



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

DRAFT MEETING NOTES

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

Members

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

Ex-Officio Members

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

Meeting # 9 **April 15, 2008**

Talaris Conference Center
Cedar Room
4000 NE 41st Street
Seattle, WA 98105

CAC Members Present

Ruth Benfield (ex-officio)	Steve Sheppard, DON (ex officio)	Doug Hanafin
Delores Prichard	Bob Lucas	Karen Wolf, Chair
Myriam Muller	Cheryl Kitchin	Gina Trask
Wendy Paul	Shelley Hartnett	Scott Ringgold, DPD (ex-officio)
Robert Rosencrantz		

Others Present

See Attendance Sheets

I. Welcome and Introductions

Chair Karen Wolf called the meeting to order. Brief introductions followed. The agenda was reviewed and approved

II. Old Business/Announcements

- A. Delay of Emergency Department** - Ruth Benfield provided an update on behalf of Children's Hospital and Regional Medical Center (CHRMC) and referred the Committee to the handouts. She said that CHRMC has delayed the expansion of the emergency department and will study how they might use the remaining square footage in the existing Master Plan to develop additional beds more rapidly.
- B. CHRMC Property Purchases** – Ms Benfield also reported that inquiries continue to be received from local homeowners who desire to sell to CHRMC. CHRMC has already purchased some homes along 44th and 45th. The Board of Trustees has approved purchasing home along the border for two reasons: to support recruitment efforts with faculty and staff as there has been difficulty in finding housing nearby; and because neighbors who were worried about the development wanted to sell. With regard to the Laurelton Terrace property she said CHRMC is committed to work with the City, Laurelton Terrace and the community to replace the housing should they decide to expand onto Laurelton Terrace property.



Ms. Muller noted that some of the houses CHRCM has purchased have been seen for rent on Craig's List yet Ms. Benfield reported they were being purchased for faculty and staff.

Ms. Benfield responded she didn't believe they were advertising on Craig's List, that they are working with property managers and if they are seen on Craig's List to let her know. She said they are working hard to make sure they support the faculty and staff but to also not leave the homes vacant.

III. Continued Discussion of the Laurelton Terrace Alternative (Alternative 7)

A. Presentation of the Sub-committee Work

Ms. Wolf introduced subcommittee member Cheryl Kitchin who would present Laurelton Terrace alternative. She reminded Committee members that this was a briefing only and no action would be taken.

Ms. Kitchin presented on behalf of Katherine Hennings the Vice Chair and reiterated that this is not a decision-making stage. She stated that Alternative 7 is still conceptual but the basic idea is that no towers would go up on the old campus. All of 1.7 million square feet of proposed additional floor space would be constructed on the Laurelton site. Concurrently the Hartmann site would be redesigned to be lower and wider than previously shown. On the Laurelton site the first building would be a 5-level parking garage with two of those floors underground, holding approximately 1400 cars. The major structures would sit atop a base structure of two to three floors that would be administrative offices, possibly retail but would be ground level plus one level above. On the base would be three rectangular towers with the first one, approximately 130 feet tall somewhat lower than the second which might be as high as 160 feet tall; these run east west, the full width of the Laurelton Property. The third tower, still heading north, would run north-south and would be somewhat lower to keep the "wedding cake" format of height in the center. The towers would hold the new patient beds. The middle tower, the tallest, would be the first built though the parking lot would have to be built at the same time. The emergency department would move from the space facing Penny Lane to the middle tower with the ambulance access directly from Sandpoint Way. The helicopter landing would move to the top of the middle tower. The grade changes at Laurelton bring the tallest tower to no taller than the existing building is as it goes down the hill thus creating an even height line.

Ms. Kitchin said DPD requested conceptual views from different directions, how the new buildings would be phased in and nighttime lighting drawings for the new buildings and also how the lighting for the helicopter landing space would affect the neighbors. She said that consensus was gained for the 75 foot buffers and no new access for NE 45th or NE 50th Streets. There were many questions about traffic flows and with eliminating access on NE 45th and NE 50th how additional traffic on NE 40th and Sandpoint Way would be accommodated. She said the westernmost side of Laurelton would be the access point for the new garage. She noted there were many questions about getting around that narrow street and that has not been resolved. In addition Alternative 7 would have an a major presence along Sandpoint Way; it would have an urban village feel with retail shops along the west side of the base as well as Metro Bus shelters going both directions along Sandpoint Way. She said this could bring more pedestrian traffic along Sandpoint Way which necessitated further discussion about stoplights and crosswalks.

Ms. Kitchin observed that this solution does not offer new solutions to the traffic impact that previous alternatives offered to nearby streets and highways. Alternative 7 is an interesting configuration but there are many issues that still need to be worked out. This alternative still proposes an MIO of 160

feet across much of the west side of the whole development; even though 160 feet is only useful for the middle tower, with the MIO all along the west side would not preclude being able to building to 160 feet in the future all along west wide. She recommended looking very carefully at this.

