



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

DRAFT MEETING NOTES

Meeting #2

Wednesday, September 26, 2007

Children's Hospital and Regional Medical Center
4800 Sand Point Way
Whale Building, Room W3747A

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

Members

Cheryl Kitchin
Delores Prichard
Myriam Muller
Kim O Dales
Kathleen Sabo
Doug Hanafin
Catherine Hennings
Dr. Gina Trask
Karen Wolf
Michael S Omura
Wendy Paul
Yvette Moy
Robert Rosencrantz
Bob Lucas
Cathy Higgins

Alternates

Theresa Doherty
Shelley Hartnett
Christine Barrett

Ex-Officio Members

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

Members/Alternates Present

Cheryl Kitchin	Myriam Muller	Christine Barrett
Dr. Gina Trask	Karen Wolf	Michael S Omura
Wendy Paul	Yvette Moy	Robert Rosencrantz
Bob Lucas	Cathy Higgins	Kim O Dales
Kathleen Sabo	Shelley Hartnett	

Members Absent (Excused)

Delores Prichard	Doug Hanafin	Theresa Doherty
Catherine Hennings		

Members Absent (Unexcused)

Ex Officio Members Present

Steve Sheppard – DON	Scott Ringgold - DPD	Ruth Benfield - CHRMC
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Others Present (Staff and Guests)

See Attached Attendance Sheets

I. Welcome and Introductions

The meeting was opened at 6:05 by Karen Wolf, CAC, Chairperson. Ms. Wolf noted that this was the second formal Committee meeting since the CAC was appointed by City of Seattle. She noted that the purpose of this meeting was primarily to review the role of Committee, familiarize the Committee with those documents that they would be asked to review, and further determine what additional information Committee members might need to do their work. She also noted that there would be a presentation to the Committee on the alternatives being proposed by the Laurelhurst Community Club and an opportunity for public comment.

Introductions of Committee Members followed.

II. Review of the EIS Process

Scott Ringgold, land use planner from the City of Seattle Department of Planning and Development (DPD) was introduced to give a brief presentation on the status of the EIS process. Mr. Ringgold noted that many people have commented on the scoping process. DPD took these comments and produced a document that identifies those areas that will be covered in the environmental review and those alternatives that will be evaluated. Alternatives will include: 1) a "no action" alternative, which is the



existing Master Plan and its completion; 2) the preferred alternative from the Children's Hospital and Regional Medical Center (CHRCM) Concept Plan as contained in CHRCM's application to the City; 3) the Alternative previously identified in that application that foregoes new development on the Hartmann Site; and 4) one or more new alternatives that reduce the height of proposed development Plan. Mr. Ringgold stated that all public comments are available in the public file. He passed out copies of a synopsis to the Committee of and noted that it is also available on the Children's website at www.masterplan.seattlechildrens.org. He said this report includes a fourth alternative. DPD is charged with issuing an EIS and the preliminary draft will focus on this fourth alternative.

He read the text of Alternative 4 as follows:

CHRCM is requested to propose one or more additional alternatives that could feasibly attain or approximate their stated objective in a different development plan(s) and a lower overall height than proposed for Alternatives 2 or 3. The design of additional alternatives should consider, for example, additional excavation to place the base of structures lower on the hillside; locating uses such as parking, utilities, laundry, and food service that don't require natural light below ground; expanding north of Penny Drive; and spreading beyond the existing boundaries if acquiring land for development appears to be feasible.

Children's is being asked to define the specifics of that fourth alternative. This alternative will be broadened as they develop the EIS. Myriam Muller asked for more information on the two additional entrances on NE 45th and 50th that many people asked about in their public comment. Mr. Ringgold stated that this issue would be addressed in the EIS.

Doug Hanafin asked about a timeframe for spelling out the fourth alternative. Mr. Ringgold responded there is a 70 day development period for the EIS which under the current schedule would be about December 10, 2007.

III. Discussion of Meeting Room Logistics

Steve Sheppard from the City of Seattle, Department of Neighborhoods, noted that there are many people who are presently not able to get in. Room capacity is limited. He requested that anyone not interested in staying for the whole meeting and particularly staff from the City or Children's who are not presenting, strongly consider stepping out to allow community members to take their seats. He noted that a transcript of the meeting will be made available to all those staff people. A moderate number of staff people left the meeting.

