect the recreational use of the park.

None of the proposed Project activities have been identified in the EIR as casting significant, unavoidable shadows.

The Project is consistent with this Priority Policy.

I hereby certify that the Planning Commission ADOPTED the foregoing Motion on Thursday, April 26, 2012.

Linda D. Avery
Commission Secretary

AYES: Fong, Antonini, Borden, Miguel

NAYS: Moore, Sugaya

ABSENT: Wu

ADOPTED: April 26, 2012

BOARD of SUPERVISORS

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NOTICE OF PUBLIC HEARING

BOARD OF SUPERVISORS OF THE CITY AND COUNTY OF SAN FRANCISCO

LAND USE & ECONOMIC DEVELOPMENT COMMITTEE

NOTICE IS HEREBY GIVEN THAT the Land Use and Economic Development Committee will a hold a public hearing to consider the following proposal and said public hearing will be held as follows, at which time all interested parties may attend and be heard:

Date: **Friday, June 15, 2012**

Time: **10:00 a.m.**

Location: **Legislative Chamber, Room 250 located at City Hall**
1 Dr. Carlton B. Goodlett Place, San Francisco, CA

Subject: **California Pacific Medical Center Long Range Development Plan**

120357 **Planning Code - Increase Maximum Floor Area Ratios and Create the Van Ness Medical Use Subdistrict Within the Van Ness Special Use District - California Pacific Medical Center: Cathedral Hill Campus**

Ordinance amending the San Francisco Planning Code by: 1) amending Section 124 to allow a floor area ratio of 9:1 for a hospital and 7.5:1 for a medical office building within the Van Ness Special Use District, Medical Use Subdistrict; 2) amending Section 243 to include the establishment of the Van Ness Medical Use Subdistrict and associated controls; and 3) adopting findings, including environmental findings, Planning Code Section 302 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

120358 **Planning Code - Increase Maximum Permitted Floor Area Ratio and Establish the Cesar Chavez/Valencia Streets Medical Use Special Use District - California Pacific Medical Center: St. Luke's Campus**

Ordinance amending the San Francisco Planning Code by: 1) adding Section 124(k) to allow a floor area ratio of 2.5 to 1 in the Cesar Chavez/Valencia Streets Medical Use Special Use District; 2) adding Section 249.68 to establish the Cesar Chavez/Valencia Streets Medical Use Special Use District; and 3) adopting findings, including environmental findings, Planning Code Section 302 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

120359 Zoning Map - California Pacific Medical Center: Cathedral Hill Campus

Ordinance amending the San Francisco Planning Code Sectional Maps SU02 and HT02 of the Zoning Map of the City and County of San Francisco to: 1) reflect the creation of the Van Ness Medical Use Subdistrict at Assessor's Block Nos. 0695 (Lot Nos. 005, 006) and 0694 (Lot Nos. 005, 006, 007, 008, 009, 009A, 010); 2) allow an increase in height at Assessor's Block No. 0695 (Lot Nos. 005, 006) in order to allow for a new seismically safe hospital; and 3) adopt findings, including environmental findings, Section 302 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

120360 Zoning Map - California Pacific Medical Center: St. Luke's Campus

Ordinance amending the San Francisco Planning Code Sectional Maps SU07 and HT07 of the Zoning Map of the City and County of San Francisco to: 1) reflect the creation of the Cesar Chavez/Valencia Streets Medical Use Special Use District at the California Pacific Medical Center's St. Luke's Campus (Block No. 6575, Lot Nos. 001 and 002; Block No. 6576, Lot No. 021; and a portion of San Jose Avenue between Cesar Chavez and 27th Streets); 2) allow an increase in height throughout the western portion of the California Pacific Medical Center's St. Luke's Campus (Block No. 6576, Lot No. 021; and a portion of San Jose Avenue between Cesar Chavez and 27th Streets) in order to allow for a new seismically safe replacement hospital; and 3) adopt findings, including environmental findings, Section 302 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

120361 Summary Street Vacation - Portion of San Jose Avenue - California Pacific Medical Center: St. Luke's Campus

Ordinance ordering the summary street vacation of a portion of San Jose Avenue, between 27th Street and Cesar Chavez Street; rescinding an existing encroachment permit; adopting environmental findings pursuant to the California Environmental Quality Act and findings that the action contemplated herein are consistent with the San Francisco General Plan and eight priority policies of San Francisco Planning Code Section 101.1; and authorizing official acts in connection with this ordinance.

120362 Street Encroachments - Van Ness Avenue, Cedar Street, and Geary Boulevard - California Pacific Medical Center: Cathedral Hill Campus

Resolution: 1) granting revocable permission to the California Pacific Medical Center to a) occupy a portion of the public right-of way on Van Ness Avenue in order to construct and maintain a pedestrian tunnel under Van Ness Avenue (State Highway 101) to connect the new medical office building and the new hospital located at 1100 and 1101 Van Ness Avenue respectively; b) construct and maintain off-site improvements on the north side of Cedar Street between Van Ness Avenue and Polk Street, across the street from the medical office building and on the south side of Cedar Street contiguous to the property at 1001 Polk Street (Block No. 0694, Lot No. 004), including reconstructing and widening the existing sidewalk, installing new landscaping and reconstructing the existing roadway with pavers; and c) install and maintain two 30,000 gallon diesel fuel tanks within the public right of way under Geary Boulevard between Franklin Street and Van Ness Avenue, in order to serve the hospital at 1101 Van Ness Avenue; and 2) making environmental findings and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

120363 **Land Transf Agreement - Sale of a Portion of S Jose Avenue Between 27th Street and Cesar Chavez Street - Sutter West Bay Hospitals - California Pacific Medical Center: St. Luke's Campus**

Resolution authorizing the Director of Property to execute a Land Transfer Agreement with Sutter West Bay Hospitals, doing business as California Pacific Medical Center, for the future conveyance by the City and County of San Francisco to California Pacific Medical Center of real property consisting of a portion of San Jose Avenue between 27th Street and Cesar Chavez Street; and making findings, including findings under the California Environmental Quality Act and findings of consistency with the General Plan and Planning Code Section 101.1.

120364 **Changing the Official Sidewalk Widths - Portions of Post Street, Geary Boulevard, Geary Street, Cedar Street, Franklin Street, and Van Ness Avenue - California Pacific Medical Center: Cathedral Hill Campus**

Ordinance: 1) amending Ordinance No. 1061 entitled "Regulating the Width of Sidewalks" by adding thereto Section 1596 to change the official sidewalk width of: a) the southerly side of Post Street starting at the southeast intersection with Franklin Street continuing east to the southwest intersection with Van Ness Avenue; b) the northerly side of Geary Boulevard starting at the northeast intersection with Franklin Street continuing east to the northwest intersection with Van Ness Avenue; c) the northerly side of Geary Street starting at the northeast intersection of Van Ness Avenue continuing east 325 feet; d) both sides of Cedar Street starting at the intersection with Van Ness Avenue continuing east to the intersection with Polk Street; e) the westerly side of Van Ness Avenue starting at the intersection with Geary Boulevard continuing north to the intersection with Post Street; and f) the easterly side of Van Ness Avenue starting at the intersection with Geary Street continuing north to the intersection with Cedar Street; 2) making environmental findings and findings pursuant to the General Plan and Planning Code Section 101.1; and 3) requiring relocation, modification, or both of facilities affected by the sidewalk width change.

120365 **Changing the Official Sidewalk Widths - Portions of Cesar Chavez Street, Valencia Street and 27th Street - California Pacific Medical Center: St. Luke's Campus**

Ordinance: 1) amending Ordinance No. 1061 entitled "Regulating the Width of Sidewalks" by adding thereto Section 1591 to change the official sidewalk width of: a) the southerly side of Cesar Chavez Street starting at the southeast intersection with Guerrero Street continuing east to the southwest intersection with Valencia Street; b) the westerly side of Valencia Street, starting at the southwest intersection with Cesar Chavez Street continuing south to the northwest intersection with Duncan Street; and c) the northern portion of 27th Street starting at the intersection of 27th Street and San Jose Avenue and continuing west for 44.24 feet; 2) making environmental findings and findings pursuant to the General Plan and Planning Code Section 101.1; and 3) requiring relocation, modification, or both of facilities affected by the sidewalk width change.

120366 **Development Agreement - Sutter West Bay Hospitals - California Pacific Medical Center**

Ordinance: 1) approving a Development Agreement between the City and County of San Francisco and Sutter West Bay Hospitals, for certain real property associated with the California Pacific Medical Center Long Range Development Plan located at various locations in the City and County of San Francisco and generally referred to as the St. Luke's Campus, Cathedral Hill (Van Ness and Geary) Campus, Davies Campus, Pacific Campus, and California Campus; 2) making findings under the California Environmental Quality Act, findings of conformity with the City's General Plan and with the eight priority policies of Planning Code Section 101.1(b); and 3) waiving certain provisions of Administrative Code Chapter 56, and ratifying certain actions taken in connection therewith.

120458 **General Plan - Van Ness Area Plan Amendments - California Pacific Medical Center: Cathedral Hill Campus**

Ordinance amending the San Francisco General Plan Van Ness Area Plan in order to facilitate the development of a high density medical center at the transit nexus of Van Ness Avenue and Geary Boulevard and reflect various elements of this use; and adopting findings, including environmental findings, Planning Code Section 340 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

120459 **General Plan Map - California Pacific Medical Center: St. Luke's Campus**

Ordinance amending the General Plan of the City and County of San Francisco by: 1) amending Map 4 of the Urban Design Element to increase the height limit for the California Pacific Medical Center's St. Luke's Campus (Block No. 6575/Lot Nos. 001, 002; Block No. 6576/Lot No. 021, and the portion of San Jose Avenue between Cesar Chavez Street and 27th Street) to 105 feet; and 2) amending Map 5 of the Urban Design Element to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 227' and 270', respectively, for the St. Luke's Replacement Hospital site and 204' and 228', respectively, for the medical office building site at the St. Luke's Campus; and adopting findings, including environmental findings, Section 340 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

120460 **General Plan Map - California Pacific Medical Center: Cathedral Hill Campus**

Ordinance amending the General Plan of the City and County of San Francisco by: 1) amending Map 4 of the Urban Design Element to allow for development up to a height of 265 feet on the block bounded by Van Ness Avenue, Geary Boulevard, Franklin and Post Streets; 2) amending Map 5 of the Urban Design Element to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 385' and 466', respectively, for the Cathedral Hill Hospital site and 265' and 290', respectively, for the Cathedral Hill MOB site; 3) amending Map 1 of the Van Ness Area Plan, to designate the sites of the proposed Cathedral Hill Hospital and Medical Office Building as the Van Ness Medical Use Subdistrict; and 4) amending Map 2 of the Van Ness Area Plan to create a 265-V height/bulk district coterminous with the Hospital site; and adopting findings, including environmental findings, Planning Code Section 340 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

In accordance with Section 67.7-1 of the San Francisco Administrative Code, persons who are unable to attend the hearing on these matters may submit written comments to the City prior to the time the hearing begins. These comments will be made a part of the official public records in these matters, and shall be brought to the attention of the Members of the Committee. Written comments should be addressed to Angela Calvillo, Clerk of the Board, Room 244, City Hall, 1 Dr. Carlton Goodlett Place, San Francisco, 94102. Information relating to this matter is available in the Office of the Clerk of the Board and agenda information relating to this matter will be available for public review on Friday, June 8, 2012.

for

Angela Calvillo, Clerk of the Board

DATED: May 30, 2012
MAILED: June 1, 2012
PUBLISHED: June 1 & 8, 2012 (Street Vacation); June 5, 2012 (General Plan Amendments & Development Agreement)

City and County of San Francisco

Phone: (415) 554-5827
Fax: (415) 554-5324
www.sfdpw.org
Subdivision.Mapping@sfdpw.org

Edwin M. Lee, Mayor
Mohammed Nuru, Director
Fuad S. Sweiss, PE, PLS,
City Engineer & Deputy Director of Engineering

Department of Public Works
Office of the City and County Surveyor
875 Stevenson Street, Room 410
San Francisco, CA 94103

Bruce R. Storrs, City and County Surveyor

I, JAVIER RIVERA state:

That acting under and by the direction of the director of Public Works of the City and County of San Francisco, State of California, I did on the 31 day of MAY, 2012 conspicuously post along the line of the proposed Street Vacation and Sidewalk Changes at various locations, at points not more than three hundred (300) feet in distance apart, notices, not less than three in all, of the Friday, June 15, 2012 hearing of the Board of Supervisors Land Use & Economic Development Committee on the proposed California Pacific Medical Center Long Range Development Plan, and that the within is a full, true and correct copy of each of said notices so posted as aforesaid.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at San Francisco, California on 31 day of May, 2012.

Signed: Javier Rivera

San Francisco Tomorrow

Since 1970, Working to Protect the Urban Environment

June 15, 2012

David Chiu
President, San Francisco Board of Supervisors
City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102
Sent via electronic mail

Re: Support of Appeal by California Nurses Assoc., et. al., Challenges to Proposed EIR Certification, Development Agreements and Development Approvals of the CPMC Long Range Development Plan.

Dear President Chiu and Supervisors:

We are writing on behalf of San Francisco Tomorrow in support of the appeal of the certification of the CEQA document for the California Pacific Medical Center (CPMC) project. However, we would like to make the point that the issues relating to CEQUA and certification of the CPMC Development Plan are presented as inter-related and similar with regard to community impact and mitigation requirements. We offer the following comments and related attachments in support of the appeal.

COMMULATIVE IMPACTS: An EIR needs to consider the cumulative effects of the projects, taken together with other past, present, and reasonably foreseeable future projects. If the cumulative impact is found significant, appropriate mitigation needs to be proposed and required. Pertinent legal requirements are appended "A" (San Franciscans For Reasonable Growth vs. City and County of San Francisco; Friends of Eel River v. Sonoma County Water Agency; Kings County Farm Bureau vs. City of Hanford, et. al.).

As previously noted, the City proposed EIR ignored impact effects entailed by City approval of tax abatements contiguous to the Cathedral Hill CPMC development site. With the CPMC developments, the contiguous areas will be severely affected by these cumulative impacts on the quality and costs of housing, inter-related enterprises, employment and services. These impacts will be much larger than the City acknowledges and, therefore, will require significantly larger mitigations and much more complex means for its implementation than presented. This will require professional, objective analysis by entities that have not been legally compromised by the current city propositions.

FEASIBILITY: "The EIR failed to consider a reasonable range of feasible alternatives that could reduce the projects impacts." Regardless of investor's profit margins, costs to others including the public entities must be the basis for analysis of feasibility of mitigation requirements. The legal

requirements are appended "B" and are taken from the SFT versus Park Merced, et. al. legal challenge. Suggestions as to mitigation possibilities were made with the April 4 submission. They include a joint public/private development thru the aegis of an Urban Development Corporation and area wide use of "ground rents" as the basis for contiguous tax abatement benefits.

HEALTH, WELFARE AND SAFETY: These criteria are the basis for national constitutional government interventions.

SAFETY: Two thirds of the geographic city will not be served by current health facilities in the certain event of a seismic disaster. Sutter Health provides a substantial portion of the areas health and urgent response needs and, therefore, should be required, with all health response providers, to provide shared resources to the areas' disaster response prior to any present commitment to development use of its current resources. The approval of these projects must be subject to a Health Master Plan now and not five years hence. Because the city/county has a broad resource and institutional mandate to meet such urgent needs, the city/county with Sutter Health must commit now to collective mitigations and means prior to any other commitment of resources for the attainment of this proposed project.

The Cathedral Hill site has the possibility, on Franklin, of contiguity to a volatile PGE 30" gas line, map appended. Preliminary research by Sutter Health did not entail digging a trench to actually test for the presence of this dangerous gas line. The authority for such an encroachment lies with DPW that on May 9, 2012, DPW Order No: 180211, refused a challenge by Bernard Choden, to provide such a test as a requirement of its liabilities. Note that that hearing involved a permit by CPMC to provide two 30,000 gallon diesel fuel tanks near the possible Franklin 30" gas line. Granting of the encroachment permit singularly considered an unapproved development plan without alternatives or safer placements.

