CHAPTER V
Master Responses to Comments on the Draft EIR

The correspondence and public comments received on the Draft EIR (DEIR) included a series of three recurring topics regarding the Richmond Neighborhood Area, the Consolidated Campus Alternative, and Parking and Transportation Demand Management. Given the number of times that these topics were raised in the public comments, the City has determined that each of the topics warrants a single, comprehensive response. This chapter presents Master Responses in order to reduce repetition and extensive cross-referencing within the responses to individual comments provided in Chapter VI (Responses to Written Comments) and Chapter VII (Responses to Comments Received at the Public Hearing) of this document. Each Master Response aims to address the range of shared comments raised on each topic, however, unique comments are responded to within the response to the individual comment in Chapters VI or VII.

Although not a recurring comment on the Draft EIR, this chapter also includes a Master Response that provides an overview of the proposed *Kaiser Permanente Oakland Medical Center (OMC) Zone Regulations* that the Draft EIR describes would be developed for the proposed Kaiser *Permanente OMC Zoning District*. The *Kaiser Permanente OMC Master Plan* is also discussed to supplement information provided in the Draft EIR.

Master Response A: Richmond Area as Part of Environmental Setting and Impact Area

A number of similar letters were received from residents of the Richmond neighborhood area that outlined concern that the Draft EIR analysis did not consider the Richmond residential neighborhood area and is therefore "incomplete and unacceptable." The Richmond area is located south of MacArthur Boulevard and east of Piedmont Avenue, east and southeast of the existing M/B Center and parking structure. The existing M/B Center is proposed to be replaced with the new hospital. New uses that would occur along Piedmont Avenue with the new hospital include the new emergency department driveway, a central utility plant [CUP] and service loading area. This Master Response first discusses the approach to identifying areas of focus within the EIR analysis and then addresses the impact topics raised by commenters.

Approach to Analysis

Consistent with the CEQA Guidelines, the Draft EIR describes the environmental setting of the proposed project, including its location within a local and regional context (DEIR pp. III-1 through III-3). Areas in proximity of the project site are also described, including the "residential neighborhoods comprised of multifamily and single-family residences, and an eastern branch of Glen Echo Creek south of MacArthur Boulevard" located east of the project site (DEIR p. IV.A-5). The degree of description provided is appropriate for the Draft EIR document, and all project site exhibits prepared for the Draft EIR are formatted to include enough context to easily orient the reader to the project site and/or the specific area being addressed.

Where appropriate, the impact analyses in the Draft EIR identify and discuss instances where the project would affect a specific geographic area. For example, several sections of the Draft EIR discuss the Manila Avenue residences given that this area directly abuts the project site (Site 7) and its proximity to primary points of vehicular access to a new parking structure. Similarly, the Draft EIR provides extensive discussion of the Manila Avenue residences, the 38th Street residences, Mosswood Park, and the branch of Glen Echo Creek west of Broadway, given the orientation of these areas to the north and west of the project site, which makes them impacted by project shadows (whereas areas to the south and east of the project site would not be impacted by project shadows). Where impacts, mitigation measures, or standard conditions are not tailored to a geographic area (such as operational noise impacts on nearby noise-sensitive receptors, Impact D.3) they apply comprehensively and encompass the effects of the entire impact area of the project.

Richmond Area Impacts

Commenters state that development of the new hospital, emergency access, central utility plant, and loading area would have a "huge impact on our neighborhood's traffic, parking, air quality, noise, and natural resources, including Glen Echo Creek and [Glen Oak] Park," and that the Draft EIR makes "virtually no proposals to mitigate these impacts."

Traffic, Circulation, and Parking. As stated by several commenters, the intersection traffic operations analysis did not include any of the roadways in the Richmond neighborhood. Based on the significance criteria established by the City of Oakland, and used in the Draft EIR, significant impacts would not be expected at these intersections. Intersections providing access to and from the neighborhood are side-street stop-controlled intersections. The significance criteria for unsignalized intersections are based on the *Manual of Uniform Traffic Control Devices (*MUTCD) peak hour signal warrant. Peak hour traffic on Piedmont Avenue just south of MacArthur Boulevard under 2025 with Project conditions is estimated at 930 vehicles per hour. In order for any of the intersections along Piedmont Avenue to satisfy the peak hour signal warrants and thus be a significant impact, the side streets must have a minimum peak hour volume of 220 vehicles. This volume is not expected on these streets.

On page IV.B-53 of the Draft EIR, the following recommended improvement for consideration during the project review was identified:

- Extend the existing median on MacArthur Boulevard at this intersection to eliminate left turns from westbound MacArthur Boulevard to Richmond Boulevard to prohibit hospital traffic from using residential streets in this neighborhood. It is unlikely that northbound traffic from Piedmont Avenue would use Richmond Boulevard to access eastbound MacArthur Boulevard because there would be no time savings because Glen Echo Creek in the median of Richmond Boulevard would prevent vehicles traveling east from Westall Avenue and Croxton Avenue from turning left to northbound Richmond Boulevard.

In addition, the following new recommendation is added to page IV.B-53 of the Draft EIR under *Recommended Improvements or Consideration During Project Review*:

- Monitor traffic volumes and speeds on Richmond Boulevard and adjacent streets in the residential area east of Piedmont Avenue and south of MacArthur Boulevard after each phase of the project is in full operations. In consultation with local residents, and in accordance with all legal requirements, appropriate traffic calming measures, such as replacement of existing speed bumps with speed humps, full or partial roadway closures, should be considered if and when excessive cut-through traffic volumes, vehicles traveling the wrong way on one-way street or speeding are observed.

