



CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER MAJOR INSTITUTIONS CITIZENS ADVISORY COMMITTEE

DRAFT MEETING NOTES

Meeting # 22
January 8, 2009

Seattle Children's
Sound Cafeteria

Children's Hospital and
Regional Medical Center
Major Institutions Citizens
Advisory Committee

Members

Karen Wolf, Chair
Catherine Hennings, Vice chair
Cheryl Kitchin
Dolores Prichard
Myriam Muller
Kim O Dales
Doug Hanafin
Dr. Gina Trask
Michael S Omura
Wendy Paul
Yvette Moy
Robert Rosencrantz
Bob Lucas
Theresa Doherty
Shelley D. Hartnett

Alternates

Nicole Van Borkulo
Mike Wayte
Dr. Brice Semmens

Ex-Officio Members

Steve Sheppard – DON
Scott Ringgold – DPD
Ruth Benfield – CHRMC

Members/Alternates Present

Myriam Muller	Nichol Van Borkulo	Karen Wolf, Chair
Michael S Omura	Wendy Paul	Robert Rosencrantz
Theresa Doherty	Dolores Pritchard	Cheryl Kitchin
Bob Lucas	Catherine Hennings	Brice Semmens
Mike Wayte	Doug Hanafin	Karen Wolf
Kim O Dales	Dr. Gina Trask	Yvette Moy
Mike Wayte		

Ex Officio Members Present

Steve Sheppard – DON Scott Ringgold - DPD Ruth Benfield - CHRMC

Others Present (Staff and Guests)

See Attached Attendance Sheets

I. Welcome and Introductions

Karen Wolf called the meeting to order and reviewed the agenda. Introductions followed. Steve Sheppard noted that there will be a change in how votes are taken and recorded. Roll will be called and individual votes recorded.

II. Presentations of Projected Bed needs.

(Note: This topic grew from initial public testimony by Nancy Fields and at the request of various members was allowed to evolved into a general discussion on the Fields report on bed needs.)

- A. **Presentation by Nancy Fields** - Ms. Fields stated that she is a health care planning consultant and under contract to the Laurelhurst Community Club. She stated that she understands the CAC is getting close to making some decisions concerning the square footage and the scale of the project. She noted that Bob Lucas had asked if she had a chance to respond to a review of her work by Cedar River Group. She noted that they had not discussed this with her but she wanted to go over technical notes concerning what had been stated. She provided a white paper from LCC and an attachment that translates the difference of the bed needs between Children's consultants and her findings into square footage.



The difference is 1.2 million square foot in 2026. She noted that the different approaches to occupancy rates account for much of this and that this is outlined in the white paper.

Ms. Fields also noted that square footage is very sensitive to the number of beds. She referenced a table from her hand out dated 1/8/09 titled "Sensitivity of Children's Bed Needs to 100% market Share Vs. Actual 29.4% Market Share". She stated that she asked herself what if she simply accepted the use rate that Children's is proposing, so first used Children's numbers and assumptions and this resulted in a statewide pediatric psychiatric beds need of 117 beds in 2015 and 195 in 2026. She noted that this is identical to Children's projection. That rate is based on an admission of 2.2 children for each 1000 children is the population. She stated that she did not think this is correct but would accept that for now. This results in an unmet need of 2,247. She noted that built into children's calculations is the assumption that all unmet need will go to Children's. She noted that at the present time admissions go to a variety of other hospitals with Children's taking 29.4% of all statewide admissions. 100% is not reasonable so she stated that she adjusted the figures to assume that Children's continues to claim a 29.4% share of the projected statewide need. She noted that this accepts a high population of 1- 17 and a high use rate at 2.2. Figures are then increased by an additional 66% for both to account for population growth to 2026. The results are that Children's figures show 195 beds and her figures show a need for only 82 beds. This is a difference of 113 beds. Members asked several clarifying questions.

Steve Sheppard asked if members felt that this exchange was important enough to suspend the time limit on public testimony to allow further discussion. Members indicated that they wished to do so.