At the above DPW hearing, encroachment request were also made for a tunnel under Van Ness between the CPMC developments. Alternative project possibilities were not considered including a smaller hospital between Van Ness and Polk or a bridge connection over Van Ness in lieu of a tunnel that would have less interference with emergency access to the hospital and less interference with traffic projections and utilities on Van Ness.

HEALTH: The community's access to affordable and urgent health care requires a prior Health Master Plan now and not five years hence. The postponed Master Plan does not account for the need to pool all health resources and means to provide both affordability and urgent care were and when needed. Given the diversion of CPMC and city resources presently, it is unlikely that future mitigations and means will be available. Further, state requirements for seismic upgrades of hospitals will result in significant new health facility investments within the next five years rendering the proposed Health Master Plan ineffective.

San Francisco Tomorrow
Since 1970, Working to Protect the Urban Environment

WELFARE: As noted previously, EIR impacts cumulatively on the quality and affordability of housing, inter-related enterprise investments, including employment, services and accessibility; these development impacts have been critically ignored.

These are impoverished areas. As a very recent article in the New York Times indicated concerning government policy, employment and investment in this area, the costs of housing within the city has risen by over 17% in one year. As a result, such cumulative development has caused housing displacement of families and their laborers to move out of the city. This is further exemplified by the need for approximately 85% of the unionized construction workers to live outside of the city; therefore, the costs of labor will rise for construction or your plumber. Furthermore, the revenues due the city will decline.

Politically circumscribing the development areas by zoning severely limits mitigation possibilities that address the problems of this development. This is not an ideological question; it is an imperative mandate for government action.

Sincerely,

Jennifer Clary
President

Will you want to live in San Francisco – tomorrow?

41 Sutter Street, Suite 1579 . San Francisco CA 94104-4903 . (415) 566-7050
Recycled Paper

ATTACHMENT A:

The first is from *San Franciscans for Reasonable Growth v. City and County of San Francisco* (1984) 151 Cal.App.3d 61, 76-77:

Projects under review are independent endeavors, and their developers aggressively seek individual approval. This independence and individualized potential approval makes it all the more important that they be cumulatively considered because, unlike the development of geothermal resources, which involves a fairly unified and concerted coordination of individual projects (e.g., wells, pipelines, production units, storage facilities), the development of downtown San Francisco generally occurs bit by bit. No one project may appear to cause a significant amount of adverse effects. However, without a mechanism for addressing the cumulative effects of individual projects, there could never be any awareness of or control over the speed and manner of downtown development. Without such control, piecemeal development would inevitably cause havoc in virtually every aspect of the urban environment.

This is from *Friends of the Eel River v. Sonoma County Water Agency* (2003) 108 Cal.App.4th 859, 868-869:

The Guidelines require the Agency to consider "past, present, and probable future projects producing related or cumulative impacts ...." (Guidelines, § 15130, subd. (b)(1)(A).) The Agency must interpret this requirement in such a way as to "afford the fullest possible protection of the environment." (Citizens Assn. for Sensible Development of Bishop Area v. County of Inyo (1985) 172 Cal.App.3d 151, 168 [217 Cal.Rptr. 893]; see also Friends of Mammoth v. Board of Supervisors (1972) 8 Cal.3d 247, 259 [104 Cal.Rptr. 761, 502 P.2d 1049]; San Franciscans for Reasonable Growth, supra, 151 Cal.App.3d 61, 74.)

And finally this from *Kings County Farm Bureau v. City of Hanford* (1990) 221 Cal.App.3d 692 (1990) 221 Cal.App.3d 692, 721:

We find the analysis used in the EIR and urged by GWF avoids analyzing the severity of the problem and allows the approval of projects which, when taken in isolation, appear insignificant, but when viewed together, appear startling. Under GWF's "ratio" theory, the greater the overall problem, the less significance a project has in a cumulative impacts analysis. We conclude the standard for a cumulative impacts analysis is defined by the use of the term "collectively significant" in Guidelines section 15355 and the analysis must assess the collective or combined effect of energy development. The EIR improperly focused upon the individual project's relative effects and omitted facts relevant to an analysis of the collective effect this and other sources will have upon air quality.

Bottom line: An EIR needs to consider the cumulative effects of the project, taken together with other past, present, and reasonably foreseeable future projects. If the cumulative impact is found significant, appropriate mitigation needs to be proposed and required.

ATTACHMENT B:

As was stated in *California Oak Foundation v. The Regents of the University of California* (2010) 188 Cal.App.4th 227, 274, "If the EIR is the 'heart' of CEQA, the mitigation and alternatives discussion forms the EIR's 'core'." "One of an EIR's major functions is to ensure that all reasonable alternatives to proposed projects are thoroughly assessed by the responsible official." (*Citizens of Goleta Valley v. Board of Supervisors ("Goleta II")* (1990) 52 Cal.3d 553, 565.) "[A]n EIR must describe a range of reasonable alternatives to the project, or to the location of the project, which could feasibly attain the basic objectives of the project, and evaluate the comparative merits of the alternatives." (*Id.*, quoting from CEQA Guidelines §15126(d).) In particular, the alternatives discussion should focus on alternatives that offer substantial environmental advantages over the project proposal. (*Id.*, citing Public Resources Code §21002.) However, there is no categorical imperative as to the scope of alternatives that must be analyzed. Rather, each case must be evaluated on its own facts. (*Id.*)

To: San Francisco Planning Commission
San Francisco Board of Supervisors
Fr: Bernard Choden
Re: CPMC Development Agreement and DEIR concerns:

April 4, 2012

The proposed city Development Agreement with CPMC must be a very significant portion of the comprehensive mitigations required of the DEIR CPMC development approvals. Therefore, analysis and disposition of a DEIR must precede the finalization of a proposed Development Agreement. Cited relevantly is the California legal decision regarding Albany's seashore decision Citizens for Responsible Growth versus the City of Albany, 1997, citation 56, CALAPT forth series, page 1199. To clarify the issues raised, scope and measurement of mitigation and the means to effect mitigations must be known beforehand. For example:

1. The city and region needs a committed and effective disaster plan, as for a seismic event, now containing committed resource shares from and by all health facilities. Therefore, the city must effectuate a disaster Master Plan prior to determining the extent of CPMC mitigation requirement. Because CPMC has a substantial portion of the region's health resources, the city must require a Development Agreement to require CPMC's commitment to its participation with other health resource institutions, including the city's health facilities, in advance of approving either the agreement or a DEIR. There is even the question of whether the Cathedral Hill site can provide disaster relief at the proposed CPMC location.
2. The cumulative environment impacts mitigations must be determined as to scope, measures and means on both CPMC sites. Particularly pressing will be increased costs of housing and services that must be mitigated. Given the unquestionable fact that this city, with New York City, share the onus of having the highest costs of housing in the nation, it is obvious that mitigation requires public and private institutional commitments to preserve affordable housing and services to these low income areas. No approvals should be considered before the city has a fully prescriptive, effective and legal Housing Element conjunctive with the General Plan.
3. The Cathedral Hill CPMC site is bordered by a possibility volatile PG&E 30" gas pipeline of San Bruno lineage. Prior to any private or public resource commitments it is critical that the city seek "injunctive relief" requiring tests for safety immediately.

The question then is "what's rush?"

To: SFBOS
Fr: Bernard Choden
Re: Record Supplement to My Testimony Per CPMC Hearing, Dec. 13.

Dec. 15, 2011

To enable "Community Benefits" and mandated mitigation of CEQUA, the following normative financial means are suggested:

1. Require CPMC to exchange fee simple title for the right to develop their sites.
   a. The City would gain a vested equity in the quality of use and obligations forever.
   b. The City would retain "ground rents" revenue rights to guarantee "Public Benefits".
2. Enable a community development district for both CPMC areas.
   a. Create an "Urban Development Corporation" as a public/private partner with NGO's and a fully participant community as an enabling institution.
   b. Include within the development areas all cumulative development that impacts the CEQUA conditions. Included, therefore, would be the hi-tech "Twitter" Market St. proposals.
   c. All investments would be protected as continued developments through use of exchange of titles for development rights. The revenues from "ground rents" would form an underpinning UDC trust fund.
   d. The trust fund could enable low cost private investment through government backed "Letters of Participation" and other frontend support such as insurance and seed money.
   e. Investors, including CPMC, would provide their vested collateral that would become city property should they fail to perform.
   f. The process would enable larger, more flexible footprints for CPMC and other development while highly protective of the contiguous communities rights to affordable, environmentally pleasant residencies and services.
3. Require CPMC to post a "Performance Bond" to guarantee third party scrutiny of the adequacy of the mitigation agreements and performance.
4. Require the testing of the PG&E 30" gas pipeline on Franklin prior to any site approval by "Injunctive Relief."

To: SF Board of Supervisors
Fr: Bernard Choden
Re: Hearing on CPMC Status, Committee/BOS Agenda
Dec. 13, 2011

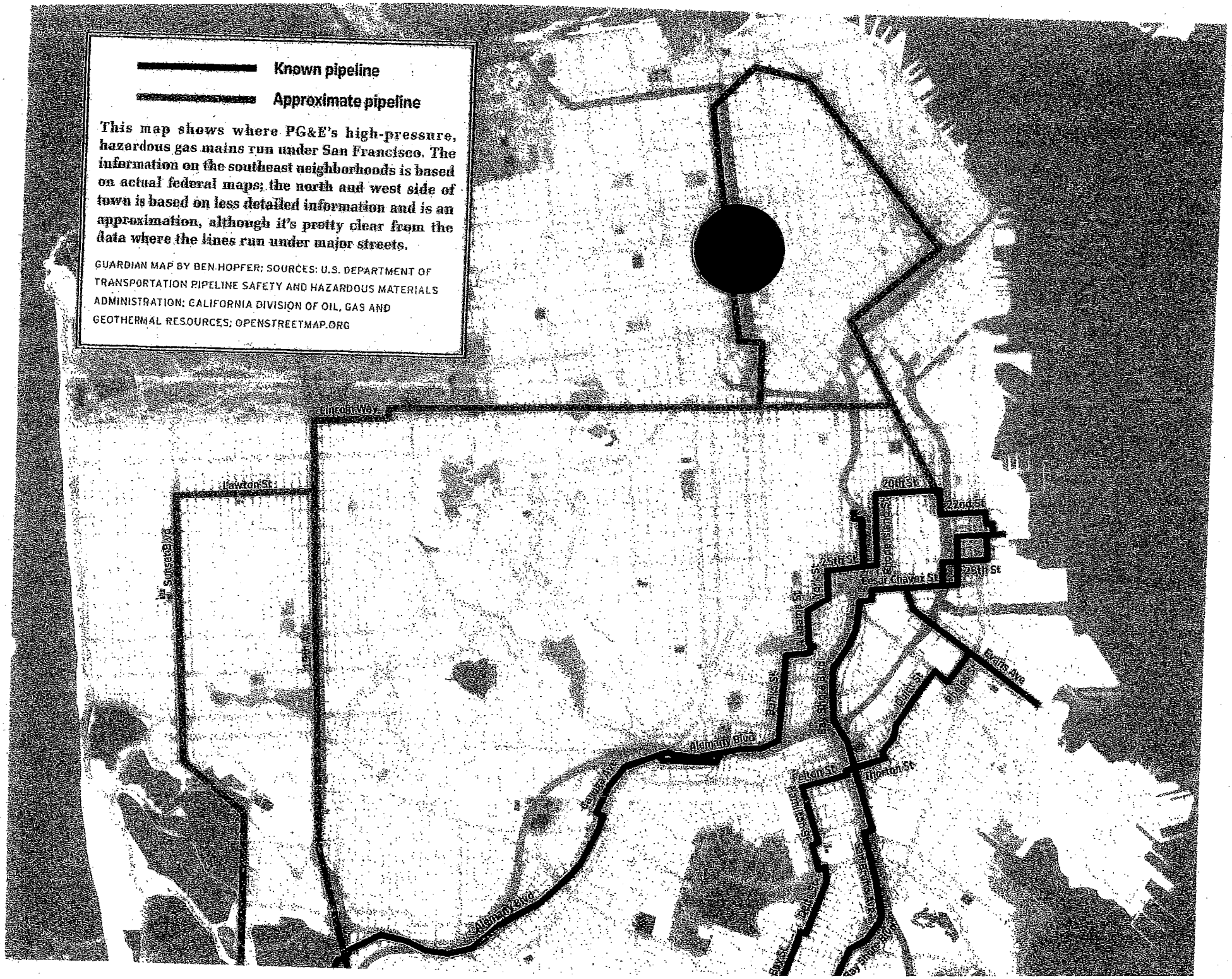
1. **CEQUA:** The California Environmental Quality Act (CEQUA) mandates that development impacts be mitigated for cumulative effects on the availability and affordability of housing and related community services. Regard to the Tenderloin and adjacent area by an existing, approved "hi-tech" (Twitter) district to the south and the proposed CPMC hospital development to the West indicates an onerous community burden on the availability of affordable housing and related community services for which government has not provided adequate clarification, means or resources that would mitigate these EIR impacts.

2. **DISASTER SAFETY:** A citywide "Health Master Plan" should require that CPMC and all other health providers collectively provide all areas of the city with emergency services especially in the event of a seismic disaster when over one million people will be endangered for as long as one month. Given the scale and locations of the CPMC proposals, the collective commitments of all health providers must be made now prior to a CPMC development approval not five years later.

3. **PIPELINE DANGER:** The U.S. Dept. of Transportation Pipeline Safety and Hazardous Materials Adm. And the Calif. Div. of Oil Gas and Geothermal Resources Open Street Map. Org clearly indicates that contiguous to the CPMC Franklin St. site a possibly volatile PG&E 30" gas pipeline of the San Bruno vintage. This danger must be assessed now by the City, perhaps by a State Declarative Injunction, prior to approvals of CPMC and city investments and development on that site.

4. **SANCTIONS:** Proposed community benefits and effective community EIR mitigations are functionally mutually supportive. They are not inimical to each other.

5. **PLANNING:** Both the Franklin St. and St. Lukes (Mission St.) community areas require effective, community supportive planning that becomes institutionally protective of their communities affordability and functions that will result from the environmental impacts of the sizable CPMC proposals. This is a State mandated requirement that has been quite inadequately pursued by the planning process or the BOS.


Known pipeline
Approximate pipeline
This map shows where PG&E's high-pressure, hazardous gas mains run under San Francisco. The information on the southeast neighborhoods is based on actual federal maps; the north and west side of town is based on less detailed information and is an approximation, although it's pretty clear from the data where the lines run under major streets.
GUARDIAN MAP BY BEN HOPFER; SOURCES: U.S. DEPARTMENT OF TRANSPORTATION PIPELINE SAFETY AND HAZARDOUS MATERIALS ADMINISTRATION; CALIFORNIA DIVISION OF OIL, GAS AND GEOTHERMAL RESOURCES; OPENSTREETMAP.ORG
Lincoln Way
Lawton St
Sunset Blvd
19th Ave
Alemany Blvd
Geneva Ave
Bayshore Blvd
Peter St
Fairfax St
Alabama St
Potrero Ave
Cesar Chavez St
25th St
26th St
22nd St
20th St
Indiana St
Illinois St
Bryant St
Fulton St
Hudson St
Evans Ave
Cesar Chavez St
Bay Shore Blvd

Mid-Market and Tenderloin neighborhoods was proposed in early 2011, the area has seen an influx of businesses, arts groups and development. Projects are in varying stages of construction. But one year after Mayor Ed Lee signed the tax break into law in April 2011, crime remains a real issue.

Central Market Street and Tenderloin Area Payroll Expense Tax Exclusion Zone

Tech companies

Residential and mixed-use projects

Hotel and other planned renovations

Small businesses that have opened or relocated to the area

Arts-related enterprises

TENDERLOIN

MID-MARKET

HAYES VALLEY

MARKET ST.

MISSION ST.

VAN NESS AVE.

Playground

Boeddeker Park

Hallidie Plaza

Westfield Shopping Centre

Supreme Court

Civic Auditorium

City Hall

War Memorial Opera House

Market Theater

Federal Building

ELLIS ST.
JONES ST.
TAYLOR ST.
EDDY ST.
LEAVENWORTH ST.
HYDE ST.
TURK ST.
GOLDEN GATE AVE.
JESSIE ST.
STEVENSON ST.
MCALLISTER ST.
FULTON ST.
LARKIN ST.
POLK ST.
GROVE ST.
IVY ST.
HAYES ST.
FELL ST.
OAK ST.
FRANKLIN ST.
ANGELO SAL.
8TH ST.
9TH ST.
10TH ST.
11TH ST.
6TH ST.
7TH ST.
5TH ST.
NATOMA ST.
HOWARD ST.
MINNA ST.