Also, the Final Transportation Impact Analysis prepared for the project included a figure entitled Future Kaiser Permanente Parking Facilities and On-Street Parking Designations (**Figure 20**), which would have supported the discussion of *Parking Facility Operations and Recommendations* on Draft EIR page IV.B-70, but this figure was inadvertently omitted from the Draft EIR. **Figure 20** is included on the following page of this Final EIR document. Also, the following bulleted text shall be added to the list of recommended parking improvements for consideration during project review:

- Kaiser shall fund an expanded Residential Parking Permit (RPP) programs in the residential neighborhoods surrounding the existing Medical Center east of Broadway and north of MacArthur Boulevard and the Richmond neighborhood south of MacArthur Boulevard. The RPP restricts on-street parking by non-residents to less than two hours during the weekdays. Kaiser funding is to be used for establishment efforts needed to create or expand the RPP area, as well as increased enforcement and maintenance of the program.

The implementation of these recommendations included in the Draft EIR and supplemented as indicated above would reduce the likelihood that traffic generated by Kaiser Permanente would travel through the Richmond area.

Air Quality. On Draft EIR page IV.C-18, the air quality analysis in the Draft EIR identifies short-term construction-related impacts (Impact C.1, Project Construction Impacts) resulting from emissions and dust (i.e., heavy equipment construction machinery and local particulate

concentrations) as well as chemicals used (asphalt, finishes, etc.). This impact is comprehensive and would apply to all areas in proximity to project construction activities. The implementation of uniformly-applied standard conditions of approval C.1a and C.1b (as revised with supplemental text in Chapter III of this Final EIR) in all construction areas, including those near the Richmond area east of the project site, are identified to reduced construction impacts to less than significant levels. Long-term operational impacts on air quality resulting from emissions from traffic and stationary sources such as the CUP are recognized by Impact C.2 (Project Operational Impacts) starting on Draft EIR page IV.C-21. Although the traffic emissions could be reduced with implementation of an expanded Transportation Demand Management (TDM) program (Mitigation Measure C.2, as well as several traffic related mitigations), the impact is conservatively deemed significant and unavoidable since the specifics measures or effectiveness of an expanded TDM was not known or quantified in the Draft EIR. (Parking and the recommended Kaiser Oakland TDM program is described below in Master Response C and included in Appendix A to this Final EIR.)

As described under *Methodology* on Draft EIR page IV.C-18, the methodology used for the operational emissions analysis reports a generalized impact for the entire project area based on project trips and CUP operations. The commenters suggest that specific air quality analysis is warranted for the Richmond area based on the level of increased project traffic in this area, and the area's proximity to the CUP. As noted in Table IV.C-5, the analysis for projects that have mobile source carbon monoxide (CO) emissions exceeding 550 pounds per day are required to estimate localized CO concentrations. Table IV.C-5 indicates that the project would have mobile source carbon monoxide (CO) emissions of 330 pounds per day. However, as discussed under Impact C.3 (Localized CO Concentrations at Intersections), the Draft EIR includes a microscale impact analysis adjacent to the five most traffic-impacted intersections in the vicinity of the project site to evaluate "hot spot"[1] potential. Based on levels of service (LOS) and percentage contribution of project-traffic, no intersections within the Richmond area, along Piedmont Avenue, or along MacArthur Boulevard west of Piedmont met these criteria. The five most impacted intersections were identified along Broadway (at West MacArthur Boulevard, 38th Street, and 51st Street), at Howe Street / MacArthur Boulevard Boulevard, and at 40th Street / Telegraph Avenue, and were not found to result in significant localized air quality impacts (each having CO concentrations ranging from 30 to 50 percent below the state ambient air quality standards). Additionally, as shown on Draft EIR Figures IV.C-5A and IV.C-6A, traffic volumes on Piedmont Avenue north of MacArthur Boulevard will decrease slightly with the project since key services would move from north of MacArthur Boulevard (the existing hospital site) to south of MacArthur Boulevard (the replacement hospital), which will shift traffic patterns similarly.

Area source emissions from the CUP were analyzed in the Draft EIR on pages IV.C-21 and IV.C-22. Emissions from the CUP were calculated using AP-42 emissions factors assuming the use of low NOx burners to control NOx emissions. As shown in Draft EIR Table IV.C-5, the area source emissions from the CUP for NOx and CO are estimated at about 9 to 10 pounds per day, as compared to the significance threshold of 80 pounds per day. Emissions of PM-10 and reactive

[1] "Hot spots" are areas with high concentrations of carbon monoxide concentrations around stagnation points, such as major intersections and heavily traveled and congested roadways.

organic gases are estimated at less than significant levels of fewer than one pound per day. The type of boilers associated with the proposed CUP would be naturally gas-fired so particulate matter and diesel particulate matter emissions are expected to be very minimal.

Noise. The comments received identify several possible sources of noise that could impact the Richmond area residential uses in particular as a result being located across Piedmont Avenue from the proposed emergency room entrance and CUP associated with the new hospital. Comments primarily cite late-night noise associated with the emergency room parking area, including backing-up emergency vehicles, un-moderated conversations, stereos, and revving engines associated with nighttime workers or visitors. The noise analysis in the Draft EIR is based on measuring potential noise associated with the project (construction-related and operational, including traffic) against the CEQA significance criteria identified on Draft EIR page IV.D-8. The concerns listed above are not environmental impacts under CEQA, but would be concerns shared by Kaiser Permanente given the adjacent patient tower as well as residential neighbors. It is reasonable to assume that the project sponsor would diligently manage unacceptable noise resulting from the behavior of its visitors or employees. Nuisance-level night-time noise is defined and regulated by the City of Oakland Municipal Code. Furthermore, the existing Kaiser Permanente emergency department is located on Howe Street adjacent to existing residences. Neither the comments received during the EIR review process nor the separate City-sponsored community process raised issues with the *existing* emergency department operations, specifically regarding vehicle sirens.

