

16.0 LONG-TERM IMPLICATIONS OF THE PROJECT

16.1 SIGNIFICANT ENVIRONMENTAL EFFECTS THAT CANNOT BE AVOIDED IF THE PROPOSED PROJECT IS IMPLEMENTED

Section 15126.2(b) of the CEQA Guidelines requires that an EIR describe significant environmental impacts that cannot be avoided, including those effects that can be mitigated but not reduced to a less than significant level. A summary of significant unavoidable adverse impacts is included below. These impacts are also described in detail in Chapters 5.0 through 14.0 of this EIR.

➤ **Air Quality**

The proposed hospital reconstruction would result in both stationary and mobile source changes in the long-term. Stationary source emissions from the hospital uses would result from the consumption of natural gas. The long-term operation of the proposed project and potential future build out of development as allowed by the proposed Specific Plan are expected to create vehicular daily emissions exceeding the daily emissions thresholds for ROC and NO_x established by the SBCAPCD. Implementation of PF 5-1 (see Chapter 5.0) could potentially reduce on-site stationary emissions. However, there are no feasible project-specific mitigation measures to reduce vehicle emissions to below the SBCAPCD emissions thresholds. Therefore, air quality impacts from long-term operational mobile source changes are considered an unavoidable adverse impact of the project.

The proposed project is consistent with the adopted Clean Air Plan (CAP). Because emissions of air pollutants from all past, present, and foreseeable future projects combined would exceed the SBCAPCD's emissions thresholds, and not all the future projects are included in the CAP, the potential for delaying the attainment for PM₁₀ would occur. Therefore, cumulative air quality impacts from long-term operational mobile source changes are also considered a significant unavoidable adverse impact of the project.

➤ **Biological Resources**

SBCH is located in an urban setting surrounded by medical offices and residences. The predominantly landscaped/developed habitat includes planted native and nonnative vegetation and is not considered a high-quality natural environment.

A large 83-inch-diameter Moreton Bay fig tree (*Ficus macrophylla*) that was planted in 1919 is a prominent feature of the south entry of the existing hospital. The Moreton Bay fig tree was found to qualify as a local object of merit and would not be removed with implementation of the proposed project. However, construction activities associated with the proposed project would create stressful conditions and could threaten the health of this large tree. Therefore, Mitigation Measure B-4, which requires the hospital to provide an annual monitoring report for the tree, is intended to reduce potential impacts to the tree. However, due to the age and size of the Moreton Bay fig tree, it is possible that Mitigation Measure B-4 would be unsuccessful. If the tree does not survive, Mitigation Measures B-5 through B-7, which require compensation to the City for its loss and replacement of the tree with the largest specimen tree available, would minimize this impact. However, even with implementation of Mitigation Measures B-5 through

B-7, the potential loss of this historic tree is considered a significant unavoidable adverse impact.

➤ **Noise**

Helipad Operations. The proposed hospital reconstruction includes a helipad on top of a reconstructed three-story hospital building approximately 240 feet south of Castillo Street. Helicopter operations for medical emergencies would occur up to twice per week (for a maximum of one helicopter event per day) and would have a duration of approximately two minutes. Because events that occur during nighttime hours (10:00 p.m. to 7:00 a.m.) have a greater noise impact on surrounding sensitive uses than events during daytime hours, a worst-case scenario assuming more than one helicopter event during nighttime hours was analyzed. Under this scenario, the proposed project would expose residences to a significant noise increase of 3 dBA over the corresponding existing level and noise levels that exceed the City's noise standard of 60 dBA L_{dn} .

Implementation of Mitigation Measure N-1, limiting the operating hours of non-emergency helicopter operations to daytime hours, would reduce the potential for long-term helicopter noise impacts. However, an increase in helicopter operations to more than one nighttime flight within a 24-hour period would result in a significant adverse helicopter noise impact.

Construction Activities. Construction activity during Phases I, II, and III would require the use of heavy-tracked construction equipment that would generate noise and vibrations during excavation, grading, and construction. Sensitive land uses in the construction area, including office and residential land uses, would experience noise levels of up to 91 dBA L_{max} , exceeding the daytime maximum allowable noise level 75 dBA L_{max} . The project would normally have mitigation to reduce noise impacts to a less than significant level. However, because there are many sensitive land uses surrounding the project site that would be exposed to high noise levels, and because the construction period would take nine years, the proposed project would result in significant noise impacts for construction Phases I, II and III. The construction-related noise and vibration impacts are outlined below.

