

1. INTRODUCTION

1.1 PROJECT DESCRIPTION

1.1.1 Project Purpose (Public Need and Benefit)

Faxton St. Luke’s Healthcare (FSLH) and St. Elizabeth Medical Center (SEMC) affiliated in 2014 to become the Mohawk Valley Health System (MVHS)¹. While MVHS is a private entity, its mission is to provide excellence in public healthcare for its community. Substantial effort has been focused on consolidating existing resources, eliminating redundancies, expanding the depth and breadth of services, improving access and elevating the quality of healthcare services in the region. MVHS has achieved some success, but it has been constrained by the age and physical limitations of the existing facilities.

As summarized below (Table 1), MVHS is currently comprised of three locations (see Figure 1).

Table 1. MVHS Campus Locations

FSLH Campus Locations	SEMC Campus Location
St. Luke’s Campus 1656 Champlain Avenue Utica, NY	SEMC Campus 2209 Genesee Street Utica, NY
Faxton Campus 1676 Sunset Avenue (1675 Bennett Street) Utica, NY	

To further its goal of delivering higher quality, more effective care with better community outcomes at a lower cost, the Integrated Health Campus (IHC) will combine services from both the St. Luke’s and SEMC campuses, replace the St. Luke’s and SEMC campuses, reduce the number of beds in the community, and consolidate patient services at the IHC campus.² In accordance with Article 28 of the Public Health Law, MVHS has applied for a Certificate of Need (CON) from the New York State Department of Health (NYSDOH) pursuant to which it would be the sole operator of the IHC.

While MVHS is a private entity, the IHC is a public facility that will serve public needs and receive public funding. MVHS’s decision to consolidate these two campuses to a single facility was motivated by several key factors and public need considerations:

- The desire and need to build a facility with the newest technology, services and advancements in patient safety and quality so that our community can receive the most up-to-date healthcare services that rivals those found in large cities
- The growing demand for healthcare due to the rapidly increasing and aging population in this region
- The increasing need to improve accessibility and availability by attracting specialists and providing services that otherwise would not be available to our community
- The opportunity to gain greater operational efficiencies through the elimination of duplicative and redundant functions will help to reduce the rate of increase in healthcare spending and to achieve improved financial stability

¹ Mohawk Valley Health System is the Sole Corporate Member of Faxton-St. Luke’s Healthcare, St. Elizabeth Medical Center, St. Luke’s Home Residential Health Care Facility, Senior Network Health, LLC, Visiting Nurse Association of Utica and Oneida County, Inc., and Mohawk Valley Home Care, LLC. Together, the system is governed by one Board of Directors. MVHS is referred to as the “Applicant” and “Project Sponsor” throughout this document.

² Services offered at the Faxton Campus will not move to the new IHC.



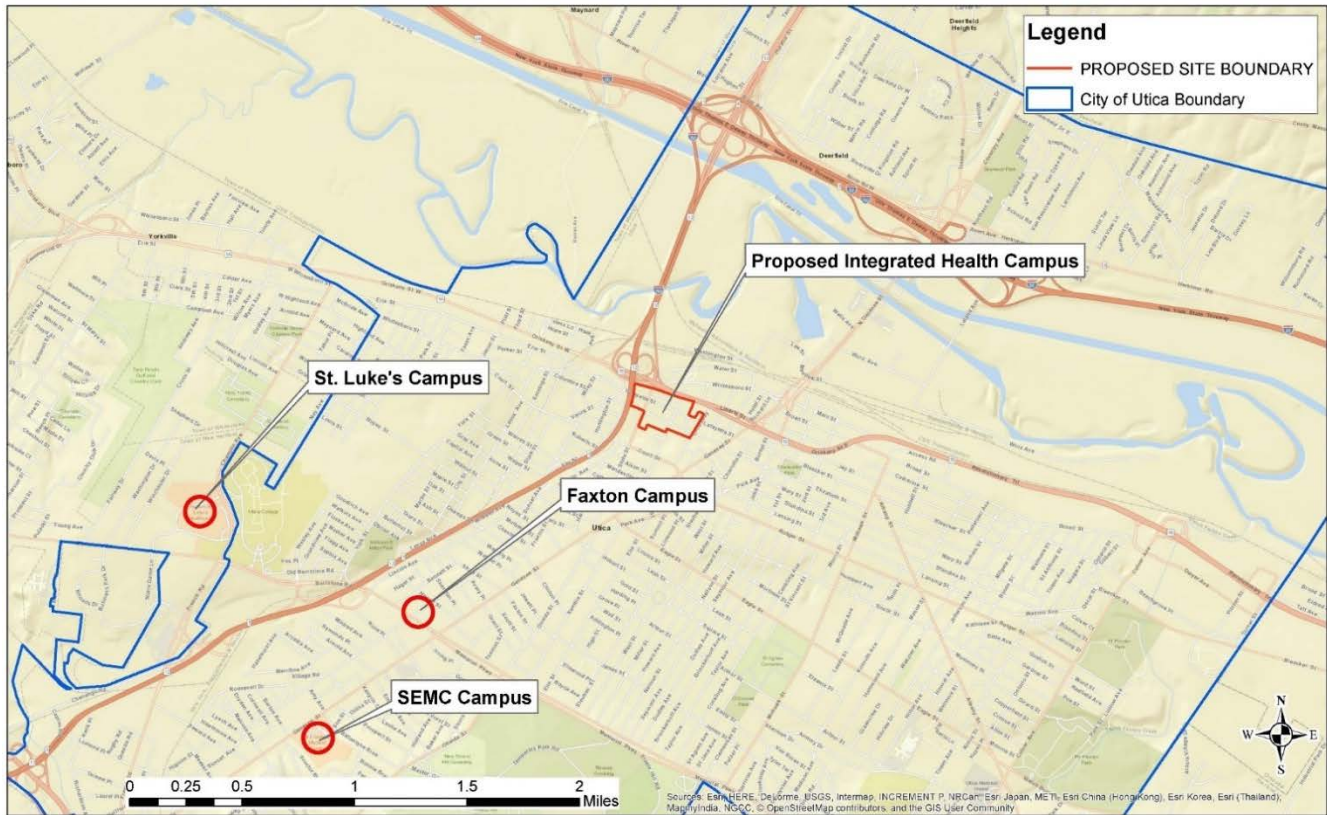


Figure 1. Existing MVHS Campuses

The Project also includes a proposed collaborative affiliation between MVHS and the Masonic Medical Research Laboratory. Research space is proposed within the new IHC that will allow Masonic laboratory researchers working behind the lab bench and MVHS clinicians working at patients’ bedsides to collaborate and create new and innovative research and clinical benefits for the Mohawk Valley and beyond. Additional information regarding the public need for the Project was included in the CON application provided as Appendix A to the previously issued Draft Environmental Impact Statement (DEIS), which is incorporated herein by reference (www.cityofutica.com).