Mr. Sheppard apologized for the inconvenience of the small room capacity. He noted that when this particular meeting was scheduled, wide attendance from the broader community was not anticipated since the issues at the meeting focused on routine matters such as orienting Committee members to the nature of documents they would receive. It was anticipated that future meetings, where much more significant issues would be addressed, would be more heavily attended. Mr. Sheppard noted that this assumption has obviously proved to be wrong. He noted that this will be dealt with in the future with larger rooms. (Note: By the end of the meeting, all community members present were able to attend the meeting. Estimated attendance was about 100.)

IV. Review of Documents and Processes

Mr. Sheppard reviewed the Committee's role and responsibilities. He stated that Committee members were individually appointed by City Council and charged with providing recommendations, advice and oversight to the City and Children's throughout the process of developing a new Master Plan proposal. In that capacity, members will receive many documents and they are responsible to read them, and at key points, provide their

formal comments and recommendations to the City and institution. He noted that members are appointed as individuals and not as formal representatives of any group, but that the main purpose of the Committee is to provide the perspective of the universe of constituents of the institution, such as user groups, the broader community, the surrounding neighborhoods, and those from the Institution itself. The goal of the entire process is to balance the need of the Institution to grow with efforts to minimize the impact on, and maintain the livability of, the surrounding neighborhood of such growth.

Mr. Sheppard passed out a listing of those documents that the Committee would be reviewing. A summary of that list is provided below. He also provided copies of similar products from other Major Institutions Master Planning Processes.

	Item	Seattle Municipal Code Citation	Form Provided
1	Preliminary Draft MIMP	SMC 23.69.032 D 6	Printed document
2	Preliminary Draft EIS	SMC 23.69.032 D 6	Printed document
3	CAC formal comments on preliminary Draft MIMP and Preliminary Draft EIS	SMC 23.69.032 D 7	Both verbal comments at the CAC meeting(s) and a written letter with attached meeting notes.
4	CHRCM written responses to compiled comments (Optional)	SMC 23.69.032 D 8	Written response to all parties
5	Draft MIMP	SMC 23.69.032 D 9	Formally published and distributed document
6	Draft EIS	SMC 23.69.032 D 9 and D 10	Formally published and distributed document
7	CAC formal comments on Draft MIMP and Draft EIS as a part of the compiled comments forwarded from DPD to CHRCM	SMC 23.69.032 D 11	Formal written report including comments and attached meeting notes.
8	Preliminary Final EIS	SMC 23.69.032.D.13	Printed document
9	Final Master Plan	SMC 23.69.032.D.15	Formal written report and part of the submission to the Hearing Examiner
10	Final EIS	SMC 23.69.032.D.15	Formal written report and part of the submission to the Hearing Examiner
11	Draft Report of the Director of DPD	SMC 23.69.032.E. 1 through 6	Printed document
12	CAC comments on the Draft Report of the Director of DPD	SMC 23.69.032 G1	Written comments
13	Draft Advisory Committee Report	SMC 23.69.032 F 1	Draft written document
14	Final Director's Report	SMC 23.69.032 G	Formal written report and part of the submission to the Hearing Examiner
15	Final Advisory Committee Report	SMC 23.69.032 G	Formal written report and part of the submission to the Hearing Examiner

Mr. Sheppard noted that there are some documents that have already been presented and are not included in the hand out, particularly the Concept Plan. That Concept Plan was a "first blush" schematic design of the project. He noted that the Committee has already commented on that document and on the proposed scope of the EIS.

Mr. Sheppard then went over the additional documents that will be provided to the Committee in the order shown on the hand out above.

Mr. Sheppard noted that the Committee will be generally provided with both the formal documents and preliminary versions of these documents. So, for instance, CHPMC will provide both a preliminary draft and draft Plans and DPD will provide EIS documents to the Committee. The Committee is expected to comment on both the preliminary draft and draft document. Often its comments on the preliminary documents are the most relevant since it is the intent that there be time and opportunity for the institution to more easily incorporate changes and modifications at that earlier point. These preliminary draft documents are normally provided primarily to the Committee and not broadly to the community. However all documents provided to the Committee are public and will be available for review at the Department of Neighborhood. Efforts will be made to assure that they are available upon request.