During Phase I, the following sensitive land uses would be exposed to occasional noise levels exceeding noise thresholds: the office buildings along Junipero Street and Bath Street; residences on Castillo Street north of Junipero Street; the hospital building located immediately adjacent to the Eye Center offices; office buildings along Castillo Street south of Pueblo Street; residences along Oak Park Lane, Los Olivos Street, and Parkway Drive; the hospital building on the northeast corner of Castillo Street and Pueblo Street; office buildings immediately west of the Knapp parking structure; residences along the east side of Bath Street north of the Knapp parking structure; and the hospital building located on the southwest corner of Bath Street and Junipero Street.

In addition, the following land uses would be adversely impacted by construction-related vibration during Phase I: office buildings along Junipero Street and Bath Street; residences on Castillo Street north of Junipero Street; the hospital building located immediately adjacent to the Eye Center; office buildings located along Castillo Street south of Pueblo Street; residences located along Oak Park Lane, Los Olivos Street, and Parkway Drive; the hospital building located on the northeast corner of Castillo Street and Pueblo Street; office buildings located immediately west of the proposed Knapp parking structure; residences located along Bath

Street north of the Knapp parking structure; and the hospital building located on the southwest corner of Bath Street and Junipero Street.

Phase II construction activities would expose the following sensitive land uses to occasional noise levels exceeding noise thresholds: office buildings located across the street along Junipero Street and Oak Park Lane; residences located along the north side of Junipero Street and the west side of Oak Park Lane; and the hospital building located on the east side immediately adjacent to the construction site. In addition, the following land uses would be adversely impacted by construction-related vibration: office buildings located across the street along Junipero Street and Oak Park Lane; residences located along the north side of Junipero Street and the west side of Oak Park Lane; and the hospital building located on the east side immediately adjacent to the construction site.

Phase III construction activities would expose the following sensitive land uses to occasional noise levels exceeding noise thresholds and vibration impacts: office buildings located across the street along Junipero Street and Pueblo Street; residences located along Castillo Street north of Junipero Street; and the hospital building located on both the east and west sides immediately adjacent to the construction site.

Implementation of Mitigation Measures N-7 through N-17 (specified hours of construction and deliveries, placement of temporary noise barriers, preparation of a crack survey and video reconnaissance, shuttling construction employees to and from off-site parking, and other construction-related mitigation measures) would reduce construction-related noise and vibration impacts to the extent feasible. However, construction-related noise and vibration during Phases I, II, and III would result in significant unavoidable adverse impacts to the above land uses.

➤ **Transportation and Circulation**

The proposed project would have a significant increase, per City criteria, to four intersections:

- Bath Street/Mission Street
- Castillo Street/Mission Street
- U.S. 101 southbound Ramps/Mission Street
- Modoc Road/Mission Street

Mitigation Measures TRF-1 and TRF-3 would reduce impacts at the intersections of Bath Street/Mission Street, Castillo Street/Mission Street, and Modoc Road/Mission Street, however, the impacts would remain significant and unavoidable. Other intersection improvements to reduce volume to capacity impacts at these intersections were evaluated but would have other circulation constraints and are, therefore, considered infeasible to implement. Mitigation Measure TRF-2 would reduce impacts to U.S. 101 Southbound Ramps/Mission Street to a level below significance.

16.2 SIGNIFICANT IRREVERSIBLE ENVIRONMENTAL CHANGES THAT WOULD BE INVOLVED IN THE PROPOSED PROJECT SHOULD IT BE IMPLEMENTED

Section 15126.2(c) of the CEQA Guidelines requires an evaluation of the long-term commitment of resources to the project. Irreversible changes include the use of nonrenewable resources during the construction and operation of the project to such a degree that the use of the resource thereafter becomes unlikely. A significant environmental change can result from a direct or indirect impact that generally commits future generations to similar uses. Irreversible environmental change can also result from environmental accidents associated with the project.

The SBCH project site and surrounding areas are part of a well-established residential and commercial office neighborhood, and the site has been committed to hospital uses since 1888. The environmental changes produced by implementation of the project are those incremental effects of reconstructing an existing development on site. The proposed project would commit the site to development standards identified by the proposed Specific Plan Zone, but it would not cause irreversible changes to previously undeveloped land.

The proposed project would reconstruct an existing hospital on the project site to meet the project objectives for seismic compliance and modernization. As part of the reconstruction, the proposed building mass would increase due to larger hospital buildings and construction of ancillary uses (i.e., parking structures and child care facilities). The proposed hospital structures and ancillary uses would be subject to design parameters specified in the SP-8 Zone (building height limitations, architectural style, setbacks, and the ABR review process). The architectural and landscape design of the proposed project would complement the existing character of the Oak Park neighborhood and would not result in a negative effect on the quality of views within this neighborhood.

Similarly, the project would not cause a significant unavoidable change in the use of hazardous materials or substances for medical uses and would not increase the potential for environmental accidents. Since the project would not cause irreversible changes to previously undeveloped land, there would not be a significant irreversible change to natural resources, including minerals, and agriculture resources.