Social House
Plano Fight Productions
Benchmark Capital
Farm:Table (pending)
Burning Man
Pearl's Burgers
SF Camerawork Gallery
Community Housing Partnership
Hibernia Bank building
Renoir Hotel
Mirtille Cafe
50 United Nations Plaza
American Conservatory Theater (formerly Strand Theater)
CityPlace
Zendesk
Zoosk
Dottie's True Blue Cafe
Satellite Gallery 66
Huckleberry Bicycles
Grant Building
ACT's Costume Shop
Bindlestiff Studios
De La Paz Coffee Roasters
AQ Restaurant
Trinity Place
Little Griddle
Ma'velous Coffee & Wine Bar
Avalon Housing (start late 2012)
Twitter (Summer 2012)
One Kings Lane (Fall 2012)
Callsocket (Fall 2012)
Yammer (end of 2012)
Retail and grocery
Crescent Heights

Detail area
SAN FRANCISCO

0 500 FEET

Crimes in the Central Market Tenderloin Tax Exclusion Zone	June 1, 2010-May 31, 2011	June 1, 2011-May 31, 2012
Aggravated assault	306	337
Arson	6	11
Burglary	154	162
Drug/narcotic	1,946	1,440
Drunkenness	77	64
Homicide	3	4
Rape	22	9
Robbery	418	435
Larceny/theft	1,175	1,122
Vehicle theft	90	90
Simple assault	696	677
Prostitution	11	7

Sources: CrimeView - Cable; Homicide data - Homicide Detail, The Mayor's Office of Economic and Workforce Development

John Blanchard / The Chronicle

6/15/12
Received in Committee

RESIDENTIAL COMMENTS

Good Morning President Chiu and members of the Board, my name is Helene Dellanini. I am the General Manager of Daniel Burnham Court, a residential and commercial condominium building on the corner of Van Ness and Post.

Daniel Burnham Court is comprised of **245 residential** units and **103 thousand square feet of commercial space**. Our association represents the closest high-concentration neighbor to any of the various projects associated with CPMC's plans.

We are here today to show our support for the new CPMC medical center. We feel this project will do much to improve what today, is a blighted spot in our otherwise wonderful neighborhood.

For the past several months we have been working with CPMC representatives and representatives from Supervisor

Mark Farrell's office to ensure that the concerns of our homeowners and tenants were considered as CPMC makes plans for the demolition and construction of the new medical facility.

We are pleased to report that we have reached consensus on a number of critical issues including noise and vibration monitoring, construction work hours, and parking, all meant to make life easier not only for our residents – but for the surrounding community as well.

We look forward to having the new hospital completed and for CPMC to be our new neighbor.

Helene Dellenini

6/15/12
Received in Committee

DRAFT

COMMERCIAL COMMENTS

Good afternoon supervisor Mar, Supervisor Cohen and Supervisor Wiener. My name is Marcus Young and I am representing the commercial tenants at Daniel Burnham Court, located at the corner of Post Street and Van Ness.

The commercial footprint at this building is roughly 103 thousand square feet. About 40 percent of that space is leased to tenants whose business is medical in nature, including plastic surgeons, eye doctors, dentists and others who often use sensitive medical equipment as part of providing care to their patients.

As the commercial representative, I have been part of the negotiating team for the better part of 18 months and I am here to voice our support for the CPMC Cathedral Hill Hospital Project. Through our discussions, CPMC has worked with us to mitigate issues surrounding the heavy construction phase of the project and to ensure as little

disruption as possible for our tenants as well as their patients and visitors. These measures include noise and vibration monitoring, dust mitigation measures and parking and traffic flow measures.

While we are acutely aware that the demolition and construction of this project, which we estimate to be over 1000 days of heavy construction, cannot be made completely free of disruption to the various medical practices and other tenants in our building, we are pleased with the outcome of these negotiations. We look forward to having CPMC and their new hospital as a neighbor, and to working with them throughout the construction of this new world-class medical center.

6/15/12
Received in Committee

Thousands of San Franciscans concerned about the new hospital, signed on to support a better deal that creates community benefits for the city. The petition states:

I support Saving St Luke's and Rebuilding Sutter/CPMC the Right Way!

Any deal must include:

- Organizing rights & fair union contracts for all Sutter/CPMC employees;
- Job opportunities for local residents;
- Quality health care for poor and working class communities;
- Rebuilding St Luke's the right way so it operates at full capacity;
-Have Sutter/CPMC Sign a legally binding agreement with community stakeholders, so we can enforce it

Petitions were circulated mostly in the west and southwest (District 10 in particular) and as residents signed the petition online, in the streets and in community groups, they also left personal comments about what is important for them. Below is what people want in a good deal with Sutter/CPMC.

A sample of responses from San Francisco Residents:

-As a Mission resident for 28 years, part of the working poor, it is vital to me that full hospital services remain available in my community; and that local hires make a living wage

-new jobs and protections for current workers, saving St. Lukes, smaller Cathedral Hill hospital, fair share of charity care and housing.

-Not only jobs but jobs with fair contracts to make our city thrive!

-We need benefits to our community when billions flow in to our cities, we need a community benefits agreement

-Employees are not guaranteed employment when going to the completed cathedral hill CPMC. CPMC is trying to build a union free CPMC.

-Any agreement needs to be legally binding or it means nothing. We need good union contracts so we can continue to have good jobs in our communities. Keep our local hospital open.

-Job training programs would greatly increase employment in the Southeast

-I favor healthcare for people not for profit.

-St Lukes is the only accessible health facility on the south side of the City (except the overburdened General Hospital.) If city leaders let it go down for Sutter's profits, they are telling poor and working class San Franciscans to "just die."

BOS-11

File 120362

To. Angela Calvillo, Clerk of the Board Room 244
City Hall 1 Dr. Carlton B. Goodlett Place
San Francisco CA. 94102.

Comments

(1) I am interested in the motion 18588 for the proposed California Pacific Medical Center Long Range Development Plan Project Coz many people will be benefited by these plan specially the elders.

Now a days many people get sick they need a good hospital to take good care of them.

all the rest of the motion are okey and favorable

I doubt the 120362 (B) Construct and maintain off site improvements on the north side of Cedar Street between Van Ness AVE and POLK ST. it might affect the Seniors Housing at 990 POLK ST. Wire we live.

Residents of 990 POLK Street
Apt 512 SFCA-94109

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2012 JUN -7 PM 2:41
BY

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2012 MAY -9 PM 2:55
BY

BOARD OF SUPERVISOR'S
LAND USE AND ECONOMIC DEVELOPMENT COMMITTEE
SUPERVISOR'S: ERIC MAR, MALIA COHEN, SCOTT WIENER
CLERK: ALISA MILLER
CITY HALL ROOM 244
1 DR CARLTON B. GOODLETT PL
SAN FRANCISCO, CA 94102-4689

DEAR SUPERVISOR'S E. MAR-CHAIR, M. COHEN, VICE CHAIR,
S. WEINER, MEMBER,

MY NAME IS MARVIS J. PHILLIPS I AM THE LAND USE CHAIR OF THE ALLIANCE FOR A BETTER DIST 6. I AM WRITING REGUARDING FILE NOS. 120357, 120358, 120359, 120360, 120361, 120362, 120363, 120364, 120365, 120366 CPMC BOTH CATHEDRAL & ST LUKE CAMPUSES.

WHILE THE ALLIANCE HAS NO POSITION ON CATHEDRAL HILL AND IS ALLOWING OUR MEMBER'S TO TAKE THE OWN POSITIONS, WE DO HAVE THOUGHTS ON ST LUKE'S.

THE ALLIANCE FOR A BETTER DIST 6 IS IN FAVOR OF REBUILDING OF ST LUKE'S HOSPITAL ALTHOUGH WE BELIVE THE PROPOSAL IS TOO SMALL, WE ALSO BELIVE IN MAINTAINING ALL THE OUTPATIET SERVICES AVAILIBLE TODAY AT ST LUKE, TO BE AVAILIBLE AFTER THE RE-BUILD IN ~~ORDER~~ ORDER TO MEET THE NEED'S

OF THE MISSION DISTRICT'S SENIOR & DISABLED COMMUNITY, WHICH IF THOSE SERVICES ARE TRANSFERRED OUT CPMC WILL NOT BE ABLE TO MEET IT'S STATED ~~GO~~ GOAL'S OF REACHING OUT TO THE ENTIRE COMMUNITY.

ON A PERSONAL NOTE: I'M ~~TRULY~~ ~~THRIL~~ EXTREMLY EXCITED TO SEE 1 NEW HOSPITAL IN CLOSE PROXIMITY TO THE TENDERLOIN, GIVING RESIDENT'S OF THE TL / POLK GULCH & LOWER NOB HILL, ~~OCTAVA~~ OCTAVIA JAPAN TOWN ANOTHER MEDICAL OPTION.

MY BUSINESS CARD'S ARE ENCLOSED.

PLEASE VOTE YES TO CPMC.

THANK YOU,

MARVIS J. PHILLIPS
PUBLIC SAFETY CHAIR
ALLIANCE FOR A BETTER DIST 6

ENC 1355 HRS
7 MAY 2012

CC: CLERK OF BOARD
MADELEINE LICAVOLI
FOR FULL BOARD
: FILE

BOS-11
1 Pages

File 120356-3666

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Lloyd W. Schlogel
General Delivery
San Francisco, Calif 94142

Board of Supervisors
San Francisco, Calif

April 27, 2012

2009.0885 EMTZCBRSK

In Opposition to the Proposed CPMC Hospital Rebuild Program in San Francisco.

The California Pacific Medical Center (CPMC) - Davies Center in San Francisco wants to build a number of new hospitals in the San Francisco Bay Area, and is seeking money from Society and the City government for this purpose. The CPMC in San Francisco currently operates a four campus hospital system with four existing acute care hospitals. They want to add a new campus at Van Ness Avenue and Geary Street.

The problem with this proposal is that the City is already over-supplied with hospitals and we do not have much present demand for this. Existing facilities are in good condition. This looks like a waste of money. Local people are concerned about the risk of unnecessary surgery.

The CPMC Group wants to build hospital sites on existing hotel sites in the Bay Area, such as the Geary and Post Street site. They want to tear down a whole block of city buildings in the Polk Street Commercial district, C-2, between Van Ness Avenue and Polk Street and replace there with medical buildings.

Copy to City Planning

opposing the CPMC Hospital Rebuild Program and Recuperation Centers.

The San Francisco Planning Commission held two Hearings on these CPMC building proposals in April 2012. The first Hearing was on April 5, 2012, and the second Hearing on April 26, 2012. At the April 5, 2012 Hearing there were more than eighty speakers from the medical Center and Society who spoke in support of this proposal. They said that the project will double the number of hospital beds in the city, will build new hospitals with larger emergency room facilities, supply better Cardiology facilities, and new born intensive care capabilities. The city now has under utilized hospital facilities. This proposal looks like another waste of public money.

People are also concerned about stories of unnecessary surgery and the disturbance of the cerebrum coming from the CPMC Group from Ohio. They plan to improve psychiatric emergency services. What is the need for this.

This is still a bad idea that has been rejected six times or more by the local county boards. It should be rejected another time.

The Hearing held on April 26, 2012 was for the purpose of Certification of the Environmental Impact Report for the Long Range Development Plan for the California Pacific Medical Center System. Each Hearing consumed about six hours.

Lloyd Schloegel
April 27, 2012
LLOYD SCHLOEGEL

Opposing the CPMC Hospital Rebuild Program:

The KAISER Hospital System of Northern California wants to get out of the Hospital Business. And the California Pacific Medical Center System from OHIO is trying to pick up the Hospital Business in Northern California in the San FRANCISCO BAY AREA. The KAISER System in SAN FRANCISCO was competent and inspired confidence.

Lloyd Schlorgel

6/15/12
Received in
Committee

CPMC Development Agreement Summary
Revised 3-29-12

Proposed Development Agreement Executive Summary:

After significant negotiation and completion of environmental review, the City is proposing to enter into a Development Agreement (DA) with California Pacific Medical Center (CPMC). Approval of the DA and the concurrent enabling ordinances will allow both parties to receive certain benefits that could not be guaranteed through the normal entitlement process. This unprecedented partnership will rebuild seismically vulnerable hospitals and move San Francisco's healthcare system into the future. The project will double the number of seismically safe hospital beds in San Francisco, inject $2.5 billion into the City's economy, create 1,500 new construction jobs and guarantee $1.1 billion in community benefits.

Under the proposed DA, the City will receive:

- Two new, seismically-safe hospitals, at the St. Luke's and Cathedral Hill campuses.
- A secure future for St. Luke's Hospital, including agreement to open this hospital before opening the new Cathedral Hill Hospital
- Significantly increased provision of healthcare for low-income and underserved San Franciscans by CPMC, including hospital care for 10,000 additional Medi-Cal beneficiaries, which represents one-third of the city's new Medi-Cal beneficiaries expected under federal healthcare reform.
- $20 million endowment by CPMC of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations.
- $62 million from CPMC for affordable housing, to replace displaced units, fund new affordable rental units, and help moderate income CPMC employees purchase a home in San Francisco.
- A limitation on premium increases from CPMC for City employee and retiree health insurance.
- Agreement by CPMC for local hire of at least 30% of all construction workers, and at least 200 permanent hires through the City's workforce system.
- $20 million from CPMC for MTA transit facilities and service.
- $13 million from CPMC for pedestrian safety and streetscape improvements.

Under the proposed DA, CPMC will receive:

- Vested entitlement to construct five new medical facilities: Cathedral Hill Hospital, Cathedral Hill Medical Office Building, Davies Neuroscience Institute, new St. Luke's Hospital and new St. Luke's Medical Office Building.
- Increases to permissible height and floor area ratio at the Cathedral Hill and St. Luke's campuses.

The DA is a binding legal contract, between Sutter West Bay (CPMC's parent legal entity) and the City and County of San Francisco. After certification of the Final Environmental Impact Report, the DA must be recommended by the Planning Commission and adopted through ordinance by the Board of Supervisors. Once adopted and signed, the DA can only be changed substantively by agreement of both parties, which would require an action by both the Planning Commission and Board of Supervisors. Like any contract, the DA spells out the obligations of both parties and identifies remedies to be used in case of non-performance by either party.

Proposed Development Agreement Detailed Summary:

I. GENERAL TERMS

A. Term of the agreement; termination of the agreement; survival of obligations.

- Effective Date of the DA is 30 days after the Mayor signs the enacting ordinance.
- Term of the agreement is 10 years from the Effective Date.
- Some obligations survive beyond the term of the DA (e.g. St. Luke's Hospital).

B. Triggering of CPMC Obligations

- The obligation to build and open the new St. Luke's Hospital is triggered once CPMC begins to construct the new Cathedral Hill Hospital.
- The project's approvals are "Finally Granted" after any lawsuits filed against the development are resolved in CPMC's favor.
- Some obligations are triggered immediately upon Effective Date.
- Most obligations are triggered either after the approvals are Finally Granted, upon a construction milestone, or upon the opening of the new Cathedral Hill Hospital.
- If a lawsuit is filed against CPMC, CPMC may suspend performance of certain obligations until the lawsuit is successfully resolved.

C. Vesting of CPMC Development Rights

- Approvals for five "Near-Term" projects (Cathedral Hill Hospital, Cathedral Hill Medical Office Building, Davies Neuroscience Institute, new St. Luke's Hospital and new St. Luke's Medical Office Building) are vested by the Development Agreement, including increases to permissible height and Floor Area Ratio at the Cathedral Hill and St. Luke's campuses.
- Impact and application fees for Near Term projects are vested and cannot change
- "Long-Term" Projects on CPMC's Davies, Pacific and California Campuses <u>do not</u> have vested approvals. However, the City may not down-zone those campuses and development on those campuses will not be subject to new types of impact fees during the term of the DA.
- Future development proposals on the Davies, Pacific or California campuses are subject to a community outreach process.