Mr. Sheppard also noted that about a month prior to formal transmittal of the preliminary draft documents, the Committee will receive either a progress draft or formal update from the Institution that will give the Committee an idea of the directions that CHPMC is heading. At the discretion of CHPMC, this can be in the form of a very preliminary draft, an issues letter or a verbal and visual presentation or a combination of the above. Committee comments are informal at this point and are provided to CHPMC.

After receiving any comments on the progress report and incorporating any changes that they deem appropriate, CHPMC will produce the preliminary draft plan and DPD will produce the preliminary draft EIS. Upon receipt of the preliminary draft documents, the Committee will have an opportunity to provide its formal comments. Again these comments are provided to CHPMC which will then proceed to development and publication of the draft Plan and Draft EIS. Mr. Sheppard noted that these two draft documents would normally be the first major document produced in other development processes, but is the second major document that the Committee will receive.

Upon publication of the draft plan and EIS, a public meeting is held. Normally this is jointly sponsored by the Committee, City and Institution and is the first major public hearing on the proposed plan. This coincides with the formal comment period for the EIS. Formal and detailed review, comment and recommendations are required from the Committee at this point. Public comments and formal agency (governmental group) comments are also provided. Often it is necessary for the CAC to hold sub-committee meetings to fully review each document. The Committee's comments are then compiled along with other comments and provided in detailed form to DPD who will combine them with all other comments received and send the compiled comments to the Institution and EIS consultant.

The Institution and EIS consultant then must produce a final Plan and final EIS. As with the draft documents, a preliminary final EIS is provided to the Committee for its review and comments. At the discretion of CHPMC they may also produce a preliminary final plan, but this is not absolutely required by the code. Mr. Sheppard said the Institutions must formally respond to the Committee's comments in the final EIS.

Mr. Sheppard stated that the next phase will be more formal. Three groups (City, Institution and the Committee) must provide formal reports that become the basis of the Hearing Examiner, City Council and Court appeals processes (if the latter occurs). These three reports are: 1) the Final Report of Director of DPD, 2) the Final Citizens Advisory Committee Report and 3) the Final Master Plan and EIS.

Following completion of the EIS and master plan, the Director of DPD will draft a full report with City recommendations. This report will be presented to the Committee in draft form. The Committee and Institutions are required to provide written comments on this draft, after which the DPD report will be made final. The Committee will then create their final report to the City. This report may agree or disagree with any provision of either the DPD or CHRM C reports. It will also include all meeting minutes and public comments received.

The Committee's Final report is adopted by vote of the Committee and represents a majority position. Departmental procedures also allow for one or more minority reports.

All three documents are then forwarded to the City of Seattle's Hearing Examiner. The Hearing Examiner will hold a major public hearing on this matter. This is often a many day affair during which the Institution, DPD, CHRM C, and any other interested party may present information concerning the proposed plan and request modifications to the plan. The Committee is a party of record in this hearing and it is assumed that its officers and/or representative will attend the hearing and present the Committees formal comments and recommendations. All Committee members will be encouraged to attend this hearing, but are not required to do so. Following this hearing, the Hearing Examiner will make a recommendation to the City Council in the form of Findings and Orders. The City Council will then consider the issue. The Council consideration is on the record provided from the Hearing Examiner, and a general public hearing is not required. The Council may adopt the master plan, deny it, change it, or send it back for further consideration. Once the City Council adopts the plan the Committee's job is done.

In response to questions from Committee members Mr. Sheppard noted that: 1) the Committee is authorized by the code to comment on the institution's need, but this comment can not slow down the process; and the committee is not constrained in its final report from recommending changes to the proposed plan outside of any of all alternatives.

V. Discussion of Committee Functions – Role of Chairpersons, Minutes and Correspondence.

A. Role of the Chair Person - Myriam Muller asked for clarification concerning the role of the chairperson generally and specifically around setting of the agenda.

Mr. Sheppard responded that the Chairperson is expected to facilitate the meeting, work through the agenda, call and recognize people and keep the meeting moving. The Chairperson will sign all correspondence on behalf of the Committee. Prior to formalizing any correspondence, it will be sent to the Committee by email for comment and approval and if needed correspondence will be brought back to the next meeting for approval. He said agendas are set with the Chairperson, City of Seattle DON staff and Children's simply because most of them relate to requirements in the Code. Any additional items on the agenda can be set up during this process as well. He said that efforts will be made to provide Committee members with preliminary draft agendas for their review and comment including suggestions for additional items to be considered prior to a draft agenda being put forward.