Regarding construction noise, in addition to the standard conditions of approval (Standard Conditions D.1a through D.1d) applied to construction projects located near sensitive noise receptors, the Draft EIR also includes measures developed based on the noise levels of specific construction activities and equipment and the anticipated duration of project construction as it would occur on each development site of the project, including the M/B Center Site (Site 4) along Piedmont Avenue. Consistent with the City's Noise Ordinance, Standard Condition D.1e requires, as feasible, the installation of sound-rated barriers along property lines closest to any sensitive receptors, and Standard Condition D.1f requires that removal areas for demolition debris be located as far as possible from noise-sensitive receptors. Standard Conditions D.1e and D.1f would apply to areas east of the project site with respect to the adjacent apartment complex and businesses on Piedmont Avenue (as shown in Draft EIR Table IV.D-7), as well as the residences further east in the Richmond area. This is specified in the *Kaiser Oakland Medical Center Replacement Project Construction Noise Assessment*, prepared by Charles M. Salter Associates, Inc (February 2006)[2], which is summarized in Draft EIR Table IV.D-7. As stated on page 12 and page 14 of the assessment report, the sensitive noise receptors [to the construction of the Main Hospital and Central Utility Plan] would be the apartment complex and businesses along

[2] Cited on Reference page IV.D-23 of the Draft EIR and available for review at the City of Oakland Community and Economic Development Agency, Planning and Zoning Division, under environmental review Case Number ER05-004.

Piedmont Avenue (south of West MacArthur) and the single-family residences (Richmond community) (south of West MacArthur and north of I-580).

Comments also mention unique noise impacts to the Richmond area expected from the truck loading area and operation of the CUP. Starting on Draft EIR page IV.D 20, Impact D.3 (Other Operational Noise Sources) discusses the effects of noise generated by the CUP and truck loading/unloading (as well as HVAC equipment, emergency generators, and ambulance sirens), and concludes that noise levels from these sources would not substantially impact nearby noise-sensitive receptors since noise levels would not exceed City of Oakland Noise Ordinance standards. It is relavant to note that no significant impact was triggered even given consideration of the high ambient noise levels that existing in the area primarily from freeway noise. The primary source of noise from the CUP would be its cooling towers, which generate noise levels of 55 to 60 dBA at distances of 500 feet . The cooling towers will be located within the enclosure of the CUP and approximately 200 feet from the nearest residential use (which are located east of commercial buildings, including an automotive repair business), and these factors will further reduce perceived noise levels of the CUP. Additionally, the CUP would be required to comply with the City's noise ordinance standards. The Draft EIR discusses noise from truck loading/unloading area, but concludes that it would not be considered a significant impact because these activities typically occur during the less noise-sensitive daytime hours, will occur under ground and also would be attenuated by the intervening commercial structures, landscaping, and distance to the nearest residence.

Glen Echo Creek and Glen Oak Park / Heritage Trees. The Draft EIR identifies the 0.75-acre linear Glen Oak Park located more than 200 feet east of Piedmont Avenue in the setting of *Park and Recreation Facilities* on Draft EIR page IV.L-5, and finds under Impact L.4 that the project would not have a significant impact on this facility due to increased use demand (DEIR p. IV.L-10) pursuant the CEQA significance criterion on Draft EIR page IV.L-6. Because Glen Echo Creek and Glen Oak Park and any associated heritage trees are located east and south of the project site, they would not be impacted by project shadows at any time of year. As shown Figures IV.K-16 through IV.K-27 in Draft EIR, annual project shadows would fall to the west and north of the project site, thus the Draft EIR analysis focuses on those impacted areas. The evaluation of biological resource in the project vicinity on Draft EIR page IV.I-6 encompasses habitat requirements for special status species in the project vicinity, including locations outside of the project site. The impacts, discussion, and mitigation measures or standard conditions presented in the Draft EIR focus specifically on resources directly impacted by the proposed project, such the branch of Glen Echo Creek *west* of Broadway that abuts Site 7, and the effects of construction and operations on special status species' habitat (Western pond turtle). The bank of the western branch of Glen Echo Creek between Broadway and Manila Avenue is located within 17 feet of where project construction would occur, therefore the Draft EIR requires and provides a detailed assessment of potential impacts on the creek and adherence to requirements of the City's Creek Protection Permit.

The eastern branch of Glen Echo Creek in the Richmond area is located approximately 500 feet from where development would occur on the project site, according to the *Creeks and Watershed*

Map of Oakland and Berkeley, 2005, published by the Oakland Museum of California. No City of Oakland Creek Protection Permit or other jurisdictional permitting associated with work near this branch of the creek would be required given this distance. The project does not propose changes to the existing system, which current directs runoff from the project site, specifically the Replacement Hospital site, downslope (south) from MacArthur Boulevard, along the east side of Broadway and the west site of Piedmont Avenue. According to City sewer maps and topography of the street, drainage along Piedmont Avenue from the project site does not flow east toward the Richmond area or the eastern branch of Glen Echo Creek. Flows continue down Piedmont Avenue where the system enters a culverted system south of the Broadway intersection. Therefore, the extent of potential indirect impacts that the project would pose to the creek in the Richmond area is captured in the discussion of potential impacts to water quality and the City's storm drainage system, which includes its network of creeks (Standard Condition G.1a regarding Grading Plan, Erosion and Sedimentation Control Plan, and Drainage Plan and NPDES Permit and SWPPP Compliance).

Master Response B: Consolidated Campus Alternative 4

Several comments received on the Draft EIR state support for the Consolidated Campus Alternative 4 described and analyzed in Chapter V (Alternatives) of the Draft EIR (starting on page V-35). The primary reason cited for support of Alternative 4 (instead of the proposed project or other any of the other alternatives analyzed in the DEIR) stem from its site plan configuration that would consolidate new development east of Broadway, increase building mass and height on the Central Administration Building on Site 2, and would accommodate a lower reconfigured hospital structure on Site 7. Many comments state that Alternative 4 would reduce environmental effects compared to those identified with the proposed project. Additionally, widely-held assertions about Alternative 4 to that *do not* pertain to environmental effects under CEQA include better long-range planning and phasing (with the "easy and temporary" relocation of certain administrative functions and staff to offsite locations") and superior design characteristics (e.g., "better massing", "safer, more attractive sidewalks", "compact urban development").