Myriam Muller asked if Ms Fields had any information on the certificate of need issue and whether it could be given now. Ms. Fields stated that she looks to Jan Sigmand as the authority on this. Ms. Sigmand stated two day previously that this was possible in a discussion with Carol Eychanor. Bob Lucas asked whether the 500 square feet that she stated is the square footage per bed associated with pediatric psychiatric beds includes all support services. She responded that it does. The numbers are those reported to the state from the hospitals. The hospital that these figures were taken from were West Seattle and Fairfax. She further stated that in looking at Children's peers around the country, they have about a tenth of the number of psych beds as Children's is proposing and in some cases all beds are off site since they often want to co-locate in and out patient treatment since you will have people who are transitioning between in and out patient services. She stated that it has been her opinion all along that such a hospital could easily be located somewhere else in the county.

Ruth Benfield stated that Dr. King, the head of Child Psychiatry at Children's to discuss child psychiatry needs specifically and the uniqueness of pediatric mental health patients. Theresa Doherty stated that she wanted to hear other opinions on this issue.

Ms. Fields concluded her extended remarks by stating that she has been a planner for hospitals for years and that it is not unrealistic for a hospital to lack certainty concerning the future. They do not always know what will happen. She stated that she would always shoot for the biggest envelope possible in order to serve patients the best as she could. In this context though, given the very difficult impacts identified in the EIS, it is important to know if the beds are all needed. She offered the opinion that the projected bed needs might be a negotiating position.

Ruth Benfield responded that Children's is proposing 600 beds which includes a projected growth rate of 3.1% per year in existing psychiatric beds and then including an additional 100 of the projected state bed unmet need. The actual amount that Children's is asking for is 140 psychiatric beds not the 195. She noted that this grows off of the 2.2 use rate.

Ms. Fields concluded by stating that she remains unsure concerning how the requested beds might eventually be used. She noted that many people that she has talked to in the profession had the same question and are skeptical that they will be used for psychiatric patients.

- B. Presentation of Jody Corona** – Ms. Corona stated that that Children's asked her to forecast the unmet need for psychiatry in Washington State. She stated that there is no expansion of in-patient psychiatric beds going on in Washington State. For instance, Franciscan Health System is consolidating two units and will reduce the number of beds in this consolidation. The National Academy of Emergency Physicians gives Washington state an F grade for the provision of psychiatry beds. We are among the worst in terms of total psychiatric beds per 1000 population.

Ms. Corona stated that she has had ongoing conversations with the Washington State Department of Health. They have acknowledged that their methodology for projecting the need for Psychiatric beds does not work because the data is no longer available in the format that they use and that so many hospitals have closed psychiatric units that if you trended the historical data as you do on the med surge side you would find no need for beds in the future. They have asked Children's to bring them another methodology that works. Children's commissioned a study from national experts to look at that the Western States average was for pediatric psychiatric beds. The unmet needs projected from this study will not be met by any other hospitals as none are expanding beds.

Ruth Benfield stated that Children's is embarking on this because it is part of its mission. This is not a profitable service line and does not have a big margin. The missing of these populations in the general space becomes an issue for Children's in the ER. Some psych patients remain in the ER 6 to 24 hours backing up other admissions. The average census in the psychiatric unit was 21.5 in a unit having only 20 beds. That was done by housing some in regular medical beds which meant that Children's had some difficulties admitting other patients. The Board has directed us to address these unmet needs. Changes in law requiring parity for psychiatric care provision will also increase the demand for such space.

Doug Hanafin asked what the appropriate square footage per bed for a pediatric psychiatric beds. Ruth Benfield stated that the current facility allots 3600 square feet per bed. This includes some assignment of operating and emergency room and other spaces such as school rooms type space and age group and disability type segregation.

III. Public Comment

Comments of Jeannie Hale – Ms. Hale noted that she was from the Laurelhurst Community Club. In order to reduce the significant impact of the proposed expansion, the only way to do that is to substantially reduce square footage and building heights. As much as we might want to have all of the wonderful beds and services that Children's would like to provide, the Committee's job is to determine what will fit in the site in such a manner that the impacts on the surrounding community can be mitigated. The concern is to maintain the livability of the surrounding communities. That is the mandate in the Major Institutions Code. The Laurelhurst Community Club and Northeast District Council have suggested that the building height be kept at 90 feet. In an effort to reach compromise, as LCC has always been willing to do, LCC has suggested that the compromise be at 105 feet and certainly no higher.

