

# MAJOR INSTITUTIONS MASTER PLAN PROCESS

## SEATTLE CHILDREN'S HOSPITAL MAJOR INSTITUTIONS MASTER PLAN CITIZENS ADVISORY COMMITTEE

### Final Report And Recommendations

SUBMITTED TO:

City Council of the City of Seattle  
Hearing Examiner for the City of Seattle

February 3, 2009

This report is produced pursuant to Seattle Municipal Code Section 23.69, and contains the findings and recommendations of the Major Institutions Master Plan Citizen's Advisory Committee for the Seattle Children's Hospital Master Planning Process.



**City of Seattle**

Department of Neighborhoods  
*Connecting people, communities, and government*

**Gregory J. Nickels, Mayor**  
Stella Chao, Director

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## ACKNOWLEDGEMENTS

### Seattle Children's Hospital Citizens Advisory Committee Members

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Catherine Hennings, vice-chair  
Cheryl Kitchin, member  
Dolores Prichard, member  
Myriam Muller, member  
Kim O Dales, member  
Doug Hanafin, member  
Dr. Gina Trask, member  
Michael S Omura, member  
Wendy Paul, member  
Yvette Moy, member  
Robert Rosencrantz, member  
Bob Lucas, member  
Theresa Doherty, member  
Shelley D. Hartnett, member  
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Mike Wayte, alternate member  
Dr. Brice Semmens, alternate member  
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Cathy Higgins, past member  
Christine Barrett, past alternate member

### Seattle Children's Hospital

Ruth Benfield, ex-officio member

### City of Seattle

Steve Sheppard, ex-officio member, Department of  
Neighborhoods  
Scott Ringgold, ex-officio member, Department of Planning  
and Development

And all of those persons in our community  
who testified before the Committee and/or  
provided written reports and comments.

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

Seattle Children's Hospital  
Major Institutions Citizens Advisory  
Committee

February 3, 2009

## **Members**

Cheryl Kitchin  
Dolores Prichard  
Myriam Muller  
Kim O Dales  
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Dr. Gina Trask  
Karen Wolf  
Michael S Omura  
Wendy Paul  
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Hearing Examiner for the City of Seattle

Richard Conlin, President, Seattle City Council

Seattle Children's Hospital Citizen Advisory Committee Comments and Recommendations  
Concerning the Final Major Institution Master Plan for Seattle Children's Hospital.

Dear Hearing Examiner and City Council,

In accordance with SMC 23.69, the Seattle Children's Hospital Major Institutions Program  
Citizen's Advisory Committee (CAC) submits its comments and recommendations on the  
Major Institution Master Plan (MIMP) for Seattle Children's Hospital as outlined in the body  
of the report.

After holding a total of twenty six public meetings, and reviewing volumes of reports and  
letters both from those favoring the adoption of the Final Major Institutions Master Plan for  
Seattle Children's Hospital (Final Master Plan) and those opposing it, the CAC is pleased  
to recommend that:

**The Final Major Institutions Master Plan for Seattle Children's Hospital  
should be adopted by the City of Seattle, as modified by the  
recommendations listed in Section II of this report. This is identified as  
Alternative 7R**

## **Alternates**

Mike Wayte  
Dr. Brice Semmens  
Nicole Van Borkulo

## **Ex-Officio Members**

Steve Sheppard – DON  
Scott Ringgold – DPD  
Ruth Benfield – Seattle  
Children's Hospital

The CAC directed its efforts to what the proposed expansion would look like and  
particularly how the proposed development would fit with the surrounding neighborhoods.  
This process proved difficult given the size of the proposed expansion. From its inception  
the CAC, and others in the community have struggled to balance the scale of the  
proposed development and mission of the institution with the goal of protecting the  
livability and health of the surrounding neighborhoods.

The CAC has taken its task seriously. As a result its recommendations differ in certain  
areas both from those contained in the Seattle Children's Hospital Final Master Plan and  
from the Analysis, Recommendations and Determination of the Director of the Department  
of Planning and Development (DPD Report). Early in the process it became clear that  
there were disagreements within the community concerning the scale of development.  
There is a high level of support in the community for the mission of Children's and the  
specialized services it provides to children of the region. However, the hospital is already  
large and has both a major presence and impact on the surrounding neighborhoods. The  
proposal to expand this facility from 250 to approximately 600 beds,

and from 883,000 gross square feet to as much as 2,400,000 gross square feet caused concern among many in the community. Initial proposals to increase height on the campus from 90 feet to 240 feet caused similar concern. Some questioned the need for so much development or the prudence of locating most, if not all, of such specialized acute pediatric care at one location. As can be seen in a review of public testimony before the CAC, this disagreement continued through the process and others agreed with the hospital's expansion. Ultimately, after much careful deliberation, the CAC concurred with the proposed level of development put forward by Children's but with some very important conditions to ensure the livability of the surrounding neighborhoods.

The CAC's early comments were aimed at encouraging Children's to: 1) significantly reduce the height of the proposed development from 240 feet to below 160 ft and 2) consider an alternative that added less than one million square feet. To its credit, Seattle Children's Hospital responded with an alternative that reduced the proposed height to less than 160 feet. In part, the reduction in height was made possible by the decision of Children's to acquire the Laurelon Terrace Condominiums to the immediate west of the present Children's campus. However, Children's continues to request 1,500,000 new gross square feet of development for a total of 2,400,000 gross square feet of development authority as proposed in their Master Plan in order to meet the critical need for specialized acute pediatric care in our city, state, and region. This total square footage request is contained in the Final Master Plan as recommended by the CAC.

Both the Children's Master Plan and the DPD Director's Report, as forwarded to the Hearing Examiner appear to be in agreement. Both reports recommend a development that: 1) expands the boundaries of the Children's MIO to include both the Laurelon Terrace Condominium and the Hartmann properties; 2) authorizes a total of 2,400,000 gross square feet of development with a Floor Area Ratio of 1.9 in order to accommodate 500- 600 beds; 3) increases height from the present maximum MIO 90 to MIO 160 with an agreement to condition that height to a maximum of 140 feet; and 4) places additional emergency and patient parking access off of 40<sup>th</sup> Avenue NE.

The CAC's recommendations differ from both of these documents in the following ways:

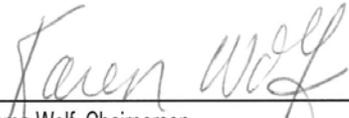
- **Overall Scale of Development** - The CAC accepts, for long range planning purposes, Children's total projected 2,400,000 square feet predicated upon their projected bed need of a total of 600 beds. However, given the great disparity in the conclusions of a variety of experts in this field, the CAC has recommended:
  - A reduced Floor Area Ratio (FAR)
  - A phasing plan that includes conditions related to justification of need prior to progressing to future phases; and
  - Restrictions on the leasing of space and/or location of any uses not directly related to pediatric care in any new space developed.

These topics are addressed in greater detail in the body of our recommendations.

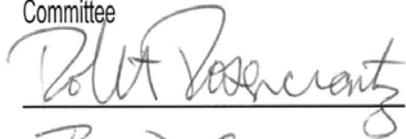
- **Boundary Expansions** – The CAC recommends significant additional conditions on the proposed expansion to the Hartmann Site;
- **Height** – The CAC recommends further reductions in heights on the Laurelon Terrace Condominium Site, including reductions from MIO 160 to MIO 50 for portions of the site and further conditioning of heights within the remaining MIO 160 to no greater than 125 feet on the southern portion and 140 feet on the northern portion of the MIO 160; and,
- **Access** – The CAC recommends greater restriction of the use on 40<sup>th</sup> Avenue. NE with the location of only one new campus access point from this street.

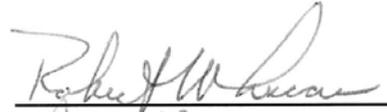
Thank you for the opportunity to comment on this proposal. The CAC looks forward to our continued work with Seattle Children's Hospital, community members, and City of Seattle staff.

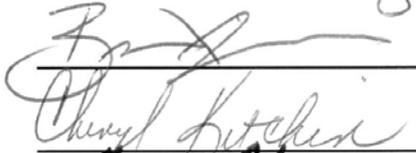
Sincerely,

  
Karen Wolf, Chairperson  
Seattle Children's Hospital  
Major Intuitions Citizen's Advisory Committee  
Committee

  
Catherine Henning, Vice Chairperson  
Seattle Children's Hospital  
Major Intuitions Citizen's Advisory  
Committee

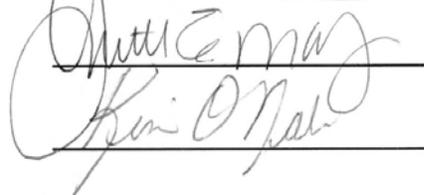


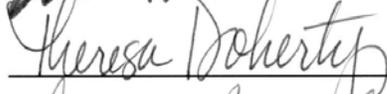








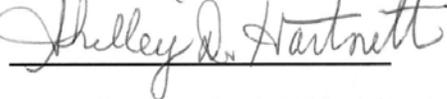












Members/Alternates, Seattle Children's Hospital Major Institutions Master Plan Citizen's Advisory Committee



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## Section I List of Recommendations

The following are the recommendations of the Seattle Children's Hospital Major Institutions Program Citizen's Advisory Committee (CAC).

