



TECHNICAL MEMORANDUM

CITY OF HOPE ADDITIVE EVALUATION

MARCH 10, 2022

Project Background

On December 18, 2019, the Irvine Subdivision Committee adopted Resolution No. 19-1049, approving Vesting Tentative Parcel Map (“VTPM”) 2019-146 for a 189,064 square foot out-patient cancer center, a 60,000 square foot in-patient hospital, and a potential future expansion of up to 40,000 square feet of in-patient hospital pending further analysis for a City of Hope (a non-profit organization) Cancer Center at FivePoint Gateway, located in Development District 3 of Great Park Neighborhoods in Planning Area 51. On December 19, 2019, the Irvine Planning Commission adopted Resolution No. 19-3766, approving a Master Plan Modification for the 189,064 square foot out-patient cancer center. Pursuant to Section 15164 of the California Environmental Quality Act Guidelines, staff prepared an Addendum (Addendum No. 13) to the certified 2012 SSEIR for the Planning Area 51 General Plan Amendment/Zone Change. The Addendum considered all potential project impacts, including, but not limited to, those relating to air quality, greenhouse gas emissions, noise, and traffic impacts associated with development intensity up to approximately 250,000 square feet including a 190,000 square foot out-patient cancer center and a 60,000 square foot in-patient hospital (“2019 Approved Project”).¹ Pursuant to Section 9-0-3(C) of the Irvine Zoning Code, the City of Hope Cancer Center and Hospital, consisting of a 189,064 square foot out-patient cancer center and a 60,000 square foot in-patient hospital, within the Great Park Neighborhoods (Planning Area 51) were classified as “additive.” This additive classification was reflected in Note 28 on the approved VTPM.

The additive approval was for a 189,064 square foot out-patient cancer center and a 60,000 square foot in-patient hospital. Addendum No. 13 addressed construction and operation of up to a 190,000 square foot out-patient cancer center and a 60,000 square foot in-patient hospital. The approvals, including Note 28 on the VTPM, indicated that actual square footage memorialized as additive square footage would be based on an approved Master Plan application and adjusted to match issued building permits. However, further analysis would be required of any additional square footage in excess of the 189,064 square foot out-patient cancer center and 60,000 square foot in-patient hospital to ensure that such additional square footage would not lead to any new or worsened significant environmental impacts.

This application for a larger hospital within the proposed map will have fewer trips using the approved derived trip rates based on actual traffic counts at the City of Hope Duarte campus, compared to the previously approved November 21, 2019, City of Hope traffic analysis using conservative Irvine Transportation Analysis Model (ITAM)

¹ For sake of completeness, we note that the City approved Vesting Tentative Parcel Map (“VTPM”) 2020-147 in July of 2020. As with VTPM 2019-146, VTPM 2020-147 allowed for the subdivision of approximately 13.4 gross acres into eight numbered lots and one lettered lot for the City of Hope Cancer Center at FivePoint Gateway, but VTPM 2020-147 increased the amount of associated additive square footage by 62,000 square feet for a new total of 311,064 square feet of City of Hope Cancer Center uses within the existing FivePoint Gateway Campus in Great Park Neighborhoods. Notwithstanding that interim approval, the point of comparison for this evaluation is Addendum No. 13 to the certified 2012 SSEIR for the Planning Area 51 General Plan Amendment/Zone Change, which Addendum No. 13 was prepared in conjunction with the 2019 Approved Project.

trip rates. The evaluation concludes that based on the lower derived rate, the proposed 359,064-square-foot City of Hope facility will generate fewer trips than previously analyzed and therefore, does not create any significant traffic impacts. For additional information, see the Traffic Section of the Technical Memorandum below.

Proposed Project

Amended Vesting Tentative Parcel Map (AVTPM) 2020-147 adds 110,000 square feet of in-patient City of Hope Cancer Center to the previously approved 249,064 square feet contained in VTPM 2019-146, resulting in a total of 359,064 square feet of City of Hope Cancer Center uses (189,064 square feet of out-patient and 170,000 square feet of in-patient) within the existing FivePoint Gateway Campus in Great Park Neighborhoods (GPN) District 3 of Planning Area 51.

