



St. Joseph's Medical Center of Stockton Hospital Expansion Project

City of Stockton
Master Development Plan
August 2023

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1 Introduction

1.1 St. Joseph’s Medical Center Hospital Expansion

The Dignity Health St. Joseph’s Medical Center (the “Medical Center”) is a primary provider of a comprehensive array of medical services to the City of Stockton, San Joaquin County and the Northern San Joaquin Valley (an area that encompasses the foothill counties of Calaveras and Tuolumne). The operator of the Medical Center and owner of the properties that constitute the main campus is a nonprofit entity, Port City Operating Company, LLC, doing business as St. Joseph’s Medical Center of Stockton. (The operator is referred to in this Master Development Plan as “St. Joseph’s,” the structures are referred to as the “Medical Center,” and the main physical location is referred to as the “Medical Center campus.” The owner of properties, unless otherwise specified, is Port City Operating Company, LLC (“PCOC”). The current Medical Center campus traces its roots to 1899, with the opening of a 25-bed hospital at the same N. California Street location where the Medical Center resides today. Over more than 120 years of operation, the Medical Center has gradually expanded through the construction of multiple buildings to support emergency services, acute care, neonatal intensive care, outpatient services, comprehensive cardiovascular and oncology care, and a women’s and children’s health center. The primary service area now reaches more than 384,000 residents of the City of Stockton. The secondary, regional service area extends north to Lodi and south to Manteca and Tracy and into the foothill counties of Calaveras and Tuolumne.

The mission of St. Joseph’s expressly includes a focus on improving the health of “those who are vulnerable.” A significant segment of the Medical Center’s patient base are residents that qualify as “low income” under area median income standards. The census tracts for the service area also qualify under California screening standards as “disadvantaged.” Finally, under the Regional Opportunity Index, the area in which the Medical Center is located has been designated as an area in need of investment to thrive. The Medical Center provides significant public health and employment opportunities for vulnerable communities that will be enhanced by the expansion.

Over the years, the Medical Center also has developed an important presence as a teaching hospital, with Graduate Medical Education operating within the Medical Center. Graduate Medical Education includes traditional medical and graduate-level medical training, as well as schools of nursing, pharmacy, physical therapy, and others. The professional and technical training opportunities provided at the Medical Center support the attraction and retention of physicians (both as faculty and residents completing residency programs) and other health care and supporting technical professionals in Stockton and the Northern San Joaquin Valley.

The current main Medical Center campus consists of approximately 18.7 acres, spanning multiple parcels. Most of the available land has permanent buildings or paved surface-level parking, which is a physical constraint to expanding buildings to provide enhanced medical care to serve the growing region. Several of the older existing buildings are underutilized. The surface-level parking presently is located in a central portion of the campus, occupying land that could otherwise be available to expand both patient services and Graduate Medical Education.

Expansion of the Medical Center must be carefully phased in order to minimize stress on Medical Center staff and patient services, and also ensure that adequate patient beds remain available throughout construction. As a new medical building opens for use, State-mandated seismic retrofits and other modernizations can be completed as may be necessary in other buildings within the Medical Center campus that will be renovated but not replaced.

Due to the site constraints, St. Joseph's also relies upon off-campus properties to house medical support services, out-patient treatment, behavioral health services, and a portion of staff parking. The off-campus properties are incorporated into the Master Development Plan to provide a comprehensive framework of development standards for the Medical Center. Off-campus properties will also be used for modular structures or other temporary structures for non-acute care services, business services, and staff support during the expansion as building construction is phased over time. If necessary for future phases, additional off-campus properties may also be acquired and then used for parking, either on a temporary or permanent basis. The Master Development Plan allows for future expansion of the boundaries of lands within the scope of this planning tool as may be necessary for additional growth and flexibility in the provision of medical services to serve the community and region.

This Master Development Plan (which hereafter may also be referred to herein as "the Plan"), including both narrative, exhibits, and reports included in the Appendix is the foundation for the expansion. ***The Plan is intended to provide a single, unified concept for future growth that will be implemented for the Medical Center.*** The Plan is intended to identify maximum proposed construction for the Medical Center campus. St. Joseph's retains the discretion to modify building scope and size so long as the parameters fit within the approved standards of the Plan.

The Plan includes a Site Master Plan that depicts a new main hospital building ("Acute Care Hospital Tower"), a new multi-level Parking Structure, construction of a new Central Utility Plant, and the expansion of the existing Generator building and other required support facilities within the Medical Center boundaries. Future opportunities for additional medical buildings and required parking to serve such facilities are also included as part of a longer-term planning horizon.

The Medical Center expansion requires removal of buildings that are no longer in use and are outdated and underutilized. Construction of new buildings will proceed in carefully determined phases to maintain continuous patient services, and there will be strategic use of temporary (modular) structures as the expansion is completed over several years. As the demolition and removal of underutilized buildings begins, existing non-acute care services, business services, and staff support functions will be moved into locations with modular structures. Some modular structures may remain in place after completion of the new acute care hospital tower as needed to bridge the timing during which new buildings and seismic and other interior retrofits in existing buildings are completed.

The construction phases described in the Plan are conceptual and subject to revision after development of detailed construction plans for new buildings to ensure that the impact to patient services is appropriately managed throughout the completion of the expansion. Initial conceptual plans developed by St. Joseph's indicate that existing surface parking will be removed in the first phase, with temporary parking located both within the Medical Center campus and also at off-campus locations. The new Parking Structure and Acute Care Hospital Tower will then be constructed

to allow for acute care services to be centralized and co-located on the Medical Center campus. The Plan describes this staged construction as Phases 1 through 4. This phased renovation will significantly enhance the use of available lands in a way that serves patients, staff and visitors more effectively. As noted, the phased construction is necessary to ensure that there is no interruption in critical care patient services during construction.

Phase 5 of the Plan includes options on the Medical Center Campus for future expansion. A “Future Phase” also is described that would require off-campus properties (currently not identified) for additional expansion. The Plan also identifies seismic retrofit requirements that are known at the time of approval of the Plan, and which have been considered in the accompanying environmental analysis. Seismic retrofits are separately described as the “Seismic Retrofits” phase. Anticipated phasing is depicted in Table 4.3-1, in Chapter 4, Section 4.3.

Each of these separate phases is identified in the Plan and constitutes the “Project.” The Plan provides the framework to support this phased expansion of the Medical Center.

Medical service delivery changes frequently with technology enhancements, which requires flexibility in entitlement approvals. Flexibility will be supported by principles set forth in this Plan. The Plan will provide development standards, design parameters, and implementation tools to allow construction phasing and building design, site planning and building usage that meet evolving needs of the community and the region.

1.2 Entitlements and Related Land Use Approvals

Consistent with the Chapter 16.140 of the Stockton Municipal Code (the “Municipal Code”), the Plan becomes the foundational entitlement to implement long-term development of and vision for the Medical Center. Within the Plan framework and after City review as required by the Municipal Code, the following permits and variances will be incorporated as approved in the Plan:

1. Use Permits (for continued operation of Medical Services as may be required under the Municipal Code and for existing and future heliport(s) or helicopter parking areas, as described in the Plan)
2. Demolition Permits (as described in Chapter 4)
3. Temporary Activity or Administrative Use Permits (as described in Chapter 4) to accommodate relocation of existing uses during construction and as a bridge during completion of building expansion, seismic retrofits, or other interior renovations, or as may be needed in the future for emergency services during a disaster or surge in need for medical services, such as a pandemic)
4. Deviations from the Municipal Code (as described in Chapter 6)
5. Other Permits that may be required for implementation of portions of the Plan (e.g., building permit for removal of surface parking as required under Municipal Code section 15.04.250)
6. Tentative Parcel Map to conform legal parcel lines to existing and proposed new buildings within the Medical Center campus, remove obsolete map references, and provide for abandonment of utility easements for utilities that will be subject to relocation.

The Master Development Plan includes a Site Master Plan and an “Overlay Site Plan” for Options A and B that are explained further in Chapter 4 (see Figures 4.2-1 and 4.2-2). The two (2) options allow for different configuration of support buildings and are incorporated to provide an example of the intended future flexibility for Site Master Plan implementation. The Site Master Plan identifies construction of the Acute Care Hospital Tower over the previously abandoned portion of McCloud Avenue that crosses the Medical Center properties. The remaining public utility easement will be abandoned as part of the Project through the approval of a new tentative parcel map. Public and private utilities located below McCloud have been evaluated and a conceptual plan for relocation of the utilities is part of the Project. The tentative parcel map will include a condition of approval to implement the relocation plan.

The tentative parcel map will consolidate eight (8) existing legal parcels that comprise a portion of the Medical Center campus. Chapter 3, Sections 2.2.1 and 3.1 provide the historical background of the existing buildings and legal parcels. The proposed tentative parcel map is described in Chapter 7, Section 7.11. In addition to the creation of one new legal parcel, five (5) small parcels will be submitted for merger through the administrative procedure provided by the City’s Subdivision Ordinance, Section 16.200.030(B). Lot line adjustments may be necessary thereafter to accommodate building footprints or parking entrances after final building design is completed. Any lot line adjustment(s) will be processed through the administrative procedure provided by the City’s Subdivision Ordinance, Section 16.200.200.020(B). If approved and after completion of any conditions on the tentative parcel map, the final parcel map, the notice of lot merger, a deed reflecting any lot line adjustments, and a certificate of lot line adjustment will be filed with the County Recorder and resulting parcels considered part of the Plan without further amendment.

Use Permits govern each of the existing buildings on the Medical Center campus, generally with one Use Permit per building. A Use Permit also is in effect for the existing heliport (i.e., UP S27-86), and this Use Permit will remain in effect. The approval of the Plan coordinates, in one document, the applicable Use Permits and provides a comprehensive framework for future reference as the Site Master Plan is implemented over time. Buildings that are to remain in place will continue to operate, buildings that are to be demolished will be identified and, if less than 50 years old, will be subject to a Demolition Permit under Section 16.220.105(B) of the Municipal Code prior to removal, with pertinent approvals.

This Plan also identifies those buildings over 50 years old. Any historic significance of each of these buildings is evaluated in a Historic Resources Inventory and Evaluation Report to allow the City to determine the extent of further discretionary review that may be required in advance of the removal of any buildings.

The new (replacement) buildings will be evaluated for both infrastructure needs and public service requirements through the entitlement process. Through Development Standards and Design Guidelines that are specific to the Plan, a framework for phased implementation of the Site Master Plan will be developed and implemented, removing the requirement for ongoing amendment of Use Permits and ensuring a coordinated approach to development of the Medical Center campus.

The Plan will also provide the framework for temporary (modular) structures, both on the Medical Center campus and off-campus (through leased or purchased land or buildings). The allowance of

modular structures will support the phased implementation of the Site Master Plan with no interruption in medical services.

After approval of the Master Development Plan by the City of Stockton, it is anticipated that all of the buildings that are part of the expansion will be subject to review and approval by the California Department of Health Care Access and Information (State HCAI, previously known as the Office of Statewide Health Planning and Development). The jurisdiction of State HCAI is delineated in California Administrative Code section 7-103, Chapter 7¹, and is updated from time to time.

By way of general overview, State HCAI is designated as the “enforcing agency” for specified health facilities, and has jurisdiction over plan checking and inspection of the design and details of the architectural, structural, mechanical, plumbing, electrical, and fire and panic safety systems, as well as the observation of construction.² The scope of authority of State HCAI includes general acute care hospital buildings, as well as central plant buildings and non-building structures that provide utility service to buildings under State HCAI jurisdiction. A non-hospital building may also fall under State HCAI jurisdiction if the building contains elements required for an acute care hospital, duplicative or supplemental hospital services are provided in a building, utilities or related systems feeding a building under State HCAI jurisdiction passes through or under a non-HCAI building, or a building is removed from acute care service and remains under State HCAI jurisdiction for other enumerated reasons.³ Planning and zoning authority is retained by the local agency (i.e., the City of Stockton) and other local agencies (e.g., air quality and water authorities) retain jurisdiction over permits.⁴

The important consideration for purposes of the Plan is that State HCAI will approve final building design and construction (including fire safety requirements) that may result in changes to the design and construction of the new buildings. The Plan will allow for modifications necessary after State HCAI review.

1.3 The Master Development Plan Tool

The Master Development Plan is the primary land use and regulatory document that establishes the vision, standards and strategies used to guide development of the Medical Center over time and the foreseeable future. The Plan is intended to provide flexibility and simplify the Project planning and review process by providing the City’s decision makers with comprehensive information to guide, manage, implement and monitor the development of the Medical Center. The Plan will grant decision makers of the future the ability to interpret and, if necessary, amend the Site Master Plan and related Development Standards and Design Guidelines to meet unanticipated changes in the delivery of medical services.

¹ See also California Health and Safety Code sections 129675 and 129680 and Title 24 Section 1.10.

² See Code Application Notice, Facilities Development Division, Office of Statewide Health Planning and Development “OSHPD Jurisdiction” (Appendix, Attachment 1) (Effective 7/15/2013 and revised 1/10/2017) p. 2 (copy on file with City Community Development, and referenced in this document as “OSHPD Jurisdiction.”).

³ See OSHPD Jurisdiction, at p. 4.

⁴ See OSHPD Jurisdiction, at p. 6.

The Plan includes the vision and objectives of the Project, summarizes site constraints and opportunities, and establishes the policies and standards that both control and provide flexibility for build out of the Site Master Plan. The Plan consists of the following Chapters:

Chapter 1 – Introduction

Chapter 2 – Vision and Objectives

Chapter 3 – Project Setting

Chapter 4 – Development Plan

Chapter 5 – Infrastructure and Services

Chapter 6 – Development Standards and Design Guidelines

Chapter 7 – Implementation

Chapter 8 – Administration

1.4 Relationship to City Plans and Policies

1.4.1 City of Stockton 2018 General Plan

The Medical Center is subject to the goals, policies general land uses and programs of the City of Stockton General Plan, adopted by the City Council in December 2018. The Medical Center expansion is consistent with the goals and policies of the General Plan. Several policies are specifically advanced by this Project.

Chapter 6 of the General Plan is devoted to “Community Health” and Goal CH-1 “Healthy People” describes a vision to “[s]upport the ability of the entire community to maintain healthy lifestyles,” which is supported and implemented through the Medical Center expansion. The expansion will also achieve other economic and public health objectives stated in the General Plan, and in particular the following Policies:

- Policy LU-4.1 “Encourage large scale development proposals in appropriate locations that include significant numbers of higher-wage jobs and local revenue generation....” and Action LU-4.1B (specifically referencing businesses in health care);
- Policy LU-4.2 “Attract employment- and tax-generating businesses that support the economic diversity of the city.”
- Policy LU-6.2 “Prioritize development and redevelopment of vacant, underutilized and blighted infill areas.”
- Goal CH (Community Health)-2: Restored Communities “Restore disadvantaged communities to help them become more vibrant and cohesive neighborhoods with high-quality affordable housing, a range of employment options, enhanced social and health services, and active public spaces.”
- Action CH-2.1C: “Develop incentives to promote reuse of distressed areas, such as through re-zoning, permit streamlining, density bonuses, and other appropriate tools.”
- Policy CH-2.2: “Stimulate investment through partnerships with private property owners, neighborhood groups, health and housing advocates, nongovernmental organizations, and other community supporters.”

- Action CH-2.2A: “...Encourage private investment in older neighborhoods. Cooperate in joint public-private partnerships to invest in older neighborhoods.”
- Action CH-2.2D: “Collaborate with non-profit partners and San Joaquin Public Health Services to attract medical clinics, mental health facilities, and pharmacies in areas that lack access to health care.”
- Policy CH-3.3: “Ensure that Stockton youth and adults have access to the services and resources they need to enhance and renew their vocational and professional skills for job readiness and retention.”

The expanded and modernized Medical Center campus will provide permanent employment opportunities at higher wage levels, while also expanding entry level and support positions that provide employment from a diverse population base. The expanded Graduate Medical Education program will attract physicians, other medical professionals, and technology professionals required to support modern medical facilities. Underutilized buildings will be removed in order to accommodate new buildings that will enhance medical services for the City and the region.

Finally, the Project will improve health care delivery for a patient base that includes a significant segment of people that qualify as low income. The Medical Center campus is located within close proximity to a Stockton neighborhood that qualifies as “disadvantaged” under California screening standards for census tracts. The capital investment will be significant and will enhance the neighborhood.

1.4.2 Zoning

Chapter 3 discusses in detail the current zoning and allowed uses. The Medical Center operates under the “Medical Services” land use definition in Section 16.240.020 of the Municipal Code, with all existing and future permanent uses falling within that definition in the Municipal Code. If any modular structures need to be located on a temporary basis on land that is not zoned “Commercial, General”(CG) or “Commercial, Office,” (CO), the Master Development Plan provides for issuance of Temporary Activity Permit(s) under Municipal Code section 16.164.030(B)(9) (Temporary Nonresidential Structures), or “Administrative Use Permits” for a temporary activity that will continue beyond one year, as required by Municipal Code section 16.164.030(B)(9) and Chapter 16.168. The ongoing operations of the Medical Center (both medical services and Graduate Medical Education) are allowed on both on the Medical Center campus and also the off-campus properties.

1.4.3 Other City Planning Documents that Affect the Medical Center Site

The City of Stockton Bicycle Master Plan (adopted December 5, 2017) incorporates N. California Street as a roadway that will implement additional bike lanes and a reduction of lanes devoted to vehicle travel. The Site Master Plan considered the design requirements for the Bicycle Master Plan and, as detailed in Chapter 5, will be consistent with those requirements.

1.5 Master Development Plan Related Documents

1.5.1 Environmental Impact Report

The St. Joseph's Medical Center Hospital Expansion Project Final Environmental Impact Report (FEIR), certified in accordance with the Environmental Quality Act (CEQA), examines the environmental impacts of the Plan and focuses on changes in the environment that will result from implementation of the Plan. The FEIR examines all phases of the Project, including planning, removal of buildings, visual impacts, construction, temporary uses, and occupancy. The FEIR will examine both new construction and anticipated seismic retrofits (i.e., the potential removal of the 4th Floor of the North Tower and addition of back-up water and gas tanks as required by State law). The FEIR also considers, to the extent known, impacts from Phase 5 of the Project that can be reasonably anticipated at the time of approval of the Plan, including but not limited to expansion that may be necessary for a future trauma center. The FEIR serves as the base environmental analysis for purposes of evaluating future requests for amendments to the Plan or the allowed uses, modifications, or any other required entitlements.

1.5.2 Development Agreement

St. Joseph's and the City of Stockton will execute a Development Agreement in accordance with Section 16.140.060 and also Chapter 16.128 (Development Agreements) of the Municipal Code. This agreement will establish required infrastructure improvements, the timing and method for financing improvements, and other specific performance obligations of St. Joseph's and the City. The Development Agreement also will identify how St. Joseph's meets the Community Amenity requirement of Section 16.140.070(D) of the Municipal Code. This component is discussed further in Chapter 4. The Development Agreement serves as a legal and binding contract between the City and St. Joseph's, runs with the land, and provides vested rights to develop the property.

1.5.3 Parcel Map and Parcel Mergers

As noted above, a tentative parcel map and parcel mergers are included in the entitlements, although the applications will be processed on a parallel path to the Plan and are subject to administrative review. The tentative parcel map and ultimately the final map will conform legal parcel lines to current and proposed buildings, remove obsolete references on earlier parcel maps, and facilitate the abandonment of easements as approved by the City or other easement holders.

2 Vision and Objectives

2.1 Vision Statement

St. Joseph's vision is to be known as the premier health care delivery network and teaching institution for the Northern San Joaquin Valley. The St. Joseph's Medical Center Hospital Expansion Project will accomplish the following:

- Provide a broad range of healthcare services to Stockton and the surrounding Northern San Joaquin Valley to further establish St. Joseph's Medical Center as a regional provider of health care services.
- Expand and modernize existing medical facilities to meet current patient needs, including the underserved population, and the anticipated growth in the Northern San Joaquin Valley.
- Broaden the established medical learning environment that serves as a premier teaching institution for the Northern San Joaquin Valley that will support historical and anticipated shortages of medical professionals in the region.
- Address seismic requirements imposed by Senate Bill 1953.

St. Joseph's, as the operator of the Medical Center, will continue to deliver quality, compassion, and innovative health care services by expanding existing facilities on the Medical Center campus and through development of a dynamic new facility to meet the growing needs of the City and the County for many decades into the future. As the Northern San Joaquin population grows, needs of the underserved are likely to increase as well. St. Joseph's mission from the inception has included compassionate and high-quality medical care to those in need. The modernized facilities will improve care for this segment of the population as well. To achieve this vision, the Medical Center must expand facilities in the near term to accommodate the current patient population, create space to accommodate innovative medical technologies and patient care methods and facilities, to continue to provide excellent patient care as the regional population grows, and to offer new medical training programs. If an opportunity or need arises for a future trauma center designation, the Medical Center must be able to adapt quickly to meet those needs.

2.2 Overview of Current and Proposed Expansion of Services

The complexities of health care have changed dramatically since the inception of the hospital in 1899 and will continue to do so. Today, St. Joseph's is the largest regional medical center in San Joaquin County with 355 beds, a medical staff of nearly 750 physicians, and 2,700 employees. Based on three (3)-year averages, annually St. Joseph's provides more than: 87,000 emergency room visits, 3,300 deliveries, 20,800 inpatient admissions, 5,600 inpatient and same day surgeries, 4,300 invasive cardiac procedures, and 174,000 visits for cancer care and other therapeutic diagnostic services. In Fiscal Year 2021, St. Joseph's also provided \$45.3 million in community benefit, including charity care, financial assistance programs, and community health improvement services.

A timeline depicting the expansion milestones in the development of the Medical Center is incorporated in Figure 2.2.1-1. This next expansion of the Medical Center, under the provisions of

this Plan, will allow for both new buildings and continued use of existing facilities to meet the ongoing medical needs of the greater San Joaquin region.

2.2.1 History of the Medical Center and Current Services

The Medical Center traces its roots to 1884, when Father William Bernard O'Connor purchased 9.234 acres of ground north of the City limits, facing California Street, Father O'Connor was ordained into the priesthood in Ireland, and arrived in California at the age of 27. The Archbishop of San Francisco was so impressed with this young priest's unusual ability, piety and zeal that he quickly appointed him to take charge of St. Mary's Church in Stockton. Father O'Connor saw the need for a home for aging men and originally purchased the 9.234 acres to serve this purpose.

When the City's leadership heard of the plans for a home for old men, a group of local physicians suggested construction of a hospital as well as a home, pointing out the community's growing need for a suitable local facility for general medical and surgical care.

Father O'Connor selected the name for the institution, St. Joseph's Home, and dedicated the home and hospital annex on St. Joseph's Day, March 19, 1899. The cornerstone was put into place on March 20, 1899. St. Joseph's formally opened under the supervision of the Dominican Sisters of San Rafael on December 21, 1899, with 25 hospital beds.

The small site gradually expanded over the next 120 years to meet the growing needs of the City and surrounding region. In 1902, St. Joseph's Training School for Nurses opened as the area's first nursing school. For 33 years, the training school, which earned a reputation for educational excellence, trained nurses to bring their expertise and skills to the sick and those in need. The school closed in 1938.

By 1916, crowded conditions in the original hospital forced the building of modernized facilities. Four (4) operating rooms were completed with modern appliances. The American College of Surgeons accredited the hospital in 1928, at which time St. Joseph's consisted of a medical and surgical department, an obstetrical department and the old men's home. In 1928, 44 doctors, 10 Dominican Sisters and nine (9) head nurses managed the facility. There were 45 men in the Home, 14 students enrolled in nursing school and 30 graduate nurses were on duty to care for patients in 125 beds.

As the population of Stockton and the surrounding cities increased, St. Joseph's continued to grow with the community. Expansions, which took place from 1950 through 1980, would see the hospital, still located on California Street, grow to more than 16 acres. With changes in medicine and the launch of the Medicare program, hospital construction and expansion boomed.

The hospital did not make another significant addition until 1954, when the North Wing was substantially completed. This expansion added 52 additional beds, a dietary department and a coffee shop. In 1962, St. Joseph's added the West Wing, which brought 90 new beds, large surgical suites with eight (8) operating rooms, a recovery room and intensive care unit. New laboratory and nuclear medicine departments were added in 1966 within the existing structures. In 1967, work began on a "coronary care unit," now called the East Wing, which was completed in 1970.

St. Joseph's opened the County's first dedicated Emergency Services Department in a hospital. Emergency Room doors opened on March 5, 1971, to provide emergency care 24 hours a day, seven (7) days a week.

As facilities expanded, so did the level of acute medical care. St. Joseph's has pioneered state of the art cardiac care by installing a cardioscope in the operating room in 1957, and in 1967 became one of the first hospitals in the nation to create a Coronary Care Unit. Laboratory facilities have been upgraded as well, including the opening of the first modern Cardiac Catheterization Laboratory in San Joaquin County in 1972, with additional upgrades in 1978. In 1984, cardiologists at St. Joseph's performed the first balloon angioplasty procedure in the County.

In keeping pace with the changes in medical technology in oncology, St. Joseph's opened the Sister Mary Pia Regional Cancer Center in 1988. The hospital has operated a dedicated oncology department since 1978.

Changes to the Medical Center also have occurred with changes in medical care service delivery models. By 1986, more than 40 percent of the hospital's surgeries were done on an outpatient basis. Recognizing the trends in health care delivery and making changes to meet the need, St. Joseph's opened its first outpatient surgery center in 1987.

In 1994, St. Joseph's began construction of the Heart Center, which opened in 1996 and brought all diagnostic and interventional cardiovascular areas into one location improving efficiency and patient care. This expansion also enhanced outpatient surgery and emergency services.

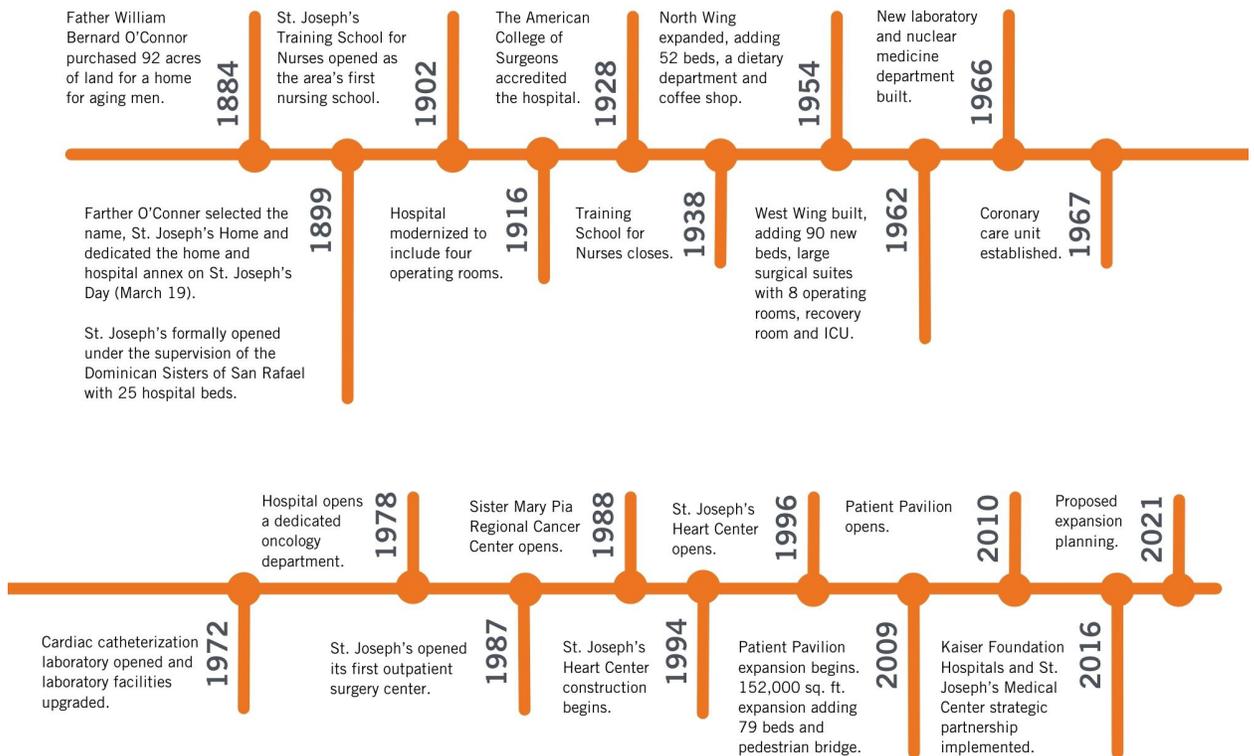
The latest patient care expansion occurred in 2010 with the construction of the Women and Children's Pavilion. This building is a four-level, 152,000 square foot hospital building for women and children with 79 new beds and connected to the hospital building with a pedestrian bridge. Services include a surgical unit, maternity ward, ICU/ NICU (Level III) and patient beds to provide services to premature or severely ill newborns requiring special observation, equipment, and care.

Through compassionate care at the Behavioral Health Center, treatment also is provided for depression, anxiety, psychiatric disorders, and chemical dependencies by a team of psychiatrists, doctors, and other licensed professionals. Consistent with the mission of St. Joseph's, the Behavioral Health Center provides behavioral evaluations to anyone in need at no charge.

In May 2016, Kaiser Foundation Hospitals and Dignity Health implemented a strategic partnership through a non-profit joint venture, Port City Operating Company, LLC. The purpose of the Joint Venture is to strengthen, support, manage and preserve a durable, high quality health care system for the community of Stockton and the surrounding area. This partnership and joint ownership of the Medical Center has allowed for expansion of access to medical care at St. Joseph's for residents of San Joaquin County, further expansion of medical services to meet community need, and actualization of St. Joseph's Mission of improving the health of the people served, especially those who are vulnerable.

Figure 2.2.1-1 History of St. Joseph’s Medical Center

History of St. Joseph's Medical Center



The Medical Center campus now consists of numerous buildings that have been built, updated and remodeled over the course of 120 years. A detailed description of the location of the campus and the existing buildings on the Medical Center campus is provided in Chapter 3.

2.2.2 Expansion Under the Master Development Plan

The Project will achieve multiple structural renovations as well as construction of new facilities, each described in detail in Chapter 4. By way of overview, the structural changes will include the following: (1) add additional beds to accommodate projected population and patient growth to 2036; (2) with the additional space, provide necessary flexibility to implement the seismic retrofits and minimize impacts to patient care, (3) continue the modernization of existing facilities to accommodate new clinical technology and changing patient care needs; (4) provide flexible interior spaces that allow for the conversion of some existing acute/medical surgical beds to single occupancy rooms with the capacity to convert to semi-private rooms to meet short-term increases in patient census for circumstances similar to the recent pandemic; (5) expand facilities for local residency training programs; and (6) optimize use of available land for medical and educational services by converting surface parking to a Parking Structure. In addition, the Project

will facilitate seismic retrofit requirements of Senate Bill (SB) 1953 (also known as the Alfred E. Alquist Hospital Seismic Safety Act of 1983) by (1) possible removal of the 4th Floor of the building known as the “North Tower,” (2) provide for the installation of water, sewer and fuel storage as required by State law, and (3) cosmetic exterior structural engineering retrofits on all existing patient towers.

The Project will enhance capacity to support growth, including the anticipated expansion of medical and surgical subspecialty services, including robotic and minimally invasive surgery, oncologic surgery, urologic surgery, and gastrointestinal surgery; neurology and stroke care; and advanced imaging services. The service line expansion will also support academic program development. The modernized buildings will enhance the healing environment for patients. With more efficient use of existing land, each of the following Project Objectives is achievable.

2.2.3 Graduate Medical Education

In addition to providing medical services for the City and the region, the Medical Center serves as a training center for physicians, nurses and other health care and technical professionals. As of July 2021, the Medical Center had 96 medical and surgical residents in seven (7) areas of specialty including Family Medicine, Internal Medicine, General Surgery, Emergency Medicine, Psychiatry, Anesthesia and Transitional Year. Additional residency programs to be accommodated in the expanded facilities include Neurology, Urologic Surgery, Orthopedic Surgery and Interventional Radiology. St. Joseph’s also offers experiences for medical school and physician assistant students from Touro University Medical School and other programs, and plans to add fellowships for advanced post-residency specialty training in Critical Care, Cardiac Anesthesia, Cardiology, and Gastroenterology. It is anticipated that availability of these specialists will reduce outmigration from the region for sub-specialty care to the Bay Area and Sacramento and meet more of the needs of the Northern San Joaquin Valley’s underserved population.

As the Plan is implemented and when all of the residency programs are fully operational, it is anticipated that there will be over 200 medical and surgical residents and as many as 350 medical student rotations at the Medical Center. In addition to physician training, over 600 nursing, pharmaceutical, physical therapy, and other health and technical professionals will be trained on the Medical Center campus. Each of these programs will address historical and anticipated continuing shortages of doctors and medically trained professionals and improve access to care for the residents of Stockton, the County and the region.

2.3 Project Objectives

1. Provide a broad range of healthcare services to Stockton and the surrounding Northern San Joaquin Valley to further reinforce the Medical Center as a regional provider of health care services.
2. Expand and modernize existing medical facilities to meet current patient needs and the anticipated growth in the Northern San Joaquin Valley.

3. Broaden the established medical learning environment that serves as a premier teaching institution for the Northern San Joaquin Valley that will support historical and anticipated shortages of medical professionals in the region.
4. Address seismic requirements imposed by Senate Bill 1953.
5. Implement a Site Master Plan that maximizes the use and redevelopment of underutilized property to provide new opportunities for the construction of modernized, acute care facilities.
6. Expand medical facilities to complement current areas of medical specialization with medical care and sub-specialty patient care to reduce outmigration from the region for health services.
7. Modernize facilities to enhance the healing environment and create flexible room configurations to adapt to potential for surges in demand.
8. Provide improvements to existing buildings and facilities as well as new and innovative facilities on the Medical Center campus to ensure sufficient flexibility in responding to health care delivery requirements for unanticipated health events, including disaster preparedness.
9. Provide facilities that will complement and enhance the provision all levels of health care to the City's lower income and non-insured patients in order to remove transportation obstacles to obtain treatment.
10. Include design elements (e.g., for helicopter transport) that will allow for a future transition of the Medical Center to trauma center designation, should regional needs arise in the future.
11. Provide additional parking in close proximity to medical buildings for patients, their visitors and Medical Center staff.
12. Provide a more accessible and visible main hospital entrance and Emergency Department entrance on N. California Street that promotes safety, accessibility and is easy to navigate for all visitors, including patrons with mobility challenges.
13. Create safe and comfortable pedestrian pathways and rest areas that provide outdoor places for family members and staff to have moments of respite during the day and evening.
14. Provide additional employment for all educational levels as well as additional economic benefit to the City through immediate construction-related employment followed by the additional local spending by the increased Medical Center employment base.
15. Update existing utility connections to accommodate enhanced medical services and provide sufficient emergency back-up for expanded capacity.
16. Maximize the efficient use of existing and very limited available land and buildings while building replacement and modernization is underway.
17. Improve circulation for all modes within and to the Medical Center campus.
18. Provide options for expanded heliport landing, take-off and helicopter parking area to provide for (a) back-up landing areas, (b) improved access to the expanded and re-located Emergency

Room, (c) a possible future increase in medical transport services (including for a trauma center), and (d) transport of medical supplies by unmanned aerial vehicles (drones).

2.4 Flexibility for the Future

The Medical Center, a place of healing and teaching, is subject to the same dynamic market conditions and changes in circumstances as those experienced by the community as a whole. In light of the role the Medical Center has in the community as a provider of health care services, flexibility in the interpretation of the Plan is essential to the ability to respond to rapid, as well as long term, changes in circumstances. For example, recent significant events illustrate the dynamic nature of the physical, social and economic environments: The Great Recession commencing in 2007, and the adoption of the Affordable Care Act in 2010 both caused a significant re-set in healthcare delivery and financial models, with continued rising health care costs and reduced reimbursements through government programs. The COVID-19 Pandemic that began in 2019 and was officially declared in 2020 (referenced as the “2020 Pandemic”) demonstrated the need for rapid flexibility to meet urgent critical care needs in a high-patient volume environment. Unanticipated events such as these, coupled with accelerating innovation in medical technology and the delivery of health care, logically call for flexibility to change the uses within buildings on the Medical Center campus, to expand or relocate uses to improve the efficient delivery of care, to utilize temporary (modular) structures to bridge gaps in construction of new permanent buildings or the completion of seismic retrofits or other interior renovations, and to build new facilities to accommodate new technologies, services and staff.

The phased plan will provide for efficient expansion by co-locating related patient service lines within the same buildings or buildings located close to each other. Based on the strategic phasing of construction (i.e., relocation of emergency and surgical services), each phase can be implemented with far less interruption to patient and visitor experiences. Areas adjacent to newly-constructed patient care buildings will provide room for expansion.

St. Joseph’s has operated the Medical Center through a series of expansions since 1899. The Plan honors this tradition and investment in the community by recognizing St. Joseph’s right to continue, expand, renovate, modernize and relocate existing uses at the Medical Center within the Plan boundaries, including as those boundaries may be adjusted over time. Chapter 8 will set forth criteria to categorize such changes as either being in substantial conformity with the Plan or giving rise to a need to amend the Plan. The guiding principle in relation to substantial conformity is that of being consistent with the spirit and intent of the visions, goals and policies of the Plan.

3 Project Setting

3.1 Site Description: Existing Buildings, Parking, and Unimproved Properties

This Chapter identifies the existing uses at the Medical Center, while Chapter 4 details the expanded uses allowed by the Master Development Plan and depicted in the Site Master Plan. This Chapter also discusses in greater detail the currently under-utilized buildings that will be demolished to facilitate the Medical Center expansion.

The Medical Center (including off-campus properties) consists today of 28 buildings, numerous accessory structures, and surface parking that have been built, updated and remodeled over more than 120 years. The Main Hospital Building is located at 1800 N. California Street, approximately one (1) mile northeast from the City's downtown historic core, approximately four (4) miles east of Interstate 5, and three (3) miles west of Highway 99. Without adjustments to the current site plan and demolition of those structures that are underutilized or would require significant modernization, it is not possible to add new buildings to serve the growing population of the City, the County, and the region.

The Medical Center campus is bound on four (4) sides with arterial and tertiary roadways (E. Harding Way, N. California Street, Cemetery Lane, E. Cleveland Street) and divided by two (2) other roadways (E. Maple Street and McCloud Avenue). The 25 buildings within these boundaries are referred to as "on-campus." Entities related to PCOC also own several parcels west of N. California Street that are considered part of the Medical Center and are within the scope of the Plan.

Properties and buildings that are outside the boundaries of the Medical Center campus are referred to as "off-campus." Off-campus properties owned by PCOC or Dignity Health Medical Foundation include three (3) buildings, seven (7) properties with surface parking, and one (1) unimproved property. All properties owned by PCOC or Dignity Health Medical Foundation are identified on Figures 3.1-1 and 3.1-2.

Nearly all patient services are currently provided in buildings south of McCloud Avenue. These include the Main Hospital building, Outpatient Surgery, Heart Center, Cancer Center, West Wing, East Wing, North Wing, Administration Wing, Southeast Wing, South Wing, and Women and Children's Pavilion. Support services for the Medical Center are primarily housed in the basement of these buildings. Administrative Services are primarily housed in the Administration Wing, West Wing, Main Wing, and in the McCloud building. Also on this side of the campus is a green space that is not intended for public use but rather to provide a respite area for Medical Center staff. This respite area is between technical support buildings and also has provided extra storage capacity during the 2020 Pandemic surge and through the approval date of the Plan. Amongst the grouping of buildings, and particularly along the bounding street frontages, are landscaped gardens with mature trees.

Five (5) buildings currently provide patient care services: East Wing, North Wing, South Wing, Women and Children's Pavilion, and the Southeast Wing. Two other buildings (Main Wing and McCloud Building) that are part of this central complex are under-utilized because the buildings

cannot house acute care functions based on building age and seismic compliance retrofits that are cost-prohibitive.

North of McCloud Avenue is a surface parking lot for staff, campus Plant Maintenance facilities, a laboratory/Graduate Medical Education building, engineering building, classroom building, and a single-family residence. The single-family residence is unoccupied, but it is owned by PCOC and will be demolished for the Medical Center expansion.

Outside of the Medical Center campus boundaries, and within approximately 0.2-miles, is the Dignity Health St. Joseph's Behavioral Health Center ("Behavioral Health Center"), an acute care psychiatric hospital. The facility provides a comprehensive range of mental health services, both inpatient and outpatient.

Buildings have been demolished, replaced, and modernized over the years. The original hospital building, constructed in 1899, was demolished in approximately 1960 to clear the path for construction of the West Wing in 1962. A more recent significant building added to the campus was in 1995, with the completion of the Heart Center and expansion of the Outpatient Surgery Center. The most recent building addition was in 2010, with the addition of the St. Joseph's Women and Children's Pavilion.

The most recent significant renovations were completed in 2017, inclusive of a 25-bay Emergency Room expansion on the first floor in the Heart Center, a fourth Cardiac Catheterization Lab and Hybrid Operative Suite on the second floor of the Heart Center, a 10-bed expansion (Med-Surg/Telemetry) and expansion of eight (8) beds (an increase to 30 beds) in the Neonatal Intensive Care Unit in the Women and Children's Pavilion. Finally, in 2022, a renovation of the second floor of the Heart Center was completed with the addition of a new Electrophysiology Lab.

Existing Medical Center conditions as of September 17, 2021, are listed in Table 3.1-1 and are depicted on Figure 3.1-3. The age of these buildings ranges from the 105-year-old Main Hospital Wing to the most recent construction of the Women and Children's Pavilion in 2010. Off-campus properties and buildings are incorporated into the boundaries of the Medical Center for the purpose of the Plan. All on and off-campus buildings and properties owned by PCOC or Dignity Health Medical Foundation are identified on Figures 3.1-4 and 3.1-5. The complete list of each parcel within the Plan is provided in Chapter 4, Table 4.1-1

Table 3.1-1 Existing Building Summary

#	Building Name	Year Built*	HCAI (Formerly OSHPD)	Use
1	Main Hospital Wing	1916	Yes	Administration
2	North Wing	1957	Yes	Medical Services
3	South Wing	1962	Yes	Medical Services
4	West Wing	1962	Yes	Medical Services/Admin
5	East Wing	1970	Yes	Medical Services
6	Administration Wing	1972	Yes	Administration
7	Southeast Wing	1978	Yes	Medical Services
8	Cafeteria	1982	Yes	Support
9	Heart Center	1994-5	Yes	Medical Services
10	Outpatient Surgery	1987	Yes	Medical Services
11	Cancer Center	1988	Yes	Medical Services
12	Main Hospital Entrance	1987	Yes	Visitors/Admittance
13	Utility Plant	1990	Yes	Support
14	Hazardous Materials Storage	1917	Yes	Support
15	Women and Children's Pavilion	2010	Yes	Medical Services
16	Generator Enclosure	2009	Yes	Support
17	Water Tank/Thermal Energy Water Tank	1991	No	Support
18	Cooling Tower Yard	1991	Yes	Support
19	Pedestrian Corridor	2010	Yes	Support
20	McCloud Building	1928	No	Administration
21	Plant Maintenance Building	1983	No	Support
22	HCCL Building**	1985	Partial (HCAI 3)	Support
23	Generator Building	2006	Yes	Support
24	Classroom Building	1957	No	Support
25	Single Family Residence	1979	No	Housing
26	Dignity Health Medical Foundation	2011	No	Medical Services
27	Behavioral Health	1960	Yes	Medical Services
28	Duplex Residence	1950	No	Housing

**Building dates are based upon records from St. Joseph's or, if unavailable, the State HCAI web page: <https://hcai.ca.gov/construction-finance/facility-detail/>. State records will reference certain structural features (i.e., elevators) as "buildings." This Table does not include structural features that are integrated into a building as a separate building because the date of construction is relevant to the requirements for a Demolition Permit, which would include the building.*



PARCEL MAP

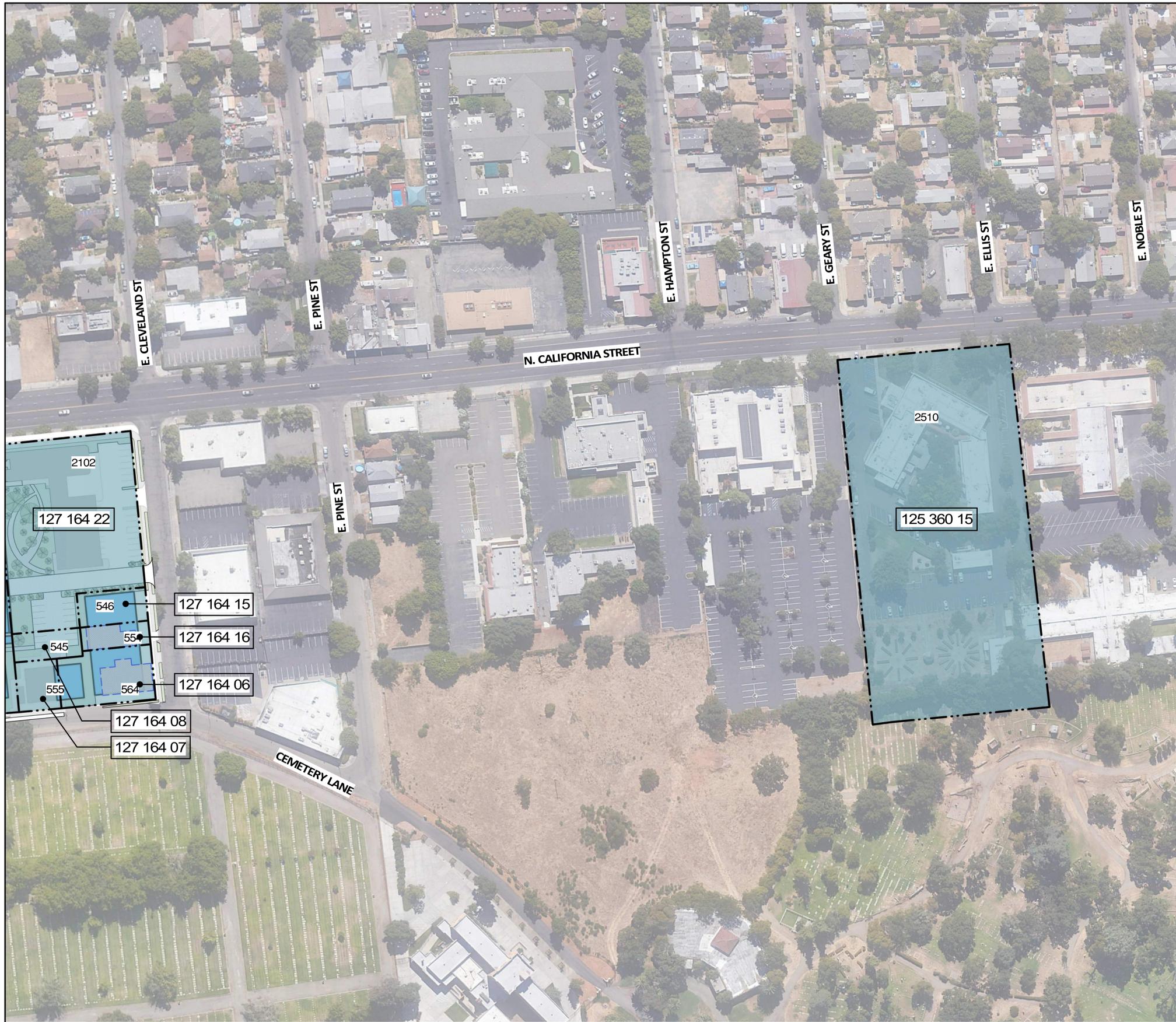
AUGUST 2023

St. Joseph's Medical Center Hospital Expansion Project

DIGNITY HEALTH



3.1-1
PARCEL MAP



LEGEND

-  PROPERTY LINE
-  PARCEL OWNED BY PORT CITY OPERATING COMPANY
-  PARCEL OWNED BY DIGNITY HEALTH MEDICAL FOUNDATION

127 180 44 APN NUMBER -TYP.
 1800 STREET ADDRESS -TYP.



