

6.0 ALTERNATIVES

As required by Section 15126.6 of the *CEQA Guidelines*, this section of the EIR examines a range of reasonable alternatives to the Project. Per Section 15126.6, the purpose of the alternatives analysis in EIRs is to identify alternatives that would attain most of the objectives of a proposed project, but that “would avoid or substantially lessen any of the significant effects of the project...” Based on the analysis in Section 4.0, *Environmental Impact Analysis*, the proposed Project would not result in any unavoidably significant impacts. Thus, consideration of alternatives is not needed in order to address significant environmental effects. Nevertheless, the following three alternatives have been evaluated:

- *Alternative 1: No Project (no development - no change to existing land uses)*
- *Alternative 2: Buildout Under Existing Zoning*
- *Alternative 3: Reduced Project, Phase I Only*

These alternatives are described in the impact analysis for each alternative. This section also includes a discussion of the “environmentally superior alternative” among those studied.

6.1 ALTERNATIVE 1: NO PROJECT

This alternative assumes that the proposed Community Memorial Hospital District Development Code is not adopted and that development within the Hospital District would not occur. As such, environmental conditions would not change under this alternative. Implementation of this alternative would not result in any physical changes as it would not accommodate any new development. There would be no impact with respect to aesthetics, air quality, historic resources, noise, traffic and parking, or hydrology and water quality. Therefore, although the proposed Project would not result in any unavoidably significant impacts related to any of these issue areas, the No Project alternative’s impact would be lower. It should be noted, however, that implementation of the No Project alternative would not preclude future redevelopment activity at CMH or within the Hospital District.

6.2 ALTERNATIVE 2: BUILDOUT UNDER EXISTING ZONING

This alternative assumes that the proposed Hospital District is developed based on existing zoning, including the Midtown Corridors Development Code and City of Ventura zoning designations. The Midtown Corridors Development Code is a form-based code that is applicable to the Main Street and Thompson Boulevard corridors. The Midtown Corridors Development Code assigns zoning designations to land uses in the vicinity of the Main Street and Thompson Boulevard corridors, including about half of the Hospital District (see Figure 2-5 in Section 2.0, *Project Description*). The Midtown Corridors Development Code currently regulates zoning of all land uses within the proposed Hospital District, except the property that contains CMH and the property between the hospital and Cabrillo Drive. The City of Ventura Municipal Code Zoning Ordinance guides development of the property that contains CMH and the property between the hospital and Cabrillo Drive.



Development accommodated in the Hospital Zone (H) (see Figure 2-5) would be regulated by existing zoning designations. Permitted uses on the CMH property include medical care, medical services, community meeting, safety services, and parking. There are no general minimum lot area, minimum lot width, or maximum lot coverage standards for the Hospital Zone, provided that the decision-making authority may specify such standards for a particular site as a condition of approval of a planned development permit. In order to construct a new hospital building and adhere to the existing zoning regulations, CMH would need to demolish the existing hospital building because the majority of this zone is already developed.

If a new hospital building were constructed within the existing Hospital Zone, it might be of a similar height as the existing hospital, but could have a larger massing to accommodate the additional square footage needed to accommodate modernized hospital operations. The existing hospital is 225,299 sf, while the hospital design analyzed throughout the EIR consists of about 356,000 sf plus reuse of 121,000 sf of the old hospital, for a total of 477,000 sf.

Development accommodated on the property between CMH and Cabrillo Drive would be regulated by existing zoning designations. Permitted uses on this property would include medical services; administrative, business, and professional services; parking; safety services; and government services. This property is currently developed with medical office buildings. The maximum height for development on this property would be three stories and 45 feet. The minimum area for development would be 6,500 sf per lot. Therefore, redevelopment of this property under the existing zoning would be similar to existing development on this property, which includes one to three story medical office buildings and parking lots.

Development in the Hospital District (excluding the CMH property and the property between CMH and Cabrillo Drive) would be regulated by Midtown Development Code zoning designations. These properties are zoned T5.2, which is intended to accommodate mixed-use, and high density residential infill. The northern portion of the Hospital District along Loma Vista Road and along Main Street would be subject to the Residential Overlay Two, which would limit maximum height to three stories and 40 feet for a flat roof, or 45 feet for a sloped roof. The portions of the Hospital District that front Loma Vista Road and Main Street would include a Shopfront Overlay. The Shopfront Overlay identifies street frontages intended to become areas for retail shops and other pedestrian-oriented businesses at the sidewalk level.