1.1.2 Background and History

Funding for the Project will be furnished, in part, by New York State via the Oneida County Health Care Facility Transformation Program, which provided capital funding (\$300 million) “in support of Projects located in the largest population center in Oneida County that consolidate multiple licensed health care facilities into an integrated system of care.”³

The MVHS Board of Directors, with the Hammes Company, a healthcare consulting firm, and the Mohawk Valley Economic Development Growth Enterprises Corporation’s (Mohawk Valley EDGE or EDGE) engineering and planning professionals, engaged in a process to evaluate alternative sites for the Project (see Section 2). Criteria used to evaluate 12 potential sites included: infrastructure (water, sewer, power), access, transportation network, capacity to accommodate hospital operations and parking, and no adverse impact on existing hospital operations.

The MVHS Board unanimously selected the downtown Utica site (Project Site or Downtown Site) based on the site-selection criteria (above), as well as its central location, urban revitalization opportunities, and alignment

³ <https://www.nysenate.gov/legislation/laws/PBH/2825-B>



with the NYS legislation that allocated \$300 million for projects located in Oneida County’s largest population center.

Other factors that support the downtown location (see Section 1.1.3) include: regional accessibility with proximity to major highways, public transit systems, and the support of the regional community and government stakeholders.

1.1.3 Project Location

The MVHS IHC will encompass approximately 25-acres (see Figure 2), which will generally be bounded by Oriskany Street (NYS Route 5S) to the north, Broadway to the east, NYS Route 5/8/12 to the west, and Columbia Street, City Hall and Kennedy Apartments to the south. The proposed location is proximal to the City’s urban core, as well as the City’s proposed “U” District, existing Brewery District, Bagg’s Square and Utica Harbor Point. This area has been targeted by the City of Utica for economic redevelopment for years making it a prime location for consideration by MVHS (see “Property Acquisition” below).

1.1.4 Project Elements

As illustrated on Figure 3, the MVHS IHC will include the following elements:

- Hospital building
- Central Utility Plant (CUP)
- Parking facilities (including one municipal parking garage and multiple surface lots)
- Future medical office building (MOB) (by private developer)
- Campus grounds
- Hospital helipad
- Pedestrian/utility bridge over Columbia Street

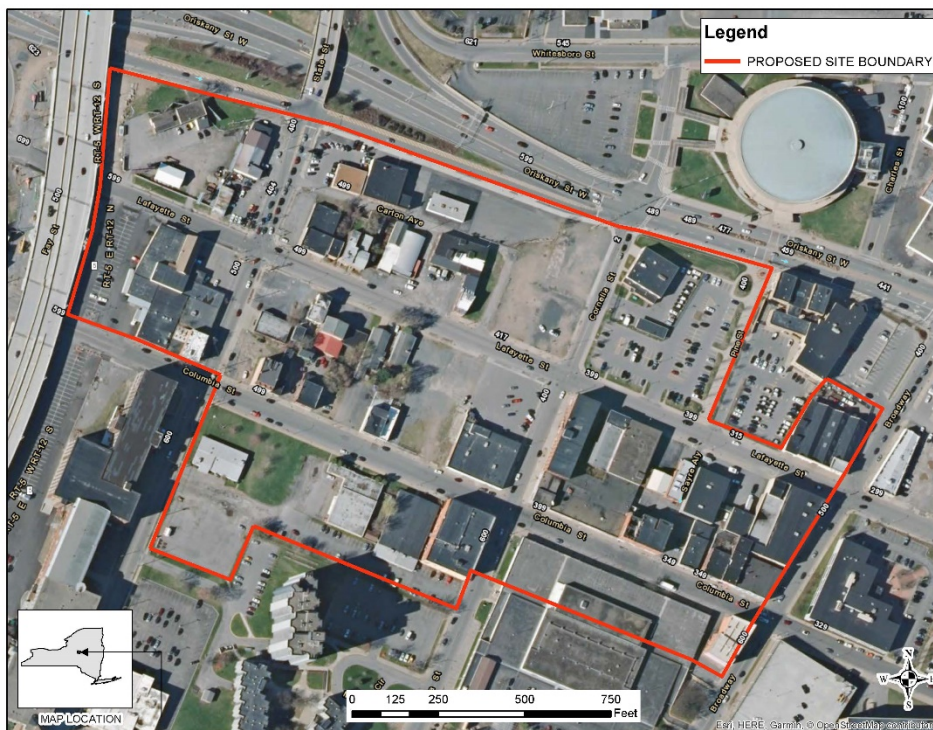


Figure 2. Proposed IHC Boundary

To accommodate the proposed MVHS IHC, the proposed Project will involve the acquisition of properties and modifications to existing public/private utility infrastructure. Descriptions of the Project elements are provided below.