This Master Response has three parts to:

1. Clarify and summarize the environmental impacts identified for Alternative 4 (by topics raised by commenters) ;

2. Generally respond to specific questions or comments raised in the responses to the Draft EIR; and

3. Describe the approach to the City's consideration of the project and the alternatives analyzed in the Draft EIR.

Environmental Impacts

Background and Summary. As stated above, most of the comments indicate that the approval of Alternative 4 instead of the project would reduce environmental impacts associated with noise, visual quality, pedestrian conflicts, and land use compatibility, and parking shortfall (non-CEQA). Alternative 4 is identified in the Draft EIR as a "Non-CEQA Alternative." Developed through a community based urban design process sponsored by the City, Alternative 4 is included in the Draft EIR primarily to compare the proposed project to a scenario that would eliminate the development of Kaiser Permanente uses on the West Broadway site (Site 7) and by shifting these uses to Site 2, also reconfigure the proposed Replacement Hospital tower. As discussed starting on page V-32 of the Draft EIR, so Alternative 4 would maintain the same overall development program for the Kaiser Permanente OMC as the proposed project, traffic and air quality impacts would not be reduced The alternative non-Kaiser land uses envisioned for Site 7 would add to or compound the traffic and air quality impacts of the project. Alternative 4 would not avoid or lessen any of the identified significant environmental effects of the proposed. . The following discussion is based on the impact analysis provided for Alternative 4 in Chapter V of the Draft EIR, starting on page V-36.

Noise. While commenters may consider Alternative 4 to result in less construction or operational noise impacts due to the elimination of the West Broadway MSB and Garage on Site 7, adjacent to residential uses on Manila Avenue non-Kaiser Permanente development is assumed to occur on the West Broadway site, therefore the same construction noise impacts would exist. Alternative 4 would not have reduced CEQA noise impacts than the proposed project, and would likely increase operational noise impacts.

Visual Quality. Commenters assert that there would be reduced shadow, glare, and view impacts with Alternative 4 given the reduced and reconfigured building and site development and the elimination of one or more skybridges. While the reduced height of the hospital tower would shorten project shadows cast on Mosswood Park, Alternative 4 could worsen certain view from public vantage points north or the project site due to the reconfiguration of the hospital tower, even with its reduced height. Also, it is likely that the two-story parking structure that the alternative proposes on Site 2 (Central Administration) would abut the length of the northern property line and consequently shadow adjacent residential properties to the north to a greater extent that under the proposed project (which locates a possible parking structure no Site 2 along Howe Street, away from residential properties). Also, as stated in the Draft EIR, any change that would occur to affect street -level wind conditions in the vicinity would likely be minimal give the scale and location of proposed changes. Therefore, while certain aspects of visual quality impacts would be reduced in certain locations on and around the project site, other impacts would potentially worsen or remain the same in other locations.

Pedestrian Conflicts. Commenters suggest that Alternative 4 would result in fewer pedestrian conflicts since the West Broadway site would not be developed with Kaiser Permanente users, resulting in Kaiser-related pedestrian traffic. Alternative 4 does, however, pose assumptions for a non-Kaiser development on the West Broadway, including retail uses that may have substantial pedestrian demand from Kaiser Permanente employees and visitors and the general public.

Land Use Compatibility. Comments regarding land use compatibility range from those that consider Alternative 4 to be more compatible with adjacent uses by virtue of lowering and reconfiguring building heights and massing, or more specifically, by not developing Kaiser Permanente uses on Site 7, adjacent to Glen Echo Creek and residential uses. However, Alternative 4 assumes that Site 7 would be developed with a program of 280 residential units, ground-floor commercial retail, and associated parking, and a true assessment compatibility would not be known until an actual development proposal is known. The Draft EIR analysis did not find that any portion of the proposed project would create land use conflicts in this urban setting.

Urban Design (Non-CEQA topic). Comments state that Alternative 4 presents "better massing and compact urban development" and "safer, more attractive sidewalks" than the proposed project. Notwithstanding the environmental impacts associated with building mass, height, and location (discussed above under CEQA-related topics), the physical changes to the project that would occur with Alternative 4 are discretionary design considerations that City decision makers on the project will review and deliberate in light of the merits of the project and all other alternatives in the EIR, as well as the goals, policies and priorities of the City, the community, and the project sponsor. Alterative 4 would 1) reconfigure and reduce the height of the Replacement Hospital on Site 4, 2) reconfigure the Central Administrative Building and parking structure on Site 2 to allow for a central open space area, and 3) increase the mass and height of the new Central Administrative Building for increased floor area.

Kaiser Permanente Facilities (Non-CEQA topic). Some public comments include and rely on information about the existing Kaiser Permanente OMC facilities, specifically the M/B Center tower and the existing hospital (floors 10 and 11) that is inaccurate or incomplete. These comments are presented as context for the question of feasibility regarding Kaiser Permanente's ability to temporarily relocate existing patient services onsite and administrative functions offsite temporarily as required for Alternative 4. The issue of feasibility of alternatives is addressed below, and Kaiser-prepared information regarding Alternative 4 feasibility as well as an accurate depiction of existing functions within its current facilities are provided in Appendix E to this Final EIR.

City's Consideration of Alternatives and the Project

Because development of the Kaiser Permanente OMC Master Plan is inextricably linked to basic operational considerations that Kaiser holds, the discussion of each alternative analyzed in the Draft EIR includes a discussion of *Ability to Achieve Kaiser's Objectives*. Although the detailed evaluation and ultimate determination of the feasibility of a particular alternative is not required to be included in an EIR, information previously prepared by the project sponsor regarding the feasibility of Alternative 4 (and previously presented to the City) is provided in Appendix E to this report for the reader's benefit.