D. Vacation of a portion of San Jose Avenue

- Development Agreement (and an associated vacation ordinance and transfer agreement) vacates a portion of San Jose Avenue between 27th Street and Cesar Chavez Street and transfer to CPMC for purposes of building the new St. Luke's Hospital.
- CPMC will pay appraised market value for the street portion at time of transfer.

E. Enforcement mechanisms

- The DA includes standard enforcement mechanisms and remedies, consistent with other large development projects recently approved by the City.
- The City has the right to terminate the DA and the right to sue for specific performance as well as the right to monetary damages for payment failures and for indemnifications as set forth in the DA and for any default on an obligation for which specific performance is not available.
- For the ongoing healthcare commitments in Exhibit F, the City has negotiated specific liquidated damages.

II. COMMUNITY BENEFITS - HEALTHCARE:

A. Ensure a secure future for St. Luke's – require CPMC to rebuild and maintain for 20 years

- CPMC may not open the new Cathedral Hill Hospital until it opens the new St. Luke's Hospital
- CPMC must operate the new St. Luke's Hospital for 20 years, unless CPMC's system-wide operating margin falls below 1% for two years in a row. ("Operating margin" is the percentage by which CPMC's total revenues exceed its total expenditures.)
- The new St. Luke's Hospital must, throughout the 20-year term, be licensed as a general acute care hospital with comprehensive emergency medical services. The Hospital must include Centers of Excellence in Community and Senior Health
- When demand for it is demonstrated, CPMC must submit a request to the Sutter West Bay Board of Directors to build a new Medical Office Building on the site of the old St. Luke's Hospital. If, four years after the opening of the new St. Luke's Hospital, CPMC has for any reason not begun the process to build a new Medical Office Building, the City will have the right to lease the property for a nominal amount and work with a developer to build a Medical Office Building.

B. Provide a continued level of Baseline Charity Care for San Francisco's most vulnerable populations for a period of 10 years

- CPMC must spend at least $86 million, beginning in the first year of the agreement, on Charity Care, Medi-Cal and other services to the poor and underserved, and continue to spend this amount, increased annually by the medical inflation rate for 10 years.

- CPMC costs for this provision will be limited in each year to 40% of its "EBITDA" for that year. ("EBITDA" is CPMC's net income after operating expenses, but before interest, taxes, depreciation and amortization.)
- CPMC will also provide a $20 million "backstop fund," which will be used to supplement available funds when these costs would exceed 40% of CPMC's EBITDA.

C. Over and above the Baseline Commitment, provide hospital care for 10,000 new Medi-Cal Managed Care beneficiaries (a projected one-third of the City's expected new Medi-Cal Managed Care beneficiaries) for a period of 10 years

- For a period of 10 years, CPMC must provide hospital care, primarily in the new Cathedral Hill Hospital, for an additional 10,000 Medi-Cal Managed Care beneficiaries.
- To meet this commitment, CPMC must partner with at least two primary care providers, one of which must be located in the Tenderloin neighborhood (if a qualified Tenderloin provider is available).
- CPMC will spend up to $9.5 million per year, increasing each year by the medical inflation rate, to provide services to these beneficiaries.

D. Endow a new Community Care Innovation Fund to support community clinics and social service providers and facilitate shift towards Medi-Cal Managed Care

- CPMC will provide $20 million to create a Community Care Innovation Fund.
- Fund will be used to support the City's community clinics preparation for federal healthcare reform and to provide infrastructure support for community-based health and human services providers.
- Fund will be used to develop capacity of one or more Tenderloin clinics to participate in Medi-Cal managed care.
- Fund will be managed by the San Francisco Foundation and jointly controlled by representatives of the City, the Foundation and CPMC.

E. Support long-term Care in the City by maintaining 100 Skilled Nursing Facility (SNF) beds for 10 years

- CPMC will continue to provide and maintain 100 Skilled Nursing Facility beds for a period of 10 years.
- Beds must be available to all CPMC patients, including uninsured, Medi-Cal, and Medicare patients.

F. Protect the City's Health Service System (HSS) from premium increases by capping rates for 10 years

- CPMC will limit premium increases to insurers for HSS to no more than 5% annually for years 1 through 3 and no more than the medical rate of inflation plus 1.5 % annually for years 4 through 10

G. Provide other healthcare-related community benefits

- CPMC will work with DPH and other hospitals to develop specific proposals for providing sub-acute care services in San Francisco, to be presented to the Health Commission by June 30, 2013.
- CPMC will continue efforts at the clinical integration of medical staffs at the St. Luke's Campus, with the medical staff at its Pacific Campus, California Campus and Davies Campus (and, upon Completion of the Cathedral Hill Hospital, the Cathedral Hill Campus).
- CPMC will continue to actively participate in the "Community Benefits Partnership" of San Francisco private non-profit hospitals, SFDPH, Human Services, community clinics, health plans, non-profit providers and advocacy groups, to prepare a community benefit plan, for submittal to the State.
- CPMC will continue to provide pediatric, obstetric, and certain tertiary services to Chinese Hospital patients in a manner generally consistent with existing services agreements with Chinese Hospital.
- CPMC will deliver at all campuses culturally and linguistically appropriate services that are representative of San Francisco's diverse communities and are in accordance with the mandates, guidelines and recommendations of the National Standards on Culturally and Linguistically Appropriate Services.

III. COMMUNITY BENEFITS - HOUSING:

A. Uphold the policies of the Van Ness Special Use District, focusing on affordable housing

- CPMC will provide $29 million to the City's affordable housing fund.
- CPMC will provide an additional $29 million to a newly-created downpayment assistance loan program for CPMC employees earning up to 100% of area median income.
- Funds from downpayment assistance loans will be recaptured into the affordable housing fund, along with a portion of equity, when CPMC employees sell units bought with the loans. An estimated additional $35 million is expected to flow into the affordable housing fund this way over time this way.

B. Replace rent-controlled and residential hotel units displaced by construction of CPMC's new Cathedral Hill campus

- CPMC will provide $2,684,800 in funding to replace 20 rent-controlled units demolished by the new Cathedral Hill campus.
- CPMC will provide $1,453,820 in funding to replace 5 rent-controlled units demolished by the new Cathedral Hill campus.

IV. COMMUNITY BENEFITS – JOBS

A. Uphold the City's local hire policies for construction projects

- CPMC will make good faith efforts to achieve 30% local hire measured by construction trade hours for the project overall for each contractor, and by each trade.
- For new entry-level administrative and engineering positions and internships, CPMC will achieve 50% local hire.
- Half of all new apprentice positions will be filled with graduates from the CityBuild Academy; OEWD/CityBuild, contractors and unions will work together to maximize opportunities for local residents for remaining 50%.
- CPMC will create and administer a structured program to advance apprentices from CityBuild Academy to journey-level status in their trade by the end of the project.

B. Create career paths for San Franciscans and support job training programs

- CPMC will hire at least 40 permanent entry-level hires annually for 5 years; targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/ Excelsior, Chinatown and Southeastern neighborhoods.
- CPMC will provide $2 million for community workforce services, which will provide grants to CBOs through OEWD for recruitment, training, job retention services.

V. COMMUNITY BENEFITS - TRANSIT

A. *Provide funding for MTA transit facilities and service*

- CPMC will provide $5 million in funding for the Van Ness and Geary Bus Rapid Transit projects.
- CPMC will pay a $10.5 million Transit Fee to MTA to help meet new demands on the transit system associated with the new medical facilities.
- For a period of 10 years, CPMC will impose a surcharge on parking at the new Cathedral Hill campus of $0.50 off-peak and $0.75 peak for each entry and exit. This will provide an estimated $500,000 per year to MTA.
- CPMC will provide $400,000 to MTA to fund studies for improvements to bicycle facilities around and between the proposed new CPMC facilities.

VI. COMMUNITY BENEFITS - PEDESTRIAN SAFETY:

A. *Improve pedestrian safety in areas surrounding CPMC's campuses by funding and building streetscape, lighting and pedestrian safety projects in three neighborhoods*

- CPMC will provide $8 million for pedestrian safety improvements in the Tenderloin, including pedestrian-scale, lighting, sidewalk widening and changing one-way streets to two-way.

- CPMC will provide $150,000 to help form a Lower Polk Community Benefits District (CBD) as well as a $1 million seed grant to the CBD.

- CPMC will provide a $200,000 grant for the Safe Passage pilot program in the Tenderloin.

- CPMC will construct a series of pedestrian safety improvements around the Davies Campus, valued at approximately $475,000.

- CPMC will construct a series of pedestrian safety improvements around the St. Luke's Campus, valued at approximately $3,300,000.

6/15/12 - Presented in Committee

California Pacific Medical Center
Hospital Rebuild

Board of Supervisors
Land Use & Economic Development Committee

SAN FRANCISCO
Office of Economic and Workforce Development

Staff Presentation

June 15, 2012

Board of Supervisors Hearings

LAND USE COMMITTEE	
Friday, June 15th 10am (Today)	Project & Development Agreement Overview Job Creation & Retention
Monday, June 25th 3pm	Healthcare
Monday, July 9th 1pm	Housing Transportation & Public Realm Health Service System Controller & Budget Analyst Report
Monday, July 16th 1pm	Questions, etc.
FULL BOARD	
Tuesday, July 17th	EIR Appeal & First Reading
Tuesday, July 24th	Second Reading

City Agencies Involved

- Planning Department
- Department of Building Inspection
- Office of Economic and Workforce Development
- Department of Public Health
- Health Service System
- Department of Public Works
- Municipal Transportation Agency
- Controller
- City Attorney
- Mayor's Office of Housing

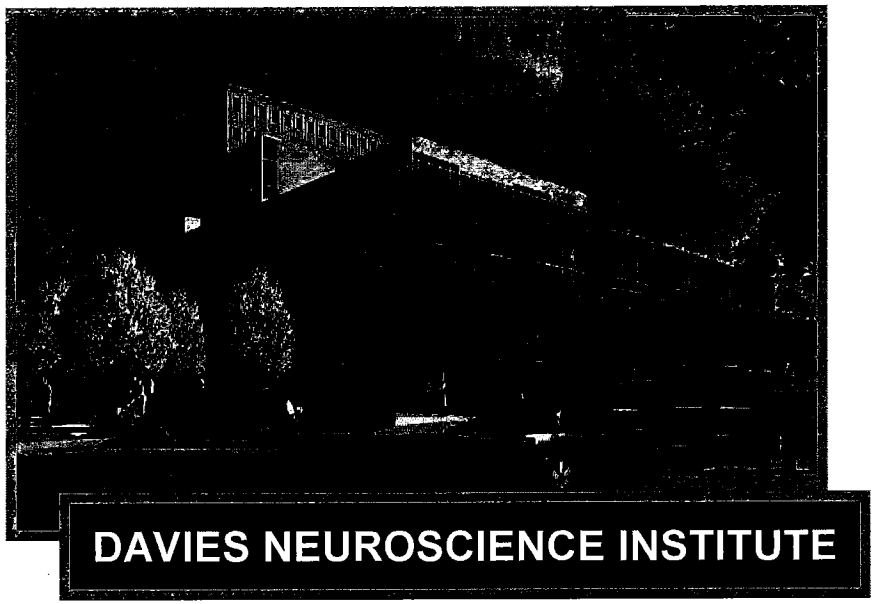
CPMC Rebuild Project: *Overview*

CPMC's Near-Term Projects include 5 new buildings:

- **St. Luke's Campus**
  - 80-bed seismically safe hospital
  - Medical office building (MOB)
- **Cathedral Hill Campus**
  - 555-bed seismically safe hospital
  - MOB
- **Davies Campus**
  - Neuroscience Institute

Davies Campus Project Description

- **Neuroscience Institute, 46,006sf 4-story medical office/clinic building at Noe & Duboce**
  - Over existing surface parking lot



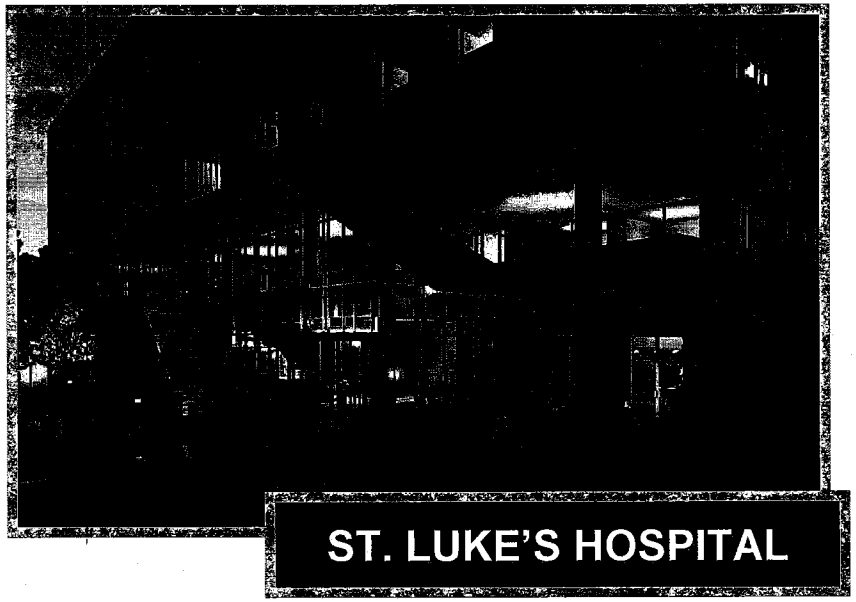
- **"MUNI lobby" connects the lowest portion of the Campus with the N-Judah MUNI train**

- **Streetscape improvements:**
  - **Wider sidewalk on Noe St.**
  - **Bulbouts at the NE and SE corners of Noe St.**
  - **Street furnishings along Noe St.**
  - **New landscaping/tree plantings**

- **No substantive change since approval in 2007**

St. Luke's Campus Project Description

- **Full service, 80-bed, acute care hospital with emergency room**
  - 146,410 sq. ft.
  - Five-story
  - To be built on an existing surface parking lot and a portion of the to-be-vacated San Jose Avenue
  - Fulfills the Blue Ribbon Panel's recommendation that the existing hospital should remain in operation during construction



- **New entry plaza and pedestrian pathway adjacent to the hospital entrance, connecting 27th St. & Cesar Chavez**
- **Existing hospital to-be demolished after new hospital opens**
- **Subsequent construction of a 5-story medical office building at Cesar Chavez & Valencia**

Cathedral Hill Campus Project Description

- **Full service, 555-bed, hospital at Van Ness & Geary**
  - 265' tall, 15-stories
  - Closed Cathedral Hill Hotel & Office Bldg site
- **Medical office building across Van Ness from the Hospital**
  - 130' tall, 9-stories
  - 7 vacant properties (all tenants relocated)

- **Underground tunnel beneath Van Ness connecting the Hospital and MOB**

California & Pacific Campuses

- **Upon completion of the Cathedral Hill Hospital, CPMC will transfer acute care services at the California and Pacific Campuses to Cathedral Hill Hospital**

- **The Pacific Campus will become a primarily outpatient facility**
  - Inpatient psychiatric care is not subject to state seismic safety laws and will continue to be located at Pacific Campus

- **The California Campus will be sold**
  - Community Advisory Group established in DA to ensure community involvement in campus reuse

Land Use Approvals

- **Development Agreement**
  - All Campuses
- **General Plan Amendments**
  - St. Luke's & Cathedral Hill
- **Planning Code Text & Map Amendments**
  - St. Luke's & Cathedral Hill
- **Street Vacation & Conveyance**
  - St. Luke's
- **Cedar Street Two-Way Conversion**
  - Cathedral Hill
- **Sidewalk Width Changes**
  - St. Luke's & Cathedral Hill
- **Major Encroachment Permits**
  - St. Luke's & Cathedral Hill

CPMC: Physical Project Description

- Project sponsor presentation

Development Agreement: Introduction

Development Agreement (DA) memorializes a set of public benefits for the City including:

- Increased healthcare for poor and underserved
- Cap on future costs of City employee healthcare
- Rebuild & operate St. Luke's
- Support for affordable housing
- Commitment to local hire & workforce development
- Transit and street improvements

DA is a binding & enforceable legal document that clearly defines commitments, remedies & damages