Brief general discussion followed. Myriam Muller observed that the reduction to 160 feet is a good start but it is still too high for Sandpoint Way. It will have a looming presence there and may even be visible. Bob Lucas that the sub-committee had not endorsed a 160 foot MIO on the Laurelon Terrace site and that if a 160 foot height is proposed, it be limited to the footprint of one building.

B. CHRCM Responses to the Sub-committee Work and CAC Questions

Editor's Note: Much of the CHRCM development related to drawings and could not be converted to a written presentation easily.

Ms. Benfield presented a PowerPoint presentation on Alternative 7. She reviewed the square footage: 22 acres on existing property; 6.7 acres at the Laurelon Terrace property; and the Hartman property is 1.7 acres. This expansion allows lower density across the existing campus without having to build the higher buildings. Key characteristics of Alternative 7 include:

- Lower density
- No access n NE 45th or NE 50th Streets
- Less view impairment as new development is no higher than highest existing buildings (actual elevation)
- Moves activity toward Sand Point Way and away from single family residences
- Better transit access for community and Children's
- Better environment for patients, family and staff
- Reduced impact to existing hospital facilities, staff, patients, and neighbors during construction
- Construction will require less phasing and be of shorter duration

The emergency department is not expanding and they are looking to expand on the Train level to add 20 to 24 beds. Phasing of the project is key, and is yet to be determined; expansion will be incremental to match growth. She said 600 beds are not needed today but they are projecting over a twenty year timeframe.

Allyn, with ZGF Architects, provided an overview of existing MIO Districts and how CHRCM would develop if the Laurelon site was used. There would be no new development beyond that already allowed in the existing MIMP on the existing campus. There is about 80 – 100,000 square feet of new clinical space that would fit within the existing MIO which might be constructed. New development would be located entirely on the Laurelon site.

Allyn noted that the CAC subcommittee had put forth certain guidelines and recommendations for any possible Laurelon Terrace Alternative. These included:

- Retain 75 foot buffers along 44th, 45th and 50th
- No vehicular access off 45th or 50th; working on vehicular entrance at center of site which is sole for Emergency Department. Will look at impacts to 45th Street.
- Consider developing pedestrian orientation (retail etc) on south side of campus.
- Continue to further developing open spaces'
- Show phasing; they are not sure of the phasing yet but will come back to CAC.
- Analyze affect of lights
- Clearly identify both vehicular and pedestrian circulation

- Change zoning at Hartman property; they want to keep it under the MIO and are looking to develop it under the guidelines of the NC365 designation.
- 75 foot buffer around site; a little tighter on south end
- 37 MIO area is raised where grade is dropped

CHRCM will try to incorporate as many of these recommendations as possible, but not every recommendation can be accommodated totally. He noted that it was not possible to incorporate a 75 foot buffer along 44th, 45th and 50th. Much of this was able to be accommodated but not all. A part of the garage is projected to be closer than 75 feet. There is no longer vehicular access off of 45th or 50th. CHRCM is also still proposing to keep the Hartman property within the MIO.

Ms. Muller noted that the buffers or setbacks are narrower in some areas than recommended by the sub-committee. The architects responded that this is to allow for lower structure and to accommodate more parking. This allows them to separate parking from the hospital structure because they are not compatible uses. It also allows them to move the bed tower back up to 200 feet back from 45th. They plan a new entrance off 40th, a new light; transit shelters and access for municipal and shuttles are proposed. Penny Lane remains as it is; 4 story office on one side and some additional clinical below the existing height of the airplane building. The existing height of the G wing, stepped towers with 160 feet MIO for the highest building on the site with 10 floors and mechanical room.

Ms. Muller asked if the mechanical towers will be accommodated within 160 feet. Staff responded that the mechanical is allowed a % of space to extend above 160 feet in order to accommodate elevators and cooling towers etc.

Ms. Trask asked if retail uses would be incorporated along 40th and/or Sand Point Way. She also stated that she was concerned about the density of development along this area. Ms. Benfield stated that CHRCM hopes to create an active area along 40th and near Sand Point way. This would include transit stops, and retail business such as a news stands, coffee shops and some other amenities that staff and neighborhood could use. Ms. Trask asked if this would be geared toward servicing existing people, visitors rather than drawing more people in.

Ms. Benfield said it is within the master plan and while her major focus is adequate square footage to support the beds but would want amenities available to service staff, families and walk-in traffic as well.

Ms. Muller asked why the 160 feet would be no taller than the 90 at the top of the hill. The Architects responded that grade change allows a taller building that is in keeping with height limits and won't extend higher than the allowed height for the existing site.

Steve Sheppard noted that in the previous alternatives the greatest impacts were uphill and to the north and south. However, this would likely change under an alternative 7. The greatest aesthetic impacts would appear to fall on the immediate 40th Avenue and Sand Point way areas where heights along that street would be considerably greater than anything now in existence. He further noted that there may even be considerable impact west of the Burke Gilman Trail on 38th and 39th Avenues both as a result of development on the Hartmann Site and now from the proposed 160 and 130 foot development towards the west margin of the Laurel Terrace site. He urged the CAC members to carefully look at these issues. He also encouraged special outreach to people in those areas and observed that the voices of residents of Ravenna/Bryant have largely been absent from the process to date.