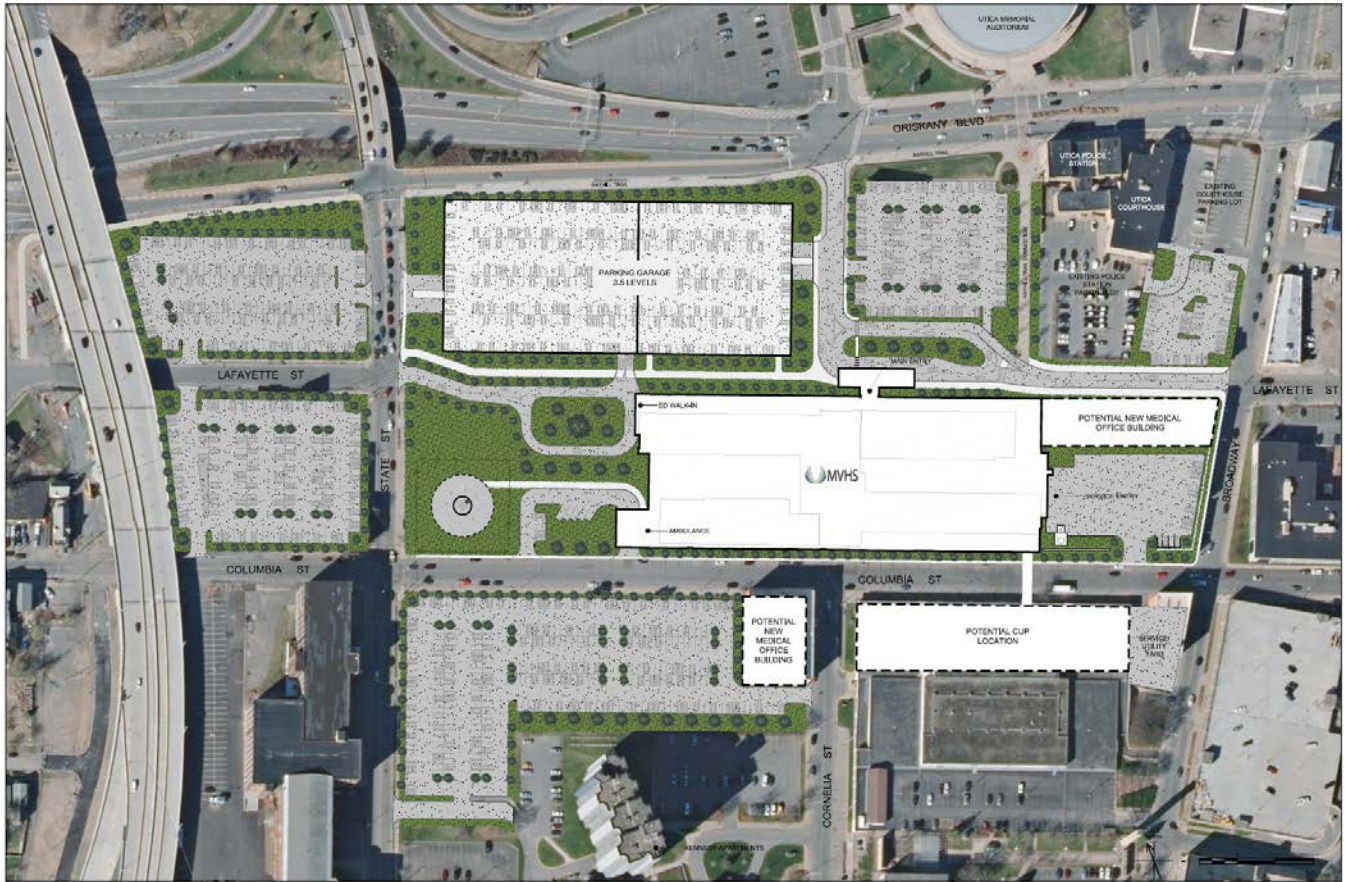


Figure 3. Integrated Health Campus (IHC)

Facilities

Hospital Building

The proposed 670,000± square foot (sf) hospital building will be constructed on parcels located west of Broadway and will extend through Cornelia Street onto parcels located east of State Street. The hospital building consists of a two-story podium and a seven-story bed tower.

Most services currently provided at the St. Luke's and SEMC campuses will be transitioned to the MVHS IHC including 373± inpatient beds (see below). MVHS plans to facilitate the adaptive reuse of the vacated space at the existing facilities (see Section 8 of the DEIS).

Central Utility Plant (CUP)

From a facilities perspective, the consolidation of two aging facilities (100 and 60 years) will provide an opportunity for a more energy-efficient environment, with a state-of-the-art IHC that meets and exceeds current day best practices and building codes and promotes energy and water conservation and other sustainable measures that will reduce the overall amount of resources used by MVHS.

A CUP will service the hospital. MVHS proposes to repurpose space within the existing Kennedy Garage Building, currently owned and occupied by Mohawk Medical Equipment (MME), as the hospital's CUP. The façade of the space will be improved, and a utility and pedestrian bridge will be constructed over Columbia Street from the hospital's 2nd floor to the CUP's 2nd floor.

The CUP will house three centrifugal chillers, a heat recovery chiller and four steam and eight hot water heating condensing boilers, each of which will be fueled by both natural gas and No. 2 Fuel oil. A 50,000-gallon underground storage tank (UST) used to store the No. 2 fuel/diesel oil will be installed east of the CUP in the service yard (for emergency generators). A 30,000-gallon aboveground storage tank (AST) used to store emergency water for fire protection will also be located in the service yard.

Parking Facilities

Parking facilities constructed under this Project will consist of a three-story, municipally-owned parking garage (1,550± spaces) and multiple surface parking lots (780± spaces), for a total of approximately 2,330 spaces. Dedicated spaces are summarized below:

Hospital (1,455± spaces)

- 1,050 spaces (parking garage)
- 405± spaces (parking lots)

Medical Office Building (MOB) (375± spaces)

- 375± spaces (parking lots)

City-dedicated spaces (500 spaces)

- 500 spaces (parking garage)

The parking garage will provide approximately 1,550± parking spaces and the parking lots will allow for an additional 780± parking spaces. Proposed surface parking space needs have been reduced from 1,100± spaces (DEIS) to 780± spaces. The reduction includes the elimination of a proposed surface parking lot originally proposed at the site of the existing Police Maintenance Facility (see Figure 3 of this FEIS Responsiveness Summary). These parking facilities will be available for use by patients, visitors, staff, and volunteers, with the garage spaces being available for hospital-related parking, as well as to the community for non-hospital related events.

Future MOB

A future MOB is proposed. It is anticipated that the MOB would be owned and operated by a private developer. As illustrated on Figure 3, the proposed location of the MOB is south of Columbia Street and west of Cornelia Street.⁴

⁴ An alternative MOB location within the footprint is south of Lafayette Street and west of Broadway.

Campus Grounds

The campus will be designed as an urban park with enhanced lighting, trees, pedestrian walkways and seating areas. A pedestrian walkway will replace a portion of Lafayette Street. This walkway will extend from the main entrance to the west, terminating at State Street. An additional segment of the walkway will provide access to the Emergency Department (ED) entrance. Outdoor areas will include gardens and other design considerations to create a healing, walkable environment. Figure 4 and Figure 5 illustrate existing and proposed conditions.



Figure 4. Existing Conditions: Oriskany Street Looking Northwest



Figure 5. Proposed Conditions: Oriskany Street Looking Northwest

Hospital Helipad⁵

Similar to existing operations at FSLH and SEMC⁶, the IHC will have an emergency helipad. Hospital sites generally like to locate the helipad as close as practical to the emergency/trauma area for ease of patient transport. To facilitate access to the ED, a ground-based (vs. rooftop) hospital helipad, designed to Federal Aviation Administration (FAA) specifications, will be situated to the west of the hospital building, adjacent to the ED ambulance entrance and north of Columbia Street. Use of the helipad will be intermittent; approximately 40± annual emergency flights to the hospital are anticipated.⁷ Operating procedures for the existing helipads are summarized in DEIS Appendix B; similar procedures will be implemented at the downtown IHC.

Property Acquisition

The Project includes the acquisition of the 25± acres of property in a distressed area of Utica that is designated as a Federal “Historically Underutilized Business” (HUB) Zone, a former Empire Zone, and a New York State Department of Environmental Conservation (NYSDEC) designated “Potential Environmental Justice (EJ) Area.” The Project is also located in the Urban Renewal Plan Utica Downtown Development Project Area. Locating hospital services within walking distance of the most at risk population is viewed by the Project Sponsor (MVHS) as a community character and EJ benefit.