PARCEL MAP - NORTH

AUGUST 2023

St. Joseph's Medical Center Hospital Expansion Project

DIGNITY HEALTH



3.1-2
 PARCEL MAP - NORTH



EXISTING SITE PLAN

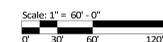
AUGUST 2023

St. Joseph's Medical Center Hospital Expansion Project

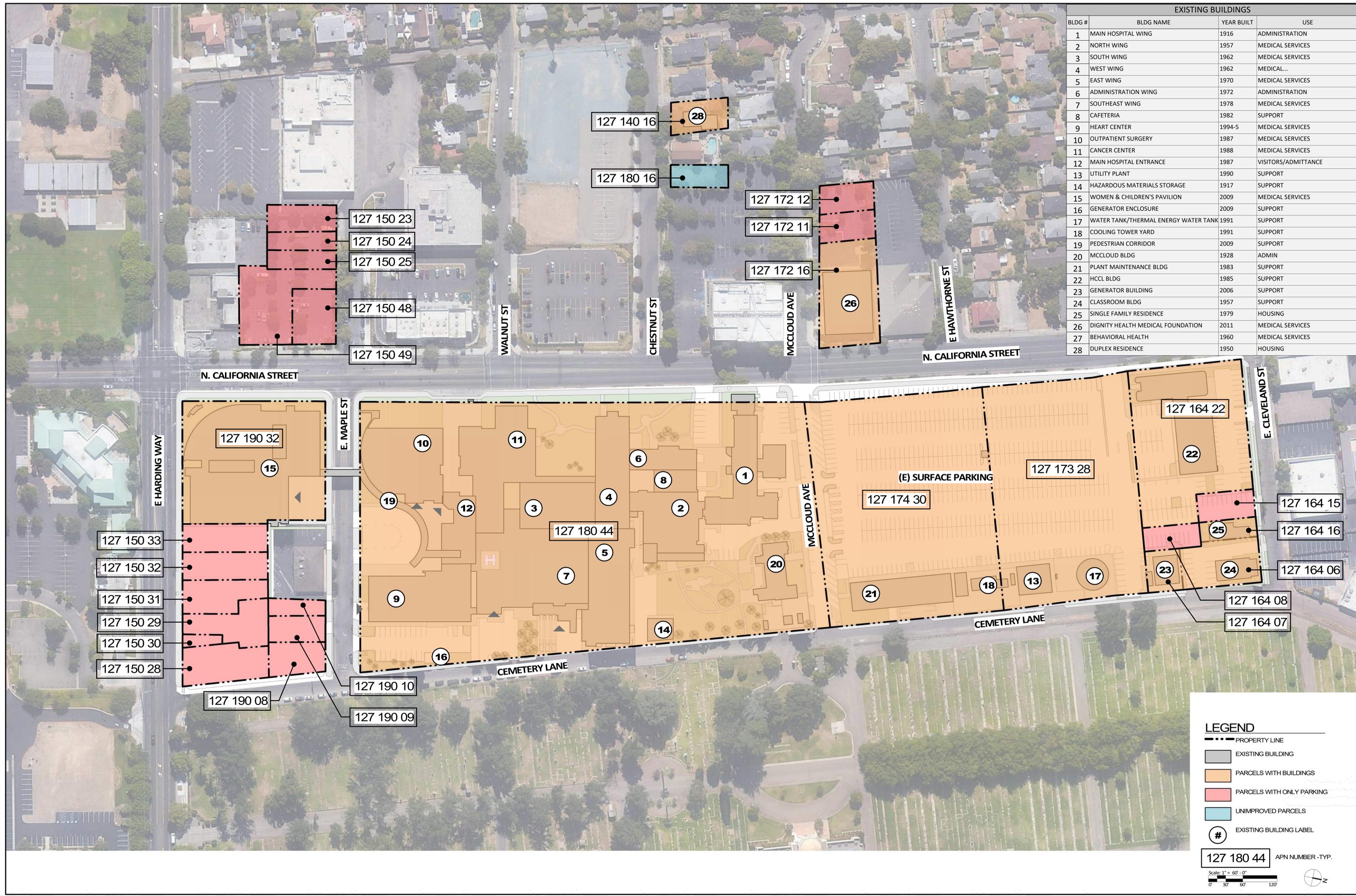
DIGNITY HEALTH



3.1-3
EXISTING SITE PLAN



EXISTING BUILDINGS			
BLDG #	BLDG NAME	YEAR BUILT	USE
1	MAIN HOSPITAL WING	1916	ADMINISTRATION
2	NORTH WING	1957	MEDICAL SERVICES
3	SOUTH WING	1962	MEDICAL SERVICES
4	WEST WING	1962	MEDICAL...
5	EAST WING	1970	MEDICAL SERVICES
6	ADMINISTRATION WING	1972	ADMINISTRATION
7	SOUTHEAST WING	1978	MEDICAL SERVICES
8	CAFETERIA	1982	SUPPORT
9	HEART CENTER	1994-5	MEDICAL SERVICES
10	OUTPATIENT SURGERY	1987	MEDICAL SERVICES
11	CANCER CENTER	1988	MEDICAL SERVICES
12	MAIN HOSPITAL ENTRANCE	1987	VISITORS/ADMITTANCE
13	UTILITY PLANT	1990	SUPPORT
14	HAZARDOUS MATERIALS STORAGE	1917	SUPPORT
15	WOMEN & CHILDREN'S PAVILION	2009	MEDICAL SERVICES
16	GENERATOR ENCLOSURE	2009	SUPPORT
17	WATER TANK/THERMAL ENERGY WATER TANK	1991	SUPPORT
18	COOLING TOWER YARD	1991	SUPPORT
19	PEDESTRIAN CORRIDOR	2009	SUPPORT
20	MCCLOUD BLDG	1928	ADMIN
21	PLANT MAINTENANCE BLDG	1983	SUPPORT
22	HCCL BLDG	1985	SUPPORT
23	GENERATOR BUILDING	2006	SUPPORT
24	CLASSROOM BLDG	1957	SUPPORT
25	SINGLE FAMILY RESIDENCE	1979	HOUSING
26	DIGNITY HEALTH MEDICAL FOUNDATION	2011	MEDICAL SERVICES
27	BEHAVIORAL HEALTH	1960	MEDICAL SERVICES
28	DUPLEX RESIDENCE	1950	HOUSING

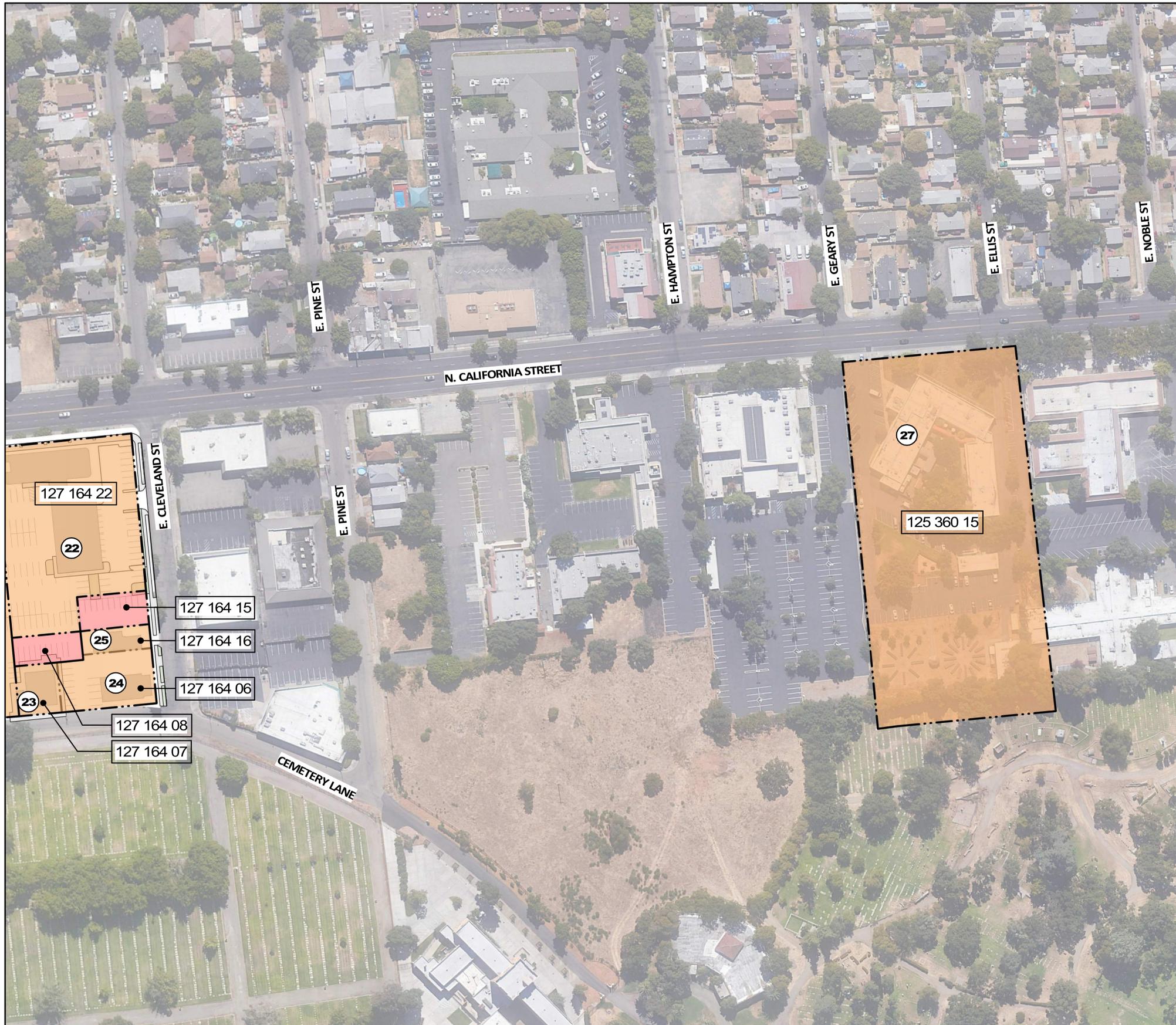


EXISTING BUILDING/PARCEL MAP
AUGUST 2023

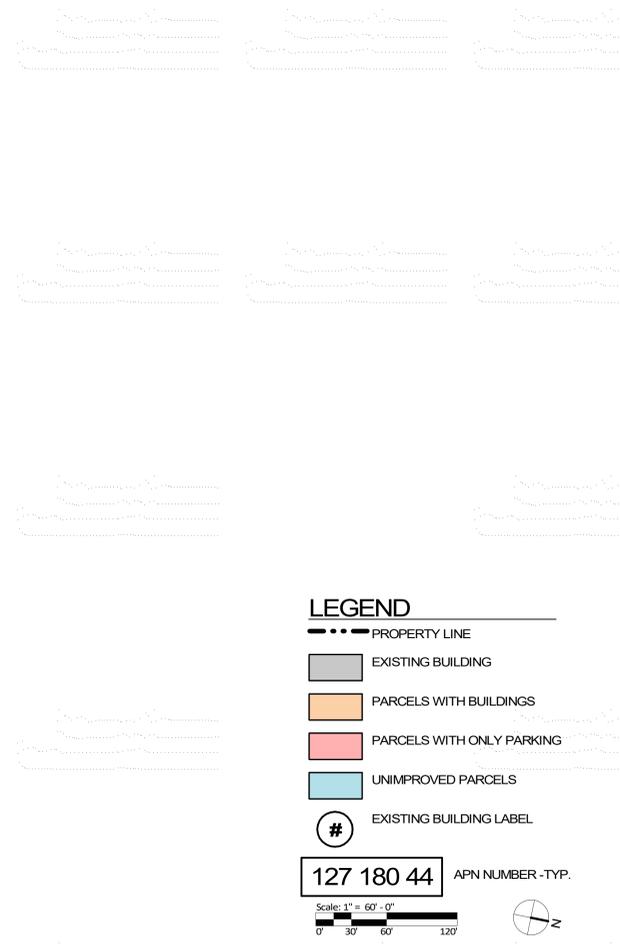
St. Joseph's Medical Center Hospital Expansion Project
DIGNITY HEALTH



3.1-4
EXISTING BUILDING/PARCEL MAP



EXISTING BUILDINGS			
BLDG #	BLDG NAME	YEAR BUILT	USE
1	MAIN HOSPITAL WING	1916	ADMINISTRATION
2	NORTH WING	1957	MEDICAL SERVICES
3	SOUTH WING	1962	MEDICAL SERVICES
4	WEST WING	1962	MEDICAL...
5	EAST WING	1970	MEDICAL SERVICES
6	ADMINISTRATION WING	1972	ADMINISTRATION
7	SOUTHEAST WING	1978	MEDICAL SERVICES
8	CAFETERIA	1982	SUPPORT
9	HEART CENTER	1994-5	MEDICAL SERVICES
10	OUTPATIENT SURGERY	1987	MEDICAL SERVICES
11	CANCER CENTER	1988	MEDICAL SERVICES
12	MAIN HOSPITAL ENTRANCE	1987	VISITORS/ADMITTANCE
13	UTILITY PLANT	1990	SUPPORT
14	HAZARDOUS MATERIALS STORAGE	1917	SUPPORT
15	WOMEN & CHILDREN'S PAVILION	2009	MEDICAL SERVICES
16	GENERATOR ENCLOSURE	2009	SUPPORT
17	WATER TANK/THERMAL ENERGY WATER TANK	1991	SUPPORT
18	COOLING TOWER YARD	1991	SUPPORT
19	PEDESTRIAN CORRIDOR	2009	SUPPORT
20	MCCLOUD BLDG	1928	ADMIN
21	PLANT MAINTENANCE BLDG	1983	SUPPORT
22	HCCL BLDG	1985	SUPPORT
23	GENERATOR BUILDING	2006	SUPPORT
24	CLASSROOM BLDG	1957	SUPPORT
25	SINGLE FAMILY RESIDENCE	1979	HOUSING
26	DIGNITY HEALTH MEDICAL FOUNDATION	2011	MEDICAL SERVICES
27	BEHAVIORAL HEALTH	1960	MEDICAL SERVICES
28	DUPLEX RESIDENCE	1950	HOUSING



EXISTING BUILDING/PARCEL MAP - NORTH

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DIGNITY HEALTH



3.1-5
EXISTING
BUILDING/PARCEL
MAP - NORTH

***This building is known as the Dr. Henry and Silvia Wong Medical Education Building. Functional descriptions are used in the table for reference purposes in the Plan.*

The buildings identified as 26, 27, and 28 (i.e., the Dignity Health Medical Foundation, the Behavioral Health Center, and a Duplex Residence) are off-campus, but are considered within the Medical Center boundaries for purposes of the Plan. No changes in use are contemplated for these three (3) buildings and no development obligations are required under the Plan. **However, the off-campus properties are included in the Plan because future uses on these off-campus properties will be governed by the administrative procedures in Chapter 8.**

One (1) off-campus unimproved property is located on E. Chestnut Street. The location of this property is indicated on Figure 3.1-4. **This property is not proposed for use during Phases 1-4, but is included within the scope of the Plan and any future use will be governed by the administrative procedures in Chapter 8.**

Seven (7) off-campus properties and nine (9) on campus properties are currently in use as surface parking (these properties are located on Figure 3.1-4). The five (5) parcels located at the intersection of E. Harding Way and N. California Street and the nine (9) parcels located at E. Harding Way and Cemetery Lane will be available for and used for parking and/or temporary (modular) structures during Phases 1-4 of the Project. Modular structures may remain in place beyond Phases 1-4 pursuant to approved Administrative Use Permits as needed as a bridge between building phases, including a future Phase 5. Two (2) parcels on McCloud Avenue west of N. California Street are currently used as parking to support the Dignity Health Medical Foundation. These properties are not proposed for any modified use during Phases 1-4 and are intended to remain parking serving the Dignity Health Medical Foundation.

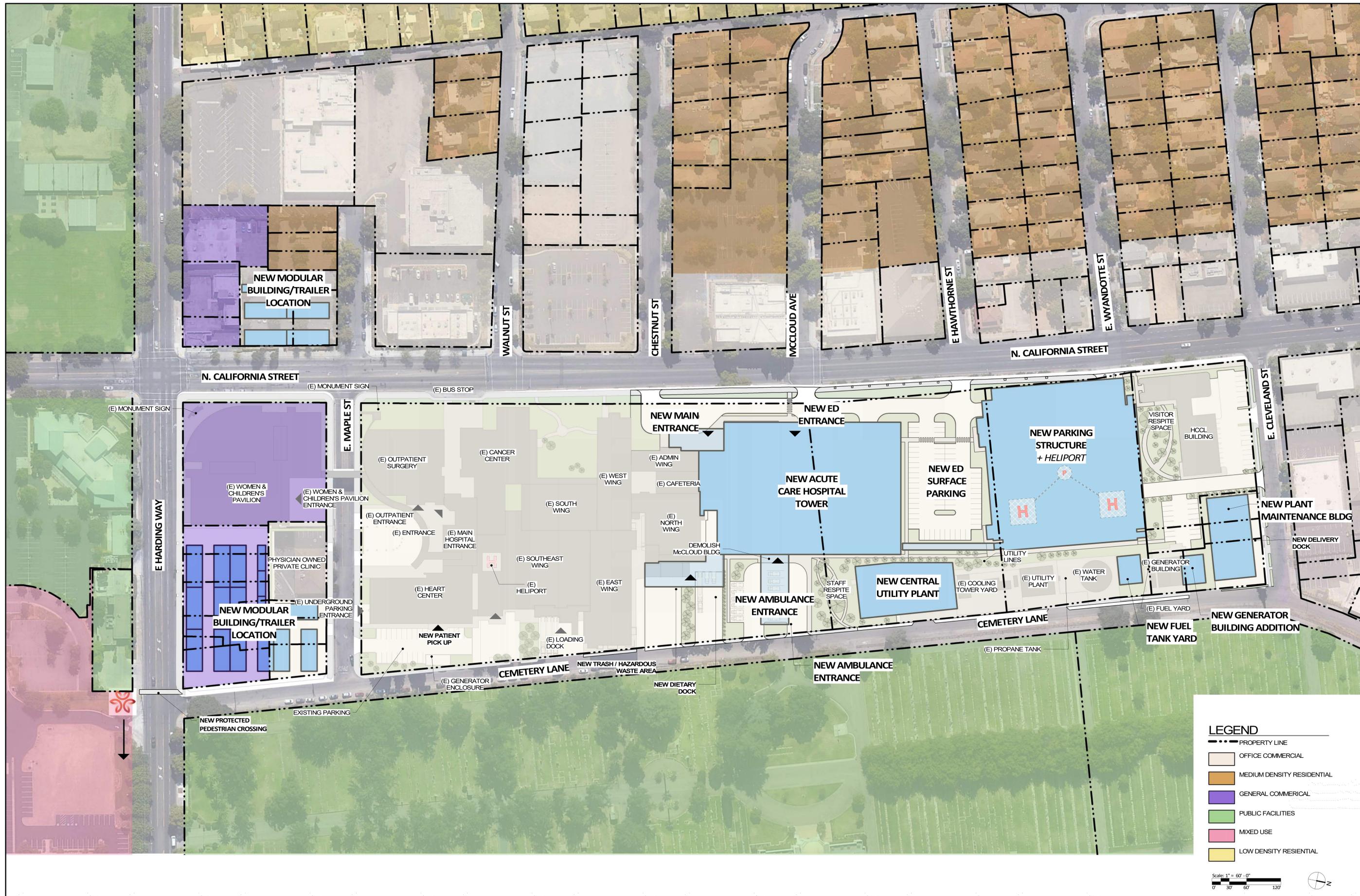
As listed above, the Medical Center currently houses a wide range of uses including a variety of medical services, administration, laboratories, Graduate Medical Education and classrooms, chapel, a single-family residence, and Plant Maintenance and support buildings (e.g., Central Utility Plant, generator, cooling tower, water tank, wells, pumps, and similar infrastructure facilities). The Cafeteria building is considered a support structure as it houses the main point of entry for electrical and communication infrastructure for the Medical Center.

3.1.1 Existing Medical Center

The existing Medical Center is comprised of the buildings listed above. Each building is listed in Table 3.1-2 (Existing Building Summary) and depicted on the Existing Site Plan (Figure 3.1-3). These buildings accommodate the following medical services: Cancer Institute, Emergency services, Family Birth Center, NICU, Heart and Vascular Institute, Neurological services, Patient Navigator services, Rehabilitation services, Surgical services, Diabetes services, Hyperbaric Oxygen Therapy, Lifeline, Orthopedic, Palliative Care, Pediatrics, Pulmonary Function Lab, Radiology, Interventional Radiology, Gastroenterology, Laboratory services, and Spine Care.

3.1.2 Project Location and Surrounding Community

The greater neighborhood surrounding the Medical Center campus is developed with medical clinics/offices to the north, the San Joaquin Catholic Cemetery to the east, medical clinics/offices, a behavior health center and City fire station to the south, and medical clinics/offices, residential, and commercial to the west. Surrounding General Plan Designations are Administrative



ZONING DIAGRAM

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3.2-1
ZONING DIAGRAM

Medical Center structures and supportive uses, as further described in Section 3.2.3. The Plan provides for the construction, over phases, of a new Acute Care Hospital Tower that will increase the patient bed count, modernize and expand the emergency department, update and modernize the current surgery department, and allow for future trauma center designation if community needs require this additional level of service. Each of these uses is within the definition of Medical Services in the Municipal Code.

Ambulance Services

The present-day ambulance entrance is located at the Southeast Wing, on Cemetery Lane. The Medical Center is served by several ambulance services, both public and private, but the Medical Center does not presently house a separate ambulance services storage or repair facility. This entrance has limited function due to inadequate parking and configuration for patient delivery.

Clinics and Laboratories

In addition to clinic and laboratory facilities integrated within the Medical Center, a separate Health Care Clinical Laboratory (HCCL) building is located at the northwest corner of the Medical Center. This building is not slated for removal, but will undergo renovation as part of this Plan and will continue to operate as part of the expansion incorporated into this Plan.

A privately owned medical clinic building is located within what are considered the Medical Center off-campus properties, south of E. Maple Street, within the CO zone. This building is not part of the expansion outlined in the Plan.

Other off-campus uses include the medical office building at 1901 N. California Street, and the Behavioral Health Center at 2510 N. California Street.

Health Related and Medical Related

The Medical Center campus includes several medical administration buildings, including the North Wing, the Administration Wing, and the McCloud Building that fall within the categories of “Health Related” and “Medical Related” in the Municipal Code. As described in Section 4.4, several of these buildings will be wholly or partially demolished as part of the Master Development Plan.

Part of the Medical Center’s mission is to serve as a Graduate Medical Educational facility. This educational function is integrated into the Medical Center facilities and is consistent with health and medical related uses under the Municipal Code. Currently, approximately 96 resident physicians are in training at the medical center, in a variety of specialties. St. Joseph’s also provides training to nurses, physical therapists, other health care professionals and technical support staff. The Graduate Medical Training program is integrated into the existing hospital and medical administration facilities. In addition, there is an existing stand-alone classroom at the northeast corner of the project. The classroom is identified for removal under the Plan.

3.2.2 Ancillary and Accessory Uses

The Medical Center includes various ancillary and accessory uses as well as temporary activities to provide supplemental services that are necessary to support operations. Ancillary uses are defined as uses that supports the principle or dominant use of a structure and are located on the

same parcel.⁸ Accessory uses are allowed if (a) identified in Table 2-2 of the Municipal Code as an allowed use if it were a “primary use” or (b) if the accessory use meets other specified criteria in the Municipal Code.⁹ These are described below.

3.2.3 Parking

The Medical Center includes both surface and underground parking. There are approximately 1,354 surface parking spaces distributed throughout the campus. Underground parking is located at the corner of E. Maple Street and Cemetery Lane and houses 266 stalls. Existing parking areas are shown on Figure 3.2.3-1 and an existing parking count summary is provided in Table 3.2.3-1. The current parking was approved by the City through a series of Commission Use Permits. (See Table 3.2.6-1, Item Nos. 12, 13, 18, 19, 23, and 25.)

Table 3.2.3-1 Existing Parking Summary

Parking Lot	Parking Stalls
Sanger	74
ED Lot	21
Underground Garage	266
North Lot	606
Administration Lot	7
Administration Overflow Lot	9
McCloud Avenue	24
HCCL North	29
HCCL South	21
Vendor/Maintenance	7
Other Parking	290
Total	1,354

All available lots, as well as curbside parking at surrounding streets, are fully used on a daily basis. The Plan proposes flexibility to allow per patient parking ratios from the code minimum of 2.0 stalls per licensed bed. Parking Option A includes up to 5.6 stalls per licensed bed as medical care may require to accommodate for seasonal surges, such as respiratory illnesses, and pandemics such as with the 2020 Pandemic.

In response to comments on the Draft EIR received from stakeholders, St. Joseph’s has also prepared an alternative parking option; i.e. Parking Option B, which reduces the size of the Parking Structure. The Master Development Plan does not, however, reduce the stated maximum parking ratio, and acknowledges that additional, yet to be identified, off-site parking may be required if the smaller Parking Structure is insufficient. Under Parking Option B, “Other Parking”

⁸ *Municipal Code Section 16.240.020.*

⁹ *Municipal Code Section 16.80.020(C) governs Accessory Uses and subsection (1)(b) details criteria for accessory uses that are not an allowed use.*

Professional to the north, Institutional to the east, Mixed Use to the south, and Administrative Professional and Medium Density Residential to the west. Surrounding City zoning designations are Commercial, Office (CO) to the north, Public Facilities to the east, Mixed Use, Commercial, Neighborhood (CN), and Public Facilities to the south, and Commercial, General (CG), Commercial, Office (CO), and Residential, Medium (RM) to the west.

3.2 Regulatory Setting

The City of Stockton’s General Plan (adopted December 2018) designates the existing Medical Center campus as Administrative Professional and Commercial. Existing on-campus zoning is Commercial, Office (CO) and Commercial, General (CG), and off-campus zoning is Commercial, Office (CO) and Residential, Medium (RM). Off-campus areas within the Master Development Plan are designated by the General Plan as Administrative Professional and Medium Density Residential. (Figure 3.2-1)

The CO and CG zoning designations are consistent with the General Plan Land Use Designations, which are Administrative Professional, and Commercial, respectively⁵. The RM zoning is consistent with the General Plan Land Use Designation of Medium Density Residential.

3.2.1 Medical Uses

“Medical Services” as a land use category is an allowed use in both the CO and CG zones.⁶

Medical Services is broken down into subcategories, as shown in the following Table 3.2.1-1.⁷

Table 3.2.1-1. Medical Services and Medical Center Zoning Districts

ZONE	CO – Commercial, Office	CG – Commercial, General
<i>Medical services</i>		
Ambulance service	A	P
Clinics and laboratories	P	P
Extended care	P	P
Health-related	P	P
Hospitals	C	C
Medical-related facilities	P	P

Key: P = Use Permitted, A = Administrative Use Permit Required, C = Commission Use Permit Required

Hospital

The Medical Center can be characterized as a hospital campus. Hospitals are allowed by Commission Use Permit (previously designated as a Conditional Use Permit) in both the CO zone, where the Main Hospital is located, and the CG zone, where the Women and Children’s Pavilion is located. The City of Stockton has approved a series of use permits over the years for various

⁵ See City of Stockton 2040 General Plan Table 2-1 and Municipal Code Section 16.16.020 regarding General Plan land uses and zoning consistency.

⁶ Municipal Code Section 16.20.020, Table 2-2.

⁷ Table 3.2.1-1 in this Master Development Plan is the relevant excerpt of Table 2-2 of the Municipal Code, Section 16.20.020 in effect on the date of adoption of this Master Development Plan.



EXISTING PARKING PLAN

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St. Joseph's Medical Center Hospital Expansion Project

DIGNITY HEALTH



3.2.3-1
EXISTING PARKING PLAN

is reduced by 110 stalls due to the longer-term placement of modular structures at the site located at E. Harding Way and Maple Street. Tables 4.2.5-1 and 4.2.5-2 include the parking counts under each parking option.

3.2.4 Physical Plant

The Medical Center campus includes a Plant Maintenance building, a utility plant, emergency generators, fuel tanks, water well, bulk oxygen tank, hazardous materials storage, and loading docks.

3.2.5 Heliport

The Medical Center presently includes one heliport located on top of the Southeast Wing of the Main Hospital. The heliport was approved through a conditional use permit (see Section 3.2.6) and is also permitted by the California Department of Transportation Aviation Division. A hospital heliport is defined as a restricted use airfield by the Municipal Code.¹⁰ The heliport currently receives approximately 15 unscheduled flights per month for emergency medical transport.

3.2.6 Emergency and Supplemental Services on a Temporary Basis

During the 2020 Pandemic and as needed during other health care surges, the Medical Center has conducted certain temporary activities in the exterior portions of the Medical Center campus. This primarily occurs over parking areas. Mobile imaging equipment and tents used for testing or vaccinations are common examples of such temporary uses.

3.2.7 Existing Use Permits

As discussed above, the primary land use for the Medical Center is an acute care hospital, which is an allowed use with approval of a Commission Use Permit (formerly a Conditional Use Permit; the Commission Use Permits and Conditional Use Permits are referred to collectively as “Use Permits.”). As the medical services expanded over the 120-year history of the Medical Center, the City issued a series of Use Permits dating back to 1953. The Use Permits attached to buildings that will not be demolished to accommodate the Medical Center expansion will remain in place.

The City records reflect Use Permits on buildings either never constructed or that have been demolished prior to approval of the Plan. In addition, the Plan contemplates removal of some buildings with existing, valid Use Permits. The Plan is intended to consolidate the remaining Use Permits for reference in one document and update City records regarding Use Permits that are no longer necessary and which will be terminated with Master Development Plan approval via a condition of approval. New or modified hospital uses and ancillary uses will be permitted under the plans, policies and standards of the Plan.

Table 3.2.7-1 describes Use Permits that will remain in place with the reference numbers corresponding to the labels on Figures 3.1-1 and 3.1-2. Table 3.2.7-2 identifies the Use Permits no longer necessary (facilities not constructed, previously demolished, or identified for removal under this Plan).

¹⁰ *Municipal Code Section 16.240.020 (Definitions).*

Table 3.2.7-1 Existing Use Permits That Will Remain In Place.

Item Number and APN	Use Permit Number and (Date)	Description
APN 127-190-32		
1	UP 022-53 (5/20/1953)	Addition to Main Hospital (4 floors); floors 1-3 are not affected by expansion.
2	UP 152-68 (1/17/1969) (amended)	Addition of East Wing to McCloud Building (not affected by expansion)
3	UP 060-75 (6/4/1975)	Construct a cooling tower on the Medical Center property (not affected by expansion)
4	UP 094-75 (8/29/1975)	Addition of Southeast Wing to hospital (not affected by expansion)
5	UP 015-81 (2/17/1981)	Addition of dining room and offices (interior use change; Use Permit not affected by expansion)
7	SUP 083-84 (11/20/1984)	Out-patient services building (not affected by expansion)
8	UP 081-85 (1/21/1986)	Adds Outpatient Surgery and Cancer Center (not affected by expansion)
10	UP 036-94 (7/14/1994)	Heart Center, Outpatient Surgery and Main Entrance (not affected by expansion)
11	VA 001-04 (5/26/2005)	Relevant to setback requirements for specified buildings (not affected by expansion)
12	UP 017-04 (5/26/2005)	Women's and Children's Center and parking (not affected by expansion)
APN 127-173-28		
13	UP 011-82 (3/9/1982)	Surface level parking bounded by Cemetery Lane, Wyandotte and Hawthorne (to be modified by expansion)
14	UP 063-91	Thermal Energy Storage System at Cemetery Lane (not affected by expansion)
APN 127-174-30		
6	UP 052-82 (7/6/1982)	Maintenance Building (not affected by expansion under Option B)
APN 127-180-44		
9	UP S27-86 (6/26/1986 and 7/8/1986)	Heliport (not affected by expansion)

Table 3.2.7-2 Use Permits That Are No Longer Necessary (Buildings Never Built, Previously Demolished or to be Demolished or Modified as Part of Expansion).

Item Number and APN	Use Permit Number and (Date)	Description
APN 127-190-32		
15	UP 01-60 (9/27/1965)	Addition to Chapel at 535 Walnut Street (no longer on Site).
16	UP 046-60 (9/27/1965)	Fourth floor on North and West Wing (to be demolished)
17	UP 087-66 (6/6/1966)	McCloud Building addition (to be demolished)
18	UP 140-66 (9/23/1966)	Old Chapel attached to McCloud building and parking (no longer on Site).
19	UP 003-70 (1/16/1970)	Addition of Administrative Building and parking (to be modified by expansion)
20	UP 161-70 (11/25/1970)	Addition of carpenter and machine shops to existing boiler room (no longer on Site).
21	UP 003-74 (1/30/1974)	Medical office building and parking (never constructed)
22	SUP S79-83 (12/20/1983)	Addition to hospital plus related facilities (never constructed)
23	UP 029-91 (4/29/1991)	Development of portion of Wyandotte Street for parking
24	UP 041-90 (4/30/1990)	Thrift Shop (no longer in existence)
25	UP 011-92 (4/30/1990)	Temporary Parking Lot (no longer in existence)
APN 127-150-08		
26	UP 148-66 (10/21/1966)	Prior Non-Medical Use. Present use is parking.
27	UP 084-61 (11/7/1961)	Prior Non-Medical Use. Present use is parking.
APN 127-150-29, APN 127-150-35*		
28	UP 073-91 (9/9/1991)	Thrift Shop, which no longer exists.
29	UP 41-90 (4/30/1990)	Thrift Shop, which no longer exists.
APN 127-150-32		
30	UP 067-63 (8/9/1963)	Veterinary Hospital (no longer present)/remodel of existing building. Present use is parking.

Table 3.2.7-2 Use Permits That Are No Longer Necessary (Buildings Never Built, Previously Demolished or to be Demolished or Modified as Part of Expansion). (Continued)

Item Number and APN	Use Permit Number and (Date)	Description
APN 127-190-08		
31	UP 023-52** (4/9/1952)	Parking. Includes fencing, landscaping and stall standards. Present use is parking

**This parcel was merged into APN 127-190-32 by recorded lot merger in 2007. The elimination of this Use Permit is included for purposes of clarity in City Records*

*** Although this use permit allows for parking, the parking and other related standards set forth in UP 023-52 are replaced with the development Standards of the Plan and hence this use permit is no longer necessary.*

3.2.8 Residential Uses

Residential uses are not allowed within the CO and CG zones and no residential uses are proposed. The Medical Center includes one legal, non-conforming, unoccupied single family residential unit at the north end of the property, which is owned by PCOC and is identified for demolition and removal under the Plan. This unoccupied home is located at 554 E. Cleveland Street and was built in approximately 1979.

4 Development Plan

4.1 Site Master Plan

The Site Master Plan for the expansion of the acute care services provided at the Medical Center presented in this Chapter serves as the foundation for the Master Development Plan. This is the framework for the planned expansion of the Medical Center over multiple phases over time and for the foreseeable future. As noted in Chapters 1 and 2 of the Plan, redevelopment and re-use of this under-utilized infill site requires flexibility in building design, location, height, and phasing. This flexibility will allow St. Joseph's the opportunity to:

- Provide a broad range of healthcare services to the community of Stockton and the surrounding Northern San Joaquin Valley to further establish St. Joseph's Medical Center as a regional provider of health care services.
- Expand and modernize existing medical facilities to meet current patient needs and the anticipated growth in the Northern San Joaquin Valley.
- Broaden the established environment that serves as a premier teaching institution for the Northern San Joaquin Valley that will support historical and anticipated shortages of medical professionals in the region.
- Address seismic requirements imposed by Senate Bill 1953.

The Site Master Plan and the narrative in this Chapter that explain the components of the Site Master Plan are separated into three (3) sections. Development under the Plan will occur as follows: (1) the "Initial Expansion" (Phases 1-4, and which will include site preparation and may also include building demolition in Phase 1, or otherwise in Phase 2); (2) a future "Phase 5 Expansion," which is expected to occur on the current lands within the Medical Center and under current control of St. Joseph's, and (3) a "Future Expansion," that likely will require additional nearby lands because of site constraints.

The properties that will be included in the Master Development Plan are listed in Table 4.1-1.

Table 4.1-1 Assessor's Parcel Numbers and Property Description

APN	Description
Existing Medical Center	
127-190-32	Women and Children's Pavilion
127-190-10	Surface Parking (Pavilion)
127-190-09	Surface Parking (Pavilion)
127-190-08	Surface Parking (Pavilion)
127-180-44	Main Hospital (1800 N. California Street)
127-174-30	Surface Parking, Engineering Shop, Cooling Tower Yard
127-173-28	Surface Parking, Utility Plant, Water Tank
127-164-22	HCCL Building
127-164-15	Surface Parking
127-164-06	Classroom
127-164-08	Surface Parking
127-164-07	Generator Building
127-150-33	Surface Parking (Pavilion)
127-150-32	Surface Parking (Pavilion)
127-150-31	Surface Parking (Pavilion)
127-150-30	Surface Parking (Pavilion)
127-150-29	Surface Parking (Pavilion)
127-150-28	Surface Parking (Pavilion)
127-164-16	Single-Family Residence (vacant)
Existing Off-Campus	
127-150-49	Surface Parking
127-150-24	Surface Parking
127-150-25	Surface Parking
127-150-48	Surface Parking
127-150-23	Surface Parking
127-180-16	Vacant Residential Lot
127-140-16	Duplex Residence
127-172-11 ¹	Surface Parking
127-172-12 ¹	Surface Parking
127-172-16 ¹	Medical Services (1901 N. California Street)
125-360-15	Behavioral Health Center (2510 N. California Street)

Note: Unless otherwise noted, all parcels are owned by Port City Operating Company, LLC doing business as St. Joseph's Medical Center.

¹ Owned by Dignity Health Medical Foundation

The Initial Expansion, which is anticipated to be built over four (4) phases, will include removal of existing buildings and other site preparation work, the construction of a new hospital building for the expansion of acute care services, along with a new Parking Structure, a new Central Utility Plant, Plant Maintenance building, and other required support facilities on the existing Medical Center. The new structures will complement and enhance the buildings identified in Chapter 3 that will remain in use both during the expansion and upon completion of Phases 1-4. Within the Initial Expansion, options in both location and square footage are provided for certain buildings to allow for flexibility in Master Development Plan implementation.

After completion of the Initial Expansion and as new buildings are occupied, there will be an opportunity for continued expansion of Acute Care Hospital services and required parking (if necessary) to serve the additional planned facilities. This next tranche of expansion is identified in the Plan as Phase 5. The additional parking to support Phase 5 expansion may be located off-campus and will be analyzed as part of future implementation of this Plan. (See Chapter 8.)

Finally, also within the policies and standards of the Plan, Future Expansion is identified beyond Phase 5 expansion. Due to constraints of available land within the Medical Center, it appears likely that Future Expansion, when it occurs, will be on some properties not currently controlled or that are only partially controlled by St. Joseph's. Future Expansion is included in the Master Development Plan at this time to provide the comprehensive planning approach to the continued growth of the Medical Center which is allowed by the Municipal Code and Master Development Plan. If necessary to accommodate the Future Expansion, the boundaries of the Plan may be enlarged to incorporate off-campus properties through the administrative process identified in Chapter 8.

Modular structures may be used during any Phase for non-acute care services, business services, and staff support functions to bridge the timing during which new buildings and seismic retrofits in existing buildings are completed.

The following Table 4.1-2 summarizes the expansion for each anticipated phase. Further information of existing and anticipated buildings approved under this Plan is depicted in the Site Master Plan (Figures 4.1-1 and 4.1-2). The phases are conceptual, and the Plan allows for adjustment of the scheduled demolition and construction activity as needed and in the discretion of St. Joseph's to minimize disruption in patient care services.

Table 4.1-2 Expansion Building Summary

Initial Expansion¹ (Phases 1-4)					
#	Building Name	Approx. Building Area ³	Approx. Building Footprint ⁴	Use	Maximum Building Height ²
A	New Acute Care Hospital Tower	281,000 SF – 331,000 SF	78,730 SF	Medical Services	115ft excluding mech. screen
B	New Parking Structure ⁴	Up to 1,980 parking stalls Up to 800,000 SF	90,000 SF	Parking and Heliports	115ft top of parking deck parapet
C	New Central Utility Plant	25,000 SF – 30,000 SF	15,100 SF	Support	60ft
D	New Fuel Tank Yard	2,500 SF – 3,500 SF	2,000 SF	Support	55ft
E	New Generator Building Addition	2,000 SF – 3,500 SF	2,000 SF	Support	55ft
F	New Plant Maintenance Building	15,000 SF – 18,000 SF	10,500 SF	Support	55ft

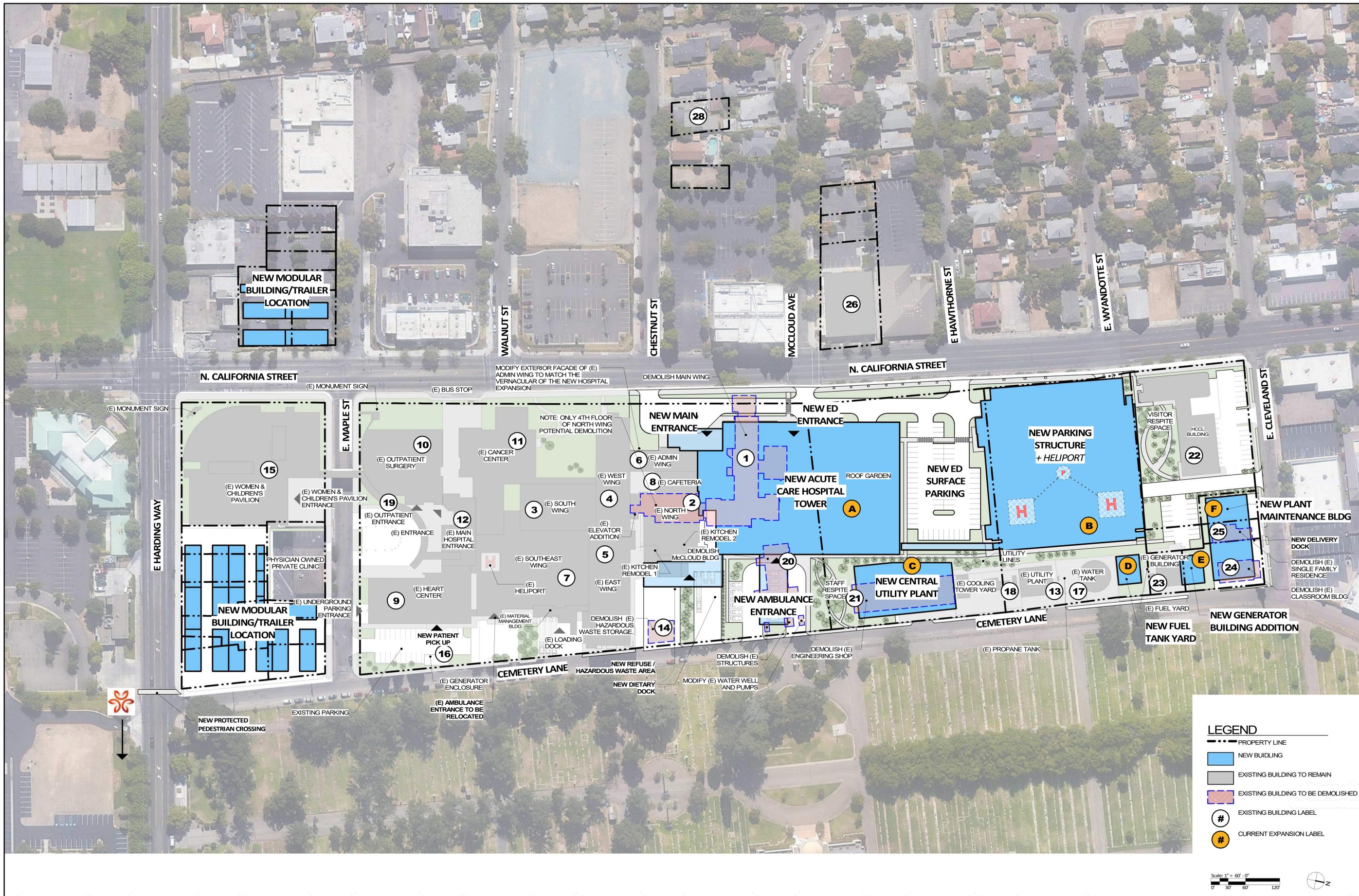
Phase 5 Expansion					
G	Acute Care Hospital Tower	Potential expansion up to 150,000 SF	35,000 SF	Medical Services	115ft excluding mech. screen
H	Parking Structure (location to be determined)	Stall count to be determined per Plan standards	To be determined	Parking	To be determined

¹All buildings are under the jurisdiction of the Department of Health Care Access and Information (HCAI) – formerly OSHPD.

² Roof mounted structures are not included in building heights. See section 6.3.5.

³ Site coverage and FAR limits indicated in section 6.3.2 and 6.3.3 are based on calculations using these ranges and areas. Building area and building footprint of individual buildings shall be allowed flexibility to meet compliance with the Plan within the overall stated parameters for Site Coverage and FAR calculations.

⁴ In response to comments on the Draft EIR received from stakeholders, St. Joseph’s also prepared a Parking Option B that would reduce the size of the Parking Structure. Parking Option B is below the maximum areas and height laid out in table 4.1-2. Parking Option B shows approximately 1,368 parking stalls, a total area of approximately 512,395 sf, and a maximum height of 80ft to the top of the parking deck parapet, excluding roof mounted structures and heliport.. To accommodate design flexibility, Parking Option B is presented as a range of 1,368 to 1,400 spaces.