Development accommodated on the CMH property and the property between CMH and Cabrillo Drive could include construction of a new hospital if the existing hospital were demolished, while medical office uses could be constructed on the property that lies between Cabrillo Drive and the Hospital. Development accommodated under existing Midtown Development Code zoning would include primarily residential uses with commercial uses on the ground floor fronting Loma Vista Road and Main Street.

6.2.1 Aesthetics

This alternative would be consistent with the objectives, goals and policies of the 2005 General Plan pertaining to aesthetics. If a new hospital building were constructed, it might be of a similar height as the existing hospital, but could have a larger massing to accommodate the additional square footage needed to contain the hospital operations. The existing hospital is



225,299 sf, while the proposed new hospital would consist of 356,000 sf plus reuse of 121,000 sf of the old hospital, for a total of 477,000 sf. Therefore, if a new hospital were constructed in the location of the old hospital, it could involve the construction of a building that is roughly twice the mass of the existing building in order to provide the same building area as is proposed. In addition, residential and commercial development accommodated in the Hospital District would be limited to three stories in height. Therefore, this alternative would not affect views of the hillsides. As with the proposed Project, impacts related to aesthetics would not be significant for this alternative. Mitigation would not be needed.

6.2.2 Air Quality

Air quality impacts associated with construction accommodate under this alternative would be similar to those associated with buildout under the CMH Code, but may be reduced slightly due to elimination of the 104,000 sf within the existing hospital. As with the Project, temporary construction impacts would not be significant. Operational air quality impacts associated with this alternative would be slightly lower than what would occur under the Project's potential development scenario. This is because the Project would include expansion of the hospital facility, and buildout under the City's P-O zoning in addition to the T5.2 zoning would accommodate a mix of commercial and residential uses, but the 104,000 sf of backfill of medical office uses associated with the existing hospital would be eliminated. Therefore, operational air quality impacts would likely be somewhat lower, but would still be significant but mitigable, the same as with the proposed project.

6.2.3 Historic Resources

As discussed in Section 4.3, *Historic Resources*, development in the Hospital District would occur within the setting of one eligible property: the Sears Roebuck building at 2750 E. Main Street. However, development in the Hospital District would not have a significant or adverse effect on the eligibility of the Sears Roebuck building. Impacts to historic resources would be less than significant and, as with the Project, mitigation would not be required.

6.2.4 Noise

Construction noise associated with this alternative would be similar to that of the Project, with Phase I encompassing demolition of the existing hospital building and reconstruction of a new building that would likely be of a similar or greater scale and of similar duration. Operational noise associated with this alternative would likely be similar to that of the Project, with less than significant impacts related roadway generated noise, due to a similarity in the density of this alternative as compared with the Project. With respect to noise exposure, this alternative would have the potential for mixed use noise conflicts due to parking lots, residential and commercial uses in close proximity, as well as reconstruction of a helipad on the new building. Development in the Hospital District would be required to comply with applicable noise standards and requirements such as the City's 45 dBA interior noise requirements for residences. Therefore, the impact with respect to noise exposure would remain significant but mitigable, the same as with the proposed project and mitigation measure N-3 would apply.



6.2.5 Traffic and Parking

Traffic impacts of Phase I development would be reduced as compared with the proposed Project due to elimination of the 104,000 sf of medical office reuse, which would eliminate 3,758 ADT, which is a 46% reduction in overall Phase I traffic and about 97% of the net increase in Phase I traffic (accounting for removals associated with existing medical office uses). In addition, since there would be no backfill of the existing building, parking demand may not exceed the available supply as would occur with the Proposed Project (see impact statement T-3 in Section 4.5, *Traffic and Parking*). Thus, the impacts of Phase I development under this alternative with respect to traffic would be lower than those of the proposed Project, though this alternative's traffic impacts would remain significant but mitigable with payment of fees. Parking demand may be reduced under Phase I due to the lack of backfill reuse in the old hospital building. Under Phase I, parking demand would be reduced by about 347 spaces (104,000/300 sf per parking space). Mitigation measure T-3(a) for temporary traffic and construction impacts would still apply; however, Mitigation Measure T-3(b) may not be necessary.

6.2.6 Hydrology and Water Quality

Stormwater conveyance impacts associated with this alternative would be about the same as would occur under the Project because the development footprint would be about the same. The impact would be significant but mitigable with infrastructure conveyance upgrades and replacement of components displaced during construction. Construction and operational water quality impacts would be about the same as with the proposed project, less than significant, due to compliance with NPDES permit requirements including an SWPPP during construction and SQUIMP BMPs during operation.

6.3 ALTERNATIVE 3: REDUCED PROJECT - PHASE I ONLY

This alternative would include development associated with the Phase I of the Project only. 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 (356,000 sf and a net increase of 10 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), streetscape improvements to streets, sidewalks, curbs, medians, and plazas, including finalizing new street extensions. In addition, the surface parking in the southern portion of the plan area 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 surface parking to the south and opposite the hospital open space plaza.