The analysis of the project and its alternatives in the Draft EIR and supplemented by this Final EIR is adequate to allow City decision makers to make an informed decision about the physical

environmental impacts of the project and each alternative. Prior to certifying the EIR or acting on the project, City decisionmakers will evaluate all the information regarding the relative impacts and considerations of each alternative, including the Consolidated Campus Alternative 4. Based on its deliberations, balanced with its consideration of the project-sponsor's objectives and the City's overall goals and policies, the City may ultimately reject the alternatives and adopted the proposed project, or alternatively elect one (or some combination of) the alternatives instead of the project, or even elect a combination of one or more alternatives and the project. In doing so, the City will make its determination about the appropriateness of the project, the environmental impacts associated with the project, as well as the project's site configuration, and building massing and height, and proposed phasing. The City must make findings on why it is rejecting alternatives, based on substantial evidence contained in the entire administrative record.

Master Response C: Parking and Transportation Demand Management (TDM)

Many comments were concerned with issues related to the methodology and results of the mode split used in the Draft EIR analysis; parking demand rates, supply and operations; and the preparation and elements of a Kaiser Permanente OMC Master Plan Transportation Demand Management (TDM) Program. These comments are responded to within this Master Response. (Additional non-recurring transportation-related comments are addressed within the responses to individual comments in Chapter VI of this document.

A. Parking

Mode Split Survey

As stated on DEIR page IV.B-67, a mode choice survey of Kaiser Permanente OMC employees, patients and visitors was conducted in August 2005 to better understand the trip making characteristics at the medical center. The intercept survey results were presented and discussed in the Final Transportation Impact Report prepared by Fehr & Peers Transportation Consultants. **Table V-1** below compares the results of the August 2005 intercept survey with the 2000 Census data for employees in the same Census tracts and the results of a more extensive survey conducted in March 2006 by Alternative Transportation Solutions (Altrans) as part of the proposed TDM program.

The results of the August 2005 mode choice survey which obtained feedback from employees, patients and vistors during actual peak-hour commutes were used to complete the project transit impact analysis and the parking supply and demand analysis presented in the Draft EIR. The implications of the difference between the August 2005 and the March 2006 surveys on the different analyses presented in the Draft EIR are discussed below:

- *Traffic* – Although the March 2006 survey shows four percent fewer employees driving (or being driven) to the site, this would not have any implications on the traffic analysis completed for the Draft EIR, because the traffic analysis was based on direct collection of vehicale traffic data at the medical center, independent of the mode choice surveys.

- *Parking* – The employee parking analysis was based on the results of the August 2005 survey that showed 80 percent of employees would park at the medical center (78 percent drive-alone and 4 percent carpool with an average vehicle occupancy of 2 persons per vehicle). Based on the March 2006 survey, 78 percent of medical center employees would park (76 percent drive-alone and 4 percent carpool). The two percent reduction

TABLE V-1
OAKLAND KAISER MEDICAL CENTER
MODE CHOICE SUMMARY AND COMPARISON

Access Mode	August 2005 Survey [1]		Census Data [2]	March 2006 Survey [3]
	Employees	Patients/Visitors	Employees	Employees
Drive Alone	78%	59%	72%	76%
Carpool/Vanpool	4%	19%	11%	4%
Drop-off/Pick-up	5%	8%		3%
BART	5%	2%	5%	12%
AC Transit	2%	6%	5%	1%
Shuttle Only	3%	2%		
Walk/Bike	3%	4%	6%	4%
Other (includes Taxis, Paratransit)	0%	1%	1%	0%
Total	100%	100%	100%	100%

1. Based on intercept survey conducted by Fehr & Peers at the major entrances to the Kaiser Permanente facility during peak commute hours in August 2005. (Patient and visitor data gathered in 2005 intercept survey only and provided for informational purposes.)
2. Based on primary mode of travel as reported in the Census 2000 Journey to Work data for employees who live in the two Census tracts (4035 and 4040) where the Kaiser Permanente OMC is located.
3. Based on employee mail-back survey conducted by Altrans in March 2006.

Source: Fehr & Peers, 2006

from the mode choice survey would result in a one percent reduction in the employee parking requirement used in the parking demand model presented in the Draft EIR (see page IV.B-68 for more detail). Thus, the recommended parking supply presented in the Draft EIR overestimates the employee parking demand by one percent or 28 parking spaces by project buildout.

- *BART* – Based on the March 2006 survey, 12 percent of the medical center employees currently use BART, which is more than the 5 percent BART mode split used in the DEIR analysis based on the August 2005 survey. As a result, the project generated BART trips are estimated at 61 new AM peak hour trips and 81 new PM peak hour trips (compared to 33 new AM peak hour trips and 44 new PM peak hour trips). The estimated increase in the number of project generated BART trips would not have a significant impact on BART's standing capacity or gate capacity.

- *AC Transit* – Based on the March 2006 survey, one percent of the medical center employees currently use AC Transit, which is less than the two percent AC Transit mode split used in the Draft EIR analysis based on the August 2005 survey. Thus, the Draft EIR overestimated the number of project generated AC Transit trips, and the Draft EIR presents a conservative assessment of project effects on AC Transit ridership.

Parking Analysis

Many comments were concerned with the validity of the parking analysis, including code requirements, parking demand rate, and effects of the proposed TDM program on parking. These issues are further discussed below.

The parking requirements outlined in the *City of Oakland Municipal Code* are minimum requirements enacted in 1965 when the current version of the Planning Code was adopted. The parking analysis presented in the Draft EIR is based on current observations at the Kaiser Permanente OMC. The recommended parking supply also took the existing approximately 235 on-street parking spaces demanded and was calculated to efficiently satisfy the projected parking demand at the medical center and accounts for the increase in MOB activity which requires more parking than hospital. The recommended parking supply would also accommodate the current on-street parking demand generated by the medical center. Thus, a straight-line projection of existing parking demand to future conditions would not adequately forecast the future parking supply. In addition, circulation efficiency factors are used as practical capacity of the parking facilities to reduce driver circulation and intrusion into the adjacent residential neighborhoods.