SITE MASTER PLAN

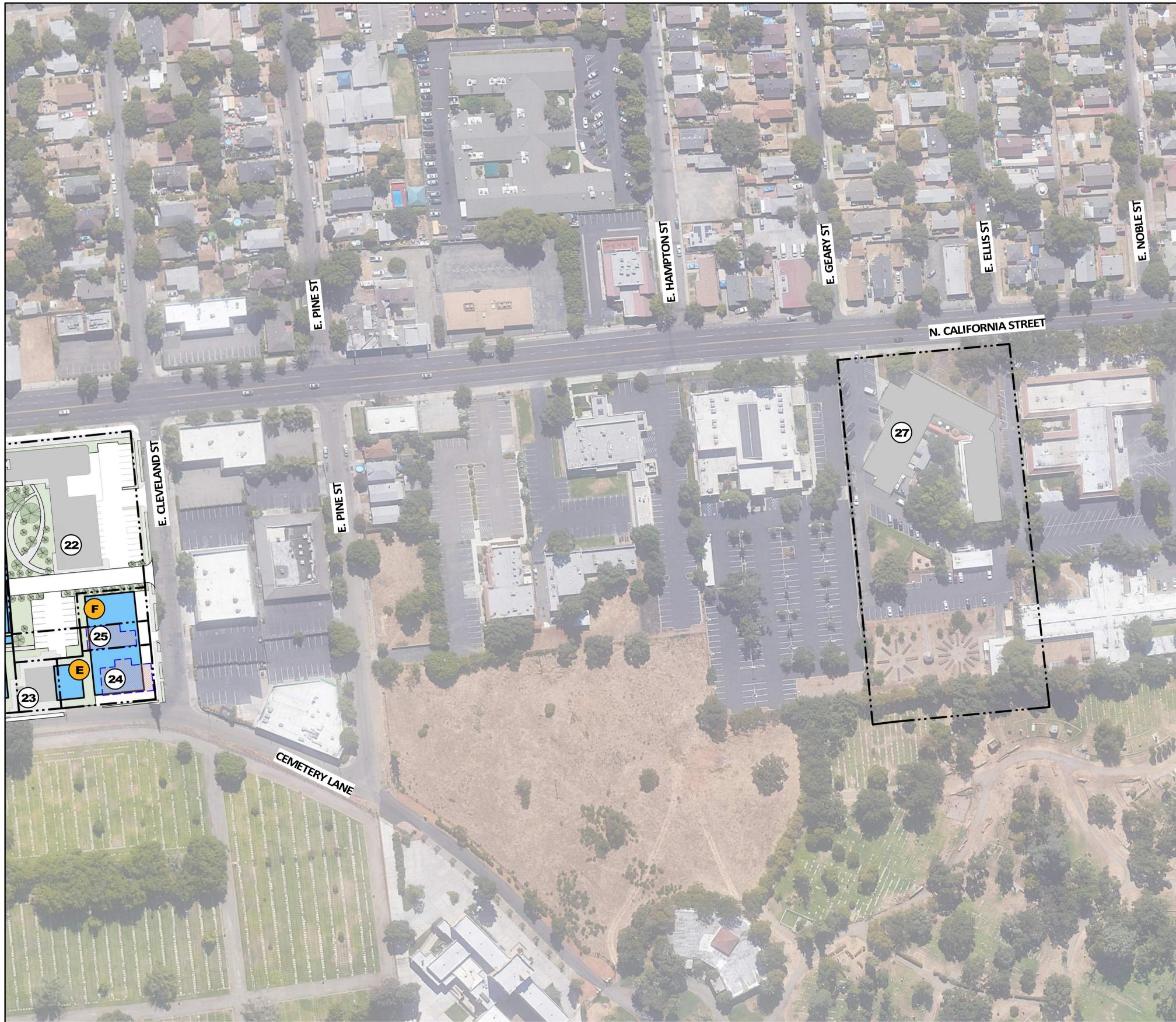
AUGUST 2023

St. Joseph's Medical Center Hospital Expansion Project

DIGNITY HEALTH



4.1-1
SITE MASTER PLAN



EXISTING BUILDINGS					
BLDG #	BLDG NAME	KEEP/DEMO	HACAI (Y/N)	YEAR BUILT	USE
1	MAIN HOSPITAL WING	DEMO	Y	1916	ADMINISTRATION
2	NORTH WING	KEEP(DEMO 4th FLOOR)	Y	1957	MEDICAL SERVICES
3	SOUTH WING	KEEP	Y	1962	MEDICAL SERVICES
4	WEST WING	KEEP	Y	1962	MEDICAL SERVICES/ADMINISTRATION
5	EAST WING	KEEP	Y	1970	MEDICAL SERVICES
6	ADMINISTRATION WING	KEEP	Y	1972	ADMINISTRATION
7	SOUTHEAST WING	KEEP	Y	1978	MEDICAL SERVICES
8	CAFETERIA	KEEP	Y	1982	SUPPORT
9	HEART CENTER	KEEP	Y	1994-5	MEDICAL SERVICES
10	OUTPATIENT SURGERY	KEEP	Y	1987	MEDICAL SERVICES
11	CANCER CENTER	KEEP	Y	1988	MEDICAL SERVICES
12	MAIN HOSPITAL ENTRANCE	KEEP	Y	1987	VISITORS/ADMITTANCE
13	UTILITY PLANT	KEEP	Y	1990	SUPPORT
14	HAZARDOUS MATERIALS STORAGE	DEMO	Y	1917	SUPPORT
15	WOMEN & CHILDREN'S PAVILION	KEEP	Y	2009	MEDICAL SERVICES
16	GENERATOR ENCLOSURE	KEEP	Y	2009	SUPPORT
17	WATER TANK/THERMAL ENERGY WATER TANK	KEEP	N	1991	SUPPORT
18	COOLING TOWER YARD	KEEP	Y	1991	SUPPORT
19	PEDESTRIAN CORRIDOR	KEEP	Y	2009	SUPPORT
20	MCCLOUD BLDG	DEMO	N	1928	ADMIN
21	PLANT MAINTENANCE BLDG	DEMO	N	1983	SUPPORT
22	HCCL BLDG	KEEP	PARTIAL	1985	SUPPORT
23	GENERATOR BUILDING	KEEP	Y	2006	SUPPORT
24	CLASSROOM BLDG	DEMO	N	1957	SUPPORT
25	SINGLE FAMILY RESIDENCE	DEMO	N	1979	HOUSING
26	DIGNITY HEALTH MEDICAL FOUNDATION	KEEP	N	2011	MEDICAL SERVICES
27	BEHAVIORAL HEALTH	KEEP	Y	1960	MEDICAL SERVICES
28	DUPLEX RESIDENCE	KEEP	N	1950	HOUSING

CURRENT EXPANSION					
BLDG #	BLDG NAME	APPROX. BUILDING AREA	APPROX. BUILDING FOOTPRINT	USE	BUILDING HEIGHT
A	NEW ACUTE CARE HOSPITAL TOWER	281,000 SF – 331,000 SF	78,730 SF	MEDICAL SERVICES	UP TO 5 STORIES (80 FT EXCLUDING MECH. SCREEN)
B	NEW PARKING STRUCTURE	UP TO 1,980 PARKING STALLS UP TO 800,000 SF	90,000 SF	PARKING & HELIPORTS	9 ELEVATED TIERS (115 FT TO TOP OF PARKING DECK PARAPET)
C	NEW CENTRAL UTILITY PLANT	25,000 SF – 30,000 SF	15,100 SF	SUPPORT	UP TO 2 STORIES 55 – 60 FT
D	NEW FUEL TANK YARD	2,500 – 3,500 SF	2,000 SF	SUPPORT	55 FT
E	NEW GENERATOR BLDG ADDITION	2,000 – 3,500 SF	2,000 SF	SUPPORT	55 FT
F	NEW PLANT MAINTENANCE BLDG	15,000 SF – 18,000 SF	10,500 SF	SUPPORT	UP TO 2 STORIES 55 FT

LEGEND

- PROPERTY LINE
- NEW BUILDING
- EXISTING BUILDING TO REMAIN
- EXISTING BUILDING TO BE DEMOLISHED
- # EXISTING BUILDING LABEL
- # CURRENT EXPANSION LABEL

Scale: 1" = 60' - 0"

0' 30' 60' 120'

SITE MASTER PLAN - NORTH

AUGUST 2023

St. Joseph's Medical Center Hospital Expansion Project

DIGNITY HEALTH



4.1-2
SITE MASTER PLAN - NORTH



OVERLAY SITE PLAN - OPTION A

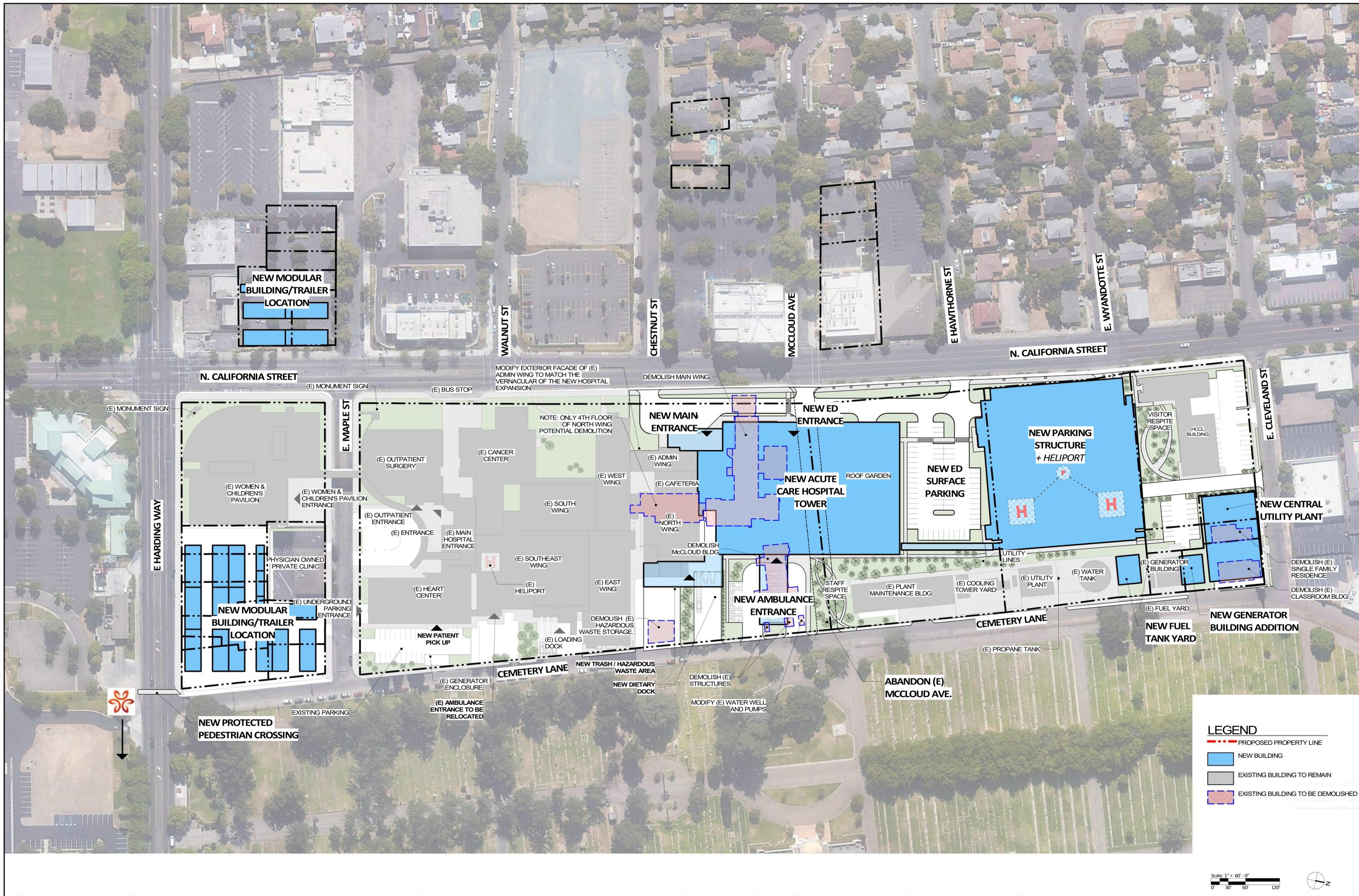
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4.2-1
OVERLAY SITE PLAN -
OPTION A



OVERLAY SITE PLAN - OPTION B

AUGUST 2023

St. Joseph's Medical Center Hospital Expansion Project

DIGNITY HEALTH



4.2-2
OVERLAY SITE PLAN -
OPTION B

4.2 Initial Expansion

The general use, location and anticipated footprint of each of the six (6) buildings identified as part of the Initial Expansion is detailed below. Within the Initial Expansion, options are provided for certain buildings to allow for flexibility in implementation. Maximum building height and square footage is used in the Plan document and also the FEIR, with the acknowledgement that any building may be designed to a smaller height and square footage as medical service delivery requirements evolve over the duration of the Plan. The use of modular structures (also described below) will provide additional flexibility to bridge the timing during which new buildings and seismic retrofits in existing buildings are completed.

The full extent of the Project including locations of existing and proposed buildings is graphically depicted on Option A Figure 4.2-1 and Option B Figure 4.2-2.

4.2.1 Project Options

This Project contemplates options for the configuration of the proposed Medical Center layout including but not limited to the demolition of existing above and below ground structures, buildings, utilities, and sitework; and the construction of new buildings, utility infrastructure, parking facilities, vehicle circulation, pedestrian pathways and site improvements.

Implementation of the Plan will allow flexibility in building locations within the Site Master Plan that will allow the design and construction of an alternate, but largely similar, version of the Project. For example, identified buildings may be moved to alternative locations within the Site Master Plan, subject to the review procedures established in Chapter 8.

Flexibility in Site Master Plan options, including the use of modular structures, are intended to allow St. Joseph's the ability to accommodate over the life of the Plan any changing federal and state regulations (for example seismic retrofit requirements), evolving medical services and technology, project budgets and schedules, community and regional medical needs and other similar criteria necessary to meet the Objectives identified in this Plan. (See Chapter 2.)

Two (2) options are specifically presented in the Master Development Plan, involving the locations of the Central Utility Plant and Plant Maintenance building. The Acute Care Hospital Tower and Parking Structure are the same in each option and the locations for the two primary structures are not anticipated to change. The options for the location of Medical Center support structures are examples of the flexibility intended by the Plan to accommodate future changes without the requirement of an amendment of the Plan.

4.2.2 Option A

- Construction of the new Central Utility Plant building at the northeast corner of the Hospital Tower.
- Removal of the existing Plant Maintenance building
- Construction of the new Plant Maintenance building at the corner of E. Cleveland Street and Cemetery Lane
- All other proposed improvements remain the same as Option B.

4.2.3 Option B

- Places the new Central Utility Plant building at the corner of E. Cleveland Street and Cemetery Lane.
- Existing Plant Maintenance building remains in-place.
- All other proposed improvements remain the same as Option A.

4.2.4 Acute Care Hospital Tower

The conceptual design of the Acute Care Hospital Tower proposes a new building up to five (5) stories. The conceptual design of the new acute care tower includes a large two (2) level podium consisting of expansion for Emergency services and surgical services. Levels above the podium will consist of inpatient bed expansion configured to maximize daylighting into the patient rooms. If a design incorporating more than one tower is used it is anticipated that a landscaped viewing area between the two towers would be visible from patient rooms. This landscaped area would only be accessed by maintenance personnel. The height of the Acute Care Hospital Tower could be a maximum of 115-feet (excluding partial basement and rooftop elevator appurtenance and mechanical equipment screening).

Regardless of building design, the Project proposes that the new main building entrance of the Medical Center to be relocated from E. Maple Street to N. California Street. The existing entrance on E. Maple Street will remain primarily for outpatient functions and cardiovascular surgery. The walk-in emergency department entrance will also be relocated from E. Maple Street to N. California Street along with vehicle traffic for patient and visitors. Cemetery Lane will be used for ambulance drop-off and service vehicle traffic.

The Acute Care Hospital Tower is the primary expansion component of the Project and is projected to accommodate up to 331,000 square feet (sf) of inpatient acute care hospital services. This expansion would contribute to the existing 523,461sf of inpatient care facilities located between N. California Street, Cemetery Lane, E. Maple Street, and E. Cleveland Street. This portion of the Project would increase the inpatient bed count, modernize, and expand the emergency department, and update and modernize the current surgery department. Major components of the acute care expansion are expected to include the following potential service enhancements, with the additional proviso that bed counts are maximum numbers. Service enhancements and bed counts may be adjusted based upon final service delivery plans:

- An additional 24 intensive care patient beds
- An additional 120 general acute care patient beds
- A new 70 station Emergency Department
- An entrance for ambulances and Emergency Department drop-off with correlating canopies
- A new surgical area with 10 general Operating Rooms
- Capacity for a future expansion of emergent care adjacent to the Emergency Department
- New Central Sterile Processing Department
- New Kitchen and servery with an expanded and modernized dining area
- New entry lobby, covered drop off and admitting department along N. California Street (new front of hospital)

- If two towers, roof top naturally landscaped area for patient viewing may be located in the courtyard of towers

4.2.5 Parking Structure and Surface Level Parking

The Medical Center presently utilizes both below surface level and street level parking, with approximately 1,354 parking spaces devoted to surface and underground parking distributed on and around the Medical Center. Parking presently available on the Medical Center campus is fully used under the existing operational setting and off-campus parking is necessary and used by current staff even prior to any planned expansions.

To maximize the available land within the Medical Center and to centralize parking in a location more convenient to all buildings on the Medical Center, a new Parking Structure with a maximum of nine (9) elevated tiers (excluding roof trauma elevator over-run and heliport areas) will be constructed to accommodate a maximum of 1,980 new parking spaces.

Parking Option A for the new Parking Structure is designed as a four (4) bay, nine (9)-elevated tier structure. The four (4) bays include two (2) flat bays and two (2) internal ramp bays. This affords the circulation to move in a rotating pattern independently of each other. This in turn decreases vehicular parking and exiting times. The structure includes up to 1,980 stalls of which approximately 10% are accessible stalls. Those stalls are located on the same bay on every floor. The primary vertical circulation is located on the south bay of the structure (closer to the Acute Care Hospital Tower), and it encompasses five (5) elevators in two (2) banks. There are four (4) pedestrian exit stairs primarily located toward each corner to facilitate code required exiting. The floor-to-floor heights are 12ft and include ample room to meet the required 8'-2" clear height required for accessible stalls. The uppermost parking deck of the structure is at approximately 108ft above grade with perimeter parapet at approximately 115ft. The elevator over-runs and heliport exceed these heights (but are excluded from building height per section 6.3.4). A potential photovoltaic array is proposed to be installed on rooftop or the side of the Parking Structure for energy generation and is also excluded from the overall building height.

In response to comments on the Draft EIR received from stakeholders, St. Joseph's also prepared a Parking Option B that would reduce the size of the Parking Structure. Parking Option B for the new Parking Structure is designed as a six (6)-elevated tier structure. The structure includes a range of between 1,368 and 1,400 stalls, of which approximately 10% are accessible stalls. The uppermost parking deck of the structure is at approximately 72ft above grade with perimeter parapet at approximately 80ft (excluding roof mounted structures and heliport). All design criteria regarding bays, ramps, elevators, and vehicle circulation are the same as outlined for Parking Option A.

The heliport structure will accommodate multiple helicopters and is designed so that vehicles can circulate below the heliport platform. Closely positioned with the heliports are a dual bank of dedicated elevators that are a two (2) stop design (top and bottom floor only).

The parking structure can accommodate bicycle parking and electric vehicle charging stations as required by the most recent code requirements and as described in Chapter 6.

The number of tiers and building height of the Parking Structure is intended to support design flexibility, including pre-fabrication opportunities, as the overall Medical Center planning process continues through each phase. The final number of parking spaces will be determined through the entitlement process and refined as part of the design of buildings, considering Municipal Code minimum parking requirements, hospital experiences with greater demand for parking spaces, as well as physical design to minimize building massing on adjacent streets. St. Joseph’s decades of operations experience, both with this Medical Center and with other facilities, indicates that patients and visitors benefit from extra parking above Municipal Code requirements. Patrons with mobility challenges and who do not have access to disabled parking placards require both closer short-term parking and wider parking spaces than may be required under minimum parking requirements. The number of parking spaces in the parking structure will not exceed 1,980 parking spaces without analysis of additional environmental impacts under the procedures in Chapter 8, and particularly Section 8.3.1 (Subsequent Environmental Review).

The Project also includes new surface parking for the Emergency Department for approximately 70 spaces. This surface parking is located between the Acute Care Hospital Tower and the Parking Structure. A smaller surface lot north of the Parking Structure will hold approximately 16 stalls.

At final buildout of Phases 1-4, total maximum parking including underground, surface level, and Parking Structure is identified and summarized in Table 4.2.5-1.

Table 4.2.5-1 Parking Summary (Parking Option A)

Total Existing Parking (Excluding Public right-of-way)	1,354
Existing Parking to be Removed by Area	
North Lot	-606
Administration Lot	-7
Administration Overflow Lot	-9
McCloud Avenue	-24
HCCL North	-6
HCCL South	-21
Vendor/Maintenance	-7
Total Parking Removed	-680
New Parking Stalls Provided	
New Parking Structure Stalls	1,980
North Surface Lot	16
ED Parking Lot	70
Parking Total	
Phase 1-4 Buildout	2,740

Table 4.2.5-2 Parking Summary (Parking Option B)

Total Existing Parking (Excluding Public right-of-way)	1,354
Existing Parking to be Removed by Area	
North Lot	-606
Administration Lot	-7
Administration Overflow Lot	-9
McCloud Avenue	-24
HCCL North	-6
HCCL South	-21
Vendor/Maintenance	-7
Total Parking Removed	-680
New Parking Stalls Provided	
New Parking Structure Stalls	1,368
North Surface Lot	16
ED Parking Lot	70
Parking Total	
Phase 1-4 Buildout	2,128

The Parking Plan is included as Appendix, Attachment 15. The technical analysis supporting the Plan is included as Appendix, Attachment 16.

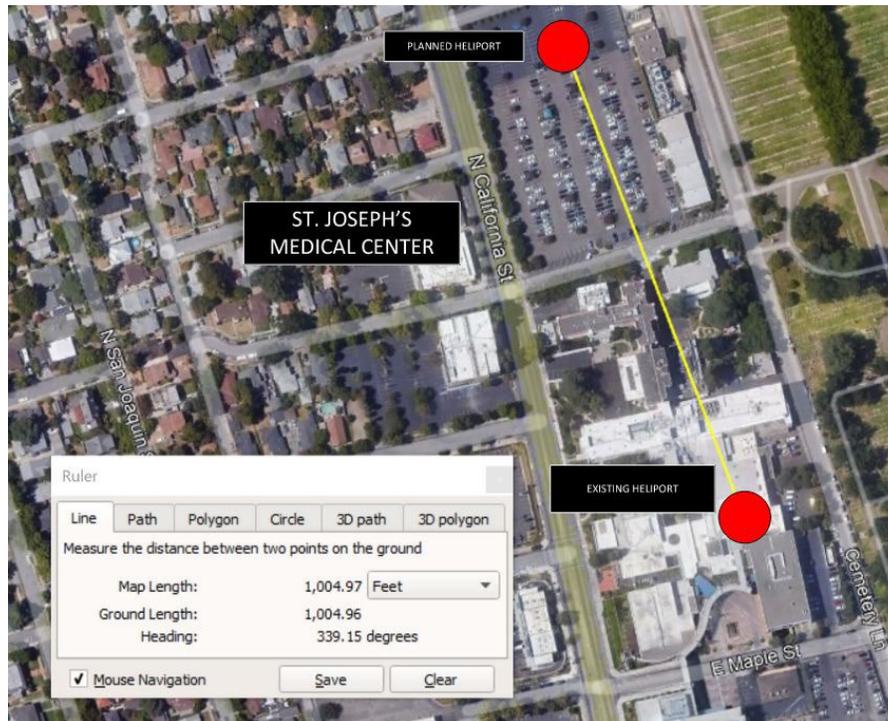
4.2.6 Heliports.

The existing heliport on the roof of the main hospital building at 1800 N. California will remain and is licensed to accommodate maximum weight capacity of 7,000 pounds. This existing heliport will be proximate to the surgery center and the Use Permit for this heliport will remain in place. This existing heliport is located close to the newborn intensive care unit and provides vital aerial transport for some of the most vulnerable patients. The existing heliport is also anticipated to be used to provide back-up to the new heliport(s), or for transport of supplies or patients to or from the surgery center. As noted in Section 3.2.5, current heliport usage is approximately 15 unscheduled flights per month.

The existing heliport is a valuable resource. Retention of this landing area will provide operational flexibility and, at times, will limit community impacts from helicopter operations. Single heliport hospitals and surrounding areas sometimes experience impacts when helicopters hover waiting for a helicopter to depart a landing area. Having both heliports available will mitigate this condition. Further, there are instances when helicopters are dispatched to medical facilities with dispatch officers unaware that a heliport is occupied. The second heliport will minimize any disruption in medical service.

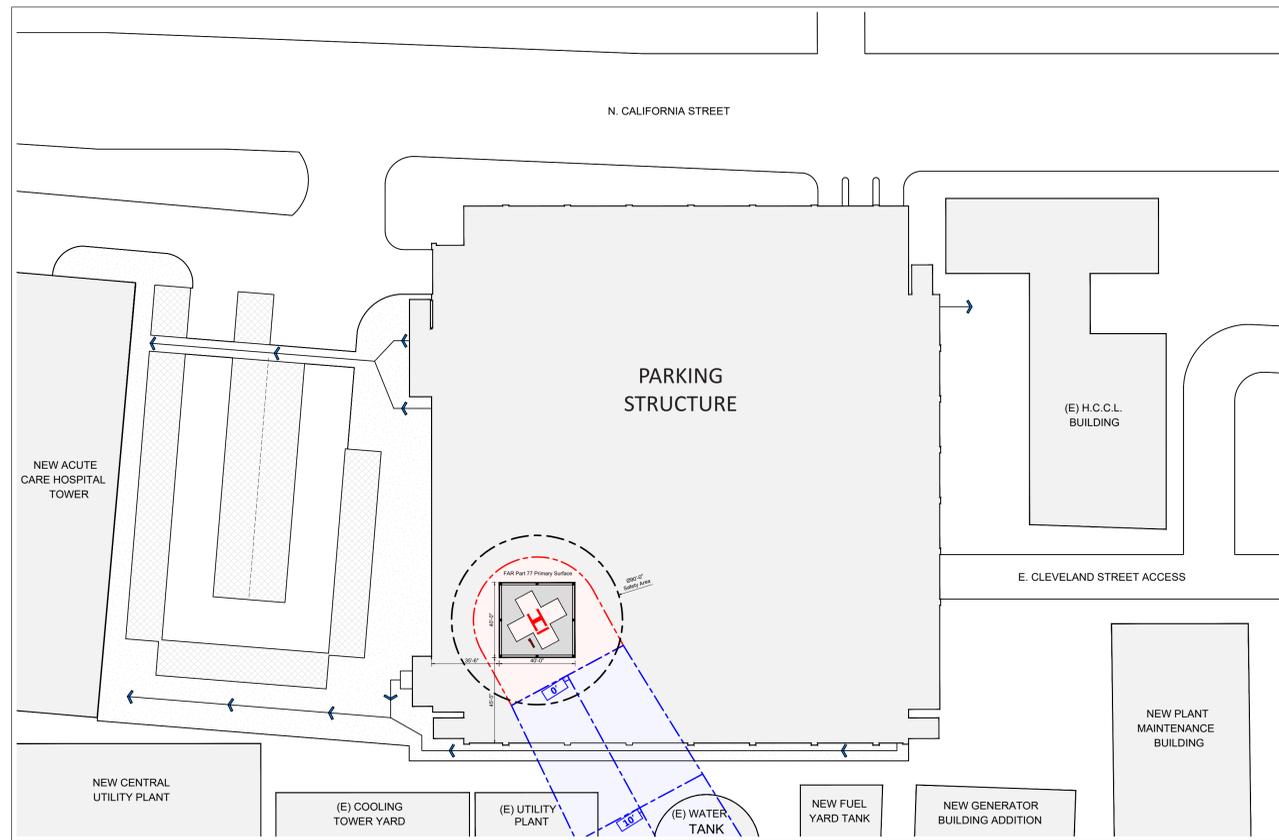
The new heliport locations on the roof of the Parking Structure are intended to increase efficiency in patient transport with the reconfiguration of the Medical Center and minimize operational impacts on the Medical Center. The Parking Structure will also be designed to accommodate heavier weight helicopters than are presently allowed at the existing heliport on the main hospital building. The locations of the existing and planned heliport options are depicted in Figure 4.2.6-1. New heliports added to the project will be included in an amended Use Permit (UP 27-86).

Figure 4.2.6-1 Heliport Locations

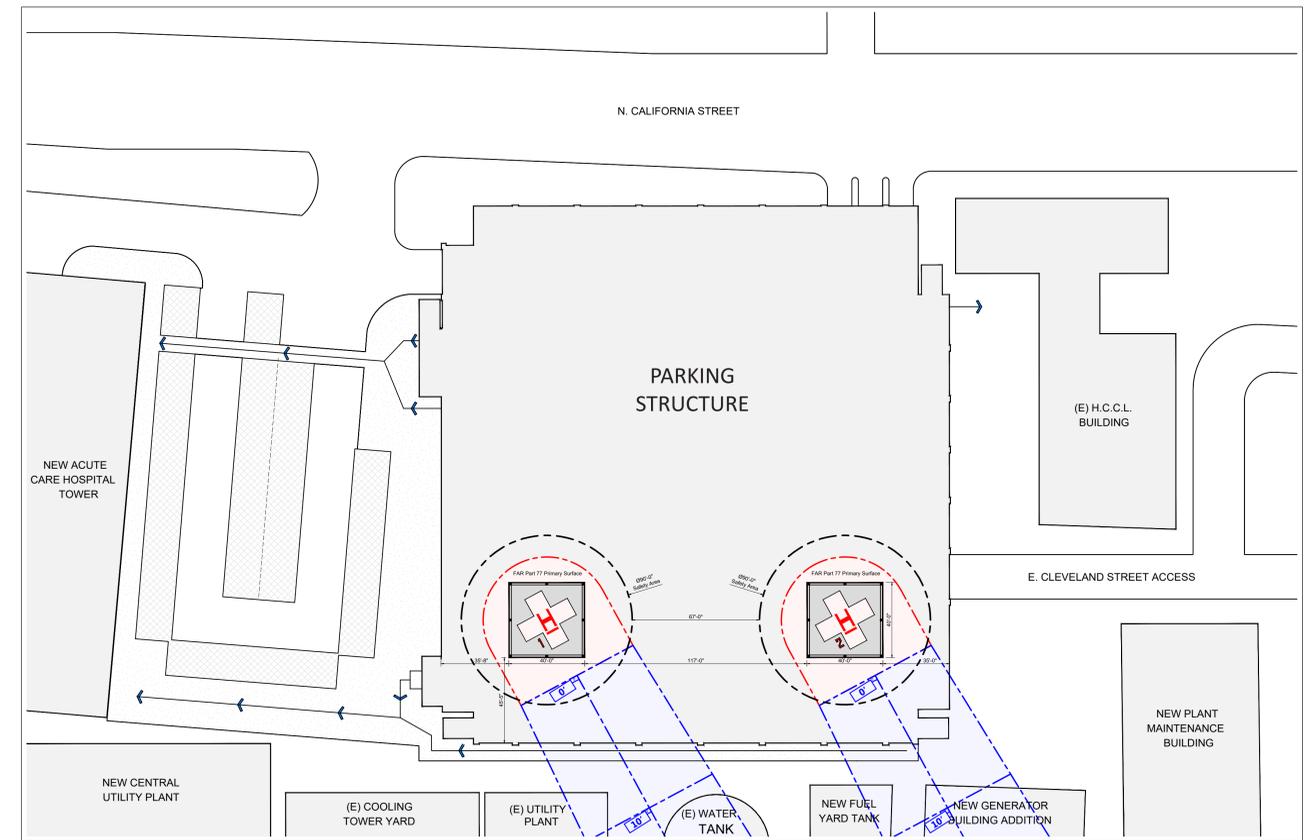


The Plan includes four (4) options for the new heliport facilities: Option A includes the construction of one (1) new heliport, Option B includes the construction of two (2) new co-located heliports, Option C is a heliport with adjacent helicopter parking area, and Option D is a heliport with two (2) new co-located heliports with one (1) adjacent helicopter parking area. Each of these options is discussed below and is graphically depicted in Figure 4.2.6-2. A decision between Options A, B, C, and D will be determined through the design process. In all options the Parking Structure will include a gurney-way to provide safe passage from the heliport to the new hospital building via a dedicated trauma elevator within (or adjacent to) the Parking Structure along with a covered pathway to the Emergency Department. Design parameters and requirements for safety areas and air space for each option are discussed in Chapter 6.6.

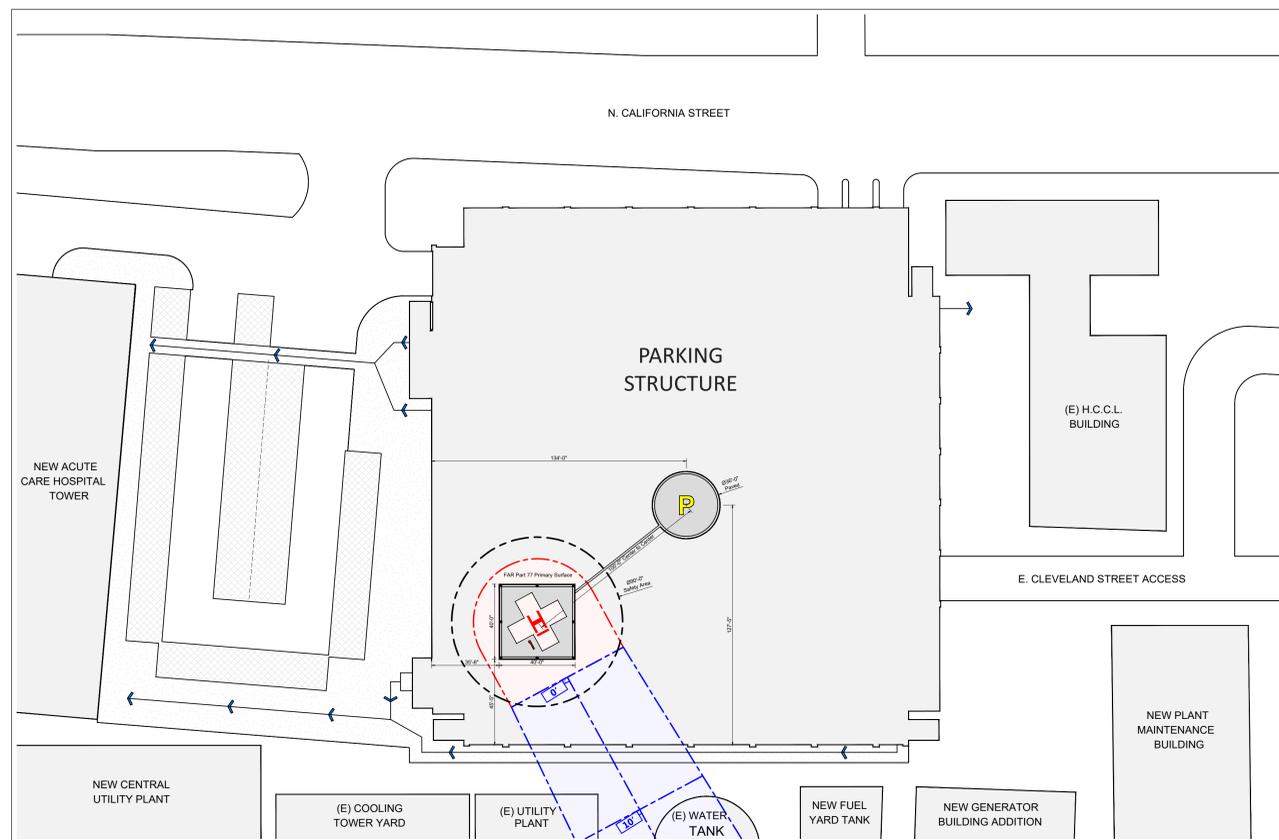
The heliport will be lighted as required by the FAA. Many of the lights will be shielded from the ground, however, lights required to define the structural edge of the landing area or illuminate the wind indicator may be visible. Additional equipment will include a lighted wind indicator, closed circuit camera system and weather system that will upload weather conditions to helicopter dispatch centers.



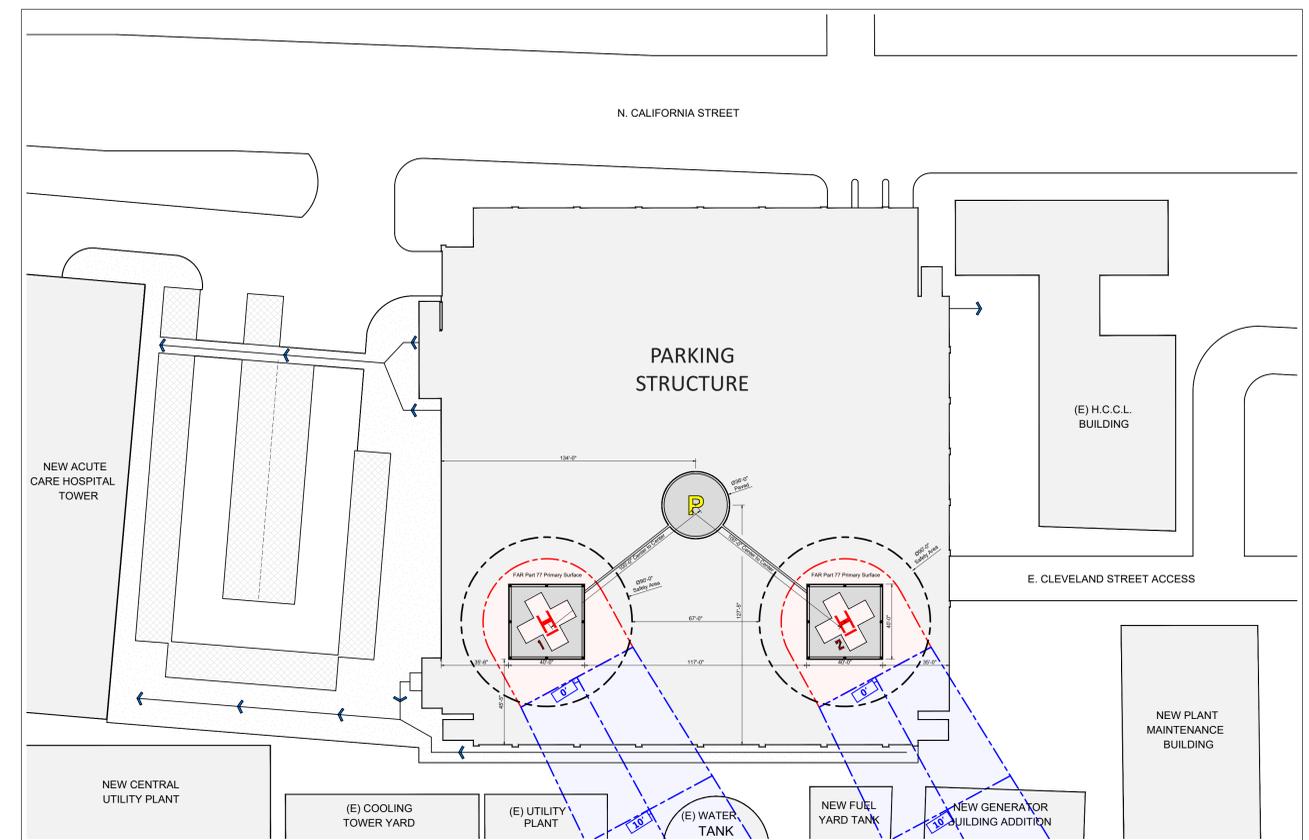
HELIPORT OPTION A : SINGLE NEW HELIPORT



HELIPORT OPTION B : TWO NEW HELIPORTS



HELIPORT OPTION C : SINGLE NEW HELIPORT WITH ADJACENT HELICOPTER PARKING



HELIPORT OPTION D : TWO NEW HELIPORTS WITH ADJACENT HELICOPTER PARKING

HELIPORT OPTIONS

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4.2.6-2
HELIPORT OPTIONS

Helicopter Option A. A single new heliport located on the roof of the Parking Structure to facilitate emergency medical service landings.

Helicopter Option B. Two (2) new heliports located on the roof of the Parking Structure to facilitate emergency medical service landings.

Helicopter Option C. A new heliport with an adjacent parking area to accommodate a second helicopter on the roof of the Parking Structure to facilitate emergency medical service landings.

Helicopter Option D. Two (2) new heliports with an adjacent parking area to accommodate a third helicopter on the roof of the Parking Structure to facilitate emergency medical service landings.

The heliport options will provide flexibility for a future trauma center designation and related facility needs. Additionally, the Medical Center will allow heliport landing areas to be used for Unmanned Aerial Vehicles (“UAVs”), which are aircrafts piloted by remote control or onboard computers, that would be used for medical-related purposes. For example, UAVs are presently in use for transport of medical supplies, equipment, and organs for transplant procedures.

4.2.7 Central Utility Plant

The Central Utility Plant (“CUP”) houses chillers, infrastructure, and operational equipment for the Medical Center, including but not limited to a hot water boiler, hot water expansion tanks, water softeners, medical air compressors and other equipment of a similar nature. The existing Utility Plant will remain with existing equipment being demolished within, and a new CUP will be constructed to accommodate operational equipment with increased capacity to serve the expanded Medical Center as well as the existing facility.

The Project includes two (2) options for the replacement of the existing CUP. Each option contemplates a new free-standing two (2) story CUP totaling approximately 25,000 to 30,000 sf. The proposed location of the CUP is the only material difference between Options A and B presented in the Plan.

Option A proposes to demolish the existing Plant Maintenance building and build the new CUP in this location at the northeast corner of the Hospital Tower and adjacent to the existing cooling towers. Option A is depicted in Figure 4.2-1.

Alternatively, under Option B, a new free-standing CUP may be constructed at the corner of E. Cleveland Street and Cemetery Lane. Option B is depicted in Figure 4.2-2.

St. Joseph’s has the flexibility to implement either option, dependent upon operational efficiencies and evaluation of compatibility with adjacent buildings. St. Joseph’s may also present other options for location or expansion of the CUP after approval of the Plan through the administrative process outlined in Chapter 8.

4.2.8 Accessory Structures

Several modifications and new structures are required to support the new Acute Care Hospital Tower. The existing Generator Building will be expanded for new emergency backup generators with additional on-campus above ground fuel storage. The following improvements, collectively “Support Facilities,” may be modified and/or expanded: cooling tower yard, chiller room, heating

hot water plant, below grade boiler fuel storage tanks, bulk oxygen tank (LOx), medical gas bottle storage, transformers, and switchgear. The Project includes a new dietary loading dock, a new compacting/sanitizing waste area that will also hold caged storage and hazardous materials for vendor removal, and a new secure material management loading area with recycling container(s). The existing trash area (across from Cemetery Lane) is anticipated to be moved to the current location for ambulances. Final locations will be identified in the Site Plan.

4.2.9 Plant Maintenance Building

Depending on the option that best meets the needs of the Medical Center, the Project contemplates two (2) options for the existing Plant Maintenance building that is dependent upon the location of the CUP. The Plant Maintenance building will house offices, shop and maintenance space and accessory areas to assist in the operation of the Medical Center maintenance.

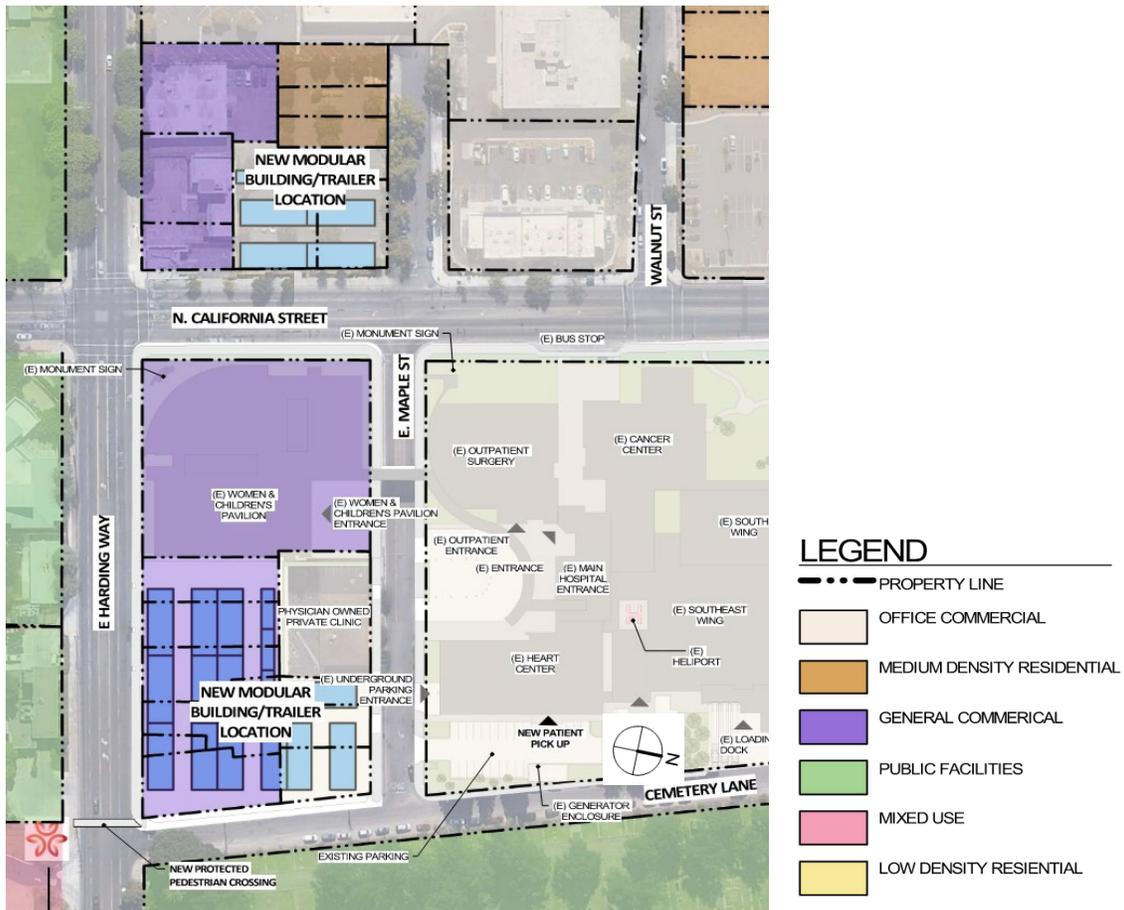
As mentioned above, Option A proposes to demolish the existing Plant Maintenance building. A new free-standing 15,000 to 18,000 sf Plant Maintenance building will be constructed at the corner of E. Cleveland Street and Cemetery Lane after the demolishing of the existing classroom building and single-family residence.

If Option B is preferred, the existing Plant Maintenance building would remain. Upgrades to both exterior and interior spaces would occur to provide more efficient working environments for staff.

4.2.10 Modular Structures

Modular structures are incorporated in the Plan for non-acute care services and staff support in those areas designated on the Site Master Plan. (See Figures 4.1-1 and 4.1-2.) Modular structures shall be installed on properties that are zoned either Commercial Office or Commercial General (See Figure 4.2.10-1), as the underlying use for the modular structures (i.e., non-acute care services, business services, and staff support) are within the allowed uses under these zoning designations. Parking to serve the modular structures may be provided on adjacent residentially-zoned property (i.e., RM) as an allowed use under Municipal Code section 16.20.020 in Table 2-2.

Figure 4.2.10-1 Modular Building Zoning



Prior to installation of any modular structures, St. Joseph’s shall provide to the Community Development Director a site plan that depicts the location of modular structures, the floor plan(s) of modular structures, landscaping to soften the view of the back of the modular structures from E. Harding, and an elevation of all modular structures as required by Municipal Code section 16.168.040(B). St. Joseph’s shall further provide information regarding utility connections (e.g., sanitation, water and electricity). The site plan shall indicate means of ingress/egress for staff and visitors.