Operation of the proposed reconstructed hospital and associated vehicular traffic would involve the ongoing consumption of limited nonrenewable resources and slowly renewable resources such as natural gas, electricity, petroleum-based fuels, fossil fuels, and water. Energy resources would be used for heating and cooling of the hospital, transporting people and goods within the hospital, and lighting. However, operation of the existing hospital involves the use of these nonrenewable resources and energy resources. As discussed in Chapter 12.0 of this EIR, the increased demand for these resources from implementation of the proposed project would be adverse but not significant.

The commitment of limited renewable resources and slowly renewable resources required for operation of the hospital would limit the availability of these resources for future generations or for other uses. However, continued use of these resources is consistent with regional and local planned growth in the area and would not be significantly greater than the existing hospital consumption. No significant irreversible changes would occur as a result of the proposed project.

16.3 GROWTH-INDUCING IMPACTS OF THE PROPOSED PROJECT

Section 15126.2(d) of the CEQA Guidelines requires that an EIR discuss ways in which a proposed project could directly or indirectly foster economic or population growth or the construction of additional housing. Direct growth-inducing impacts are generally associated with aspects of a project that could remove obstacles to population or other growth, such as a major expansion of a wastewater treatment plant or upgrading of regional master plan infrastructure and facilities that would allow more construction in a service area. The extension of new services and facilities because of one project can eliminate constraints to other development by creating additional capacity in utilities and/or facilities, which can then serve additional development.

Indirect or secondary growth-inducing impacts typically consist of growth induced in the region by the demand for additional housing as a result of employment generation and demand for goods and services associated with population increases caused by or attracted to an area as a result of new development. In the case of Cottage Hospital, indirect growth inducement might be considered the attraction of other medical facilities and businesses to the vicinity of the hospital due to the reconstruction/expansion and/or the modifications in services to be offered.

➤ Regional Growth Forecast

The most recent demographic statistics and projections for Santa Barbara County and the City of Santa Barbara are prepared by the Santa Barbara County Association of Governments (SBCAG), the State Department of Finance (DOF) and Census 2000. SBCAG has been designated by the DOF to serve as the affiliate census center for Santa Barbara County. Growth projections prepared by SBCAG are utilized by the local government agencies for a variety of planning purposes. Table 16.A summarizes existing and projected population, housing and employment statistics in the County and City of Santa Barbara.

TABLE 16.A: POPULATION, HOUSING AND EMPLOYMENT STATISTICS: CITY OF SANTA BARBARA AND SANTA BARBARA COUNTY

Category	2000	2030	Approximate Percent Change
Population			
City of Santa Barbara	89,600	101,700	13.5
County of Santa Barbara	399,347	521,000	30
Housing Units			
City of Santa Barbara	37,177	40,873	9.9
County of Santa Barbara	142,901	521,000	265
Employment			
City of Santa Barbara	47,759	68,534	43.5
County of Santa Barbara	178,000	257,000	44

Sources: SBCAG Regional Growth Forecast (March 2002); City of Santa Barbara General Plan Housing Element (Adopted 2004).

SBCAG does not provide a specific methodology for establishing the consistency of a proposed project with its regional growth forecasts. However, the guidelines of the Santa Barbara County Air Pollution Control District (SBCAPCD), of which Santa Barbara County is a part, state that a proposed project is considered consistent with regional growth forecasts if the project's density, location, and land use pattern are consistent with the local jurisdiction's General Plan in force at the time of adoption of the regional forecast (SBCAPCD 2000). The City of Santa Barbara considers the proposed project to be consistent with the Land Use Element of the General Plan, which was adopted in 1964. The Land Use Elements of General Plans are considered in the preparation of regional growth forecasts developed by SBCAG. ***Therefore, any economic and population growth that could occur as an indirect result of the implementation of the proposed project is considered consistent with SBCAG regional growth forecasts.***

➤ **Local Growth Forecast**

Chapter 4.0, Land Use and Policy Consistency, discusses in greater detail the existing General Plan and zoning designations on the project site and in the surrounding area. The following discussion highlights pertinent information with respect to the issue of possible growth inducement.

The proposed project site is designated a "Major Public and Institutional" land use in the Land Use Element of the General Plan. The City of Santa Barbara Zoning Map designates the project site CO-Medical Office, which allows hospital and medical-related uses. The proposed project incorporates a Specific Plan Zone designed to increase medical uses with the Specific Plan Area. A long-term goal of the Land Use Element of the General Plan is to convert one block surrounding the Cottage Hospital campus to uses more compatible with the hospital, as noted in Chapter 4.0, Land Use and Policy Consistency.