**Recommendation 1** - The Final Major Institutions Master Plan for Seattle Children's Hospital should be adopted by the City of Seattle, as modified by the recommendation listed in Section II of this report. This is identified as Alternative 7R

**Restatement of Recommendation 4 for the purposes of the introduction**

**Recommendation 2** - The CAC strongly reinforces the Monitoring and Agency Oversight of Planned Development including the Content of Monitoring Reports and the MIMP Conditions for Master Use Permit (MUP) Awards as outlined on Page 69 of the Final Master Plan with the following additional requirements:

1. For all future development under the MIMP of phases 2 , 3 and 4; prior to the issuance of any MUP for any building construction, Children's shall provide documentation to the Standing Advisory Committee (SAC) and the City of Seattle Department of Planning and Development (DPD) clearly demonstrating that the additional construction requested is needed for patient care and directly related supporting uses by Children's, including administrative support;
2. No portion of any buildings on the Laurelhurst Campus or the Hartmann Building shall be rented, or leased to third parties that are not providing pediatric medical care or directly related supporting uses for all space occupied in the building. Exceptions may be allowed for commercial use consistent with underlying zoning at the pedestrian street level along Sand Point Way and within the campus buildings where commercial/retail services are needed/ warranted that serve the broader public; and,
3. Any changes to the conditions listed above by Children's shall be considered a major amendment to the Master Plan.

**Approved: 15 in favor, 0 opposed, 0 abstaining**

**Recommendation 3** - That the Floor Area Ratio (FAR) for the Seattle Children's Hospital be limited to a maximum of 1.5 for both the Main Campus and the Hartmann Site.

**Approved: 13 in favor, 1 opposed, 1 abstaining**

**Recommendation 4** - That Alternative 7R be the platform upon which the final approved Master Plan is based.

**Approved: 13 in favor, 1 opposed, 1 abstaining**

**Recommendation 5** - That the Expansion of the MIO Boundary to incorporate the Hartmann Site should be approved.

Approved: 9 in favor, 6 opposed, 0 abstaining

**Recommendation 6-** That extension of the MIO boundary to incorporate the Hartmann Site be conditioned as follows:

1. That all of the sequoia trees in the existing grove on the Hartmann Site be retained to the extent that they are healthy;
2. That in partnership with Seattle Children's, Seattle Department of Parks and Recreation, the Hawthorne Hills neighborhood and the Ravenna Bryant neighborhood, a connection between Sand Point Way and the Burke Gilman Trail be provided on the property;
3. That expanded setbacks, as described in the attached Figure I;
4. That a landscape/green screen be provided at the north, south and west edge of the site and that neighborhood input and review be sought during its design;
5. That Sand Point Way frontage streetscape and amenities be provided;
6. That the lot coverage be limited as described in the Draft Hartmann Chart. (55%);
7. That the height of the west façade of the building be no higher than the average grade of the Burke Gilman trail within 60 feet of the west property line;
8. That the a 40-foot setback be included along the north margin of the property, provided that such a setback may include pedestrian, bicycle and non-motorized vehicle access to the Burke Gilman Trail; and,
9. That the mechanical hat (penthouse) at the Hartmann Building be restricted to no more than 25% of the roof area and that it be shifted east toward Sand Point Way as far as reasonable.

**All Items except #8 Approved: 13 in favor. 2 opposed, 0 abstaining. Item #8 approved: 9 in favor, 6 opposed, 0 abstaining**

**Recommendation 7** – The heights shown in the Final Master Plan (Designated as Alternative 7R ) should be approved with the following major revisions:

1. The inclusion of a MIO 50 along the west side of the main hospital campus along 40<sup>th</sup> Avenue NE extending from NE 45<sup>th</sup> extending from NE 45<sup>th</sup> to Sand Point Way NE a minimum of 80 feet in width;
2. The inclusion of a MIO 50 along Sand Point Way NE from 40<sup>th</sup> Avenue NE to NE 50<sup>th</sup> Street a minimum of 30 feet in width;
3. The reduction of the MIO 160 conditioned to 140 that is shown on Figure 46 on page 65 of the Final Master Plan to cover only that area required to accommodate Phase 1 development and defined as that portion of the MIO 160 conditioned to 140 located north of an east /west line lying 350 feet north of the current south property line of the Children’s campus;
4. The further conditioning of that portion of the MIO 160 shown on Figure 46 on page 65 of the Final Master Plan south of an east /west line lying approximately 350 feet north of the current south property line of the Children’s Campus to a height of no greater than 125 feet as shown on the map below.
5. Limit floors above the podium to no more than five (5) floors for those bed towers running east and west and no more than six (6) floors for those bed towers running north and south
6. Limit and screen rooftop mechanical equipment areas to the degree practical while still supporting patient care programs with an upper limit of 30% roof coverage,
7. Establish an MIO of 65 for the Hartmann Site with setbacks as previously recommended by the CAC

**Approved: 12 in favor, 3 opposed, 0 abstaining**

**Recommendation 8**–The CAC broadly supports the Transportation Management Plan Elements as outlined in the DPD Director’s Report and including those elements noted in the bulleted items above and contained CAC Discussion Matrix as item #10, with the following additional provisions:

1. For the life of the Master Plan, Children’s will restrict the vehicle entrances shown on NE 45<sup>th</sup> Street and NE 50<sup>th</sup> Street to limited service access and emergency access only.
2. Children’s will work with the SAC to develop additional pedestrian and bicycle-only perimeter access points as well as designated pedestrian and bike routes through campus in order to allow the public to benefit from the new transit center and Burke-Gilman Trail connections.

**Approved: 14 in favor, 1 opposed, 1 abstaining**

**Recommendation 9** - Vehicle access to the main campus/Laurelon Terrace Condominium Site shall continue to be from Sand Point Way via Penny Drive, and may also include two additional access points:

1) a second on Sand Point Way; and 2) on 40th Avenue NE to serve either the emergency room or general parking garage but not both. If access for the Southwest parking garage is on 40th Avenue NE, it shall be designed so that vehicles entering and exiting the garage travel only on the portion of 40th Avenue NE that is north of the access point (thus avoiding travel on NE 45th Street east of Sand Point Way)

**Approved: 8 in favor, 4 opposed, 3 abstaining**

**Recommendation 10** - The CAC supports Seattle Children's Housing Replacement Plan in the proposed Master Plan with the following additional conditions:

1. Children's will work with the Seattle Office of Housing to establish a binding Memorandum of Agreement (MOA), contingent upon approval of the Master Plan by the Seattle City Council. The MOA for the construction of replacement housing will address the terms required for the replacement housing, including but not limited to: 1) location 2) eligible housing 3) eligible housing developers 3) concurrency 4) payment; 5) affordability 6) minimum number of units, square feet and bedrooms; 7) City approval requirements;
2. Children's obligation to provide replacement housing is not fulfilled until said replacement housing is completed and ready for occupancy;
3. The CAC strongly recommends the specific replacement housing project(s) be identified and the dollars encumbered prior to the date of the issuance of the Certificate of Occupancy for Phase One of the Children's expansion, subject to the provisions of the MOA;
4. To provide for a full range of housing options, the Seattle Office of Housing shall construct an open, fair and competitive bidding process available to for-profit and non-profit housing providers in the awarding of a contract [or contracts] for the development of replacement housing with such housing constructed on one or multiple sites;
5. In aggregate, the replacement housing shall contain at least 136 units of housing and at least as many bedrooms and square feet of housing as are currently contained at the Laurelton Terrace Condominium Site;
6. Eligible replacement housing shall include for-sale or rental housing that is affordable to households earning up to Area Median Income as established by the U.S. Department of Housing and Urban Development guidelines for the Seattle Metropolitan Statistical Area. The CAC strongly prefers the replacement housing be located in NE Seattle, and further strongly prefers it be located as close to Children's as is practical; and,
7. Children's and the Seattle Office of Housing shall endeavor to have identified a site or sites for the replacement housing prior to demolition of the Laurelton Terrace Condominiums.

**Approved: 15 in favor, 0 opposed, 0 abstaining**

**Recommendation 11-** The CAC supports the provision that a minimum of 41% of the total campus area at build out, as provided for in the Final Master Plan, and including the Hartmann Site shall be maintained as designated open space with the following conditions:

1. To the extent feasible, the open space should be provided in locations at ground level or in other spaces that are accessible to the general public.
2. No more that 20% of the designated 41% open space, or 8% total, shall be provided in rooftop open spaces.

**Approved: 12 in favor, 0 opposed, 1 abstaining 2 absent**

**Recommendation 12 -** That the following conditions be appended to the conditions related to the expansion of the MIO boundaries to the Hartmann Site, and applied to the Laurelhurst Condominium Site and where appropriate to other nearby uses surrounding both the Hartmann Site and the Children's campus:

1. The building is to be washed when construction is completed;
2. A system to keep dust from entering through windows and vents be implemented;
3. Building design be done in a way that the noise received in the surrounding community be no greater than present based on a pre-test of ambient noise levels conducted by Children's;
4. Traffic signal be in place at 40<sup>th</sup> NE before Phase I start;.
5. Annual noise monitoring be conducted by Children's;
6. Methods to reduce light and glare light pollution should be used at the Hartman Site
7. Legal assurances that the water table will not be changed to the detriment of the Laurelhurst Condominiums; and,
8. Assurance that construction workers will be precluded from using the Laurelhurst Condominium parking areas adjacent to the Hartmann Site.

**Approved: 14 in favor, 1 opposed,**



## Section II Recommendation to Adopt the Final Master Plan

Seattle Children's Hospital is an important institution and asset to the city, the state and the region. The entire region benefits from the highly specialized pediatric health-care services that the hospital provides. At its 26 public meetings, the CAC received many comments from persons living both in the immediate surrounding neighborhoods and the broader region attesting to their strong support for both the mission of the hospital and its need to expand. Children's expects continual growth over the next 20 years and Children's has proposed a Master Plan that will accommodate forecasted growth.