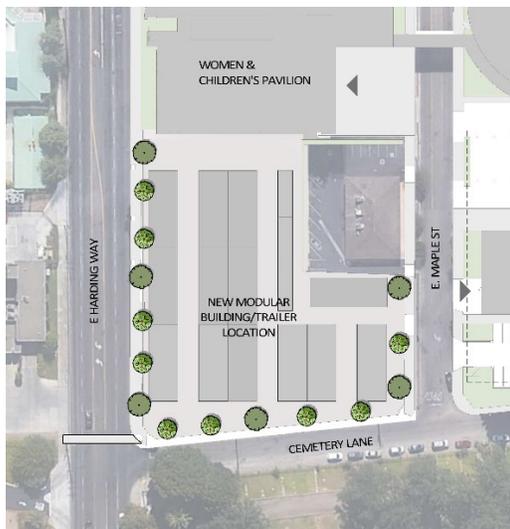
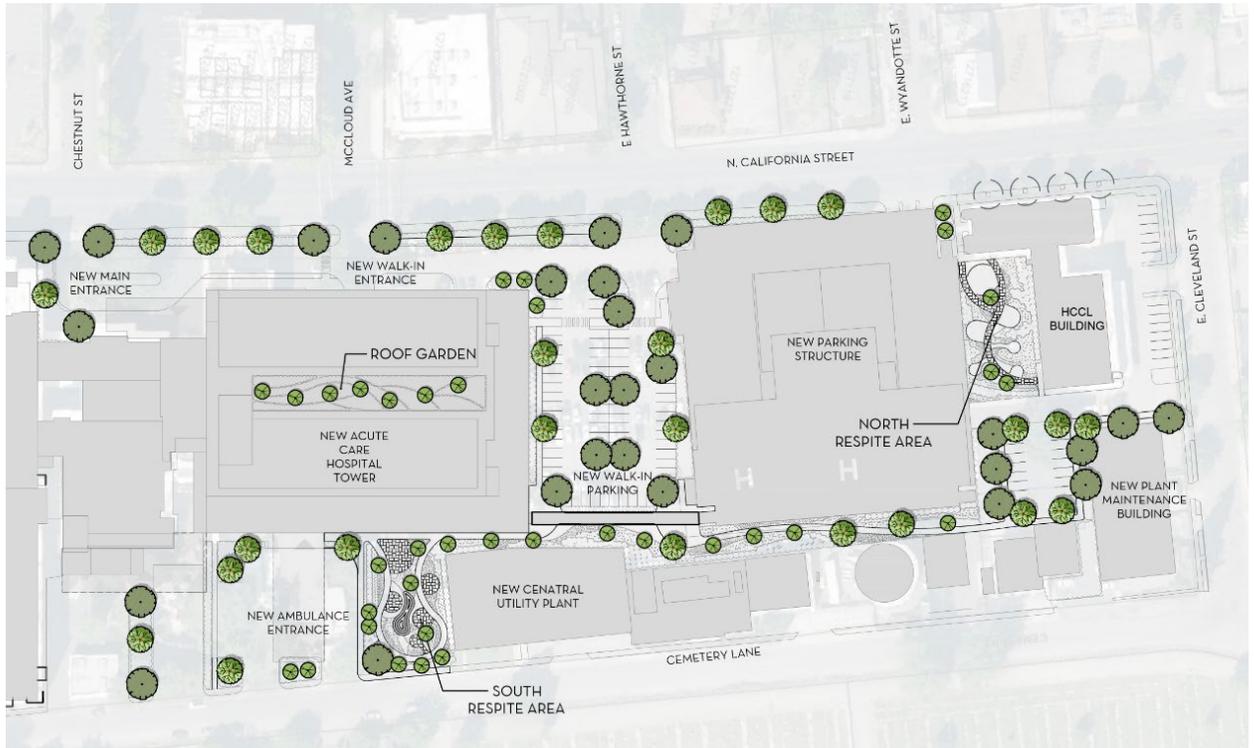
Modular structures may remain in place as needed to bridge the timing during which new buildings and seismic retrofits in existing buildings are completed. Municipal Code section 16.164.030(B)(9) allows the use of modular structures for more than twelve (12) months with the approval of an Administrative Use Permit in compliance with Chapter 16.168 of the Municipal Code. The Development Agreement allows for a twenty (20) year term for the modular structures, provided the Site Plan and landscaping are approved by the Community Development Director. The Community Development Director shall apply the development and design standards for modular structures as set forth in Sections 6.3.9 and 6.4.9, below and, if the site plan for modular structures is consistent with the standards in those sections, the Community Development Director will make the findings required by Municipal Code section 16.168.050 and issue the

Administrative Use Permit for the modular structures. Parking adjacent to modular structures will be allowed through the Temporary Activity Permit process (Municipal Code Section 16.164.030).

4.2.11 Landscape Intent

Landscape design for the Project shall adhere to the guidelines in Chapter 6. A general depiction of the expansion area with general placement of landscaping is depicted on Figure 4.2.11-1.

Figure 4.2.11-1 Conceptual Landscape



4.2.12 Signage and Wayfinding

Wayfinding and Signage design for the Project shall adhere to the guidelines in Chapter 6 Section 6.7. The wayfinding program is included as Figures 6.7.2-1 and 6.7.2-2.

4.3 Project Phasing and Construction

St. Joseph’s anticipates that Project construction will occur over approximately four (4) major phases, with numerous smaller sub-phases (for example, utility relocations and loading docks). Phases are presented for general overview and may change as architectural and engineering work is refined through the development of final construction and improvement plans. The Phases described below identify a conceptual schedule for demolition of existing structures. This schedule may be adjusted to alleviate impacts on the delivery of patient care during the extended construction period for the full expansion of the Medical Center campus. Conceptual Phasing Site Plans and options are provided to give visual reference to the background information provided below and depict site fire apparatus access.

A conceptual description of the activities during each Phase is summarized as follows:

Table 4.3-1 Expansion Phasing Summary

Initial Expansion (Phases 1-4)	
Phase #	Description
Phase 1	Site preparation, demolitions, and staff relocation to new modular structures to prepare for the construction of the new Acute Care Hospital Tower and parking construction. Possible modification of existing well(s). Construction of protected pedestrian crossing at the intersection of E. Harding Way and Cemetery Lane
Phase 2	The existing surface parking lot will be removed, utilities will be relocated and reinstalled, and the new Parking Structure will be constructed. Depending on the Option selected, the Plant maintenance Building will be demolished and constructed, or remain in place.
Phase 3	Includes construction of the new Acute Care Hospital Tower, Central Utility Plant, on-campus and off-campus street improvements, and Support Service buildings/expansions.
Phase 4 ¹	Includes potential removal of the fourth floor of the existing North Tower as required by seismic retrofits. Includes façade improvements of the existing Administrative Wing to match the new Acute Care Hospital Tower.

Future Expansion (Phase 5)	
Phase 5	Includes the a potential expansion of up to an additional 150,000 sf and up to five (5) stories (not including a possible basement).

¹ Interior renovation (backfill of the existing hospital spaces) will likely occur but are not considered part of this entitlement application.

4.3.1 Phase 1 – Options A and B

Phase 1 for both Option A and B are the same. Phase 1 is shown in Figure 4.3.1.

Activity during the first phase includes site preparation and staff relocations to prepare for construction of the new Acute Care Hospital Tower. Phase 1 will include demolition of buildings/structures as necessary to prepare for new and re-located infrastructure and parking construction in Phase 2. The McCloud and Main Hospital Wing buildings are the primary buildings that may be demolished in Phase 1. Three (3) small structures that are comprised of a bio-hazard autoclave, refuse compactor, and bins along Cemetery Lane also may be demolished, along with existing hazardous material storage in order to clear the way for the new ambulance entrance and Dietary Dock. The reconstruction of the Dietary Dock is anticipated to be part of Phase 1 to provide uninterrupted service to the Medical Center. The vacant residence now owned by PCOC and the existing classroom building also likely will be demolished in Phase 1. Each of these structures is identified in Figure 4.3.1.

Existing well(s) are identified on the Phase 1 Site Diagram. While relocation of the well(s) is not presently anticipated, the possible modification will be evaluated as part of the technical studies supporting the approval of the Plan.

With the demolition of buildings, support services (i.e., non-acute care and business services) will be relocated to modular structures on-campus (see Figure 4.3.1) as well as into off-campus space. Temporary Activity Permits (TAPS) will be approved as part of the Plan, as well as Administrative Use Permits to the extent a modular building is proposed for use longer than twelve (12) months. The Project also includes construction of a protected pedestrian crossing at the intersection of E. Harding Way and Cemetery Lane that will coincide with relocation of staff off-campus.

4.3.2 Phase 2 – Options A and B

Activity during this phase will be focused on infrastructure and parking to serve the new Acute Care Hospital Tower. The existing surface parking lot will be removed, utilities will be relocated and reinstalled (including the new electrical service to the existing Main Hospital Buildings), and the new Parking Structure will be constructed. If the McCloud and Main Hospital Wing buildings were not demolished in Phase 1, this demolition will occur in Phase 2. To accommodate employee parking during construction, leased off-campus surface parking lot(s) will be provided for the replacement of approximately 1,100 stalls. (See additional discussion of interim parking needs during construction in Section 4.10, with details regarding off-campus parking in the Parking Plan.) A shuttle service will be provided by St. Joseph's between the temporary, off-campus parking lots to the Medical Center for employees. Temporary signage will be used around the perimeter of the Medical Center campus to direct staff and visitors to temporary off-campus parking. The off-campus temporary parking lot locations are depicted in the Parking Study.

Option A (see Figure 4.3.2-1)

- The existing Plant Maintenance building will be demolished
- The new Plant Maintenance building constructed at intersection of E. Cleveland Street and Cemetery Lane

Option B (see Figure 4.3.2-2)

- The existing Plant Maintenance building remains in-place

4.3.3 Phase 3

This Phase includes the most significant construction activity, with the construction of the new Acute Care Hospital Tower, Central Utility Plant, on-campus and off-campus street improvements, and Support Service buildings/expansions. There presently is no additional demolition anticipated during this Phase. Each of the new structures is identified in the attached Phase 3 and 4 Site Diagrams (Figure 4.3.3-1 and 4.3.3-2).

During and proceeding the construction during Phase 3, entrance transitions will require anticipatory graphics and highly visible guidance from old to new. Specific focus for wayfinding and signage will be on N. California and E. Maple streets, including use of temporary graphics and pageantry celebrating/emphasizing timing of transition. Visual linkage between the new parking structure and the new Acute Care Hospital Tower will provide additional emphasis, since building forms will be adjacent to each other. Permanent signage can be completed concurrent with this phase.

4.3.4 Phase 4

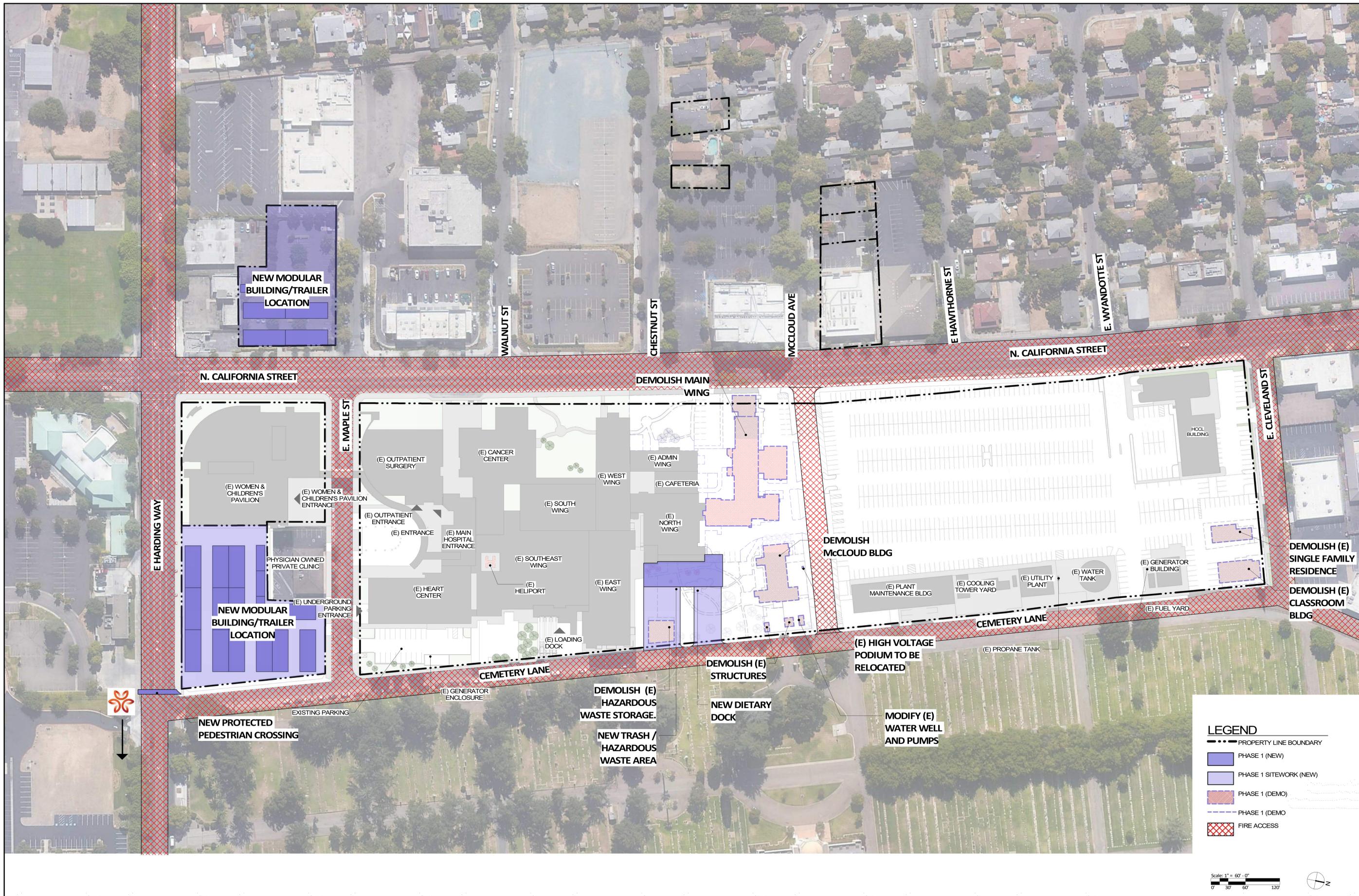
If required to meet seismic retrofit requirements, Phase 4 will include the potential removal of the fourth floor of the existing North Tower. This phase also will include façade improvements to match the exterior design of the existing Administrative Wing and the new Acute Care Hospital Tower. Interior renovation (backfill) of the existing hospital spaces as these areas are vacated into the new hospital building will likely occur but are not considered part of this entitlement application as there will not be any exterior changes with interior improvements (Figure 4.3.3-1 and Figure 4.3.3-2).

4.4 Phase 5

The Plan (and the supporting environmental analysis) also allows for and evaluated the potential impacts of future expansion of the Medical Center as the community's needs for medical care continue to grow. In Phase 5, the Medical Center may be expanded by up to an additional 150,000 sf and up to five (5) stories (not including a possible basement). There is no present intent to build a structure that would be categorized as a high-rise. Medical services for the Phase 5 expansion may include but not be limited to expansion of diagnostic and treatment functions for surgical and perioperative services, emergency services, imaging services; expansion of clinical support services for lab, pharmacy, central sterile, supply chain services; and expansion of inpatient services for acute care beds.

There are two (2) potential locations for the Phase 5 expansion, and each is depicted on Figure 4.4. The Phase 5 expansion may use one or both of these locations. Implementation of Phase 5 may remove as much as 65 to 70 surface level parking spaces, depending on the location selected.

The number of parking spaces and the location will be identified through the administrative process established in Chapter 8, including additional environmental analysis, if necessary. The FEIR for the Project includes, from a programmatic level, the environmental impacts from this larger footprint, with the actual building expansion and design for Phase 5 subject to appropriate future City



CONCEPTUAL PHASE 1 SITE DIAGRAM

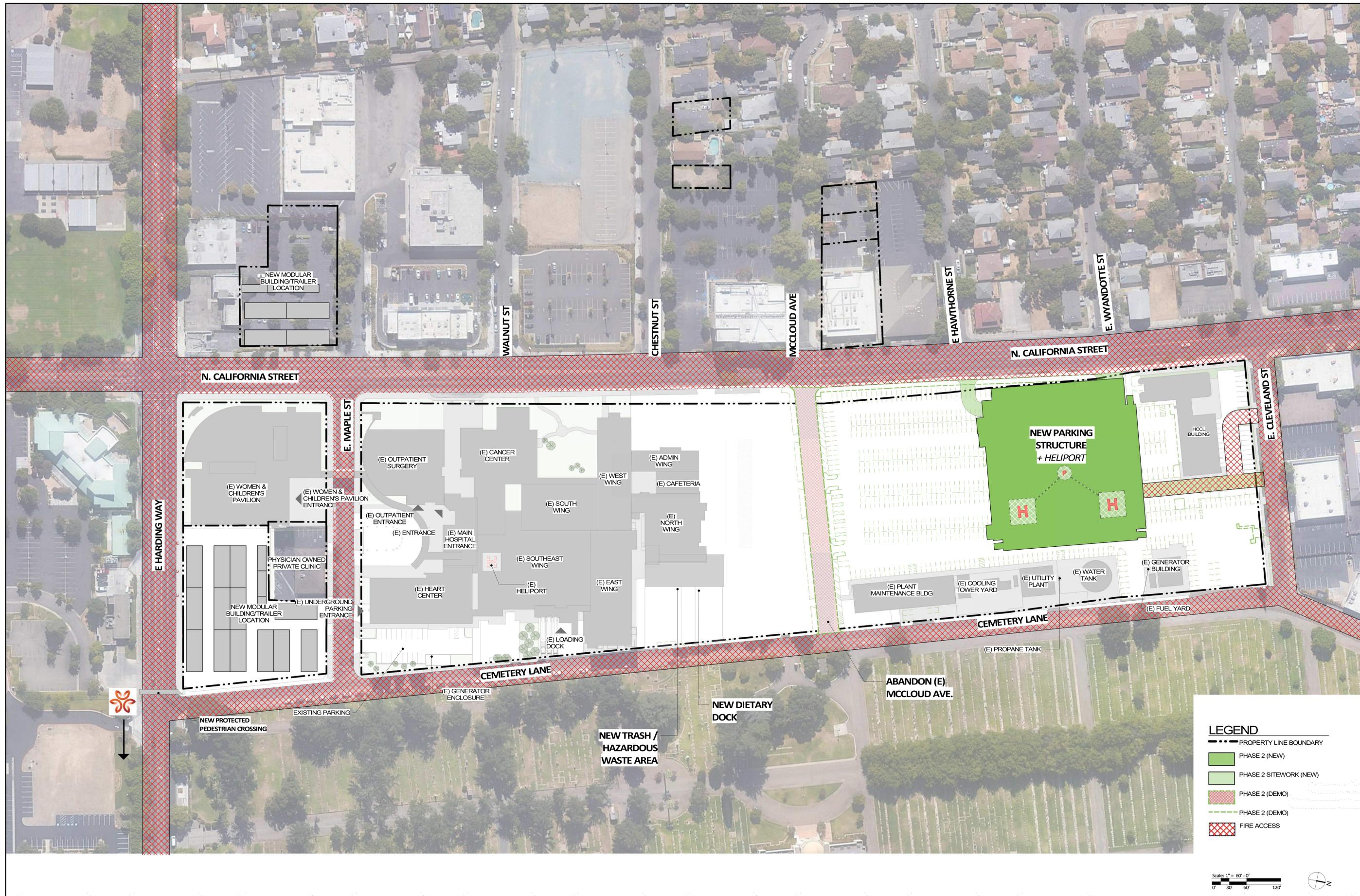
AUGUST 2023

St. Joseph's Medical Center Hospital Expansion Project

DIGNITY HEALTH



4.3.1
CONCEPTUAL PHASE
1 SITE DIAGRAM

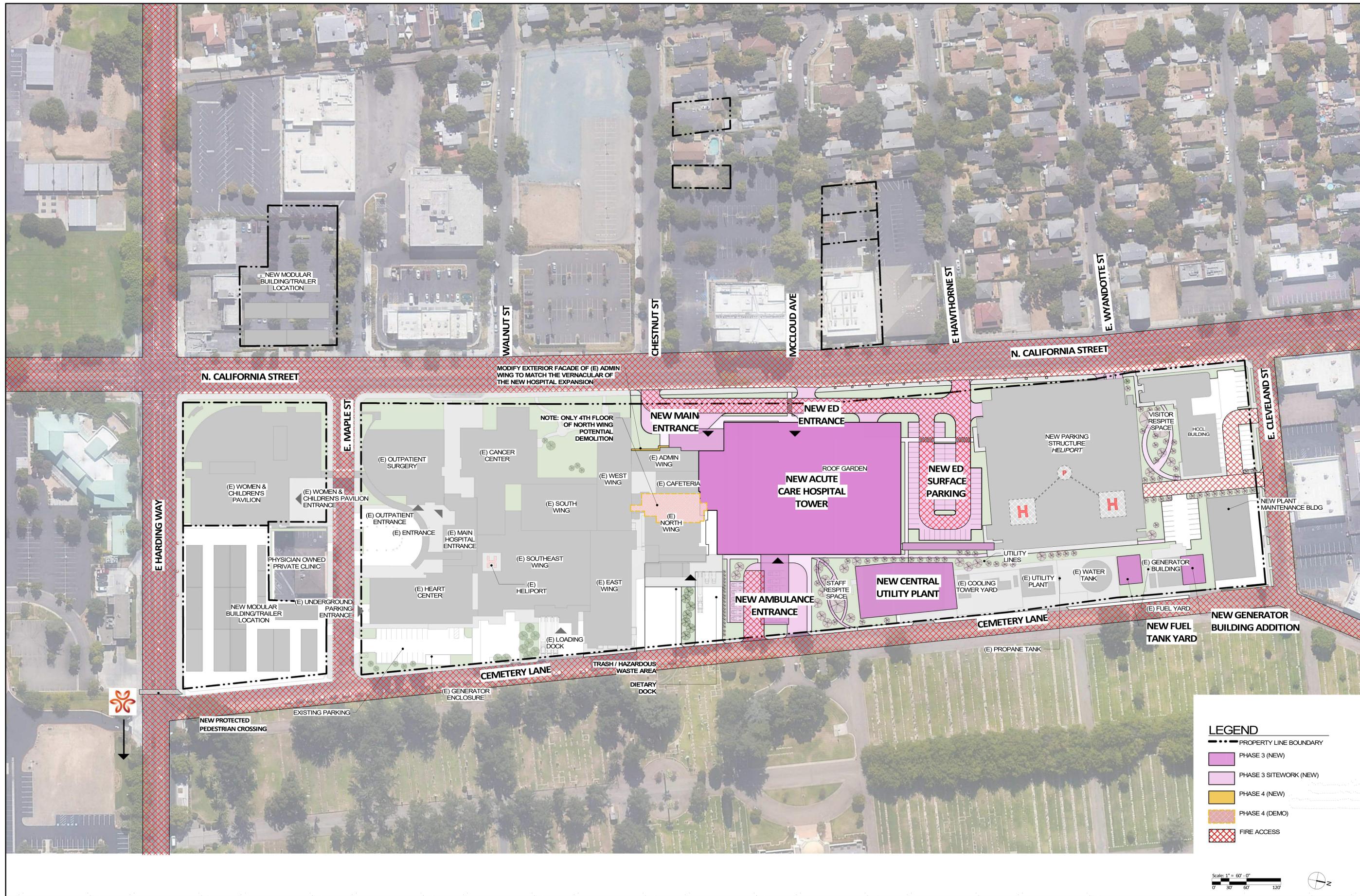


**CONCEPTUAL PHASE 2 SITE DIAGRAM-
OPTION B**
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St. Joseph's Medical Center Hospital Expansion Project
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4.3.2-2
CONCEPTUAL PHASE
2 SITE DIAGRAM-
OPTION B



CONCEPTUAL PHASE 3 & 4 SITE DIAGRAM - OPTION A
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4.3.3-1
CONCEPTUAL PHASE 3 & 4 SITE DIAGRAM - OPTION A



POTENTIAL PHASE 5 EXPANSION AREAS

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4.4
POTENTIAL PHASE 5
EXPANSION AREAS

approvals as delineated in Chapter 8. If additional acute care facilities are added in the future, support buildings (the Central Utility Plant, Generator building and utility yard) may need to expand as well. This would also be subject to the Chapter 8 administrative procedures.

4.5 Future Expansions

Available land for the Medical Center is constrained by both underutilized buildings and the fact that this is an infill site in a commercial area. As the City of Stockton and surrounding region continue to develop, it is likely that the need for medical services also will expand. St. Joseph's outlook is for additional growth, likely on properties contiguous to or nearby the Medical Center. Future regional needs also will dictate requirements for a trauma center and Future Phase expansion will evaluate this objective.

The City of Stockton intends to incorporate and allow for Future Growth within the general policies and standards of this Master Development Plan, utilizing the administrative procedures established in Chapter 8. In light of the fact that no properties are presently identified for expansion beyond "Phase 5," any Future Expansion will be subject to appropriate environmental review under CEQA.

4.6 Seismic Retrofits and Support Utilities

California's Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1973 (Senate Bill 519, or the "1973 Act") established a program of seismic safety building standards for hospitals built on or after March 7, 1973. The 1973 Act has been amended several times, with significant amendments in 1983 and 1994. In 1983, under Senate Bill 961, local authority over hospital construction standards was pre-empted and placed under the authority of OSHPD, now HCAI. The 1973 Act eventually became known as the "Alfred E. Alquist Hospital Seismic Safety Act" (referred to in this Plan as the Hospital Seismic Safety Act or "HSSA") after the Senator that authored the ongoing series of bills related to seismic safety.¹¹ The several bills comprising the HSSA are codified at Health and Safety Code sections 129675-130070.

As construction standards improved after implementation of initial HSSA requirements, structural damage during seismic events decreased, with the result that the impacts of nonstructural damage became more apparent. After the 1994 Northridge earthquake, Senate Bill 1953 (Alquist) was adopted to bring pre-1973 Act buildings in compliance with the HSSA by 2030, and to acknowledge (and require through implementing regulations) nonstructural improvements to critical supportive infrastructure, *i.e.*, utilities and communications systems. State funding has not been included to support the retrofits, requiring nonprofit operators such as St. Joseph's to engage in long-range financial planning to complete the retrofits, to evaluate where retrofits are cost-prohibitive (such as has been described for buildings proposed for demolition under the Plan), and carefully phase improvements so as not to interrupt patient care services.

¹¹ A history of the seismic events that led to the continued and evolving legislation is found in W. Holmes "Background and History of the Seismic Hospital Program in California." (Appendix, Attachment 2) This document is available at <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.483.5431&rep=rep1&type=pdf>, and a copy has been provided to the City.

The overall intent of the HSSA is for both structural and nonstructural components of hospital buildings to be functional immediately after a seismic event. Therefore, the ultimate objective is for acute care hospital buildings to be capable of remaining intact after a seismic event, and also capable of continued operation and provision of acute care medical services. Seismic retrofits are determined through extensive structural modeling and, as described below, include strengthening structural systems, providing back-up for critical utilities, and anchoring piping and ductwork of major equipment within the acute care hospital facilities.

In light of the continued evaluation of safety enhancements by the State (both HCAI and the California Department of Public Health (“CDPH”)) and the evolving legislative and regulatory implementation requirements, the Plan includes seismic retrofits and that are presently required by the HSSA and also standards for implementation of retrofits that may be required in the future. The State maintains jurisdiction over seismic retrofits and will be the approval authority for retrofits as they are implemented over time. Chapter 8 of the Plan will provide an administrative process for City review and approval of future required seismic retrofits that have not been specifically described in the Plan, including additional environmental analysis, where necessary.

As noted above, the State presently requires completion of seismic retrofits prior to January 1, 2030, but deadlines may be extended either on a case-by-case basis or if the Legislature provides flexibility in light of financial challenges imposed on hospitals as a result of the Affordable Care Act and, more recently, the multi-year 2020 Pandemic. The Plan provides flexibility for completion of seismic retrofits during construction of other phases of the Project, or as a separate phase if State deadlines are extended and the expansion project is complete.

Seismic retrofits require careful planning and phasing to avoid disruption in patient care. This Plan is intended to accomplish that objective. As explained in above in the discussion of phasing, the Plan contemplates that the new buildings to be constructed in Phase 2 and 3 will be operational in sufficient time to allow for patient transfer to these new buildings and thereby minimize the loss of patient beds while seismic retrofits are completed in the last phase of the Initial Expansion. Without new buildings in place, there will be a reduction of capacity for all key patient services, including available beds, and diagnostic procedure rooms. The delivery of patient services could be disrupted for two (2) years or more while seismic retrofits are completed.

4.6.1 Regulatory Context and Ratings

State oversight of seismic safety in hospitals includes assignment of “Structural Performance Categories” (“SPC”) ratings to all general acute care hospital buildings. Ratings range from SPC 1 (buildings that may be at risk of collapse during a strong earthquake) to SPC 5 (buildings reasonably capable of providing services to the public following a strong earthquake). It is important to note that buildings rated SPC 2 do not significantly jeopardize life, but may not be repairable or functional following strong ground motion. A hospital will meet the current

requirements of the HSSA if all buildings on campus are either SPC 3, 4 or 5 by January 1, 2030, and the Plan incorporates implementation of these requirements as described in Section 4.6.2.¹²

The Non-structural Performance Categories (“NPC”) also have ratings ranges from 1 to 5, and also include performance criteria by specified deadlines. Improvements categorized as NPC 1 to 4 focus on bracing and anchorage of critical systems such as communications systems, emergency power supply, bulk medical gas systems, fire alarm systems, fire sprinkler systems and emergency lighting equipment and signs indicating the means of egress. retrofits to bracing in ceiling systems, conduits, cable trays, HVAC ducting, piping, and medical and non-medical equipment are also included in NPC 1 to 4 requirements.

Improvements outside of buildings are included in NPC 5 criteria. This includes requirements for onsite supplies of water and holding tanks for sewage and liquid waste, sufficient to support 72-hours of emergency operations, as well as on-site fuel supply for 72-hours of operation.¹³ The non-structural, exterior implementation components of the Seismic Retrofits are described in Section 4.6.4.

Figures 4.6.5-1 through 4.6.5-3 depict the anticipated location of NPC retrofits that are identified in the Plan and that have been included in the FEIR for the Plan. The retrofits are separated into three categories: (1) those required for existing buildings that will not be modified as part of the expansion project, (2) those required for the expansion project, and (3) those required for anticipated Phase 5 expansion.

4.6.2 Anticipated Structural Retrofits

There presently are 22 buildings that fall within the jurisdiction of HCAI that are located on campus. Out of the 22 buildings, there are five (5) buildings (East Wing, South Wing, West Wing, Administration Wing, and North Wing) that are identified for retrofits. An elevator addition is also anticipated at the corner of the north and west wings. The seismic retrofits will impact acute care within the five (5) buildings throughout construction with each construction length varying in time from a few days, a number of months, or permanently removed from service. Service lines within these buildings include: surgery, lab, pharmacy, conference, dietary, administration, and patient units.

Within the five (5) buildings identified, three (3) contain 248 of the 355 licensed beds. Therefore, the construction needed to make the retrofits for seismic compliance will affect the existing patient units as well as supporting services. In the North Wing, the decision to remove the fourth floor will affect the floor below during construction due to vibrations and noise. In the East Wing, the medical – surgical, telemetry unit, and critical care intensive care units will need to be temporarily relocated during construction. Once construction is complete these units can be placed back into service. The South Wing construction includes foundation work. This will mean

¹² HCAI Program Overview. Structural Performance Category (SPC) Ratings (Appendix, Attachment 3) This document is available at <https://hcai.ca.gov/construction-finance/seismic-compliance-and-safety/> (copy on file with the City).

¹³ NPC requirements are described in detail at <https://hcai.ca.gov/construction-finance/seismic-compliance-and-safety/seismic-performance-ratings/#NPC>. (Appendix, Attachment 4) (copy on file with the City).

that the current program will need to be temporarily relocated, and this construction may impact the surgery above due to vibrations through the building.

4.6.3 Fourth Floor of North Wing

The fourth floor of the existing hospital (“North Wing),” is one of the SPC 2 structures. This wing was added onto the existing hospital through a vertical expansion in 1960, and is anticipated to require significant retrofits, including the possible complete removal of the fourth floor to address seismic regulatory requirements set forth under the HSSA. The North Wing Seismic Retrofit is identified within Phase 4 of the Initial Expansion, but may occur in an alternate phase if the State modifies the deadline. Retrofits to the North Wing are anticipated to include, but not be limited to, interior structural modifications that will comply with applicable building codes, replacement of windows, and adjustments to building fenestrations. Design evaluation will include consideration of compatibility with the first through third floors of the North Wing, which are not anticipated to be replaced during this retrofit phase.

The fourth floor of the North Wing was constructed more than 50 years ago, and therefore would possibly qualify as a potential historic resource under Municipal Code Section 16.220.105. The portion of this structure has been evaluated in the Historical Resources Evaluation and Impact Report and does not have historical significance. The demolition of this floor will be reviewed under the procedures in Section 4.9. In short, if the fourth floor is not retrofitted through removal by the State-mandated deadline, a significant disruption in patient services will result.

4.6.4 Anticipated Non-structural retrofits

Twenty-one (21) of the existing Medical Center campus buildings have a mixture of ratings from NPC 2 to NPC 4. As part of the planned retrofits, 16 of the 21 buildings rated NPC 2 will be retrofitted to meet the criteria for NPC 4. As noted above this will be mainly related to nonstructural components to anchor critical systems such as communications systems, emergency power supply, bulk medical gas systems, fire alarm systems, fire sprinkler systems and emergency lighting equipment and signs indicating the means of egress.

4.6.5 Holding Tanks and Supplies for Emergency Water, Wastewater and Energy

All new structures and existing HCAI structures will be required to meet NPC 5 criteria. This designation relates to an overall campus development of onsite supplies of water and holding tanks for sewage and liquid waste, sufficient to support 72-hours of emergency operations.¹⁴ An onsite emergency system as defined in the California Electrical Code is incorporated into the building electrical system for critical care areas. Additionally, the system shall provide for radiological service and an onsite fuel supply for 72-hours of acute care operation. The wastewater holding tanks must be integrated into the building plumbing systems in accordance with the California Plumbing Code

Figures 4.6.5-1 through 4.6.5-3 identify the possible locations of the required emergency holding tanks that can be activated if normal utility services are interrupted. Figure 4.6.5-1 identifies

¹⁴ A shorter duration for storage of on-site supply may be allowed through an emergency plan based on a Water Rationing Conservation Plan that would be developed through agencies of jurisdiction (i.e., HCAI and the California Department of Public Health (“CDPH”). See California Code of Regulations, Title 24, 615.4.1.

holding tanks for the existing Medical Center campus buildings that will remain after the expansion is complete. Figure 4.6.5-2 identifies holding tanks for the expansion of the Acute Care Hospital Tower. Figure 4.6.5-3 identifies holding tanks for the Phase 5 expansion. The locations may change as building design is completed and the size of the holding tanks will be determined based upon State requirements in effect at the time of installation. As noted above, HCAI will have jurisdiction to approve the size and location of the holding tanks. Therefore, after approval of the Plan, St. Joseph’s may propose alternative locations that will be evaluated under the administrative procedures of Chapter 8, including an analysis of whether any new environmental impacts require evaluation.

The approximate capacities of each of the storage tanks is provided in Table 4.6.5-1, below. The required capacities are tentative and are subject to HCAI approval. As State standards evolve (including any additional flexibility that may be allowed in terms of scope of required retrofits), those applicable standards will govern the capacity requirements for all retrofits. Therefore, while the anticipated retrofits described below are based on current standards, HCAI’s approval of retrofits will be premised upon standards applied at the time of the approval. The standards stated in this Plan are not intended to create any additional capacity requirements and may be reduced if approved by HCAI.

Table 4.6.5-1 Storage Tanks

Proposed NPC 5 Retrofits*			
Building Component	Wastewater / Gallons	Domestic Water / Gallons	Fuel Storage / Gallons
Existing Women & Children’s Pavilion	101,850	33,950	Existing
Existing Main Hospital	266,750	88,900	Existing
New Patient Tower	151,200	50,400	32,000
Future Acute Expansion	78,750	26,250	16,000

* Assumes usage of transportable water connection

* Contingent upon future code requirements at the time of submittal, and approval of water conservation plan by CDPH and/or HCAI.

Each of these tanks is anticipated to be required prior to 2030. Both the wastewater and water storage tanks are intended to provide redundant storage and are otherwise not intended to provide additional capacity for regular operations, unless otherwise allowed by State law.

As an alternative to holding tanks, hook-ups that allow for the use of transportable sources of potable water may also be provided in lieu of the on-site storage if a minimum onsite water supply of potable and industrial water is provided, sufficient to support twenty-four (24) hours of operation, without replenishment, based upon an approved Water Conservation/Water Rationing

Plan. If hook-ups are used, there will still be a minimum of one (1) tank with at least 5,000 gallon capacity.¹⁵

4.6.6 Future Safety Retrofit Requirements

As building requirements and seismic and other safety standards evolve over time, additional retrofits (whether to achieve seismic protections or for other health/safety reasons) may be necessary and would be included within the scope of the development policies and design standards of the Plan. Safety retrofits may be presented for approval under the administrative procedures set forth in Chapter 8 and will include, but not be limited to, interior and exterior modifications, replacement of windows, and adjustments to building fenestrations. The Development Policies and Design Standards of the Plan will be applied to future building retrofits and those retrofits will also be subject to approval as “Minor Changes to the Plan” as authorized by Municipal Code Section 16.140.110B and in “substantial conformity” with the Plan if the criteria of Section 8.4.1 of the Plan are met.

4.7 Emergency Public Health Services, Disaster Management and Emergency Services

Medical facilities are a central location for emergency public health services, as well as a crucial resource for disaster management and emergency preparedness for a community. St. Joseph’s has provided these services in the past and has identified the continuation of such services as a key objective for the expansion program.

Figure 4.7 identifies logical locations for emergency service facilities, which can range from tented treatment areas that may include testing or vaccination services (similar to what was in place at many medical facility locations during the 2020 Pandemic), to mobile technology treatment locations. Emergency public health service facilities will be located in close proximity to critical services provided within the buildings; i.e., radiology and emergency department.

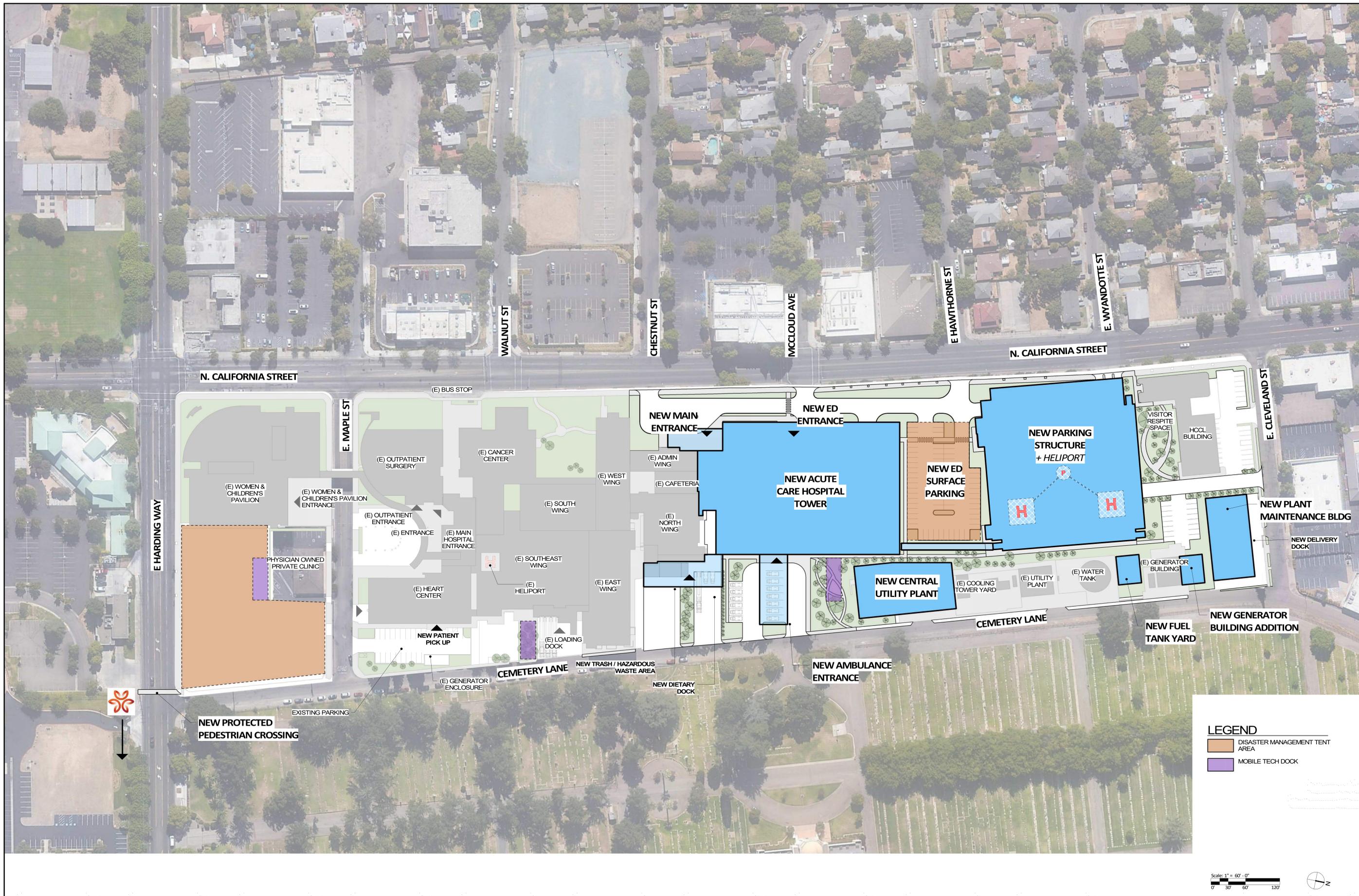
Due to the available locations, emergency service facilities may temporarily impact available parking stalls which would reduce the current parking ratio of 3.7 stalls per licensed bed, and the maximum ratio of up to 5.6 stalls per licensed bed. (As noted in Section 4.2.5, an alternative size of the Parking Structure is included in the Plan, which would result in an actual lower ratio per bed, with the potential for increased off-site parking, if necessary.) When these emergency services are being provided the parking ratio shall be allowed to be reduced temporarily for the duration of the services provided.

The Municipal Code provides an exemption to the requirement for a temporary use permit for “[e]mergency public health and safety needs and use activities.” Municipal Code section 16.164.030(A)(5). In light of this exemption and the intended nature of proposed temporary facilities for emergency public health services, disaster management and emergency preparedness, no additional City approval is anticipated to be required. Hospital management will continue to work closely with City staff, as it has in the past, to provide information on available resources in times of emergency needs.

¹⁵California Code of Regulations, Title 24, Section 615.4.1.







DISASTER MANAGEMENT PLAN

AUGUST 2023

St. Joseph's Medical Center Hospital Expansion Project

DIGNITY HEALTH



4.8 Internal Circulation and Access to the Medical Center

Several new vehicular public driveways to access the new hospital building are planned off N. California Street. Two (2) driveways would provide public access to the new main entrance to the hospital building and to the Emergency Department via a vehicle concourse. The third and fourth driveways would provide access to the new Parking Structure. Staff vehicular access to the Parking Structure is located off E. Cleveland Street. Staff will be directed to use this access to minimize traffic at the front of the facility. Visitors and staff will be directed to the exit off of E. Cleveland. This should reduce traffic on N. California. These enhancements will improve the visibility of the Emergency Room and reduce driving times for families bringing patients to the Emergency Room or arriving to provide support during stressful times. The reduction of driving time by even a minute can considerably enhance patient experiences.

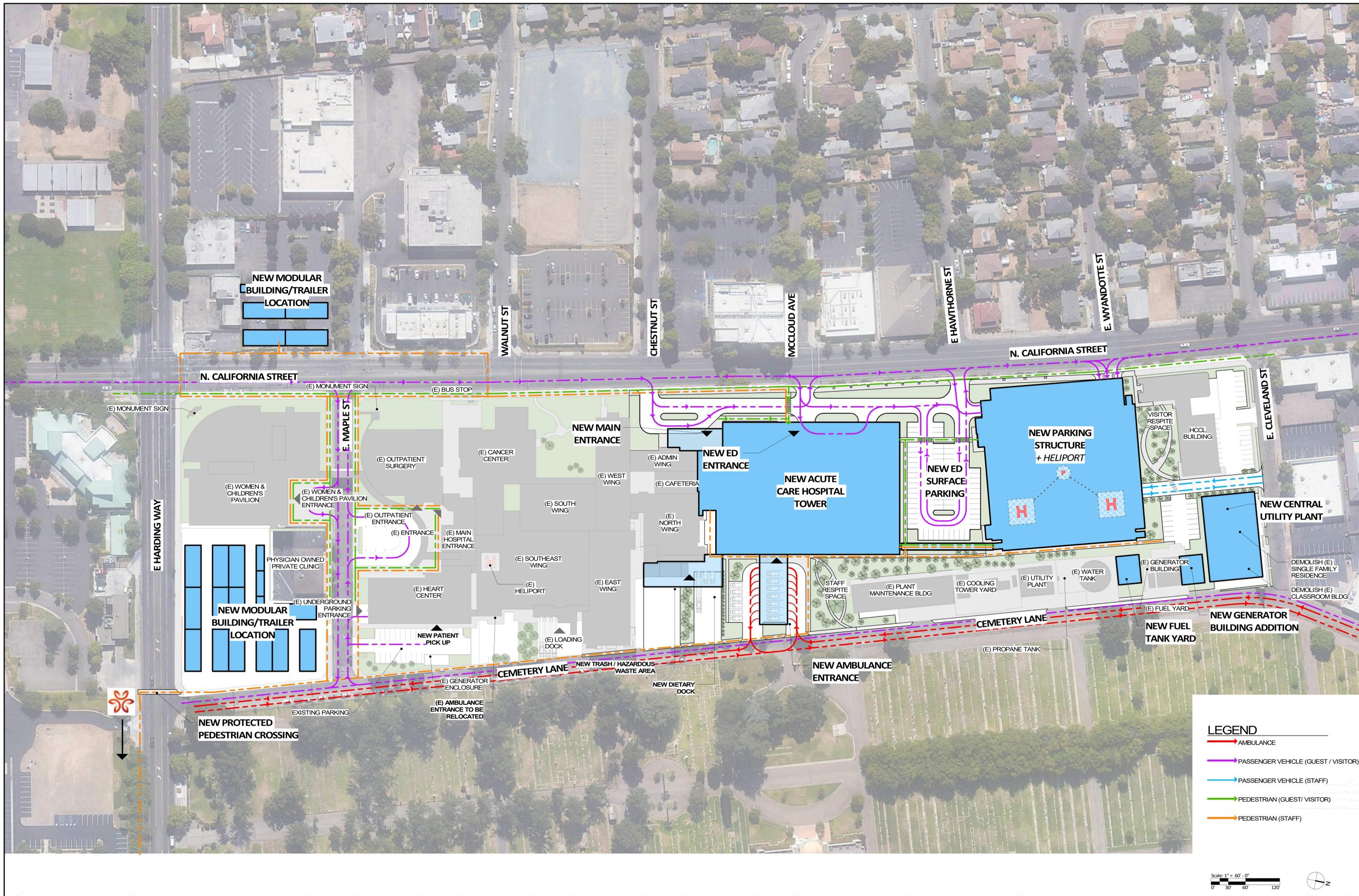
Ambulance access to the facility would remain from Cemetery Lane but is moved farther north closer to the east elevation of the new Acute Care Hospital Tower, with expanded drop off locations and canopy. Two (2) new ambulance driveways will be added providing a covered setting for patient drop-off and ambulance parking.

