

4.5 TRAFFIC AND PARKING

This section evaluates the impacts of the CMH Code on the local circulation system. The analysis utilizes information from currently available traffic data and the City of Ventura 2005 General Plan FEIR. This document is incorporated by reference and available for review at the City of Ventura Department of Community Development. In addition, the intersection impact analysis is based on a traffic model run conducted by Austin-Foust Associates, Inc. (January 12, 2010), which is contained in Appendix F. The parking supply analysis and parking management plan was developed by City staff (copies of these plans are included in Appendix F).

4.5.1 Setting

a. Existing Street Network. The Hospital District is served by a network of highways, arterial streets and collector streets. The study area intersections are shown on Figure 4.5-1. The following text provides a brief discussion of select major components of the area circulation network.

State Route 126. State Route (SR) 126 is a four-lane east-west freeway that extends from U.S. Highway 101 to Santa Paula. East of Santa Paula the freeway becomes a conventional highway, extending to Interstate 5 in Santa Clarita (Los Angeles County). SR 126 provides regional access to the College District and Midtown Area via the SR 126/Main Street interchange. The SR 126/Main Street Eastbound Ramp intersection is controlled by a traffic signal.

U.S. 101. U.S. 101 extends from Ventura County north through Santa Barbara County and south through Los Angeles County. The closest access to the Hospital District from U.S. 101 is via Main Street. Additional access to the Hospital District from U.S. 101 is from Seaward Avenue.

Main Street. Main Street is a primary roadway in the City that connects downtown to midtown. Main Street extends east from Ventura Avenue to Telephone Road. Main Street contains four lanes near the Hospital District. In the Hospital District vicinity, the intersections controlled by traffic signals include the Main Street/Thompson Boulevard, Main Street/Borchard Drive, and Main Street/Loma Vista intersections.

Loma Vista Road. Loma Vista Road forms the Hospital District's northern boundary. Loma Vista Road is a collector adjacent the Hospital District. Loma Vista Road connects Main Street on the west with the Poinsettia Area in the central eastern portion of the City. Loma Vista Road is composed of two traffic lanes near the Hospital District, but widens to four lanes and is classified as a secondary arterial between Mills Road and Day Road. Loma Vista becomes a two-lane collector east of Day Road. The Loma Vista Road/North Brent Street intersection is controlled by a signal near the Hospital District on Loma Vista Road.

Telegraph Road. Telegraph Road is located south of the Hospital District. Telegraph Road is a four-lane secondary arterial that extends between Main Street and Santa Paula on the east. Telegraph Road intersects with Main Street and Thompson Boulevard south of Hospital District at an intersection that is commonly called "Five Points." The Five Points intersection is signalized.



North Brent Street. North Brent Street is a two-lane local road that extends between Telegraph Road and Foothill Road. North Brent Street is stop controlled at the intersection with Telegraph Road and signalized at the intersection with Loma Vista Road. The North Brent Street segment forms the eastern boundary of the Hospital District.

b. Existing Traffic Volumes and Levels of Service. The relevant setting information with respect to transportation and circulation has not changed substantially since the certification of the 2005 General Plan Final EIR in 2005. Traffic levels in the vicinity of the Hospital District have incrementally increased since the preparation of the 2005 General Plan Final EIR due to regional growth. Intersection monitoring is conducted bi-annually to verify that traffic volumes are accurately characterized within the City's traffic database for select intersections. Accordingly, 2007 data was used as the baseline for analysis.

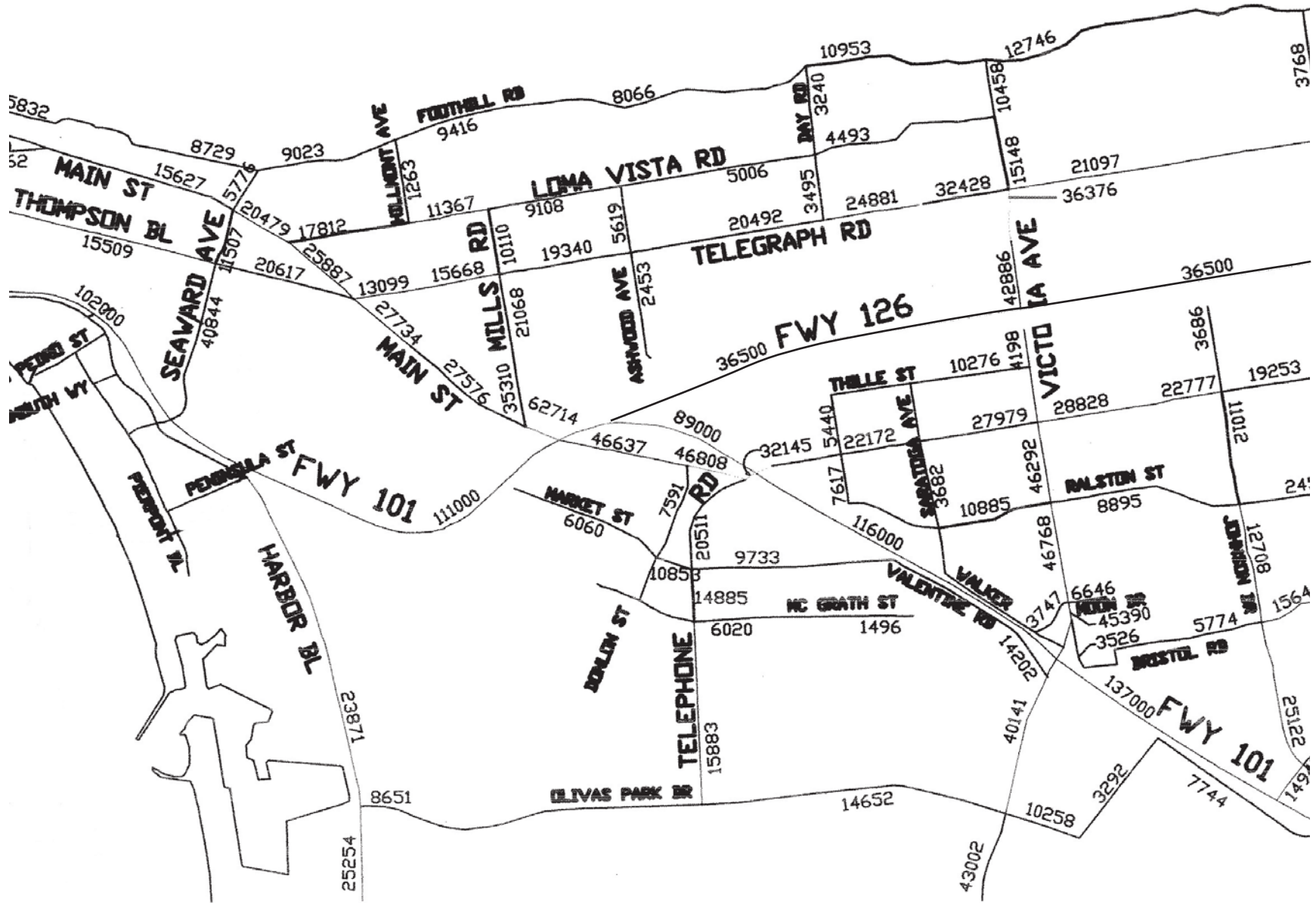
The study area street network is illustrated on Figure 4.5-1, which shows the intersections analyzed in this EIR. Traffic conditions on the street network are described in terms of traffic volumes on the individual streets and also in terms of intersection operation. The former uses average daily traffic (ADT) as the measure of traffic usage, while the latter examines peak hour volumes to determine how well an intersection performs during rush hours.

Baseline ADT volumes on the arterial street system are shown on Figure 4.5-2. Baseline ADT traffic volumes represent two-direction 24-hour vehicles on an average weekday. Updates to the traffic database since evaluation for the 2005 General Plan indicates that traffic volumes are still within the range allowable for the design criteria of study area roadways (ADT monitoring results are shown in Appendix F). ADT volumes are not used directly in level of service criteria, but serve a number of purposes relative to evaluating the use of the arterial street system. In particular, they provide one of the criteria for determining functional classification.

Level of service (LOS) on the arterial street system is defined according to peak hour intersection performance using ICU values. Table 4.5-1 shows the intersection LOS criteria. Table 4.5-2 lists the ICUs and corresponding LOS values for the study area intersections as updated by the City through a compilation of different data sources. In rating intersection operations, "Levels of Service" (LOS) A through F are used, with LOS A indicating free flow operations and LOS F indicating exceedance of road capacity. As shown in Table 4.5-2, the intersection of Donlon & Main operates with an ICU of .84 at LOS D during the P.M. peak hour and the intersection of US 101 NB Ramps & Main Street has an ICU of 0.90 and an LOS of D during the A.M. peak hour. However, none of the intersections exceed the City's performance criteria of LOS E for freeway ramp intersections and LOS D for all other principal intersections.

The City considers LOS E acceptable at freeway interchange intersections and considers LOS D acceptable at the "principal intersections" within the City. Principal intersections are intersections that are regularly monitored by the City as a gauge of the operation of the City's circulation system. Based on the analysis in the 2005 General Plan FEIR, principal intersections have higher traffic volumes relative to the rest of the network. Principal intersections are shown on Figure 4-5 of the traffic study in Appendix E of the 2005 General Plan Final EIR.





Source: City of San Buenaventura,
 Public Works Department 2010.