As stated in several comments, the current observed total parking demand rate of 0.86 per employee at the Kaiser Permanente OMC is near the high of the 0.34 to 0.96 range for "urban" hospitals presented in ITE's *Parking Generation, 3rd Edition*. The ITE parking generation rates for suburban hospitals can be as high as 1.71 parking spaces per employee. In addition, in comparison to other hospitals, the Kaiser Permanente medical centers are a combination of hospital and medical office building (MOB) functions. Although ITE does not present comparable rates for MOBs, MOBs have higher parking generation rates than hospitals. Thus, the observed parking generation rate at the Oakland Medical Center with its combination of hospital and medical office uses is near the high end of ITE parking generation rates for hospitals.

The implementation of the recommended TDM Program, in combination with expansion of the existing residential parking program (RPP), and the automated parking space counting system, would result in a reduction in the number of vehicles driving to the Medical Center, circulating

around the medical center, and traffic intrusion into the adjacent residential neighborhoods. The TDM monitoring program would annually (and triennially for certain aspects) document the reduction in vehicle trips to the Medical Center. The number of parking spaces needed in the parking facilities included in Phases 2 and 3 of the project would be reviewed and adjusted if substantial reductions in parking demand have been observed. (See below for more detail on the recommended TDM program.)

B. Transportation Demand Management

TDM Program Summary

Many comments addressed issues related to the preparation, implementation, and/or specific content of a revised or expanded Kaiser Permanente OMC Master Plan TDM Program. The Draft EIR describes that, as part of the proposed Master Plan, Kaiser Permanente proposes to expand its existing TDM efforts to create a comprehensive TDM program aimed at reducing the number of vehicle trips to and from the project site, reducing parking demand (and potential spill-over into the neighborhoods), and promoting transit as an alternative mode of transportation by Kaiser Permanente employees and visitors. The impact analyses in the Draft EIR assume that Kaiser Permanente would continue to implement its current efforts, modifying them only to maintain the existing level of employee mode split (carpool, transit, bike, walk, etc.). The Draft EIR includes a menu of measures that could be included in an expanded TDM program and discusses how the implementation of an expanded TDM program could help reduced traffic and air quality impacts, but the Draft EIR did not conclude the effectiveness of an expanded TDM to reduce any significant impacts. As stated in the Draft EIR, Kaiser Permanente and the City would work to formulate specifics components of a future expanded Kaiser TDM program prior to approval of the project.

This Master Response summarizes the *Kaiser Oakland TDM Recommendations*, May 2006, prepared by Nelson\Nygaard Consultant Associates, in coordination with the City, based on work prepared by Altrans consultants, and aims to respond to the key comments received regarding TDM (recommended measures, parking supply and costs, pedestrian and bicycle facilities, timing of implementation, and program effectiveness and monitoring). Topics not addressed within this scope of this Master Response are responded to individually in the following chapters. The *Kaiser Oakland TDM Recommendations* report by Nelson\Nygaad and the City, is included in Appendix A to this Final EIR and is incorporated by reference in a revised TDM Mitigation Measure, along with the Altrans report.

This summary of the TDM Program outlined in the TDM Recommendations report is organized by the following three components: goals, improvements to achieve required mode split, additionally improvements and implementation and evaluation.

TDM Program Goals

1. To maintain the current mode split (baseline) into the future. *(CEQA topic)*

2. To reduce single occupancy vehicle (SOV) trips, and thus reduce impacts on air quality and traffic congestion to the maximum extent feasible. *(CEQA topic)*

3. To reduce parking demand and lessen parking impacts on adjacent neighborhoods. *(Non-CEQA topic)*

4. To promote the City of Oakland's Transit First! Policy. *(Non-CEQA topic)*

5. Promote urban design by reducing the number and size of parking facilities. *(Non-CEQA topic)*

Effect of TDM Program on Impacts Identified in the Draft EIR

The Draft EIR identified five significant unavoidable impacts associated with traffic and air quality. Since the proposed TDM program would reduce the amount of traffic generated by the project, the contribution of project to these impacts would be reduced, in some cases to less-than-significant levels. However, due to uncertainties in the result of the TDM program and to present a more conservative analysis, these impacts would continue to be considered significant and unavoidable. The effects of the proposed TDM program on each significant unavoidable impact are summarized below:

- Impact B.1a - The Broadway/51st Street/Pleasant Valley Avenue intersection would operate at LOS F during the PM peak hour under 2010 conditions. The impact is significant unavoidable because the project would increase delay on a critical movement by more than the threshold significance. As stated on page IV.B-27,.the PM peak hour trip generation would need to be reduced by 173 trips to reduce impact to less-than-significant. This corresponds to a 10.2 percent reduction in drive-alone mode split by project buildout.

- Impact B.2a - The Broadway/51st Street/Pleasant Valley Avenue intersection would operate at LOS F during the PM peak hour under 2025 conditions. See discussion above on Impact B.1a on reducing the impact to a less than significant level.

- Impact B.2b - The Broadway/West MacArthur Boulevard intersection would operate at LOS F during the PM peak hour under 2025 conditions. The impact is significant unavoidable because the project would increase delay on a critical movement by more than the threshold significance. As stated on page IV.B-37,.the PM peak hour trip generation would need to be reduced by 70 trips to reduce impact to less-than-significant. This corresponds to a 4.1 percent reduction in drive-alone mode split by project buildout.

- Impact B.3a - The Broadway/51st Street/Pleasant Valley Avenue intersection would operate at LOS F during the PM peak hour under 2025 conditions and the project would contribute more the five percent of the cumulative traffic. See discussion above on Impact B.1a on reducing the impact to a less than significant level.