On Cemetery Lane, several new driveways will be added and or modified to access the new hospital building. A new sidewalk will be added to improve pedestrian circulation between E. Maple Street and E. Harding Way. Re-development of the Medical Center will include pedestrian signal enhancements to improve pedestrian safety for walking from off-campus leased facilities at the corner of E. Harding Way and Cemetery Lane. Finally, with the removal of McCloud Avenue, the rear of the Medical Center (i.e., backing up to Cemetery Lane) will become more focused on hospital support traffic, creating a separation with most of the patient and visitor traffic flow.

Access to and circulation within the Medical Center, as well as pedestrian signal enhancements, are depicted on Figures 4.8-1 and Figure 4.8-2.

Bicycle access will be consistent with the City's proposed Streetscape Master Plan¹⁶ and N. California Street roadway improvements which are further detailed in chapter 5. Access points into the campus along N. California St are depicted in Figure 4.1-1. New driveways will be coordinated with the City's proposed Streetscape Master Plan, with initial design depicted in the enlarged plan below (Figure 4.8-3). Any changes in access points will be included in the submittal for Final Site Plan review provided for under Chapter 8.2.2.

¹⁶ City of Stockton Proposed Streetscape Master Plan (Appendix,) Attachment 14



SITE CIRCULATION DIAGRAM - OPTION B

AUGUST 2023

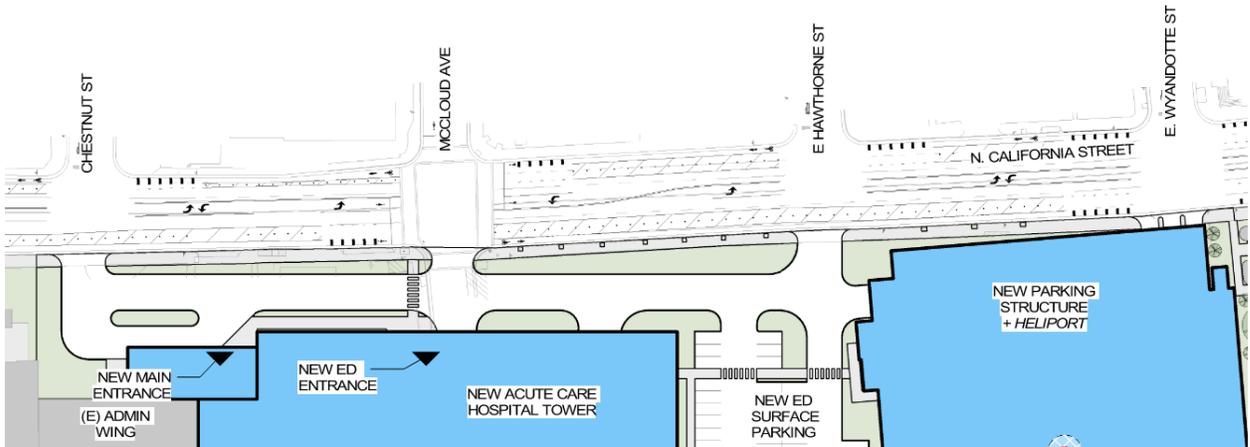
St. Joseph's Medical Center Hospital Expansion Project

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4.8-2
SITE CIRCULATION
DIAGRAM - OPTION B

Figure 4.8-3 Driveways on N. California St. in conformance with Streetscape Master Plan



4.9 Removal of Existing Buildings

In addition to the seismic retrofits that may be required for the 4th Floor of the North Wing, to provide optimal operations for the new Acute Care Hospital Tower and Parking Structure and otherwise maximize use of this in-fill property, it is necessary to remove several outdated buildings. Removal of underutilized buildings not used for acute care services will make room for the construction of the Acute Care Hospital Tower and the expansion of Graduate Medical Education for doctors, nurses, physical therapists, other medical professionals and technical support staff.

A Demolition Site Plan (Figure 4.9-1) is included within this Master Development Plan to provide the framework for the structures presently under consideration for removal, which are described in more detail below. Additional buildings may also be identified for removal in the future.

Under the Municipal Code, demolition of a building that qualifies as a “historic resource” requires a “historic demolition or relocation permit.” Two (2) criteria govern the determination of whether a building has historic significance: (1) if the building is a “City Landmark or is a contributing structure located in an Historic District” or (2) the building was constructed or in place at least 50 years before the date of the application for demolition. (Municipal Code section 16.220.105).

This Master Development Plan, the accompanying FEIR, and the “Historical Resources Inventory and Evaluation Report” for the St. Joseph’s Hospital Master Plan Project (which is included in the FEIR (“Historical Resources Report”)), provides the information required under Municipal Code Section 16.220.105 to allow the City to make a determination regarding any historic resources and the required process for demolition of the following buildings. The year of construction is provided in parentheses.

- Main Hospital Wing (1800 N. California Street, APN 127-180-44) (Built 1916)
- Hazardous Waste Storage (also referenced as Heating Plant Generator Building) (APN 127-180-44) (Built 1917)
- McCloud Building ([542 McCloud Avenue, APN 127-180-44) (Built 1928)

- North Wing, 4th Floor only if necessary to meet seismic requirements (APN 127-180-44) (Built 1957)
- Small CMU block structure which houses the bio-hazard autoclave and associated refuse compactor and bins (East of McCloud Bldg. APN 127-180-44) (Construction Date approximately 2009)
- 564 E. Cleveland Street classroom building (APN 127-164-06) (Built 1951)
- Small landscape storage building (East of McCloud Bldg. APN 127-180-44) (Construction Date Pending)
- Single family residence (554 E. Cleveland Street, APN 127-164-16, construction estimated at 1979). This residence is owned by PCOC and is unoccupied.
- Plant Maintenance Shop Building (APN 127-174-30) (Built 1983).

The Historical Resources Report concludes that none of the structures has historical registration or significance because of the extensive patchwork of remodeling, including the addition of the North Wing 4th floor to an existing building and other remodeling that has occurred over the years.

Of the preceding structures, five (5) are confirmed to be over fifty (50) years old: the Main Hospital Wing, the Hazardous Waste Storage, the McCloud Building, the North Wing, 4th Floor, and the 564 E. Cleveland Street classroom building. The Cultural Heritage Board considered potential historical significance of the five (5) structures and approved a Certificate of Appropriateness for demolition.

In addition to the structures to be removed, the Master Development Plan identifies that an existing on-campus green space respite area for staff, will be re-located and re-designed to accommodate the new Acute Care Hospital Tower. This outdoor area is presently located in between technical support buildings and serves multiple purposes, including storage. Development of the new Central Utility Plant will require relocating existing surface parking to the new Parking Structure. The removal of the parking lot will be subject to an administrative process (i.e. building permit) within the City's existing requirements for "alteration" of a private parking lot under Municipal Code Section 15.04.250.

The portion of McCloud Ave between N. California Street and Cemetery Lane, that is currently owned by PCOC has been previously abandoned, but underground public and private utilities will require relocation to make way for the new Acute Care Hospital Tower, which will sit over of the currently abandoned road location. The utility easements will need to be abandoned as part of the Project implementation, and relocation of utilities in the abandoned roadway will be discussed further in Chapter 5, and coordinated with the City of Stockton and Cal Water.

As noted above, the existing surface parking lot north of McCloud Avenue will be removed and replaced with an above ground Parking Structure.

4.10 Interim Parking and Construction Trailers

With the removal of existing parking (see Table 4.2.5-1), temporary parking will be required. Interim parking is contemplated to occur on nearby parcels with 24-hour shuttle services for staff and visitors. Vehicle and pedestrian wayfinding signage will be included with the interim parking and temporary building lots.

Parcels identified for temporary parking will be depicted in the Parking Plan¹⁷. The Plan contemplates the use of off-campus facilities, under appropriate Temporary Activity Permits (Municipal Code Section 16.164.030), if required.

Construction trailers are contemplated to be on-campus and located at the discretion of St. Joseph's and the General Contractor. Any construction trailers located off-campus will be subject to Municipal Code standards.

4.11 Solar Study

St. Joseph's has reviewed the height of the proposed structures and studied the shade path of the Acute Care Hospital Tower and Parking Structure during the summer and winter solstice which are peak times for maximum and minimum daylight. The depiction of shading effects from the proposed structures in the technical study (submitted with the Plan documents) is intended to provide general design parameters for the ultimate design of the proposed structures; i.e., shade path is intended to be generally similar to that determined through the shade study.

During winter solstice the solar study rendered the shade path during the effective daylight hours of 8am to 4pm and is depicted in Figure 4.11-1. At 8am the proposed Hospital Tower and Parking Structure cast shadows to the west and by 9am nearly all the shadows are cast onto N. California Street or parking lots adjacent to the thoroughfare. As the sun moves to the 10am and 11am positions a shadow is cast upon E. Cleveland Street and a portion of the north elevation of the building across E. Cleveland Street. By noon all shadows cast are upon St. Joseph's property or the cemetery across the street for the duration of the day.

As summer begins, the effective daylight hours are 6am to 6pm as depicted in Figure 4.11-2. At 6am the shadow from the Hospital Tower and Parking Structure fall upon the multi-story medical office building and residences to the west. By 8am all shadows are effectively on N. California Street. Between 10am and 3pm all shadows are cast on property with the remainder of the day casting shadow onto Cemetery Lane and the cemetery.

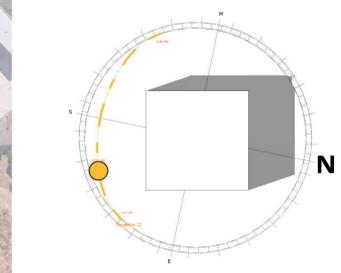
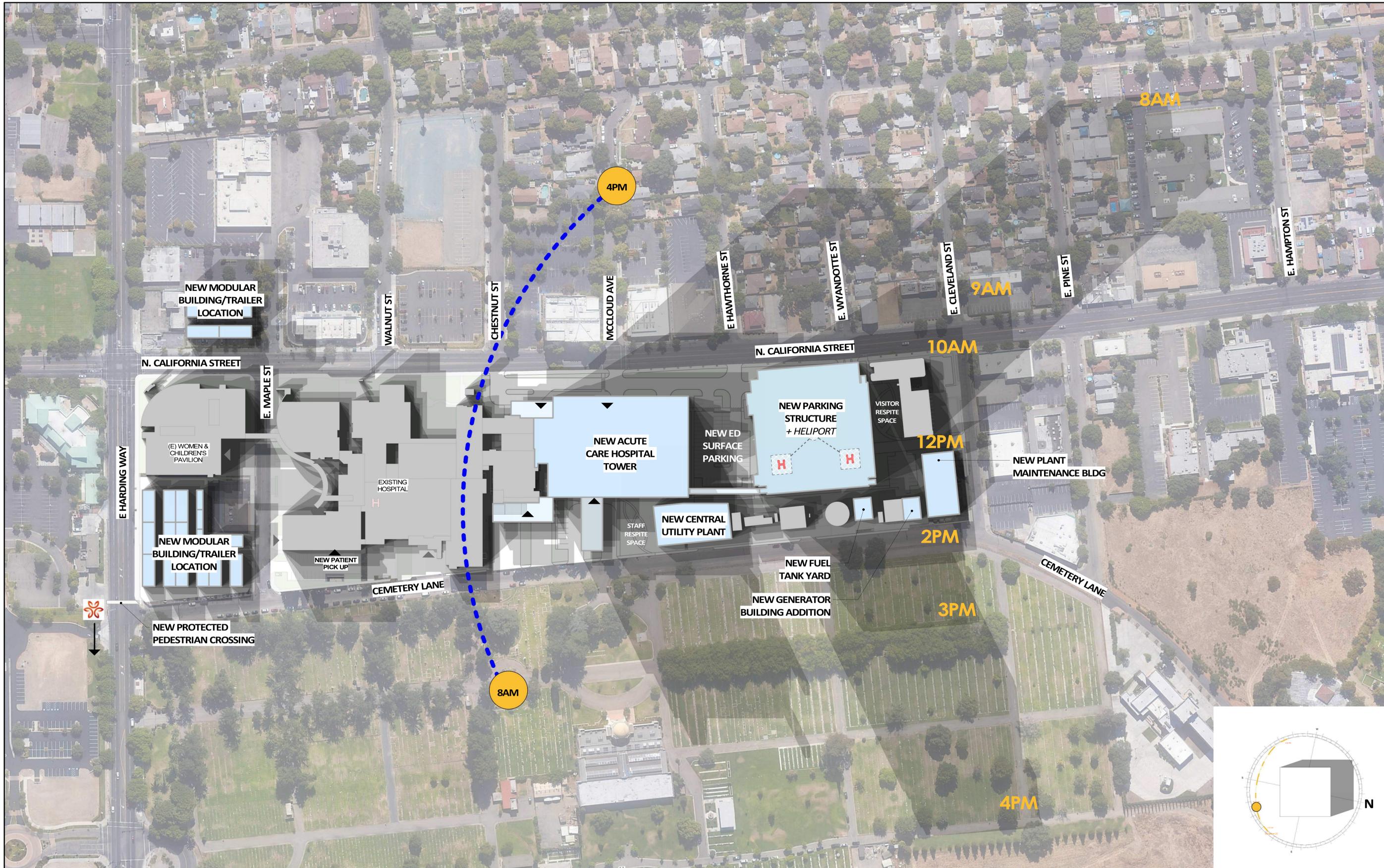
4.12 Community Amenity

Stockton Municipal Code section 16.140.070(D) requires an "amenity" that is of a "permanent nature" for each Master Development Plan area. Typical projects relying upon a Master Development Plan are mixed-use projects, often with a residential component, which creates a burden on City services and City facilities. The requirement for an amenity is intended to offset such impacts to City resources.

The expansion of the Medical Center does not include any residential component. Impacts to City infrastructure and related services will be mitigated through the approved Environmental Impact Report, mitigation measures, and related conditions of approval.

Significant economic benefits will accrue from the planned expansion, both short term (i.e., during construction) and long term (i.e., as the Medical Center operates through expanded facilities).

¹⁷ St Josephs Medical Center, Hospital Expansion Project Parking Plan (Appendix, Attachment 15)



Scale: 1" = 80' - 0"
 0' 40' 80' 160'

SOLAR STUDY - WINTER

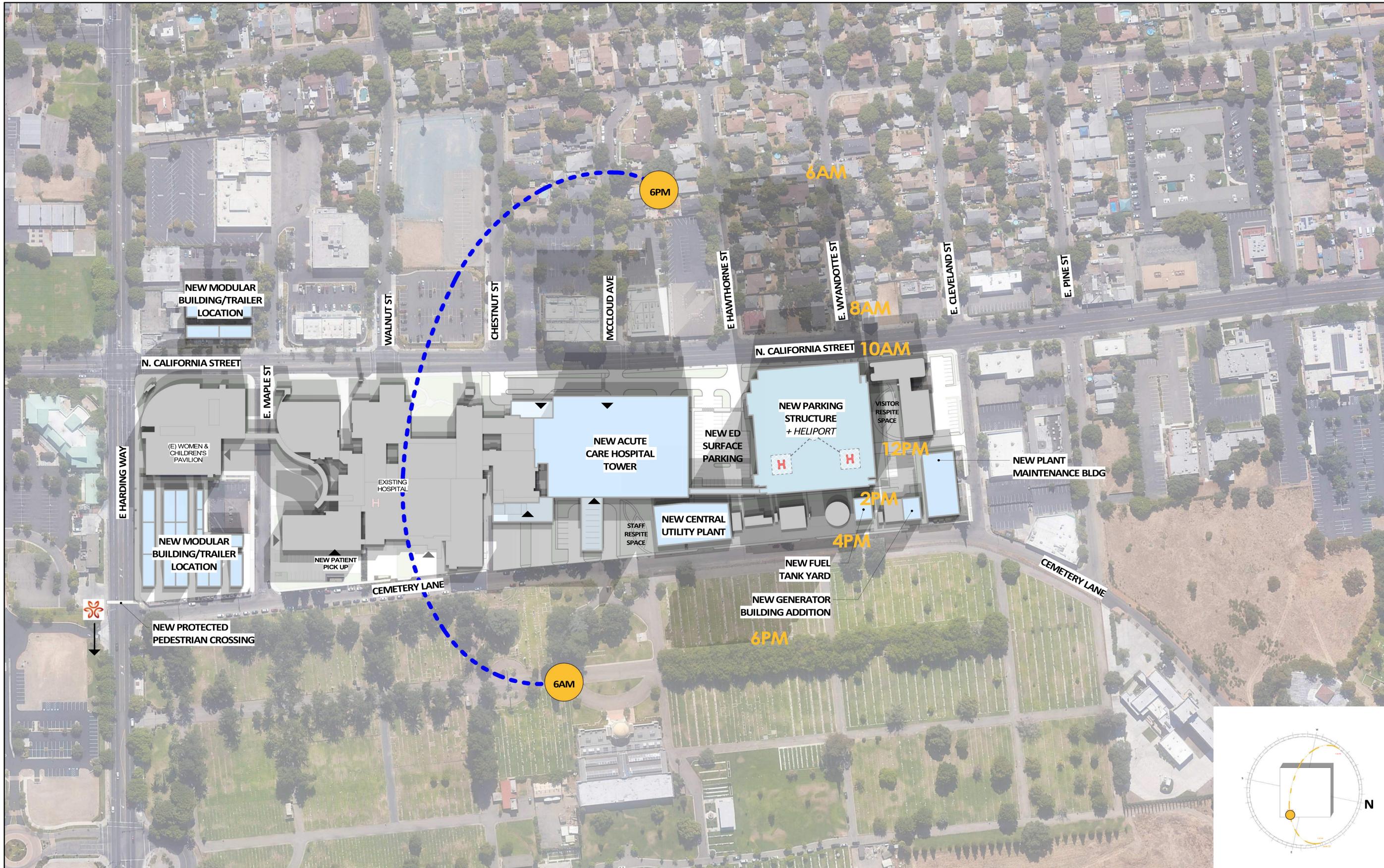
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St. Joseph's Medical Center Hospital Expansion Project

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4.11-1
 SOLAR STUDY - WINTER



SOLAR STUDY - SUMMER

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St. Joseph's Medical Center Hospital Expansion Project

DIGNITY HEALTH



4.11-2
SOLAR STUDY -
SUMMER

Additional construction-related and permanent jobs will result directly at the Medical Center campus. Surrounding business will benefit with spending by the larger pool of Medical Center employees. The presence of additional professional students in the Graduate Medical Education program also contributes to the improved economic and social health of the community.

In addition to this economic benefit, St. Joseph's demonstrated to the satisfaction of the City the ongoing, multi-year history of substantial community benefit contributions. For example, over a three-year period preceding project approval (2018-2021), St. Joseph's made a combined investment of \$219 million in unreimbursed care, community benefit services, and other community health support amenities. St. Joseph's partners with the City and community organizations on regional initiatives to address homelessness, and also contributes to multiple programs that improve health access for the underserved and most vulnerable residents in the City and surrounding communities. St. Joseph's joins other nonprofit organizations who programs respond to priority health needs identified through the San Joaquin County Community Health Needs Assessment. The community benefit contributions will continue into the future and St. Joseph's has agreed to memorialize in the development agreement this expected ongoing commitment to community benefit services.

Based on the economic and community benefit contributions from St. Joseph's and the Project, the City acknowledged that the Medical Center expansion will result in a net contribution to the City, as opposed to imposing additional burdens on the City budget or City resources. The Medical Center expansion is the amenity of a permanent nature sufficient to satisfy the requirement of Municipal Code section 16.140.070(D).

5 Infrastructure and Services

5.1 Introduction/Purpose

This Chapter identifies the utility infrastructure needed to accommodate the Medical Center expansion. As described in the previous Chapter, the Initial Expansion includes a new Acute Care Hospital Tower, a new multi-tiered Parking Structure, new support buildings (Plant Maintenance building, fuel tank yard, modular buildings and temporary trailers, and a Generator building), and under one development option a new Central Utility Plant (CUP). This Chapter focuses on the Medical Center's existing and proposed infrastructure lines, reconfiguration, and upgrades needed to support the expansion. The Plan includes maximum expansion for the Medical Center and technical analyses of utility infrastructure requirements are based on those assumptions. If the Medical Center buildings are reduced in size at the time of final Site Plan submittal, infrastructure improvements may be reduced in scope if supported by updated technical analyses.

In addition to the Initial Expansion (Phases 1-4), the Plan also includes a Phase 5 Expansion, and a Future Phase. (See Chapter 4, Section 4.3-4.5.) Utility infrastructure needs have also been identified and are included in this Plan for Phase 5. To the extent the Future Phase utility infrastructure requirements have been identified at the time of Plan approval, those requirements will be included within the Plan. However, as described in Chapter 8 (Administration), additional technical studies may be required in the future prior to implementation of what has been described elsewhere within the Plan as the Future Phase.

In addition to utility infrastructure, this Chapter also identifies traffic improvements that will be needed to serve the Medical Center expansion. Finally, the Chapter includes a review of fire safety requirements for both the expansion and existing Medical Center campus buildings that will remain in use.

Each of the infrastructure requirements and service areas has been fully analyzed in the FEIR for the Project. The FEIR analyses rely upon the technical studies referenced in this Chapter, and which have been included as appendices to the Plan. Detailed discussion of impacts and related mitigation requirements are included in the FEIR and are not described in the Plan. Specific mitigation measures identified in the FEIR will be incorporated into Project approvals.

5.2 ALTA Survey, Parcel Map, and Utility Relocation Plan

An ALTA survey prepared for the Medical Center campus formed the basis for the existing infrastructure analysis. The boundary survey map is attached as Figure 5.2-1. The complete ALTA survey is included in the Appendix as Attachment 5 to this Plan. As noted in the discussion of the Site Plan in Chapter 4, a feature of the Medical Center campus expansion is the construction of the new Acute Care Hospital Tower over existing McCloud Avenue. The City abandoned McCloud Avenue in 1978¹⁸, and the underground utilities currently located in the McCloud Avenue utility easement will need to be abandoned and relocated to accommodate the construction of the new Acute Care

¹⁸ City Council Resolution No. 35,707, October 27, 1978, included in the Plan in the Appendix as Attachment 6.

Hospital Tower. The existing utility easements will be abandoned, and the new easement locations will be identified through the preparation and approval of the Final Parcel Map (see Chapter 7.11). The narrative below describes the planned utility relocations, with a conceptual relocation plan included as Figure 5.2-2 and a conceptual dry utility relocation plan included as Figure 5.2-3. With the relocation of multiple utilities into Cemetery Lane, a more detailed depiction of utility locations in this street is depicted in Figure 5.2-4. The detailed design elements will be determined during preparation of improvement plans and approved by the City Engineer.

5.3 Storm Drainage and Stormwater Management

Under the City's Floodplain Management Ordinance (Chapter 16.90 of the Municipal Code, and more specifically section 16.90.0200), approval of any discretionary permit requires analysis that adequate flood control protection is in place or will be constructed as part of a project. The Medical Center campus is designated as Flood Zone X with reduced flood risk due to levee improvements in the Flood Rate Insurance Map (FIRM)¹⁹ Zone X is an area that has a chance of flood from the 500-year (0.2%) event and is in an area that is protected by levees from the 100-year (1%) event.

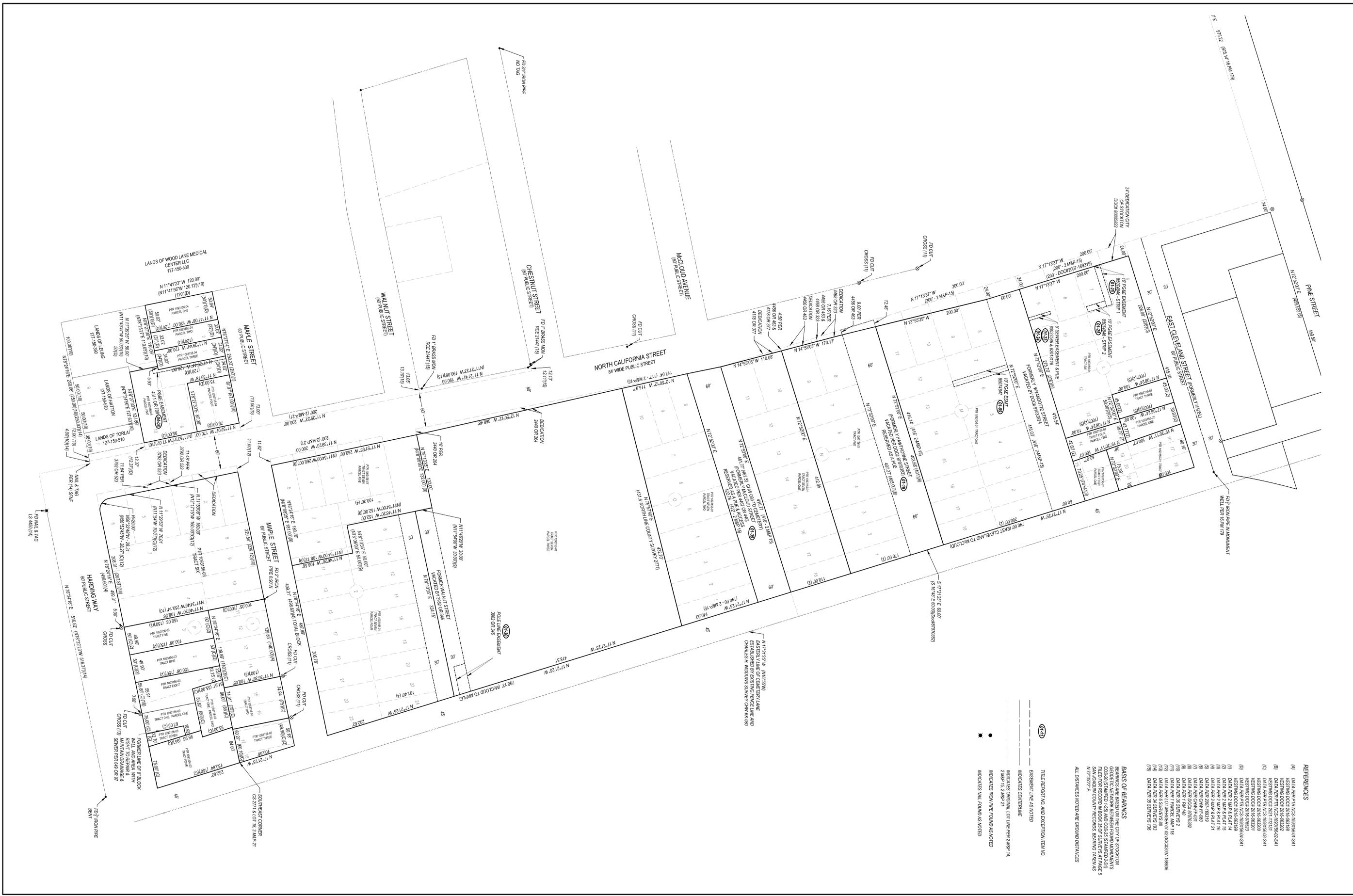
The local storm drain infrastructure is owned and maintained by the City of Stockton. See the City's Storm Drain Maps (Figure 5.3-1) for location of the drainage facilities around the project. In N. California Street, there is an existing storm drain line (ranging in size from 12-inches in the north to 18-inches in the south) that collects storm water and conveys it south to a 60-inch storm drain main in E. Harding Way. In Cemetery Lane, there is an existing storm drain line (ranging in size from 10-inches to 14-inches) that collects storm water and conveys it south to a 60-inch storm drain main in E. Harding Way. The existing 60-inch storm drain main in E. Harding Way collects the storm water from N. California Street and Cemetery Lane and conveys it to the southwest.

The existing on site drainage system connects to the off-site drainage system in the surrounding streets at multiple locations. The following existing storm drain service lines currently serve the Medical Center campus:

N. California Street

- 12-inch storm drain line, tie-in at N. California Street and Cleveland Street
- 10-inch storm drain line, tie-in at N. California Street and E. Wyandotte Street
- 10-inch storm drain line, tie-in at N. California Street and E. Hawthorne Street
- 10-inch storm drain line, tie-in at N. California Street and E. Hawthorne Street
- 12-inch storm drain line on N. California Street and McCloud Avenue
- 10-inch storm drain line, tie-in at N. California Street and E. Chestnut Street
- 10-inch storm drain line, tie-in at N. California Street and Walnut Street
- 12-inch storm drain line, tie-in at N. California Street and Maple Street
- 12-inch storm drain line, tie-in at N. California Street and Maple Street

¹⁹ Panel number 06077C0460F, effective October 16, 2009.



REFERENCES

- (A) DATA PER PRR ACS 000156-01-5A1
- (B) DATA PER PRR ACS 000156-01-5A1
- (C) DATA PER PRR ACS 000156-01-5A1
- (D) DATA PER PRR ACS 000156-01-5A1
- (E) DATA PER PRR ACS 000156-01-5A1
- (F) DATA PER PRR ACS 000156-01-5A1
- (G) DATA PER PRR ACS 000156-01-5A1
- (H) DATA PER PRR ACS 000156-01-5A1
- (I) DATA PER PRR ACS 000156-01-5A1
- (J) DATA PER PRR ACS 000156-01-5A1
- (K) DATA PER PRR ACS 000156-01-5A1
- (L) DATA PER PRR ACS 000156-01-5A1
- (M) DATA PER PRR ACS 000156-01-5A1
- (N) DATA PER PRR ACS 000156-01-5A1
- (O) DATA PER PRR ACS 000156-01-5A1
- (P) DATA PER PRR ACS 000156-01-5A1
- (Q) DATA PER PRR ACS 000156-01-5A1
- (R) DATA PER PRR ACS 000156-01-5A1
- (S) DATA PER PRR ACS 000156-01-5A1
- (T) DATA PER PRR ACS 000156-01-5A1
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- (V) DATA PER PRR ACS 000156-01-5A1
- (W) DATA PER PRR ACS 000156-01-5A1
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- (Z) DATA PER PRR ACS 000156-01-5A1

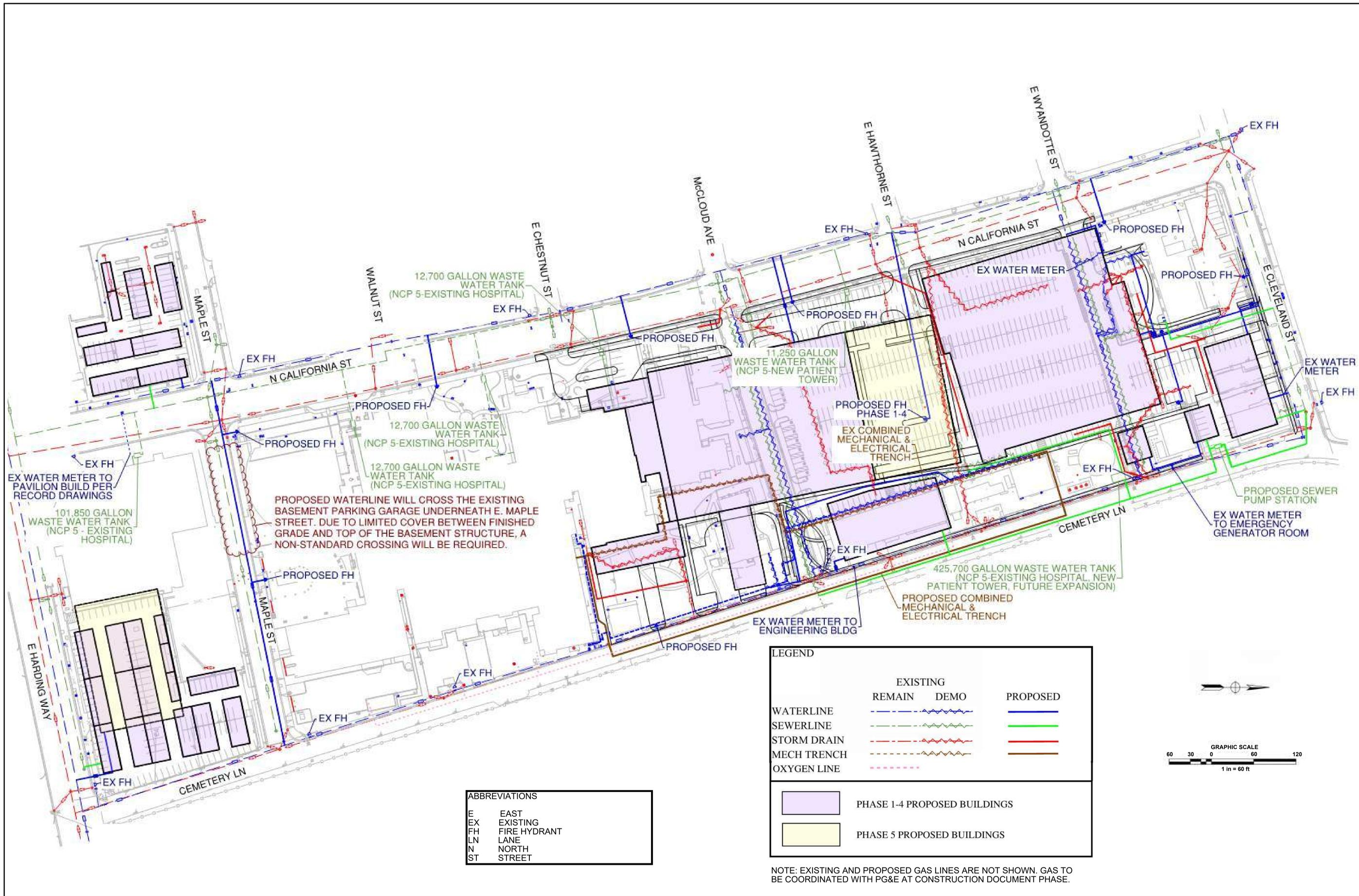
BASIS OF BEARINGS

BEARINGS ARE BASED ON THE CITY OF STOCKTON
 COORDINATE SYSTEM (NAD 83) AND COORDINATE SYSTEM
 (NAD 83) SHOWN ON THE CITY OF STOCKTON
 SAN JOAQUIN COUNTY RECORDS BEARING TAPE WAS
 IN THE YEAR 1988.

ALL DISTANCES NOTED ARE GROUND DISTANCES

- (E) TITLE REPORT NO. AND EXCEPTION ITEM NO.
- (E) EASEMENT LINE AS NOTED
- (E) INDICATES CENTERLINE
- (E) INDICATES ORIGINAL LOT LINE PER 2004-14
- (E) 2004-14 2-MAR-21
- (E) INDICATES IMPROVED FOUND AS NOTED
- (E) INDICATES WALL FOUND AS NOTED





UTILITY RELOCATION PLAN

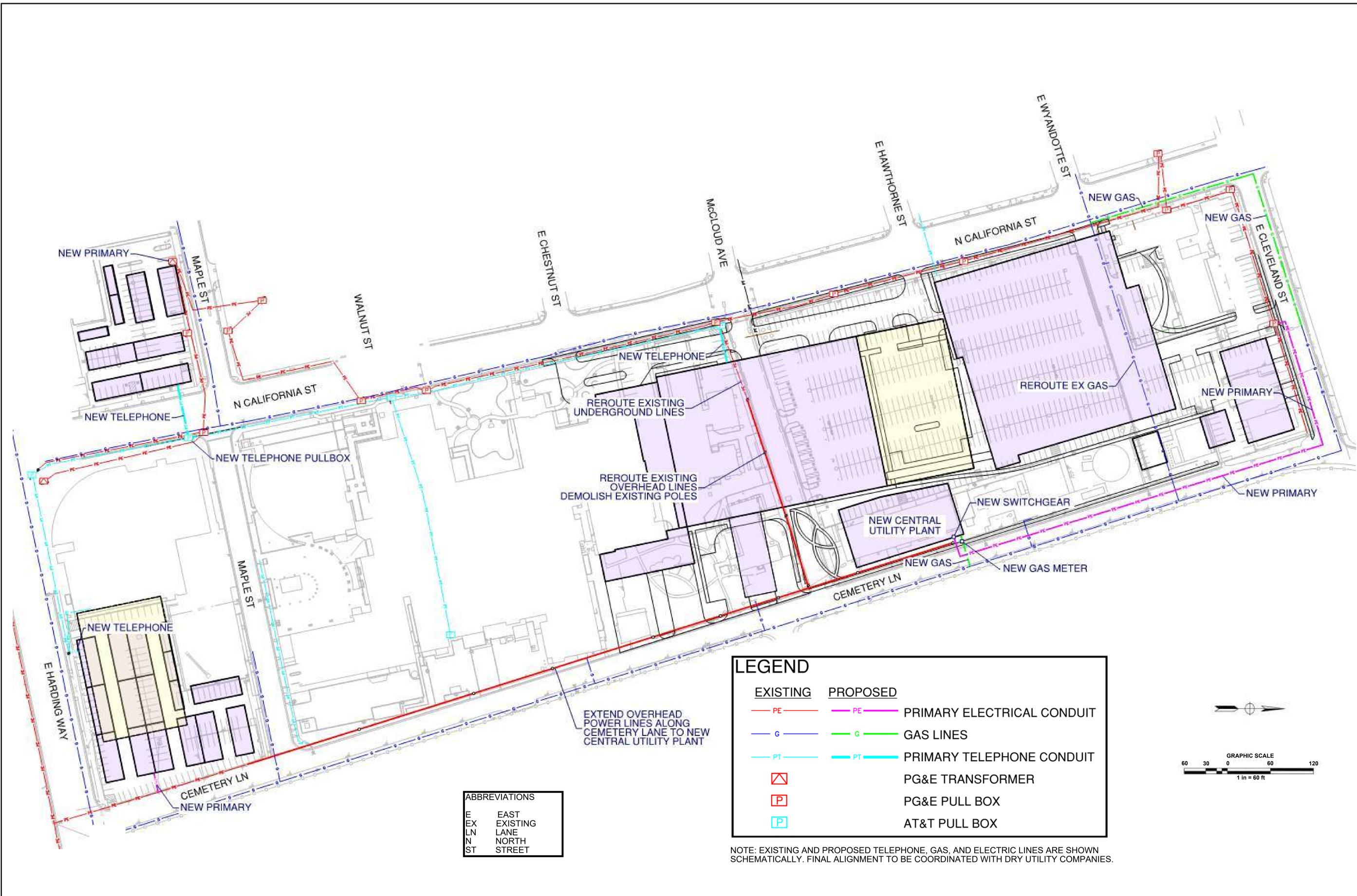
AUGUST 2023

St. Joseph's Medical Center Hospital Expansion Project

DIGNITY HEALTH



5.2-2
UTILITY RELOCATION PLAN

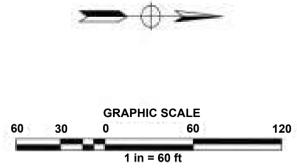


ABBREVIATIONS

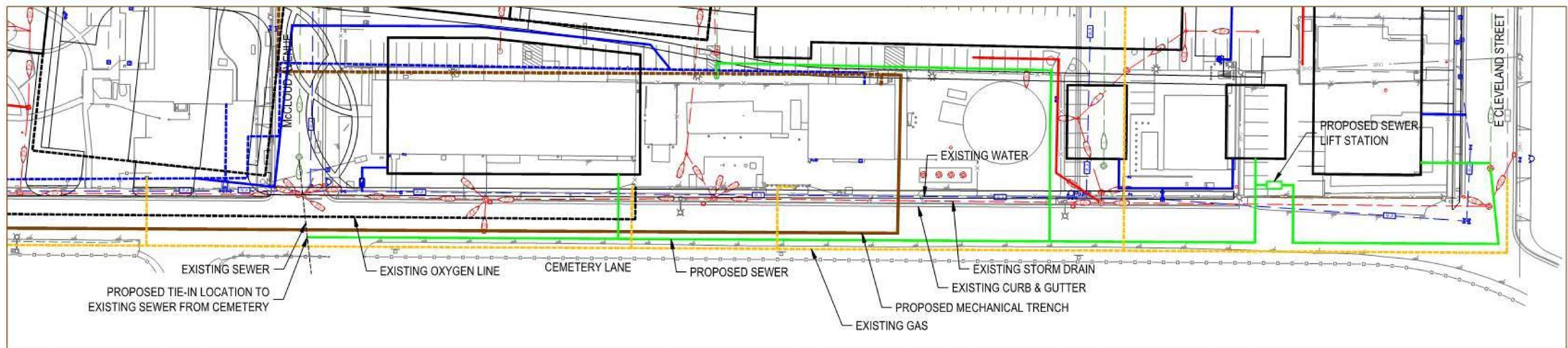
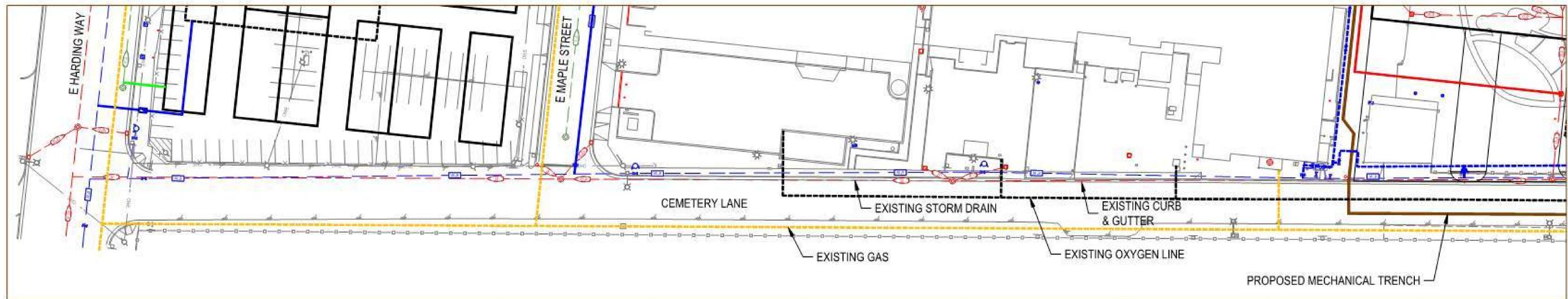
E	EAST
EX	EXISTING
LN	LANE
N	NORTH
ST	STREET

LEGEND

EXISTING	PROPOSED	
PE (red line)	PE (magenta line)	PRIMARY ELECTRICAL CONDUIT
G (blue line)	G (green line)	GAS LINES
PT (cyan line)	PT (cyan line)	PRIMARY TELEPHONE CONDUIT
⊠ (red square)		PG&E TRANSFORMER
P (red square)		PG&E PULL BOX
P (cyan square)		AT&T PULL BOX

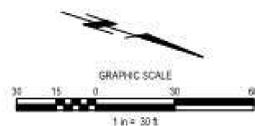


NOTE: EXISTING AND PROPOSED TELEPHONE, GAS, AND ELECTRIC LINES ARE SHOWN SCHEMATICALLY. FINAL ALIGNMENT TO BE COORDINATED WITH DRY UTILITY COMPANIES.



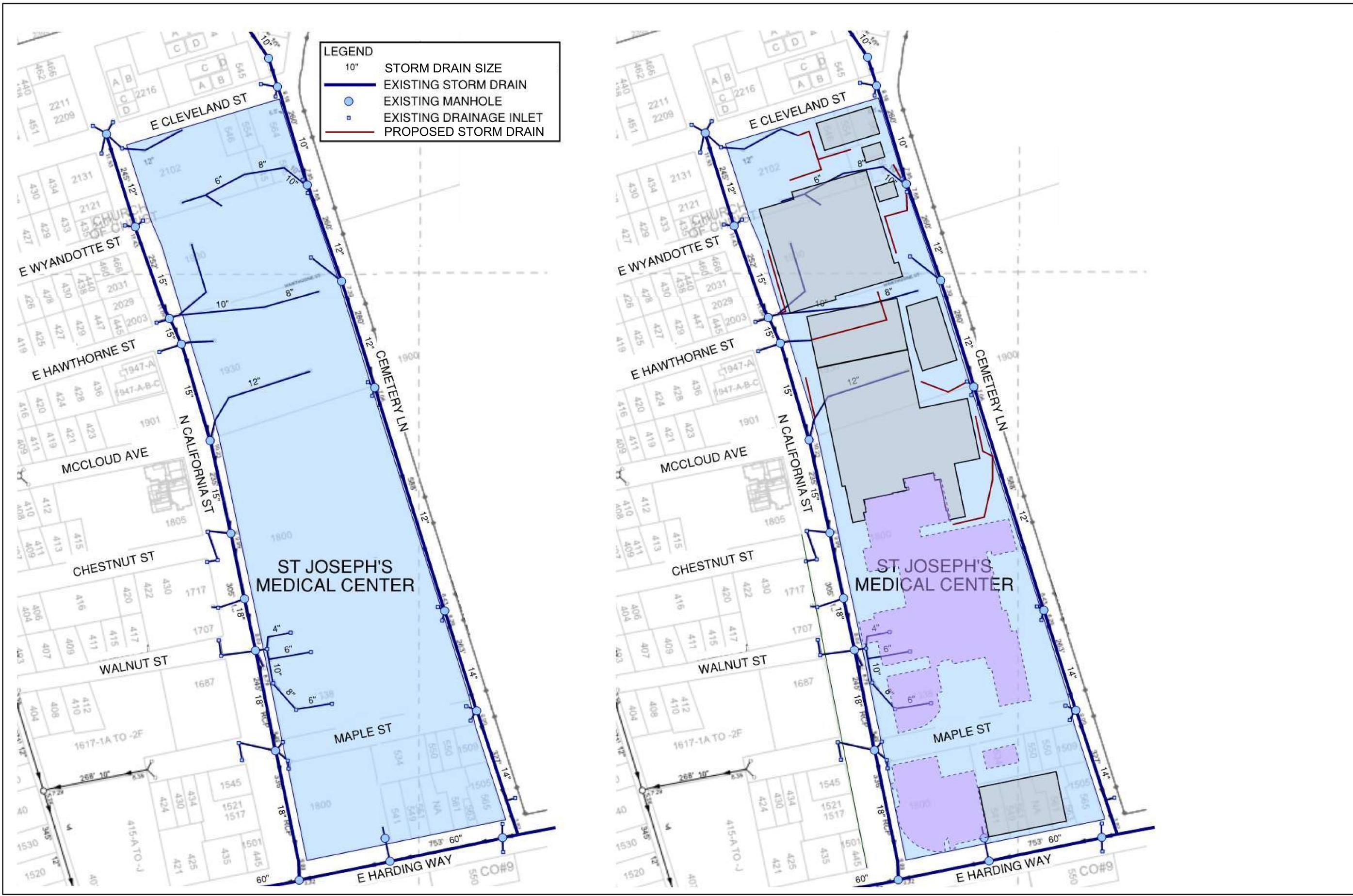
LEGEND:

	EXISTING	PROPOSED
WATERLINE		
SEWERLINE		
STORM DRAIN		
MECHANICAL TRENCH		
GAS LINE		
OXYGEN LINE		



<p>TOPOGRAPHIC SURVEY FOR ST. JOSEPH MEDICAL CENTER EXISTING & PROPOSED UTILITY PLAN - CEMETERY LANE <small>STOCKTON, CA.</small></p>	<p>MORTON & PITALO, INC. CIVIL ENGINEERING • LAND PLANNING • LAND SURVEYING <small>Folsom • Fresno</small> 7643 North Ingram Avenue, Suite #105 Fresno, CA 93711 phone: (559) 853-4505 web: www.mpsai.com</p>
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NOTE: SEE UTILITY RELOCATION PLAN FOR UTILITIES TO BE RELOCATED FROM UNDERNEATH PROPOSED BUILDINGS. GAS RELOCATION TO BE COORDINATED WITH PG&E AT CONSTRUCTION DOCUMENT PHASE.