Concerning Floor Area Ratio (FAR), Children's is proposing a FAR that is more than double what is allowed for any other institution located in a low density single family area. Children's is proposing something in the neighborhood of 1.94 which would double the density on the campus. This also relates to lot coverage. While it is hard to figure out from the documents provided, it looks like Children's lot coverage is between 49% and 57% lot coverage which substantially exceeds the 35% permitted in the surrounding area.

South Seattle Community College's FAR is 0.3 with maximum lot coverage of 25%; Seattle Pacific University has a FAR of 0.9. She stated that she felt that a good compromise would be an FAR of 1.29 which would allow about 750,000 square feet of new development.

Ms. Hale also noted that once the zoning is approved, regardless of whether the psych beds are built then the square footage can be used for any uses. She also noted that the master plan currently includes the 195 pediatric psychiatric beds and that LCC has asked for clarification concerning the difference between the 195 and 140 bed figures.

Comments of Dr. Bryan King – Dr. King stated that he is professor and vice-chair of psychiatry at the University of Washington and Director of Child Medicine Psychiatry at Seattle Children's. The incidence of mental disorders in youth has been increasing over the past two decades. The number of children based on the Surgeon General's report suggested prevalence of 20% of children that would experience a diagnosable mental disorder during their childhood and teenage years. Of that percentage of individuals only a fraction ever finds their way into appropriate mental health services. The availability of providers is being further outstripped each year and we are in a crisis situation in Washington State where the suicide rate has gone up. Washington State gets failing grades nationally for our lack of services to our children.

The complexity of the psychiatric disorders that we see here in acute hospital settings have also gone up. In part this is a function of these needs not being met in outpatient settings but is also related to the increase in diagnosis of major disorder. Both bipolar and autism diagnosis are increasing. Seattle Children's commitment to address these needs is breathtaking. He stated that he believes Children's statement that they intend to build these beds. He further stated that the square footage per bed in a multi-purpose hospital is larger than at a free-standing facility.

He noted that there has been discussion about the feasibility of moving the psychiatric functions off-site. There are a number of reasons why this is less desirable. This is untenable as the direction of care for patients is for increasing complexity. The children that we see have both psychiatric and medical conditions. Often these are children who have attempted suicide or have come from other intensive medical care settings. Many times these are involuntary commitments.

Access to providers is also a scarce resource. In Washington State we have 6.6 child psychologists per 100,000 youth. In New England for example the ratio is 21 per 100,000 youth. The advantage in locating beds at Children's is that this is where the staffing resources are. It is critical for Seattle Children's to be able to move forward with this effort.

Myriam Muller asked if many psychiatric hospitals are located in similar residential areas. Dr. King noted that the issue with the use of restraints in transferring pediatric patients is due to state statutes and the risk to the community is exceedingly small.

A member asked what percentage of patients are between 17 and 21. Dr. King responded that this is rare unless there are developmental disabilities involved. However this younger age group is not usually integrated into the adult facilities. Those with eating disorders are very likely to be at a pediatric facility when in their teen years.

Comments of Judith Platt – Ms Platt stated that she re-affirmed that she wanted the height bulk and scale of the proposed facility reduced. She stated that she has lived in the neighborhood for thirty years and has felt the weight of Children's over that time. Children's has done a good job with landscaping but right now there is a lot of light height and bulk that is coming through the landscaping to the neighborhood. It is something that those living nearby feel. She expresses the hope that Children's can compromise more with the neighborhood.

IV. Review of Draft Letter to DPD

Steve Sheppard stated that the letter to DPD contains only those areas where the Committee has made decisions. However in fairness to DPD it was considered important that DPD knows what our current positions are. Robert Rosencrantz asked that the statement concerning replacement housing be amended as follows:

"The CAC concurs with the general requirement- but is still undecided about the proper way to define and guarantee the construction of replacement Housing."

Mike Omura noted that the upper level setback should be 40 feet. There were a variety of minor changes to revise word order or correct typographical errors. With these changes the Chair was authorized to complete and sign the letter.

V. Discussion of Issues for the CAC Final Report

A. Floor Area Ration

Steve Sheppard suggested that there are several issues that are inter-related. These include: growth and balance, Floor Area Ratio (FAR), phasing, and uses on campus. He suggested that we begin with these issues and particularly the overall growth and balance. Theresa Doherty suggested that the Committee deal with the issue of growth and balance or FAR as its first issue. After brief further discussion the Committee decided to deal with FAR first.