A HUB Zone is a qualified census tract designated by the United States (US) Department of Housing and Urban Development (HUD) with either: (1) a poverty rate of at least 25 percent; or (2) 50 percent or more of its householders must have incomes below 60 percent of the area median household income. An EJ area is a U.S. Census block group of 250 to 500 households each that, in the Census, had populations that met or exceeded at least one of the following statistical thresholds: (1) At least 51.1% of the population in an urban area reported themselves to be members of minority groups; or (2) At least 23.59% of the population in an urban or rural area had household incomes below the federal poverty level. An empire zone was an area of up to two non-contiguous miles, in which tax



Figure 6. 335 Columbia Street Facing Southeast

incentives were offered by the State of New York to bring new businesses and jobs to the State. The Urban Renewal Plan Utica Downtown Development Project Area was established to eliminate slums, blight and obsolete buildings and create sites for new buildings in order to revitalize this area of downtown.

⁵ In contrast to a heliport, a helipad (or helistop) is a location designated for helicopters to land and take off without facilities for refueling or repair. A hospital helipad is limited to serving helicopters engaged in air ambulance, or other hospital related functions.

⁶ Helipad operations at FSLH and SEMC will cease upon the transfer of operations to the IHC.

⁷ MVHS does not own or operate medevac helicopters, which is provided by a third-party specialty service. Operations are not scheduled events, but episodic. MVHS’s primary use of medevac helicopters is for transfer out of patients to larger tertiary care/specialty hospitals. The example types of transport may be neonates, trauma, and other higher level of care services. Annual cumulative helicopter landings at St. Luke’s and SEMC have ranged from 15 to 37 between 2014 and 2017 (MVHS 2018); according to MVHS, approximately 50% of the existing medevac flights are patients leaving the hospital for another facility. No significant increase or decrease in landings at the downtown IHC are anticipated.

According to the City's Master Plan, the City's urban landscape is characterized by vacant or significantly under-utilized industrial buildings and many of its neighborhoods are either deteriorating or continuing to decline. As illustrated on Figure 6 to Figure 14, many of the buildings/properties within the Project footprint are representative of these blighted conditions (see below).



Figure 7. 336 Columbia Street Facing South



Figure 8. Haberer Building Looking Northwest (336 Columbia Street)



**Figure 9. 338 – 358 Columbia Street
Looking Northwest**



**Figure 10. 406 Columbia Street
Looking East-Northeast**



**Figure 11. 317 Lafayette Looking
Northwest**



Figure 12. 418 Lafayette Street Facing North



Figure 13. 510 – 512 Lafayette Street Looking Northwest



Figure 14. 529 Oriskany Street Looking Northeast

The Urban Renewal Plan for the area encompassing the Project Site states that its purpose is “to revitalize this area of downtown.” According to the Urban Renewal Plan, the “economic and physical revitalization of the project area is a critical public purpose for the community because of the area’s location.” In fact, the City of Utica Urban Renewal Agency (URA) is authorized to acquire property through *eminent domain* for the purposes of economic redevelopment.

MVHS has been negotiating with many of the property owners in the Project area to acquire the property through voluntary acquisitions. In 2017, MVHS retained three appraisal firms to inspect the properties and prepare appraisals that would be used by MVHS to make offers to acquire the properties. Although many of the owners consented to such an inspection, some did not. Under the terms of the grant funding, once the appraisals were completed, they were submitted to DASNY for review. DASNY did not approve appraisals for properties that were not inspected. Accordingly, in December 2017, MVHS sent proposed purchase options to owners who had allowed their property to be inspected by MVHS appraisers. The proposed option sought to acquire the property based on the DASNY approved appraised value. In response to comments and public criticism that not all the owners received a purchase offer, in February 2018, MVHS sent proposed purchase options to the remaining owners based on the appraised value even though DASNY had not approved those reports.

Following the transmission of the option agreements, MVHS actively negotiated with many of the property owners to address concerns regarding the appraised value, relocation costs, timing of relocation, and environmental indemnity. Although compliance with the Federal Uniform Relocation Assistance and Real Property Acquisition Act is not required for this Project, MVHS has segregated certain funds, initially up to \$1,000,000, to provide relocation assistance for affected property owners in the Project footprint to support those businesses or not-for-profit entities looking to relocate within the City of Utica or Oneida County. To assist with negotiations and relocation efforts, MVHS enlisted the aid of the Community Foundation, which is a non-profit foundation and is not a public agency subject to SEQRA. MVHS was clear that relocation assistance would be determined on a case-by-case basis based on the level of assistance needed to cover actual, reasonable and necessary moving expenses. During negotiations, MVHS agreed to pay relocation expenses to a number of property owners even though it was not lawfully obligated to do so.

While it is anticipated that most of the property will be acquired through voluntary negotiation between MVHS and private owners, it is likely that some property may need to be acquired via *eminent domain*. Many of the existing property owners and businesses will be required to relocate to other parts of Utica or Oneida County. The magnitude of the acquisition of 25± acres will be large, but most of the impacts are expected to be beneficial because it will better position the hospital to serve the largest and most diverse population in Oneida County, as well as creating the potential for secondary economic development opportunities.

Street Closures

As currently proposed, the Project would require the following public street closures or changes in designation:

- Lafayette Street from State Street to Broadway will be abandoned by the City
- Cornelia Street from Columbia Street to Oriskany Street will be abandoned by the City
- Carton Avenue, Sayre Alley, and Pine Street will be abandoned by the City
- The former Lafayette Street from Broadway to Cornelia Street will become the main entrance to the IHC
- The former Cornelia Street from Lafayette Street to Oriskany Street will become the entrance to the new public parking garage and an alternate hospital entrance/exit

Access/Egress

The main entrance to the hospital will be located south of Lafayette Street, proximal to Cornelia Street. In addition to the main entrance, ED walk-in and ED ambulance entrances will be located on the western portion of the hospital. Vehicular and pedestrian entries will be marked by canopy systems that provide adequate coverage

for public drop off, ED walk-in and loading activities. Ambulance traffic will be provided with a large drive-thru canopy adjoined to the podium.

A service entrance will be located on the eastern portion of the hospital building, which will be accessible via Columbia Street.

As illustrated on Figure 3, the downtown IHC is located adjacent to NYS Route 5S (Oriskany Street), with interchange access to the North-South Arterial Highway (NYS Routes 5, 8 & 12).⁸ The New York State Department of Transportation (NYSDOT) is currently coordinating⁹ the Route 5S Safety Project, which incorporates intersection and safety improvements from Cornelia Street to Broad Street, including miscellaneous work on the side streets; work is scheduled to be completed in 2020.¹⁰

Infrastructure

Based on a preliminary assessment of existing utilities and Project needs, modifications to the existing infrastructure in the Project area are anticipated. Sanitary sewer, storm sewer, and water utilities will be replaced and relocated, as needed, to remove them from the footprint of the hospital campus. Upgrades to those utilities, owned by the City of Utica and the Mohawk Valley Water Authority, will be undertaken and funded by the Project Sponsor (MVHS) as part of the overall IHC Project. Electric and natural gas infrastructure will also be replaced and re-routed in support of the Project. Those upgrades will also be funded by MVHS.