STORM DRAIN MAP
AUGUST 2023

St. Joseph's Medical Center Hospital Expansion Project
DIGNITY HEALTH



5.3-1
STORM DRAIN MAP

Cemetery Lane

- 8-inch storm drain line, tie-in on Cemetery Lane and E. Cleveland Street
- 12-inch storm drain line, tie-in on Cemetery Lane and Wyandotte Street
- 8-inch storm drain line, tie-in on Cemetery Lane and E. Hawthorne Street
- 8-inch storm drain line, tie-in on Cemetery Lane between E. Hawthorne Street and McCloud Ave
- 10-inch storm drain line, tie-in on Cemetery Lane and McCloud Ave
- 10-inch storm drain line, tie-in on Cemetery Lane and McCloud Ave
- 8-inch storm drain line, tie-in on Cemetery Lane between McCloud Ave and Maple Street
- 14-inch storm drain line, tie-in on Cemetery Lane between McCloud Ave and Maple Street
- 12-inch storm drain line, tie-in on Cemetery Lane and Maple Street
- 10-inch storm drain line, tie-in on Cemetery Lane and Maple Street

E. Harding Way

- 12-inch storm drain line, tie-in on E. Harding Way and Cemetery Lane
- 12-inch storm drain line, tie-in on E. Harding Way between N. California Street and Cemetery Lane

The post-development conditions (i.e., after the expansion is complete) will have less impervious area than in the pre-development conditions (14,582 square feet less impervious area for Phase 1-4 and 7,051 square feet less impervious area for Phase 1-5). Therefore, the post-development runoff volume will be less than the pre-development runoff volume.

Since volume reduction measures will not be required, the Project will have to only provide Low Impact Development (LID) and/or conventional treatment controls. LID and conventional treatment controls that may be utilized for the Project include:

1. Bioretention (LID Treatment)
2. Stormwater Planter (LID Treatment)
3. Tree-well Filter (LID Treatment)
4. Infiltration Basin (LID Treatment)
5. Infiltration Trench/Dry Well (LID Treatment)
6. Porous Pavement Filter (LID Treatment)
7. Grassy Swale (LID Treatment)
8. Grassy Filter Strip (LID Treatment)
9. Proprietary Device (Conventional Treatment)
10. Trash Full Capture Systems (Conventional Treatment)

A preliminary drainage report and Storm Water Quality Control Plan, including an analysis of the 200-year Urban Level of Protection (ULOP) (flood), were submitted to the City on November 15, 2022 and

are incorporated herein by reference.²⁰ The preliminary drainage report also will be evaluated by the City in the Project's FEIR. Based on site constraints (i.e., lack of available land), it is anticipated that a combination of the above listed LID and conventional treatment controls may be selected during the final construction document design phase. Updates to the preliminary drainage report based on City comments will be made, as necessary. A final drainage report will be required for each phase of development to complement the phased construction documents. Mitigation measures identified in the FEIR will be incorporated into Project approvals and will be incorporated as requirements of the Plan.

5.4 Water Supply Assessment

A Water Supply Assessment (WSA) was submitted to the City for review and comment on February 25, 2022. This same WSA was also shared with the California Water Service Stockton District (Cal Water) for review and comment, and was updated on October 5, 2022. On October 26, 2022, Cal Water confirmed its approval of the WSA. A copy of the WSA and the Approval Letter are included in Attachment 8 to this Plan and incorporated herein by this reference. The conclusion of the approved WSA is that Cal Water has sufficient water supply to service the Medical Center expansion presented in this Plan without the need to pursue additional water supply.

5.5 Water Service Infrastructure

Water service for the Medical Center is provided by Cal Water. There is an existing 6-inch water main located along Cemetery Lane and a 6-inch water main on N. California Street.²¹ Domestic water supply service to the existing hospital is currently provided by way of a direct tap to the existing water main along Cemetery Lane (by way of the north side of the East Wing). Chilled water is provided and routed to the existing hospital from the on-campus cooling tower.

The existing and proposed domestic water systems have been analyzed in domestic water supply demand calculations submitted to the City on February 25, 2022, and included herein by reference.²² The Medical Center expansion will require re-routing the site's existing hydronic system to serve the expanded facilities.

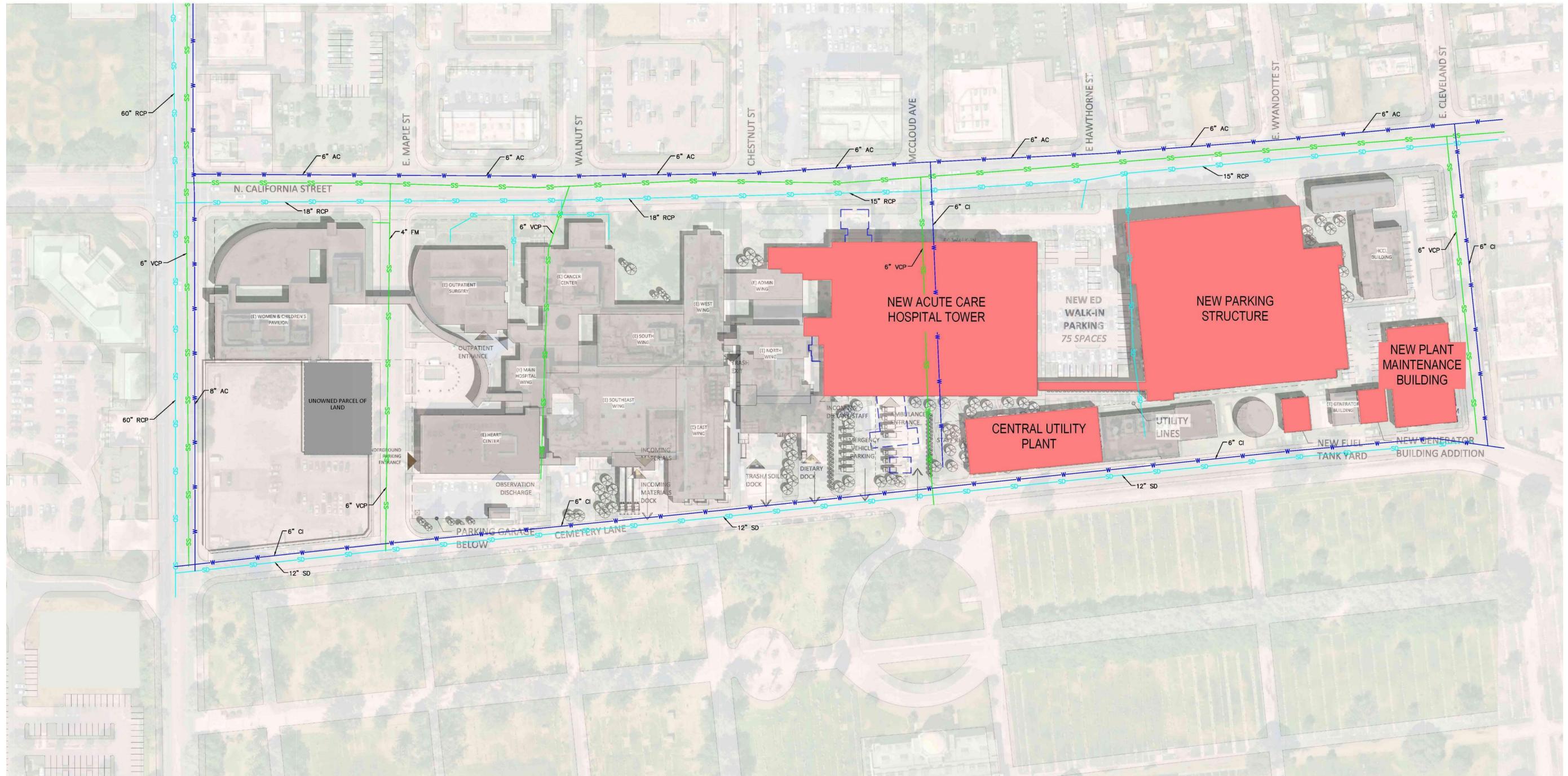
For any new temporary (modular) structures (preferred and alternate locations), a new domestic water service line will be required at each location. Anticipated locations for modular structures are identified in Figure 4.1-1 of Chapter 4. The tie-in will be to the existing 6-inch water main on N. California Street.

²⁰ St. Joseph's Medical Center, Preliminary Drainage Report, Morton & Pitalo, November 15, 2022, included in the MDP in the Appendix as Attachment 7. See also 200-Year Flood Protection – Urban Level of Flood Protection Technical Memorandum, Morton & Pitalo, September 28, 2022, included in the MDP in the Appendix as Attachment 17.

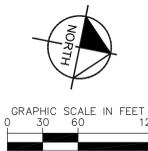
²¹ Figure 5.5-1 provides a composite utilities map for the Medical Center campus along Cemetery Lane.

²² St. Joseph's Medical Center, Domestic Water Demand Calculations, Capital Engineering Consultants Inc., March 18, 2022, updated November 3, 2022, included in the Plan in the Appendix as Attachment 9.

EXISTING UTILITIES EXHIBIT



- LEGEND**
- EXISTING WATER LINE
 - EXISTING SANITARY SEWER LINE
 - EXISTING STORM DRAIN LINE
 - NEW CONSTRUCTION



COMPOSITE UTILITY MAP

AUGUST 2023

St. Joseph's Medical Center Hospital Expansion Project

DIGNITY HEALTH



5.5-1
COMPOSITE UTILITY
MAP

The conclusion of the domestic water supply demand calculations is that the surrounding infrastructure has sufficient size to supply domestic service to the Medical Center expansion presented in this Plan without the need to upsize the existing facilities.

5.6 Sewer Infrastructure

Wastewater service for the Medical Center campus is currently provided by the City of Stockton. Based on the City's Sewer Maps (Figure 5.6-1), there is an existing 8-inch/12-inch PVC sewer main along N. California Street that takes sewer flows from E. Harding Way to E. Wyandotte Street to the north.

The following sewer service lines currently serve the Medical Center:

- 4-inch sewer force main / pump station with tie-in on N. California Street and E. Maple Street
- 6-inch VCP gravity sewer line with tie-in on N. California Street and Walnut Street
- 6-inch VCP gravity sewer line on McCloud Avenue
- 6-inch VCP gravity sewer line with tie-in on N. California Street and E. Hawthorne Street
- 6-inch VCP gravity sewer line with tie-in on N. California Street and E. Wyandotte Street

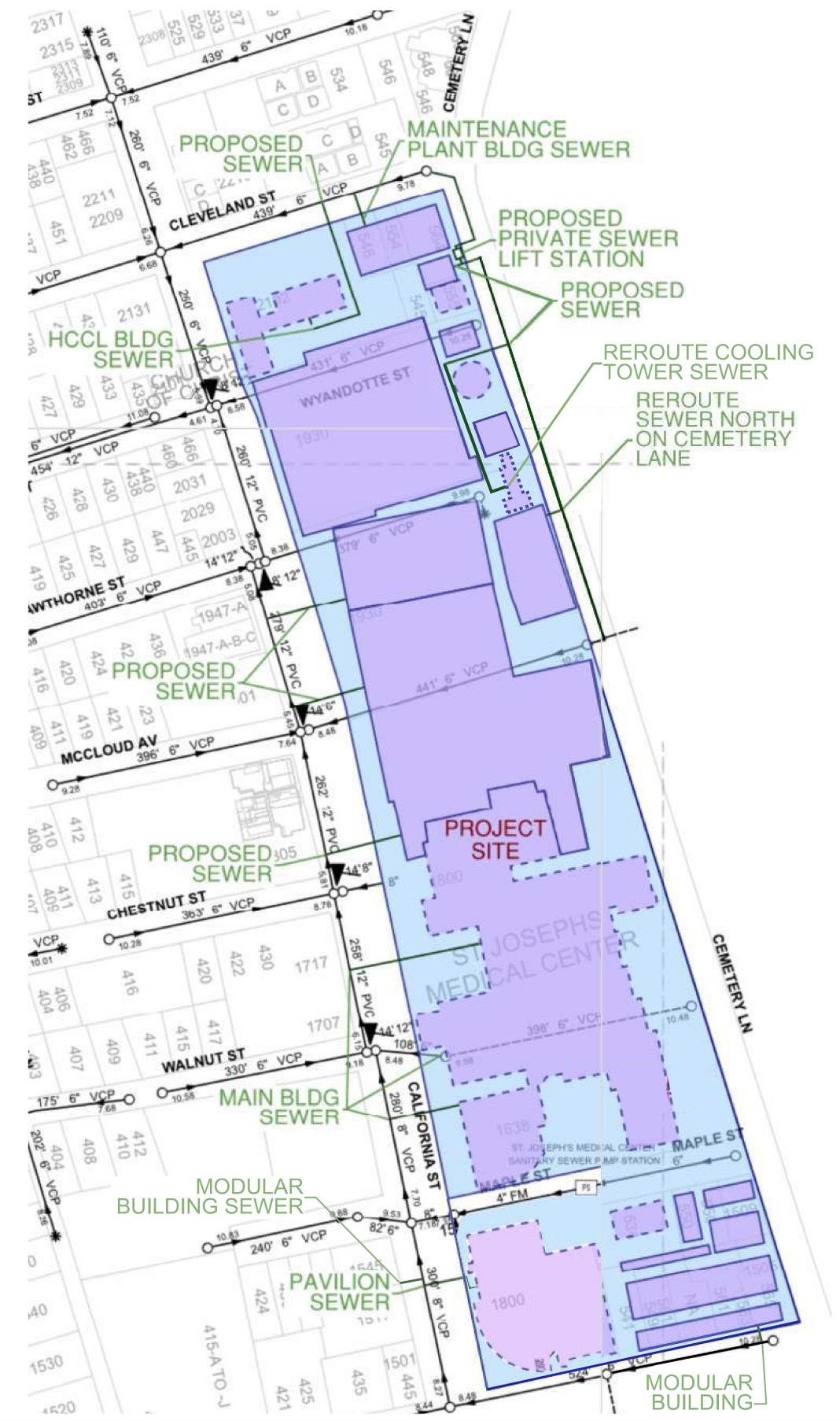
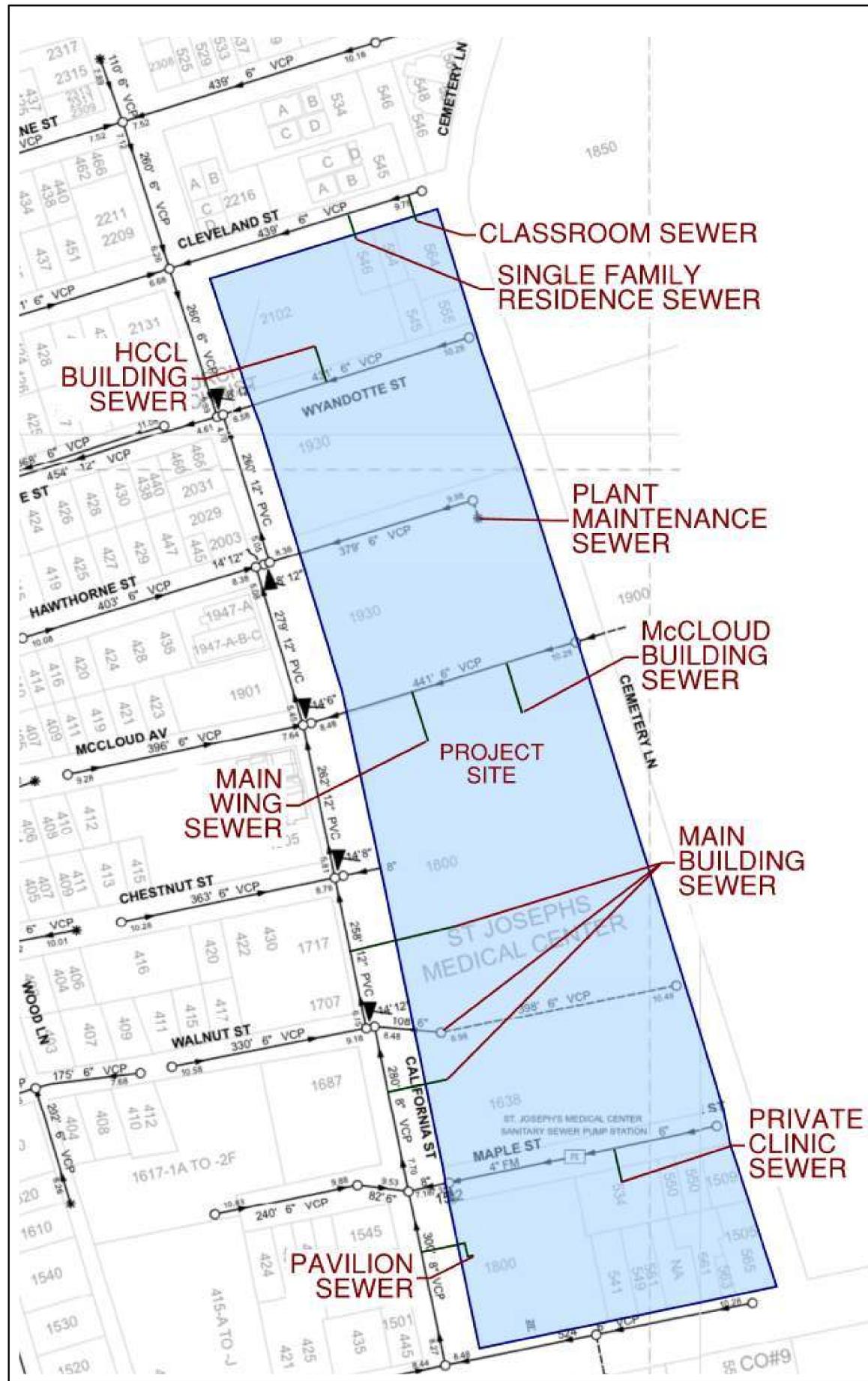
To accommodate the Initial Expansion and the Phase 5 expansion, a sewer analysis has been prepared to determine the existing and projected peak sewer flow demands and is incorporated herein by this reference.²³ The conclusion of the sewer analysis is that the surrounding infrastructure has sufficient size to supply service to the Medical Center expansion presented in this Plan without the need to upsize the existing facilities. A new sewer lift station will be constructed in the location shown on Figure 5.2-2, and will be maintained by St. Joseph's.

For the new modular structure/ trailer sites (preferred and alternate locations), a new sanitary sewer service line will be required at each location. The tie-in will be to the existing 8-inch/12-inch sewer main on N. California Street.

5.7 Dry Utilities

The electric and gas utility infrastructure serving the existing Medical Center is provided by Pacific Gas and Electric (PG&E). Telecommunications service is provided by AT&T, and is depicted on the facilities map attached as Figure 5.7-1. The provision of additional services will be required to accommodate the expansion project and its anticipated phases. Easements for data connections will be required across E. Harding, and at several locations across N. California Street, to connect the existing hospital and the new Acute Care Hospital Tower with properties and buildings owned or leased by the Medical Center. A new natural gas pipeline is anticipated under E. Cleveland Street to connect to an existing pipeline under Cemetery Lane. The project also proposes two sources of

²³ Collection System Impacts of Proposed St. Joseph's Medical Center Expansion, West Yost, January 12, 2023, included in the MDP in the Appendix as Attachment 13.



SEWER MAP

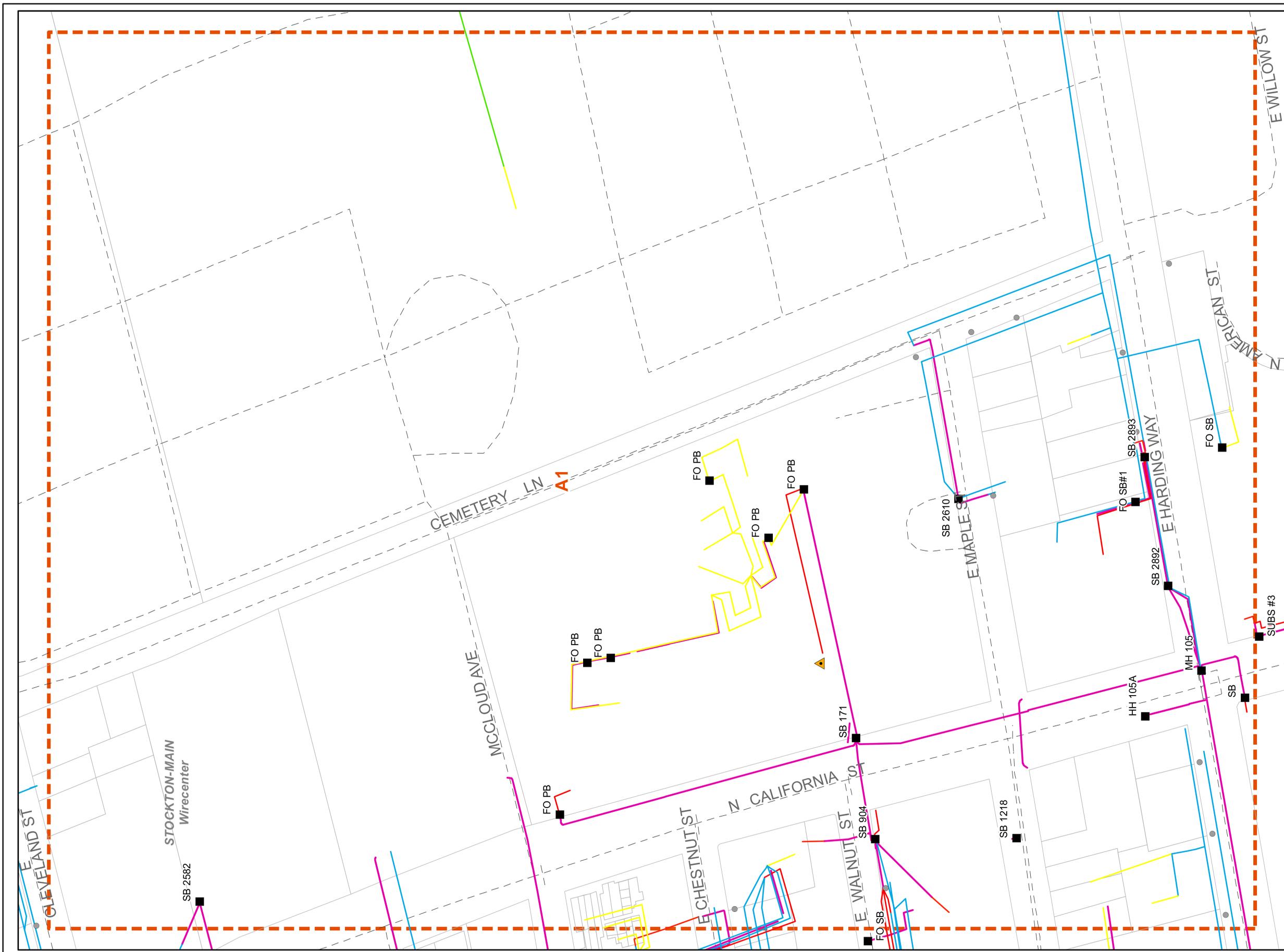
AUGUST 2023

St. Joseph's Medical Center Hospital Expansion Project

DIGNITY HEALTH



5.6-1
SEWER MAP



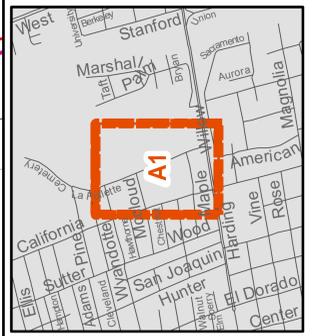
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1:1,820

North Arrow

- Poles
- Remote Terminals
- Manholes
- Aerial
- Building
- Buried
- Underground
- Conduit
- Street Centerlines
- Mapping Index
- Wirecenter Boundary
- Parcels



FACILITIES MAP
AUGUST 2023

St. Joseph's Medical Center Hospital Expansion Project
DIGNITY HEALTH



5.7-1
FACILITIES MAP

electricity to the Central Utility Plant: (1) electrical conduit from E. Cleveland, south to Cemetery Lane and (2) overhead power connection from E. Harding to Cemetery Lane. The overhead power connection is considered redundant, for emergency purposes, and will be used only if underground conduit capacity is insufficient. The specific alignment and design for dry utility infrastructure will be determined during preparation of engineering improvement plans after final site design and location of building pads are determined through that design process. Figure 5.2-4 depicts the potential locations within Cemetery Lane.

5.8 Transportation Infrastructure

The street infrastructure in the area proximate to the Medical Center campus may require additional improvements within the City's public Right-of-Way:

- N. California Street is also a public street and may require street improvements to accommodate the new entrances and exits for surface parking and the new multi-tiered parking structure. Street improvements will be evaluated as part of the TIA and the FEIR. Mitigation measures will be incorporated into the Conditions of Approval and are therefore required implementation measures under the Plan.
- Street and traffic circulation improvements extending beyond the Medical Center campus as a result of the expansion project will be evaluated as part of the TIA and the FEIR. Mitigation measures will be incorporated into the Conditions of Approval and are therefore required implementation measures under the Plan. Anticipated improvements will include a fully signalized intersection at E. Harding Avenue and Cemetery Lane, a pedestrian crosswalk across E. Harding Avenue at Cemetery Lane, a phasing signal at N. California Street and Alpine Avenue, and extending the queuing lane east bound on W. Harding Avenue at N. California Street.

5.9 Fire Suppression – Infrastructure and Fire Flow, Access, and Communications

The fire suppression system for the Medical Center consists of a system of fire hydrants, the fire flow (i.e., the quantity of water available for fire suppression), fire sprinklers, access for fire suppression vehicles and equipment, and the communications system used during emergencies. Each of the existing and proposed components of the fire suppression systems have been analyzed in technical studies submitted in support of the Plan and are included herein by this reference.^{24,25} This section evaluates each of these components of the fire suppression infrastructure and applies the standards of the California Fire Code ("CFC") that are applicable to new buildings constructed as part of the Plan.

The Plan specifies access for fire equipment through the new Medical Center campus to provide suppression services to both existing and new buildings. In light of the connection to existing buildings, the Plan also identifies improvements for existing buildings that can be phased over time when interior renovations are completed to enhance the overall fire suppression infrastructure at

²⁴ St. Joseph's Medical Center Stockton, Fire Protection Systems Narrative, Sacramento Engineering Consultants, February 21, 2022, included in the Plan in the Appendix as Attachment 10.

²⁵ St. Joseph's Medical Center Stockton – Hospital Expansion Fire Department Access, The Fire Consultants, Inc., October 7, 2021, included in the Plan in the Appendix as Attachment 11.

the Medical Center campus. In some cases (i.e., the communications system), evaluation of any system upgrades will be affected by the final location and height of new the new buildings. Therefore, as final designs and location of buildings are submitted to the Community Development Director as part of Final Site Plan approval, the Fire Marshal will review any modifications and apply the standards set forth in this Chapter. As determined necessary by the Fire Marshal, additional technical analysis may be required to ensure adequate communications coverage throughout existing buildings. The Plan intentionally incorporates phased upgrades to the existing communications systems within the hospital buildings that will remain to enhance radio coverage for emergency personnel.

5.9.1 Fire Hydrants

There are nine existing fire hydrants along the perimeter of the campus: at the intersections of Cemetery Lane and E. Harding Way, E. Maple Street, McCloud Avenue, E. Wyandotte Street and E. Cleveland Street; and the intersections of N. California Street and E. Harding Way, Walnut Street, McCloud Avenue, E. Wyandotte Street and E. Cleveland Street. Additional fire hydrants will be required to maintain an average hydrant spacing and distances from the road frontage to hydrants in accordance with the California Fire Code, Appendix Chapter C. Existing and new locations for hydrants are depicted in Figure 5.9.1. This Figure also includes preliminary locations for new hydrants.²⁶ The final hydrant spacing will be based on the required fire flow. This can be determined during the design phase, based on the final building area and construction type of the building areas. To the extent hydrants are not adjacent to new buildings. Installation of fire hydrants may be phased if approved by the Fire Marshal.

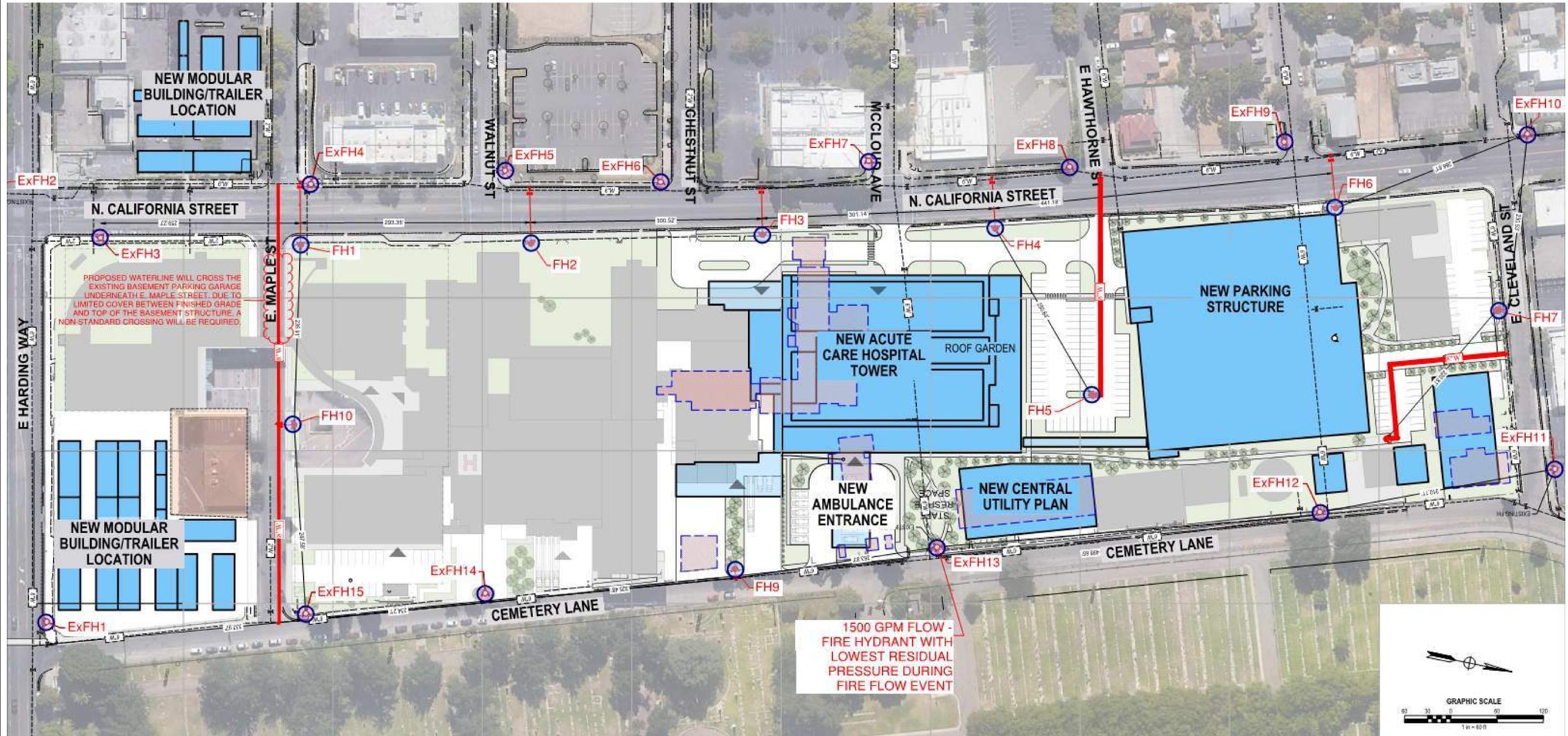
5.9.2 Fire Flow and Fire Sprinklers

A preliminary fire flow analysis has been completed to confirm adequate water pressure for fire suppression in the proposed expansion areas and is incorporated herein by this reference.²⁷ Fire flow water demands are based on Table B105.1, in the 2019 California Fire Code. Based on each proposed building's square footage and type of construction, Table B105.1 identifies the required fire flow for each building. For sprinkled commercial buildings, the California Fire Code allows a 75% reduction to the required fire flow with a minimum flow of 1,500 gallons per minute (gpm). All new construction will be sprinklered consistent with the City's Municipal Code, the state's California Department of Health Care Access and Information (HCAI) and the federal Centers for Medicare and Medicaid Services (CMS).

The following table summarizes the proposed maximum building square footage and required fire flow. With the submittal of building designs, the required California Fire Code formula for fire

²⁶ The fire hydrant location program for the existing campus, the Initial Expansion, and the Phase 5 expansion, included in the Fire Flow Analysis for St. Joseph's Medical Center at 1800 N. California Street, Morton & Pitalo, April 21, 2022 ("Fire Flow Analysis") (Appendix, Attachment 12).

²⁷ See Fire Flow Analysis (Appendix, Attachment 12). The existing on-campus water and fire suppression systems have been analyzed to determine if additional capacity will be required.



FIRE HYDRANT LOCATION MAP

AUGUST 2023

St. Joseph's Medical Center Hospital Expansion Project

DIGNITY HEALTH



5.9.1
FIRE HYDRANT
LOCATION MAP

flow will be applied and submitted to the Fire Marshal for approval. If structures are reduced in size from the maximum allowed under the Plan, fire flow requirements will decrease.

Table 5.9.2-1 Proposed Building Fire Flow Summary

Building ¹	Total Building Area, square feet	Fire Flow, gpm ³	Reduced 75% Fire Flow, gpm ⁴
Acute Care Hospital Tower	331,000	4,750 ⁵	1,500
Parking Structure	800,000 ⁸	3,250 ⁶	1,500
Central Utility Plant	30,000	1,750	1,500
Generator Building Addition	3,500	1,500	1,500
Plant Maintenance Building	18,000	1,500	1,500
Phase 5 Acute Care Hospital Tower	150,000	3,250 ⁷	1,500
Phase 5 Parking Structure	200,000	2,250 ⁸	1,500

1. All proposed buildings are assumed to be fully sprinklered and of Type IA type of construction. Each of the fire flow calculations is based on maximum building size and would be reduced if square footage is reduced during the design process

2. Fire Flow per CFC Table B105.1

3. 75% reduction for sprinklered building per CFC Table B105.2

4. Per CFC Section B104.3, for Type IA construction, building area shall be the area of the three largest successive floors. Assuming the Hospital Tower is five (5) stories, that equals 66,200 sf per floor, or 198,600 sf for three successive floors.

5. Per CFC Section B104.3, for Type IA construction, fire flow for parking garages shall be determined by the area of the largest floor. Assuming the Parking Structure is ten (10) levels (ground and nine (9) elevated levels). The approximate footprint of the parking garage is 90,000 sf, which is the size of the assumed largest floor.

6. Per CFC Section B104.3, for Type IA construction, building area shall be the area of the three largest successive floors. Assuming the Phase 5 Hospital Tower is five (5) stories, (see section 4.4) that equals 30,000 sf per floor, or 90,000 sf for three successive floors.

7. Per CFC Section B104.3, for Type IA construction, fire flow for parking garages shall be determined by the area of the largest floor. For purposes of the fire flow analysis, the 200,000 sf Phase 5 Parking Structure is assumed to be five (5) stories, and the largest floor would be 40,000 sf.

8. Option A for the Parking structure will be up to 800,000sf. Option B will be up to 512,395sf.

A fire flow demand of 1,500-gpm was applied at an existing fire hydrant located at the northwest corner of McCloud Avenue and Cemetery Lane. Flowing this fire hydrant was found to give the lowest residual pressure results (worst case condition). The following table summarizes the fire flow demand and residual pressure at the flowing fire hydrant.

Table 5.9.2-2 Fire Flow Node Summary

Node	Fire Flow Demand, gpm	Fire Flow Residual Pressure, psi
ExFH13	1,500	21.5

In order to achieve this minimum residual pressure, the following improvements to the existing water system will be required:

Install approximately 570-feet of 8-inch waterline in E. Maple Street between N. California Street and Cemetery Lane (Note: The proposed 8-inch waterline will cross the existing basement parking garage underneath E. Maple Street. Due to limited cover between finished grade and the top of the basement structure, a non-standard crossing will be required. Design options for the non-standard crossing may be either ductile iron pipe encased in concrete over the basement structure, or ductile iron pipe suspended along the ceiling of the underground parking garage. The design will be determined during preparation of improvement plans.)

The fire flow demand for the proposed (sprinklered) buildings is 1,500-gpm. The fire flow hydraulic modeling results indicate that the proposed fire water infrastructure meets the minimum design criteria of 20-psi residual system pressure for the required fire flow demands. However, the existing water system will need to be modified with the new 8-inch waterline in E. Maple Street noted above.

Existing buildings that are not part of the proposed expansion and are not currently sprinklered will be upgraded with the addition of sprinklers on a phased basis as interior renovations are completed. As existing buildings are subject to internal renovations, sprinklers will be incorporated into building plans submitted to the City for review and approval. This phased approach for sprinkler existing buildings will remain under the purview of the Fire Marshal, but shall proceed separately from the expansion authorized under this Plan.

5.9.3 Fire Suppression Vehicle and Equipment Access

The California Fire Code Chapter 16.52, Section 503 requires fire department access roads around or proximate to each building, ensuring that all exterior walls are within a reasonable distance of the Fire Department apparatus for firefighting operations. Refer to figures 4.3.1 through 4.3.3-2 for the proposed campus expansion layout and fire suppression apparatus access for each proposed phase of the Project.

The expansion areas are located on the north side of the campus. The site includes public streets meeting the general fire department access road requirements on the north (E. Cleveland), south (E. Maple), east (Cemetery Lane), and west (N. California Street) sides of the new and existing building areas.

The site design and the preliminary footprint of the new Acute Care Hospital Tower includes a new main entrance driveway that extends along the west façade, which meets the Fire Department access requirements, including that of roadway width. This roadway system extends along the west side of the expansion and provides access to the southern vehicular entrance to

the parking structure, as well as access to the new Emergency Room walk-in parking located between the new Acute Care Hospital Tower and the new parking structure. In the current design configuration, the surface parking lot located between the new Acute Care Hospital Tower and the new parking structure can be utilized as part of the Fire Department access roads to each building.

The north side of the Medical Center campus will include surface parking areas and a driveway leading to the north side of the new parking structure. In combination, the surface parking lot and the driveway are part of the Fire Department access roads to the north side of the parking structure, as well as to the new Generator Building addition and Central Utility Plant areas.

This configuration results in all portions of the new building walls being less than 150 feet from the fire apparatus access roads around the north, east, and west sides of the site, or along the interior driveway paths noted. This layout also maintains dead-end Fire Department access roads below 150 feet in length. This is contingent on the parking areas on the north side of the site, and at the surface parking lot between the parking structure and the hospital expansion areas, being part of the Fire Department access to the buildings, to limit the dead-end distance and to provide road access to all of the exterior walls.

This Fire Department access road approach requires that the design maintain emergency access to the east side of the parking structure through the exterior utility and storage tank areas from Cemetery Lane. This will need to be reviewed and documented during the design phase of the project to maintain the required fire equipment emergency access described above, as well as compliance with the security related requirements for these areas. The existing site includes security fencing separating Cemetery Lane and the existing utility plant, water tank, and oxygen storage tank areas. However, the site includes KnoxBox locks in this area to allow for emergency Fire Department access. Similar access will be required on the back side of the security fencing to allow for Fire Department access to the east façade of the garage.

The new parking structure and the new hospital expansion areas require aerial fire apparatus access roads parallel to and within 15 – 30 feet of the building facades. The driveway paths in the surface parking lot between the buildings are 26 feet wide, and this area is located within 15 – 30 feet of the building facades. The preliminary site design also includes access roads parallel to these buildings along N. California Street.

With the submittal of the Final Site Plan, the Fire Marshal will review access points to determine consistency with the access points described in this Section or, if changes in access points have been made that the requirements of the Fire Code are satisfied by any modifications in design. Any requested modifications to road access requirements to the Acute Care Hospital Tower or the parking structure for aerial fire apparatus that are based on the exception and criteria contained in Appendix D, Section D105 of the California Fire Code (2022) shall require Fire Marshal approval.

5.9.4 Parking Structure Fire Suppression

A foam fire suppression system shall not be required on the parking structure (a) until heliport landing areas are constructed on the parking structure, (b) if required by HCAI, or (c) if the Fire Marshal determines that the alternative requirements of the National Fire Protection Association (NFPA) section 5.7.1(2) are insufficient to provide adequate fire safety.

5.9.5 Emergency Responder Radio Coverage

California Fire Code Chapter 16.52.510 requires that new buildings have approved radio coverage for emergency responders. This protection will be required within all new construction areas proposed as part of the Medical Center expansion. The system will need to meet the coverage and installation requirements in California Fire Code Section 510. The existing building areas to remain are also required to include emergency responder radio coverage unless they are provided with a wired communication system. St. Joseph's staff has performed a walk-through with the Fire Marshal of the existing buildings that are to remain in use to test and evaluate the level of emergency responder radio coverage. Additional testing and evaluation with the Fire Marshal is contemplated to ensure sufficient coverage is provided. Upgrades to the coverage, if needed, in existing buildings will occur in a manner and interval acceptable to the Fire Marshal and St. Joseph's. The Fire Marshal has recommended that such testing occur again after construction of new buildings to evaluate the potential for interference from multi-level structures. St. Joseph's will also provide technical analyses as may be required by the Fire Marshal to support an overall plan for emergency radio responder coverage in existing buildings. The Fire Marshal will review and approve any phasing plan for radio repeater enhancements in existing buildings.

6 Development and Design

6.1 Introduction

This Chapter includes the Development Standards and Design Guidelines that govern the development of the Site Master Plan and expansion of the Medical Center as described in the Master Development Plan. The character and quality of the continued expansion of the Medical Center will be determined by the relationship of medical service needs to land uses, the configuration of existing buildings on the site that will remain, and the adaptation of under-utilized properties within the Medical Center to new uses (both acute medical care and support buildings). It is essential to the continued expansion of the Medical Center that the intent and purpose of the Master Development Plan (as outlined in Chapter 2) guides the implementation of the standards and guidelines included in this Chapter. The Site Master Plan depicted in Figures 4.1-1 and 4.1-2 provide the initial framework for Site Plan Review, while acknowledging the overall flexibility in Plan implementation will allow flexibility in ultimate location of buildings, and flexibility in permitted uses and changes to the Site Master Plan that do not create additional impacts. Site Plan application requirements are stated in Section 8.2.2. If the Community Development Director determines that a request for a change in permitted uses or the Site Master Plan may create additional impacts, the process described in Chapter 8 shall govern.

The implementation of the Site Master Plan and construction of buildings identified in the Site Master Plan will be governed by the Master Development Plan, the guidelines and standards contained herein, and all applicable governmental and agency codes and restrictions. The Master Development Plan Development Standards and Design Guidelines are intended to establish and maintain a consistent level of quality for the expansion of the Medical Center. This will be accomplished by providing a framework of continuity and consistency throughout the expansion.

The Development Standards and Design Guidelines present specific criteria that will be used in the siting, design and construction of buildings identified in the Master Development Plan (Phases 1-4, Phase 5 and Future Expansion Phase). The Development Standards and Design Guidelines in this Chapter shall control land use policies, design standards and development if conflicting statements or policies are found in any other existing code or policy document of the City of Stockton. Specific deviations from City of Stockton Municipal Code requirements are identified in Section 6.9 of this Chapter. If a design or development standard is not addressed in the Master Development Plan for a topic under consideration, the most flexible standard available under the Municipal Code (by comparison of the standards in effect at the time of Plan approval or in the standards in effect at the time of consideration of the issue requiring interpretation of the Municipal Code) will control. Administrative Interpretations under Section 8.2.4 will be made to ensure consistency with the overall intent and objectives of the Plan as outlined in Chapter 2.

6.1.1 Hospital Planning Drivers

Healthcare facilities are complex projects because the location of buildings within a campus and the design of individual buildings must address several factors, including level and type of acute services, as well as staff and support services. Each element must be carefully addressed to

ensure that the Medical Center campus provides an ideal healing environment, reduces stress, and creates efficiencies for staff. The operational costs to deliver care and maintain buildings as well as the necessary equipment within buildings is another critical component of the design of healthcare facilities. Value engineering will be implemented as each phase proceeds to ensure that buildings can be constructed within available budgets. As technology changes over time, building design must also be flexible to incorporate technology that will improve health care delivery. Finally, State requirements evolve and must be accommodated in a cost effective manner.

For each of these reasons, the Plan includes flexibility in building location, size, and design. As construction and improvement plans are developed, hospital planning drivers outlined in this Section will be relevant to allow St. Joseph's to achieve the objectives identified in Chapter 2 of this Plan.

The core building of a hospital is typically arranged into areas for outpatient care, emergency care, inpatient care, critical care, and diagnostic and treatment (e.g., surgery and imaging). The care functions are then augmented by support services (such as laboratory, pharmacy, and materials handling) and hospital administration. The location of services adjacent to care functions is carefully studied and planned during building design to ensure optimal patient care. Spaces will be organized based on key functional relationships and factors:

- Separation of circulation patterns for public and staff. This design element helps to minimize stress by allowing complexities required for some staff functions to be removed from the view of patients and visitors.
- Vertical stacking of inpatient units that have limited connections with each other but need convenient access to diagnostic and treatment services. This design element reduces travel distances for patients and also for staff that provide support to more than one care unit.
- Core departments (e.g., emergency, diagnostic/imaging, surgery, and intensive care) are placed in close proximity to ensure immediate access to key areas for staff and patients. This design element reduces travel time for access to critical care support services and also enhances wayfinding within buildings for patients and visitors.
- Access to natural light and views with connection to outdoors. This design element has been shown to support the patient healing process (both physical and mental), reduce patient stays, reduce reliance upon pain medication, and also contribute to improvements in staff morale. Visual contact with external surroundings also enhances wayfinding orientation, and can be a source of reassurance for the unfamiliar patient or visitor.
- Utility services benefit from having the shortest and most direct distribution. This design element incorporates analysis of both distance and path of travel to arrange support services adjacent to the highest users.

6.2 Land Use

This Section sets forth the zoning principles that shall govern implementation of the Master Development Plan, confirming the existing uses that will remain and the future allowed uses under the proposed expansion.

6.2.1 Allowed Land Uses

The primary current and proposed land use within the Master Development Plan Area is a hospital campus. The hospital is supported by various other medical services and ancillary uses. Medical services, including hospital, are defined in Section 16.240.020 of the Municipal Code.

The Master Development Plan provides for the following allowed uses within the Project site. As discussed in Chapter 3, these uses are consistent with the underlying zoning, and the existing uses were allowed under a series of Use Permits. These existing Use Permits would not be changed by the Master Development Plan, but moving forward, individual development projects within the Master Development Plan area would be subject to Site Plan Review per Section 16.140.110 of the Municipal Code (see Chapter 8, Administration).