Mike Omura stated that FAR is a ratio of the total amount of development chargeable against the site area. This is slightly different than the total area. He noted that he looked at the 2.5 million square feet of new development against the total site proposed. This came to about an FAR of 1.9. There are floor areas that are not included in the chargeable square footage including mechanical and below grade areas. He stated that by his calculations, if you had a FAR of 1.9 with all of that chargeable development above grade, the Children's could achieve more than its requested 2.5 million square feet of total development. He assumed that 20% of the total space would be below grade. If you reduce the 2.5 million square feet by 20% and then apply that to the total site you get an FAR of about 1.5 and not 1.9.

Cheryl Kitchen noted that this does not necessarily reduce the total square footage that the hospital might use, but would change how that square footage presents to the community. It addresses bulk and scale that you see and feel as you drive around the campus. It does not address traffic. The FAR restriction combined with a height restriction would force more development underground.

Cheryl Kitchen noted that this does not necessarily change the overall square footage that Children's might use, but does change how it is presented to the community and the appearance of bulk and scale. An FAR restriction and height restriction would force some development below grade. She also stated that the combination of the height and FAR defines a building envelope that then eventually translates into a total amount of development.

Therese Doherty asked Ms. Kitchen if she was comfortable with an FAR of 1.5/. Ms. Kitchen replied that it is an improvement and a compromise.

Doug Hanafin stated that he felt that it was important to tie the FAR and height restrictions together as they are inter-related. He stated that the heights are still too high.

Catherine Henning stated that if both FAR and height is restricted there is the risk that you might negatively effect open space. She noted that on page 33 of the draft director's report, that it states that even Single Family and L3 residential zones are typically 1.0 to 1.5 FAR.

Cheryl Kitchen noted that this process is setting the building envelope but is not necessarily setting the exact square footage which will flow out of this.

Scott Ringgold asked that Mr. Omura give more detail on how he figured the FAR or 1.5. Mr. Omura responded that he took the Children's total square footage request and assumed that 20% of that square footage could be "not changeable" FAR – underground primarily, and that therefore the remaining 80% comes out to an FAR of 1.5.

Mike Omura re-iterated that he felt that an FAR of 1.5 while lower still allows Children's ample development potential, including at the Hartmann Site.

Michael Omura moved:

That the Children's Major Institutions Master Plan Citizen's Advisory Committee final report shall include a recommendation that the total campus FAR be limited to 1.5 for both the Main Campus and the Hartmann Site.

The Motion was seconded by Dolores Pritchard.

Myriam Muller asked if this meant that the square footage was limited to 1,000,000 square feet. Bob Lucas stated that this would seem right for above ground development. Ms. Muller noted that there are other ways to get to this and asked if this was sufficient. She noted that an FAR of 1.29 might be better. Doug Hannafin asked if reducing the FAR to 1.5 would limit total development on campus. Mike replied that this would affect only the chargeable square footage not necessarily the total.

The question was called and Mr. Sheppard called the role. The votes were as follows:

	Member or Designated Alternate	Vote
Pos 3	Kim O. Dales	Abstain
Pos 5	Theresa Doherty	Yes
Pos 4	Doug Hanafin	Yes
Pos 6	Cheryl Kitchin	Yes
Pos 7	Bob Lucas	Yes
Pos 8	Yvette Moy	Yes
Pos 9	Myriam Muller	No
Pos 10	Michael S. Omura	Yes
Pos 11	Wendy Paul	Yes
Pos 12	Dolores Prichard	Yes
Pos 13	Robert Rosencrantz	Yes
Pos 14	Shelley Hartnet (Brice Semmens in Lieu of)	Yes
Pos 15	Dr. Gina Trask	Yes
Pos 1	Karen Wolf, Chair	Yes
Pos 2	Catherine Hennings, Vice-Chair	Yes

Having received a majority of affirmative votes the motion passed.

B. MIO Districts and Height

MIO District Boundaries - Michael Omura stated that he wanted to discuss height in relationship to the MIO district boundaries. He stated that the proposal for an upper level set-back at the upper level along Sand Point and on 40th in the Draft Director's Report did not adequately address the objective of moving the greater height into the center of campus. He suggested a different configuration of the MIO boundaries.