- Memorializes community benefits that could not be achieved solely through land-use approvals (e.g. mitigation measures or conditions of approval)
- May only be changed with future Commission & Board action

Development Agreement: General Terms

Term of the DA

- **Term:** 10 years
- **Effective date:** 30 days after Mayor's signature
- **St. Luke's:** 20 years from the opening of new St. Luke's Hospital
  - Survives beyond 10 year term

Vesting of CPMC development rights

- Approvals for 5 Near-Term projects are vested by the DA
- Impact and application fees for Near Term projects are frozen
- Long term projects **do not** receive vesting of approvals
  - However City may not downzone those sites or impose new impact fees

Development Agreement: General Terms

Vacation of a portion of San Jose Avenue

- City will vacate & transfer a portion of San Jose Avenue between 27th St. & Cesar Chavez St.
  - **Site of new St. Luke's Hospital**
  - **Ordinances separate from DA**
- CPMC will pay appraised market value for the street property

City Enforcement of the DA enforcement & remedies for all public benefits include:

- Termination of the DA
- Specific Performance
- Monetary Damages
- Liquated Damages for ongoing healthcare commitments including:
  - **20-year operation of St. Luke's**

Development Agreement: General Terms

Monitoring of Performance of Obligations

- **Annual Compliance Statement** on status of compliance with all obligations to:
  - **Director of Planning**
  - **Director of Public Health**
- **City Review** Within 45 days from receipt, Planning and Public Health Directors must review compliance statement and determine whether CPMC is in compliance with obligations in the DA
  - **Compliance statements and departments' determination available to public**
- **Public Hearings** Health Commission will hold hearing annually on the Compliance Statement and review
- **Enforcement** If either Director finds that CPMC is not in compliance with obligations in the DA, they shall consult with the City Attorney regarding enforcement steps

Development Agreement: Healthcare

Three Key Priorities:

1) **Ensure a secure future for St. Luke's**
2) **Ensure access to CPMC for Medi-Cal and charity care patients, consistent with the changing healthcare environment**
3) **Focus CPMC's community benefits on San Francisco's most vulnerable populations**

Development Agreement: Healthcare

Require CPMC to rebuild and operate for 20 years

- **New St. Luke's Hospital must open before Cathedral Hill Hospital**
- **New St. Luke's Hospital must operate for <u>20 years</u>** unless CPMC's system-wide Operating Margin falls below 1% for 2 years
  - **Operating Margin:** level CPMC's total revenues exceed total expenditures
- **The New St. Luke's Hospital:**
  - Licensed as a General Acute Care Hospital
  - Comprehensive emergency medical services
  - Centers of Excellence in Community & Senior Health
- **New St. Luke's MOB on campus within 4 years**
  - If CPMC does not construct the MOB, City may lease the MOB site at a nominal rent and work with a developer to construct an MOB

Development Agreement: Healthcare

Provide a continued baseline level of care for San Francisco's most vulnerable populations for 10 years

- **Minimum: $86 million per year (adjusted annually by medical inflation) on care for vulnerable populations**
  - Includes charity care, unreimbursed Medi-Cal costs, and other services to low-income and underserved
- **Limited to 40% of CPMC's "EBITDA" for that year**
  - **EBITDA** is CPMC's net income after operating expenses, but before interest, taxes, depreciation and amortization
- **$20 million Backstop Fund** will be used to supplement available funds if these costs exceed the 40% cap on EBITDA

Development Agreement: Healthcare

Hospital care for 10,000 new Medi-Cal Managed Care beneficiaries for a period of 10 years

- **Hospital care** for an additional 10,000 Medi-Cal Managed Care beneficiaries
  - Primarily in the Cathedral Hill Hospital
- Partnership with at least 2 primary care community providers
  - One must be based in the Tenderloin neighborhood (if a qualified Tenderloin provider is available)
- **$9.5 million per year** (adjusted annually by medical inflation) to satisfy this commitment

Development Agreement: Healthcare

Endow a new Community Care Innovation Fund to support community clinics, as well as other health and social service providers and facilitate shift towards Medi-Cal Managed Care

- **$20 million** to create a Community Care Innovation Fund
- **Community Care Innovation Fund** will:
  - Support the City's community clinics' preparation for Health Reform
  - Provide infrastructure support for community-based health and human services providers
  - Develop capacity of one or more Tenderloin providers to participate in Medi-Cal managed care
- Fund managed by the San Francisco Foundation and jointly controlled by representatives of the City, the Foundation & CPMC

Development Agreement: Healthcare

Support long-term Care in the City by maintaining 100 Skilled Nursing Facility (SNF) beds for 10 years

- Provide & maintain 100 SNF beds for 10 years for CPMC patients
- Beds will be available to uninsured, Medi-Cal, and Medicare patients

Development Agreement: Healthcare

Provide other healthcare-related community benefits

- CPMC will work with DPH and other hospitals to develop specific proposals for providing sub-acute care services in San Francisco
- Clinical integration of medical staffs at all its campuses
- Actively participate in San Francisco's "Community Benefits Partnership"
- Continue pediatric, obstetric, and certain tertiary services to Chinese Hospital patients consistent with existing services agreements with Chinese Hospital
- Deliver culturally and linguistically appropriate services that are representative of San Francisco's diverse population at all campuses

Development Agreement: HSS

Protect the City's Health Service System (HSS) from premium increases by capping rates for 10 years

- **In Network:** limits premium increases to insurers for HSS to:
  - **Years 1 through 3**: 5% annually
  - **Years 4 through 10:** no more than the medical rate of inflation plus 1.5% annually (Medical inflation averaged 4% for last 10 years)
- **Out of Network:** HSS will receive the same out of network rates as other employers that contract with Blue Shield

Development Agreement: Job Creation

Construction Jobs:

- **30% Local Hire**
  - Project Overall
- **50% Local Hire**
  - Apprentices
  - Engineering & administrative interns

Permanent Jobs:

- Partnership with the City's Healthcare Sector Academy
- 40 entry level jobs a year for 5 year

$2 million grant to support workforce training

Development Agreement: Housing

Replace rent-controlled and SRO units displaced by construction of CPMC's Cathedral Hill Campus

- **$2,684,800 to replace 20 residential hotel units**
  - Value appraised by the Department of Real Estate
- **$1,453,820 to replace 5 rent-controlled units**
  - Value determined by the Department of Planning
- Paid no later than Effective date of Development Agreement

Development Agreement: Housing

CPMC entered into tenant relocation settlement agreements with all households relocating due to the construction of the Cathedral Hill campus

- **Relocation Benefits**
  - Up to 120 months of rental subsidy
  - Up to 6 months free rent prior to relocation
  - All households successfully relocated
- **Federal and state Uniform Relocation Acts only require relocation payments and 42 months of rental subsidy**

Development Agreement: Housing

Uphold the policies of the Van Ness Special Use District, focusing on affordable housing

- **$29 Million to Mayor's Office of Housing (MOH) for 100% affordable developments**
  - 145 affordable units
- **$29 Million to MOH for to a new Downpayment Assistance Loan Program (DALP) for CPMC employees**
  - 60-100% of Area Median Income
  - 145 loans
- **$35 Million in repayments from DALP will be returned to MOH for use on 100% affordable developments**
  - 175 affordable rental units

Development Agreement: Transportation

Provide funding for MTA transit facilities and service

- **$5 million for the Van Ness and Geary Bus Rapid Transit (BRT)**
- **$10.5 million Transit Fee (in lieu of TIDF)**
  - ➢ MTA to help alleviate transit delay and other impacts caused by the new Cathedral Hill campus
- **$500,000 per year to MTA from a parking surcharge at the Cathedral Hill Campus**
  - ➢ $0.50 off-peak and $0.75 peak for each entry and exit
- **$400,000 to MTA to fund studies for improvements to bicycle facilities around and between the proposed new CPMC facilities**

Development Agreement: Pedestrian Safety & Streetscape Improvements

Cathedral Hill / Lower Polk / Tenderloin Area

$9.35 million in improvements including:

- Pedestrian street lighting on up to 25 blocks in the Tenderloin
- Ellis and Eddy Streets one-way to two-way conversion
- Sidewalk bulb-outs
- Tenderloin Safe Passage pilot program
- Support for potential Lower Polk CBD
- Seed grant for Lower Polk CBD

Development Agreement: Pedestrian Safety & Streetscape Improvements

Davies Campus

$475,000 in improvements including:

- Pedestrian improvements at 14th St. & Noe St.
- Pedestrian improvements at Duboce Ave. & Noe St.
- Tree island landscaping improvements
- Additional street trees on Noe Street
- Improved fencing and lighting around campus perimeter
- Duboce Park youth play area

Development Agreement: Pedestrian Safety & Streetscape Improvements

St. Luke's Campus

- **$3.3 million in improvements including:**
  - Upgrade of "Guererro Park" at 28th/San Jose/Guerrero
  - Upgrade of campus perimeter lighting and fencing
  - Pedestrian lighting on portions of Duncan, San Jose and 27th Streets
  - Streetscape and pedestrian safety improvements on portions of Duncan, San Jose, Valencia and Cesar Chavez Streets

Timing of Public Benefits

	Effective Date	Finally Granted	Start Construction Cathedral Hill	Opening Cathedral Hill
	August 2012	After Litigation	Fall 2012	2017
Healthcare	10,000 Medi-Cal begins (10 years) $3.5M Innovation Fund HSS Rate Agreement	$86M Baseline starts (10 years) $16.5M Innovation Fund		St. Luke's Hospital (20 years) Centers of Excellence
Housing	$4.1M Replacement $3.5M Affordable	$10.6M Affordable ($7.5M/yr next 2 yrs) $5.8M DALP Program ($5.8M/yr next 4yrs)		
Workforce			$500k Workforce ($250k/yr next 4 yrs)	$250k Workforce ($250k next year)
Transit	$400k Bike Study	$2M BRT	$7.6M Transit Fee ($4.4M in later yrs) $2M BRT ($1M next year)	$500k Parking Fee (10 years)
Streetscape	$150k Cathedral Hill	$700k Cathedral Hill $3.3M St. Luke's $475k Davies	$2.5M Cathedral Hill ($3M next 2 years)	
Total One Time:	**$11.65M**	**$39.375M**	**$12.6M**	**$750k**

Summary: Project Benefits

- **Builds two new seismically safe hospitals**
- **Prepares the City for Federal Healthcare Reform**
- **Secures the future of St. Luke's**
- **Provides strong local hire for both construction and end use jobs**
- **In addition to more than $1 billion in ongoing healthcare services, provides a commitment of $117 million in community benefits, including $93 million for affordable housing**

Job Creation & Retention

Development Agreement Goals:

1) Apply local hire policy to privately funded construction project

2) Create career paths for San Franciscans

3) Strengthen partnership with City's existing job training academies and CBOs

4) Support San Francisco's local businesses

Job Creation & Retention

CPMC is the 2nd largest, private employer in San Francisco

- **4th largest employer including public agencies**

CPMC Rebuild Project will:

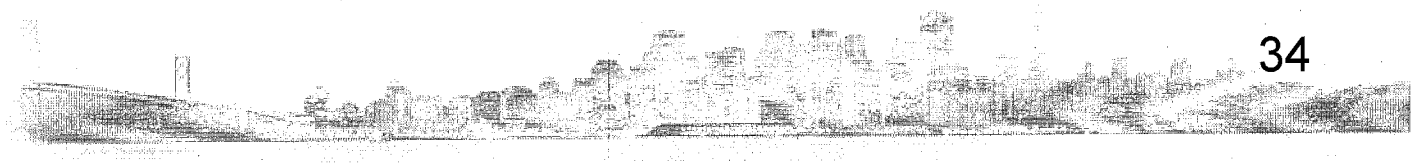
Create:

- **1500 Construction Jobs**
- **1500 Permanent Jobs over 10 years**

Retain:

- **6200 jobs in San Francisco**
  - 45% of CPMC's employees are San Francisco residents
  - Average CPMC employee compensation (wages + benefits): $ 85,500 / year

SAN FRANCISCO
Office of Economic and Workforce Development



Projected Job Growth: CPMC Project

Current and projected job growth for CPMC, over 10 years

Position	# Existing jobs (% of total jobs)	# New jobs (% of new jobs)
Management & Supervision ($59/hr)	434 (7%)	109 (7%)
Registered Nurse ($65/hr)	2108 (34%)	545 (34%)
Licensed Vocational Nurse ($31/hr)	85 (1%)	22 (1%)
Technicians & Specialists ($41/hr)	1488 (24%)	404 (24%)
Aides & Orderlies ($22/hr)	588 (9%)	147 (9%)
Clerical & Admin. Support	806 (13%)	203 (13%)
Environmental & Food Services	496 (8%)	131 (8%)
Other	124 (2%)	39 (2%)
Total	**6200 (100%)**	**1600 (100%)**

Entry Level Positions

SAN FRANCISCO
Office of Economic and Workforce Development

Local Hire: Construction Jobs

1) Apply local hire policy to privately funded construction project

Project creates 1,500 construction jobs

- **Project Overall**
  - 30% local hire measured by construction trade hours for the project overall, for each contractor, and by each trade
  - City Local Hire Ordinance for publicly funded projects requires 25% local hire
- **New entry-level administrative & engineering positions**
  - 50% local hire
- **Internships**
  - 50% local hire
- **New apprentice positions:**
  - 50% graduates from the CityBuild Academy;
  - OEWD/CityBuild, contractors & unions will work together to maximize opportunities for local residents for remaining 50%

Local Hire: Construction Jobs

1) Apply local hire policy to privately funded construction project

- **Advancing Apprentices:** CPMC will create and administer a structured program to advance apprentices from CityBuild Academy to journey-level status in their trade by the end of the project

- **City Collaboration:** Contractors will be required to notify the City of all entry-level and apprentice opportunities; failing to do so will be considered a First Source violation

- **San Francisco Residents:** Project will adopt the "domicile" requirement of demonstrating residency in San Francisco, similar to the SF Local Hiring Policy for Construction

Local Hire: Permanent Jobs

2) Create career paths for San Franciscans

CPMC currently has 6200 jobs

- **Rebuild will add 1500 jobs over 10 years**

122 Entry Level Job Openings Annually:

- **100 positions open through annual attrition, promotions & retirements**
- **22 new jobs from rebuild project**

New Entry Level Jobs:

- Entry-Level Jobs require 2 years, or less, of post-secondary education
- **Examples of Entry-Level Jobs:** EKG Technician, Medical Assistant; Health Information Technology/Billing; Housekeepers; Phlebotomist

Local Hire: Permanent Jobs

2) Create career paths for San Franciscans

122 entry level positions annually

- **Local Hire:** CPMC will hire 40 permanent entry-level jobs per year for 5 years through the Workforce System
  - **Local hire for 1/3 of all entry level end use positions**
  - **City's HealthCare Academy Partnership:** Agreement partners with City's existing HealthCare Sector Academy
  - **San Francisco CBO Partnership:** Additional jobs will be filled through CBOs, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/ Excelsior, Chinatown and Southeastern neighborhoods

Local Hire: Enforcement

Construction Jobs:

- **First Source Hiring Enforcement Remedies available**
  - ➢ Liquidated damages for unfilled positions
  - ➢ Monitored by OEWD

Entry Level Permanent Jobs:

- Unfilled positions rollover into the next year
- CPMC required to work with Healthcare Sector Academy & OEWD to fill total of 200 positions

Sector Academy Partnerships

3) Strengthen partnership with City's existing sector academies

Health Care Sector Academy / Workforce Systems Partnerships

- City's Health Care Academy graduates 150+ entry-level students and places 125+ in jobs per year
- Average Wage for graduates is $12-17/hour for Home Health Aides, Medical Assistants, Patient Services Representatives
- CPMC to provide $2 million for community workforce services
  - Grants to CBOs through OEWD to support both construction and end use job creation
- Identified CBO partners will provide neighborhood specific outreach for training and direct placement opportunities
- Health Care Academy will provide:
  - Clinical and clerical training
  - Coordinate job notifications and candidate referrals

Sector Academy Partnerships

3) *Strengthen partnership with City's existing sector academies*

CityBuild Academy

- CityBuild Academy has graduated ten classes and 392 students
- Pre-apprenticeship program which prepares individuals for entry-level, unionized positions within the construction industry

