Hospital Stakeholders Meeting Synopsis

February 25, 2010
6:30 – 8:00 p.m.
San Jose City Hall Room T-1854

Meeting Attendees*: Andres Quintero (Representing Supervisor Shirakawa), Paul Murphy (Representing Supervisor Kniss), Beth Nikels (O'Conner Hospital), Lisa Jafferies (Kaiser Permanente), Rosylin Dean (Coalition for a Downtown Hospital [CoDH]), Jean Marlow (RONA - Council District 4), Bob Lenninger (CoDH), Lorraine Joy Abramson (CoDH), Travis Hyatt (CoDH), Eve Orton (CoDH), Jim Doyle (CoDH), Brian Darrow (Working Partnerships), Nancy Hickey (CoDH & University Neighborhoods Coalition)

Staff: Lee Butler (CSJ Planning), Khanh Bui (CSJ Council District 3)
*As verified by attendance sheet

Meeting Agenda:

I. Introductions / Purpose of Meeting

Lee Butler welcomed the group, attendees introduced themselves, and the meeting purpose was stated as the following: "to formulate a recommendation on potential hospital locations to relay to the Envision San Jose 2040 General Plan Update Task Force."

II. Background Info / Timeline / December Meeting Synopsis / Updates

Lee Butler noted the April 26th and June 28th Envision San Jose 2040 General Plan Update Task Force meetings as important dates for when General Plan/Land Use Transportation Diagram designations and when Health Care Goals, Policies, and Implementation Actions would be on the Task Force agenda, respectively.

Mr. Butler provided brief clarification of item III.C.viii in the December 9, 2009 meeting synopsis, noting that specific sites would not be reserved solely for a hospital use. Khanh Bui indicated that a request was made to add a discussion of the Hospital Stakeholder's issues to the meeting agenda of the South Bay's hospital CEOs, however, given their infrequent meetings, it was uncertain whether the topic would be added.

III. Review Potential Hospital Sites – Discuss 10+ & 30+ Acre Maps
IV. Discuss Appropriate General Plan/Land Use Transportation Diagram Designations for Hospitals

Lee Butler noted that because items III & IV on the agenda are interrelated, they would be discussed concurrently. Mr. Butler stated that staff had listened to the input received at the December 9, 2009 meeting, and a second map was prepared to address comments raised by many in the stakeholder group, highlighting that staff analysis shows many potential hospital sites in a full range of site sizes.

Mr. Butler explained to the group what a General Plan/Land Use Transportation Diagram Overlay is and how it could be used to accommodate additional flexibility for where hospitals could potentially be located. He explained that staff would be recommending that health care facilities be allowed in all Identified Growth Areas (Villages and Corridors), Commercial, and Public/Quasi-Public land use designations, subject to CEQA and Planning development review (as would be the case for all new developments). Addressing the greater Downtown area, Lee called out identified growth areas in Downtown Core, on East Santa Clara Street, and on North First Street. Mr. Butler noted that the potential hospital sites identified on the 10+ and 30+ acre maps also include sites with an Industrial Park land use designation, and he added that many sites that do not meet the 10+ and 30+ acre size thresholds could potentially accommodate hospital uses, even though they are not called out on the maps created by staff. Research by staff and others shows that hospitals have been built or currently are being built on sites significantly smaller than 10 acres, with one example in Chicago of a hospital being constructed on a site as small as 1.8 acres.

Mr. Butler suggested that the Hospital Stakeholders considerer a recommendation that would provide maximum flexibility for the location of hospitals in the new plan. He outlined the following two-tiered suggestion:

1. The Stakeholders could recommend that the hospitals be explicitly allowed in all General Plan Land Use / Transportation Diagram designations, with the exception of Light Industrial, Heavy Industrial, and all residential designations.

2. If the Envision Task Force or the City Council choose not to allow hospitals in any designations other than those noted in item #1 above, a “Hospital Overlay” should be placed over the greater Downtown area and North San Jose. Within the “Hospital Overlay” areas, hospitals could potentially locate on sites where the land use designation would not otherwise allow hospital uses.

Mr. Butler clarified that the recommendation is not staff’s recommendation, rather, it is a starting point for what the Hospital Stakeholders could recommend to staff, the Envision Task Force, and the City Council in order to provide maximum flexibility for locating hospitals.

The Stakeholders questioned why Heavy Industrial, Light Industrial, and residential designations would not be appropriate for hospitals, and asked if other cities throughout the country allowed hospitals in those designations. Staff indicated that this direction is generally consistent with other cities; cited potential conflicts between a hospital use and those in the light/heavy industrial and residential areas; noted Envision’s current direction of preserving established neighborhoods; and referenced the draft Health Care Goals, Policies, and Implementation Actions that would facilitate the location of hospitals at appropriate locations throughout the City, noting that a General Plan Amendment could potentially modify a site’s land use designation to facilitate hospital development. Understanding the potential for a General Plan Amendment to change a site’s land use designation, Hospital Stakeholders were generally supportive of not allowing hospitals in Heavy Industrial or Light Industrial land use designations. Some Hospital Stakeholders

were less supportive of restricting hospitals in residential areas, expressing a belief that hospitals could be appropriate in some residential areas.

One Hospital Stakeholder indicated that parts of South San Jose have a hospital service area gap, therefore, an overlay should be considered in that area. Another Hospital Stakeholder noted that public transportation needs to be considered when citing hospitals. A member of the public questioned whether a Hospital Overlay should be considered in all of North San Jose, adding that the Downtown would be better served if a hospital were located south of Trimble Road.

One Hospital Stakeholder expressed a belief that sufficient hospital opportunities exist between the options on the 10+ acre and 30+ acre maps, the appropriate smaller sites not shown on the map, and the potential for General Plan Amendments to accommodate additional locations. Some attendees expressed concern that sites identified on the maps could redevelop with other uses, thereby precluding their use for a future hospital. Staff responded that this is a real possibility and reiterated that no sites would be reserved exclusively for a hospital use.

One member of the public suggested that publicly owned sites, such as the old City Hall site, could be reserved for and used as an economic exchange to encourage hospitals to locate in San Jose. Staff responded that the City is not in the business of developing hospitals and would not be in a position to economically incentivize hospitals through exchange of lands. The member of the public replied that additional flexibility is needed to direct hospitals towards the greater Downtown area.

V. Revisit Draft Goals, Policies, & Actions on Health Care for General Plan Update

Draft Health Care Goals, Policies, and Actions were referenced as part of the discussion of Items III & IV on the agenda. No additional discussion of the draft occurred, and no specific recommendations were made as part of the discussion of Items III and IV.

VI. Next Steps (5 minutes)

Lee Butler announced the following items:

- Community meeting on Saturday, February 27th;
- Online survey to inform selection of a Preferred Land Use Study Scenario;
- Upcoming Task Force meetings, particularly those for the Land Use/ Transportation Diagram designations on April 26th and for the Health Care draft Goals, Policies, and Implementation Actions on June 28th; and
- Staff availability for comments/questions at any point throughout the Envision process, with continuing ability to forward Hospital Stakeholder comments to the Envision Task Force through staff.

City Contact: Lee Butler, Planner II, Envision San Jose 2040 General Plan Update Team
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