- Impact B.3d - The Broadway/ West MacArthur Boulevard intersection would operate at LOS F during the PM peak hour under 2025 conditions and the project would contribute more the five percent of the cumulative traffic. See discussion above on Impact B.2b on reducing the impact to a less than significant level.

- Impact C.2 – Traffic generated by the proposed project would result in emission of PM-10 to surpass the significance threshold. As stated on page IV.C-22, daily trip generation would need to be reduced by 350 trips to reduce impact to less-than-significant. This corresponds to a 2.5 percent reduction in drive-alone mode split by project buildout.

Revised Mitigation Measures in the Draft EIR

Given the detailed information provided in the *Kaiser Oakland TDM Recommendations* report and Altrans report developed in the since publication of the Draft EIR, the following new text shall replace the second bullet of **Mitigation Measure B.1a** on DEIR page IV.B-27; and the second bullets of **Mitigation Measures B.2a** and **B.2b** on DEIR pages IV.B-35 and IV.B-36, respectively; as follows:

> **The City adopts as the Transportation Demand Management (TDM) program recommendations made in the May 2006 Nelson/Nygaard Consulting Associates report entitled *Kaiser Oakland TDM Recommendations* (Appendix A to the Final EIR). As detailed in the TDM Recommendations report, the TDM program:**
>
> **a) contains certain TDM goals and specific travel mode-split goals,**
>
> **b) describes the current Kaiser TDM program and their current (Non-Single Occupancy Vehicle (SOV)) mode-split of 23.7%**
>
> **c) provides for mandatory TDM components to maintain, at a minimum, the current Non-SOV mode split of 23.7% into the future,**
>
> **d) contains goals for future, increased mode split to further achieve the TDM goals and to reduce to the maximum reasonable and feasible extent the significant and unavoidable impacts to air quality and traffic,**
>
> **e) describes mandatory components to be implemented in January 2007 to increase the current mode split,**
>
> **f) contains a menu of additional potential TDM components that my be implemented to further achieve TDM goals, and**
>
> **shall be funded, reported, evaluated, monitored, enforced and revised as necessary. Specifically, the effectiveness of the program shall be regularly monitored by Kaiser's TDM coordinator/consultant and the results reported in writing to the City. If determined necessary by the City, the written monitoring reports may be peer reviewed at Kaiser's sole cost and expense. The City may require**

adjustments/revisions to the TDM program to better achieve the stated TDM goals and Kaiser shall implement said adjustments /revisions.

Also, Mitigation Measure C.2 on DEIR page IV.C-22 is replaced with the same revised text of Mitigation Measure B.1a.

Additionally, pursuant to the recommendations for a Construction Worker TDM Program outlined in the Nelson\Nygaard report, the following text is added to the second to last bullet of Standard Condition B.10 regarding construction worker parking on DEIR page IV.B-65 as follows:

- **Subject to City review and approval, prior to start of construction, the project sponsor shall implement a construction worker transportation demand management (TDM) program encourage construction workers to carpool or use alternative transportation modes in order to reduce the overall number of vehicle trips associated construction workers. The Sears parking garage, located at Telegraph Avenue and 27th Street, with access from 27th Street, was recently acquired by Kaiser to provide construction worker parking. This garage has a capacity of about 560 striped parking spaces, with the potential to provide a minimum of 120 additional spaces with stacked, or valet parking, for a total of 680 parking spaces. Shuttles would transport workers between the parking garage and construction site.**

Master Response D: Kaiser Permanente OMC Master Plan and Zoning District (KX)

Background

Master Plan. The fundaments of the Kaiser Permanente OMC Master Plan is described in the Draft EIR in text and tables starting on page III-9 of the Project Description (Chapter III). The information in the Master Plan supplements the Master Plan described in the Draft EIR and does not alter any assumptions or conclusions made in the Draft EIR, other than those identified in this Final EIR.

Zoning Regulations. As described in on page III-22 of the Draft EIR, the City of Oakland proposes to create and rezone the project site and certain adjacent properties to a new Kaiser Permanente OMC Zoning District, as preliminarily delineated in Draft EIR Figure III-4. Since publication of the Draft EIR, the City and Kaiser Permanente have worked together to develop the Kaiser Permanente OMC (KX) Zone Regulations - the comprehensive set of land use regulations that would be consistent for the long term development of the entire medical center and that would incorporate tailored regulations for specific issue areas, such as where the project would directly abut single family residential uses.

A notable change that has occurred through development of the KX Regulations compared to what is described in the Draft EIR is that the AAA site is no longer part of the project site (see

Chapter II of this FEIR), and thus would not be proposed for rezoning. Also, consistent with the Draft EIR discussion, the KX Zoning District would include all properties within the Kaiser Permanente OMC that are currently owned by Kaiser Permanente. As described in the Draft EIR, the new zoning district would apply as an overlay district to properties that are not owned by Kaiser Permanente but that are proposed to be rezoned[3] and that application of an overlay zone would allow the existing (underlying) zone regulations associated with that underlying district to apply. However, the KX Regulations propose that upon approval of Design Review (in accordance with the KX Regulations) and conditions of approval, and with consent of the property owner, the KX Regulations (zoning, standards, guidelines, regulations and other requirements for the development and use of property) would govern the use and development of that property. The draft proposed KX Zone Regulations are provided in Appendix A to this Final EIR.

Public Review. The environmental impacts of both the Master Plan and Zoning District have been fully analyzed in the EIR. The draft Zoning District was made publicly available on May 5, 2006, the draft Master Plan on May 8, 2006, and both were considered by the Planning Commission on May 17, 2006. Opportunity for public comment on the draft Master Plan and Zoning District will continue throughout the project review process.