Baseline ADT Volumes

Figure 4.5-2
 City of Ventura

**Table 4.5-1
Intersection Level of Service Descriptions**

LOS	Description	Delay per Vehicle (sec.)	ICU Range
A	LOS A describes operations with low control delay, up to 10 seconds per vehicle. This LOS occurs when progression is extremely favorable and most vehicles arrive during the green phase. Many vehicles do not stop at all. Short cycle lengths may tend to contribute to low delay values.	< 10	0.00 – 0.60
B	LOS B describes with control delay greater than 10 and up to 20 seconds per vehicle. This level generally occurs with good progression, short cycle lengths, or both. More vehicles stop than the LOS A, causing higher levels of delay.	10 - 20	0.61 – 0.70
C	LOS C describes operations with control delay greater than 20 and up to 35 seconds per vehicle. These higher delays may result from only fair progression, longer cycle lengths, or both. Individual cycle failures may begin to appear at this level. Cycle failure occurs when a given green phase does not serve queued vehicles, and overflows occur. The number of vehicles stopping is significant at this level, though many still pass through the intersection without stopping.	20 - 35	0.71 – 0.80
D	LOS D describes operations with control delay greater than 35 and up to 55 seconds per vehicle. At LOS D, the influence of congestion becomes more noticeable. Longer delays may result from some combination of unfavorable progression, long cycle lengths, and high V/C ratios. Many vehicles stop, and the proportion of vehicles not stopping declines. Individual cycle failures are noticeable.	35 - 55	0.81 – 0.90
E	LOS E describes operations with control delay greater than 55 and up to 80 seconds per vehicle. These high delay values generally indicate poor progression, long cycle lengths, and high V/C ratios. Individual cycle failures are common.	55 - 80	0.91 – 1.00
F	LOS F describes operations with control delay in excess of 80 seconds per vehicle. This level, considered unacceptable to most drivers, often occurs with oversaturation, that is, when arrival flow rates exceed the capacity of lane groups. It may also occur at high V/C ratios with many individual cycle failures. Poor progression and long cycle lengths may also contribute significantly to high delay levels.	> 80	> 1.00

Source: Highway Capacity Manual 2000, Transportation Research Board, National Research Council.



**Table 4.5-2
 Baseline ICU Summary**

Intersection	A.M. Peak Hour		P.M. Peak Hour	
	ICU	LOS	ICU	LOS
18. Seaward & US 101 NB Ramps	0.44	A	0.53	A
19. Monmouth/US 101 SB & Harbor	0.44	A	0.62	B
23. Mills & Loma Vista	0.33	A	0.37	A
24. Mills & Telegraph	0.45	A	0.48	A
25. Mills & Maple	0.45	A	0.40	A
26. Mills & Dean	0.51	A	0.53	A
27. Mills & Main	0.59	A	0.61	B
28. US 101 NB Ramps & Main	0.90	D	0.65	B
29. SR 126 EB Ramps & Main	0.35	A	0.48	A
30. Callens & Main	0.39	A	0.68	B
31. Donlon & Main	0.48	A	0.84	D
32. Telephone & Main	0.43	A	0.63	B
33. US 101 NB Ramps & Telephone	0.37	A	0.50	A
38. Telephone & Market	0.25	A	0.51	A
42. Telephone & McGrath	0.24	A	0.45	A
45. Catalina & Main	0.48	A	0.48	A
46. Seaward & Main	0.49	A	0.55	A
47. Main & Loma Vista	0.48	A	0.44	A
49. Main & Telegraph	0.39	A	0.77	C
50. Emma & Main	0.31	A	0.41	A
51. Lemon Grove & Main	0.31	A	0.41	A
65. Sanjon & Thompson	0.35	A	0.40	A
68. Seaward & Thompson	0.50	A	0.50	A
71. Sanjon & Harbor	0.32	A	0.53	A
75. Ashwood & Telegraph	0.38	A	0.44	A
163. Santa Clara & Main	0.49	A	0.46	A
164. Seaward & Poli	0.39	A	0.44	A
165. Seaward & Harbor	0.59	A	0.52	A
166. College & Telegraph	0.33	A	0.38	A
180. Estates & Telegraph	0.29	A	0.37	A

Level of service ranges: .00 - .60 = A

.61 - .70 = B

.71 - .80 = C

.81 - .90 = D

.91 - 1.00 = E

Above 1.00 = F



The Final Environmental Impact Report for the 2005 General Plan provides baseline information with respect to circulation and then focuses on specific aspects of circulation planning such as performance criteria, future traffic demands, long-range highway capacity needs, and issues pertaining to transit and bicycle circulation.

To evaluate the Circulation Element arterial street system in relation to the Land Use Element, use is made of performance criteria. These criteria include “performance standards” and “thresholds of significance,” the latter being used for identifying project impacts in an EIR context. The performance standards represent desired operating conditions for the City’s street system and reflect the goals and policies as contained in the Circulation Element.

The arterial street component of the Circulation Element has two features that define the physical attributes of individual roadways on the citywide street system. These are 1) Design Classification and 2) Functional Classification. The first establishes standards for right-of-way dedication when new construction occurs and shows the maximum number of lanes that would be accommodated on a given street. It essentially sets the maximum size of the street. There are three design classifications used in the Circulation Element, Primary Arterial, Secondary Arterial and Collector. The functional classification addresses lane deployment, medians, parking, and streetscape attributes designed to achieve objectives other than simply moving traffic. It addresses the “character” of a street as well as its size. Labels used in naming the functional classifications include the following:

- *Boulevard – a street with a raised planted median*
- *Arterial – a street with a striped median*
- *Street – a street with no median*

The first two are used in differentiating Primary Arterials, and all three are used for differentiating Secondary Arterials. Other descriptions are used as appropriate, particularly for collectors which are differentiated by both medians and parking.

The design and functional classifications are listed in Table 4.5-3. This shows the relationship between the two in conjunction with specific features of each classification and representative average daily traffic (ADT) values. As noted in the table, the ADT values are representative only and do not imply that the street is capable of carrying this volume or that it should carry no more than this volume. The ADT values listed with the street classifications are simply a guide and do not imply that a roadway needs to be widened simply because the ADT threshold is exceeded. The City of Ventura does not have a defined level of service performance standard for roadways.

The analysis of the arterial road system is based on intersection capacity since this is the defining capacity limitation on an arterial highway system. Levels of service for arterial intersections are determined based on operating conditions during the morning and evening peak hours. The intersection capacity utilization (ICU) methodology is applied using peak hour volumes and the geometric configuration of the intersection. The Arterial Intersection Performance Criteria are shown in Table 4.5-4.



**Table 4.5-3
Street Classifications**

Design Classification	Functional Classification	Lanes	Median	Parking	ADT*
Primary Arterial	Six Lane Boulevard	6	Raised	No parking	54,000
	Six Lane Arterial	6	Striped	No curb parking unless adequate right-of-way (indents preferred)	50,000
Secondary Arterial	Four Lane Boulevard	4	Raised	No parking	36,000
	Four Lane Arterial	4	Striped	If space available (indents preferred)	32,000
	Four Lane Street	4	None	Parking	24,000
	Two Lane Boulevard	2	Raised	No Parking	20,000
Collector	Urban Collector	2	Striped**	Parking	16,000
	Residential Collector	2	None**	Parking	12,000
	Special Collector	2	None	Angle parking	10,000

*The ADT value is a guide to the general level of daily traffic that can be carried by a roadway of this classification. Since level of service is determined by intersection performance rather than roadway link performance, this ADT value will vary (up or down) depending on the performance of adjacent intersections.

**Except where traffic calming applications provide for a raised landscape median

The city monitors and evaluates the performance of the street network at selected locations labeled as principal intersections. The city’s performance standard only applies to principal intersections and not to all signalized intersections. In effect, the performance of the City’s arterial highway system is evaluated based on the performance of the principal intersections. In other words, principal intersections are the bottlenecks where congestion occurs first and the performance of the arterial highway system is determined and affected by the number of congested principal intersections. This approach is consistent with the goals and policies in the 2005 General Plan that desires a transportation system with the following features:

- *Balanced and with reduced dependence on the automobile;*
- *Safe and easily accessible to all travelers;*
- *Existing roadways are used efficiently to meet mobility needs; and,*
- *Additional travel lanes are considered only when other alternatives are not feasible.*



**Table 4.5-4
 Arterial Intersection Performance Criteria**

V/C Calculation Methodology	
Level of service to be based on peak hour intersection capacity utilization (ICU) values calculated using the following values:	
Saturation Flow Rate: 1,600 vehicles/hour/lane	
Clearance Interval: none	
Performance Standard	
Level of Service E (peak hour ICU less than or equal to 1.00) for freeway ramp intersections.	
Level of Service D (peak hour ICU less than or equal to 0.90) for all other Principal intersections*.	
Threshold of Significance (for Impact Analyses)	
For an intersection that is forecast to operate worse than its performance standard, the impact of a given project is considered to be significant if the project increases the ICU by more than 0.01. An ICU increase of more than .01 does not cause the threshold of significance to be exceeded if the with-project ICU does not exceed the maximum ICU value.	
Level of Service	
Level of Service ranges are as follows:	
ICU	Level of Service (LOS)
0.00-0.60	A
0.61-0.70	B
0.71-0.80	C
0.81-0.90	D
0.91-1.00	E
Above 1.00	F

**Principal Intersections are intersections to be regularly monitored as a gauge of the operation of the City's circulation system.*

This approach also allows a range of improvements, as needed, without building in over-capacity. The range of improvements includes localized improvements at a principal intersection at one end to full improvements to provide additional travel lanes in both directions between two principal intersections. In addition, this approach also implies that other signalized intersections that are not principal intersections are considered to be minor locations that should not experience capacity issues. The need for changes in lane configurations at these minor intersections are identified based on the accident records.