6.2.2 Hospital

Hospitals and similar facilities engaged primarily in providing diagnostic services, and extensive medical treatment, including surgical, trauma center, and other hospital services shall be an allowed use. These establishments have an organized medical staff, inpatient beds, and equipment and facilities to provide complete health care and may include on-campus accessory clinics and laboratories, accessory retail uses (such as gift shops and cafés) and emergency heliports (see “Heliports” in this section).

The Project site includes the existing Main Hospital and the Women and Children’s Pavilion. The Master Development Plan includes a proposed Acute Care Hospital Tower.

6.2.3 Ambulance Services

Ambulance services, defined as facilities providing emergency medical care or transportation, including incidental storage and maintenance of vehicles, shall be an allowed use.

The existing and proposed ambulance access is via Cemetery Lane. The existing ambulance access at the Southeast Wing will be relocated to the east, adjacent to the proposed Acute Care Hospital Tower. Adjustments to ambulance access will be allowed as substantially conforming to the Plan provided that the criteria in Section 8.4.1 have been met to the satisfaction of the Community Development Director. Ambulance storage and maintenance is not currently conducted on-campus but would be allowed under the Plan.

6.2.4 Clinics and Laboratories

Clinic and laboratories are allowed, either as part of the hospital, or as a stand-alone use within the Master Development Plan area. Stand-alone clinics and laboratories are defined (by the Municipal Code) as activities primarily engaged in furnishing outpatient medical, mental health, surgical, and other personal health services, but which are separate from hospitals, including: health management organizations (HMOs), out-patient care facilities, medical and dental laboratories, and other allied health services.

Currently, a Health Care Clinical Laboratory (HCCL) building is located at the northwest corner of the site.

6.2.5 Medical Related

Allowed medical related uses include facilities for activities associated with medical treatment. This includes acupuncture; offices of dentists, doctors, psychiatrists/psychologists, and other medical professionals; medical-related counseling services; pharmacies; and physical therapy. Temporary medical-related uses shall be allowed, including mobile trailers, vaccination tents, and drive through vaccination and testing. (See also Section 4.7 of the Plan.)

6.2.6 Medical Administration

Medical administration facilities, including offices of doctors and medical professionals, are an allowed use.

Current administration buildings include the Main Hospital Wing, the Administration Wing, and the McCloud Building. Medical Administration facilities and business services may also be located in temporary (modular) structures.

6.2.7 Medical Education

Medical education is an allowed use and is integrated into the regular functions of the hospital. Part of the hospital's mission is to serve as a Graduate Medical Educational facility. This educational function (located in the HCCL Building) is integrated into the hospital facilities and provides resident physicians with training in a variety of specialties. Medical education also includes training for nurses and medical technicians.

6.2.8 Parking

Parking lots and structures are provided for in the Master Development Plan to support the primary land uses, as further described in Section 6.3.7 and 6.4.7. The Master Development Plan includes up to a Parking Structure with up to nine (9) tiers above ground to serve hospital employees and visitors. Off-campus parking may also be implemented to complement, as needed, on-campus parking spaces. Parking adjacent to modular structures will be allowed through the Temporary Activity Permit process (Municipal Code Section 16.164.030).

6.2.9 Physical Plant

The physical plant is an allowed ancillary use to support the overall Master Development Plan area. Physical plant uses may include utility plant (boiler/chiller), emergency generators, water wells, Plant Maintenance building, bulk oxygen tank storage, hazardous materials storage, fuel storage, loading docks, and similar elements required to support the Medical Center functions.

6.2.10 Heliport

Heliports associated with the hospital shall be an allowed use. A hospital heliport is defined as a restricted use airfield by the Municipal Code.²⁸ The California Department of Transportation, Aviation Division, will also provide a heliport license upon approval of the land use authorities (i.e., the City) and, prior to activation of a heliport, receipt of a letter from the Federal Aviation

²⁸ *Municipal Code Section 16.240.020.*

Administration (FAA) indicating that the FAA has no objections to the use of air space serving the landing area.

An existing heliport is located on top of the Southeast Wing of the Main Hospital. Buildout of the Master Development Plan would allow for the retention of this heliport, plus provide up to two (2) new helicopter landing, take-off areas and one (1) helicopter parking area. The additional heliport facilities are to provide more efficient emergency medical transport to St. Joseph's or another medical facility for specialized care. Unmanned aerial vehicles ("UAVs"), which are aircrafts piloted by remote control or onboard computers, shall also be allowed use of the heliport.

6.2.11 Modular Structures

Modular structures are incorporated in the Plan for non-acute care services, business services, and support staff in those areas designated on the Site Master Plan. (See Figures 4.1-1 and 4.1-2) Modular structures shall be installed on properties that are zoned either Commercial Office or Commercial General, as the underlying use for the modular structures (i.e., non-acute care services, business services, and staff support) are within the allowed uses under these zoning designations. In addition to parking available in the Parking Structure or elsewhere on the Medical Campus and to the extent needed, parking to serve the modular structures may be provided on adjacent residentially-zoned property (i.e., RM) as an allowed use with the issuance of a Temporary Activity Permit under Municipal Code 16.164.030. As an allowed use, the incorporation of modular structures in the areas designated maintains the integrity and character of the neighborhood and zoning district (Municipal Code section 16.168.050(A)(2)), and is consistent with the objectives, policies and programs of the General Plan and this Plan. (Municipal Code section 16.168.050(A)(3-4)).

Through approval of this Plan, the determination is made that modular structures will not "endanger, jeopardize, or otherwise constitute a hazard to the public convenience, health, interest, safety, peace, or general welfare of persons residing or working in the neighborhood of the proposed use...." (Municipal Code section 16.168.050(4)).

Prior to installation of any modular structures, St. Joseph's shall provide to the Community Development Director a site plan that depicts the location of modular structures, the floor plan(s) of modular structures, and an elevation of all modular structures as required by Municipal Code section 16.168.040(B). St. Joseph's shall further provide information regarding utility connections (e.g., sanitation, water and electricity). The site plan shall indicate means of ingress/egress for staff and visitors. This information will serve as the basis for the Director to confirm that the site is physically suitable for the proposed modular structures. (Municipal Code section 16.168.050(A)4)).

Modular structures may remain in place for up to twenty (20) years, as needed to bridge the timing during which new buildings and seismic retrofits in existing buildings are completed and also for additional space for non-acute care, business services, and staff support functions. Municipal Code section 16.164.030(B)(9) allows the use of modular structures for more than twelve (12) months with the approval of an Administrative Use Permit in compliance with Chapter 16.168 of the Municipal Code. The Director shall apply the development and design standards for

modular structures as set forth in Sections 6.3.9.1 and 6.4.9, below and, if the site plan for modular structures is consistent with the standards in those sections, the Director will make the findings required by Municipal Code section 16.168.050 and issue the Administrative Use Permit for the modular structures.

6.3 Development Standards

This section describes the development standards for the underlying zoning districts, the existing conditions, and the proposed Master Development Plan standards. It is noted where existing and/or proposed standards deviate from the underlying zoning standards. The majority of the Project is zoned Commercial, Office (CO). A portion of the Project site between E. Maple Street and E. Harding Way is zoned Commercial, General (CG), which is where the existing Women and Children’s Pavilion is located.

6.3.1 Setback from Street Frontage

Some buildings that will be removed presently have zero setback to the property line, including at N. California Street which will be a prominent side of the Medical Center Campus. All buildings and structures shall be allowed setbacks per Table 6.3.1-1. Fire-resistance rating requirements for exterior walls shall comply with current building code requirements. The zero feet (0-ft) setbacks are necessary to accommodate nonstructural seismic retrofit requirements on the limited available land (i.e., backup tanks for water, gas and wastewater; see Section 4.6.5) as well as utility relocations to accommodate the Acute Care Hospital Tower. Through building design, accommodations to increase setbacks along N. California Street, where possible, will be encouraged but not required.

Table 6.3.1-1 Allowed Setbacks

Location	Distance
Front	0-ft
Side	0-ft
Side, Street	0-ft
Rear	0-ft

6.3.2 Site Coverage

Maximum site coverage shall be allowed up to 95%.

The calculation of maximum site coverage will be based upon actual building design. This approach is intended to allow for flexibility in design of each building so that a reduction in square footage of one building may allow for an increase in square footage of another building, if deemed necessary to achieve medical service delivery objectives

6.3.3 Floor Area Ratio

Maximum floor area ratio shall be allowed up to 3.0, unless a modification to the FAR is requested of the Community Development Director and approved under the procedures in Chapter 8.

The calculation of floor area ratio will be based upon actual building design. This approach is intended to allow for flexibility in design of each building so that a reduction in square footage of one building may allow for an increase in square footage of another building, if deemed necessary to achieve medical service delivery objectives.

6.3.4 Building Height

Medical care buildings may be built to a maximum height of 115 feet, not including elevator house and roof-mounted structures.

Under Parking Option A, parking structures may be built to a maximum height of 115 feet, not including heliport facilities, elevator house, and roof-mounted structures (including solar arrays). Under Parking Option B, Parking Structures may be built to a maximum height of 80 feet (excluding roof mounted structures and heliport).

Campus and infrastructure support buildings may be built to a maximum height of 75 feet, not including roof-mounted structures. These buildings include but are not limited to Central Utility Plant building, Generator building, fuel tank structure, water treatment systems and equipment of a similar nature.

6.3.5 Roof-Mounted Structures and Equipment; Communication Facilities

Roof-mounted structures are defined in Municipal Code section 16.36.090(B), and include but are not limited to heliports, elevator housings, stairways, tanks, ventilation fans, chimneys, air conditioning equipment, solar and wind power equipment, flag poles, towers, skylights, or similar equipment required to operate and maintain the facility.

The calculation of the total square footage of roof-mounted structures shall not include the heliport landing areas. For other roof-mounted structures, the total square footage shall not exceed the 25-per cent of the total roof area of the structure as specified in Municipal Code section 16.36.090(B) unless a modification is approved under the procedures in Chapter 8, including without limitation Section 8.4.1.

To the extent feasible, roof-mounted structures shall be screened from public view from abutting public streets and rights-of-way. The method of screening shall be architecturally compatible with other site development in terms of colors, materials, and architectural style. Roof-mounted equipment not screened from view shall be located as far as possible from the roof parapet or roof edge. These elements shall be discrete to reduce impacts to the surrounding community. Equipment shall not be allowed to be located at the face of the building or roof parapet.

Communications facilities are defined in Municipal Code section 16.36.090(C) and include but are not limited to wireless masts, antennas, and other similar equipment required to provide telecommunications services to a medical facility. Screening shall not be required for line of sight communications facilities.

6.3.6 Separation Between Buildings

The Project proposes the construction of multiple structures that vary in use from medical services, Parking Structure, Plant Maintenance building, and campus support buildings including

but not limited to a Generator building and fuel tank and infrastructure to support the Medical Center.

Portions of the new Acute Care Hospital Tower will directly attach to the existing hospital building while other structures will be stand-alone buildings. Due to site constraints including bounding by perimeter streets and existing buildings and structures on-campus, the Project requires a zero feet (0-ft) setback for all structures whether new or existing. This minimum setback allows St. Joseph's to develop the Project to the highest degree necessary to accommodate the occupancy and uses of the Medical Center and the interrelated functions of the buildings. As noted in Section 6.3.1, through building design, accommodations to increase distance between buildings, where possible, will be encouraged but not required.

Fire-resistance rating requirements for exterior walls will comply with current building code requirements.

6.3.7 Parking

Unless otherwise specified in this Section, development standards for off-street parking in Municipal Code section 16.64.080 shall apply. Future exceptions may be presented to the Community Development Director for administrative approval, with exceptions considered on the basis of providing adequate and safe parking for medical facilities while meeting the objectives of the Municipal Code.

- Hospital Building: two (2) stalls per licensed hospital bed consistent with the Municipal Code 16.64.040, Table 3-9. Flexibility shall be allowed to increase parking up to 5.6 stalls per licensed bed at the discretion of St. Joseph's as medical care requires for seasonal surges or to accommodate visitor and staff needs based on hospital experiences. Additional parking stalls may be accommodated through off-site parking if determined to be necessary under the Parking Option B scenario.
- Accessory Medical Services: generally anticipated for 1st 50,000sf = 1/200; Portion over 50,000sf = 1/500, with actual parking determined by underlying use of accessory structure.
- Industrial, Manufacturing and Processing: 1/1,000
- Accessible, vanpool, and motorcycle stalls to be provided per building code requirements
- Loading/Unloading spaces will be provided at Hospital, designed to Dignity Health's just in time delivery program that will restrict loading traffic to off peak hours.
- Dimensions of drive aisles and parking spaces will meet City of Stockton Standard Specifications and Plans requirements. Dimensions of accessible car and van parking spaces shall comply with California Building Code requirements.
- A continuous 6" high raised concrete curb shall be provided along all landscape areas abutting parking or drive areas.
- Unless otherwise approved by the Community Development Director, landscape island spacing and distribution of shade trees at surface parking lots shall meet the requirements of Municipal Code section 16.64.080(F), with exceptions considered on the basis of providing adequate and safe parking for the medical facilities while meeting the landscaping objectives of the Municipal Code.

- Minimize cross-slopes across entire site and especially in areas of concentrated traffic to maximize accessibility and pedestrian safety.
- Charging stations for electric vehicles to be provided per building code requirements

6.3.8 Holding Tanks and Supplies for Emergency Water, Wastewater, and Energy

The Project includes required NPC 5 nonstructural upgrades for on-campus supplies of water and fuel, and also holding tanks for sewage and liquid waste, with each tank sized sufficient to support 72-hours of emergency operations. As detailed in Section 4.6.4, on-campus emergency electrical and radiological service also is required to meet seismic retrofit requirements. This Plan allows for flexibility in number of tanks, size of tanks and site location, provided that proposed locations meet all requirements of the Municipal Code (including but not limited to the Building Code, the Electrical Code, the Mechanical Code, and the Plumbing Code) and any applicable State requirements. The FEIR evaluated the locations for holding tanks proposed on Figures 4.6.5-1 through 4.6.5-3. Any change in location will require analysis of any additional environmental impacts as provided for in Chapter 8.

It is anticipated that HCAI will review design and other details, with final approval authority. The City’s evaluation for compliance with applicable City standards will occur prior to HCAI review. Underground storage tanks, if any, will be subject to separate City evaluation.²⁹ Upon approval by HCAI, no additional Commission Use Permit will be required for the installation of the identified non-structural retrofits.

6.3.9 Modular Structures

Modular structures are made up of standardized sections, called "modules," manufactured in a controlled environment of a factory away from the building's future location. The modules can be placed side-by-side, end-to-end, or stacked (i.e., multiple levels), allowing for a variety of configurations and styles. Setbacks will meet the requirements of this Plan. See Figure 6.3.9-1 for an example of a modular structure.

Figure 6.3.9-1 Modular Structure Example



²⁹ Code Application Notice, Facilities Development Division, Office of Statewide Health Planning and Development “OSHPD Jurisdiction” at p. 5-6. (Appendix, Attachment 1) (Effective 7/15/2013 and revised 1/10/2017) (copy on file with City). This authority specifically calls out separate City jurisdiction over any underground fuel storage tanks, if any are required. See p. 6.

6.4 Architectural Design Guidelines

6.4.1 Design Intent

The architecture that makes up the St Joseph’s Medical Center Expansion will be a key contributor to positive patient experiences and improved outcomes. The aesthetic of the campus buildings should instill confidence in the exceptional level of care and dedication to professionalism that medical center patrons will experience during their stay at the hospital or medical office buildings. Building designs shall be clean, comfortable, and approachable. Buildings shall be well-proportioned, constructed of high-quality materials, and should demonstrate an attention to care and craftsmanship. Primary public entrances shall be easily identified and highly visible to assist in wayfinding. Building form shall distinguish main public entries versus emergency and staff entrances. Building design and landscaping should be well coordinated in order to leverage the healing aspects of natural environments. As good stewards of our environment and our communities, green building principles will be an emphasis of the architectural design.

6.4.2 Massing, Form, and Entrances

The combination of massing and form is a critical component of how buildings are perceived and experienced. Buildings on this campus should exhibit a sound understanding of massing including a base, middle, and top massing, the human scale, and the macro scale. Hierarchy and rhythm should be used to create building forms that are cohesive, balanced, and approachable.

Articulation and naturally cast shadow are important aspects of building facade design that can animate and bring visual interest to built structures. Articulation is expressed through the push and pull of building surfaces, combination of complementary materials, and thoughtful placement of reveals. Overhangs, awnings, architectural integrated shading devices, and recesses will create shadows and protect the building and occupants from heat gain.

Main entrances to buildings or key departments within the hospital are opportunities to create additional visual interest in the building forms. They should be clearly delineated such that visitors are not confused with wayfinding. In terms of hierarchy, the main entrance of the hospital should be distinct and most clearly defined.

6.4.3 Building Materials

Appropriate selection of materials, colors, and textures will ensure that the Medical Center campus fits within and strengthens the fabric of the larger Stockton community. Exterior finish materials and colors shall be selected according to the following criteria:

- The exterior building materials shall form a complementary palette of textures and colors. Warm-tone, approachable materials and colors shall establish the primary palette. Natural stone of hewn, rough cut, flame honed or polished texture; integrally colored synthetic plaster, textured finish; pre-finished metal panels of composite or plate aluminum construction shall constitute the primary exterior wall finishes and accent materials.
- High quality, emphasis on natural materials that demonstrate professional craftsmanship.
- Vandal resistance.
- Contextual response to surrounding architecture.

- Long term durability and ease of maintenance.
- Primary roof material shall be of either single ply sheet roofing or built-up roofing. Standing-seam or glass panel roofing may be used at the building entry canopies and other features.
- Window frames shall be pre-finished (coated) aluminum window systems.
- Paving materials may include exposed aggregate concrete, integrally colored concrete, decorative colored and textured asphalt or cast concrete pavers. Pedestrian pathways within gardens may be stabilized decomposed granite.
- Use of materials will further emphasize building entrances. Texture and durability are especially important at the human scale where visitors intimately experience the quality of finishes.

6.4.4 Additional Design Considerations

Canopy elements providing shelter for drop-off and pick-up of patients should be architecturally integrated within the total building aesthetic. Canopies can be used to bring emphasis to building entrances and contribute to clarity in wayfinding.

6.4.5 Occupied Square Footage Defined

Infrastructure requirements are often determined on the basis of square footage and the number of employees or customers that are generally expected based on square footage and types of usage. In the case of hospitals, "occupied square footage" provides a more realistic basis for estimating service usage because hospitals have significant open areas that are not used by people (e.g., storage and corridor areas).

Occupied square footage is the actual space occupied and defined as area from inside wall to wall dimensions. Healthcare space is a specialized use that has well defined, and code dictated requirements that are unlike other building uses and types. This specialized use requires core elements to be typically much larger than other building types. A larger percentage of Project square footage is specialized square footage that is not occupied or dedicated to specific program use. A few examples are as follows: Circulation corridors are a specialized use difference in which healthcare has descriptive requirements. California Building Code (CBC) Section 1224.4.7 requires a min of 8' minimum "Clear" width corridors throughout the hospital facility to allow gurney traffic, supply traffic, and staff movement without obstructions. Clear space is also required by CBC around beds to allow staff movement and patient access that ranges from 3' minimum clear to the edge of beds to 5'-0" minimum clear at stretchers. Storage requirements are another key driver per CBC requirements, with examples being a minimum of 20 net square feet of general storage per bed, exclusive of other required specialized storage spaces based on Acute Care Services provided. Specialized storage is required in each department with various requirements, but a rough estimate would require storage space at over 200 sq ft per bed. These examples are a handful of key drivers of spaces that are not occupied uses.

Occupied square footage does not include common areas of a healthcare building such as restrooms, stairwells, mechanical shafts, storage rooms, utility rooms, mechanical rooms, electrical rooms, and shared hallways or corridors.

Occupied square footage may be utilized in Plan implementation to evaluate impacts and assess requirements for infrastructure improvements, including “fair share” contributions to public improvements.

6.4.6 Parking Structure

Parking is often the first and last impression a visitor may have of a facility. The structure shall be well-proportioned with vehicle and pedestrian entries easily identifiable by exterior architecture and wayfinding signage. Materials and colors shall be complementary to the new St. Joseph’s Medical Center Expansion.

Parking structures will blend into the Medical Center campus environment and architecture and not stand out as utilitarian structures. If multi-story, parking structures will be open buildings for ventilation purposes and served by interior ramps connecting the levels. Pedestrian circulation to, from, and within the garage should be delineated and separated from automobile circulation. Pedestrian routes from the Parking Structure lobby to the principal buildings served should provide an aesthetic transition compatible with the quality of the building(s) served. Stall width, depth, and aisle width should generally be in accordance with the City of Stockton Municipal Code. Parking stalls adjacent to solid walls shall provide adequate distance for easy access in/out of both sides of a vehicle and may be a larger width than other parking stalls, at the discretion of St. Joseph’s. For security purposes the first-floor entrances may have roll down gates and openings may have spaced palisade to allow ventilation and security. Where possible, elevators and stairways will be located on the exterior to allow high visibility which will provide natural surveillance by adjacent activity and public areas.

Vehicle and pedestrian entries shall be well lighted and enhance safety and confidence to the end-users. Natural daylighting shall be incorporated to the greatest extent possible to reduce energy consumption and provide sight lines to the Medical Center and community beyond.

Passive and active security design (i.e., license plate readers) and strategies shall be integrated throughout the structure providing safe and secure use of the Parking Structure. Blind corners, alcoves, and niches should be avoided to reduce hiding spaces.

The design and distribution of electric vehicle charging stations and accessible stalls shall comply with the California Building Code, with any additional charging stations installed only as required under the mitigation measures in the FEIR.

Appropriate selection of materials, colors, and textures will ensure that the Parking Structure fits within and strengthens the fabric of the Medical Center. Exterior finish materials and colors shall be selected according to the following criteria:

- The exterior building materials shall form a complementary palette of textures and colors. Warm-tone, approachable materials and colors shall establish the primary palette. Concrete, natural stone of hewn, rough cut, flame honed or polished texture; integrally colored synthetic plaster, textured finish; pre-finished metal panels of composite or plate aluminum construction shall constitute the primary exterior wall finishes and accent materials.
- Structural frame may be cast-in-place concrete, precast concrete, and steel framed.
- High quality, emphasis on natural materials that demonstrate professional craftsmanship.

- Vandal resistance.
- Contextual response to hospital architecture.
- Long term durability and ease of maintenance.
- Utilities and infrastructure shall be located within the boundary of the exterior walls. No mounting of conduit, pipes or similar infrastructure necessary for the operation of the structures uses shall be allowed on the exterior walls.
- If required for accessory uses, primary roof material shall be of either single-ply sheet roofing, built-up roofing, standing-seam or glass panel roofing. Accessory uses may include, but are not limited to, elevator and stairway houses, equipment rooms, and heliport structures. Heliport structures (including landing areas) may be constructed of structural steel, aluminum, concrete parking deck other similar materials).
- Window frames shall be pre-finished (coated) aluminum window systems.
- Paving materials may include exposed concrete, integrally colored concrete, decorative colored.
- Use of materials will further emphasize building entrances. Texture and durability are especially important at the human scale where visitors intimately experience the quality of finishes.
- Photovoltaic (solar panels) shall be allowed to be mounted on the top or the side of the Parking Structure.

Digital signage (or changeable copy signage that may utilize future technologies) shall be acceptable at exterior and interior locations adjacent to and on the Parking Structure. These signs shall be dimmable as feasible to reduce glare with the surrounding environment.

The Parking Structure shall be designed and engineered to accommodate the helicopter weight, functions and use of up to two (2) new helicopter landing, take-off areas and one (1) helicopter parking area (i.e., Options described in Chapter 4), to be determined by St. Joseph's.

6.4.7 Bicycle Parking

The minimum number of bicycle parking spaces for the St. Joseph's Medical Center Expansion Project is 40, unless more are deemed necessary by St. Joseph's.

Bicycle parking facilities shall be installed in a manner which allows adequate spacing for access to the bicycle and the locking device when the facilities are occupied. General space allowances shall include a 2-foot width and a 6-foot length per bicycle and a 5-foot maneuvering space behind the bicycle. The facilities shall be located on a hard, dust free surface, preferably asphalt or concrete slab.

- Bicycle parking shall consist of at least a stationary bicycle rack, typically on a concrete slab where the bicyclist supplies a padlock and chain or cable to secure the bicycle to a stationary object.
- A minimum of 10% of the provided bicycle parking shall be for long-term (bicycle storage room, bicycle storage locker, etc.) bicycle parking.

Additional bicycle parking improvements that are required by mitigation measures in the FEIR shall also be incorporated into project design standards.

6.4.8 Accessory Structures

Accessory structures include ancillary buildings such as, but not limited to, Central Utility Plant, Plant Maintenance building, Generator building, fuel tank yard, and other support structures necessary for the operation of the Medical Center.

Appropriate selection of materials, colors, and textures will ensure that the accessory structures fit within and strengthens the fabric of the Medical Center. Exterior finish materials and colors shall be selected according to the following criteria:

- The exterior building materials shall form a complementary palette of textures and colors. Warm-tone, approachable materials and colors shall establish the primary palette. Natural stone of hewn, rough cut, flame honed or polished texture; integrally colored synthetic plaster, textured finish; pre-finished metal panels of composite or plate aluminum construction shall constitute the primary exterior wall finishes and accent materials.
- Acceptable structural systems are wood, steel, prefab, and pre-engineered metal building construction.
- High quality, emphasis on natural materials that demonstrate professional craftsmanship.
- Vandal resistance.
- Contextual response to surrounding architecture.
- Long term durability and ease of maintenance.
- Primary roof material shall be of either single ply sheet roofing, built-up roofing, or standing-seam roofing.
- Canopies and sunshade devices may be incorporated and shall be a durable material and sturdy construction.
- Window frames shall be pre-finished (coated) aluminum window systems.
- Paving materials may include exposed aggregate concrete, integrally colored concrete, decorative colored and textured asphalt or cast concrete pavers. Pedestrian pathways within gardens may be stabilized decomposed granite.
- Use of materials will further emphasize building entrances. Texture and durability are especially important at the human scale where visitors intimately experience the quality of finishes.

6.4.9 Modular Structures

Modular structures are made up of standardized sections, called "modules," manufactured in a controlled environment of a factory away from the building's future location. The modules can be placed side-by-side, end-to-end, or stacked (i.e., multiple levels), allowing for a variety of configurations and styles. Modular structure exterior finishes may include but are not limited to:

- Wood Siding
- Stucco
- Metal siding or panels
- Glazing with wood, vinyl, or metal frames
- Exterior finish colors shall match surrounding buildings.

6.5 Site Design Guidelines

Site development guidelines will help to establish the type of experiences that visitors, employees, and patients will have within the Medical Center. Clarity in site planning can lay the groundwork for a medical facility that contributes to positive experiences and improved patient outcomes. This Project aims to achieve the following site planning goals:

- This campus should define its place within the community. The outward sign to the community should clearly represent that this is a welcoming place for healing.
- Provide an environment that promotes patient safety, accessibility, and is easy to navigate for pedestrians, vehicles, and emergency vehicles.
- Create open spaces and safe, comfortable pedestrian pathways that provide outdoor places for family members and staff to have moments of respite throughout the day and evening.
- Clearly identify building entrances and primary pedestrian pathways.
- Integrate the Project with the surrounding development to ensure that pathways and streets are coordinated.

Vehicular and pedestrian circulation and building placements, including the delineation of emergency, service, and public traffic flows, on the Medical Center campus shall generally conform with the Master Development Plan.

Provisions for accessibility access shall be designated consistent with the Americans with Disabilities Act (ADA) and California Building Code requirements. The Architectural Barriers Act (ABA) requirements shall be reviewed for scoping and applicability with regards to any improvements of the Project.

Accessible routes must be provided from public sidewalks to building entrances.

6.5.1 Campus Edge Considerations

Ensure patient safety by establishing simple wayfinding at the campus edge. Emergency, patient, and visitor and service traffic flows should be well planned and clearly identified with wayfinding signage.

The campus edge design defines an institution's place in the community. Landscaping should be considerate of the local environment and increase connection to nature. Use native, contextually appropriate plants at campus edges.

6.5.2 Patient and Visitor Experience

Provide adequate screen at back of house function to maintain a calming visitor experience.

6.5.3 Site Access and Loading

Loading areas shall be provided on-campus and shall be designed to Dignity Health's loading and unloading operations requirements

6.5.4 Walls and Fences

Freestanding screen walls, retaining walls and fences shall be designed to have consistent materials, styles and colors to complement the buildings on the campus. Allowed fencing materials are decorative metal or wood designs, wrought iron, and vinyl-coated chain link. Privacy screen via slat and mesh is allowed. Fencing accessories for security intrusion deterrents are allowed.

6.5.5 Screening and Buffers

Loading areas shall be thoughtfully planned and obscured from public view as is feasible through the use of landscaping, and/or screen walls. Rear sides of modular structures that will remain in place through a twenty (20) year time period will also have appropriate landscaping to soften the street view (i.e., E. Harding Way).

Material handling, storage of medical waste, above ground storage of water, fuel, bulk oxygen, medical gas bottles, and unsightly day to day processing of supplies should be thoughtfully planned and obscured from public view through the use of landscaping, earthwork, and/or screen walls.

Per California Building Code, the hospital is required to have an on-campus emergency generator for standby power and on-campus fuel storage to maintain generators for a minimum 72-hour duration. The generator location will largely conform to the proposed Site Master Plan options, distanced away from the hospital building.

6.5.6 Landscape Intent

Landscape design plays an essential role in supporting the Medical Center's overall site planning goals of safe and easy navigation, comfortable pedestrian circulation, and a positive user experience for patients, staff, and visitors. Outdoor space design is an important component of providing a healing environment. Gardens provide a restorative environment from mental and emotional fatigue. Fragrant plants, cool and calming colors, naturalistic massing and foliage with soft texture and movement should be incorporated into the landscape design. Pollinator friendly plants that attract hummingbirds, and butterflies are encouraged to provide a habitat that will sustain healthy communities of beneficial insects and pollinators. Plant types that attract bees, wasps or insects that sting or bite will be avoided as much as possible. Plant types that are selected should be low maintenance and have long-term survivability. With these goals in mind, the intent of landscape design for this Project is to create user-friendly, functional, intuitive, human-scaled spaces that provide shade, biodiversity, seasonal interest, seating areas, healing spaces, and the overall calming and therapeutic effect that living landscapes can offer.

Landscape design for the Project shall adhere to the guidelines in this Chapter. A general depiction of the expansion area with general placement of landscaping is depicted on Figure 4.2.11-1.

6.5.7 Plant Palettes

This section describes general guidelines for plantings. Details regarding types of plants that will be suitable for the expanded Medical Center are described in Section 6.5.14, with a diagram of the plant palette depicted in Figure 6.5.14-1 within Section 6.5.14.

More than simply being beautiful to look at, plant materials should further enhance sensory experience through sounds, smells, and textures to support a campus-wide therapeutic experience. Where possible, plants that attract wildlife (birds, butterflies, and hummingbirds) or have proven healing powers, like lavender, catnip sage, and rosemary will be selected to contribute to a sense of health and healing. Layering of shrub heights will promote a feeling of privacy, escape or respite in key areas. Shade trees should be selected that minimize litter, as well as the potential to heave sidewalks, causing safety issues. Mature canopy size should be thoughtfully considered to minimize future conflicts with buildings in tight spaces yet provide a unifying rhythm for street frontage and adequate shade for Stockton's warm central valley climate.

Recognizing healthcare sector capabilities, low maintenance requirements are an important factor. Plant material must be selected that does not require edging, heavy pruning, or shearing. Spacing should generally be widened out to minimize overgrowth and removal and provide ample space adjacent to walkways. Flowering shrubs that require deadheading should be avoided, as well as species that require heavy seasonal pruning to promote optimal growth.

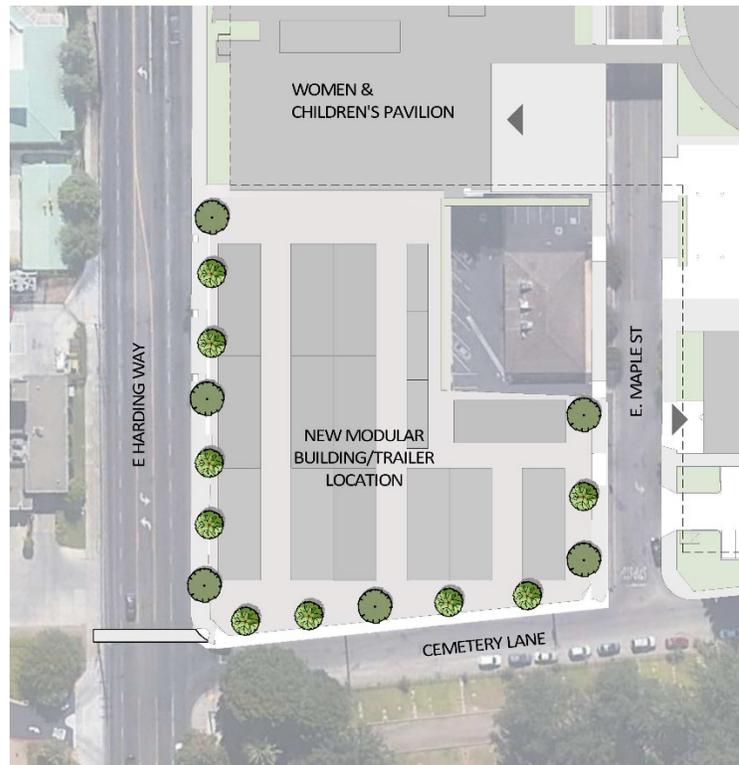
6.5.8 Green Space

Green space is limited given the complexity of the healthcare campus but must be effectually designed to support several key landscape categories. Each landscape category is independently important, but together have a palpable impact on the emotional, mental, and physical wellbeing of patients, family, and staff. Below are several key green space categories identified by the Master Development Plan, and their related design goals.

Streetscape Frontage

Continuity along the streetscape frontage is essential to create a unified appearance between existing and proposed buildings. For the off-campus approach from N. California Street, a design that is consistent with existing landscape between E. Harding Way and Chestnut Street will be established along the frontage between Chestnut Street and E. Cleveland Street. A gracious landscaped medium in this area will also allow for continuity between the street and the new walk-in entrances at the new main entry and new Emergency Department. Narrowing of this frontage will occur adjacent to the new Parking Structure between E. Hawthorne and E. Wyandotte Streets, where consistent street tree canopy and the use of other non-plant elements (vertical architectural screens and/or textural surface applications) can help soften the scale and proximity of the structure façade. This continuity will not only help unify the campus but establish a better relationship with adjacent neighborhoods and commercial properties. Revisions to the streetscape along N. California St. will be coordinated with the City's Streetscape Master Plan as shown in Figure 4.8-3. Landscaping to soften the appearance of the long-term modular structure that will have the back of building along E. Harding Way also will have consistent landscaping treatment along the streetscape.

Figure 6.5.8-1 Conceptual Landscape at Harding and Cemetery



Entrances and Gateways

The landscape announcing four (4) key entry points along N. California Street (new Main Entrance, new Emergency Department walk-in entrance, new Emergency Department walk-in parking, and new Parking Structure) and one (1) along E. Cleveland Street (new employee entrance to Parking Structure and entrance to surface parking) must stand out and become part of campus wayfinding. Subtle changes in scale, color and texture will be provided at these locations through planting. Specimen and accent plantings will further identify these key locations.

Surface Parking

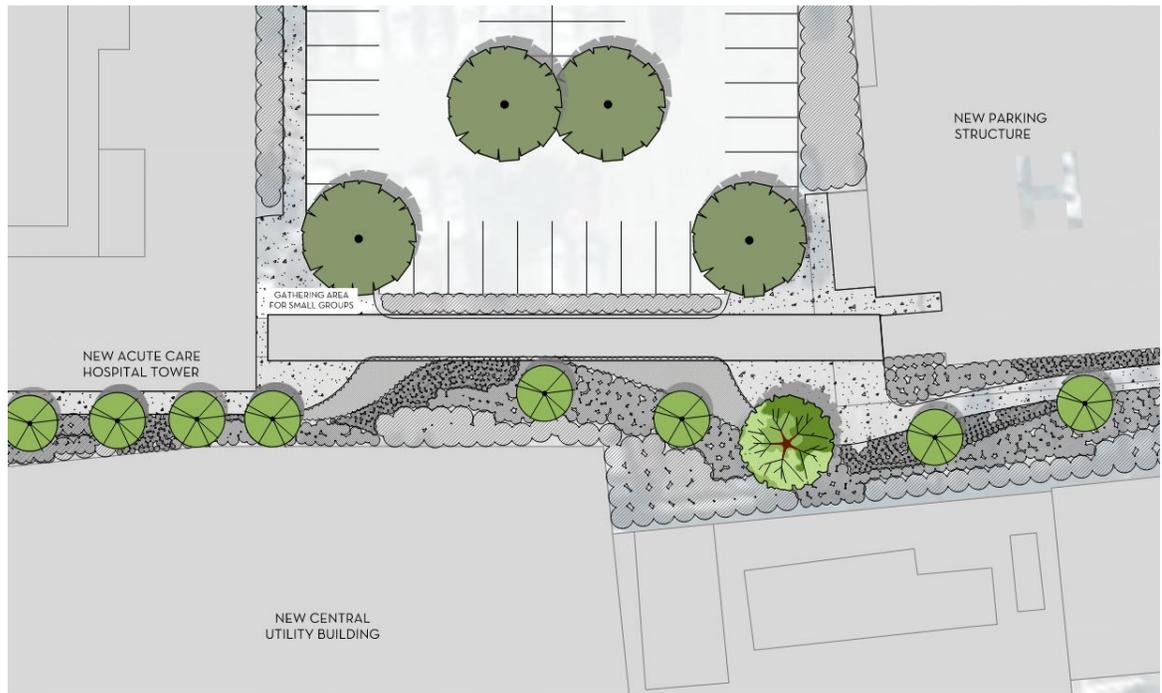
Providing shade and comfort for visitors and staff is an important consideration in surface parking lot areas. Tree plantings must be balanced against the limited area for available parking. Unless otherwise approved by the Community Development Director, landscape distribution of shade trees at surface parking lots shall meet the requirements of Municipal Code section 16.64.080(F), with exceptions considered on the basis of providing adequate and safe parking for the medical facilities while meeting the landscaping objectives of the Municipal Code. Shrub and groundcover plantings that don't interfere with vehicle or pedestrian circulation will also be key. The new walk-in parking lot adjacent to the new Acute Care Hospital Tower serves as a pass-through space between the new Acute Care Hospital Tower and new Parking Structure, so pathways will be supported by simple plant massing that allow for clear and safe line of sight. Trees in or adjacent

to surface parking areas will be selected to avoid berry eating birds or dropping of extensive leaves on a seasonal basis.

Interior Campus Connections

Landscape in these areas should enhance walkway experiences that are smooth and accessible with plenty of space between the walkways and plants. Appropriately scaled shade trees will add comfort during warm days, with formal placement supporting campus wayfinding. Understory plant massing will allow for clear and safe lines of sight. General locations of plantings within interior campus connections are depicted in Figure 6.5.8-1.

Figure 6.5.8-1 Conceptual Landscape at Interior Campus Connections



Courtyard/Respite Spaces

Respite spaces are used in a hospital setting to provide campus green space, facilitating not only healing but also contributing to an increased ameliorative experience. Such areas provide a spectrum of 'non-medical' spaces to accommodate the varying circumstances of patients, family, and staff. The view-only roof garden will offer patients with bedside windows looking out to leafy trees and a tranquil space providing the opportunity to connect with spirituality and nature, speeding healing from surgery, infections, and other ailments. By way of example, potential designs could include distinct respite areas depicted as follows: South Respite (6.5.8-4), North Respite (6.5.8-5) and a View-Only Roof Garden between if separate towers are constructed for the New Acute Care Hospital (6.5.8-6) The South and North Respite areas are anticipated to provide pathways as a chance for exercise and fresh air, with plantings supporting a more reflective experience. Design in these spaces will take cues from permaculture studies, supporting flourishing natural ecosystem vignettes as opposed to passive ornamental plantings. Although water is not intended, dry stream bed and accent boulder elements will promote a sense of

spirituality and peacefulness and introduce inert materials requiring little to no long term maintenance. Safety and security will be considered in design and plantings. General locations and the concepts for the courtyard/respice spaces are depicted in Figures 6.5.8-2 and 6.5.8-3. Final building design will determine the location and number of respice spaces.

Figure 6.5.8-2 Landscape Intent at South Respite Area



Figure 6.5.8-3 Landscape Intent at North Respite Area



The View-Only Roof Garden is a potential architectural feature that can be incorporated into a possible two-tower design for the Acute Care Hospital Tower. This area will incorporate low-maintenance plantings that provide a pleasing view from patient rooms. A general depiction of the View-Only Roof Garden is depicted in Figure 6.5.8-4.

Figure 6.5.8-4 Conceptual Landscape at View-Only Roof Garden



Service & Loading Areas

Landscape shall not impede service vehicle access. Screening of service and loading areas from off-campus locations will be considered in final landscape design, subject to the discretion of St. Joseph's, with an acknowledgement that many of the more utilitarian functions have been intentionally located at the east side of the Medical Center campus where no screening currently exists. Due to the fact that setbacks on the east side of the Medical Center campus are expected to be zero (0) feet, and the fact that the most proximate use is the cemetery, landscape screening is not anticipated on this side of the Project.

6.5.9 Site Furnishings

Dignity Health incorporates branded site furnishings that are accessible, safe for visitors of various ages and mobility levels, and present a uniform experience between hospital facilities. The site furnishings depicted in Figure 6.5.9-1 are consistent with Dignity Health branded site furnishings. General guidelines for site furniture are as follows:

- Shall be safe to use and ADA accessible.
- Shall have appropriate level of protection from vandalism (graffiti), theft, and weather resistance. Shall be easy to maintain.
- Shall be inviting to use and comfortable.
- Shall be complementary to the building designs.
- Shall be provided in adequate numbers to serve the expected use.

- Waste and recycling receptacles shall be limited in number and shall be designed to discourage scavengers. Receptacles shall be provided in obscure yet convenient locations.

Figure 6.5.9-1 Site Furnishings

TABLE



CHAIR



TABLE AND CHAIR



BENCH



UMBRELLA



TRASH/RECYCLING



VERTICAL GREEN WALL



Figure 6.5.9-1 Site Furnishings (Continued)



PLANTERS



BOLLARD



6.5.10 Outdoor Lighting

Appropriate campus and building lighting are critical for establishing a welcoming and safe campus. As with building massing, lighting should address the visitors experience to the campus at both a macro and human scale. Building accent lighting shall be used to complement the building forms and materials and add further emphasis to significant elements such as building entrances. Campus lighting shall not be overly bright, yet (at the recommendation of St. Joseph’s as established to the satisfaction of the Community Development Director) sufficient to illuminate parking areas, pedestrian pathways, areas of respite, emergency drop-off, ambulance offloading, and open plazas, so that these spaces are inviting and safe into the evening hours.

- Free standing parking lot lighting shall be the same throughout the parking areas. Height to be 20ft maximum and shielded from residential uses.
- Free standing parking lot lighting on the top deck of the parking structure shall be limited to 16ft maximum height, shall be located away from the edge of the structure, shielded from the helicopter operations and residential uses, and comply with FAA and Caltrans heliport regulations. Light standards near helicopter operations shall be fitted with night-vision goggle compatible obstruction lights.
- Luminance within parking and pedestrian areas shall comply with Stockton Municipal Code requirements. Safety illumination shall be prioritized if there is a conflict with the Municipal Code.
- Lighting should be appropriately scaled to the building.
- Buildings shall be lit with a combination of ground mounted up lighting, architecturally integrated down lighting, and building mounted sconce lighting.
- Color of the lighting shall be white and flatter skin tones.
- Lighting color temperatures shall be consistent throughout the Project.

6.5.11 Pedestrian Walkways

Pedestrian walkways shall adhere to the following criteria:

- Safe pedestrian pathways, traffic slowing measures at building entries and around crosswalks.
- Pedestrian crosswalks and drives shall be defined through use of enhanced paving.
- Shade elements including canopies, trellises, and trees should be thoughtfully placed along pathways, building entrances, and areas for respite.

6.5.12 Hardscape Materials Guidelines:

The use of durable and simple materials will create a contemporary and cohesive user experience across the campus. Pedestrian sidewalks and paths will be simple gray concrete flatwork. Enhanced areas of cast concrete pavers and/or integrally colored concrete shall be considered for building entries, pathway nodes, and therapeutic garden spaces to enhance the visitor experience and help self-navigation, but only to the extent that trip hazards are avoided considering settling of materials over time. A limited use of stabilized decomposed granite pavement in low-traffic areas may be considered to create secondary walking paths or patient relaxation areas, so long as passage is safe for elderly and those requiring assistance in travel. The overall intent of the materials selection should be towards creating calming, unfussy, easy-to-navigate pedestrian spaces.

6.5.13 Irrigation Systems Guidelines

The irrigation system shall be fully automatic, with single control wire, and shall be designed for the most efficient use of water in the landscape while maintaining plant health. To that end, design and management of the irrigation system shall be in compliance with California's Model Water Efficient Landscape Ordinance (MWELO) and the City of Stockton irrigation standards. Specific measures include:

- Internet-connected “Smart” irrigation controller(s) with weather sensors that automatically adjust water times based on seasonal evapotranspiration data.
- Flow sensor and master valve assembly to monitor water use and shut off system in case of leaks
- In-line subsurface drip emitter lines to irrigate all shrub/ground cover plantings
- At- grade bubbles (two (2) per tree) at all trees. Trees grouped on their own valves, separate from understory plantings.
- Irrigation hydrozones organized based on similar plant water requirements and solar exposure.

6.5.14 Landscape Planting Guidelines

Landscape planting shall be design with sustainability and ease of maintenance in mind and should complement the overall architectural style of the Medical Center.

- All plant material shall be California-adapted, long-lived, non-toxic and non-invasive. California native plant species should be incorporated where appropriate.
- All plant material shall have a very low water use, low water use, or medium water use rating according to the WUCOLS rating system.
- Plants shall be spaced with adequate room to grow to their full size without requiring shearing.
- Perennial plants may be used sparingly, in accent plantings at entries and therapeutic garden spaces. There shall be no annual color plantings.
- Mowed lawn shall be limited to small areas for patient/visitor use for therapeutic purposes and shall not exceed 5% of the total landscaped area.
- Street trees on the frontages shall be consistent with City of Stockton streetscape requirements.

Examples of plants that will be used are depicted in Figure 6.5.14-1.