Consistent with Section 9-0-3(C) of the City's Municipal Code and General Plan Land Use Element Objective A-4, the proposed additional 110,000 square feet of City of Hope In-patient Hospital is also classified as institutional use, for a total 359,064 square foot City of Hope Cancer Center (189,064 square feet of out-patient and 170,000 square feet of in-patient) for Planning Area 51, all of which is "Additive" to the development intensity maximums. This memorandum analyzes the potential for new or worsened environmental impacts associated with the proposed additional 110,000 square feet ("Proposed Project"), as compared to the 2019 Approved Project. This analysis thereby satisfies the requirement that any additive square footage in excess of the 189,064 square foot out-patient cancer center and 60,000 square foot in-patient hospital approved in 2019 undergo environmental analysis to confirm that no new significant impacts or impacts of an increased severity would be caused as compared to the additive square footage analyzed in Addendum No. 13 to the certified 2012 SSEIR for the Planning Area 51 General Plan Amendment/Zone Change. Please note that although the current application is for an increase of 110,000 square feet of City of Hope In-patient Hospital compared to the 2019 approval of a 249,064 square foot (189,064 square foot out-patient and 60,000 square foot in-patient) City of Hope Cancer Center, for a new total of 359,064 square feet (189,064 square feet of out-patient and 170,000 square feet of in-patient), the analysis contained herein conservatively addresses construction and operation of up to a 360,000 total square foot City of Hope Cancer Center. Actual additive square footage will be determined during the building permit approval process by the City of Irvine but absent further analysis of any additional square footage, the final approved project cannot exceed a cumulative total of 360,000 square feet of total City of Hope Cancer Center uses.

Environmental Impact Analysis

Section 9-0-3(C) of the Irvine Zoning Code allows institutional land uses, such as hospitals, to exceed general plan land use category development intensity maximums. To qualify, the land uses must be consistent with the general plan criteria and "be approved by the applicable approval body as 'additive'." Section 9-0-3(C) states:

General Plan Land Use Element Objective A-4 Balanced Land Uses permits approval of institutional land uses that may exceed General Plan land use category development intensity maximums. Institutional land uses must meet specific General Plan criteria and be approved by the applicable approval body as "additive." Any approved "additive" institutional land uses may also exceed the established Building Intensity Standard identified in the applicable planning area statistical analysis table of the Zoning Code to be consistent with the General Plan.

To be considered consistent with the general plan, these uses have to meet the following criteria:

1. All significant environmental impacts are mitigated to a level of insignificance; and
2. Infrastructure capacity under existing and future (buildout) conditions can accommodate the additional development.

The following technical analysis describes the potential environmental impacts of adding 110,000 square feet to the 250,000 square foot City of Hope Out-patient Cancer Center and In-patient Hospital analyzed in Addendum No. 13, resulting in a total of 360,000 square foot City of Hope Out-patient Cancer Center and In-patient Hospital within the existing FivePoint Gateway Campus in Great Park Neighborhoods (GPN) District 3 of Planning Area 51.

The purpose of the analysis is to determine whether there are any significant impacts associated with the additional square footage that cannot be mitigated to a level of insignificance..

This review of trip generation verifies that the total 360,000 square foot City of Hope Cancer Center is fully accounted for in the VTPM 2019-146 Additive City of Hope Out-Patient Cancer Center and In-Patient Hospital at FivePoint Gateway Campus Traffic Evaluation (November 21, 2019), when the derived City of Hope Cancer Center trip rate is taken into consideration.

Traffic

Previously, Urban Crossroads prepared a technical evaluation of the potential traffic impacts, VTPM 2019-146 Additive City of Hope Out-Patient Cancer Center and In-Patient Hospital at FivePoint Gateway Campus Traffic Evaluation which studied a 190,000 square foot out-patient cancer center and a 60,000 square foot in-patient hospital. Derived trip rates based upon actual count data collected at the City of Hope Duarte location were developed and approved for use in on-going work related to City of Hope at FivePoint Gateway (see Development of Trip Rate for City of Hope at FivePoint Gateway, Urban Crossroads, October 31, 2019, Attachment A). However, for conservative study purposes only, the VTPM 2019-146 Additive City of Hope Out-Patient Cancer Center and In-Patient Hospital at FivePoint Gateway Campus Traffic Evaluation utilized the higher ITAM trip rates of 25.77 ADT / TSF of Medical Office and 13.40 ADT / TSF of Hospital for a total of 5,700 ADT for the 250 TSF evaluated at the City of Hope project site. By comparison, the derived City of Hope trip rate is 8.39 ADT / TSF, 0.91/TSF AM Peak Hour rate, and 0.82/TSF PM Peak Hour Rate.