As a Major Institution located within a primarily residential neighborhood, the size and scale of the hospital is already large and clearly has substantial impacts on its immediate neighbors. The bulk, height and scale of the proposed expansion, along with its concurrent traffic and transportation impacts will be significant. The CAC received many comments from those living in the immediate surrounding neighborhoods who are concerned with these impacts. Some clearly questioned the need for such a large expansion and the prudence of locating all of this growth at this site. Many proposed that some additional development be allowed at this site but at a lesser scale. Others proposed that Children's consider expanding in a different location altogether. Still others supported Children's expansion on its existing site, especially once the Laurelon Terrace boundary expansion became an option.

The original proposal to accommodate all of Children's proposed development within the existing MIO footprint was seen by the CAC as having too great an impact on the surrounding neighborhoods. The CAC focused its initial efforts on reducing the proposed height and overall scale of development. The CAC entered into ongoing negotiations with Children's to reach a compromise solution that would meet both the needs of the institution and region while addressing the concerns of the surrounding neighborhoods.

Children's management repeatedly responded to the CAC's concerns by offering eight new alternatives. This was clearly an iterative process. While Children's did not at any time compromise on its request for sufficient long-term development authority to meet what it sees as the need for between 500 and 600 beds and up to 2,400,000 square feet of development, it made major changes to the proposed plan. These changes were made possible to a large extent by the decision of Children's to purchase the adjacent Laurelon Terrace Condominiums at a cost of approximately \$95,000,000 (more than three times its market value,) which represents a major financial commitment on the part of Children's. The majority of members on the CAC recognized the importance of this action and agreed that future consideration should be given to identifying an acceptable alternative that incorporated the Laurelon Terrace Condominium property.

From the CAC's perspective, the expansion of the MIO boundary to include the Laurelon Terrace Condominium property opened the door to an acceptable compromise by 1) focusing new growth at lower elevations and more directly connected to a principal arterial, 2) reducing heights to less than 160 feet, 3) eliminating access points originally proposed on NE 45<sup>th</sup> and NE 50<sup>th</sup> Streets, and 4) allowing the creation of a transit center along Sand Point Way NE for use by the Hospital and public.

<p><b>Recommendation 1</b> - That the Final Major Institutions Master Plan for Seattle Children's Hospital should be adopted by the City of Seattle, as modified by the recommendation listed in Section II of this report.</p>
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This recommendation is not without conditions. The bulk and height of the proposed development is still great and sufficient disagreement and uncertainty continued within the CAC over the issue of Children's need to expand and whether further conditioning of future development beyond that contained in the DPD Report was enough. Therefore the CAC has included a number of recommendations aimed at addressing these remaining issues which are covered in Section III of this report.

## Section III Recommended Modifications to and Conditions on the Adoption of the Final Master Plan

### The Issue of Need Overall Level of Development and Phasing

The Seattle Municipal Code Section Sections 23.69.025 and 23.69.032 D. 1. states that the intent of the MIMP shall be to balance the needs of the Major Institutions to develop facilities for the provision of health care or educational services with the need to minimize the impact of major institutions development on surrounding neighborhoods. And, that the Advisory Committee comments shall be focused on identifying and mitigating the potential impacts of institutional development on the surrounding community based upon the objectives listed in the major Institutions policies and Chapter 25.05, SEPA Children's has proposed the development of a 604 bed, 2,400,000 square foot facility. This represents an increase of 1,400,000 square feet to the existing facility. Children's existing campus is located in an area that is zoned primarily for low density residential around much of its proposed perimeter.

In trying to evaluate the balance between the needs of the hospital and the goal of maintaining the vitality and livability of the surrounding neighborhood, the CAC spent considerable time evaluating the issue of need. The overall level of proposed development is driven by Children's projections of future hospital bed needs. Data and studies were presented from Children's consultants that projected needs based upon various criteria, including the methodology used by the Washington State Certificate of Needs Program. The projected growth in the number of beds is:

336 Beds by 2012  
408 beds by 2017  
460 beds by 2019  
604 beds by 2024

Seattle Children's Hospital then applied an average 4000 gross square feet per bed standard to this need to arrive at their request for a granting of a total development authority of approximately 2,400,000 square feet.

The CAC received considerable testimony including supporting reports from groups that challenged this data. The Laurelhurst Community Club (LCC) retained the services of a consultant to prepare a separate study that projected a much lower need for beds than the need projected by Children's. The LCC study also relied on the methodology used by the Washington State Certificate of Need program, but made different assumptions in applying that methodology.. Both Children's and the LCC's consultants made presentations to the CAC regarding the need projections.

In response to the CAC's continued concerns about the discrepancies between Children's and LCC's projections, Children's has assured the CAC that the Hospital has no intention of building beyond actual needs. Further, the Seattle Municipal Code directs that the CAC may comment on the need and mission of the institution but that need not be used to delay the master planning process. Ultimately, the majority of the CAC concluded that they would accept Children's projections for the purposes of establishing long-range limits, with the understanding that this need will have to be justified and will be thoroughly vetted during the formal Certificate of Need process. The CAC recommends a phasing plan that includes further conditions on development beyond the initial 336 beds in 1,492,000 gross square feet of total campus development in Phase I as shown on pages 66 and 67 of the Final Master Plan.

The phasing recommendations contained in this report are key to the CAC's acceptance of the projected development. The CAC recommends, in the strongest terms, that these added conditions be incorporated into the Hearing Examiner's findings and forwarded to the Seattle City Council. These phasing recommendations are intended to modify the Monitoring and Agency Oversight of Planned Development including the Content of Monitoring Reports and the MIMP Conditions for MUP Awards as outlined on Page 69 of the Final Master Plan for Seattle Children's Hospital.

The CAC makes the following recommendations regarding phasing:

**Recommendation 2** - The CAC strongly reinforces the Monitoring and Agency Oversight of Planned Development including the Content of Monitoring Reports and the MIMP Conditions for Master Use Permits (MUP) Awards as outlined on Page 69 of the Final Master Plan for Seattle Children's Hospital with the following additional requirements:

1. For all future development under the MIMP of phases 2 , 3 and 4; prior to the issuance of any MUP for any building construction, Children's shall provide documentation to the Standing Advisory Committee (SAC) and the City of Seattle Department of Planning and Development (DPD) clearly demonstrating that the additional construction requested is needed for patient care and directly related supporting uses by Children's, including administrative support;
2. No portion of any buildings on the Laurelhurst Campus or the Hartman Building shall be rented, or leased to third parties that are not providing pediatric medical care or directly related supporting uses for all space occupied in the building. Exceptions may be allowed for commercial use consistent with underlying zoning at the pedestrian street level along Sand Point Way and within the campus buildings where commercial/retail services are needed/ warranted that serve the broader public; and,
3. Any changes to the conditions listed above by Children's shall be considered a major amendment to the Master Plan.

The intent of Recommendation 2 is to preclude the construction of building space for general research or other uses within the approved square footage in the event that a State Certificate of Need is not obtained. These conditions should be added to the Section MIMP Conditions for MUP Approvals on page 69. In addition the CAC recommends that the requirement statement on page 69 of the Final Master plan that reads

- State Department of Health (DOH) Certificate of Need is a requirement for each phase of new bed development. Where additional beds are proposed, this information would also be provided to the Standing Advisory Committee (SAC).

This statement should be rephrased and re-stated under the section MIMP Conditions for MUP approvals, both for clarity and to highlight its importance.

The revised conditions would read as follows:

#### **MIMP Conditions for MUP Approvals**

- Future projects developed under MIMP shall be subject to SEPA review and shall be reviewed to define project-level environmental impacts, such as construction impacts, operating noise, traffic, parking etc. and require mitigation as necessary;
- Previously undisclosed project-specific impacts may require specialized consultant studies and environmental addenda;

- Prior to the approval of the MUP for Phase 1 development, a Memorandum of Agreement (MOA) regarding implementation of the TMP shall be executed between the City and Children's to establish phased mitigation goals;
- Prior to the issuance of a certificate of occupancy for any phase of development where a State Department of Health (DOH) Certificate of Need is required, such a certificate shall have been issued and provided to the SAC; and,
- Prior to the issuance of any MUP for any building construction for any future development under the MIMP of Phases 2, 3 and 4; Children's shall provide documentation to the SAC and the City of Seattle Department of Planning and Development clearly demonstrating that the additional construction requested is needed for patient care and directly related supporting uses by Children's, including administrative support. Exceptions may be allowed for commercial use at the pedestrian street level along Sand Point Way and within the campus buildings where commercial/retail services are needed/ warranted that serve the broader public.

### Changes to these Conditions

- Any changes to the conditions listed above by Children's shall be considered a major amendment to the Master Plan

## Floor Area Ratio

The CAC voted 13-1 that FAR would be the means by which the CAC would determine the overall level of development allowed. One of the major ways that the total amount of development allowed on the site is determined is by the floor area ratio. This is the ratio of the total square feet of development divided by the area of the total site. Floor area ratio excludes certain spaces such as parking garages, mechanical spaces, and below grade spaces. What remains is termed "chargeable square footage". Children's requested a total of 2,400,000 square feet of development and requested a campus-wide FAR of 1.9. As stated earlier, the CAC struggled with the size of this proposal, but eventually accepted the 2,400,000 square feet as a long range limit subject to the phasing requirements listed above.

However, in looking at the FAR, the CAC discovered that a FAR of 1.9 would allow a total of 2,400,000 as chargeable square feet. This meant that the total square feet of development might be significantly greater than the 2,400,000 square feet as proposed and it would exclude the garages and major portions of the base structure "podium" upon which the phase I and III towers would sit. In reviewing documents, the CAC came to the conclusion that a minimum of 20% of the proposed development might be non-chargeable. Therefore the CAC is recommending that the FAR be reduced to no greater than 1.5 which would accommodate the 2,400,000 needed for the expansion.