B. Approval of Minutes - Mr. Sheppard stated that meeting minutes will be adopted at each meeting. Minutes will be provided to members for their review and comment and approval generally at the start of the next meeting. He said the minutes will be posted to the Children's website as well as on file at the DON along with any handouts or attachments presented at that meeting. Anyone can request access to these files,

- C. **Future Tour of the Neighborhood and Campus** – Various Committee members suggested the Committee have a complete tour of the property and surrounding neighborhood. Ruth Benfield stated that this is a great idea and that she would coordinate this from the CHRCM end. She asked someone from the Committee to volunteer to help. Both Myriam Muller and Christine Barrett agreed to do so.

VI. Public Comment Period

The Chair called for public comment and requested that comments be limited to two minutes. She reminded everyone that there will be many more opportunities for public comment.

Comments of Jerry Sherrerd – Mr. Sherrerd noted that he has lived one block from the site for 36 years. When Children's Hospital moved here in the 1950s they said they would be a cottage hospital with little impact on the neighborhood. Since then they have impacted the neighborhood greatly, especially with the recent completion of a project with high rise equipment. He asked the Committee to think about the future, in which they may want to build 240' buildings, far beyond the scale of the community. He said 10 or 20 years from now, Children's will surely want to expand again and again. He wondered if the site could endure 50 story buildings in the future.

Comments of Michael Pearlman – Mr. Pearlman stated that he is very encouraged by the Committee's attempt to balance the needs of the institution and neighborhood. At the Scoping meeting last month, the institution described a need for increased beds over the next 20 years and he thinks they many agree with this. However, he suggested that the children of the region would be best served by building another campus closer to where population growth is occurring. He noted that the University of Washington is expanding their hospital campus on the Eastside or Marysville, regions closer to the growing population and that building on the existing buildings would be very expensive-as much as triple the cost of building on another site. Secondly, what would happen to the existing buildings during the 20-year construction process and if beds would actually be lost during this time, or, if they were relocated to another site, he asked why they don't relocate these beds permanently. Also, he said if the beds were to remain in the existing buildings during construction he wondered what the health impacts from the construction would be on patients and their families.

Comments of Kate Hemer – Ms. Hemer asked if there was really a need for increased beds. She said in 1980, institutional zoning was created which gave institutions "bonanza zoning", giving them the right to development without going through the Conditional Use process at that time, the idea being that if they were within a certain zoning they could have super heights, but they would go through this process with the Advisory Committee. She said each time Children's goes through this process they seem to double the number of beds requested. The institution's needs may be legitimate but the community impacts need to be considered as well. She asked the Committee to carefully question whether this expansion is justified.

Comments of Huda Giddens -Ms. Giddens said she is concerned about traffic and congestion as a result of this project. She wondered how the NE 45th Street entrance/exit might be affected since it is a two lane street. She asked how the excess traffic would be accommodated. She asked why Children's does not expand elsewhere, since this location has reached its capacity.

Comments of Brendon Mangan – Mr. Mangan commented that it sounds like according to the Scoping Document, the Hospital has one or more alternatives to scale back. He said this would be a good idea because the strong consensus in the community seems to be that the existing proposal is "out of whack". The Committee shouldn't spend much time discussing an alternative that simply won't work.

Comments of Rod Cameron – Mr. Cameron suggested that Children's also build satellite campuses, as University of Washington has already done. He said he does not look forward to decades of construction. He said the Safeco tower is 240' high and it would not fit in the neighborhood.

Comments of Lois Jones – Ms. Jones stated that if expansion must take place, she would urge the Committee to review information prepared for Laurelhurst Community Club which provides guidelines for Alternative Four. She said she supports the idea of having meetings in a larger venue at 6:30 PM so people have more time to arrive. She said the Committee should regularly solicit ideas and suggestions from all surrounding neighborhoods, not just Laurelhurst. She asked where community members can access Committee member's emails.

Comments of Larry Sinnott – Mr. Sinnott stated that he was a board member of Ravenna-Bryant Community Council. He stated that he wanted the record to reflect that the Ravenna-Bryant Community Council intends to closely follow this process. The Board also formally adopted a motion to in support of the Laurelhurst Community Club's Alternatives asking for reconsideration of height.