The 250 TSF scenario with ITAM trip rates (Table 3-3 of the VTPM 2019-146 Additive City of Hope Out-Patient Cancer Center and In-Patient Hospital at FivePoint Gateway Campus Traffic Evaluation) resulted in 439 AM peak hour, 549 PM peak hour, and 5,700 average daily trips. The current 360 TSF scenario with derived City of Hope trip rates results in 328 AM peak hour trips, 295 PM peak hour trips, and 3,020 average daily trips, a decrease of approximately 54 percent compared to the 250 TSF scenario. In each directional category (AM inbound, AM outbound, PM inbound, and PM outbound), the 360 TSF scenario with derived City of Hope trip rates generates lower peak hour volumes in comparison to the 250 TSF scenario with ITAM trip rates.

The Proposed Project would add 110,000 square feet to the previously analyzed 250,000 square foot City of Hope Out-patient Cancer Center and In-patient Hospital. This additional square footage does not increase Project area trip generation, in comparison to trip generation utilized in the VTPM 2019-146 Additive City of Hope Out-Patient Cancer Center and In-Patient Hospital at FivePoint Gateway Campus Traffic Evaluation. Therefore, implementation of the Proposed Project could be accommodated without any significant impacts related to traffic.

The VTPM 2020-147 Traffic Evaluation, Urban Crossroads, June 23, 2020 analyzed the additional 62,000 square feet of In-Patient added to the 190,000 square feet of out-patient and 60,000 square feet of in-patient cancer center approved in 2019 with VTPM 2019-149. In May of 2020, the Supplemental Access Evaluation for City of Hope Cancer Center at FivePoint Gateway with RIRO Driveway Access to Barranca Parking Structure Minor Modification was reviewed and approved in support of a minor modification to the FivePoint Gateway master plan (00836468-PMPC).

Air Quality

The maximum daily construction emissions are not expected to change due to the proposed additional square footage. While there are a variety of changes in the potential land uses, the nature and amount of development is expected to require a similar level of construction equipment activity on the day with the maximum emissions. Since the maximum daily air quality construction equipment and activity are assumed to be the same as those assumed in the 2012 SSEIR, the maximum daily construction emissions also would not change. Thus, the proposed additional square footage would not cause a new significant impact or a substantial increase in the severity of previously identified significant air quality construction emissions compared to those identified in the 2012 SSEIR.

As stated above, traffic volumes for the Proposed Project are expected to decrease by approximately 47 percent as compared to the traffic volumes identified in Addendum No. 13. Generally, over 60 percent of total project

operational emissions are from mobile sources. Due to the reduction in trips, the air quality emissions associated with the Proposed Project would be substantially less than those identified Addendum No. 13. Therefore, the proposed additional square footage would not cause a new significant impact or a substantial increase in the severity of previously identified significant operational AQ emissions compared to those analyzed in Addendum No.13 or the 2012 SSEIR.

Greenhouse Gas Emissions

As shown in Table 2 of Addendum No. 13, greenhouse gas (“GHG”) emissions from mobile sources represent approximately 65 percent of total GHG emissions for the 2019 Approved Project. As stated above, traffic volumes for the Proposed Project are expected to decrease by approximately 47 percent as compared to the traffic volumes identified in Addendum No. 13. Due to the reduction in trips, the GHG emissions associated with the Proposed Project would be substantially less than those identified in Addendum No. 13. Therefore, the proposed additional square footage would not cause a new significant impact related to GHG and would be less than the emissions previously identified in Addendum No. 13 and the 2012 SSEIR.

Noise

As stated above, traffic volumes for the Proposed Project are expected to decrease by approximately 54 percent as compared to the traffic volumes identified in Addendum No. 13. Due to the reduction in trips, the noise levels associated with the Proposed Project would be substantially less than those identified Addendum No. 13. Therefore, the proposed additional square footage would not cause a new significant impact or a substantial increase in the severity of previously identified significant noise impacts compared to those analyzed in Addendum No. 13 or the 2012 SSEIR.