As identified in the 2005 General Plan FEIR, the city monitors and evaluates the performance of the street network at selected locations labeled as principal intersections. The city has a performance standard for signalized intersections that are labeled as principal intersections. The City's performance standard only applies to Principal intersections and not to all signalized intersections, except for those that are located on the CMP network, at which the CMP level of service standard of LOS E is applicable. Other signalized intersections that are not Principal Intersections are considered to be minor locations that are not anticipated to experience capacity issues.



The performance standard for a principal intersection is as follows:

- *Level of service E (peak hour ICU less than or equal to 1.00) at freeway ramp intersections;*
- *Level of service D (peak hour ICU less than or equal to 0.90) for all other principal intersections.*

General Plan Action 4.11 calls for refinement of the level of service standards to encourage use of alternative modes of transportation while meeting state and regional mandates. Level of Service E has been chosen as the minimum system-wide LOS standard in the Ventura County Congestion Management Program (CMP). Therefore, the applicable performance standard for a principal intersection is as follows:

- *Level of service E (peak hour ICU less than or equal to 1.00) at freeway ramp intersections;*
- *Level of service E (peak hour ICU less than or equal to 1.00) on the CMP network; and,*
- *Level of service D (peak hour ICU less than or equal to 0.90) for all other principal intersections.*

The flexibility built into the roadway classifications, the definitions of principal intersections and the applicability of performance standards are consistent with and further the goals and policies in the General Plan that favor mobility and quality of life for the residents of Ventura while sacrificing on the speed of traffic and living with more congestion.

The following are the city's local streets on the Ventura County CMP Network:

- *Harbor Boulevard, Seaward Avenue to Channel Islands Boulevard*
- *Main Street, Thompson Boulevard to Telephone Road*
- *Olivas Park Drive, Harbor Boulevard to Victoria Avenue*
- *Seaward Avenue, Thompson Boulevard to Harbor Boulevard*
- *Telegraph Road, Main Street (Ventura) to Peck Road (Santa Paula)*
- *Telephone Road, Wells Road (SR-118) to Olivas Park Drive*
- *Thompson Boulevard, Seaward Avenue to Main Street*
- *Victoria Avenue, Telegraph Road to Channel Islands Boulevard*
- *Wells Road, Telegraph Road to SR-118*

c. Parking Supply. Parking is currently provided throughout the Hospital District in the form of public surface parking lots, on street parking, and private parking lots for individual developments. A series of parking counts were conducted at the Project site in April and June of 2008, with a follow up count conducted in March of 2009 (Nelson\Nygaard Consulting Associates, November 20, 2009). The peak occupancy period for the studies occurred on June 3rd at 11:00 A.M. The March 4th count was taken from 1:00 to 2:00 P.M. The results are shown in Table 4.5-5.



**Table 4.5-5
 Summary of Existing Parking and Utilization**

<i>June 3, 2008 11 A.M. Parking Count Summary</i>			
Parking Type	Occupied	Vacant	Total Spaces
CMH	807	149	956
Public Lots	397	64	461
On-Street *	139	48	187
Total	1,343	261	1,604
<i>Overall Parking Occupancy Rate 83.7%</i>			
<i>March 4, 2009 1 P.M. Parking Count Summary</i>			
Parking Type	Occupied	Vacant	Total Spaces
CMH	794	155	949
Public Lots	400	61	461
On-Street	139	48	187
Total	1,333	264	1,597
<i>Overall Parking Occupancy Rate 83.5%</i>			

Source: NelsonNygaard Consulting Associates, November 20, 2009

** The counts taken on June 3, 2008 did not include curb parking spaces.*

Therefore, the curb parking count for this date was assumed to be the same as was observed on March 4, 2009.

Optimal parking utilization is considered to be 85%, such that parking is well used, but always available. Therefore, under existing conditions, the current parking supply is nearly optimal at 84% utilization during the peak midday hours given the existing uses for the Hospital District and vicinity.

d. Transit. Transit service is provided by Gold Coast Transit (formerly SCAT). Gold Coast Transit provides 23 routes in the County, with Route Six stopping on Loma Vista Road at CMH on both weekdays and weekends. Route Six service is provided between Dakota Drive on Ventura Avenue and the Oxnard Transit Center. Route Six buses run about every 20 minutes Monday through Friday, and run about every 30 minutes on the weekend. Route Six connects with other Gold Coast Transit bus lines at the Ventura Transfer Center, which is located on Telegraph Road, just west of Mills Road. The Ventura Transfer Center is located about ¾ mile southeast of the Hospital District. Additional transit service is provided by the Ventura Intercity Service Transit Authority (VISTA), which provides intercity service for the County of Ventura and provide stops at major activity centers throughout the City.

e. Bicycle/Pedestrian Travel. Non-motorized components of the circulation system in the vicinity of the Hospital District include bicycle and pedestrian facilities. Bicycle and pedestrian facilities are discussed below.



Bicycle Facilities. Class III bike lanes are present along Main Street in the vicinity of Hospital District, while Class II bike lanes are present along Telegraph Road and Loma Vista Road. Definitions of Class II and Class III bike lanes follow.

- **Bike Lane (Class II)** – *A Class II bikeway is a lane on a road that is reserved for bicycles. The lane is painted with pavement lines and markings and is signed. The lane markings decrease the potential for conflicts between motorists and bicyclists. Bike lanes are one-way, with a lane on each side of the roadway between the travel lane and the edge of paving or, if parking is permitted, between the travel lane and the parking lane. The lanes are at least four feet wide, five feet if parking is permitted.*
- **Bike Route (Class III)** – *Class III bike routes share existing roads and provide continuity to other bikeways or designated preferred routes through high traffic areas. There is no separate lane and bike routes are established by placing signs that direct cyclists and warn drivers of the presence of bicyclists. Since bicyclists are permitted on all roads, the decision to sign a road as a bike route is based on factors including the advisability of encouraging bicycle travel on the route, the need to meet bicycle demand, and the desire to connect discontinuous segments of bike lanes.*

Pedestrian Facilities. Sidewalks are present along both sides of all formal street right-of-ways including but not limited to Loma Vista Road, North Brent Street, Telegraph Road, Borchard Drive, and Cabrillo Drive. Pedestrians also utilize the alley behind Main Street and the surface parking lots.

f. Planned Roadway Improvements. There are no planned roadway improvements within the study area that will need to be implemented to maintain acceptable service ratios pursuant to the 2005 General Plan Update analysis.

4.5.2 Impact Analysis

a. Methodology and Significance Thresholds. In August, 2005, the City certified a Final Environmental Impact Report (FEIR) and adopted a comprehensive revision of the General Plan, including the Circulation Element. As part of that effort, 2025 traffic levels were modeled based on projected growth and a program of recommended improvements was devised to achieve and maintain the desired level of service on area roadways and intersections. The traffic analysis prepared for the 2005 General Plan (incorporated herein by reference and available for review at the City Planning Department) was based on growth assumptions for all of the various planning sub-areas of the City, including the Hospital District. However, the CMH Code proposes a specific amount of retail development and medical office development in addition to a 10-bed increase for the hospital that was not specifically evaluated in the General Plan traffic modeling effort. Therefore, these specific development projections were added to the 2005 General Plan Buildout for this area of the City and a traffic model run was conducted to evaluate whether the increase in development potential would generate any additional significant impacts at Study Area intersections. Table 4.5-6 shows the area specific development projections for traffic analysis zone (TAZ) number 179 that were evaluated in the 2005 General Plan and that proposed under the CMH Code.



**Table 4.5-6
 Land Use and Trip Generation Comparison
 2005 General Plan vs. CMH Code**

Land Use Category	Units	General Plan		General Plan + CMH Code		Difference	
		Amount	ADT	Amount	ADT	Amount	ADT
Single Family Detached	DU	84	804	84	804	0	0
Condos	DU	48	281	48	281	0	0
Apartments	DU	106	703	106	703	0	0
Medium Retail	TSF	134.74	7,133	138.64	7,340	3.90	207
Office	TSF	57.52	633	57.52	633	0	0
Government Office	TSF	203.21	5,080	203.21	5,080	0	0
High School	TSF	600	1,074	600	1,074	0	0
Hospital	Bed	240	2,825	252	2966	12.0	141
Church	TSF	7.48	68	7.48	68	0	0
Medical Office	TSF	--	--	267	9,647	267	9,647
Total	n/a	n/a	18,601	n/a	28,596	n/a	9,995

Source: Austin Foust Associates, Inc. 1/12/2010

Traffic model run assumes an increase of 12 beds.

Notes: DU = Dwelling Units, TSF = thousand square feet, Bed = number of beds in the hospital

A comparison of the growth forecast for the CMH Code with the assumptions used for the 2005 General Plan FEIR traffic model reveals that the CMH Code would accommodate an estimated 3,900 square feet (sf) of retail, about 267,000 square feet of medical office use (adaptive reuse of the existing hospital plus medical office campus buildings in the SD:H1 District), and a 10-bed increase for the hospital. These additional land use development projections were input to the traffic model and applied to the study area street network (see Appendix F for the model run results). The traffic modeling analysis did not include any credits for the removal of the existing medical office uses necessary to build the new hospital building; therefore, the intersection impact analysis is conservative.