He stated that while he understands the buildings are not yet actually designed, much of the discussion of impacts has been related to the schematic buildings proposed. Therefore he proposed that a 50 foot MIO be established along the boundary about 100 feet back from 40th and 40 feet back from Sand Point Way. He noted that this 100 foot was just an initial pick and is subject to adjustment. He offered the opinion that this still allows sufficient flexibility. He noted that this essentially moves the height lines. Back to the edges of the

buildings that have been shown in the Final Master Plan. Various members agreed that this appeared to be a desirable way to go. Scott Ringgold asked if the upper level setback might achieve the same effect.

Michael Omura stated that he was responding to the preliminary concept plans that have been shown to the Committee. They show a lower level with the towers placed back from the campus edge.

Ruth Benfield stated that the 100 foot line along 40th might restrict the site too greatly. Mike Omura responded that this 100 foot line might be modified to be 75, 80 or 90. Doug Hanafin stated that this seems like a good direction to go as it eliminated the possibility that the buildings might be relocated out to the street. Ruth Benfield suggested that Children's be allowed time to look at this proposal and come back to the Committee at the next scheduled meeting. Catherine Henning stated that Children's has worked hard to make the buildings mesh with neighborhood desires and that they should be given a bit of flexibility for the southwest building. Mike Omura responded that 40th is a very narrow street and the more that building is pushed back the less of a canyon effect will be created. He stated that he does not have as much concern for the areas along Sand Point Way. Brice Semmens noted that even a very small movement of the Southwest Tower to the east would really improve the views from the Bryant Hillside.

Michael Omura stated that the arrangement he has put forward comports basically to the preliminary design presented. Robert Rosencrantz stated that he had wondered if future CACs might be faced with efforts to further build on top of the platform. Michael Omura agreed that his arrangement does relate to the very preliminary concept but that there is still enough flexibility to allow Children's architects to look at various options.

Steve Sheppard asked if this was the direction that the Committee felt that it wanted to go. Members stated that this was the direction they wanted to go but wanted to wait until Children's reported back concerning whether the proposed MIO lines might work.

MIO Heights – Steve Sheppard noted that if the Committee accepts the revised MIO boundaries along the lines proposed by Mr. Omura, then there would be an MIO 50 around the western edge of the Laurelon Terrace site with an MIO 160 in a "donut hole" in the middle. In this case height appears to be an issue for two locations: 1) that donut hole and 2) the Hartmann Site. Theresa Doherty noted that the MIO 160 zone is proposed to be conditioned to 140 feet. Michael Omura stated that the issue is whether the conditioned 140 feet is acceptable.

Doug Hanafin stated that he has looked at this carefully. Phase one is 592,000 square feet with 9 ½ floors with each floor representing about 62,000 square feet. Phase 3 is a comparable building. He noted that if you removed the top two floors, you reduce the height to about 110 feet. This reduces the total above grade square footage 240,000 square feet which reduces beds by 62. He noted that one floor is 49,000 square feet for mechanical which is in addition to the mechanical penthouse.

Ruth Benfield noted that the error is that all bed rooms require windows. When you take off floors you reduce the ability to have rooms with windows. Gina Trask stated that she felt that height is the major issue and that she had already compromised and urged Children's to compromise.

Michael Omura stated that he had gone back to the existing designs and elevations in the Final Master Plan. He stated that looking at the actual heights at various points, it appeared that the existing designs would fit within a 125 foot height and suggested that the Committee consider a MIO 160' conditioned to 125'. Karen Wolk observed that the 140 appeared to allow Children's some flexibility.

Myriam Muller stated that she agreed with Ms. Trask and that the committee should be looking at what would fit within the neighborhood rather than asking the hospital if this would be OK with them. The Committee has made many concessions regarding square footage.

Ms. Muller moved:

That the Children's Major Institutions Master Plan Citizen's Advisory Committee final report shall include a recommendation that the MIO height for the central campus identified previously as MIO 160' conditioned to 140' and not included in the proposed new MIO 50 along Sand Point Way and NE 40th, be reduced to an MIO 105'

The motion was seconded by Gina Trask.

Discussion continued and Mr. Omura again went through his calculations and there was discussion of specific elevations and how they might fit under a limit of 125 feet. Catherine Hennings stated that she notes that the height has been pushed to the center of campus and that the impact would be primarily along the arterial. She stated that she is not uncomfortable even at the 140 foot limit. While it is tall one must still consider what is being accommodated here to allow the offering of the incredible services that Children's is providing and look beyond the neighborhood.