Comments of Greg Griffith - Mr. Griffith stated he agrees with previous comments. He noted that the development associated with this development would potentially add 4,000 employees to their work force. This could easily double traffic traveling through the Ravenna Bryant neighborhood. He said this neighborhood is not built, structurally, to accommodate this. He said he didn't know about this process until a month ago and he believes this is too late.

Comments of Matt McGinniss – Mr. McGinniss thanked the Committee for volunteering their time, Children's for their service, and the neighbors for coming out. He said he sent an email to Ms. Leigh last week about whether the Group Health Eastside hospital site has been considered as an alternative for expansion because this hospital will be abandoned by Group Health as they move to Overlake in Bellevue. He asked whether this site has been considered, and if so what the result was. He said this could be answered in another meeting or through other appropriate channels.

Comments of Andy Dale – Mr. Dale stated that he has also spent some time in Boston and he said he is concerned that Laurelhurst could look like Brookline, Massachusetts. He said they should understand the compromises that would be made. He said he was embarrassed by the Children's choice to bring these proposals to the community. He asked them to present other alternatives.

Comments of Susan Murdoch – Ms. Murdoch agreed with the previous speaker that Children's should propose a smaller expansion and she believes they are wasting their time because the proposal is too big and does not fit the neighborhood.

Comments of Mike Wayte – Mr. Wayte stated that he "was in charge of the helicopter" and noted his appreciation for everyone being here. Mr. Wayte received a standing ovation at this point. He said it seems like this institution thinks they have carte blanc and that they are not taking the fabric of the neighborhood into account. This could happen in any neighborhood in Seattle. He noted that he supports Children's mission but said they need to consider what legacy they will leave their kids and 100 years from now.

Comments of Joy Wayte – Ms. Wayte stated that she lives in a condominium and is concerned with the expansion because as a non-driver, she wants to keep the area pedestrian friendly. She said there are already problems with getting the existing people into the hospital. Also, she said there are drainage problems and she wonders what the environmental problems would be for a 20 story building.

Comments of Brian McMullen – Mr. McMullen stated that he concurred with previous comments and added that the Committee should challenge the boundaries about what they "can't" do and look at alternatives that

will support Children's need to expand. Also he questioned allowing this kind of growth in a single family neighborhood and the appropriateness and Children's motives for expansion. He noted that Children's is a very profitable corporation.

Comments of Molly Black – Ms. Black stated that the helicopter photograph was very helpful in showing the impact on the neighborhood. She recommended that Children's get computer generated overlay pictures over the existing photographs at various locations. She said this would provide a good visual tool to see the height, bulk and scale of the alternative proposals from various points in the neighborhood and give a true sense of the impact.

Comments of Jo Brown - Ms. Brown stated that the new Alternative Four mentions "expanding beyond existing boundaries", which she said would mean they would purchase the Laurel Terrace Condominium building in which she lives. She said any new buildings might be lower than 240' but would still have traffic impacts. She noted that Children's has indicated that they want to buy the complex. She finds this frightening.

Comments of Maria Ala-Harley - Ms. Harley stated that she has heard that the US is hiring 1 million Filipino nurses and she assumed Children's would hire some of these. She asked if this was true. She said she is 61 years old and construction would last 20 years and cause her stress.

Comments Elizabeth Mills - Ms. Mills stated that she appreciates everyone for coming out and asked the Committee to consider the impact on patients. She said it makes sense to have emergency facilities available for people living in other parts of the City.

Comments or Bill Short – Mr. Short noted that he was a 22 year resident, and said he understands this development is needed in order to meet Children's interest in providing for children's health care needs and he said he also support the neighbors' call to review other alternatives for development. He recommended that Committee members educate themselves on the operation and needs of Children's Hospital. He said there are some neighbors that support the hospital expansion and he hopes they can reach a compromise.

VII. Laurelhurst Community Club's Alternatives.

A. LCC Presentation

Karen Wolf recognized Ms. Jeannie Hale, president of the Laurelhurst Community Club, thanked everyone for coming out being willing to stay an extra time so that the Committee could hear both Public Comments and this presentation. Ms. Hale introduced Carol Eychaner, to provide the Committee and members of the public an overview of the Alternatives to the CHRCM proposal that the Community Club is requesting be evaluated.