City Build Referral Program

- Facilitated over 1,800 job placements in more than 250 public and private construction projects

CPMC to partner with CityBuild to:

- Fill 50% of new apprentice positions from CityBuild Academy
- Work with CityBuild Referral program to fill remaining 50% of new apprenticeship positions
- Create a structured program to advance CityBuild Academy apprentices to journey level status in their trade by the end of the project

Supporting Local Business

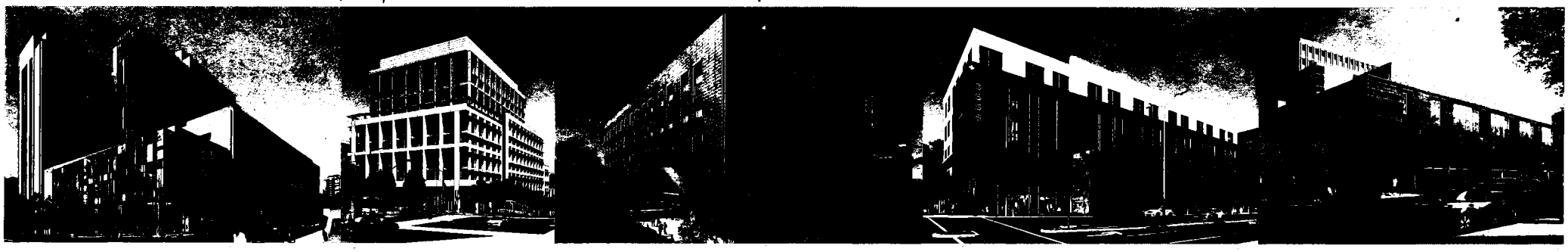
4) Support San Francisco's Local Businesses

Local Business Enterprise (LBE) commitments (construction)

- **14% of all contracts awarded to LBEs**
  - Includes contractors and subcontractors
  - Measured by the total cost of all contracts

Thank you & questions

6/15/12 - Presented in Committee



California Pacific Medical Center Rebuild Plan

San Francisco Board of Supervisors
Land Use Committee

June 15, 2012

Plan to rebuild CPMC

– Warren Browner, MD, MPH, CEO, CPMC

CPMC's City-wide system of care

– Judy Li, Dr. PH, MBA, Region Vice President, CPMC

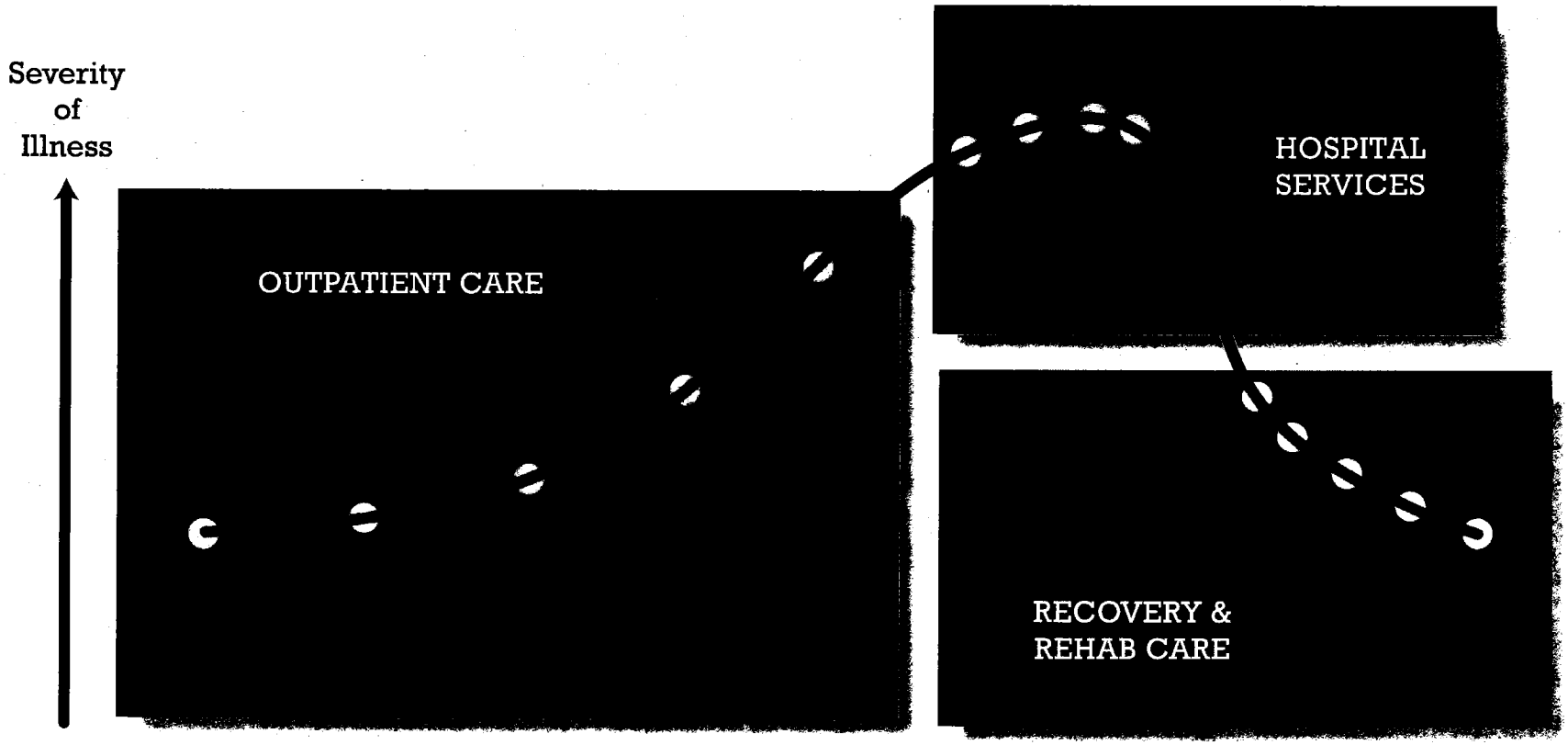
Architecture and Design

– David King, Chairman, SmithGroupJJR Architects

California Pacific Medical Center Rebuild Plan

- **Planning Process**
  - 10 years of planning and community engagement
  - 15 public hearings since 2008
- **Rebuilding CPMC**
  - Not a typical development project
  - Program to modernize health care and save lives
- **The project will**
  - Rebuild and modernize CPMC's hospitals: St. Luke's, Davies, and combine Pacific and California at the new Van Ness and Geary Campus
  - Integrate CPMC's health care delivery system
  - Respond to State seismic mandate
  - Protect and expand access for the poor and underserved
  - Deliver unprecedented community benefits to San Francisco
  - Partner with DPH and community clinics to serve 1/3 of new MediCAL patients
  - Retain 6,200 well paying jobs in San Francisco and allow for growth
  - Inject $2.5 Billion into the local economy

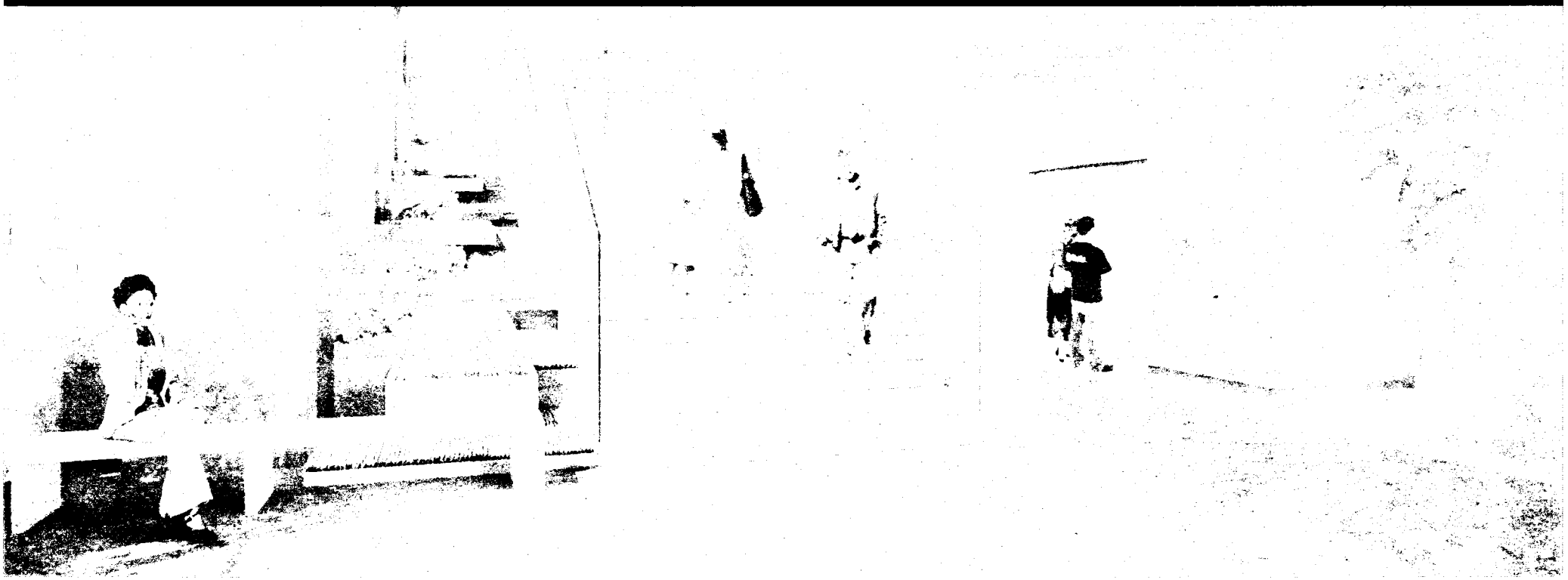
The Care Continuum



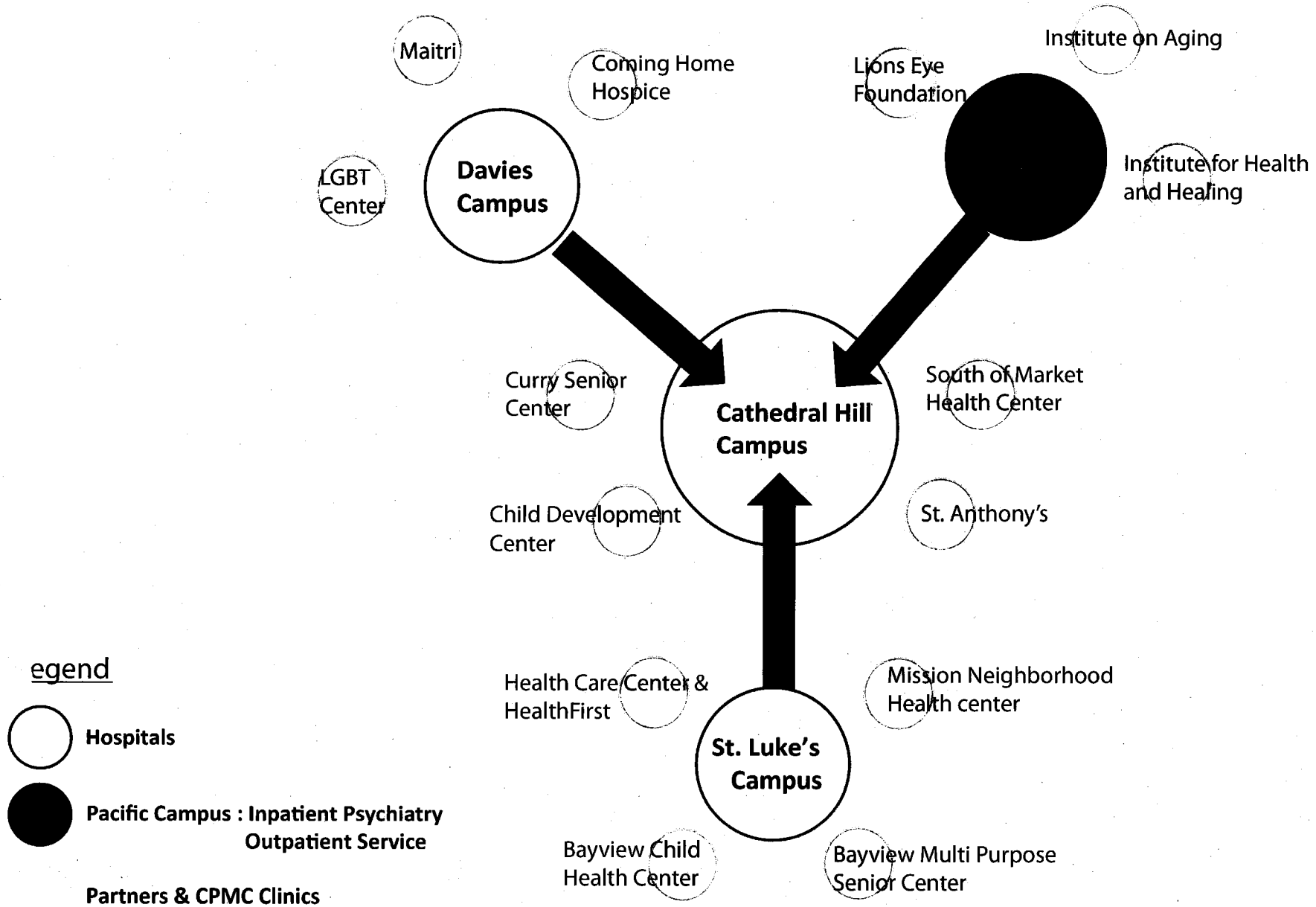
OUTPATIENT CARE

RECOVERY & REHAB CARE

HOSPITAL SERVICES



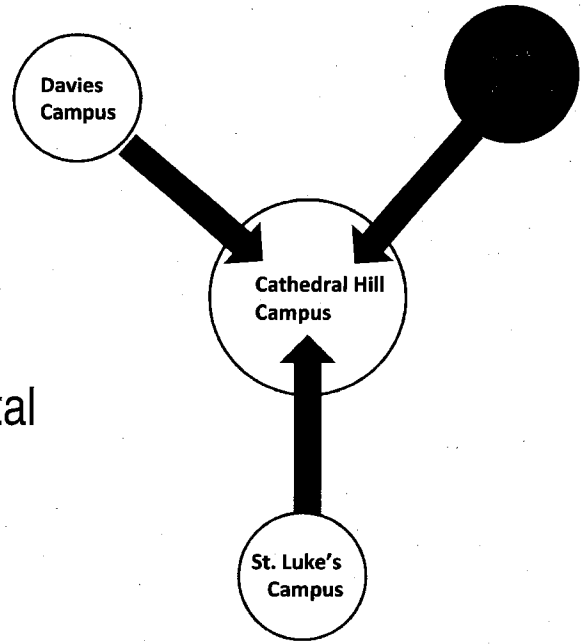
California Pacific Medical Center Rebuild Plan



NEW CPMC : HUB AND SPOKE MODEL

California Pacific Medical Center Rebuild Plan

- Community hospitals connected to and supported by a specialty care hospital
- St. Luke's and Davies full service hospitals with their own programmatic focus
  - Similarly sized inpatient programs
  - SL with award winning OB program and increased ER capacity
  - Davies continue to focus on HIV/AIDS and neurosciences
- Pacific Campus will retain the inpatient psychiatry program
  - Programs do not need to be in a hospital setting
  - campus will transform to an outpatient medical center
- Sickest patients transferred to Cathedral Hill hospital
  - Organ transplantations
  - Neonatal intensive care unit
- Consensus of hospital planners and health experts
  - Not feasible to duplicate specialty care at every community hospital
  - Low volume and physicians key challenges
  - Centralizing care for the sickest produces better outcomes