The analysis provided in this EIR characterizes traffic levels associated with growth facilitated by the CMH Code within the context of the growth forecasts contained in the 2005 General Plan and focuses on impacts to the local circulation system. Parking supply impact analysis is based on City staff evaluations of the available supply and proposed demand.

Level of service (LOS) on the arterial street system is defined according to peak hour intersection performance using ICU values. Caltrans recommends using the delay based procedures as set out in the Highway Capacity Manual (HCM). However, the City procedures evaluate volumes in relation to capacity (i.e. the V/C ratio) and the ICU methodology is the chosen methodology in the Ventura Congestion Management Program (CMP) for analyzing local streets (see Exhibit 14 from the CMP, which has been included in Appendix F). It is thereby used by the City for traffic impact studies to provide a consistent methodology with that used countywide.



It should be noted that the Caltrans HCM procedure simply reports an average delay and corresponding LOS. Under City criteria, a significant impact based on an incremental V/C increase is well documented and is thereby used in the CEQA process for identifying potential project impacts. Only when deficiencies occur at Caltrans facilities is it necessary to defer to the HCM procedure to determine whether the location would actually be deficient under that methodology. With regards to the freeway interchanges, the analysis examines the two nearest freeway ramps: U.S. 101/Main Street and SR-126/Main Street, and does not find any system deficiencies with or without the project based on City criteria. That is both ramps are forecast to operate at acceptable standards under “future plus project” conditions.

For intersection impact analysis thresholds, level of service E performance standards (peak hour ICU less than or equal to 1.00) are applicable for freeway ramp intersections and non-principal intersections on the Congestion Management Program (CMP) network. Level of service D (peak hour ICU less than or equal to 0.90) is the performance standard for all other principal intersections. For an intersection that is forecast to operate worse than its performance standard, the impact of a project is considered to be significant if the project increases the ICU by more than 0.01. Additionally, impacts relating to transportation and circulation would be considered potentially significant if development facilitated by the CMH Code would:

- *Exceed, either individually or cumulatively, a level of service standard established by the county congestion management agency for designated roads or highways?*
- *Cause an increase in traffic which is substantial in relation to the existing traffic load and capacity of the street system (i.e., result in a substantial increase in either the number of vehicle trips, the volume to capacity ratio of roads, or congestion at intersections)?*
- *Substantially increase hazards due to a design feature (e.g. sharp curves or dangerous intersections) or incompatible uses (e.g. farm equipment)?*
- *Result in inadequate emergency access?*
- *Result in inadequate parking capacity? (Please note that Appendix G of the CEQA Guidelines was recently revised to exclude parking capacity as a potential environmental impact that should be analyzed by a lead agency)*
- *Conflict with adopted policies, plans, or programs supporting alternative transportation (e.g. bus turnouts, bicycle racks)?*

b. Project Impacts and Mitigation Measures.

Impact T-1 Phase I and Phase II Project-generated traffic would not cause the LOS at study area intersections to decline below allowable standards. Therefore, traffic impacts would be Class III, less than significant. Nevertheless, the project would add traffic to the City and County roadway network and developers, including CMH would need to pay applicable traffic impact mitigation fees in accordance with City and County requirements.

As discussed on page 2-23 of Section 2.0 *Project Description*, Phase I development would include the new hospital, street connections and a new 3,900 square foot retail liner building between



2010 and 2014. Phase II development would include buildout of the remainder of the Hospital District, including about 162,950 square feet of medical office uses and the new 570 space parking garage. Phase II development would occur over a period of years. Project-generated traffic expressed as ADT and peak hour volumes is shown in Table 4.5-7.

**Table 4.5-7
 Project Trip Generation**

Land Use	Size	Average Daily		A.M. Peak Hour		P.M. Peak Hour	
		Rate	Trip Ends	Rate	Trip Ends	Rate	Trip Ends
Phase I							
New Hospital Building	252 Beds	11.77	2,966	1.07	270	1.22	307
Medical Office Reuse in old Hospital	104 TSF	36.13	3,758	2.43	253	3.66	381
Retail	3.9 TSF	52.94	206	1.25	5	4.78	19
Phase I Subtotal			6,930		528		707
<i>Phase I Removals</i>							
Medical Office Buildings	45.5 TSF	36.13	1,644	2.43	111	3.66	167
Existing Hospital Building	242 Beds	11.77	2,848	1.07	259	1.22	295
Single Family Homes	4 DU	9.57	38	0.75	3	1.01	4
<i>Removals Subtotal</i>	<i>n/a</i>	<i>n/a</i>	<i>4,530</i>	<i>n/a</i>	<i>373</i>	<i>n/a</i>	<i>466</i>
Phase I Net Increase			2,400		155		241
Phase II							
New Medical Office Building (Phase II)	163 TSF	36.13	5,889	2.43	396	3.66	597
Phase I + Phase II Total	<i>n/a</i>	<i>n/a</i>	12,819	<i>n/a</i>	924	<i>n/a</i>	1,304
Total Net Increase in Trips	<i>n/a</i>	<i>n/a</i>	8,289	<i>n/a</i>	551	<i>n/a</i>	838

Source: City of Ventura, Land Development, January, 2010.

Notes: DU = Dwelling Units, TSF = thousand square feet, Bed = number of beds in the hospital

Project-generated traffic was assigned to the study area network intersections under existing conditions and 2005 General Plan conditions (Year 2025). Table 4.5-8 shows projected levels of traffic at study area intersections under General Plan Buildout Year 2025 conditions. The project's impacts at the study area intersections are captured by the changes in the ICU (intersection capacity utilization) values between the General Plan + Project and the General Plan (No Project) scenarios in Table 4.5-8. The addition of the project's impacts to the existing conditions results in the Existing + Project scenario shown in Table 4.5-9. As is evident from Tables 4.5-8 and 4.5-9, all of the study intersections operate within the city's level of service standards. The Existing + Project conditions shown in Table 4.5-9 is a worst-case scenario as compared to the Existing + Phase I Project. Therefore, the addition of Phase I of the Project in the short term will not have any adverse traffic impacts.



Figure 4.5-3 shows traffic volumes on the study area roadway network. The level of service information presented in Table 4.5-8 and Table 4.5-9 indicates that all of the study intersections are forecast to operate within allowable levels. As previously discussed, level of service E performance standards (peak hour ICU less than or equal to 1.00) are applicable for freeway ramp intersections and non-Principal Intersections on the Congestion Management Program (CMP) network, while level of service D (peak hour ICU less than or equal to 0.90) is the performance standard for all other principal intersections. Therefore, impacts associated with phases I and II of the Project would be less than significant.

The CMH Code would facilitate development that would contribute a net increase of about 8,289 ADT (see Table 4.5-7). Pursuant to City and County policies, applicants for development that would add traffic to the local and regional roadway network are required to contribute traffic impact fees. The project is required to pay applicable City and County traffic impact fees.

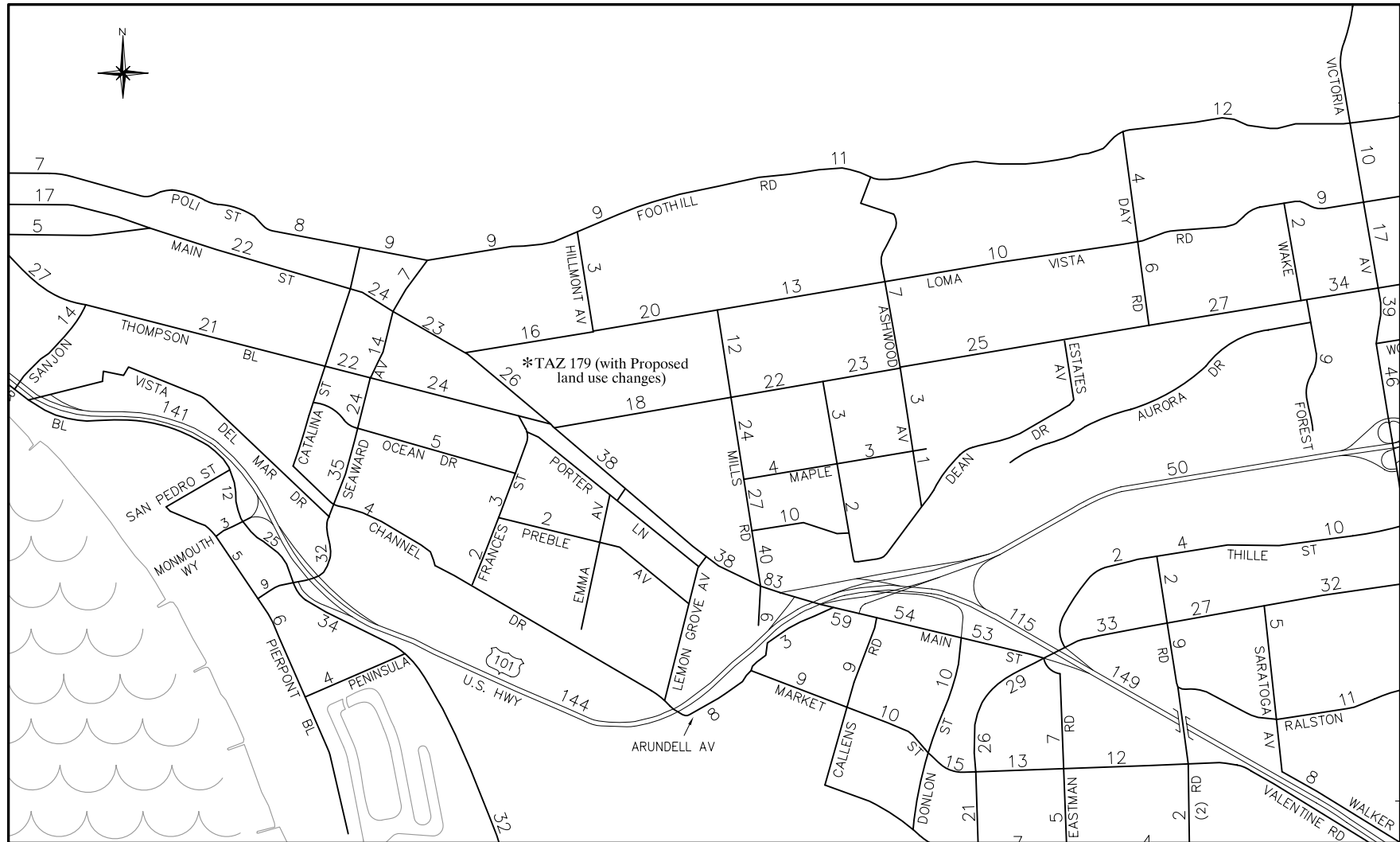
Mitigation Measures. Although significant impacts have not been identified, the following standard condition is required to reduce the Project's contribution to cumulative impacts to the City and County circulation system.