Ms Eychaner thanked the Committee for allowing time for this presentation. She stated that she was a land use and community planner and had been asked to help the Laurelhurst Community Club with their evaluation of the Master Plan Concept. She said the comments that she was providing to the Committee are intended to address some concerns raised today and provide context to the Master Plan. She noted that she would: 1) very broadly go over the alternatives that have been provided in written; 2) discuss in somewhat greater detail the issues of vehicle access and boundary expansion; and 3) focus on the issue of possible reduced square footage of development in relationship to needs calculations. She noted that DPD has left the door open for new alternatives.

Ms. Eychaner stated that she has been commenting on EIS's for 20 years and this is the first time she has recommended that an applicant's proposal be retracted. The reason is that it is so "out there" – out of scale, and unprecedented elsewhere in the City. Of the other twelve institutions in the

City, six are in residential contexts and not one of those has a height more than 105.' Most of those have a 105' core with lower heights around the perimeter. The 240' height occurs only in institutions only in three instances and all three of these are on First Hill which is an urban center which is the most intense designation in our City's comprehensive Plan. Laurelhurst is not an Urban Village at all. She said the Committee shouldn't spend a lot of time analyzing something that is very inappropriate and without precedent in the City.

The purpose of identifying alternatives is to provide decision makers with meaningful information concerning choices that they could make at the end of the process. The Committee's role in making recommendations can be informed by the alternatives which explore a range of options so impacts can be evaluated. She presented to the Committee the DPD Director's recommendation on Children's 1994 Master Plan, which they are currently working under. She said the alternatives in the EIS included the following: No Action, Reduced Height, Reduced Concentrated Height, Open Space Buffer, Alternative for Parking Garage (one above and one below grade), Reduced On-campus Development, Reduce Proposed Development by 97,000 sq ft and finally, a proposal by Laurelhurst community Council. She said some of these were included in the Final EIS.

Ms. Eychaner then proceeded to a brief outline of the options that the LCC was putting forward. She noted that there were three options and that each has two alternates, so that there is a option 1 and 1a etc. Each of these options are similar in many ways but the main differences were height districts and whether there is a cap on development of square footage. She outlined the options as follows:

Option One looks at a build-out under the existing heights. She said this is different from the No Action alternative in that the No Build alternative assumes there would be no additional development other than that contemplated under the current Master Plan. The LCC Option One looks at development capacity that could be done under the existing heights, such as expanding slightly north along Penny Drive.

Option Two would contemplate an increase of the variable height area currently in the plan, to a uniform 90' height in this core area. The height of the Whale garage would remain 37'. The area north of Penny Drive would also stay a 37' height limit on the uphill half of the site, but would increase to 50' on the downhill to allow for potential development over underground parking.

Option Three is the same as option two but it allows for 50' heights in the entire area north of Penny Drive.

Ms. Eychaner noted that all of the three primary options have a development cap of 250,000 square feet, but that each options has an alternate (1a, 2a and 3a) that would not have any specific development caps.

Ms. Eychaner noted that all three options contain certain common features. Each contemplate neither boundary expansions nor addition of vehicle access from either NE 45th or NE 50th, nor vehicle access on the perimeter landscape buffers. She pointed out that Children's plan would propose roadways that would erode these buffers. There is an overall emphasis on maximizing underground development because land resources are so scarce. Each would realign Penny Drive and add improvements along Sandpoint Way to improve traffic flow.

Ms. Eychaner noted that a project element doesn't have to be specified in an alternative in order to be approved by City Council, but one should be careful because if City Council wants to change something not in the EIS they can only do so as long as impacts are within the range of those

evaluated. She said the vehicle access and boundary expansion should be included in any report alternative. She observed that she was "floored" that Children's would propose a 240' height and an increase of campus and related traffic based on 1.5 million square feet. Rather than find ways to mitigate that, CHRCM would actually extend traffic impacts further into the residential neighborhood. This would not balance Children's needs with the impact on the neighborhood. They should have an alternative that looks at growth on the campus, Penny Drive and not with new alternatives off residential streets, is important.

Also she said that the institution's boundary expansion to the Hartmann Property is also troubling. The Code discourages such expansion, and in this case the area proposed to be within the new boundary is not contiguous with the campus but leapfrogs Laurel Terrace to include Hartmann property. She said this would be a Pandora's Box for the properties in between. She asked DPD to not accept alternatives that include boundary expansions. She said this is highly discouraged in the code and she doesn't see any justification for this, especially in residentially zoned properties.