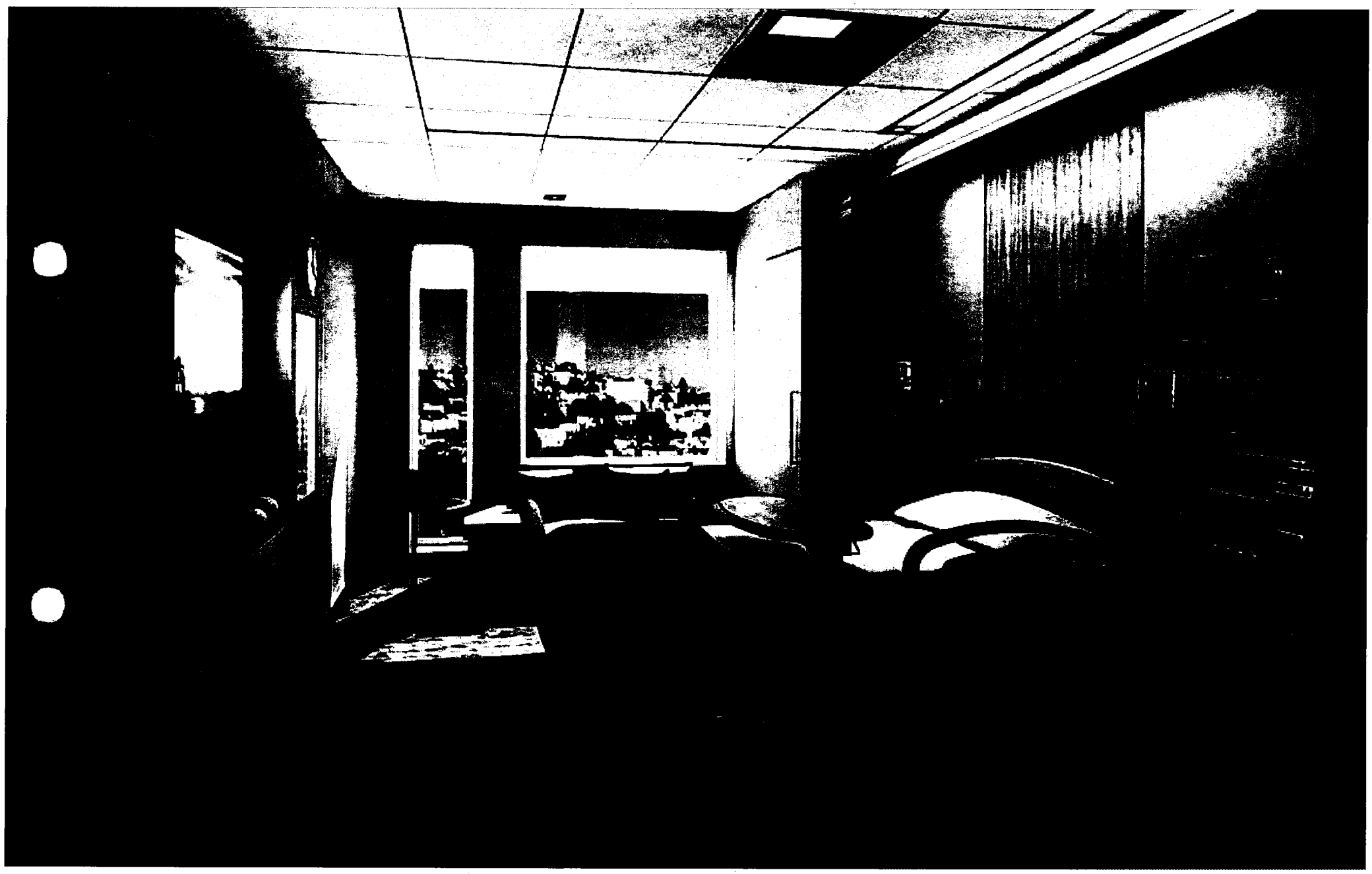


- The CPMC system will continue to serve 70% San Franciscans and 30% non-San Franciscans
- Very ill patients travel hundreds of miles to CPMC to obtain care they can't get in their own communities
- San Francisco is a medical destination
  - UCSF, Dignity Health, SF General, Chinese and Kaiser
  - Leading health and biomedical research hub
  - The best health care in the nation…right in our backyard
- Health care is the City's #1 industry
  - Generate $15.3 Billion in related spending
  - Generate about 100,000 jobs, 18% of City's workforce
  - Health care jobs pay more – about 22%
  - Many health professionals are women
- CPMC is an integral part of the SF system of care

California Pacific Medical Center Rebuild Plan

- Build seismically-safe hospitals that meet the state's highest standard (SPC 5) and will remain operational after a major earthquake
- Improve quality of care without interrupting services during construction
- Maintain regional center of excellence programs in San Francisco
- Control rising health care costs
- Simultaneous construction of St. Luke's and Van Ness & Geary
- Protect and expand health services for the poor and underserved

California Pacific Medical Center Rebuild Plan



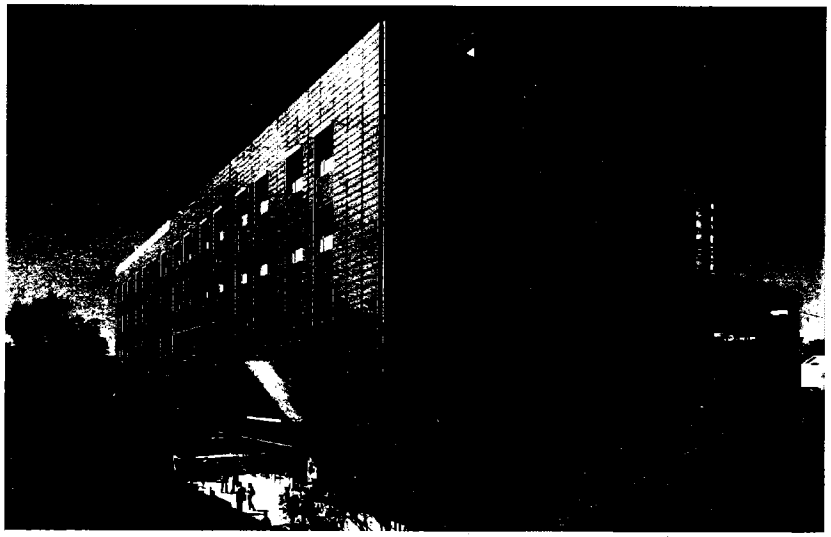
CPMC
Sutter Health

IMPROVE QUALITY OF CARE : HEALING ENVIRONMENTS

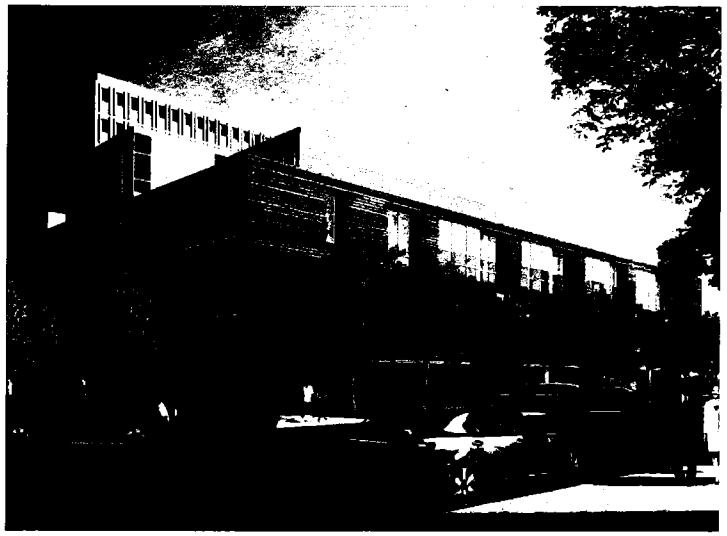
California Pacific Medical Center Rebuild Plan