The planned improvements to the water, storm sewer and sanitary sewer infrastructure will replace the existing, antiquated arrangement with new infrastructure that is better designed and constructed to more efficiently serve development at the Project Site. The planned infrastructure improvements will result in a positive impact to the environment, because newly constructed infrastructure will result in less potable water loss due to leaks, less infiltration of ground water into sanitary sewers, and less exfiltration of sewage that can find its way into storm sewers, and ultimately the Mohawk River. The improved infrastructure will also be better able to serve surrounding and future development.

Anticipated Project-related modifications, which are to be paid for by the Project (unless otherwise noted), are summarized below.

Sanitary Sewers

The Project is anticipated to generate 187,000± gallons per day (gpd) of wastewater, which will be discharged to Oneida County's Water Pollution Control Plant via City sanitary sewers and Oneida County interceptor sewers. Based on the proposed building layout, it is anticipated that the following modifications will be made to the sanitary infrastructure within the proposed Project area:

- All existing sewers in Lafayette Street, between State Street and Cornelia Street, will be abandoned/removed, including 12," 15" and 18" diameter sewer piping
- A new 15" diameter sewer on Columbia Street would need to flow in the reverse direction of the existing 15" and tie into the 48" trunk sewer on State Street
- A new section of 18" sewer will divert upstream flow from Cornelia Street to the existing 24" sewer in Columbia Street, discharging to the 33" sewer in Broadway

⁸ The NYSDOT recently completed the Route 5-8-12 North-South Arterial Viaduct Replacement project, which involved the replacement of the viaduct (the elevated portion) of NYS Routes 5, 8, and 12 over Columbia and Lafayette Streets and Oriskany Street (intersection of NYS Routes 5A and 5S).

⁹ The NYSDOT has coordinated efforts with the City of Utica, Oneida County, and MVHS to incorporate downtown IHC related data and access needs.

¹⁰ <https://www.dot.ny.gov/route5ssafetyproject>

Other potential new sewers include a new 15" diameter pipe in Lafayette Street, on the north side of the hospital. The location and size of sanitary laterals and connections will depend on the plumbing/mechanical design of the new hospital buildings. It is assumed each new structure will have its own service lateral(s) connecting to the City mains.

A "will serve" letter, indicating the Oneida County Department of Water Pollution Control's ability to support the Project, was appended to the DEIS (Appendix J).

Water Mains

Water mains located within the new building footprint will need to be removed/abandoned. Upgrades to other smaller water mains are also required. Where new supply mains are required, the older mains would be replaced. Fire hydrants will be located along the public streets and private fire hydrants will be located within the IHC campus, as required for fire protection. Each building will be provided with its own backflow prevention device to comply with Mohawk Valley Water Authority requirements.

Peak water demand for the IHC is estimated at approximately 652 gallons per minute (gpm)¹¹ (See Section 2 of this FEIS Responsiveness Summary). Based on the current IHC design configuration, water mains to be replaced or installed will consist of the following:

- Older 6" and 16" mains on State Street will be replaced with a new 16" water main
- A 6"/8" main on Broadway will be replaced with a 12" pipe between Columbia Street and Oriskany Street
- Installation of a 12" water main along Oriskany Street East between State Street and Broadway
- Installation of a 12" water main (private) along Lafayette Street, between State Street and Broadway to serve the hospital
- Potential installation of booster pumps to increase flow rates and pressures necessary for fire protection to the upper floors of the proposed hospital.

A "will serve" letter, indicating the Mohawk Valley Water Authority's ability to support the Project, was appended to the DEIS (Appendix J).

Electric and Natural Gas

Electric and gas utilities proximal to the proposed IHC are operated and maintained by National Grid. The gas mains and underground electric conductors are owned by National Grid. The underground conduits and vaults are owned by the City of Utica, and leased to National Grid for use.

The peak electrical demand load for the proposed IHC is estimated at 4,304.27 kW (SSR 2018). The existing infrastructure and electrical capacity of the grid will be sufficient to operate the IHC. One of the advantages to the downtown location is stable power from National Grid's Terminal Substation at Harbor Point. The terminal substation is built with a high level of redundancy. In addition, the Project can utilize underground conduit (vs aboveground lines) to service the hospital which provides more storm resiliency.

The peak natural gas load and annual natural gas usage for the proposed IHC is estimated at 50 mcf/hour and usage of 90,000 mcf/year, respectively (SSR 2018). To meet demand and minimize disturbances to existing customers, an 80 pounds per square inch (psi) gas main would need to be installed and extended back to the existing 80 psi supply main. This would require approximately 2,500 linear feet (lf) of 6" main to be installed in already disturbed areas, which would also require crossing of the existing railroad to the north.

¹¹ The sanitary waste estimate does not correspond to the domestic water usage because some of the water does not get discharged to the sanitary sewer. Some of the water is used for cooking, cleaning, irrigation, humidification, human consumption, and other processes (cooling towers) which do not make it back into the sanitary sewer system.

Stormwater Management

The Project is required to meet Chapter 9 of the New York State Stormwater Management Design Manual (including water quality and quantity requirements) for redevelopment projects (NYSDEC 2015). The proposed site plan represents a net reduction in impervious surfaces (compared to existing conditions), which eliminates the requirement for post-construction quantity control. Re-development of the Project Site requires water quality treatment of 75% of the water quantity from disturbed areas with proposed impervious surfaces. The water quality will be treated by Vortech treatment units as approved by NYSDEC, which are placed at selected connection points to the City's stormwater system. The conveyance to the proposed treatment units will include curbing, catch basins, and piping within each parking area, as well as collection of runoff via building roof drains.

To provide sufficient capacity and drainage for the proposed hospital, and to allow the hospital construction in areas now occupied by public infrastructure, sections of existing storm sewers within the Project area will be abandoned/removed and new storm sewers will be installed. The modifications will include:

- Abandonment/removal of 12" and 15" pipe on Lafayette Street
- Removal of 36" trunk sewers from Cornelia Street, between Columbia Street and Lafayette Street
- Removal of 12" storm sewer from Columbia Street
- Installation of new 36" diameter storm sewer on Columbia Street and State Street, then boring under Oriskany Street to connect to an existing storm sewer on the north side of Oriskany Street
- Installation of new storm sewer as needed to tie-in catch basins along the route of the new storm sewer mains

An estimated 75% of the Project Site's stormwater, after required treatment, can be discharged to the planned A9.1 outfall; with the remaining 25% of the site discharging to the existing storm sewer in Cornelia Street. In addition, existing, upstream stormwater currently flowing north in the storm sewer in Cornelia Street will be re-routed to the west around the site and discharged to A9.1. This re-routing of existing stormwater from Cornelia will free up capacity for the portion of the site that will discharge there. Currently, all the existing stormwater from the site goes to either the Cornelia Street storm sewer, or the combined sewer. By re-routing existing upstream stormwater discharge, and discharging a portion of stormwater generated on the Project Site to A9.1, the total flow in the existing storm sewer in Cornelia will be reduced. The A9.1 outfall is a NYSDEC grant-funded, City project, which is anticipated to be completed within the IHC construction schedule.