**Recommendation 3** - That the Floor Area Ratio (FAR) for the Seattle Children's Hospital be limited to a maximum of 1.5 for both the Main Campus and the Hartmann Site.

## MIO Boundary Expansions

The Master Plan proposes two significant expansions of the MIO boundary : 1) to add the Laurelton Terrace Condominium Site that lies directly west of, and abutting the existing campus; and, 2) to incorporate the Hartmann Site that lies across Sand Point Way from the existing campus between Sand Point Way and the Burke Gilman Trail.

The Major Institution Code generally discourages the expansion of Major Institution boundaries, and further states that: 1) boundaries shall provide for contiguous areas which are as compact as possible within the constraints of

existing development and property ownership; 2) that appropriate provisions for the underlying zoning and surrounding areas shall be considered in determining boundaries; and 3) that preferred boundaries shall be street, alleys or other public rights-of way.

Expansion of the MIO boundaries is always contentious, and has been in this process as well, therefore the CAC focused considerable attention on these issues.

### **Recommendation of Alternative 7R - Extension of the Boundaries to Include the Laurelton Terrace Condominium Property**

Children's initially proposed to accommodate all of its development within its existing campus. This would have required development of towers up to 240 feet in height that would clearly have loomed above the surrounding area. Much of the community testimony focused on the unacceptability of this plan and at that time, Children's was provided with an opportunity to revise the plan significantly when the owner of the Laurelton Terrace Condominiums offered to sell the property to Children's. A tentative agreement was reached to consider the purchase of the Laurelton Terrace Condominium Site and in response to the recommendations of the CAC, Children's developed an alternative (Alternative 7R) that incorporates the Laurelton Terrace Condominium Site into the Master Plan, beginning with the Phase I of development. The demolition of the Laurelton Terrace Condominiums will result in the loss of 136 housing units, that will require mitigation and will shift the impacts of the proposed expansion to the west. It will have the following significant benefits:

- Allow Children's to spread out the proposed new development and eliminate any increase of heights on the existing campus;
- Reduce the overall height of all new development to less than 160 feet and keep the height of new facilities to an elevation lower to or similar to the buildings on the existing campus;
- Eliminate proposed new campus access from NE 45<sup>th</sup> and NE 50<sup>th</sup> Streets;
- Place the majority of development along a major arterial and away from surrounding single-family neighborhoods; and,
- Create a new transit center along Sand Point Way.

Given these considerations, the CAC carefully evaluated the early Laurelton Terrace development option (Alternative 7R) and recommends as follows:

**Recommendation 4** - That Alternative 7R be the platform upon which the final approved Master Plan is based.

It should be noted that endorsement of this alternative is a recommendation for the boundary expansions to include the Laurelton Terrace Condominium Site.

### **Recommendation of Extension of the MIO Boundary to Include the Hartmann Site**

Expansion of the boundary to include the Hartmann Site to the west and across Sand Point Way was included as an option from the inception of the CAC process. The Hartmann Site is already owned by Children's and is currently zoned L3 but the construction and use of the building currently on the property as a medical clinic predates that zoning. It abuts Sand Point Way and is separated from Children's by that major arterial. According to the evaluation of DPD, it is technically contiguous to the Laurelton Terrace Condominium Site directly at the intersection of 40<sup>th</sup> Avenue NE and Sand Point Way NE.

The CAC struggled with this proposed expansion and public testimony included many comments in opposition to the extension of the boundary. Members of both the CAC and the public who opposed this expansion raised the following points: 1) Extension of the MIO boundary to this property would "leapfrog" across Sand Point Way and could set a precedent for future expansion by Children's or other similar institutional uses to nearby properties; 2)

the property could be developed by requesting a conditional use allowed by the existing L-3 zoning or a re-zone to NC-3; and, 3) the proposed re-development of the property would negatively affect properties across the Burke Gilman Trail.

Those favoring the expansion raised the following points: 1) Extension of the boundary would allow a more attractive and creative re-development of the property; 2) development under the MIO Code would provide both the current CAC and future SAC with greater influence over future development on the property, including building designs; 3) development under the MIO would allow better connections to the Burke Gilman Trail and the development of the proposed transit center.; and, 4) location of some of the square footage needed by Children's on the Hartmann Site would reduce the height, bulk and scale of development on the main campus.

After much consideration and discussion, the Citizen's Advisory Committee makes the following recommendations:

**Recommendation 5** – That the Expansion of the MIO Boundary to incorporate the Hartmann Site should be approved.

#### **Additional Conditions on expansion of the MIO Boundary to the Hartmann Property**

The CAC agreed, however, that there should be significant additional conditions on the boundary expansions to the Hartmann Site. The CAC also concluded that development on this property has the potential to negatively impact adjacent properties to the north and south and particularly to the west on the streets directly adjacent to the Burke Gilman Trail. For these reasons, the CAC is recommending the following conditions that are intended to reduce the bulk and scale and other impacts of development on this site.

**Recommendation 6** - That extension of the MIO boundary to incorporate the Hartmann Site be conditioned as follows:

1. That all of the sequoia trees in the existing grove on the Hartmann property be retained to the extent that they are healthy;
2. That in partnership with Children's, Seattle Department of Parks and Recreation, the Hawthorne Hills neighborhood and the Ravenna Bryant neighborhood, a connection between Sand Point Way and the Burke Gilman Trail be provided on the property;
3. That expanded setbacks, as described attached Figure I
4. That a landscape/green screen be provided at the north, south and west edge of the property and that neighborhood input and review be sought during its design;
5. That Sand Point Way frontage streetscape and amenities be provided;
6. That the lot coverage be limited to 55% as described in the Draft Hartmann Chart;
7. That the height of the west façade of the building be no higher than the average grade of the Burke Gilman trail within 60 feet of the west property line.
8. That the a 40-foot setback be included along the north boundary of the property, provided that such a setback may include pedestrian, bicycle and non-motorized vehicle access to the Burke Gilman Trail; and,
10. That the mechanical hat (penthouse) at the Hartmann Building be restricted to no more than 25% of the roof area and that it be shifted east toward Sand Point Way as far as reasonable.

The effect of these conditions is shown on the following figures:

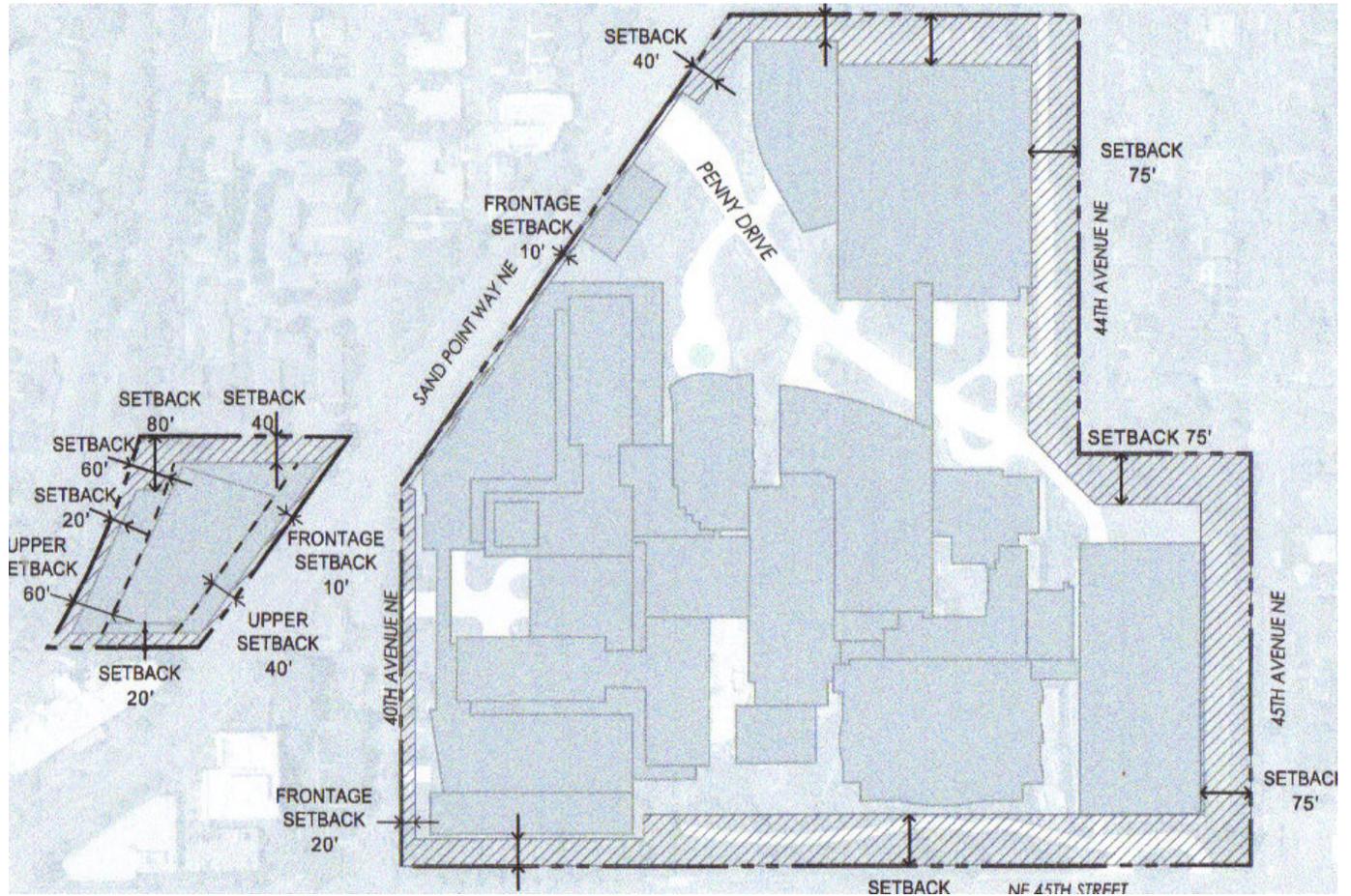


Figure I  
MIO Boundaries and Setbacks

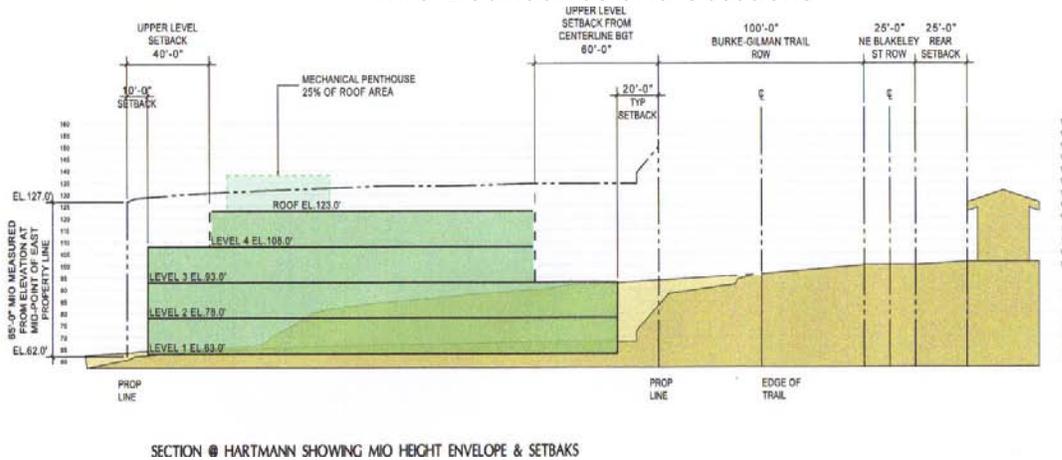


Figure II

## Section Through Hartmann Illustrating CAC recommendation

### MIO Heights and Transitions

Height and bulk have remained controversial throughout this process. Children's initially proposed heights up to 240 feet located in the center of the present MIO. Due to elevation changes across the site, this created three (3) very tall towers that loomed over the surrounding neighborhood. The CAC and many others commented negatively on this alternative. Children's revised this alternative and was able to reduce height to 160 feet. However this height was still considered problematic by many. Following significant additional work with the CAC, Children's came forward with a major revision, Alternative 7

The incorporation of this alternative represented a significant compromise and concession from Children's. Supporters of this alternative thought that there were many advantages including:

- Reduced maximum heights from 240 feet to 160 feet;
- Shifted the greatest height to the westerly portion of the site closest to commercial development and at a lower elevation; and,
- Resulted in no portion of the proposed buildings rising to an elevation higher than the highest point of any existing building on campus.

However the alternative presented it own set of height and bulk issues, including:

- By placing tower development closer to the boundary along Sand Point Way, the character of that street was changed. (see figures A29 through A32 in Attachment C1 of the Final EIS);
- Given the proposed heights, the towers running east-west, and especially the south tower to be built in Phase 3, there is some blockage of private views of Mt. Rainier from the Ravenna Bryant hillside. (It should be noted that while private views are not protected by law in the City's SEPA policies, both the CAC and Children's were sensitive to this issue.); and,
- The loss of the green spaces in Laurelton Terrace changed the general feel of the area from open and green to built and urban.

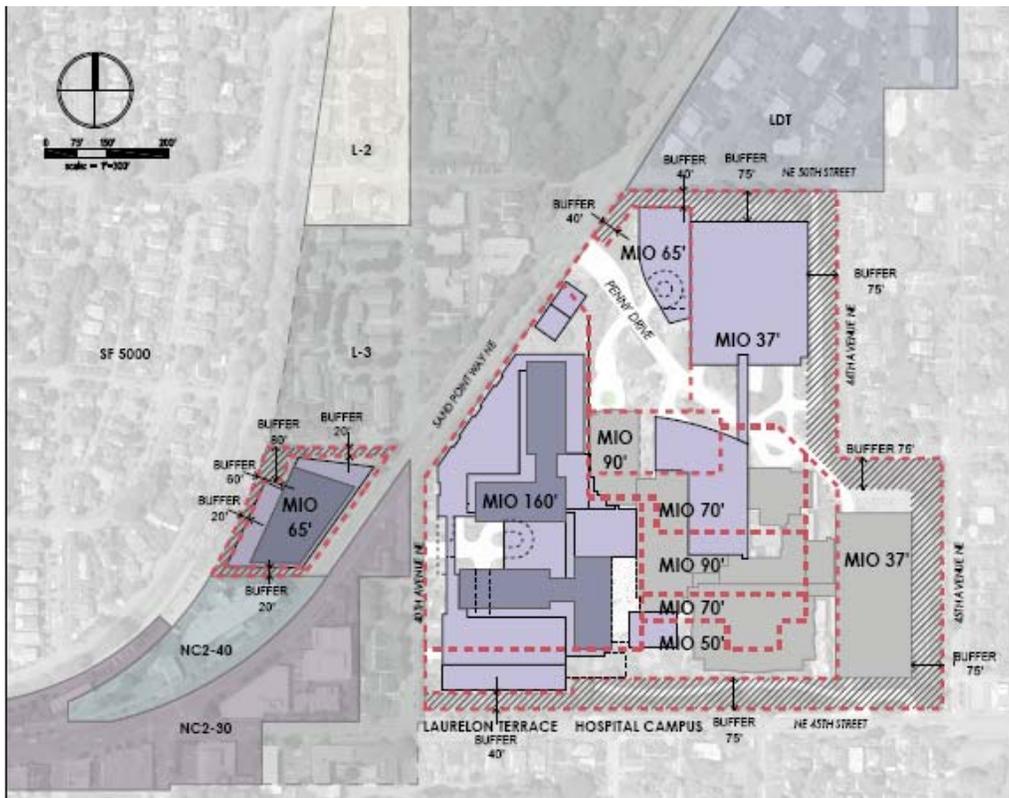
Others who did not support Alternative 7 expressed the following concerns: 1) the blockage of views from the Bryant neighborhood; 2) the impact of development on the Hartmann Site; 3) the impact of Children's development on the Sand Point Way streetscape and along 40<sup>th</sup> Avenue NE; and, 4) the location of the entry to the emergency room and the South Garage off of 40<sup>th</sup> Avenue NE.

The CAC formally commented to Children's on July 25, 2008. The CAC supported the designation of Alternative 7 as the preferred alternative for further discussion, but recommended modifications and revisions to:

- Spread some of the development currently placed on the Laurelton Terrace Condominium Site to the existing campus with at least some of the development moved north of Penny Drive;
- Reduce the height of the proposed three towers either by going underground or building above the proposed southeast garage;
- Stair-step the height of the buildings down toward all of the boundaries of the campus including on the Laurelton Terrace Condominium Site; and,
- Identify various design or other techniques to significantly reduce the height of the identified development for all the buildings facades that front 40<sup>th</sup> Avenue NE and NE Sand Point Way to create a more "pedestrian-friendly" entrance to the hospital.

In response to these comments, Children's created a revised Alternative 7R as shown in Figure III. This revised alternative responded to many of the CAC concerns as follows: 1) the higher schematic development was shifted

into the existing campus and a stair stepping of the building towards the perimeter was included; and, 2) greater development was placed underground thus allowing heights to be reduced from 160 feet to 140 feet. These changes eliminated or reduced some of the private view blockage of Mount Rainier from the Bryant Hillside.



**Figure III**  
**Alternative 7R as Proposed by Seattle Children’s in the Final Master Plan**

Public testimony continued to focus on the height issue. Even under Alternative 7R, some members of the public advocated for a height limit of MIO 105 for the area identified as MIO 160. The rationale was that this was more consistent with the maximum heights allowed for other major institutions situated in low-density residential neighborhoods and outside of urban villages. Members of the CAC struggled with this issue as noted in the meeting minutes.