- T-1 Traffic Impact Fees.** CMH and any additional developers within the CMH District shall pay applicable City and County traffic impact fees in accordance with adopted policies for fair share ADT attributed to each development. Payment of fees shall occur prior to issuance of a building permit or prior to occupancy for each developer within the CMH District.

Significance after Mitigation. Impacts would be less than significant without mitigation. Payment of applicable fees would address the Project's contribution to cumulative impacts to the regional transportation system.

The City of Ventura's comprehensive traffic mitigation fee program was implemented in 1988 to mitigate cumulative impacts caused by new development. Prior to the implementation of the impact fee program, development projects were frequently unable to successfully complete the environmental impact review process because the cost of some of the mitigation measures was beyond the financial resources of individual projects to fund necessary improvements such as upgrades to freeway interchanges. The traffic impact fee program provides a way for the City to accumulate funds for large projects in a fair and equitable basis that is directly related to the impacts of new development needed on the City transportation system and to construct the improvements to maintain the quality of life for all City residents. The traffic mitigation fee is based upon the unfunded construction cost of the total circulation system improvements necessary to accommodate peak hour trips anticipated as a result of future growth. Twenty-two projects throughout the City were identified for improvement and are shown in the resolution along with an update on the current status (please refer to Appendix F).





Drawing Source: Austin-Foust Associates, Inc., January 12, 2010

Legend
 XX With Proposed Land Use Changes

2025 General Plan
 Buildout + Project

Figure 4.5-3
 City of Ventura

**Table 4.5-8
Intersection ICU and LOS Summary
General Plan Buildout Year 2025**

Intersection	General Plan + Project				General Plan (No Project)				Change in ICU		Impact?
	A.M. Peak Hour		P.M. Peak Hour		A.M. Peak Hour		P.M. Peak Hour		A.M.	P.M.	
18. Seaward & US 101 NB Ramps	0.51	A	0.64	B	0.52	A	0.62	B	-0.01	0.02	No
19. Monmouth/US 101 SB & Harbor	0.58	A	0.81	D	0.56	A	0.80	C	0.02	0.01	No
23. Mills & Loma Vista	0.34	A	0.42	A	0.33	A	0.42	A	0.01	0.00	No
24. Mills & Telegraph	0.50	A	0.54	A	0.50	A	0.52	A	0.00	0.02	No
25. Mills & Maple	0.55	A	0.54	A	0.53	A	0.52	A	0.02	0.02	No
26. Mills & Dean	0.56	A	0.57	A	0.54	A	0.53	A	0.02	0.04	No
27. Mills & Main	0.68	B	0.74	C	0.69	B	0.73	C	-0.01	0.01	No
28. US 101 NB Ramps & Main	0.77	C	0.86	D	0.78	C	0.83	D	-0.01	0.03	No
29. SR 126 EB Ramps & Main	0.53	A	0.66	B	0.53	A	0.65	B	0.00	0.01	No
30. Callens & Main	0.46	A	0.69	B	0.46	A	0.68	B	0.00	0.01	No
31. Donlon & Main	0.55	A	0.86	D	0.56	A	0.84	D	-0.01	0.02	No
32. Telephone & Main	0.61	B	0.89	D	0.61	B	0.86	D	0.00	0.03	No
33. US 101 NB Ramps & Telephone	0.56	A	0.67	B	0.56	A	0.67	B	0.00	0.00	No
38. Telephone & Market	0.59	A	0.71	C	0.60	A	0.72	C	-0.01	-0.01	No
42. Telephone & McGrath	0.29	A	0.76	C	0.29	A	0.75	C	0.00	0.01	No
45. Catalina & Main	0.39	A	0.36	A	0.38	A	0.35	A	0.01	0.01	No
46. Seaward & Main	0.55	A	0.73	C	0.53	A	0.69	B	0.02	0.04	No
47. Main & Loma Vista	0.52	A	0.55	A	0.52	A	0.54	A	0.00	0.01	No
49. Main & Telegraph	0.48	A	0.79	C	0.46	A	0.71	C	0.02	0.08	No
50. Emma & Main	0.41	A	0.54	A	0.40	A	0.51	A	0.01	0.03	No



**Table 4.5-8
 Intersection ICU and LOS Summary
 General Plan Buildout Year 2025**

Intersection	General Plan + Project				General Plan (No Project)				Change in ICU		Impact?
	A.M. Peak Hour		P.M. Peak Hour		A.M. Peak Hour		P.M. Peak Hour		A.M.	P.M.	
51. Lemon Grove & Main	0.41	A	0.50	A	0.41	A	0.47	A	0.00	0.03	No
65. Sanjon & Thompson	0.50	A	0.59	A	0.48	A	0.59	A	0.02	0.00	No
68. Seaward & Thompson	0.54	A	0.67	B	0.51	A	0.65	B	0.03	0.02	No
71. Sanjon & Harbor	0.36	A	0.66	B	0.36	A	0.66	B	0.00	0.00	No
75. Ashwood & Telegraph	0.30	A	0.49	A	0.29	A	0.48	A	0.01	0.01	No
163. Santa Clara & Main	0.25	A	0.30	A	0.25	A	0.30	A	0.00	0.00	No
164. Seaward & Poli	0.41	A	0.53	A	0.41	A	0.50	A	0.00	0.03	No
165. Seaward & Harbor	0.59	A	0.72	C	0.58	A	0.70	B	0.01	0.02	No
166. College & Telegraph	0.34	A	0.43	A	0.33	A	0.40	A	0.01	0.03	No
180. Estates & Telegraph	0.30	A	0.41	A	0.25	A	0.39	A	0.05	0.02	No

Notes: Intersections evaluated pursuant to City Threshold Criteria: Allowable LOS at intersections 18,19,28,29, and 33 is LOS E or better, while the allowable LOS at all other intersections is LOS D or better.

Level of service ranges: 0.00 - .60 = A; 0.61- 0.70 = B; 0.71 - 0.80 = C; 0.81 - 0.90 = D; 0.91- 1.00 = E, >1.0 = F



**Table 4.5-9
Intersection ICU and LOS Summary
Existing + Project**

Intersection	Existing Conditions				Project Impacts		Existing + Project				Sig. Impact?
	A.M. Peak Hour		P.M. Peak Hour		A.M. Peak Hour	P.M. Peak Hour	A.M. Peak Hour		P.M. Peak Hour		
	ICU	LOS	ICU	LOS	ICU	ICU	ICU	LOS	ICU	LOS	
18. Seaward & US 101 NB Ramps	0.44	A	0.53	A	-0.01	0.02	0.43	A	0.55	A	No
19. Monmouth/US 101 SB & Harbor	0.44	A	0.62	B	0.02	0.01	0.46	A	0.63	B	No
23. Mills & Loma Vista	0.33	A	0.37	A	0.01	0.00	0.34	A	0.37	A	No
24. Mills & Telegraph	0.45	A	0.48	A	0.00	0.02	0.45	A	0.50	A	No
25. Mills & Maple	0.45	A	0.40	A	0.02	0.02	0.47	A	0.42	A	No
26. Mills & Dean	0.51	A	0.53	A	0.02	0.04	0.53	A	0.57	A	No
27. Mills & Main	0.59	A	0.61	B	-0.01	0.01	0.58	A	0.62	B	No
28. US 101 NB Ramps & Main	0.90	D	0.65	B	-0.01	0.03	0.89	D	0.68	B	No
29. SR 126 EB Ramps & Main	0.35	A	0.48	A	0.00	0.01	0.35	A	0.49	A	No
30. Callens & Main	0.39	A	0.68	B	0.00	0.01	0.39	A	0.69	B	No
31. Donlon & Main	0.48	A	0.84	D	-0.01	0.02	0.47	A	0.86	D	No
32. Telephone & Main	0.43	A	0.63	B	0.00	0.03	0.43	A	0.66	B	No
33. US 101 NB Ramps & Telephone	0.37	A	0.50	A	0.00	0.00	0.37	A	0.50	A	No
38. Telephone & Market	0.25	A	0.51	A	-0.01	-0.01	0.24	A	0.50	A	No
42. Telephone & McGrath	0.24	A	0.45	A	0.00	0.01	0.24	A	0.46	A	No
45. Catalina & Main	0.48	A	0.48	A	0.01	0.01	0.49	A	0.49	A	No
46. Seaward & Main	0.49	A	0.55	A	0.02	0.04	0.51	A	0.59	A	No
47. Main & Loma Vista	0.48	A	0.44	A	0.00	0.01	0.48	A	0.45	A	No