Disposition and Repurposing of Existing MVHS Campuses

Consolidation of Services

MVHS summarized consolidation activities in their CON application, which was previously submitted to and accepted by the NYSDOH. The CON application was appended to the DEIS (see DEIS Appendix A) and information relative to the consolidation was summarized in DEIS Section 1.1.

SEMC

The SEMC site will be converted into an outpatient extension clinic to be known as "St. Elizabeth Campus". MVHS prefers that this site maintain its current Permanent Facility Identifier (PFI) Number. Pursuant to the CON application, the following programs and services will remain on the St. Elizabeth site, with no construction or relocation necessary:

- Sleep center services (Mohawk Valley Sleep Disorders Center)
- The College of Nursing
- The cardiac and thoracic surgery-related services (all of which are medical-only services; no surgical services will be provided at this site)
- Primary care and laboratory patient service center (PSC) services.

These programs and services are not currently in the hospital building. Essentially, programs currently located in the College of Nursing Building (*e.g.*, Sleep Lab, administrative services), and the physician offices in the Marian Medical Building will remain on the SEMC campus.

FSLH

The St. Luke's site, which will be a hospital "division," and known as the St. Luke's Campus, will retain the following services, with no construction needed:

- 24 certified, inpatient Physical Medicine and Rehabilitation (PM&R beds)
- Laboratory PSC service
- Outpatient primary care and obstetrics services
- Outpatient surgeon offices for medical visits/services.

These programs and services are not currently in the hospital building. Rather, the physician offices are in the professional office building and the Acute Inpatient Rehab unit currently resides in the nursing home building.

IHC

The IHC Project promotes consolidation and integration as the majority of the inpatient and outpatient services will relocate to the new hospital campus. The Project will also centralize healthcare services for Oneida County in the most populated area of the County, which is a requirement of the \$300 million grant provided by the NYSDOH under New York Public Health Law Section 2825-b.

The new hospital campus and merger will:

- Enable MVHS to consolidate two existing acute care hospitals into one integrated location
- Provide greater access to residents of the City of Utica, Oneida County and the region
- Improve operational efficiency, patient satisfaction and safety for both patients and caregivers.

In particular, the overall Project will create a structured delivery system, end the current service fragmentation, increase service integration and coordinate the work of the hospitals and other community-based organizations. Furthermore, the implementation of the overall Project will reduce gaps/inefficiencies in care coordination, align with payment reform and rebalance healthcare delivery through the reduction in the number of hospital beds as care is shifted from an inpatient care model to an outpatient care model focused on population health.

In addition to improving the efficiency of staff workflow, the proposed consolidation of the two existing acute care facilities will result in a decrease in the total number of inpatient beds from a combined 571 inpatient beds at two campuses to a more efficient model with 174 fewer beds, representing a reduction of about 30%. This is achievable through having 95% private patient rooms, improved throughput metrics, reduced length of stay and a general reduction of utilization in the region, which reflects the national, State and local trends of a reduction in inpatient admissions and an increase in outpatient visits.

Adaptive Reuse of Existing Buildings

In regard to the St. Luke's and SEMC campuses, MVHS understands that it is in their best interest to maintain buildings under their ownership. Moreover, certain uses will remain on both campuses as detailed above. Accordingly, it is MVHS's intention to facilitate the adaptive reuse of vacated facilities. The DEIS (Section 8.2) identified the process by which MVHS, in conjunction with the Community Foundation, has solicited expertise to support the redevelopment of each campus. Since the publication of the DEIS, MVHS has retained the services of CHA to provide the required support. CHA has proposed the following services:

- Define adaptive reuses
- Assess market feasibility of such uses
- Complete feasibility analysis

- Complete zoning analysis and schematic plan preparation
- Perform Phase I Environmental Site Assessments (ESAs)
- Provide Preliminary conditions assessment
- Develop conceptual cost estimating

MVHS will also work with the Community Foundation and CHA to establish process in which MVHS will work with the neighborhood to re-develop the MVHS-owned campuses. MVHS believes that full scale demolition of the existing campuses is financially unfeasible, and that given the different building ages and types, adaptive reuse would be a better alternative.

These steps will minimize the impacts from vacating the St. Luke's and SEMC facilities until an appropriate reuse is identified. Once a redevelopment alternative is selected, it will likely be subject to its own environmental process which will be no less protective of the environment.

Cogeneration Plant

The 3.6 MW cogeneration plant, which became operational in 2009, currently provides energy services to Faxton-St. Luke's Healthcare, St. Luke's Home and Utica College; the facility is independently-owned and managed by Burrstone Energy Center (BEC). BEC is owned and operated by Co-Gen Power Technologies, which was formed as part of the Bette Companies with Bette & Cring. These entities are separate and unrelated to MVHS or any of its affiliates. So, whether and how that plant will continue to service its clients will be up to BEC and the remaining clients.

However, it is understood that three individual contracts exist: 1) between BEC and Utica College; 2) between BEC and St. Luke's Home and 3) between BEC and Faxton-St. Luke's Healthcare. Those contracts detail the terms of the individual agreements relative to BEC's obligations to provide energy to each entity. MVHS is not a party privy to the Utica College Agreement, but it is their understanding that it is substantially similar to the one with St. Luke's Home. That agreement, which is a requirements contract, requires that energy be provided for a 15-year term. The Agreement ends on or about August 2024. There is no provision that would terminate the St. Luke's Home agreement early based upon any changes in use or operation at Faxton-St. Luke's Healthcare.

1.1.5 Construction Activities

Implementation of the Project will require the physical alteration of land within the Project footprint. Generally, construction activities within the 25±-acre footprint will include:

- Installation and maintenance of construction-phase erosion and sedimentation controls (E&SCs)
- Demolition and clearing of existing targeted facilities
- Utility relocations
- Site grading
- Construction of IHC facilities and utility extensions/connections
- Site stabilization and removal of temporary, construction phase E&SCs.

In addition, construction activities will require access and egress to and from the Project Site by construction workers, as well as equipment and materials over the anticipated 40-month construction schedule.

1.1.6 Operation and Maintenance Requirements

The IHC will operate 24-hours per day, 7-days per week, 365-days per year.

1.1.7 Project Schedule (Including Phasing)

A 40-month construction schedule, beginning in 2019, is anticipated. While MVHS is not proposing a phased construction schedule, construction of the parking garage and MOB will be controlled by the City and private developers, respectively.