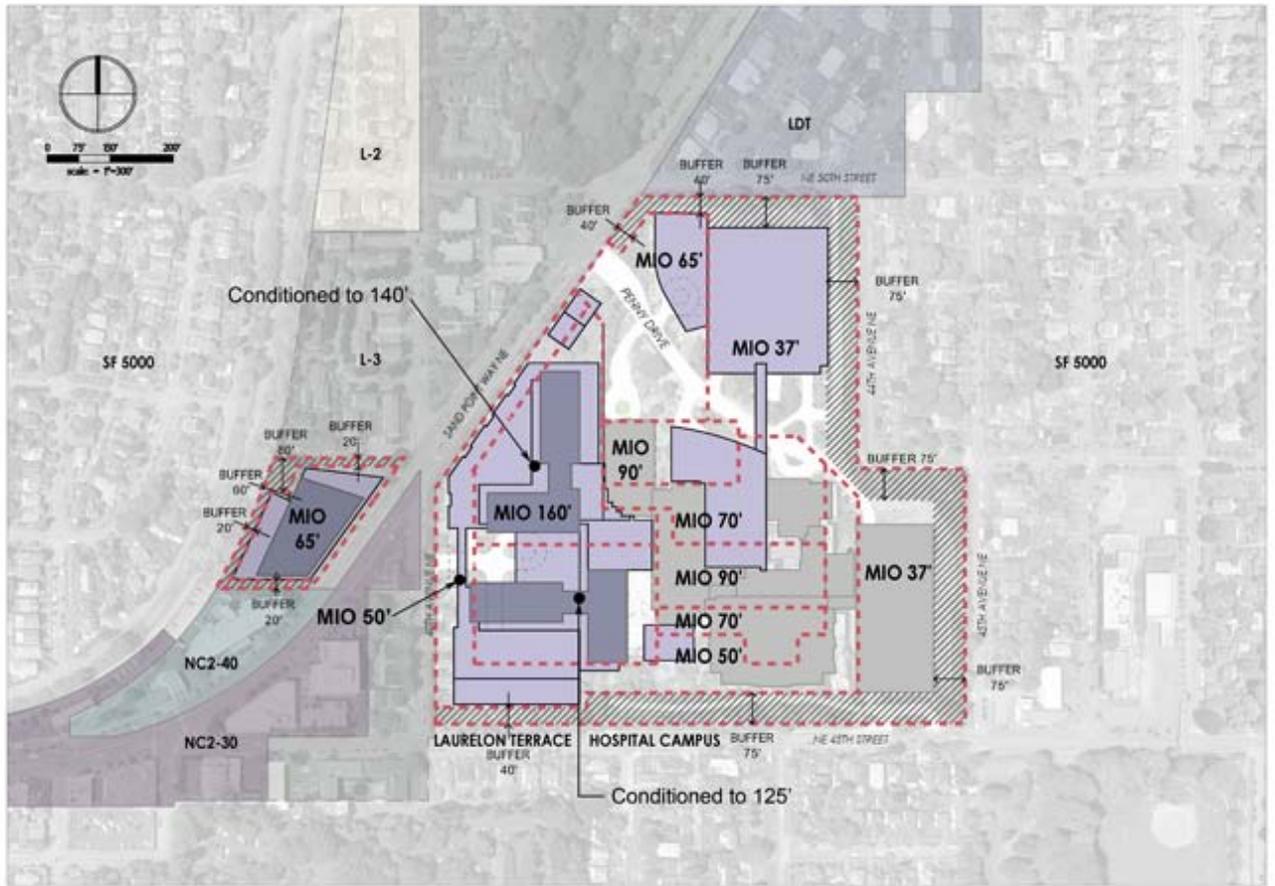
Efforts were made by Children’s to examine additional compromises to reduce height, including decreasing the size of mechanical penthouses, increasing projected floor plates to allow fewer floors, etc. But ultimately the CAC concluded that a reduction to MIO 105 would not appear to allow Children’s with the flexibility needed to accommodate their proposed growth proposed in the Final Master Plan

The CAC further understood that the building footprints shown in the Final Master Plan are conceptual only and that buildings could be placed anywhere within the building envelopes established by the heights and setbacks. For this reason, the CAC decided to recommend reducing the building envelope to more closely align with the conceptual designs in the Final Master Plan to ensure that views from surrounding neighborhoods are preserved as shown in the Plan and that the impacts of the size of the proposed buildings are mitigated.

The recommended changes are listed in recommendation 7 and shown on Figure IV below

**Recommendation 7** – The heights shown in the Children’s Final Master Plan (Designated as Alternative 7R ) should be approved with the following major revisions:

1. The inclusion of a MIO 50 along the west side of the main hospital campus along 40<sup>th</sup> Avenue NE extending from NE 45<sup>th</sup> to Sand Point Way NE a minimum of 80 feet in width;
2. The inclusion of a MIO 50 along Sand Point Way NE from 40<sup>th</sup> Avenue NE to NE 50<sup>th</sup> Street a minimum of 30 feet in width
3. The reduction of the MIO 160 conditioned to 140 that is shown on Figure 46 on page 65 of the Final Master Plan for Children’s to cover only that area required to accommodate phase 1 development and defined as that portion of the MIO 160 conditioned to 140 located north of an east /west line lying 350 feet north of the current south property line of the Children’s campus;
4. The further conditioning of that portion of the MIO 160 shown on Figure 46 on page 65 of the Final Master Plan for Children’s south of an east /west line lying approximately 350 feet north of the current south property line of the Children’s campus to a height of no greater than 125 feet as shown on the map below;
5. Limit floors above the podium to no more than five (5) floors for those bed towers running east and west and no more than six (6) floors for those bed towers running north and south;
6. Limit and screen rooftop mechanical equipment areas to the degree practical while still supporting patient care programs with an upper limit of 30% roof coverage; and,
7. Establish an MIO of 65 for the Hartmann Site with setbacks as previously recommended by the CAC.



**Figure IV**  
**Alternative 7R - With Recommended CAC Modifications**  
**Transportation , Access and Parking**

Transportation issues were raised early and often in the process, as the CAC members believed that an increased volume of traffic resulting from the expansion will have significant impacts on the surrounding neighborhoods and NE Seattle in general. After reviewing preliminary information, the CAC determined that it would like to have an independent analysis done of the traffic and transportation elements of the proposed Plan. The CAC approached Children's with a request that Children's fund an independent consultant who would report to the Chair of the CAC. Children's agreed and Marni C. Heffron with Heffron Transportation Inc. was retained to complete this analysis.

Most of the CAC's comments and recommendations on the transportation elements in the Draft Master Plan were based on the report prepared by Heffron Transportation Inc. The majority of these recommendations were incorporated by Children's into the Comprehensive Transportation Management Plan that is a part of the Final Master Plan and are included in the Recommendations and Determination of the Director of DPD. They are summarized as follows:

- Onsite improvements will include a shuttle hub, an enhanced campus pathway to connect to transit along Sand Point Way NE and/or 40<sup>th</sup> Avenue NE, and, bicycle parking;
- Near-site improvements will include working with Seattle Department of Transportation (SDOT) and the Washington State Department of Transportation (WSDOT) to improve intersections such as Penny Drive/Sand Point Way NE and 40<sup>th</sup> Avenue NE/Sand Point Way NE; improve connectivity between the Burke-Gilman Trail and Children's; enhance the Sand Point Way NE street frontage;
- Children's will provide off-site parking that reduces the level of required parking on site and reduces impacts on NE 45<sup>th</sup> Street, Sand Point Way NE, and Montlake Blvd/SR 520 interchange area;
- Children's shall enhance its TMP to achieve a 30% single occupancy vehicle (SOV) mode split goal or lower;
- Children's will contribute its fair share to the future installation of traffic signals at 40<sup>th</sup> Avenue NE and NE 55<sup>th</sup> Street and at 40<sup>th</sup> Avenue NE and NE 65<sup>th</sup> Street;
- Children's will contribute \$500,000 to build Intelligent Transportation System improvements through the corridor from Montlake Blvd and NE 45<sup>th</sup> Street to Sand Point Way NE and NE 50<sup>th</sup> Street;
- Children's will contribute a pro rata share of the Northeast Seattle Transportation improvement projects identified from the University Area Transportation Action Strategy, the Sand Point Way NE Pedestrian Study, and the City of Seattle Bicycle Master Plan. This amount is estimated at approximately \$1,400,000 or approximately \$3,955 per bed (adjusted for inflation as beds come online); and,
- In coordination with SDOT, Children's will contribute \$2,000,000 for pedestrian and bicycle improvements in Northeast Seattle over the timeframe of the Master Plan development.

**Recommendation 8**—The CAC broadly supports the Transportation Management Plan Elements as outlined in the DPD Director's Report and including those elements noted in the bulleted items above and contained CAC Discussion Matrix as item #10, with the following additional provisions:

1. For the life of the Master Plan, Children's will restrict the vehicle entrances shown on NE 45<sup>th</sup> Street and NE 50<sup>th</sup> Street to limited service access and emergency access only.
2. Children's will work with the SAC to develop additional pedestrian and bicycle-only perimeter access points as well as designated pedestrian and bike routes through campus in order to allow the public to benefit from the new transit center and Burke-Gilman Trail connections.

Special attention was given to the proposed new access and egress points on 40<sup>th</sup> Avenue NE. This street provides access to Sand Point Way northbound for many residents of the Laurelhurst neighborhood. Testimony to the CAC included concerns that the multiple access points to the Emergency Room and the Southwest Garage would result in congestion on this street. The CAC struggled with this issue. Ultimately the majority of the CAC concluded that only a single new campus access point should be developed along 40<sup>th</sup> Avenue NE and that any additional new access should be accommodated either from the existing Penny Drive entrance or from a second entry off of Sand Point Way south of Penny Drive.

**Recommendation 9** - Vehicle access to the main campus/Laurelon Terrace Condominium Site shall continue to be from Sand Point Way via Penny Drive, and may also include two additional access points: 1) a second on Sand Point Way; and 2) on 40<sup>th</sup> Avenue NE to serve either the emergency room or general parking garage but not both. If access for the Southwest parking garage is on 40<sup>th</sup> Avenue NE, it shall be designed so that vehicles entering and exiting the garage travel only on the

portion of 40th Avenue NE that is north of the access point (thus avoiding travel on NE 45th Street east of Sand Point Way)

## Housing Replacement

The proposed plan calls for demolition of 136 units of existing housing at the Laurelon Terrace Condominiums. Early in the CAC process, the CAC toured Laurelon Terrace, spoke with some of its owners and toured some of its units. At its meetings, the CAC received significant input from representatives of the Northeast District Council and housing providers who wanted to participate in the development of replacement housing as well as from community members Laurelon Terrace Condominium owners.