Instead, an alternative for the Hartmann property, which is currently zoned low-rise three with a 30' height limit as are the others around it, could be to rezone it to NC2-40', which she said is common in residential neighborhoods. She said this would allow Children's to develop on this site and for major institution uses they would have to go through the conditional use process without expanding the institutional boundary and requesting heights that are not consistent with uses around them.

Ms. Eychaner then reviewed the issue of need and a substantially reduced development alternative and passed out a summary of her comments. She noted that virtually all of those who commented on the alternatives in the Concept Plan identified a desire to see alternatives developed that included a reduction in the level of development. However in its scoping report DPD has eliminated substantially reduced development proposals, including those proposed by herself for 250,000 to 300,000 square feet, which they said was an additional 63 to 75 beds over the 250 beds. Their rationale was that any such development would "not attain or approximate the objectives that Children's has designed." She argued that this was not correct: she said their needs could be met if they were based on bed need as determined by the State Department of Health. SEPA states that "a proposal by a lead agency may be put forward as an objective as several alternative means of accomplishing a goal or particular course of action."

Ms. Eychaner stated that proposals should be described in ways that consider other alternatives. The Children's Master Plan that states their need to "meet growing demand for specialized pediatric health care services for children in the Pacific Northwest and to improve health care services with state-of-the-art facilities." The Department of Health issued Children's Certificate of Need which states that the number of beds needed in this category by 2020 is 315, which is 65 more than they currently have and a lot less than the proposed 550 or 600 beds. She said if they were to apply a design ratio of 4000 sq ft per bed this would result in 260,000 sq ft of new facility, while a design ratio of 3000 sq ft per bed would result in only 195,000 sq ft of new facility, both of which are achievable under the alternatives that LCC is putting forward.

Ms. Eychaner stated that since the LCC alternatives were rejected by DPD on the basis that they do not achieve the 600 bed and 1.5 million square feet of new development identified by Children's as their need, it is important to have a full understanding of how these needs were identified. The Certificate of Need process has a complex methodology and relies on populations and health care statistic for the entire state, Children's health services area which is all counties west of the Cascades and north of Pierce and Clallum counties, and Children's regional planning area. DOH's trends and forecasts are from the Department's comprehensive hospital abstract reporting system,

the State Office of Financial Management and the Oregon Department of Human Services, among others.

The trends cited in Children's Concept Master Plan are not based on DOH required methodology and do not use the same sources as DOH. She said Children's most recent Certificate of Need was given in May 2002 and increased their license for number of beds from 208 to 250. The methodology that DOH used resulted in an annual rate increase for Children's regional planning area of .4631%, much lower than state-wide annual rate of 3.0495% and much lower than the rates cited in Children's Concept Master Plan. She said DOH used this lower rate to project the lower use rate and that for Children's between 2001 and 2020. DOH projected there would be a gross bed need for only 315 beds in 2020 for Children's planning area. She said 295 of the beds would be for acute care and 20 would be for psychiatric care, which she added, are much lower than the 650 beds requested in Children's proposals.

There are no more recent figures because Children's has not submitted an application for Certificate of Need since 2002. Ms. Eychaner stated that DOH won't issue a Certificate of Need if the institution's request is much higher than their need as determined by DOH's methodology. She said Children's proposed bed number doesn't match their need. The proposed bed number rate increase in the Master Plan cites a study by the Child Health Corporation of America, a business-alliance of Children's hospital. The Master Plan goes through 2023, and if one applies the rate cited in the Master Plan of 3.1% every year, one would have 407 new beds, still less than the 550-600 proposed. If one multiplies 407 beds times 4,000 sq ft per bed, this would result in 628,000 sq ft of new facility, not 1.5 million sq ft. as proposed by Children's. She said the Master Plan also cited the admission growth rate into the Gates Ambulatory Care Building would have an 11% increase over four years. She said the number of beds in 2023 based on that rate would be only 133 additional beds and using the 4000 sq ft per bed design ratio, that would be only 532,000 sq ft.

In closing, Ms. Eychaner stated that she could find no state regulatory standard or design guidelines that justify Children's proposed square footage for development. The DOH staff said there was none. In additional research on recently constructed state-of-the-art children's hospital facilities, she said there was a wide range in square footage per bed, ranging from 1,451 sq ft per bed to 5,068 sq ft per bed. The square footage per bed is a highly discretionary figure and four of the seven hospitals in the articles she read had less than 3,000 sq ft per bed. She passed out a DOH analysis of Children's last Certificate of Need which shows the gross bed need of 295 beds.