1.2 DOCUMENT PURPOSE

Pursuant to New York State Environmental Conservation Law (ECL) Article 8, SEQRA¹²; and Part 617 of Chapter 6 of the New York Codes, Rules and Regulations (6 NYCRR Part 617), environmental review must be completed for projects that may result in a significant adverse environmental impact so that these impacts can be identified and avoided or mitigated to the maximum extent practicable. This Final Environmental Impact Statement (FEIS), which incorporates the previously issued Draft EIS (DEIS) by reference, has been prepared to evaluate potentially significant adverse impacts and reasonable alternatives. Moreover, measures to reduce/mitigate the significant adverse impacts that may potentially result from the construction and operation of the IHC are identified in the EIS. Steps of the SEQR process are summarized below.

1.2.1 Coordinated Review

Coordinated review is the process by which Involved Agencies cooperate in one integrated environmental review. Coordinated review has two major elements: establishing a Lead Agency (from among Involved Agencies) and identifying the interests and concerns of Involved Agencies so that they may be considered by the Lead Agency in the determination of significance and scoping the content of the DEIS.

1.2.2 Lead Agency Coordination

On February 2, 2018, based on its receipt of an application from MVHS requesting certain, discretionary financial assistance¹³, and in its role as a potential Involved Agency, the Oneida County Local Development Corporation (OCLDC) classified the proposed action as a Type I action and initiated a 30-day Lead Agency coordination process¹⁴ with other identified potential Involved Agencies to coordinate the designation of a Lead Agency. A copy of the OCLDC letter was included in Appendix C of the previously issued DEIS.

As a potential Involved Agency, the City of Utica Planning Board, by resolution dated February 22, 2018, declared its intent to act as SEQR Lead Agency for the proposed review of the Project. The intent of the City Planning Board was relayed to the OCLDC in a letter dated February 23, 2018 from the City of Utica's Department of Urban & Economic Development¹⁵, which provides staff support to the Planning Board. Copies of the resolution and correspondence were included in Appendix C of the DEIS.

1.2.3 Notice of Determination of Significance/Notice of Intent to Prepare an EIS

A determination of significance is the critical step in the SEQR process in which the Lead Agency decides whether an environmental impact statement must be prepared for an action. The two key considerations in determining significance are "magnitude" (*i.e.*, severity) and "importance" (*i.e.*, in relation to its setting) of impacts. On May 7, 2018, the City of Utica Planning Board¹⁶, as Lead Agency, issued a "Notice of Determination of Significance (Positive Declaration) indicating its intent to require the preparation of an Environmental Impact

¹² SEQRA refers to the State Environmental Quality Review Act, while SEQR refers to the environmental review process stipulated in the statute and implementing regulations (6 NYCRR Part 617).

¹³ MVHS's application included a completed Part 1 (Project and Setting) of a Full Environmental Assessment Form (EAF), which is included in DEIS Appendix C.

¹⁴ 30-days ending on March 3, 2018.

¹⁵ In a letter to Involved Agencies, dated March 8, 2018, the City Planning Board (via the City's Department of Urban & Economic Development) extended the Lead Agency coordination process from March 3, 2018 to March 23, 2018 (see DEIS Appendix C).

¹⁶ Referred to interchangeably in this FEIS Responsiveness Summary as City of Utica Planning Board, Planning Board, or Lead Agency.

Statement to assess potential significant environmental impacts from the Project. Copies of the resolution and Positive Declaration are included in DEIS Appendix C.

1.2.4 Scoping

Scoping is a process that identifies potential environmental impacts of an action or actions which should be addressed in a DEIS. The purpose of scoping is to narrow issues to be addressed in the DEIS to facilitate the preparation of a concise, accurate and complete DEIS that is adequate for public review. The scoping process is intended to:

- Create consensus among Involved Agencies
- Provide additional opportunities for public participation by seeking input from the public regarding the content of the DEIS
- Minimize the inclusion and review of unnecessary issues.

On May 17, 2018, the City Planning Board issued a Draft Scoping Document, prepared by MVHS, initiating a 30-day review period to solicit written public and agency review comments. In addition, the Board held a public scoping meeting on June 7, 2018 to solicit oral comments. Based on a review of the comments (written and oral), the Board issued a Final Scoping Document on July 19, 2018. A copy of the Final Scoping Document is provided in DEIS Appendix C.

1.2.5 Draft Environmental Impact Statement

In addition to issues identified in the final scoping document, SEQR regulations require that the following elements be included in the DEIS:

- Cover sheet
- Table of contents
- Summary of the document
- A concise description of the proposed action, its purpose, public need and benefits, including social and economic considerations
- A concise description of the environmental setting of the areas to be affected, sufficient to understand the impacts of the proposed action and alternatives
- A statement and evaluation of the potential significant adverse environmental impacts at a level of detail that reflects the severity of the impacts and the reasonable likelihood of their occurrence including, as applicable:
 - » Reasonably related short-term and long-term impacts, cumulative impacts and other associated environmental impacts
 - » Those adverse environmental impacts that cannot be avoided or adequately mitigated
 - » Any irreversible and irretrievable commitments of environmental resources that would be associated with the proposed action
 - » Any growth-inducing aspects of the proposed action
 - » Impacts of the proposed action on the use and conservation of energy
 - » Impacts of the proposed action on solid waste management and its consistency with the state or locally adopted solid waste management plan
- A description of the mitigation measures

- A description and evaluation of the range of reasonable alternatives to the action that are feasible, considering the objectives and capabilities of the project sponsor including the “no action”¹⁷ alternative.
- A description of the project’s impact on “Environmental Justice”¹⁸ issues
- A list of any underlying studies, reports, EISs and other information obtained and considered in preparing the DEIS.

The DEIS is supported by field and issue-specific studies and evaluations that describe the project’s potential impact and methods to reduce/mitigate any potential significant adverse impact on the environment. Information from these supporting studies is relied upon in the document, with the complete reports provided as appendices:

- Hospital Site Selection Process Summary Memorandum (DEIS Appendix D)
- Phase 1A Cultural Resource Investigation (DEIS Appendix E)
- Phase 1A Architectural Inventory (DEIS Appendix E)
- Traffic Impact Study (DEIS Appendix F)
- Preliminary Geotechnical Review (DEIS Appendix G)
- Preliminary Environmental Due Diligence Review (DEIS Appendix H)

On November 15, 2018, the City of Utica’s Planning Board, as SEQR Lead Agency, issued a Notice of Completion of the DEIS, indicating that the document was complete, conformed to the approved scoping document, addressed the issues required to be addressed in the scoping document, and adequate for public review and comment. The Planning Board also issued a Notice of Public Hearing, which identified a hearing date of December 6, 2018 to receive public and agency oral comments on the DEIS. The Planning Board indicated it would accept written comments through December 27, 2018. A copy of the Notice of Completion of the DEIS/Notice of Public Hearing is included as Appendix A to this FEIS Responsiveness Summary.