If Children's purchases the Laurelon Terrace Condominium Site, the institution will meet its housing replacement responsibilities related to the demolition of the Laurelon Terrace Condominiums, in accordance with SMC 23.34.124(B7) as follows: "New or expanded boundaries shall not be permitted where they would result in the demolition of structures with residential uses or change of use of those structures to non-residential major institution uses unless comparable replacement is proposed to maintain the housing stock of the city." Children's has agreed to contribute at least \$5,000,000 as its financial portion for the replacement of the Laurelon Terrace Condominium units.

Laurelhurst and the surrounding area do not have substantial amounts of affordable housing. The loss of any affordable housing in the area is of significant concern. It is unlikely that a parcel of developable land similar in size to that of Laurelon Terrace [seven acres] can be found in the area immediate adjacent or nearby the Children's campus. Although higher-density development would allow construction of 136 units on a smaller parcel of land, that is not an option that many in the community view as an attractive alternative.

The framework for developing the replacement housing is contained in No. 4 of the Recommendation 10. It is important to note that Adrienne Quinn, Director of the Seattle Office of Housing, committed unconditionally to allow all housing developers equal opportunity to develop the replacement housing. Mark Ellerbrook of the Office of Housing reiterated this commitment in his public testimony to the CAC on January 27, 2009. It will be important for the SAC to monitor this requirement of the Housing Replacement Plan.

The Committee ultimately decided to endorse a replacement housing plan that may result in construction of the 136 replacement units in more than one housing development. The CAC placed a number of conditions on its approval and adopted it unanimously.

**Recommendation 10** - The CAC supports Seattle Children's Housing Replacement Plan in the proposed Master Plan with the following additional conditions:

1. Children's will work with the Seattle Office of Housing to establish a binding Memorandum of Agreement (MOA), contingent upon approval of the Master Plan by the Seattle City Council. The MOA for the construction of replacement housing will address the terms required for the replacement housing, including but not limited to: 1) location 2) eligible housing 3) eligible housing developers 3) concurrency 4) payment; 5) affordability 6) minimum number of units, square feet, and bedrooms; 7) City approval requirements;
2. Children's obligation to provide replacement housing is not fulfilled until said replacement housing is completed and ready for occupancy;
3. CAC strongly recommends the specific replacement housing project(s) be identified and the dollars encumbered be completed prior to the date of the issuance of the Certificate of Occupancy for Phase One of the Children's Hospital expansion, subject to the provisions of the MOA;

4. To provide for a full range of housing options, the Seattle Office of Housing shall construct an open, fair and competitive bidding process available to for-profit and non-profit housing providers in the awarding of a contract [or contracts] for the development of replacement housing with such housing constructed on one or multiple sites;
5. In aggregate, the replacement housing shall contain at least 136 units of housing and at least as many bedrooms and square feet of housing as are currently contained at the Laurelon Terrace Condominium Site;
6. Eligible replacement housing shall include for-sale or rental housing that is affordable to households earning up to Area Median Income as established by the U.S. Department of Housing and Urban Development guidelines for the Seattle Metropolitan Statistical Area. The CAC strongly prefers the replacement housing be located in NE Seattle, and further strongly prefers it be located as close to Children's as is practical; and,
7. Children's and the Seattle Office of Housing shall endeavor to have identified a site or sites for the replacement housing prior to demolition of the Laurelon Terrace Condominiums.

### Open Space Plan

Throughout the process, the CAC discussed the importance of maintaining two types of open space on the Children's campus: (1) the heavily landscaped buffers along the north, east, and south boundaries that serve to mitigate the visual impact of the campus from the surrounding single-family neighborhood; and, (2) landscaped pathways, pocket gardens, patios, and other types of usable open space that could be used by patients and families as well as the surrounding neighbors. Given the size of the buildings proposed, the CAC makes the following recommendations to maintain open space on the campus:

**Recommendation 11-** The CAC supports the provision that a minimum of 41% of the total campus area at build out, as provided for in the Final Master Plan, and including the Hartmann Site shall be maintained as designated open space with the following conditions:

1. To the extent feasible, the open space should be provided in locations at ground level or in other spaces that are accessible to the general public.
2. No more that 20% of the designated 41% open space, or 8% total, shall be provided in rooftop open spaces.

### Construction Impacts

The following additional recommendation was approved by the CAC. The intent is to protect the adjacent and primarily residential properties from construction and operational impacts.

**Recommendation 12 -** That the following conditions be appended to the conditions related to the expansion of the MIO boundaries to the Hartmann Site, and applied to the Laurelhurst Condominium Site and where appropriate to other nearby uses surrounding both the Hartmann Site and the Children's campus:

1. The building is to be washed when construction is completed;

2. A system to keep dust from entering through windows and vents be implemented;
3. Building design be done in a way that the noise received in the surrounding community be no greater than present based on a pre-test of ambient noise levels conducted by Children's;
4. Traffic signal be in place at 40<sup>th</sup> NE before Phase I start;
5. Annual noise monitoring be conducted by Children's;
6. Methods to reduce light and glare light pollution should be used at the Hartman Site
7. Legal assurances that the water table will not be changed to the detriment of the Laurelhurst Condominiums; and,
8. Assurance that construction workers will be precluded from using the Laurelhurst Condominium parking areas adjacent to the Hartmann Site.

## Section IV Public Comments Received

### Comments received 9/26/07

**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 may 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 don't they 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 Mangon** – Mr. Mangen 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 Sinnot** – Mr. Sinnot 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 4000 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 Laurelon 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 of 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

### **Comments Received 10/30/08**

development proposed. She urged Children's to consider the use of satellite campuses or clinics as an alternative to such large expansion in the immediate Laurelhurst area. She specifically noted that it is important to consider the impact of proposed development on the Laurelon Terrace area so that area remains pedestrian friendly

**Comments of Michael Pearlman** – Mr. Pearlman referred the Committee to his written comments. He stated that twenty years of construction would be damaging, especially to parents of children at the hospital: the dirt, dust, noise and increased traffic would negatively impact patients and staff. The construction costs would be better spent on other expenses. He said that staff indicated that they would approve of another plan if another site could be found.

**Comments of Gisela Schimmelbusch** – Ms. Schimmelbusch stated that she has been concerned with issues related to the proposed Children's expansion since May. She asked Children's to not turn on Laurelon Terrace residents and encouraged Children's to search for an alternative site, perhaps in the South Lake Union area. She stated that everyone wants them to have world-class facilities but not the large scale construction that would accompany this project. She asked them to pursue another option.

**Comments of Patricia McElveen** - Ms. McElveen noted that much of Children's space is currently leased to the University of Washington. She asked how much of the new space would similarly be leased. She also asked Children's to explain why there is a discrepancy in the number of beds proposed in the new expansion and the most recent 2002 Certificate of Need issued by the Washington State Department of Health.

**Comments of Colleen McAloon**: Ms. McAloon asked for clarification on number of beds at Children's currently and the proposed number. She noted that it appears that Children's currently has 250 beds, and that according to their Certificate of Need, they will need 350 beds by 2020. Given this she asked why their proposal is for 600 beds. She said the scope of the project is out of scale to the surrounding area.

**Comments of Roger Hemer** – Mr. Hemer addressed his comments to DPD. He said if the proposal is out of scale, and the CAC is only allowed to challenge some small portions of the plan, he asked how they should interpret the SEPA requirement. Should they take it at face-value or simply state that it is so far out of scale that it does not warrant such action (SEPA REVIEW) by DPD.

**Comments of Judith Platt** – Ms. Platt asked why DPD doesn't simply keep the zoning single family, instead of allowing the proposed 240' tower. She stated that the neighborhood is a "destination" neighborhood, but she believes the increase in traffic and the introduction of the 240 foot towers would ruin this.

### **Comments Received 11/12/07**

**Comments of Josh Scripsima** – Mr. Scripsima stated that he is opposed to the expansion of Children's and believes the community would be better served by an alternative development plan at a different site. He also stated that the impact of development at the Hartmann site has been overlooked. This one storey building has no in-patient work and the proposed development plan shows it as having eight stories; he said this would be an 800% increase in square footage.

He noted that this building is disconnected from campus and he wondered what it would be used for. He stated that he emailed his questions to DPD but had received no response.

**Comments of Steve Ross** – Mr. Ross stated that he is a Laurelhurst resident and parent of two children. He stated that he is grateful that Children's hospital is located nearby and he can get quick access if necessary. He noted that his friend from Ketchikan has had both of his children flown to Children's Hospital. He said the size of the proposed structures and the impact on traffic flows should not be so critical when the discussion is about our children's health.

**Comments of Phil Fujii** – Mr. Fujii stated that he is a neighborhood resident and thanked the Citizen's Advisory Committee (CAC) members for their service. He said his friend's child had a brain tumor and was treated at Children's Hospital. He encouraged the CAC to filter out any extreme ideas and look at options that will minimize impact on the neighborhood. He suggested the CAC minimize the public comment period so they will have time to do their work. He noted that some neighbors are in favor of the expansion, especially if the issues related to the additional driveway on 45<sup>th</sup> are addressed.

**Comments of Carol Eychaner** – Ms. Eychaner stated that the Laurelhurst Community Club's alternative plans did include options for the Hartmann site. They also presented options for development that did not expand the boundaries and also rezoned the site to NC 2 with a 40' height limit.

**Comments of Michael Pearlman** – Mr. Pearlman stated that the neighbors are trying to be constructive in their comments. He asked if people in Snohomish County or those on the Eastside don't also need the medical services provided by Children's. He added that the cost of building on the existing campus is significantly higher than building on a new site. He suggested that during their walking tour the CAC members imagine what it would be like to live and work near this major construction site.