This alternative would not include development accommodated under Phase II, including remaining liner buildings, development along Loma Vista Road and Brent Street, and the new parking garage. It should be noted, however, that adoption of this alternative would not preclude future development within the Hospital District. Table 6-1 compares the development accommodated by this Alternative to the Project.



**Table 6-1
 Project vs. Alternative 3 Increase in Potential Development**

	Hospital (sf)	Retail (sf)	Medical Office (sf)
Project	356,000	3,900	266,950
Alternative 3	356,000	3,900	104,000
<i>Net Change</i>	<i>0</i>	<i>0</i>	<i>-162,950</i>

As shown in Table 6-1, this alternative would not result in a change in the amount of hospital or retail development. However, it would result in a 40% decrease in medical office uses compared to the Project. Instead of medical offices uses as proposed under the Project, the existing commercial development would remain in the Hospital District.

6.3.1 Aesthetics

Development under this alternative would be consistent with 2005 General Plan goals, and policies related to aesthetics. In addition, similar to the proposed Project, implementation of this alternative would not significantly affect views of the hillsides. As with the Project, impacts to aesthetics would not be significant under this alternative and mitigation would not be required.

6.3.2 Air Quality

Under this alternative, Phase II construction and operational air quality impacts would be eliminated. Construction mitigation would not be necessary, but would still be recommended to reduce dust and ozone precursors, the same as with the proposed project. Phase I Operational emissions are shown below in Table 6-2.

**Table 6-2
 Phase I Operational Emissions Estimates (lbs/day)**

Net Increase in Development by Phase	ROG	NOx
Phase I		
10 beds		
104,000 sf new medical office use	19	20
3,900 sf retail		
<i>VCAPCD Threshold</i>	25	25
Significant Impact	No	No

Source: URBEMIS V.9.2.2, see Appendix C
Notes. Emissions estimates reflect the URBEMIS mitigated totals to account for the developed environment, including: local serving retail, mix of uses (900 jobs and 850 residences within ½ mile radius), 70 buses/day within ¼ mile, bike lanes on 60% of arterials, 100% of streets with sidewalks. These are existing conditions in the Project vicinity.



As shown in Table 6-2, operational emissions would be ~~2019~~ lbs/day of ROG and 21 lbs/day of NOx. No mitigation would be necessary for operational air quality impacts and CMH would not need to implement a TDM Program or pay City TDM fees pursuant to Ordinance 93-37 and Mitigation Measures AQ-3(a-b) would be eliminated.

6.3.3 Historic Resources

As discussed in Section 4.3, *Historic Resources*, development in the Hospital District would occur within the setting of one eligible property: the Sears Roebuck building at 2750 E. Main Street. However, as with the proposed Project, development in the Hospital District under this alternative would not have a significant or adverse effect on the eligibility of the Sears Roebuck building. As with the Project, this alternative’s impacts to historic resources would not be significant and mitigation would not be required.

6.3.4 Noise

Construction noise associated with this alternative would be reduced compared to the Project due to the elimination of the 162,950 square feet of medical office development and removal of the parking garage that would be constructed under Phase II. Operational noise and exposure impacts would be lower than those of the proposed Project because there would be less roadway generated noise and less potential for noise conflicts due to the elimination of Phase II development. This alternative would not have significant impacts related to traffic-generated noise, the same as with the Project. However, unlike the Project, this alternative would not have significant impacts related to noise conflicts. Thus, the Project mitigation measure N-3 in Section 4.4, *Noise* would not be required.

6.3.5 Traffic and Parking

Overall traffic would be reduced compared to the Project and traffic impacts would be about 70% lower. Table 6-3 shows traffic comparison between Phase I and Phase II, accounting for removal of traffic associated with the buildings demolished under Phase I. However, traffic impact would remain significant but mitigable with payment of fees, the same as with the proposed project.

**Table 6-3
Phase I vs. Phase II Average Daily and Peak Hour Traffic**

	ADT	A.M. Peak Hour	P.M. Peak Hour
Net Increase Phase I *	2,423	158	244
Phase II	5,889	396	597
<i>% Reduction with removal of Phase II</i>	71%	72%	71%

Source: Table 4.5-5 in Section 4.5, *Traffic and Parking*.