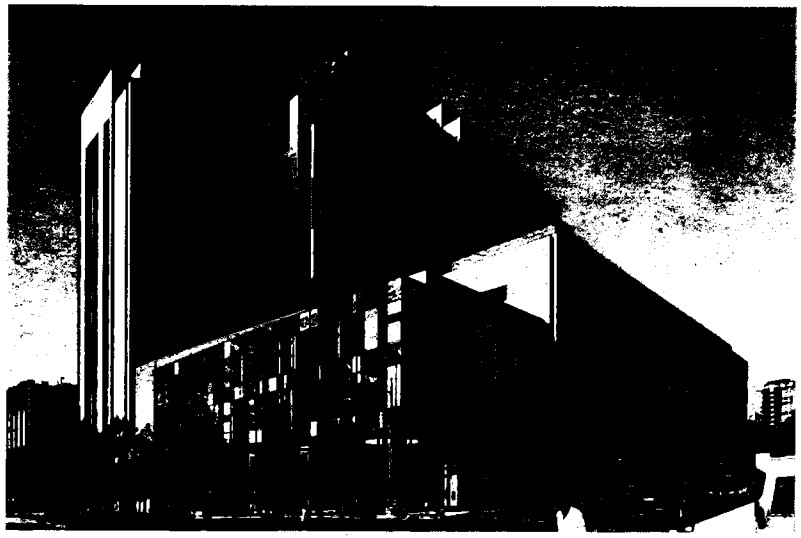
VNG Medical Office Building

St. Luke's Hospital



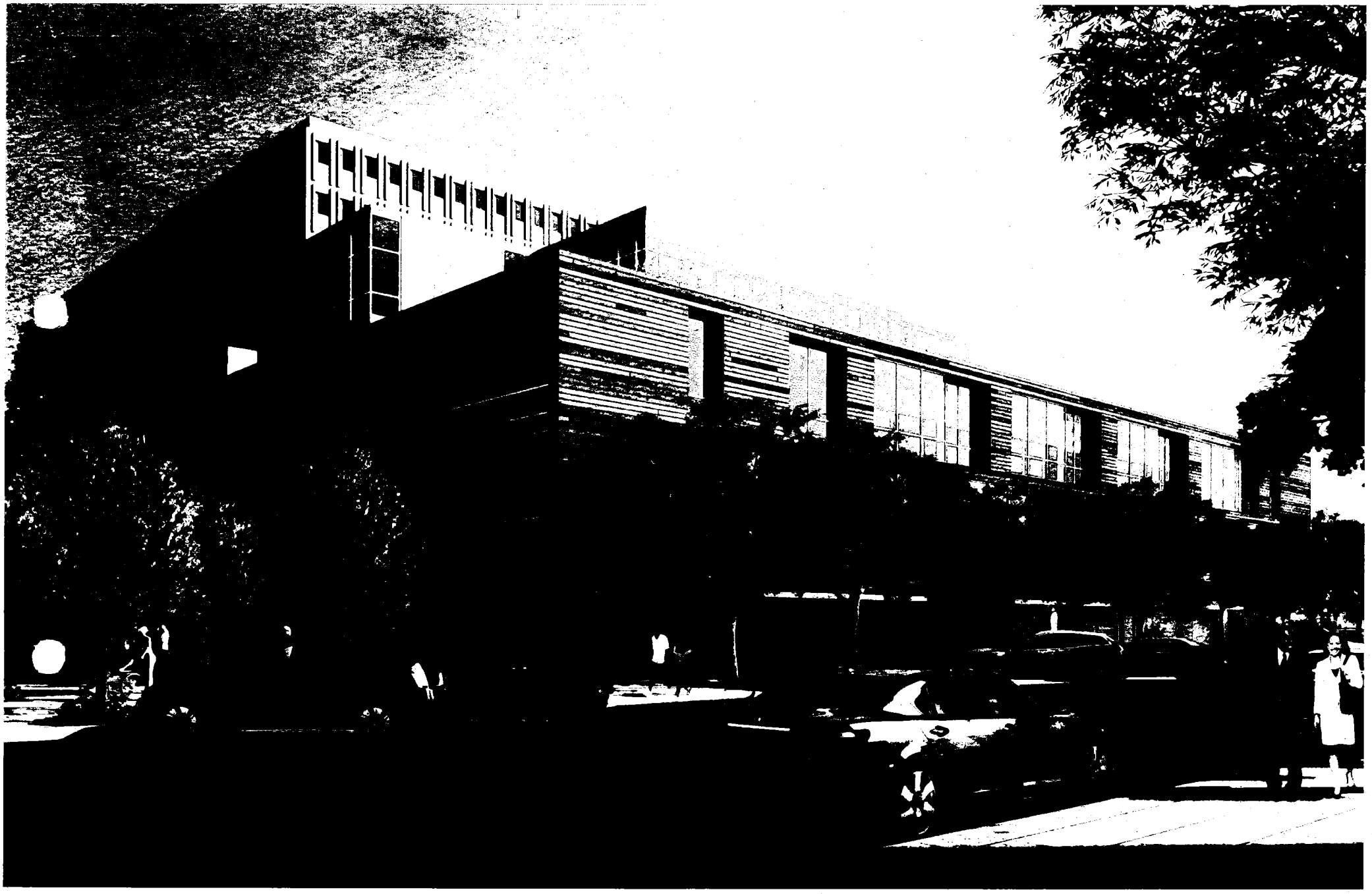
Davies Neurosciences Institute



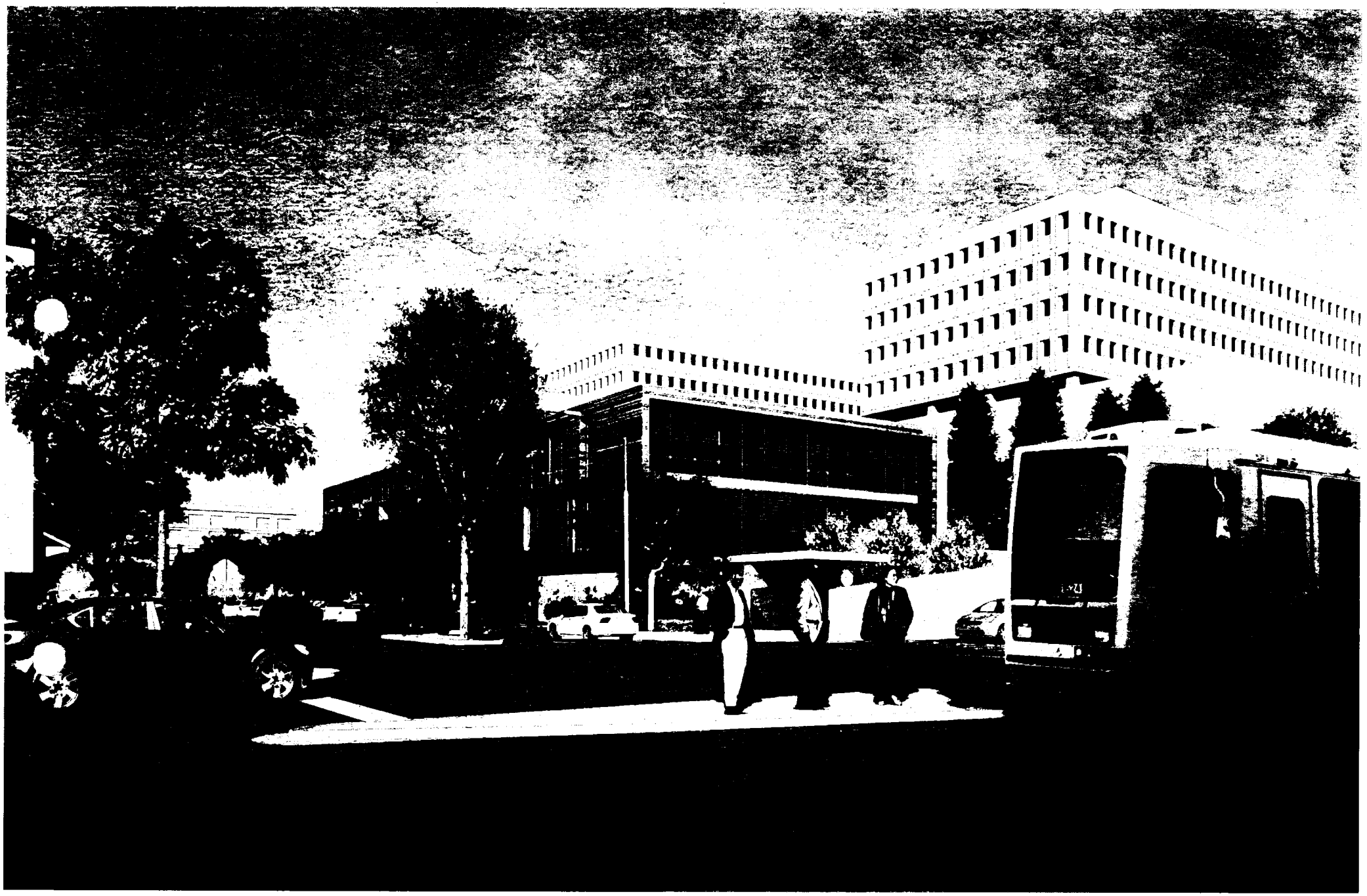


VNG Hospital

St. Luke's Medical Office Building



SMITHGROUP / SOM A Joint Venture



SMITHGROUP / SOM A Joint Venture

CPMC
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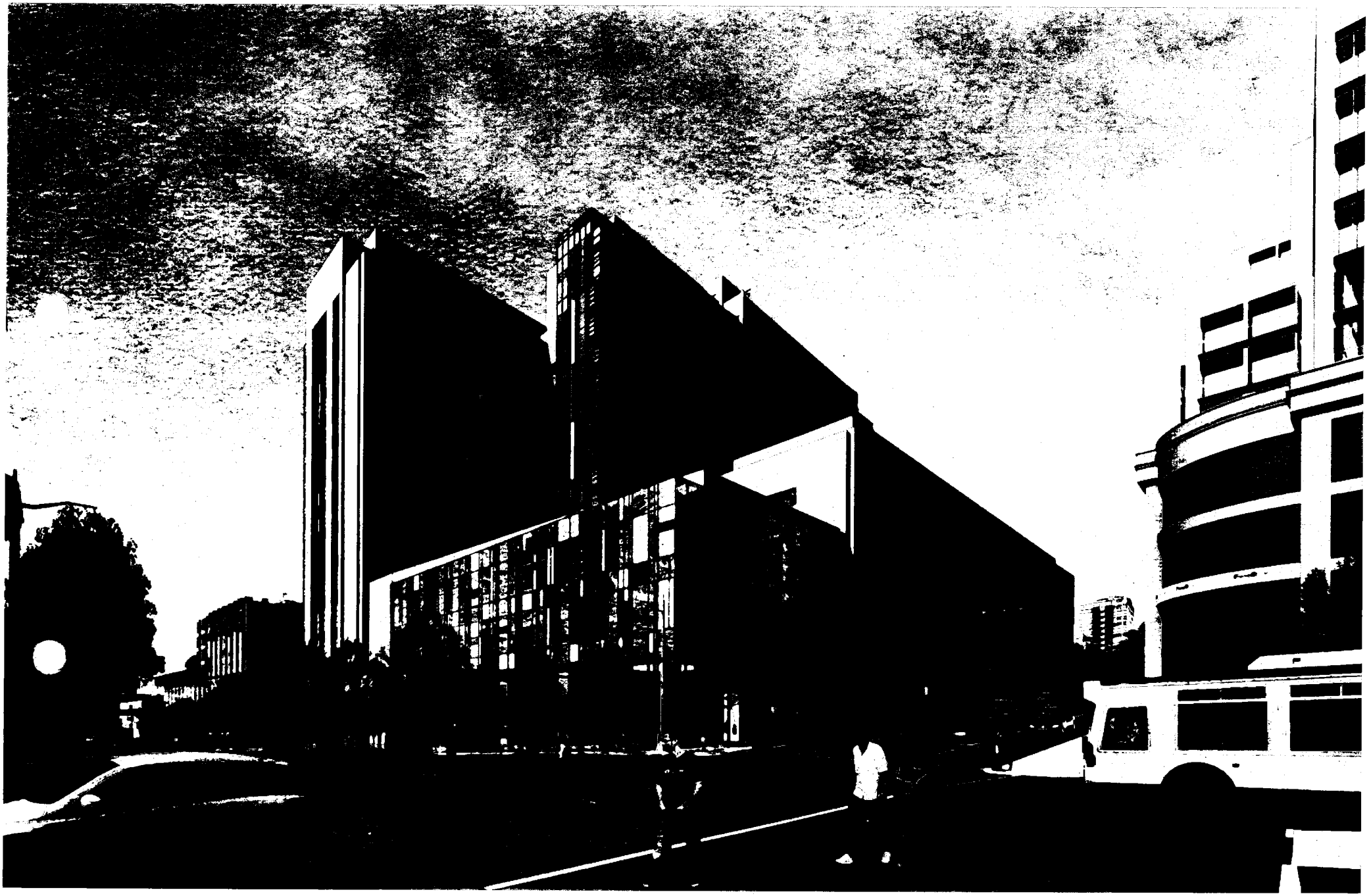
CPMC Davies view from Duboce Park south to Noe



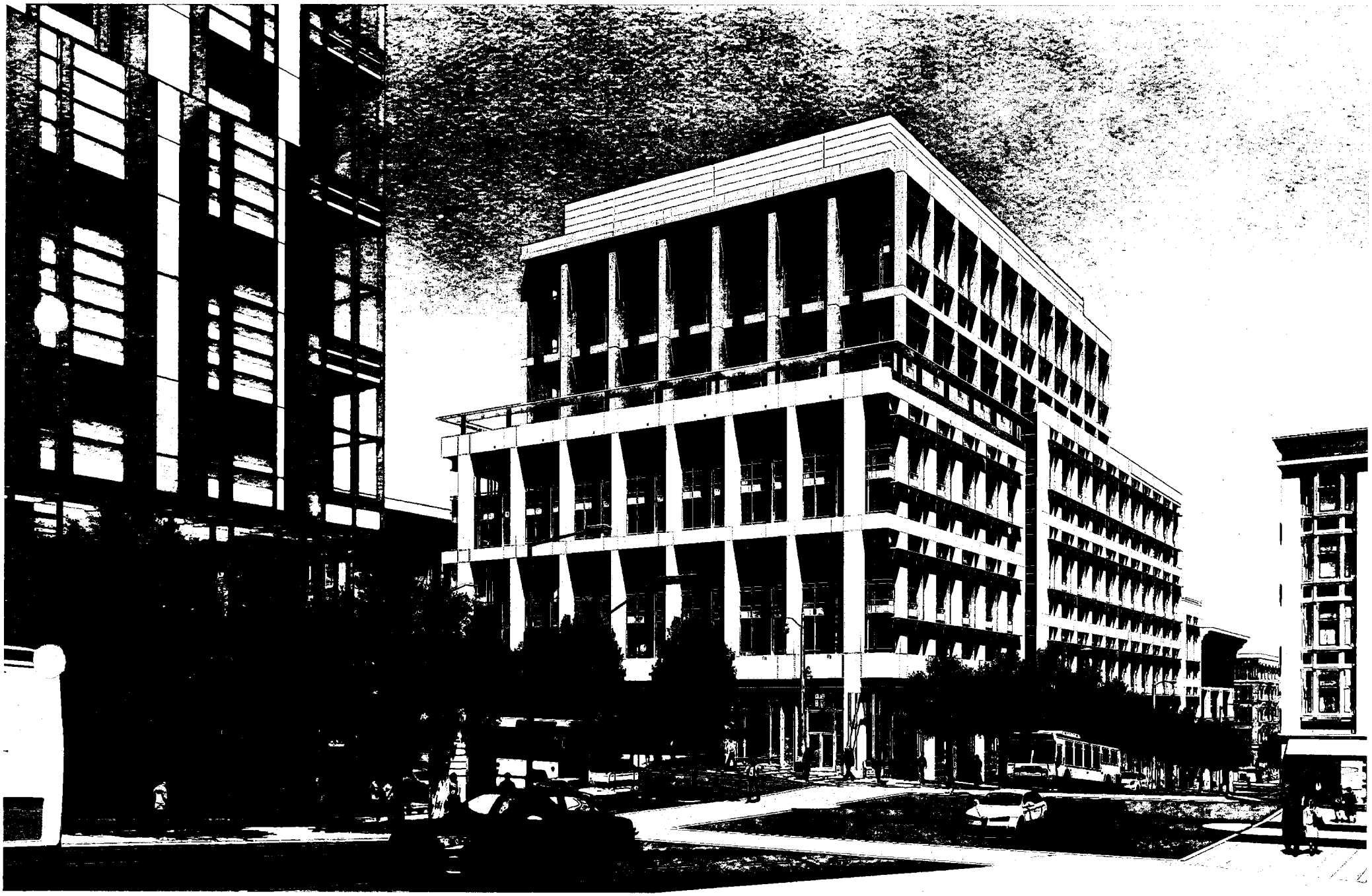
CPMC
Sutter Health

CPMC Campus at VNG view from Van Ness and Post

CPMC
Sutter Health

CPMC Campus at VNG view at Van Ness looking south

CPMC Campus at VNG view of Van Ness looking north

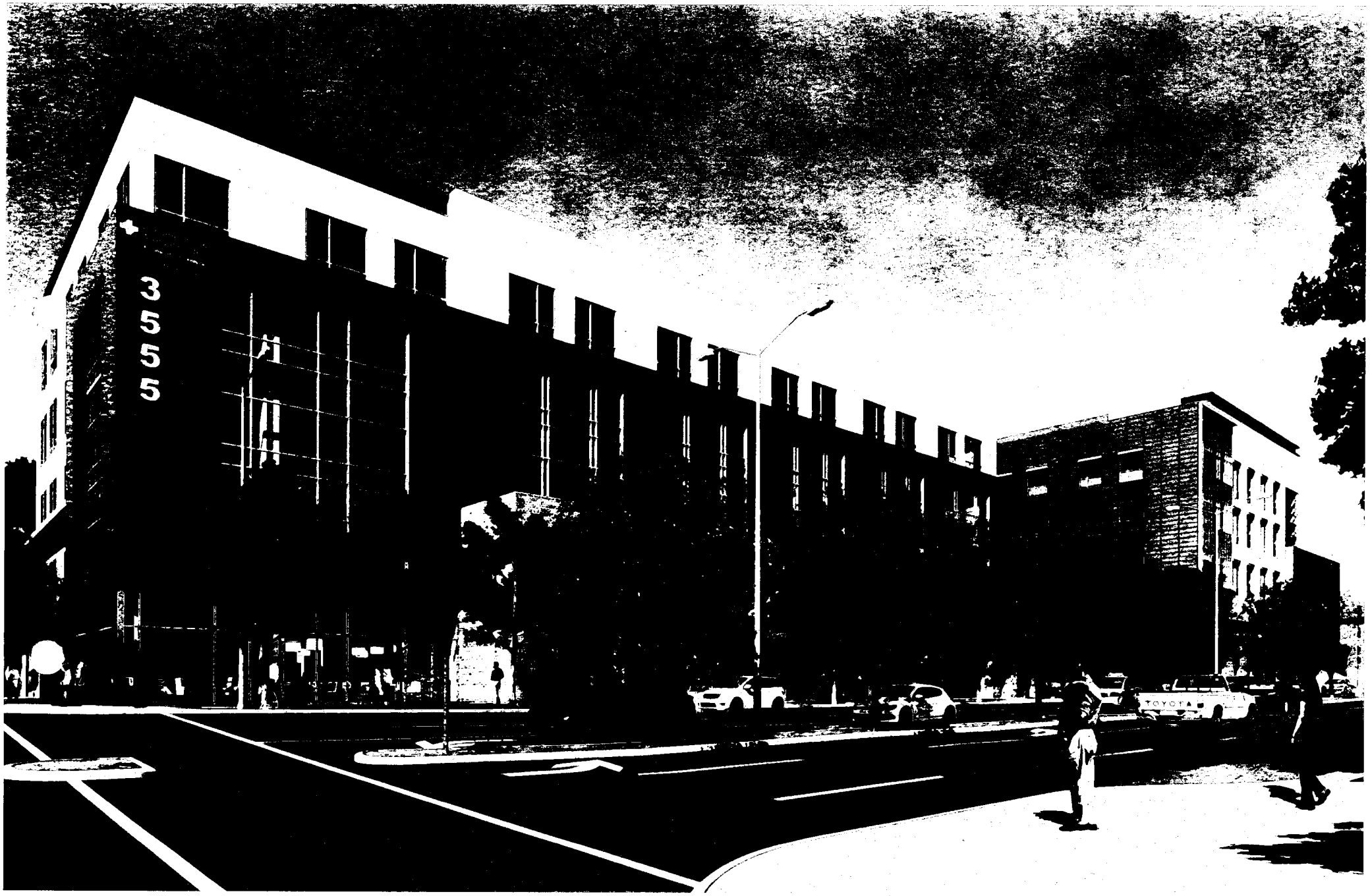


CPMC Campus at VNG view of Cedar Street from Van Ness

THE MONARCH HOTEL

CPMC
Sutter Health

CPMC Campus at VNG view looking west on Cedar Street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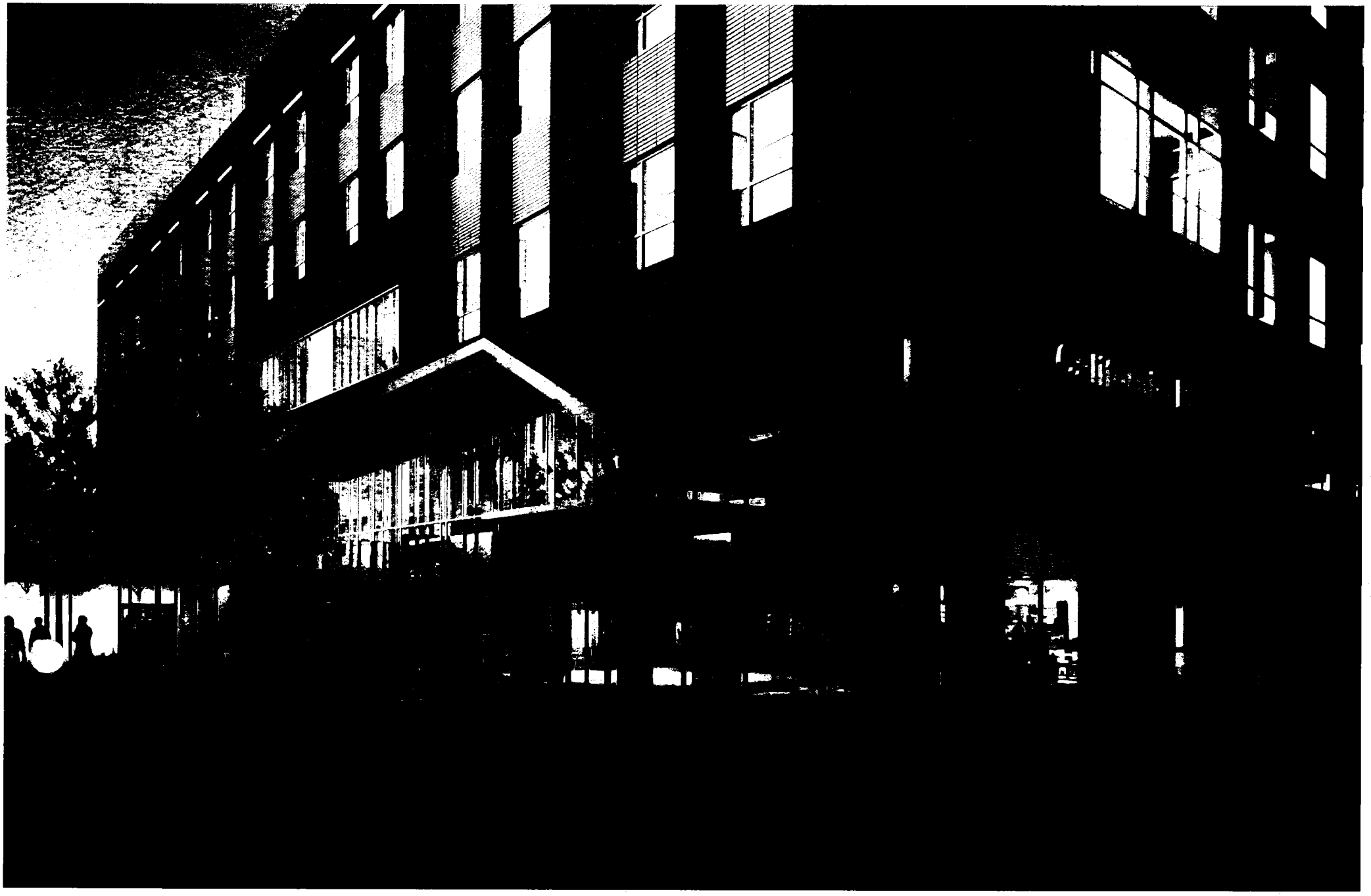
CPMC St Luke's view from Cesar Chavez and Guerrero

California Pacific Medical Center
St. Luke's Campus



CPMC St Luke's view of entry from Cesar Chavez