Myriam Muller asked if this didn't need to be balanced against protecting the neighborhood. Ms. Hennings responded that she does not feel that there is that much impact. Doug Hanafin observed that the visual impact is at the entrance to this residential neighborhood. Cheryl Kitchen observed that Doug's proposal appeared reasonable. Theresa Doherty stated that prior to voting on a height she needed to see what the comparable models of various heights might be. Scott Ringgold stated that DPD often asks for an evaluation of proposed reductions to assure that it is not de minimus and that the effect is acceptable. If the effects are perceptible and do not overly restrict the proposal's effectiveness then it might be desirable. Mike Omura stated that the 125' would appear to have an effect only on the far southwest portion of the site.

Wendy Paul agreed with Catherine and Theresa that the Committee needs to see what the effect of these height restrictions might be. Cheryl Kitchen asked if Children's would have time to model what a 125 foot alternative might look like and how it would affect the hospital. Children's staff replied affirmatively.

Robert Rosencrantz stated that in deference to the thought and effort that Michael has brought to his proposal, we owe it to ourselves as a Committee to understand what the impacts of it are and to give it the time it needs in order to be fully fleshed out. As Children's has agreed that those results will be forthcoming within the timeframe that we are working with, that we should give it time. He asked if Myriam would withdraw her motion.

Myriam stated a preference for a vote.

The question was called and Mr. Sheppard restated the motion as noted previously.

Doug Hanafin asked for clarification concerning the effect of the vote and whether this is taking the 105 foot height off of the table. Committee members stated that this was not the case and that the intent was to not permanently abandon consideration of restricting height to 105, but to temporarily take it off the table in order to allow Children's to fully respond to the proposal of Mr. Omura. Steve Sheppard noted that the Committee could come back following the Children's proposal and re-introduce any height.

Mr. Sheppard called the roll

	Member or Designated Alternate	Vote
Pos 3	Kim O. Dales	Yes
Pos 5	Theresa Doherty	No
Pos 4	Doug Hanafin	No
Pos 6	Cheryl Kitchin	No
Pos 7	Bob Lucas	No
Pos 8	Yvette Moy	No

Pos 9	Myriam Muller	Yes
Pos 10	Michael S. Omura	No
Pos 11	Wendy Paul	No
Pos 12	Dolores Prichard	No
Pos 13	Robert Rosencrantz	No
Pos 14	Shelley Hartnet (Brice Semmens in Lieu of)	No
Pos 15	Dr. Gina Trask	Yes
Pos 1	Karen Wolf, Chair	No
Pos 2	Catherine Hennings, Vice-Chair	No

The motion failed.

Steve Sheppard asked for clarification concerning the intent of the Committee concerning what was being requested from Children's. Doug Hanafin stated that he wanted to see Children's architects come back showing the effects of both a 105 foot alternative and a 135 foot alternative. Michael Omura stated that the Committee has agreed on an FAR and that if we push the height down then it would result in the building being spread out more. The Committee is not advocating just lopping off a couple of floors, but will require some thinking concerning both the reduced MIO boundaries and reduced heights. He offered the opinion that 105 feet would be very problematic. If we bring the height down significantly then the FAR recommendation might need to be reconsidered.

Steve Sheppard asked the Committee to indicate whether they wanted the 105 foot height also modeled. Doug Hanafin noted that this has been requested previously by the Committee and that Children's has never provided this. Ruth Benfield responded that the reason for this is that Children's has consistently stated that they see no way to sustain the bed need at that height. Mr. Hanafin noted that the original proposal was between about 550 and 650 beds and that now we have gravitated to the upper number incorporated Laurelton Terrace, and jumped over Sand Point Way. He stated that he is again asking that a look at the 105 foot height be done. He stated that he still considers the height being proposed as too high. Myriam Muller stated that as a resident who lives very close to the hospital, it is hard to sit here and hear people ask the hospital if this will work for them. Why are we not asking nearby residents if this will work for them.

Steve Sheppard asked for a show of hands as an indicator of whether members wanted to see a 105 foot height included in any modeling. The sense of the committee was that the 105 foot modeling not be required. Mr. Sheppard asked if the intent of the committee was that 105 feet was totally off of the table. The sense of the Committee was that it was not being totally precluded.

VII. Adjournment

No further business being before the Committee, the meeting was adjourned.