* Phase I development traffic totals account for the removals associated with demolition of the existing nine structures



In addition, with removal of 162,950 sf of medical office use, parking demand would be reduced by about 543 spaces (162,950 sf/300 sf per parking space). Mitigation measure T-3(a) would still be required for construction impacts; however, T-3(b) may not be necessary. Thus, this alternative would have less impact than the proposed Project with respect to traffic and parking, though it is noted that impacts associated with the proposed Project would not be significant following mitigation.

6.2.6 Hydrology and Water Quality

Water Quality impacts would be about the same as the proposed Project under this alternative, since the developed area would be about the same. Stormwater discharge amounts and conveyance impacts would remain mitigable with application of HYD-1, due to the necessity to upgrade and replace infrastructure within the Project Area. In addition, short term construction impacts would remain less than significant through compliance with stormwater discharge permit requirements and preparation of a SWPPP. Long term operational impacts would remain less than significant due to compliance with the stormwater discharge permit and SQUIMP requirements for BMPs.

6.4 ALTERNATIVE SITES

The Project involves various policies and actions specific to the Hospital District, including consolidation of hospital operations and reuse of the existing building for non-essential services. Implementing these changes at another location is not feasible since they relate to the development at the current location. Therefore, analysis of alternative sites is not warranted.

6.5 ENVIRONMENTALLY SUPERIOR ALTERNATIVE

Table 6-4 provides a summary comparison of the Project and the three project alternatives. The table indicates how the impact for each alternative compares to the Project (superior [+], similar [=], or inferior [-]).

Each of the alternatives has specific issue areas for which they are environmentally superior to the proposed Project. Overall, the No Project alternative is considered environmentally superior among the three options. However, the No Project alternative would not meet the major objectives of the Project, which include the following:

- 1) *To construct a new seismically conforming hospital building in accordance with Senate Bill 1953, the Hospital Facilities Seismic Safety Act, which requires hospitals to meet more stringent seismic safety requirements.*
- 2) *To modernize the hospital and consolidate hospital operations through construction of a larger building to hold essential services, while housing non-essential services within the existing hospital facility.*
- 3) *To redevelop the area commonly known as the Hospital Triangle in a manner that integrates open space, activates the pedestrian realm and reinforces the connection with Main Street.*



- 4) *To manage and expand existing parking facilities in a manner that creates a pedestrian friendly environment, accommodates redevelopment and intensification of uses within the Hospital District and prevents overflow of hospital district demand to residential areas on the periphery of the Hospital District.*

**Table 6-4
 Comparison of the Environmental Impacts of Project Alternatives**

Issue	Alt 1 (No Project)	Alt 2 (Buildout Under Existing Zoning)	Alt 3 (Reduced Project: Phase I Only)
Aesthetics	+	=	=
Air Quality	+	=	+
Historic Resources	=	=	=
Noise	+	=	+
Transportation	+	+	+
Hydrology and Water Quality	+	=	=

+ Superior to the proposed project
 - Inferior to the proposed project
 = Similar impact to the proposed project

The No Project alternative would not construct a seismically conforming hospital building, would not modernize the hospital or consolidate operations with reuse of the existing hospital facility would not redevelop the Hospital Triangle in a manner that integrates open space, or activates the public realm. In addition, the No Project alternative would not manage and expand parking facilities in a manner that prevents impacts to pedestrians and surrounding neighborhoods.

Alternative 2, buildout under the existing zoning may not be feasible, since it may not be possible for CMH to suspend the current hospital operation and reopen in 2014 upon completion of a new building that requires demolition of the existing building. Alternative 2 is infeasible from a public policy and social perspective. Western Ventura County has three major providers of hospital services, including CMH (the other two are St. John's and Ventura County Medical Center). In 2008, CMH provided 52,117 "patient days." St. John's provided 53,872 patient days, and VCMC 44,971. Additionally, all three hospitals have comparable licensed beds: 220 for CMH, 266 for St. John's, and 229 for VCMC. Because of CMH's high patient days and the comparable beds at each hospital, the other two hospitals in Western Ventura County do not have the capacity to absorb the demand of patient days at CMH for the period required to implement Alternative 2 (approximately 44 months). Additionally, physicians and hospital staff would be greatly disrupted under Alternative 2's construction period, including a substantial loss if employment opportunities at CMH for the Alternative 2 construction period.



Among the development alternatives, Alternative 3 would be the environmentally superior alternative due to the reduction of air quality, noise and traffic/parking impacts associated with the Project, mostly due to the elimination of 162,950 sf of medical office use. However, Alternative 3 Phase I Only would not preclude additional buildout of the area under the Midtown Corridors Code. Moreover, it should be noted that with mitigation, impacts identified for the proposed Project would not be significant. It should also be noted that Alternative 3 would not meet the Project objectives identified above, particularly those related to parking and activation of the public realm.



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