Ms. Eychaner stated that it was ironic that Children's is appealing the Swedish Hospital's Certificate of Need for a new hospital on the Eastside. She wondered how Children's could challenge Swedish' bed need when Children is itself asking for 550 beds.

Ms. Eychaner received a protracted standing ovation.

B. Committee Discussion and Endorsement of Further consideration in the EIS of the LCC Alternatives

Jeannie Hale, president of the Laurelhurst Community Club again thanked the Committee for its attention to the issue and asked that the Committee consider writing letter a to DPD and DON asking that the alternatives developed by the Laurelhurst Community Group be included in the EIS for further study.

Myriam Muller moved:

That the Children's Hospital and Regional Medical Center Major Institutions Citizens Advisory Committee formally request that the LCC Alternatives, as presented to the Committee, be included in the EIS for study.

The Motion was seconded. Brief discussion followed.

Ms. Muller stated that in order to be fair and balanced a wider range of alternatives definitely need to be considered. Ms. Wolf noted that there were 14 members present. That constitutes a quorum and the Committee may therefore take a formal vote.

Karen Wolf restated that motion and called a vote.

The motion passed, 13 in favor none opposed, chairperson abstaining.

VIII. Discussion of Procedures for Future Meetings

A. Future CHRCM Presentations of their Model

The Committee Chair noted that Children's has indicated their intention to display the current model at various locations. They circulated a flyer advertising when they will show the model. It will be at Laurelhurst Community Center Oct. 13 at 12:30-2:30 and October 23 from 6:30-8:30pm.

Committee members asked that Ms. Eychaner be invited back to the next meeting so they will have time to ask questions. This will be on October 30, 2007. Children's will have an opportunity to respond to issues raised tonight.

B. Meeting Locations

Mr. Sheppard stated that the Committee will need to move their meeting locations to accommodate higher attendance. People should not be turned away for lack of space. Mr. Sheppard stated that he will look into booking a larger room for the next meeting. He noted that there have been many suggestions including at the 70th and Sandpoint, but there was concern that it is outside of Laurelhurst; other locations suggested have been the Elementary School or Community Center. He asked Committee members if there is a preference. Members expressed a preference for locations in or near Laurelhurst and not at 70th and Sand Point. Others noted that the room set up should be changed so that all Committee members could be facing the audience. Steve Sheppard noted that 100 people had signed the sign-in sheets, not including the committee members and staff, or any others who may not have signed the sheets. He estimated that the attendance had probably been nearly 130.

Mr. Sheppard said he would look for space in this area that can accommodate approximately this number of people.

C. Possible Agenda Items for the Next Meeting

Committee members asked that Ms. Eychaner be invited back to the next meeting so they will have time to ask questions. Karen Wolf noted that the meeting would tentatively be:

Tuesday: Oct. 30
Location: To be determined

The tentative agenda items may include: 1) Follow on Discussion of the LCC Alternatives, 2) Preview designs for ER, and 3) Possible Campus for tours.

D. Conduct of Future Meetings.

Various committee members expressed concern that protracted public comments might hamper their ability to complete their work. Steve Sheppard noted that all meetings are public and that no one should be turned away. Committee members responded that this might take so long that no committee work gets done.

Bob Lucas suggested that public comment be limited to no more than 15 minutes so that the Committee can get their work done. He noted that he did not want to cut off public comment, but that unless there is some reasonable limit the Committee will simply be unable to do its work.

It was moved and seconded that:

The public comment period at the regular meetings of Children's Hospital and Regional Medical Center Major Institutions Citizens Advisory Committee be limited to no more than 15 minutes

Discussion followed. Robert Rosencrantz stated that he was uncomfortable with this limit. In some cases this might be appropriate given the Committee agenda. For other meetings it might not. He suggested that 20 minutes be allocated.

Mr. Sheppard said other Committees have had 20 minutes for public comment, but during key meetings this has been extended.

The original mover accepted the amendment to change 15 minutes to 20 minutes as a friendly amendment. The chair restated the motion and called for a show of hands. The motion passed. 6 in favor 2 opposed.

IX. Adjournment

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