**Table 4.5-9
Intersection ICU and LOS Summary
Existing + Project**

Intersection	Existing Conditions				Project Impacts		Existing + Project				Sig. Impact?
	A.M. Peak Hour		P.M. Peak Hour		A.M. Peak Hour	P.M. Peak Hour	A.M. Peak Hour		P.M. Peak Hour		
	ICU	LOS	ICU	LOS	ICU	ICU	ICU	LOS	ICU	LOS	
49. Main & Telegraph	0.39	A	0.77	C	0.02	0.08	0.41	A	0.85	D	No
50. Emma & Main	0.31	A	0.41	A	0.01	0.03	0.32	A	0.44	A	No
51. Lemon Grove & Main	0.31	A	0.41	A	0.00	0.03	0.31	A	0.44	A	No
65. Sanjon & Thompson	0.35	A	0.40	A	0.02	0.00	0.37	A	0.40	A	No
68. Seaward & Thompson	0.50	A	0.50	A	0.03	0.02	0.53	A	0.52	A	No
71. Sanjon & Harbor	0.32	A	0.53	A	0.00	0.00	0.32	A	0.53	A	No
75. Ashwood & Telegraph	0.38	A	0.44	A	0.01	0.01	0.39	A	0.45	A	No
163. Santa Clara & Main	0.49	A	0.46	A	0.00	0.00	0.49	A	0.46	A	No
164. Seaward & Poli	0.39	A	0.44	A	0.00	0.03	0.39	A	0.47	A	No
165. Seaward & Harbor	0.59	A	0.52	A	0.01	0.02	0.60	A	0.54	A	No
166. College & Telegraph	0.33	A	0.38	A	0.01	0.03	0.34	A	0.41	A	No
180. Estates & Telegraph	0.29	A	0.37	A	0.05	0.02	0.34	A	0.39	A	No

Notes: Intersections evaluated pursuant to City Threshold Criteria: Allowable LOS at intersections 18,19,28,29, and 33 is LOS E or better, while the allowable LOS at all other intersections is LOS D or better.

Level of service ranges: 0.00 - .60 = A; 0.61- 0.70 = B; 0.71 - 0.80 = C; 0.81 - 0.90 = D; 0.91- 1.00 = E, >1.0 = F



Impact T-2 Phase I and Phase II development under the proposed CMH Code would alter the existing street network and circulation system within the Hospital District. The CMH Code would generally improve circulation and would not create hazards due to design features or inadequate emergency access. This is a Class III, less than significant, impact.

Figures 2-7 and 2-8 in Section 2.0, *Project Description*, show Phase I and Phase II buildout under the CMH Code. As shown, the Hospital District would for the most part maintain existing circulation patterns under Phase I, but would realign Cabrillo Drive and create an additional connection between the new Hospital building entrance and Main Street. Under the CMH Code, Cabrillo Drive would be moved approximately 50 feet to the south at North Brent Street, continuing westward for about 200 feet and then branching to two streets. The north branch would connect with the existing Cabrillo Drive alignment and outlet on Main Street as occurs currently, while the southern branch would outlet on Main Street to create a new pedestrian and vehicular linkage to the hospital district and new open space area.

An overall view of the proposed circulation improvements is shown on Figures 2-7 and 2-8. To accommodate and welcome hospital visitors, diagonal parking and an entry arcade are incorporated into the right-of-way opposite the new hospital entrance. The new southerly aligned Cabrillo Drive becomes a primary entrance to the Hospital District from North Brent Street, and is distinguished by diagonal parking on both sides of the street, as well as tree planters constructed in the unusable area of the diagonal parking stalls to maximize the amount of usable sidewalk space.

Street improvements are discussed in Section 24SD:H1 202.040 of the CMH Code. General improvements include the construction of end-of-block bulbouts at select locations to increase pedestrian comfort in crosswalks and to protect parallel parked vehicles from turning cars. Parking lane tree planters and end-of-block bulbouts are proposed along the east side of North Brent Street. However, the west side of North Brent Street adjacent the Hospital has no bulbouts or in-street planters to maintain a cleared ambulance drop-off /loading zone.

The design philosophy behind the CMH Code street network follows. The CMH Code street network:

1. *Consists of streets that physically and spatially define and frame the blocks;*
2. *Is hierarchical, composing blocks sized for pedestrian use and defined by various street types, whose widths are calibrated for compatibility with the range of building types and uses that each is meant to service. A larger-than-normal block is provided for the hospital itself, due to its size and special programmatic needs for internal connectivity and security;*
3. *Is lean, using the minimum vehicular width practical for each thoroughfare;*
4. *Is interconnected, providing for a variety of alternative paths of movement;*
5. *Is spatially conceived and designed, with carefully calibrated standards for each thoroughfare and for the buildings that front it to establish an appropriate sense of enclosure and to contribute to the character and place within each portion of the Hospital District;*



6. *Is varied, as individual thoroughfares provide for scale, character and intensity transitions between the several blocks within the Plan area; and*
7. *Features strategically located shifts in geometry and physical character, which coincide with the particular role and design speed of the associated streets . This effectively calms traffic without the need for post-construction interventions, and enhances the sense of place through unique positioning of buildings at these transitions.*

For each street type designated in the CMH Code, the corresponding standards on Figure 202.040 (Street Types Plan), prescribe a geometric profile as well as performance characteristics to implement the above characteristics.

Under Phase II development, the Borchard Drive Extension would be completed, and the second parking structure would be developed (see Figure 2-8 in Section 2.0 *Project Description*). These improvements would enhance the overall connectivity and parking availability as the Hospital District builds out. The project would be designed in accordance with applicable standards relative to vehicular access and especially emergency vehicular access, since the project involves the construction of a hospital. No changes would be made to the existing helipad, which is located on the roof of the existing parking garage. The helipad would remain and operate as it does currently. There would be a less than significant impact with respect to creation of hazards due to design features and provision of emergency access.

Mitigation Measures. Mitigation is not necessary as significant impacts have not been identified.

Impact T-3 The Hospital District contains adequate parking for construction of the new hospital and reuse of a portion of the old hospital (part of Phase I); however, additional parking will be required to satisfy demands associated with full buildout of the District (remainder of Phase I and Phase II). Therefore, parking demand could exceed the available supply. This is a Class II, significant but mitigable, impact.

The Parking Management Strategy for the Hospital District incorporates the following components:

- *Establishment of the following parking requirements:*
 - *One parking space per 1,500 square feet of residential land uses in the Hospital District Development Code*
 - *Two spaces per bed for the hospital*
 - *One space per 300 square feet of gross floor area for all other non-residential uses*
- *Amendment of the Municipal Code to allow permit parking in residential neighborhoods surrounding the Hospital District that could be affected by spillover parking demand from the Hospital District*
- *Any loss of District #3 spaces due to Hospital development to be replaced with corresponding increases in the number of public spaces on city-owned property*



- *Implementation of two-hour time restrictions on all public parking within and around the Hospital District including on-street parking spaces as an interim measure*
- *Establishment of a price for leasing of some of the District #3 spaces based on prices similar to the existing parking structure in the Downtown as an interim measure until paid parking is implemented in the Hospital District*

The parking management strategy is designed to ensure that there is adequate public parking available for businesses along the CMH District periphery to the west, and that Hospital District parking demand does not spill over into residential areas to the north and east of the District.

Parking in the Hospital District includes on-street spaces as well as off-street spaces in private and public parking lots. Table 4.5-5 shows there are about 1,600 parking spaces within the Project Area, including City lot spaces and street spaces that are within the zoning boundary of Project Area, but outside of the Hospital District. The public parking lots are on City-owned parcels and are part of Parking District #3. CMH currently has about 950 private parking spaces (see Table 4.5-5), and there are about 650 public spaces. The number of existing off-street spaces on CMH property exceeds the City's requirements for the existing hospital (240 beds x 2 spaces/bed = total hospital demand of 480 parking spaces). However, under Phase I of the Project, a number of private spaces associated with existing satellite medical office uses, in addition to on street spaces and public spaces will become unavailable due to construction staging and the eventual reconfiguration of new buildings, open space and streets (see Figure 4.5-4 for construction staging and figures 2-7 and 2-8 in Section 2.0, *Project Description*, for full Phase I and Phase II development views).