1.2.6 Final Environmental Impact Statement (FEIS)/Findings

This FEIS¹⁹, which was prepared upon the close of the public comment period, consists of the following documents:

- The DEIS, by reference
- Any necessary corrections or revisions to the DEIS
- Copies of comments received, indicating their source (correspondence, hearing, *etc.*)
- The Lead Agency’s responses to substantive comments²⁰ (Responsiveness Summary)

¹⁷ Discussion on the “no action” alternative includes an evaluation of the adverse or beneficial site changes that may occur in the absence of the proposed actions.

¹⁸ Environmental Justice (EJ) is defined as the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies (<http://www.dec.ny.gov/public/333.html>).

¹⁹ This FEIS was prepared by OBG with contributions from Bond, Schoeneck & King, the Hammes Company, and other contributors, as referenced in the document.

²⁰ As identified in the NYSDEC’s SEQR Handbook, the Lead Agency must respond to “substantive comments.” General statements of objection or support should be noted in the comment summary, but need no response. The Lead Agency may choose to group comments by topic, and respond only once for each topic, so that responses in the FEIS are not repetitive. Comments do not need to be responded to individually or in order of their receipt.

The FEIS will be used by the Involved Agencies (including the City Planning Board, as Lead Agency) to make written findings regarding the environmental effects of the proposed actions. In their respective findings, Involved Agencies weigh and balance the relevant environmental impacts along with social, economic, and other essential considerations to determine whether the action will minimize or avoid environmental impacts to the maximum extent practicable. “Findings” will be based on information presented in the FEIS. Implementation of the action will not proceed until written findings are filed and all other applicable permits and approvals are obtained (see Section 1.3, below).

1.3 PERMITS AND APPROVALS

Construction and operation of the IHC will require the acquisition of discretionary and ministerial permits and approvals from various state and local jurisdictional agencies. A summary of potential permits and approvals is provided in Table 2.²¹

Table 2. Potential Permits and Approvals

Permit/Approval	Activity	Agency	
State			
1	Funding Administration, Certificate of Need (CON), Construction Approval, and Operating Certificate	Joint Administration (with DASNY) of project funding approved by New York State Legislature Review process, mandated under state law, which governs the establishment, ownership, construction, renovation and change in service of specific types of health care facilities including hospitals	NYSDOH
	2	Operating Certificate	Obtain an operating certificate (license) issued by the NYS Office of Mental Health (NYSOMH) prior to the operation of such facilities and programs that are subject to the regulatory jurisdiction of the Commissioner of Mental Health
3	Funding Administration	Joint administration (with NYSDOH) of project funding approved by New York State Legislature. Potential conduit debt issuer in connection with any private not-for-profit tax-exempt MVHS bonds issued through DASNY	DASNY
4	Air Facility Permit ²²	Permit to construct and operate an air emission source	NYSDEC

The Lead Agency decides which comments on a DEIS constitute substantive comments and must, therefore, be responded to in the FEIS. In determining whether comments received are substantive, the Lead Agency should assess the relevance of the comments to identified impacts, alternatives and mitigation, or whether the comments raise important, new environmental issues, not previously addressed. The Lead Agency may also choose to use its responses to comments as an opportunity to explain why an impact is not significant, why a topic is not included in the FEIS, or how an alternative or proposed mitigation would work. Clarification of scientific terms, concepts or data interpretation may also be necessary in a FEIS.

When a subject has been raised frequently, even if the issue is not relevant to the proposed action, it is good practice to address that topic at least briefly. Speculative comments, or assertions that are not supported by reasonable observations or data, need no response. Where comments identify minor discrepancies in wording, or typographical errors, the Lead Agency should make those corrections, but no other response is needed.

²¹ In correspondence dated December 27, 2018 (see Appendix B to this FEIS Responsiveness Summary), the NYSDEC identified the following additional permits and/or registrations, depending upon final plans (including “final location of new transmission, water, sewer connections, if any”): Article 15/24 (Excavation Fill, Stream Disturbance, Freshwater Wetlands, Water Quality), Chemical Bulk Storage, and Water Withdrawal. Based on current plans, it is anticipated that these permits/registrations will not be necessary.

²² Proposed emissions may be considered “trivial or exempt activities” (see DEIS Section 3.4); a permit or registration may not be required.



	Permit/Approval	Activity	Agency
5	SPDES General Permit for Storm Water Discharges from Construction Activity (GP-0-15-002)	Storm water discharges from construction phase activities disturbing one-acre or greater	NYSDEC
6	Petroleum Bulk Storage Registrations	Petroleum bulk storage tanks for boilers and emergency generators	NYSDEC
7	Water and Wastewater System Improvements Approval of Plans	Approval of water and wastewater infrastructure improvements and connections.	NYSDEC See No. 19
8	Highway Work Permit	Work within NYS highway rights-of-way (ROW).	NYSDOT
9	Consultation (16PR06600)	Compliance with State & National Historic Preservation Acts	SHPO
Local			
10	Project Funding	Financial benefits & incentive support	Oneida County Local Development Corporation (LDC)
11	Potential Property Condemnation/Eminent Domain	Potential condemnation and acquisition of private property within Project footprint	Oneida County Oneida County IDA City of Utica URA
12	Site Plan Review	Review and approval of site plan ²³	Utica Planning Board
13	Multiple	Approval of public property transfers/road closures; funding of parking garage; review and approval of structures located within City rights-of-way (e.g., pedestrian bridges, walkways, canopies, etc.)	Utica Common Council
14	Highway Work Permit	Work within highway rights-of-way (road and utility improvements, curb cuts)	Utica Department of Engineering
15	Rail Crossing	Extension of natural gas line (by National Grid) under CSX railroad	CSX
16	Consolidation & Re-Subdivision	Potential consolidation of parcels within area of potential effect	Utica Department of Engineering or City Planning Board
17	Special Use Permit/Variances	Medical use in Central Business District (CBD); area variances depending upon location of specific Project elements	Utica Zoning Board of Appeals
18	General Municipal Law (GML) § 239-m	County Planning review of activities located within 500-feet of State or County highway, municipal boundary or park.	Oneida County Department of Planning Herkimer-Oneida County Comprehensive Planning Program
19	Water and Wastewater System Improvements Approval of Plans	Approval of water and wastewater infrastructure improvements and connections.	See No. 7 Mohawk Valley Water Authority (MVWA) Oneida County Health Department City of Utica Oneida County Department of Water Quality & Water Pollution Control
20	Building & Demolition Permits	Building code compliance.	Utica Codes Department

²³ Installation of a utility/pedestrian bridge over a City street (Columbia Street) will require review and approval by the City Engineer.



	Permit/Approval	Activity	Agency
21	Certificate of Occupancy	Approval to occupy building.	Utica Codes Department
22	Various	Specific hospital operations will require multiple registrations, licensing, notifications, and/or certifications to support specific operations and equipment (e.g., radiology, lasers, etc.). Such activities are considered nondiscretionary (ministerial) approvals.	Various