Ms. Benfield said the development faces Ravenna, Sand Point Way. The heliport will be on top of the building where the emergency department is and they need to work on phasing. The emergency department will need to be built in the first phase.

Ms. Muller asked if the heliport needed to be on the tallest building. Ms. Benfield reiterated it needed to go on the top of the building where the emergency department is located. It is not an FAA requirement to have the Heliport on the top of the tallest building; it needs to be on top of the building where the emergency department is located.

Ms. Trask said she likes the current direction and wondered how difficult it would be to lower the towers further. She suggested spreading out the towers over a parking and administrative base structure with four towers at 105 feet so there is just a little more height from 45th but it is not such a height from Sand Point across the way.

The Architects responded that placing hospital uses over parking is difficult. and the base has deep rooted functions that support and it is best to separate the two entirely as they are completely different functions. The intent is to move cars away from Sandpoint entry and create a secondary auto access that takes the heat off of the one entry. It would be great to think about spreading out but there are some risky and delicate things to consider. Ms. Muller noted that there are hospitals that sit on top of garages. Ms. Benfield responded that this has been done less since 911.

C. Transportation Issues

Paolo Nunes-Uemo, manager for transportation for CRHMC briefly presented a comprehensive mobility and safety plan, the goals of which are to reduce trips, reduce need for parking, and take a leadership role in climate change. He stated that CHRM C has created a flex bike program for employees; they have been able to use the E1 lot at University of Washington which takes cars out of Five Corners and off Sand Point. He noted that CHRM C is working hard to increase transit shuttles and that these routes may begin as early as September.

The goal in 2020 is to be where the comprehensive plan says the U-District is going to be, with only 30% of people driving: 1) reach University District goal by shuttling to transit hubs; innovative flex bike programs; parking management; 2) bike/pedestrian safety improvements; up to \$2 million to improve key connections and facilities; 3) lead a partnership to improve mobility and safety in area; contribute up to \$500,000 seed money for study; fund share of selected corridor and intersection projects.

Mr. Nunes-Uemo said the City has a goal for the University District to mode shift to make it easier to leave cars at home and to try other modes of transportation; the goal is 70% people not driving. CRHMC hopes to match that goal for 2020.

Mr. Nunes-Uemo stated that CHRM C pays 100% of employees bus passes and actually pays people to bike, bus, vanpool and carpool to hospital. The Hospital also has two full time parking enforcement employees who check in the neighborhood for any cars belonging to employees. CHRM C has a data base of employee cars, licenses and they will be ticketed if employees park.

IV. Public Comment:

Comments of Jeanne Sherman – Ms. asked Mr. Nunes-Uemo if they have looked at connections from Children's' to Burke-Gilman and safe crossing, pedestrian overpass to connect.

Comments of Larry Crites – Mr. Crites thanked the CAC for their work and said the progress is astounding. His concern is getting rid of new entrance on 45th and 50th and moving the tower downhill. He stated that he has friends living at Laurel Terrace and all of them seem pleased with the purchase.

Comments of Peter Buck – Mr. Buck stated that CHRM CAC has committed to will make a very significant contribution to other affordable housing. This is an opportunity for Laurelton residents to upgrade.

Comments of Elizabeth Nelson – Ms Nelson thanked the CAC for their service. She asked about the mechanical layer's impact to neighbors at the lowlands and said the equipment is noisy. She noted that as the buildings have become higher over the years the noise from the mechanical equipment on the tops of the buildings has become greater. The new buildings at 160 feet will have larger mechanical equipment and she wondered about alternatives to making mechanical more quiet. She asked if there were any alternatives that might reduce this impact. Ms. Nelson said the EIS said higher would be quieter but the reality is it is not so for neighbors; they would appreciate more attention to noise.

Ms. Benfield replied that sound attenuation is part of environmental impact statement; they will look carefully at this.

Comments of Peter Kraus – Mr. Kraus referred to the photo montage and said that there was no arrow from 50th Street showing elevations. He would like one from that angle be added (Windermere Circle) uphill where parking garages are.

Comments of Erica Swanson – Ms. Swanson said the area is in dire need of bus, pedestrian space, and retail. She is a Laurelton resident and said it will be hard to move but it is a great opportunity. She hopes they team up with City with transportation plan.

V. Next Meeting and Adjournment

Ms. Wolf said the next meeting will be May 6, 6:00 – 8:30 pm at Children's. Transportation workshop: committee members, public is invited; go into transportation with more detail. Two meetings after: May 20 and June 3 are tentative. Getting draft EIS and draft Master Plan, June 9; with meeting June 10, present from consultant about what is draft EIS. Meet June 24.

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