The proposed project represents reconstruction of a portion of the hospital campus and sets the parameters for the future build out of remaining portions of the area within the hospital ownership. Development of medical uses on site and surrounding areas has been anticipated in the existing General Plan. Implementation of the proposed project would include various minor changes/modifications in infrastructure such as streets, sewer, water, storm drainage systems, and various utilities as described in Chapter 3.0, Project Description and Chapter 12.0, Public Services and Utilities. Improvements necessary to accommodate the reconstruction and any potential future hospital development are designed to provide capacity to meet only the needs of the proposed project. No master plan infrastructure systems off site or local facilities would require expansion as a result of the proposed project.

The proposed reconstruction and Specific Plan represent in-fill within an existing urban area that has adequate infrastructure to serve the project site without the need for the extension or expansion of any regional or master plan systems that would provide excess or potentially growth-inducing capacity. Regardless of the availability of infrastructure, redevelopment of any remaining portions of the hospital campus would ultimately be dictated by market forces. The project site is located in an urbanized region and is entirely surrounded by developed or developing area. A limited amount of vacant and/or underutilized land potentially available for development remains in the vicinity and generally within the City of Santa Barbara. ***The project would not induce growth or result in any substantial increase in development***

pressure or growth in the City of Santa Barbara that has not been anticipated and incorporated in the existing General Plan.

Demand for Housing. The proposed reconstruction and possible future reconstruction in accordance with the proposed Specific Plan would not expand employment within the area to any significant degree. The proposed reconstruction would result in the number of licensed beds decreasing from 456 to 337 beds and no increase in employees responsible for inpatient care. If outpatient volumes increase as anticipated by Cottage Hospital, there would be an increase of up to 28 additional Full Time Equivalent (FTE) employees by the Year 2013.

Some percentage of these future employees would come from the existing labor pool in the City and general vicinity. It is speculative to determine what percentage of the new jobs created would be filled by people who already live in the region as opposed to persons who might relocate to the local area and thus require housing in the vicinity. However, based on a survey of 180 Santa Barbara Cottage Hospital staff¹, approximately 65 to 73 percent of employees (depending on the day and shift surveyed) lived within the City. The remaining employees were distributed with approximately 9 to 10 percent commuting from Ventura County, one percent or less from San Luis Obispo County, and the remaining 17 to 26 percent living within other Santa Barbara County communities.

Based on an average of the above percentages, 89 percent of the employees live within the County (including the City of Santa Barbara) and 11 percent commute from outside of the county. In a worse case scenario, assuming all employees from outside the county would relocate to communities within the county, approximately three of the projected 28 FTE employees would potentially create a demand for dwelling units.

Reconstruction would result in the demolition of four housing units on site that are presently owned by Cottage Health Systems. Cottage Health Systems has also applied for the approval of the conversion of St. Francis Medical Center to housing. The conversion of the St. Francis site is not considered part of the proposed project. However, this future action would provide an additional 115 condominium units available for purchase by existing and future employees of Cottage Health System, which includes Santa Barbara Cottage Hospital. In order to provide the opportunity for ownership of affordable housing, 81 of the units (70 percent) would be sold to Cottage Hospital employees at prices within the City's structure for affordable units, and 34 units (30 percent) would be sold at market rates.

In addition to the St. Francis project, the following residential projects were identified by the City for cumulative impact analysis:

1. 2520 Modoc Road—18 single-family dwelling units
2. 315 W. Carrillo Street—61 apartment dwelling units
3. 900-1100 Las Positas Road—24 single-family dwelling units
4. 1235 Veronica Springs Road—178 apartment dwelling units

Approval and implementation of these projects would contribute to both single-family and apartment housing stock. The City's Inclusionary Housing Ordinance requires that all residential projects with 10 or more market rate units, such as the projects listed above, provide

¹ Kaku and Associates, 2003

15 percent of the units as affordable to middle income households. The relatively new ordinance, which became effective on April 23, 2004, would provide additional housing opportunities for employees seeking affordable housing in the City.

The balance of jobs and housing in an area, both in terms of the total number of jobs and housing units as well as the types of jobs versus the price of housing, can have implications on mobility, air quality, and other environmental impacts. According to the Census 2000 data for housing and jobs, at the time of the survey, there were 37,076 housing units and 63,091 existing jobs in the City of Santa Barbara. This represents a job to housing ratio of 1.70 percent; stated another way, approximately 70 percent of the housing units (26,000 units) would have to house a minimum of two persons to ensure housing for each existing job. Census 2000 data shows that, based on a population of 92,325, there is an average of 2.5 persons per housing unit. Based on these statistics, the job/housing balance in the City is attainable. The increase of 28 additional FTE employees due to the proposed reconstruction would not create a significant impact to the balance of jobs and housing.

In conclusion, the housing demand potentially generated by the proposed project is not considered to be in conflict with adopted growth projections for the City, as discussed above, and is not anticipated to result in a significant impact on housing.