Overview of Master Plan and KX Zone Regulations

This section provides an overview of the proposed Kaiser Permanente OMC Master Plan and KX Zone Regulations and in doing so aims to respond to the few public comments received on these topics and the proposed General Plan Amendment. Overall, comments raised concern 1) the inappropriateness of a Master Plan for which all the specific development for each phase is not detailed or funded, 2) the omission of discussion of specific Kaiser Permanente sites within the Master Plan, 3) the lack of time for adequate public review and analysis of a new zoning district not detailed in the Draft EIR, 4) the inappropriate application of the proposed zone on specific properties, and 5) the growth-inducing nature of rezoning undeveloped parcels not proposed for developed under the Master Plan.

Master Plan

The revised project described and analyzed in Chapter II of this FEIR is the long-range (2020) Kaiser Permanente OMC Master Plan Project which consists of 1.78 million square feet of medical center uses on approximately 19.5 acres (reduced from 20.6 acres with removal of AAA site). One of the purposes of an EIR is to analyze the impacts of a proposed project. A project does not need to be funded to complete the environmental review process. As described below and consistent with the project described in the Draft and Final EIR (referred to throughout as "EIR"), the proposed KX Zoning District would limit development within the proposed KX

[3] These would include a motel and apartment building at the northeast corner of Manila Avenue and West MacArthur Boulevard; and an automotive repair use at the northeast corner of Howe Street and MacArthur Boulevard. None of these properties are proposed for redevelopment or General Plan Amendment as part of the proposed project.

District to 1.78 million square feet. Site 8, which currently includes Kaiser Permanente's 1,600-square foot magnetic resonance imaging (MRI) trailer – uses that would shift to other locations within the OMC, is the only site for which no developed space is explicitly programmed. However, Site 8 is included within the project area and therefore would likely be a landscaped area unless some of the 1.78 million square feet of development capacity was moved to Site 8 from elsewhere within the KX District.

The proposed Master Plan document provided in Appendix B to this Final EIR includes a detailed narrative description that aligns with the proposed Zoning Regulations (discussed below); design goals, objectives, principles, and guidelines; several figures depicting specific aspects of the Master Plan; and conceptual illustrations of the project.

General Plan Amendment and KX Zoning District and Regulations

The project proposes a General Plan Amendment to apply the Institutional General Plan land use designation to the properties that comprise the OMC Campus. While the Institutional land use designation does allow a floor area ratio (FAR) up to 8.0, the proposed KX Zoning District discussed below will insure that development is limited to 1.78 million square feet as discussed and analyzed in the EIR. The project does not propose an "Institutional Zone".

The project proposes the creation of a new KX Zoning District and accompanying Master Plan which will ensure that the project described in the EIR is implemented as it is set forth in the EIR. The purpose of the KX Zoning District and Master Plan is to implement the project described in the EIR. The proposed KX District sets forth development standards that limit development to 1.78 million square feet and establishes development standards consistent with the project described in the EIR. Specific standards and requirements included in the KX Regulations address permitted and conditionally permitted activities and facilities; minimum lot dimensions; maximum floor area; maximum height for new construction; and provisions for signs; landscaping, buffering, and screening; demolitions; and skybridges, consistent with the Master Plan. The KX Regulations also outline design review procedures and criteria and procedures for amending the Master Plan. The KX Zoning District and Master Plan are tools to implement the project described in the EIR; they do not introduce new project elements or development standards.

KX District Zones and Areas of Concern. The KX District is comprised of four zones that apply to different areas of the project site.[4] Areas where the OMC campus directly abuts residential uses or residentially-zoned properties are provided particular consideration.

A particularly sensitive area is along Manila Avenue. A segment of the neighborhood has concern with the inclusion in the proposed KX District of the portions of the project site (Site 7) that "panhandle" to Manila Avenue. These parcels are currently within the R-70 zone and will

4 The **KX-1 zone** is intended for those properties west of Broadway; the **KX-2 zone** is intended for those properties south of MacArthur Boulevard; the **KX-3 zone** is intended for those properties north of MacArthur Boulevard and east of Broadway; and the **KX-4 zone** is intended for all properties on the east side of Manila.

therefore be included in the proposed KX-4 zone and be subject to the development standards of that zone as well as the requirements of the Master Plan, discussed below. This application of the KX-4 zone to these properties is not reflected in the Kaiser Permanente Master Plan or ZX Zoning District Regulations in Appendix B and C to this Final EIR, however this revision will be updated to reflect this prior to approval by the City. Regardless of the existing and proposed zoning, both of the panhandle areas are proposed as landscaped areas, including a Kaiser Permanente Serenity Garden (with removal of the previously proposed 34-space surface parking lot; see Chapter II of this FEIR).

Also related to Manila Avenue, during the circulation of the Draft EIR several of the property owners on the east side of Manila Avenue offered their houses for sale to Kaiser Permanente and several of these houses have been acquired by Kaiser. These properties are currently zoned R-70 High Density Residential and are proposed to be included in the new KX District. They will remain subject to the regulations of the R-70 District, except that while the properties are included as a part of the Kaiser Permanente OMC they may only be used for the following activities: (i) single family residential uses; (ii) sleeping rooms for medical center staff; or (iii) temporary housing for families of members receiving long-term care at the Kaiser Permanente Oakland Medical Center. These restrictions, which are more restrictive than otherwise allowed under the current R-70 zoning regulations, are intended to demonstrate to the community that Kaiser Permanente does not intend to extend new medical services into the adjacent neighborhood.

Public concern was raised that the “Institutional zoning” (under a misconception that an 8.0 FAR would be permitted) would be out of scale with the Piedmont Avenue area properties. The proposed KX District and Master Plan identify this area (north of MacArthur, east of Broadway) as an area where the current Kaiser Permanente structures would be retained. Any new construction in this area would be subject to the development standards of the KX-3 zone, which would have a maximum building height limit of 85 feet, which is further limited to 53 feet for parking structures abutting residentially-zoned property.