Other Environmental Topics

As summarized in Appendix B of Addendum No. 13, all of the potentially significant environmental impacts with the exception of air quality and traffic identified in the Certified EIR were determined to be less than significant or were reduced to a level that is considered less than significant through either the adoption of mitigation measures or the incorporation of project design features. Through compliance with adopted mitigation measures or the incorporation of project design features, the Proposed Project would also be less than significant for impacts related to aesthetics, cultural resources, energy, geology and soils, hazards and hazardous materials, hydrology and water quality, land use and planning, public services (schools and library services), recreation, tribal cultural resources, and wildfire. Since the Project Site is already developed, the Proposed Project would have no impact on agriculture and forestry resources, biological resources, or mineral resources. For population and housing, the jobs-housing balance within Planning Area 51 goes from 1.62 to 1.74 with the Proposed Project. However, this does not exceed the 2.39 jobs-housing balance projected for the City in 2035 (see Page 5.9-13 of the Certified EIR) and no additional impacts related to population and housing would occur as a result of the Proposed Project.

With regards to public services, the Proposed Project would be required to participate in a fair share funding approach pursuant to the executed Secured Fire Protection Services Agreement (see PPP 10-4) for the project. The 2012 SSEIR concluded that compliance with the existing PPPs, Mitigation Measures HH-3 and HH-4, and PDF 10-1 would ensure the adequate provision of fire protection and emergency services to residents and businesses at the Project Site. Therefore, implementation of the Proposed Project would not have a significant impact on fire protection and emergency services. The development of an out-patient cancer center and in-patient hospital that are classified as institutional uses and “additive” would not require amendments to the Secured Fire Protection Agreement or changes to any of the other PPPs and mitigation measures. Therefore, development of the Proposed Project could be accommodated without any significant impacts on fire protection and emergency services.

The Proposed Project would result in slightly higher non-residential uses and would not involve any changes to the number of dwelling units. According to Table G-1 of the Public Facility Standards of the City of Irvine General Plan, the staffing goal for the police department in the Year 2000 is 1.14 officers per 1,000 population. Staffing goals are adjusted annually as addressed in the City’s Strategic Business Plan to ensure that, at a minimum, the following emergency response standards are met (Residential Night-time Population Standard):

- Responding to Priority E (Emergency) events within 6 minutes 85% of the time.
- Responding to Priority I (Crimes in Progress) events within 10 minutes 85% of the time.
- Responding to Priority II (Less Serious Crimes Now Occurring) events within 20 minutes 90% of the time.

Additional police personnel and associated equipment would be provided through the continued implementation of the City's Strategic Business Plan and annual budget review process. Police department needs are assessed, and budget allocations are revised accordingly to ensure that adequate levels of service are maintained throughout the City.

For utilities and service systems, Section 1.2 of the 2017 Planning Area 51 Sub-Area Master Plan (SAMP) Update (dated September 25, 2017) identified sewer and water capacity for up to 10,626 dwelling units and 9,420,200 square feet of non-residential (as shown on Table 1-3 of the SAMP Update), which exceeds the amount of development anticipated for the Proposed Project. New facilities to support the demand for electric service in the Proposed Project would be constructed by SCE as necessitated by the demand for new service. The projected electricity consumption stated in the Certified EIR was based on the adopted 2008 Building and Energy Efficiency Standards. The 2016 Building and Energy Efficiency Standards were 46 percent more efficient than the 2008 standards for residential and 33.5 percent more efficient for non-residential buildings. The 2019 Building and Energy Efficiency Standards, currently in effect, are 53 percent more efficient than the 2016 standards for residential and 30 percent more efficient for non-residential buildings. As a result, electricity consumption for the Proposed Project is substantially less than what was anticipated by the certified 2012 SSEIR for the Planning Area 51 General Plan Amendment/Zone Change. Therefore, no additional impacts related to utilities and service systems would occur as a result of the Proposed Project as compared to those analyzed in Addendum No. 13 to the certified 2012 SSEIR for the Planning Area 51 General Plan Amendment/Zone Change.

Conclusion

Based on the analysis above, adding 110,000 square feet to the previously analyzed 250,000 square foot City of Hope Out-patient Cancer Center and In-patient Hospital, resulting in a total of 360,000 square foot City of Hope Out-patient Cancer Center and In-patient Hospital, could be accommodated without any associated significant impacts.

Sincerely,



William Halligan, Esq.
Senior Director/Senior Environmental Counsel

- Att:
- 1, Approved City of Hope Trip Rate Memo
 - 2, VTPM 2019-146 Additive City of Hope Out-Patient Center and In-Patient Hospital at FivePoint Gateway Campus Traffic Evaluation, dated November 21, 2019
 - 3, VTPM 2020-147 Traffic Evaluation, dated June 23, 2020

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Attachment 1. Approved City of Hope Trip Rate Memo

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