Figure 6.5.14-1 Plant Palettes

SHADE TREE



GINKGO TREE

ACCENT TREE



WESTERN REDBUD

GRASSES



BLUE FESCUE



YAKU JIMA MAIDEN GRASS



DEERGRASS



FEATHER REED 'KARL FOERSTER'

SCREENING/TALL SHRUBS



FLANNEL BUSH



LEMONADE BERRY



CALIFORNIA COFFEEBERRY

Figure 6.5.14-1 Plant Palettes (Continued)

PERENNIALS



CALIFORNIA POPPY



DOUGLAS IRIS



CALIFORNIA FUCHSIA

POLLINATORS



CALIFORNIA LILAC



SILVER LUPINE



CATALINA CURRANT



CLEVELAND SAGE



ROSEMARY



HEUCHERA WILD ROSE

6.6 Heliport Regulations

The unencumbered area to accommodate a heliport is determined by reference to Federal Aviation Administration (FAA) recommendations. "Safety Area" recommendations, based on the size of helicopters expected to be accommodated, are contained in FAA Advisory Circular 150/5390-2C. Airspace clearance areas are set forth in FAA Regulation Part 77 of Title 14 of the United States Code (and as may be amended in the future). These criteria will govern the required clearance areas for heliport design. A the approximate location of the planned heliports (i.e., Option A – one (1) new

heliport, Option B – two (2) new co-located heliports, Option C – one (1) new heliport with adjacent helicopter parking area, and Option D – one (1) heliport with two (2) new co-located heliports with one (1) adjacent helicopter parking area) each option with a Safety Area, Primary Surface Area and Approach Surface are depicted on Figure 4.2.6-2.

Regulation of the design and operation of the heliport will require (1) a letter by the FAA stating that the agency has no objection to the use of airspace, (2) approval of a heliport license by Caltrans, and (3) approval by the City of Stockton that building plans meet the requirements of the National Fire Protection Association Publication 418. New heliports added to the project will be included in an amended Use Permit (UP 27-86). The FAA does not have jurisdiction over the design of the heliport and Caltrans will not issue the license until the City of Stockton has approved the heliport and the FAA issues the letter of no objection to use of the airspace. Thus, the approval of the heliports (Option A, Option B, Option C, and Option D) with the Master Development Plan is the first step in the regulatory approval process that evidences City approval of the heliport use.

6.7 Comprehensive Signage Program

6.7.1 Wayfinding guidelines

Wayfinding is an essential link for every aspect of healthcare environmental design. Healthcare facilities are large scale, complex environments. A wayfinding system is of primary use to people who are unfamiliar with the facility. Visitors to the Medical Center have varied physical abilities and cognitive/emotional states, and often feel rushed. Comprehensive wayfinding design influences positive patient and visitor outcomes by reducing stress and minimizing visitor disorientation. Dignity Health's signage program is a comprehensive design that begins with the patient or visitor leaving their home, and their arrival to their Medical Center destination.

Delineating a clearly marked passage to the Medical Center is a key element of providing a safe environment. During route navigation, visitors should be able to cognitively map out the Medical Center location and its coordinates, whether from E. Harding Way, N. California Street, or from streets of the surrounding residential communities. Wayfinding should follow a hierarchy from general to specific, with an alternating sequence of identity and direction. Skyline signage will supply target value from a distance, and freestanding signs at street level will reinforce a sense of arrival at campus boundaries. Key decisions (shown in Figure 6.7.2-1) occur at intersections and vehicular ingress points, and directional signage is needed at these locations to guide first-time or infrequent visitors and patients. Building identity signage will be scaled to be visible and distinct, and will provide reassurance and a sense of arrival, making continual orientation seamless and easy.

The Project also includes restructured public access, to improve traffic flow and reduce congestion. With an emergency entry adjacent to the main entrance, first time or infrequent visitors will require assistance with where to enter the campus and where to go once on the campus. The typical conditions of public arrival to the Emergency Department require that every effort be made to keep arrival or entry points simple and clearly identified.

Healthcare is delivered to the patient by a variety of means. The outpatient model that has become universally accepted in this country requires that the patient seek out the steps for their

care or diagnosis sequence separately and independently. Radiological or diagnostic services can be separate from surgical or therapeutic treatments. For a single care process, patients can frequently be expected to arrive at three or more destinations, and these destinations are usually located in separate buildings. Effective wayfinding signage addresses this current state of care and supports the necessary process of travel between buildings and destinations.

6.7.2 The Relation of Traffic Flow to Wayfinding

The wayfinding guidelines included in this Plan sets forth the general policies for the St. Joseph’s wayfinding program, both during and after construction of buildings. As a program that relies upon visual triggers, the figures depicting wayfinding are an important component of the overall policies, with the intent to illustrate that overall traffic flow and decision points will affect the signage locations. Points of ingress/egress under the site plans depicted in Figures 4.1-1 and 4.1-2 form the basis for the wayfinding program. If modifications to the Site Master Plan are made as part of the implementation of the Plan, signage locations may also require adjustment.

The wayfinding program is included as Figures 6.7.2-1 and 6.7.2-2.

The traffic flow for the Project supplies the logic for directional and identification sign placement. Traffic flow supports the intended site usage and sets parameters for the wayfinding experience process. Appropriate signage will provide guidance to facilities that support alternative transportation (e.g., bus stops, electric vehicle charging stations, and ride share spots for patient pick-up and drop-off). Such signage will be placed so as not to distract from signage oriented for emergency visitors.

For wayfinding to be effective, information and guidance must be visible where and when it is needed. A first-time or infrequent visitor needs guidance primarily at two types of locations: “Decision points” and “Destinations.” Decision points occur at intersections or junctures with a potential change in direction where more than one path can be followed. Vehicular destinations are either drop-offs or parking areas; they supply the means for the vehicular/pedestrian transition. Figure 6.7.2.1 depicts an example of decision points and destinations.

The anticipated paths of travel and designated signage locations are depicted on Figure 6.7.2-2. If building and campus entry points are adjusted, the location of signage will be adjusted, both in location and number, measured against consistency with the wayfinding guidelines identified in Section 6.7.1.

6.7.3 Signage during Construction Phases

Construction of the Project will occur in phases, as described in Section 4.3 of the Plan. Wayfinding signage will be used during each phase of construction to achieve the goals described in Section 6.7.1. Temporary signage is anticipated at each “decision point” during construction phases. Decision points are determined by traffic flow. Safety signage will also be provided as needed during construction phases.

6.7.4 Signage to Interim, Off-Campus Parking

The Plan anticipates usage of interim, off-campus parking during construction. (See Section 4.10 and Appendix, Attachment 15 – Parking Plan.) Precise locations and types of signage will be



TRAFFIC FLOW ANALYSIS

AUGUST 2023

St. Joseph's Medical Center Hospital Expansion Project

DIGNITY HEALTH



6.7.2-1
TRAFFIC FLOW ANALYSIS



SIGNAGE LOCATIONS

AUGUST 2023

St. Joseph's Medical Center Hospital Expansion Project

DIGNITY HEALTH



6.7.2-2
SIGNAGE LOCATIONS

determined when the users of the interim parking have been identified. For example, the nature and location of temporary signage for interim parking would be different for staff (who are familiar with the campus) and patients or other visitors. Temporary signage will be installed to provide direction to the users of the interim parking. Location of temporary signage will be presented to the Community Development Director under the Administrative Permit procedures of Chapter 8, applying the wayfinding policies set forth in Section 6.7.1 of this Plan.

6.7.5 Sign Criteria and Types of Signage

Appropriately designed signage and environmental graphics provide a clear, comforting, and welcoming experience to visitors. A hierarchy of size and messaging, combined with thoughtful sign placement, connotes a sense of order for the Medical Center campus. The application of these signage guidelines is a key component in creating an initial impression that conveys the quality of care, professionalism, and promise of excellence provided at St. Joseph’s Medical Center.

Figure 6.7.5-3 shows conceptual diagrams of the various primary exterior sign types that may occur on the Medical Center campus. As future brand components evolve, these sign types and graphics may also change. Dignity Health reserves the right to modify on-campus signage based on corporate branding efforts, which may change the visual identity system in the future. Examples of brand types that may change are shown below in Figure 6.7.5-1.

Figure 6.7.5-1 Branding Sample



Selection of sign types and placement of signs are dependent on the viewer distance from the sign, rate of motion of the viewer, and critical wayfinding decision points. An effective wayfinding network flows from the general to the specific, supplying a progression of identifies and target values for first time visitors as they approach their destination. Skyline sign types are intended to be viewed from N. California Street. Skyline sign types are to reinforce the wayfinding sequence at connector streets. Campus skyline signage provides initial reassurance and a sense of arrival for visitors, while building skyline signage supplies target value and orientation for parking.

Perimeter Monument signs are best placed at entry points to the campus. Monument Directional signs are viewed from a vehicle traveling at lower speed within or at the campus boundaries, with faces oriented perpendicular to vehicular traffic flow. The difference in scale between primary and secondary directionals supports a wayfinding logic that places the primary monuments on major thoroughfares and the secondary monuments and pylons at access points to parking or vehicular entry points. Refer to Table 6.7.5-2 for sign types, functions, locations and heights; refer to Figure 6.7.5-3 for exterior signage examples. Movable copy (i.e., electronic signage) is allowed where it will assist the campus visitor in locating essential services and/or parking.

Table 6.7.5-2 Sign Types for Campus, Hospital Tower, and Parking Structure

Sign Type	Sign Function	Sign Location	Maximum Sign Height
A: Perimeter Monument	Marks campus entry points. Provides branding and wayfinding information at the campus edge and corners. Defines boundary.	At campus edge entry points and corners of significant intersections.	6' tall
B: Campus Skyline	Large scale branding and wayfinding targeted toward vehicular traffic on adjacent busy streets and highways.	At skyline and/or parapet level of campus-identified buildings on campus	up to 70" tall letter height, building mounted
B.1: Building Skyline	Large scale specific branding and wayfinding targeted toward traffic on campus vehicular perimeter	At skyline and/or parapet level of select buildings on campus	up to 70" tall letter height, building mounted
C: Porte Cochere /Entry Identity	Identifies primary entrances to the facility. Used to identify vehicular/pedestrian transition within the campus boundaries.	At building canopies over primary building entrances.	3' tall; building mounted
D: Post Mounted to Roof Canopy	Directional signage marking building entry points for Emergency, Ambulance and specialized services	Limited to building canopies over building entrances	3' tall: building canopy roof mounted
E, E.D, E.1, E.2: Area Entry Monument	Marks area entry points. Provides identity information at the internal access points. Optional addition of electronic display adds changeable medium for community and service messages.	At building entry points and corners of significant access points.	8' tall horizontal, 10' tall pylon

Table 6.7.5-2 Sign Types for Campus, Hospital Tower, and Parking Structure (Continued)

Sign Type	Sign Function	Sign Location	Maximum Sign Height
F: Primary Monument Directional	Provides guidance and wayfinding information at the campus edge and within the campus boundaries. Provides specific primary wayfinding information for individual destinations on campus.	At primary vehicular decision points within the campus	12' max
F.1: Secondary Monument Directional	Provides guidance and wayfinding information at the campus edge and within the campus boundaries. Provides secondary wayfinding information for individual departments on campus.	At secondary vehicular decision points within the campus	8' max
G, J: Post & Panel Directional	Provides guidance and wayfinding information within the campus boundaries. Provides specific wayfinding information for individual departments on campus.	At tertiary vehicular decision points within the campus	8' max
H. Off-campus Parking Identification	Provides guidance and wayfinding information outside of the campus boundaries for off-campus parking.	Parking wayfinding near street frontage	8' max
K: Parking/Building Blade & Panel	Provides guidance and wayfinding information within the campus boundaries for a singular campus parking or entry destination.	Building mounted locations adjacent to parking access. May also be digital. See 6.4.6.	4' max
TC1-6: Traffic Control Sign	Manages vehicular access and campus ingress and egress.	Various locations.	8' max
PG: Pageantry	Supplies visual accents and changeable media for brand and campus communications.	Various locations.	Varies

Figure 6.7.5-3 Exterior Signage Examples

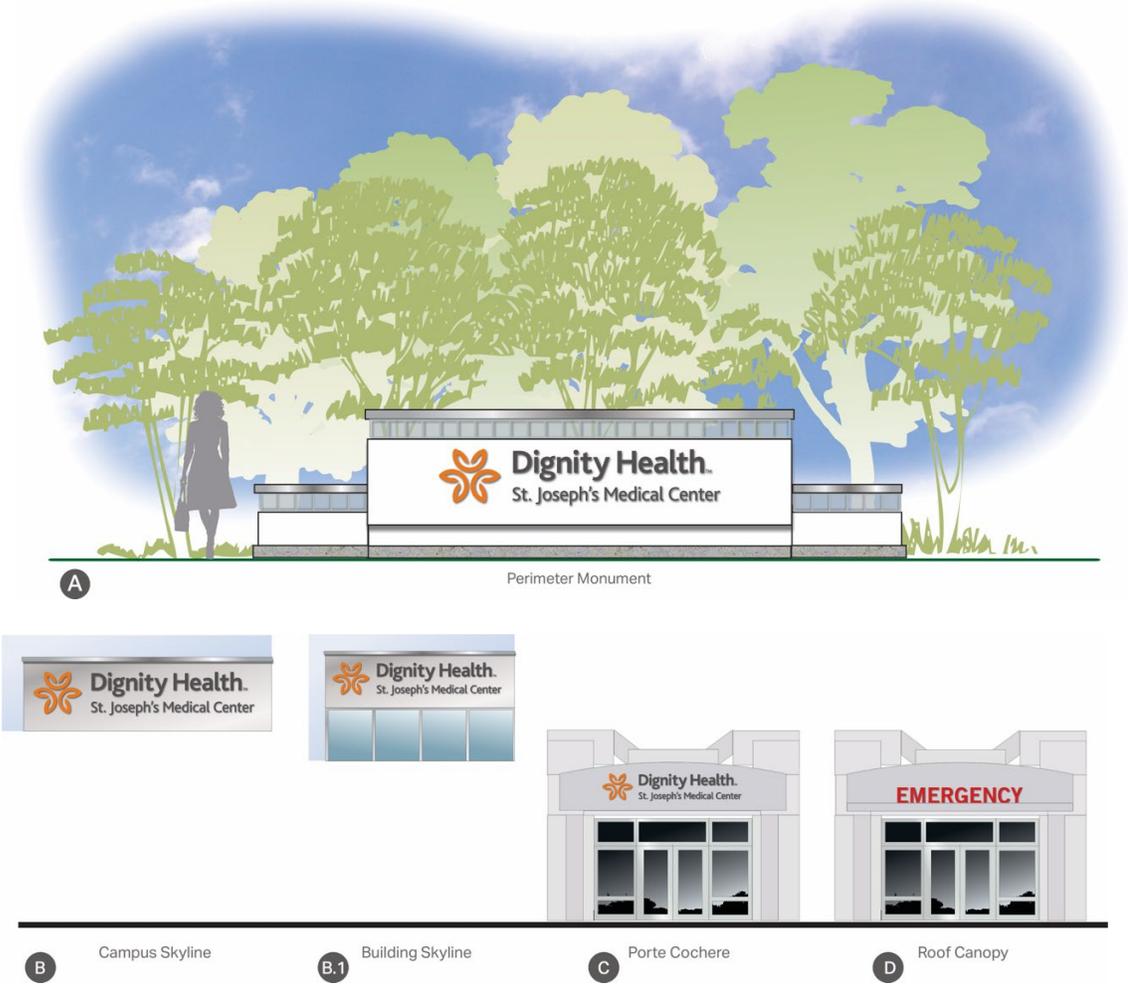


Figure 6.7.5-3 Exterior Signage Examples (Continued)



Appropriate scale of signs is dependent on the intended viewing distance. See figure 6.7.5-4 for examples of correct signage proportion.

Figure 6.7.5-4 Signage Proportion Example



6.7.6 Site Pageantry

Site pageantry may be incorporated with campus signage in order to call attention to events, holidays, and promotions. This signage type can also celebrate and highlight a regional identity for the area. Pageantry consists of fabric or metal banners fixed to light poles and building facades throughout the campus. Pageantry should be of a consistent branded theme and should be concentrated along primary vehicular and pedestrian pathways.

6.7.7 Religious Symbols

Religious symbols in the form of crosses, crucifix, statues, or other similar symbols may be integrated within the landscaping and architecture.

6.7.8 Arterial Signage

Arterial vehicle signage will provide visualization of the Medical Center from both north and southbound traffic along N. California Street. Maximum target value is needed to provide patients and families with a safe wayfinding experience when in a heightened state of emergency or concern traveling at a moderate rate of speed.

Up to four (4) Skyline signs are proposed for the Project and will be located adjacent to and intended to be viewed by either northbound or southbound traffic on N. California Street. Skyline signage may be located on buildings or the parking structure. As the Project develops and evolves over phases, the design team will review key lines of sight to determine sign placement on the appropriate buildings per phase. The intent is to provide a hierarchy of signage, as the buildings are constructed over phases. Therefore, Skyline signage will be located to the most prominent

building as the Project evolves. The Skyline building signs are proposed for this Project, as shown in Figure 6.7.5-3.

6.8 Sustainability Goals

St. Joseph's, as part of the Dignity Health system of medical facilities, remains focused on environmental stewardship and has a program of continuous improvement on sustainability, including for older buildings, that will be achieved in phases and likely over the next several decades. All new buildings will meet required building code standards for energy and water conservation and sustainability. Unless otherwise required by an approved condition of approval or mitigation measure, achievement of each goal that exceeds applicable standards will depend upon available funding, including state and federal grant programs that may be available to support increased energy conservation. Targeted activities include:

Reduce Energy Consumption by up to 25% as measured in kBtu's / square foot.

- Convert interior / exterior lighting with LED technology with dimmable controls improving patient satisfaction scores.
- Convert surgical lights to LED technology improving physician satisfaction and variability of operating room temperatures.
- Implement retro – commissioning programs across the system aimed at improving energy use through more effective operations.
- Replace aging equipment such as chillers, boilers, air handler units, medical gas systems with more efficient equipment as remodeling occurs and funds are available.
- Replace roofs and windows to reduce heat gain as remodeling occurs and funds are available.
- Installation of building automation systems and other smart controllers to manage energy consumption and improve building comfort as remodeling occurs and funds are available.

Increase use of renewable energy by 20%.

- Implement renewable energy sources including photovoltaic, solar hot water, cogeneration, fuel cells, geothermal, and wind where economically viable through the use of Power Purchase Agreements and internal funding.
- Pursue and participate in, where economically viable, renewable energy through local energy supplier or third-party firms.

Reduce Greenhouse Gas Emissions by 40%.

- Increase number of electric vehicle charging stations according to demand and geography.
- Convert emergency generators / fuel oil steam boilers to more environmentally friendly fuels as remodeling occurs and funds are available.

Reduce water consumption 25%.

- Installation of smart meters for landscape irrigation minimizing overwatering.
- Rebuild cooling towers to reduce water loss from evaporation and drift as remodeling occurs and funds are available.
- Replace water softeners to reduce blow down cycles as funds are available.
- Modernization of cart wash and dish machines improving cleanliness.

- Installation of sub meters to track end use consumption and pinpoint opportunities to reduce water consumption.
- Design and construct new acute care building 15% below code required energy efficiency.
- Maintain window/wall ratios to maximize energy efficiency through decreased heat gain by selectively choosing exterior material and window reflectance.
- Select high efficiency mechanical equipment (low kW/ton) matched to anticipated cooling loads over the highest percentage of operating hours.
- Utilize waste heat recovery from boiler exhaust to pre heat make up water to deaerator tank, hydronic hot water boilers, and/or domestic hot water boilers.

Achieving these goals will yield significant economic and environmental benefits having a positive impact to patient care and the ability to provide greater cost-effective healthcare.

Modifications to mitigation measures as a result of the public review process of the Draft EIR may impose additional climate change mitigation strategies, including phased implementation for such strategies. Any such mitigation measures will be applicable to implementation of the Plan. The EIR also includes a mitigation measure for a Transportation Demand Management Plan (TDM Plan). The TDM Plan will be prepared by St. Joseph's prior to issuance of the first demolition permit and will include the implementation measures identified in the Final EIR.

6.8.1 Sustainable Design

Energy efficiency shall be addressed in building design and in compliance with California Building Codes. In addition, Dignity Health has developed its own renewable energy goals for its facilities since 2010. This commitment is reflected in targeting more stringent energy efficiency than the code requires for the design and construction of new acute care buildings.

In addition to sustainable design for buildings, the campus may have a solar panel array for covered employee parking. Electric Vehicle Parking Spaces and Electric Vehicle Charging Stations per the California Green Code will be provided in close proximity to both medical office buildings and the Hospital building. Cool Paving shall be provided at the campus in specific locations.

6.9 Design Deviations from Stockton Municipal Code

The Plan shall describe the design guidelines for proposed improvements to the property. Should the Plan not specifically identify a design guideline for a topic under consideration, the most flexible standard available under the Municipal Code (by comparison with the standards in effect at the time of Plan approval or with the standards in effect at the time of consideration of the issue requiring interpretation of the Municipal Code) shall control. Administrative Interpretations under Section 8.2.4 will be made to ensure consistency with the overall intent and objectives of the Plan as outlined in Chapter 2.

The Project has the following deviations from the City of Stockton Municipal Code as outlined below in Table 6.9-1.

Table 6.9-1 Design Deviations

Setbacks <i>(Deviation from 16.24.200 Table 2-3)</i>			
Descriptor	Municipal Code Requirement		MDP Guidelines
	CO Zone	CG Zone	
Setbacks			
Front	10 ft	10 ft	0 ft ¹
Side	5 ft	0 ft ¹	0 ft ¹
Side, Street	10 ft	10 ft	0 ft ¹
Rear	10 ft	0 ft ¹	0 ft ¹
Building Heights <i>(Deviation from 16.24.200 Table 2-3 and 16.36.090-B4)</i>			
Height	45 ft	45 ft	115 ft ² – hospital 115 ft ² – Parking Structure Option A or 80 ft ² – Parking Structure Option B 75 ft ² – support buildings
Roof-Mounting Screening <i>(Deviation from 16.36.090-B1)</i>			
Height	As required to screen roof-mounted HVAC equipment		
Site Coverage and Floor Area Ratio (FAR) <i>(Deviation from 16.24.200 Table 2-3)</i>			
Max. Lot Coverage	60%	60%	95%
Floor Area Ratio (FAR)	0.3	0.3	Current Medical Center has a FAR of 0.84. Proposed deviation of 3.0
Bicycle Parking <i>(Deviation from 16.64.100-B)</i>			
Bike Racks	10% of off-street stalls	10% of off-street stalls	1% of off-street parking stalls
Bike Lockers (Long-term)	10% of bike racks shall be for long-term bike parking		

Table 6.9-1 Design Deviations (Continued)

Parking <i>(Deviation from 16.64.040 Table 3-9)</i>		
Descriptor	Municipal Code Requirement	MDP Guideline
Industrial, Manufacturing and Processing	Up 50,000sf = 1/500	1/2000sf
Signage <i>(Deviation from 16.76.100)</i>		
Skyline Sign	1 sign	2 signs on hospital 2 signs on Parking Structure
Monument Sign	1 per parcel	1 per vehicle entry
Area and Height	To be provided with building signage permit submittal	
Landscape <i>(Deviation from 16.140.070-H and 16.64.080)</i>		
Perimeter Landscape	20ft wide	Not required at 0 ft setback locations

¹ 10ft when directly adjacent to a residential use or zone

² Not including roof mounted structures and heliport

7 Implementation

7.1 Introduction

This Chapter identifies the strategies, programs and actions necessary for implementing the Master Development Plan and the Medical Center expansion through each of the phases described in Chapter 4. Financing and maintenance of improvements also is included within this Chapter.

7.2 Timing of Development

While anticipated phasing is discussed in Section 4.3, St. Joseph's cannot predict which portions of the Project (including demolition of existing buildings and structure and the construction of new buildings) will be included within any Phase of construction, the rate at which the Phases will be completed, or the order in which each Phase will be completed. Such decisions depend upon numerous factors that are not in the control of St. Joseph's, such as state requirements for hospital services (including design, construction and sequencing of buildings), funding available for the Medical Center, patient needs, market orientation and demand, availability and cost of financing and other similar factors. The Plan is intended to identify maximum proposed construction for the Medical Center campus. St. Joseph's retains the discretion to modify building scope and size so long as the parameters fit within the approved standards of the Plan. St. Joseph's also will control the timing of the development of the Medical Center described in this Master Plan and the order and rate that St. Joseph's deems it appropriate to proceed with each Phase (or any portion of a Phase) described in this Master Plan, subject to the conditions of approval and mitigation measures adopted for the Project, which are intended to implement mitigation requirements in the FEIR certified by the City Council. Both conditions of approval and mitigation measures address, as necessary, the required phasing of on-campus and off-campus improvements to serve the Project.

7.3 Infrastructure Phasing

Public improvements required to serve each phase of the Medical Center expansion will be determined through technical studies supporting the environmental analysis for the Project. St. Joseph's will be required, through conditions of approval and/or mitigation measures, to provide assurance to the City of Stockton and Cal Water that the public improvements required for each phase will be constructed and completed in accordance with the standards set forth in this Master Development Plan and the Standard Specifications and Plans adopted by the City of Stockton and Cal Water. If in the event of any conflict between the standards set forth in this Master Development Plan and the Standard Specifications and Plans of the City of Stockton, the standards set forth in this Master Development Plan shall prevail, unless the application of the previous standards poses a risk to health and safety. While every effort has been made to identify any variations from the Standard Specifications and Plans of the City of Stockton through this Plan, if deviations from any of these standards or policies become necessary after adoption of the Plan, St. Joseph's may seek an administrative interpretation as provided for in Chapter 8. If a policy has not been addressed in this Master Development Plan, the policies of the City of Stockton shall apply, unless amended or interpreted pursuant to the procedures in Chapter 8.

Assurance of construction and completion of public improvements may take the form of bonds or deposits (such as those required by the Subdivision Map Act or the City of Stockton Subdivision Ordinances). St. Joseph's may, but is not required, to use public financing for public improvements. If public financing is used, assurance of construction and completion may also be provided through proceeds of assessments or other bonded indebtedness.

7.4 Specific Infrastructure Phasing Requirements

None required.

7.5 Financing Infrastructure Improvements

The Project requires preparation of financing measures to implement the proposed land uses, infrastructure and development pursuant to Municipal Code section 16.040.050. St. Joseph's anticipates private financing for required on-campus and off-campus improvements, but will retain the ability to propose public financing methods through the terms of the Development Agreement specific to the Project approved by the City Council.

The Project will be subject to those Development Impact Fees identified by the City and referenced in the Development Agreement, including new Development Impact Fees that are adopted after the Effective Date of the Master Development Plan as provided for (and, in some cases, as limited by) in the Development Agreement.

In the event St. Joseph's funds public improvements that are in excess of the fair share attributable to the Project, St. Joseph's shall be entitled to credit against Development Impact Fees or reimbursement from the appropriate Development Impact Fee fund for the excess payments. Credits and reimbursements shall be processed in accordance with the terms of the Development Agreement.

St. Joseph's is a non-profit entity and, as such, does not pay property taxes on the Medical Center properties.

7.6 Maintenance of Publicly Accessed Common Areas

All publicly accessed common areas shall be maintained by St. Joseph's. At the option of St. Joseph's, the City of Stockton may provide maintenance of publicly accessed common areas through a landscaping and lighting assessment district, but this public maintenance mechanism is an option and is not required by the Master Development Plan. St. Joseph's did not request formation of a landscaping and lighting assessment district as part of the approval of the Plan.

7.7 Acquisition of Land Owned by Third Parties

If St. Joseph's is required to or elects to construct any off-campus public improvement that is on land owned by a third-party, the City of Stockton shall, to the extent necessary, assist in acquisition of rights of entry, right of way, easements or ownership rights to such off-campus properties. In the event Future Expansion requires acquisition of off-campus properties, the City of Stockton may, within its discretion, assist St. Joseph's in providing information, facilitating discussions, and related

actions that may be necessary to provide support during the negotiations for and/or acquisition of such off-campus properties.

7.8 Temporary Activities and Modular Structures

Chapter 4, Section 4.9 identifies the temporary buildings and parking that will be implemented during phased construction of the Medical Center expansion. Temporary activities will be governed by Municipal Code section 16.164.030, and for modular structures that will remain in place beyond one (1) year, the provisions of Municipal Code section 16.164.030(B)(9) (Temporary Nonresidential Structures) are applicable. The Development Agreement provides for a twenty (20) year term for the modular structures in light of the significant financial investment that will be made for the modulars that will be used by St. Joseph's. Landscaping requirements for modular structures are detailed in the Plan. An Administrative Use Permit shall be the authorization for temporary nonresidential structures that will be in place for more than twelve (12) months, and the Administrative Use Permit shall provide the duration and any extensions of the allowed temporary structure. The Community Development Director shall also retain the authority to issue Temporary Activity Permit(s) for any temporary activities not specifically identified in this Master Development Plan (including but not limited to mobile virus testing facilities, vaccination clinics, and other health screening and diagnostic procedures). By approval of this Master Development Plan, the temporary activities identified in Section 4.9 are allowed to remain in place for the duration of the construction of each Phase of the Project, or until otherwise extended through an Administrative Use Permit.

All temporary structures shall comply with requirements of the Building Code, Fire Safety Code, and other applicable City regulations and shall be subject to reasonable inspection by City officials to evaluate continued compliance.

7.9 Review of Historic Buildings

Demolition of "historic resources" is governed by Section 16.220.105 of the Municipal Code. The Community Development Director makes an initial evaluation of the potential historic value of a building proposed for demolition. Municipal Code section 16.220.105(C). If the Director determines that a building is "potentially" a historic resource, the Director provides the application and supporting materials to the City of Stockton Cultural Heritage Board. (Municipal Code section 16.220.105((D)(3)). The Cultural Heritage Board will issue a recommendation for the Director regarding the action on the Certificate of Appropriateness that would allow for removal of historic resources. The Community Development Director has the discretion to submit the Certificate of Appropriateness to the Planning Commission for action as part of the review of the Plan.

The analysis submitted by St. Joseph's as part of the FEIR has been deemed sufficient for evaluation of the absence of historical value of the buildings proposed for demolition. The review by the Cultural Heritage Board will have been completed prior to Planning Commission review of this Master Development Plan, and it is expected that the Community Development Director will submit the Certificate of Appropriateness to the Planning Commission regarding the demolition of the older buildings prior to City Council consideration of approval of this Master Development Plan. No further post-entitlement approval review of buildings identified for removal in Section 4.8 of Chapter 4 is required to implement Phases 1-4 of this Master Development Plan.

7.10 Design Review

As described in Section 7.14, The California Department of Health Care Access and Information (State HCAI, previously known as the Office of Statewide Health Planning and Development [OSHPD]) has jurisdiction over many design elements of the buildings located at the Medical Center. Only those buildings that are not subject to State HCAI approval shall be subject to design review under City procedures, and design review shall be conducted as each Phase proceeds forward for development.

Under City procedures, design review is considered a ministerial function. The Development Standards and Design Guidelines in Chapter 6 are the standards that regulate the physical characteristics of the buildings included in the Plan and, as such, constitute the adopted design criteria for the Project. The process for design review is governed by the City's procedures set forth in Chapter 16.120 of the Municipal Code, as amended in July 2022. Specifically, by adoption of the Development Standards and Design Guidelines in the Master Plan, design review shall be considered within the category of "Limited Discretion" defined as "[m]inor design review approval or denial [that] is based on discretionary standards that regulate the physical characteristics of a use or structure." Municipal Code section 16.120.040(B). The Approval Authority is the Community Development Director, and the action of the Director may be appealed. Municipal Code section 16.120.040(B). Design review applications shall conform to the requirements of the City in effect at the time of submittal for design approval.

7.11 Parcel Map, Parcel Mergers and Lot Line Adjustments

An objective of this Master Development Plan is to organize the existing parcels that comprise the Medical Center into logical boundaries that match the physical location of buildings, both current and proposed. Implementation of this Master Development Plan shall include processing by the City Engineer of a parcel map, parcel mergers, and any lot line adjustments requested by St. Joseph's, subject to the application requirements and findings set forth in Chapter 16.200 of the Municipal Code. This Master Development Plan is approved in contemplation of the completion of necessary parcel maps and/or parcel mergers and lot line adjustments, and the FEIR includes analysis of parcel maps and/or parcel mergers and lot line adjustments as described in the Project Description. Consistent with Sections 16.200.020(B)(3) and 16.200.030(B)(2), lot line adjustments and parcel mergers are ministerial actions. After approval by the City Engineer, no additional discretionary approval shall be required to add the reconfigured parcels (by reference to parcel numbers) to the scope of this Master Development Plan. Phase 5 or the Future Expansion Phase shall also be provided the opportunity to implement lot line adjustments or parcel mergers in accordance with this Section. St. Joseph's will provide to the City any new parcel number references by reference to an Exhibit that will be added to this Master Development Plan after recordation with the County Recorder.

7.12 Use Permit Revocations; Continued Effectiveness of Certain Existing Use Permits.

As detailed in Section 3.2.6 and illustrated in Table 3.2.6-2, several Existing Use Permits will no longer be necessary with implementation of this Master Development Plan and the Medical Center expansion. Upon approval of the Master Development Plan and pursuant to implementation of a

Condition of Approval, the permits that are deemed no longer necessary will be revoked by the City. Those Use Permits identified in Table 3.2.6-1 as “Existing Use Permits That Will Remain In Place” shall continue to be effective and shall be subject to the terms and conditions of this Master Development Plan, including but not limited to the administrative procedures set forth in Chapter 8.

7.13 Comprehensive Signage Program and Sign Permits.

The allowed sign types and design standards for signage are included in the Comprehensive Signage Program described in Section 6.7 of the Master Development Plan, and as required by Municipal Code section 16.76.050. The Comprehensive Signage Program also identifies the approximate number and intended location for signs, both during construction and after construction is complete. To implement the installation of both temporary and permanent signage, St. Joseph’s shall submit to the Building Division application(s) for sign permits. The standards applied by the Building Division shall be limited to those standards provided in Chapter 6.7.

If an amendment to the Comprehensive Signage Program is necessary, the Community Development Director may approve the amendment as authorized by Municipal Code section 16.76.050(F). The standards of any amendments to the Comprehensive Signage Program shall thereafter be applied by the Building Division in the consideration of issuance of sign permit(s).

7.14 Review by Outside Agencies

The FEIR identifies all Responsible Agencies that will have review authority over permits issued to implement this Master Development Plan. Cal Water will review and approve the Water Supply Assessment and will provide any applicable mitigation or conditions of approval related to water supply and water infrastructure. One state agency, in particular, will have specific review authority over portions of the Medical Center that are related to medical services. State HCAI, previously known as the Office of Statewide Health Planning and Development, is required to approve the hospital building design and construction (including fire safety requirements), which may result in required changes to the design and construction standards for the buildings and related structures. The City of Stockton acknowledges that State HCAI guidelines and instruction shall take precedence over any Development Standards and Design Guidelines in this Plan, and shall be implemented without further discretionary review by the City.

In addition, as noted in Chapter 4, Section 4.2.6, the Federal Aviation Administration and Caltrans have limited authority over review of the heliports. The City of Stockton retains discretionary approval of heliport permits, which also have been considered and approved in conjunction with the approval of this Master Development Plan. No additional discretionary approval is required for approval of the heliport(s) or helicopter parking area (under either Option A, Option B, Option C, or Option D) as identified in Section 4.2.6.

7.15 Term of the Master Development Plan

The term of this Master Development Plan is governed by the Development Agreement, including any extensions to the term. Upon the expiration of the Development Agreement, common law vested rights (to the extent applicable) will govern further application of the standards in the Master

Development Plan. The City of Stockton and St. Joseph's intent is for this Master Development Plan to continue to provide a unified and comprehensive framework for development of the Medical Center through Phases 1-4, Phase 5 and Future Expansion Phase as defined in this Plan.

8 Administration

8.1 Overview

This Chapter summarizes the administrative procedures for implementing the Master Development Plan, including infrastructure improvements, development standards, and design guidelines presented in the Plan. These procedures are intended to ensure that implementation will progress in a comprehensive and coordinated manner that is responsive to changing circumstances and market conditions.

8.2 Administrative Procedures

8.2.1 Entitlements and Approvals

The following actions are anticipated to have taken place *prior* to or *concurrent* with the approval of this Master Development Plan:

- Certification of the Final Environmental Impact Report.
- Consolidation of Existing Use Permits and Revocation of Use Permits no longer necessary for the Medical Center;
- Tentative Parcel Map
- Public Facilities Financing Plan;
- Development Agreement;
- Demolition Permits (including review by Cultural Heritage Board of buildings proposed for demolition that are over 50 years old);
- Temporary Activity Permits, and;
- Administrative Use Permits (as may be needed).

As to both Temporary Activity Permits and Administrative Use Permits, the Community Development Director may consider approval of additional permits of this nature after approval of the Master Development Plan as may be necessary to accommodate minor changes to facilitate implementation of the Plan.

Applications to the City of Stockton and processing requirements shall be in accordance with the Municipal Code and other regulations, except to the extent such ordinances and other regulations are modified by the terms and conditions of the approved Master Development Plan or the accompanying Development Agreement. Subject to the flexibility allowed for by this Master Development Plan, all subsequent phases, development projects, public improvements, and other activities shall be consistent with this Plan and, by extension, the Development Agreement, and all applicable City of Stockton policies, requirements, and standards. In acting to approve a subsequent portion of the Project or permit, the City of Stockton may impose reasonable and necessary conditions to ensure that the Project is in compliance with this Plan and all applicable plans, ordinances, and regulations. The intent of administration of this Plan is to achieve a

comprehensive, cohesive and consistent look and feel to the Medical Center, with new buildings integrating into the existing uses and design of the campus.

The Community Development Director shall be the City Review Authority responsible for enforcing the regulations, site development standards, and procedures set forth in this Plan, except as expressly identified and subject to the right to appeal as provided below.

8.2.2 Site Plan Review - Application Requirements

Site Plan review, in compliance with Chapter 16.152 of the Municipal Code, as amended from time to time, is required to implement all or any portion of this approved Master Development Plan. The Site Master Plan depicted in Figure 4.1-1 and 4.1-2 provides the initial framework for Site Plan Review, while acknowledging the flexibility in ultimate location of buildings that is described elsewhere in this Master Development Plan.

The application for final Site Plan Review is to be made in writing on forms provided by the City Community Development Department, and be accompanied by such data and information as may be prescribed for that purpose in Chapter 16.152 of the Municipal Code to demonstrate consistency with this Plan. The applicant will be advised by City staff of any application deficiencies that must be rectified to deem an application complete. If an amendment to this Plan is warranted, pursuant to the criteria set forth in this Chapter, a request to amend the Plan may be submitted. Any request for such an amendment must provide adequate justification for the proposed change(s). Refer to Section 8.4, "Substantial Conformity and Amendments," for a discussion of the procedures for filing and processing applications for amendments.

8.2.3 Application Processing

Applications will be analyzed by City staff for consistency with this Master Development Plan. The Director of the Community Development Department shall have the authority to issue an implementing Site Plan Review that is consistent with the adopted Plan as provided for in Section 16.140.110F of the Municipal Code. Consistency with the Plan may be demonstrated in several ways:

- consistency with policy language (principles, vision, goals, objectives, policies, standards, and guidelines);
- consistency with land use designations and internal circulation (both roadways and bike paths);
- consistency with the Development Standards and Design Guidelines as defined in the Plan;
- consistency with figures and tables; and
- consistency with the Development Agreement and other relevant implementation documents.

Consistency is also required with the Mitigation Monitoring and Reporting Program identified by the FEIR, infrastructure plans and other implementing documents of the Plan, and the Public Facilities Financing Plan.

8.2.4 Administrative Interpretations

Although every effort has been made to include clear, succinct standards and requirements in this Plan, the necessity of interpreting such provisions in light of specific and unusual circumstances will occur from time to time. Interpretations are judgments that apply the principles, vision, goals, objectives, policies, standards and guidelines as indicative of the intent of this Master Development Plan to specific issues and situations related to land use decisions and development. Interpretations are generally expected to be limited to details where the requirements and guidelines of the Plan may appear to provide conflicting guidance or are or appear to be in conflict with the requirements of other agencies.

The Community Development Director shall have the Review Authority to make an interpretation. The Community Development Director shall also have the Review Authority to interpret the precise language of the Plan to determine if a proposed use, while not expressly listed as an allowable use, would be consistent with and share the same or similar characteristics of an allowed use identified in this Plan.

At the request of St. Joseph's, impartial experts in technical fields may be consulted (at the expense of St. Joseph's) to provide guidance on matters of technical interpretation within the Master Development Plan policies. The Community Development Director retains the authority to refer matters to the Planning Commission when allowed by applicable procedures of the Municipal Code. However, the objective with interpretations of the Plan is to achieve resolution at the administrative level, including informal review of a decision of the Community Development Director by any combination of the City Manager, City Engineer, or City Attorney, as may be appropriate.

After exhausting the procedures identified above, decisions by the Community Development Director (or other Review Authority) may be appealed as provided for in Municipal Code Section 16.100. All appeals shall be subject to the procedures and timelines set forth in that Chapter, which is made applicable to Master Development Plans by Section 16.140.110.

8.3 Environmental Review

8.3.1 Subsequent Environmental Review

All applications for a development entitlement that are submitted after approval of the Plan shall be reviewed by the Planning Department for conformity with the Plan and for compliance with the California Environmental Quality Act (CEQA). The FEIR, certified concurrent with the approval of the Plan, shall serve as the base environmental document for subsequent entitlement approvals within the plan area.

The rules governing the extent of any future environmental review are set forth in Sections 15162 through 15164 of the State CEQA Guidelines, as may be amended from time to time. Under these provisions, no subsequent EIR or supplement to the FEIR will be required for actions carrying out or amending the Plan unless the proposed actions or amendments, or substantial changes in circumstances, require major revisions of the FEIR due to the involvement of new significant environmental effects or a substantial increase in the severity of previously identified significant

effects. If some changes or additions to the Plan as described in the FEIR are necessary but none of the conditions requiring the preparation of a subsequent EIR or a supplement to the FEIR have occurred, an addendum to the FEIR could be required.

8.3.2 Mitigation Monitoring

CEQA requires all state and local agencies to establish reporting and monitoring programs for projects approved by a public agency whenever the approval involves adoption of either a “mitigated negative declaration” or specified environmental findings related to EIRs. The Mitigation Monitoring and Reporting Program is intended to satisfy the requirements of CEQA as it relates to the FEIR. This monitoring program is intended to be used by City staff and the Project builders and managers to ensure compliance with adopted mitigation measures during Project implementation. Monitoring and documentation of the implementation of mitigation measures will be coordinated by City staff according to the City’s Municipal Code.

8.4 Substantial Conformity and Amendments

Implementation of the Master Development Plan is anticipated to occur over several years and even decades. It is acknowledged that dynamic market conditions and changes in circumstances, such as continued innovation in medical technology, impacts to medical services that arise from pandemics (e.g., the required use of temporary tents or trailers to provide medical screening, testing or vaccination services), and the delivery of healthcare to patients, as well as unanticipated health, social and economic events, may warrant changes to the Plan, including, for example:

- changes to one or more of the Plan elements;
- changes to capacity requirements related to the delivery of care or facilities;
- changes to the intensity or density of land uses (including public facilities);
- relocation of uses within or between buildings in the Plan area;
- changes in the boundaries of the Plan area; or
- changes in policies.

The Director is authorized to approve Minor Changes to the Plan pursuant to Municipal Code Section 16.140.110(B). For the purposes of implementation, changes to the Plan shall be categorized as either satisfying the requirements of a Determination of Substantial Conformity, or giving rise to a Major Change, as described below.

8.4.1 Substantial Conformity

The administrative process for a Determination of Substantial Conformity is applicable to those proposed changes determined to be consistent with the spirit and intent of the vision, goals, and policies of the Plan. The Plan is intended to identify maximum proposed construction for the Medical Center campus expansion. St. Joseph’s retains the discretion to modify building scope and size provided that the Project impacts remain within the technical analysis and scope of the EIR. A reduction in size of the total anticipated building footprint or total square footage, or a determination to retain an existing structure in lieu of demolition and replacement with new buildings, is within the discretion of St. Joseph’s and conforms to the Plan. No further determination of Substantial Conformity shall be required in such situations.

For proposed increases in size of building footprints or other modifications to the Development Standards in the Plan a Determination of Substantial Conformity shall be made for requests that conform to one or more of the following circumstances:

- amendments to the Development Standards or Design Guidelines that do not significantly change the anticipated physical characteristics, goals, and intent of the Plan (and are within the range of impacts evaluated in the FEIR as noted in more detail below);
- requests for an increase in the total square footage or parking associated with the Medical Center expansion that represent 10% or less of quantifiable or measurable standards contained in the Plan, the Development Standards or Design Guidelines, and for such other requests, including those that are not readily quantifiable or measurable, that the Community Development Director determines in his or her discretion are minor;
- changes to land use diagram shapes, to the alignment of streets, or entrances or exits from buildings that maintain the general land use pattern or provide a circulation system consistent with the intent and direction of the vision, goals, and policies expressed in the Plan;
- changes not expected to significantly increase environmental impacts beyond the levels identified in the certified FEIR, as determined by the Community Development Director; and,
- relocation of existing or planned uses within and between existing and planned buildings and facilities as depicted on the Plan.

8.4.2 Major Changes

A Major Change is any change proposed to the Plan that could significantly increase the nature or scope of environmental impacts identified in the certified FEIR or other changes the Community Development Director determines do not fall within the criteria for a Determination of Substantial Conformity. A Major Change is the appropriate procedure where changes to the Plan are proposed that meet one or more of the following criteria:

- a new category of land use not expressly identified in the Plan, subject to Section 8.2.4 above;
- significant changes to the distribution of land uses inconsistent with the intent and direction of the visions, goals and policies expressed in the Plan;
- density adjustments or transfers or other changes affecting land uses that substantially affect the Plan; or,
- changes to the Development Standards and/or Design Guidelines that, if adopted, would substantially change the physical character of the Project as envisioned by the Plan.

Major Changes require approval by the Review Authority that originally approved the Plan, consistent with provisions of Chapter 16.140 of the Municipal Code.

Appendix

Attachment 1

Code Application Notice, Facilities Development Division, Office of Statewide Health Planning and Development "OSHPD" Jurisdiction"

Attachment 2

W. Holmes "Background and History of the Seismic Hospital Program in California."

Attachment 3

HCAI Program Overview. Structural Performance Category (SPC) Ratings & Definitions

Attachment 4

HCAI Program Overview. Non-structural Performance Categories (NPC) Ratings & Definitions.

Attachment 5

ALTA Survey, Morton & Pitalo, January 2022

Attachment 6

City Council Resolution No. 35,707

Attachment 7

Preliminary Drainage Report, Morton & Pitalo, November 15, 2022

Attachment 8

Water Supply Assessment, Morton & Pitalo, October 5, 2022

Attachment 9

Domestic Water Demand Calculations, Capital Engineering Consultants Inc, March 18,2022

Attachment 10

Fire Protection Systems Narrative, Sacramento Engineering Consultants, February 24, 2022

Attachment 11

Report from The Fire Consultants, Inc, October 7, 2021

Attachment 12

Fire Flow Analysis for St. Joseph Medical Center, Morton & Pitalo, April 21, 2022

Attachment 13

Collection System Impacts of Proposed St. Joseph's Medical Center Expansion, West Yost, January 12, 2023

Attachment 14

City of Stockton Proposed Streetscape Master Plan, July 2021

Attachment 15

Hospital Expansion Project Parking Plan, March 2023

Attachment 16

Hospital Expansion Project Parking Structure Study, August 16, 2022

Attachment 17

200-Year Flood Protection – Urban Level of Flood Protection Technical Memorandum St. Joseph's Medical Center Expansion, Morton & Pitalo, September 28, 2022