Phase I includes construction of the 252-bed hospital, construction of 3,900 square feet of retail use, adaptive reuse of the existing hospital (104,000 sf of leased medical office space), and modification of street system to realign Cabrillo Drive and create the Hospital Plaza open space area. The realignment of Cabrillo Drive will permanently affect public Parking District #3 lot located within the southern portion of the Hospital District, because the new street configuration will pass through this parking lot. The new alignment has been designed to wrap around the Hospital Open Space area and orient the main hospital entrance towards Main Street, away from the residential areas to the north and east.

The number of District #3 spaces displaced in Phase I is approximately 85 spaces, with 8 spaces in Lot 21, 23 spaces in Lot 20 and 54 spaces in Lot 19 (CMH Hospital District Parking Strategy, Appendix F). The reduction in the number of District #3 spaces will be replaced by increasing the public spaces in the existing parking garage through a corresponding reduction in the number of private CMH spaces. Additionally, the private parking spaces associated with existing buildings that will be demolished will no longer be available once the new hospital is constructed.

Based on the parking demand factors proposed in the CMH Code, the new parking demand for Phase I and Phase II buildout is shown in Table 4.5-10.



**Table 4.5-10
 CMH Code Parking Demand**

Use	Parking Demand Rate	Parking Demand
Phase I		
252 Bed Hospital	2 spaces/bed	504
104,000 sf Medical Office Use Old Hospital	1 space/300 sf	347
3,900 sf of retail use	1 space/300 sf	13
Subtotal		864
Phase II		
162,950 sf Medical Office Use	1 space/300 sf	543
Total		1,407

The 950 existing spaces on the CMH property with the construction of Phase I development would exceed the City’s requirements of 864 parking spaces. However, this does not account for the private spaces associated with existing medical office uses and public spaces within City-owned lots and on the street that will be lost during construction and redevelopment, nor does this total account for the transfer of private CMH spaces to public spaces or Parking District #3 spaces which are to remain unchanged. Therefore, depending on the number of spaces that will be lost, mitigation is necessary to ensure the parking supply is adequate once the new hospital and retail liner are operational and the old hospital space is leased.

Phase II includes buildout of the remainder of the Hospital District (162,950 sf) including the liner buildings along Loma Vista Road and Brent Street, construction of the second parking garage (570 spaces) and reconstruction of parking spaces adjacent to the existing northern parking garage that will accompany transformation of the second open space area. The parking spaces available in two garages may not be adequate to accommodate the build-out of the CMH Hospital District as proposed depending on the loss of existing spaces and the ability to reduce parking demand through transportation demand management measures. For example, the parking supply indicated in Table 4.5-5 includes a count of all spaces within the district without specifically distinguishing which spaces are privately owned by other medical office uses such as the Cancer Center and independent physician offices (buildings proposed for demolition). In addition, it is not certain how many of the existing spaces would be eliminated upon buildout. As previously discussed, it is estimated that about 85 of the Parking District #3 spaces would be displaced, in addition to those CMH spaces that are currently associated with satellite buildings that will be reabsorbed into the Hospital (buildings proposed for demolition). However, the CMH Hospital District Parking Strategy (see Appendix F) involves actions that would reduce the potential for adverse effects to public and private uses in the vicinity while also addressing the parking demand for development under the CMH Code.



The CMH Hospital District Parking Strategy would prevent spillage of parking demand to the northern neighborhood through issuance of residential parking permits. Secondly, the Parking Management Strategy would require that any Parking District spaces lost to the construction or development footprint be replaced with privately owned CMH spaces in the existing garage. These spaces would then be available to the public. Thirdly, implementation of time restrictions on public parking spaces within the Hospital District would help to ensure that CMH employees are not parking in publicly accessible spaces while they are at work. Lastly, the City would provide an option whereby CMH could lease parking spaces from the City's Parking District, or provide the required parking off-site. Therefore, CMH will not be reliant on on-street parking and will have to lease parking spaces from the City's parking lots (which do have excess capacity) or from privately owned lots.

The parking spaces available in the two garages may not be adequate to accommodate build-out of the CMH Hospital District as proposed depending on the loss of existing spaces and the ability to reduce parking demand through transportation demand management measures. Mitigation is necessary to ensure the parking supply is adequate for buildout.

Mitigation Measures. The following mitigation measure is required to ensure the adequate provision of parking within the Hospital District.

- T-3 Parking Supply.** Reuse of the existing hospital building and new buildings proposed on CMH property and within the CMH District would be subject to compliance with the off-street parking requirements. In order to provide adequate parking for each building pursuant to the Parking Demand Rates of the Community Memorial Hospital District Development Code, parking shall be provided (A) on-site or (B) within 1,250 feet of the hospital if a parking availability study for the building(s) indicates that there will be a sufficient amount of parking spaces. Off-site parking located further than 1,250 feet may be allowed if the following conditions are met: (A) the off-site parking is approved by the Community Development Director; (B) a parking availability study confirms that the off-site parking will provide sufficient parking spaces. On- or off-site (whether within 1,250 feet or not) parking management strategies may include a Transportation Demand Management (TDM) Program. Details of the specifics of the TDM program along with the anticipated reductions in parking shall be reviewed and approved by the Community Development Director.

Significance After Mitigation. Impacts would be less than significant with implementation of mitigation measure T-3.

- Impact T-4 Construction activities have the potential to disrupt travel patterns, reduce available parking, and spill over into public and private areas in the vicinity of the District during both Phase I and Phase II. This is a Class II, significant but mitigable impact.**



As discussed in the project description on page 2-25, Phase I would occur from 2010 to 2014 and would include demolition of nine Project Area structures (45,506 sf of commercial/medical office use and 4 single family residences), construction of the new hospital building (320,000 sf and a net increase of 12 beds), adaptive reuse of the existing hospital facilities (121,000 sf for non-essential hospital support services and 104,000 sf for new backfill medical office reuse), abandonment of portions of streets, streetscape improvements, sidewalks, curbs, medians, and plazas, including finalizing new street extensions. In addition, the surface parking in the southern portion of the Hospital District would be consolidated and restriped with the addition of a 3,900 sf retail liner building (Building 18), which would be constructed adjacent the location of the future new garage and opposite the hospital open space plaza. No lane closures would occur on Main Street or Loma Vista Road.

Phase II would occur over a period of years and would include buildout of the remainder of the Hospital District, including remaining liner buildings, development along Loma Vista Road and Brent Street, and the new parking garage. Specifically, buildings 11, 12, 13, 14, 15, 16 & 17 (as shown on Figure 2-9 and in Table 2-3), and the parking garage would be constructed during Phase II. Phase II development is estimated to be about 162,950 square feet of medical office uses (see Table 2-3). The City will impose a haul route for construction traffic. The haul route will seek to avoid residential neighborhoods and provide direct access to the freeway.

It is estimated that there would be about 23 truck trips/day during demolition and 20 truck trips/day during site grading. The preliminary Phase I construction staging plans are shown on Figure 4.5-4, and on sheets C-1 and C-2 near the end of Appendix F. Construction activities will occupy much of the southern half of the Hospital District, and vehicular circulation patterns will change for patrons of commercial uses along Main Street adjacent the western boundary of the Hospital District. The preliminary construction staging plan shows public parking and a circulation pattern that will be available during construction. However, because construction activities are anticipated to require about four years for Phase I, and would affect the remaining surface parking supply in the southern portion of the Hospital District during Phase II parking structure construction, mitigation is necessary to ensure ongoing coordination with affected agencies and businesses.

Mitigation Measures. The following mitigation measure would reduce the potential for adverse impacts from construction traffic and parking during construction activities.

T-4 Construction Traffic Impact Mitigation Plan. The applicant shall prepare, implement, and maintain a Construction Impact Mitigation Plan, which shall be designed to:

- *Prevent material traffic impacts on the surrounding roadway network.*
- *Minimize parking impacts both to public parking and access to private parking.*
- *Ensure safety for both those constructing the project and the surrounding community.*
- *Prevent truck traffic through residential neighborhoods.*

The Construction Impact Mitigation Plan shall be subject to review and approval by the following City departments: Public Works



Department, Fire, Planning and Community Development and Police to ensure that the Plan has been designed in accordance with this mitigation measure. This review shall occur prior to commencement of any construction staging for the project. It shall at a minimum, include the following:

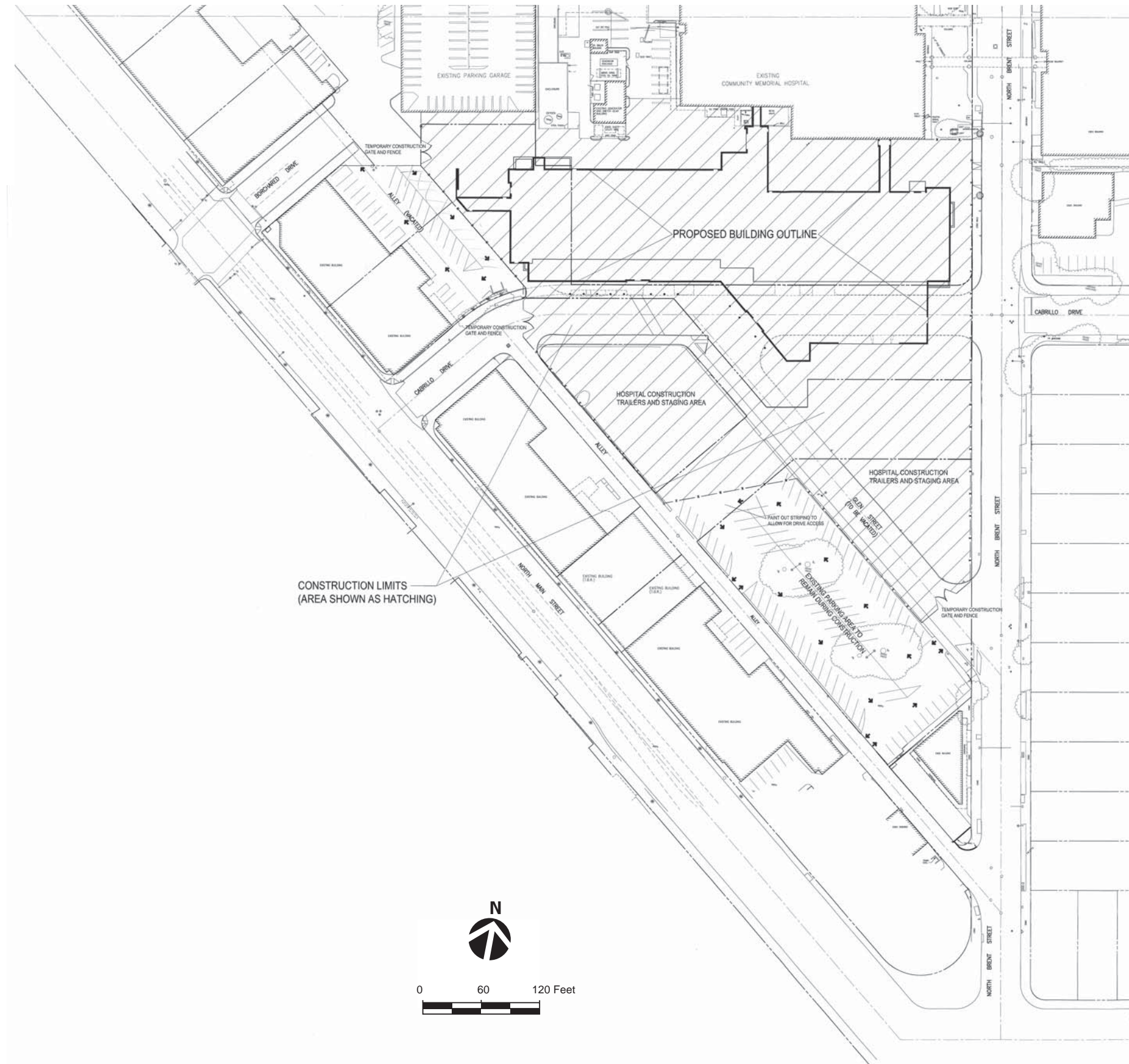
- Ongoing requirements throughout the duration of construction: *A detailed traffic control plan for work zones shall be maintained which includes at a minimum accurate existing and proposed: parking and travel lane configurations; warning, regulatory, guide and directional signage; and area sidewalks, bicycle lanes and parking lanes. The plan shall include specific information regarding the project's construction activities that may disrupt normal pedestrian and traffic flow and the measures to address these disruptions. Such plans must be reviewed and approved by the Public Works Department prior to commencement of construction and implemented in accordance with this approval.*
- *Work within the public right-of-way shall be performed between 9:00 A.M. and 4:00 P.M., including: dirt and demolition material hauling and construction material delivery.*
- *Trucks shall only travel on a City approved construction route. Truck queuing/staging shall not be allowed on City Streets. Limited queuing may occur on the construction site itself.*
- *Materials and equipment should not be visible to the public; the preferred location for materials is to be on-site, without storage in the public right-of-way.*
- *Provision of off-street parking for construction workers, which may include the use of a remote location with shuttle transport to the site, if determined necessary by the City.*

Project Coordination Elements that shall be implemented prior to commencement of construction:

- *Advise the traveling public of impending construction activities (e.g. information signs, portable message signs, media listing/notification, implementation of an approved traffic control plan.*
- *Timely notification of construction schedules to all affected agencies (e.g. Gold Coast Transit, Police Department, Fire Department, Public Works Department, and Planning and Community Development Department) and to all owners and residential and commercial tenants of property within a radius of 500 feet.*
- *Coordination of construction work with affected agencies in advance of start of work.*
- *Approval by the Public Works Department of any haul routes, for earth, concrete or construction materials and equipment handling.*

Significance After Mitigation. The impact would be less than significant.





Construction Staging Plan

Impact T-5 The CMH Code would not conflict with adopted policies, plans, or programs supporting alternative transportation (e.g. bus turnouts, bicycle racks). The impact would be Class III, less than significant.

The CMH Code would provide guidelines to re-develop the Community Memorial Hospital and to develop a medical office campus surrounding the hospital. Medical uses within the Hospital District would compliment nearby commercial uses along Main Street to the west, as well as residential development to the north of Loma Vista Road and further to the east of North Brent Street. The CMH Code and modifications to the Midtown Code would enhance the pedestrian environment within the Hospital District through the addition of frontage types along the eastern boundaries of Main Street parcels in the Midtown Corridors Code, as well as the introduction of open space areas within the SD:H1 District and the Midtown Corridors Code. Additional pedestrian amenities include a retail liner building opposite the Hospital Plaza open space area to block views of the parking lot, the addition of a 6- to 10-foot wide sidewalk along portions of the alley that lie behind the Main Street buildings, and mostly 12-foot wide sidewalks throughout the remainder of the Hospital District. Other public realm improvements include a street tree planting plan that assigns specific varieties of trees to specific roadways. Varieties under consideration include red-flowering gum trees, gold medallion trees, Mexican fan palms, Chinese flame trees, rainbow eucalyptus, and New Zealand Christmas trees.

Table 4.5-11 evaluates the project’s consistency with applicable Policies and Actions adopted under the 2005 General Plan to support alternative modes of transportation.

**Table 4.5-11
Alternative Transportation Policy Consistency**

Policy/Action	Consistency Discussion
Action 4.6 Require new development to be designed with interconnected transportation modes and routes.	Consistent. The Project would create a network of connected internal streets and would be located along Gold Coast Transit Route 6. The project includes streetscape enhancements and would preserve the existing bike lanes along Loma Vista Road as described in the streetscape section of the CMH Code. The project appears consistent with this directive.
Action 4.12 Design roadway improvements and facility modifications to minimize the potential for conflict between pedestrians, bicycles, and automobiles.	Consistent. As discussed under Impact T-2, the project would create a pedestrian friendly environment by creating a network of sidewalks, open spaces, and streetscape enhancements such as bulbouts to minimize pedestrian and vehicular conflicts. The project appears consistent with this directive.
Policy 4B Help reduce dependence on the automobile.	Consistent. The project would improve pedestrian connections. In addition, as the hospital district builds out, implementation of a TDM plan would further reduce automobile use by hospital employees would reduce dependence on the automobile. The project appears consistent with this directive.
Action 4.21 Require new development to provide pedestrian and bicycle access and	Consistent. The project would replace existing bicycle striping along Loma Vista Road as part of the streetscape



**Table 4.5-11
Alternative Transportation Policy Consistency**

Policy/Action	Consistency Discussion
facilities as appropriate, including connected paths along the shoreline and watercourses.	improvements prescribed under the CMH Code, and would improve pedestrian connections within the Hospital District. The project appears consistent with this directive.
Action 4.23 Upgrade and add bicycle lanes when conducting roadway maintenance as feasible.	Consistent. The project would replace existing striping along Loma Vista Road as part of the streetscape improvements prescribed under the CMH Code. The project appears consistent with this directive.
Action 4.24 Require sidewalks wide enough to encourage walking that include ramps and other features needed to ensure access for mobility-impaired persons.	Consistent. The CMH Code would specify mostly 12' wide sidewalks and all intersections would be ADA compliant. The project appears consistent with this directive.
Action 4.29 Develop incentives to encourage City employees and local employers to use transit, rideshare, walk, or bike.	Consistent. As the hospital district builds out, implementation of a TDM plan to further reduce automobile use by hospital employees would reduce dependence on the automobile. The project appears consistent with this directive.

The proposed project would be consistent with adopted policies and actions in support of alternative transportation; therefore, the impact is less than significant.

Mitigation Measures. Mitigation is not necessary as significant impacts have not been identified.

Significance After Mitigation. The impact would be less than significant without mitigation.

c. Cumulative Impacts. Cumulative traffic impacts are discussed under Impact T-1, which evaluates the 2025 future year conditions. As indicated in that discussion, cumulative impacts would be less than significant. Cumulative impacts related to design hazards would be reduced through adherence to adopted design standards within the Midtown Code, the CMH code as well as within applicable portions of the City’s Municipal Code. Cumulative impacts related to parking could include reduced parking space availability for businesses within the adjacent Midtown Code between Main Street and Telegraph Road as well as parking spillover into residential neighborhoods to the north of Loma Vista Road. The potential for adverse effects related to spillover parking and reduced public supply would be reduced through implementation of the Parking Management Strategy described on page 4.5-23, which will facilitate permit parking in residential neighborhoods surrounding the Hospital District and which would implement two-hour restrictions on public parking in the Hospital District. Time restrictions in association with monitoring to maintain 85% utilization is anticipated to result in a supply that is well used, but always available, similar to the strategy for Downtown. Cumulative impacts related to conflicts with adopted policies in support of alternative transportation would be reduced through adherence Code requirements in addition to review of new developments for consistency with applicable requirements. Cumulative impacts related to transportation would not be significant.