**Comments of Dick Leiton** - Mr. Leiton stated that he has lived on 43<sup>rd</sup> Ave for 30 years. He noted that Swedish Hospital has three campuses and that specialized hospitals are a growing trend. He added that only one in four families in Seattle has children.

**Comments of Katie Hemer** - Ms. Hemer stated that she served on the first CAC for Children's and is very concerned that this CAC has allowed Children's to "wine and dine" them with the meal provided for them before the meeting.

**Comments of Jenny Sharrow** - Ms. Sharrow asked Steve Sheppard for clarification concerning the purpose of MIMP. She observed that the hospital is not allowed to build up, only "out", but this CAC was formed to allow for more height. She asked the purpose of this process since it seems Children's is proposing to both build up and expand into the surrounding neighborhood.

**Comments of Ann Levitt** – Ms. Levitt noted that she has been neighborhood resident for 16 years and noted that most voices at this meeting are opposed to Children's expansion. Ms. Levitt stated that she feels lucky that Children's Hospital is located in this neighborhood and does not oppose this thoughtful expansion. She further stated that she knows other neighbors who agree with her.

## Comments Received 1/8/08

**Comments of Jim Madden** - Mr. Madden stated that Sandpoint Way is already quite busy and an additional 530 parking spaces at Hartmann would be a significant increase and would have significant impacts. He asked what uses are proposed for this building that leads to the determination that so much additional parking would be needed. He observed that the parking would more than double. He suggested Children's move the proposed use at Hartmann to either Magnuson Park site or elsewhere.

**Comments of Michael Pearlman** – Mr. Pearlman commended the Committee for their previous questions and comments. He proposed that the Plan and EIS be amended to include a new "alternative six" in which Children's Hospital leaves the current campus untouched and then moves 30% of their non-critical and psychiatric patients to South Lake Union where they can build a new structure more cheaply, as was done by Chicago Children's Hospital. He further stated that he has spoken with many nurses who opposed this construction because of the potential impacts on patients.

**Comments of Gisela Schimmelbusch** – Ms. Schimmelbusch stated she is a great supporter of Children's Hospital but is concerned that they are expanding beyond their agreed upon footprint. She noted that the potential use of Hartmann Building and Laurelon Terrace would "leap-frog" beyond the existing Children's boundary. She said any discussion of alternatives 3, 4 and 5 would be considered "impossible" because it would transgress the Institution's existing boundaries. She said Children's should just build elsewhere. She asked the Committee to ask an independent body to do a study of cost/benefit analysis of doing this.

Mr. Sheppard responded that the Major Institutions portions of the Seattle Municipal Code discourages expansion of boundaries but does not prohibit it. Both the Committee and the City will have to make recommendations to the Hearing Examiner and City Council concerning the advisability of a boundary expansion. However, the City Council can authorize an expansion of the boundary.

**Comments of Larry Sinnott** – Mr. Sinnott stated that he was from the Ravenna/Bryant Community Association. He noted that the traffic impacts for this development could significantly impact this area. Increased traffic may occur on the major thoroughfares in his neighborhood. He said he is impressed by the SOV reduction but wondered if this was accomplished primarily by lower-income staff. He also asked where the employees are coming from.

**Comments of Carol Eychaner** – Ms. Eychaner was recognized. She requested that she be allowed more than the normal 3 minutes since she was presenting on behalf of the Laurelhurst Community Club. The Chair agreed.

Ms. Eychaner stated that she was presenting information to the Committee concerning an evaluation of the height and bulk approved for other Major Institutions in relation to that proposed by Children's. She distributed graphs and tables showing the heights of other City of Seattle Major Institutions compared to those

proposed by Children's. She noted that Children's proposed heights of 160' or 240' is considerably greater than any of the Major Institution that is similarly located. Many of the institutions that have greater heights are located in the Urban Villages and Urban Center Villages. In those cases both surrounding and underlying zoning is greater. The heights being proposed by Children's would be unprecedented outside of such an urban center village setting. She noted that Children's is one of two Major Institutions in Seattle that are located in a single family zone (the other is Swedish/Cherry Hill). Ms Eychaner showed a comparison of overlying heights with Swedish/Cherry Hill and said it has high rise, mid rise and commercial zones. She noted that in most cases the maximum height for most institutions in low-rise residential settings is 105 feet.

Ms. Eychaner stated that the LCC has monitored Children's purchase of properties. To this date Children's has closed on the purchase of 14 properties. She said she thinks Children's expansion proposal has scared homeowners into selling their homes, even though the hospital is far from receiving their Certificate of Need from the Department of Health or approval from City Council for their development proposal.

Ms. Eychaner also stated that she has discussed the issue of needs projections with Department of Health (DOH) planners. LCC engaged the consulting firm of Fields and Associates to evaluate needs projections. They applied the Department of Health methodology to create similar Certificate of Need projections using "real" numbers. Ms. Eychaner directed the Committee's attention to the Chart prepared by Fields Associates. She noted that their projections were significantly different from Children's. For instance for 2020 Children's projects a need for 548 beds while the Fields Associates projects a need for only 271 beds. She observed that the higher numbers used by Children's stem from their use of a 60% occupancy rate. DOH rejected their 60% rate for bed use during Children's 2002 Certificate of Need process. She noted that the methodology used by Children's to determine their psych bed need is from 1987 and is outdated. She said the "acute" care beds are really "acute care and psych" beds.

**Comments of Jim Rupp** – Mr. Rupp stated that he believes that the draft EIS understates the effects of transportation. The "decentralized" plan means the Hospital will move some services but replace that with even more services. Other neighborhoods will be impacted, too.

**Comments of Jeannie Hale, President of Neighborhood Community Club** – Ms. Hale thanked the Committee for providing the LCC with a copy of the PDEIS. She asked that DPD provide them with a copy. She said the LCC should be the best ally Children's Hospital has and asked that they work with the LCC to find a solution. She asked that the LCC be allowed time at a future Committee meeting to brief them on their research findings.

**Comments of Kate Heamer** – Ms. Heamer asked for clarification on why City Staff stated at a previous meeting that the Committee "can't consider need"; she thinks they should be able to consider this since it is a re-zone.

Steve Sheppard responded that the Major Institutions portion of the Seattle Municipal Code states that the Advisory Committee should participate directly in the formulation of the master plan to assure that the concerns of the community and the institution are both considered and should focus on identifying and mitigating the impacts of the proposed development on the surrounding community. During this process the Committee can also review and comment on the mission of the institution, and the need for the expansion, public benefits resulting from the proposed new development and the way in which the proposed development will serve the public purpose mission of the Major Institution. But the Code also states that these elements are not subject to negotiation nor shall such review delay consideration of the master plan or the final recommendation to Council.

**Comments of Roberta Cation** – Ms. Cation stated that she agreed with the previous comments about traffic. She asked whether "sustainability" issues will be evaluated in the of EIS.

Scott Ringgold responded that impacts related to energy, open space, aesthetics are included in the EIS.

**Comments of Jeff Edelman** – Mr. Edelman stated that while the focus on height is important, this shouldn't distract from consideration of the size of the expansion. He has not seen the bed need adequately explained and felt previous explanations were too vague and range from between 100-200 beds, which is a 100% increase.

**Comments of David Sommerville** – Mr. Sommerville remarked that Laurelhurst is just a bad location for the hospital given the growth rate of the City. He said they are probably underestimating future need. He said they should consider building a new hospital at another site. The transportation problems associated with additional development at this site simply cannot be solved. Current roads are clogged and there simply aren't enough roads.

**Comments of Don Kennedy** – Mr. Kennedy stated that he controls \$100 million in real estate in Seattle and has been in the real estate business for 65 years. He estimated that Children's has added at least 10% property value increase to the surrounding homes and he is shocked that people don't support the expansion of one of the best pediatric hospitals in the country.

**Comments of Steve Ross** – Mr. Ross stated that he is the Co-chair for Friends and Neighbors for Children's. He stated that the co-chair of the organization is Mr. Phil Fujii. Mr. Fujii wrote the editorial that appeared in the Newspaper encouraging the neighbors to keep working with Children's to find a solution. Mr. Ross stated that he is concerned because he is a parent and knows how fortunate he is to live near Children's hospital. He himself has survived a battle with cancer and owes his life to modern medicine which has enabled him to see his daughter grow up. He said he wants other people to have the same access to medical care regardless of their ability to pay and Children's provides this. He suggested they all work together for the good of the children.

**Comments of Molly Black** – Ms. Black stated that there is not a person in the crowd who has not been positively impacted by Children's hospital and appreciate the services they provide. However, she said the issue is the location and size of the proposed expansion and its impact on traffic and zoning.

**Comments of Patsy Sawa** – Ms. Sawa stated that she is a resident of Laurelon Terrace. She stated that she wanted to give information concerning that facility. Alternative Four, includes possible purchase of Laurelon Terrace. Laurelon Terrace Board has invited Children's to consider purchasing the condominium buildings. Ms. Sawa stated that the Board acted without full knowledge of the residents. Secondly, she said the condo owners who approached Children's about selling their units did so after they heard that Children's would buy condos and the real estate market "shut down" to them. Clearly some Laurelon Terrace owners don't want to sell their units to Children's and believe that Children's proposed expansion is too significant and would be disruptive.

## Comments Received 1/11/08

**Comments of Jeannie Hale** – Ms Hale stated that that she is the President of the Laurelhurst Community Club. She noted that she would limit her comments in order to give more time to Carol Eychaner. She encouraged the members of the public and the committee to look carefully at the Major Institutions Codes statement concerning expansion of boundaries. She noted that this is discouraged and that the neighborhood does not need to loose the affordable units in the Laurelon.

**Comments of Molly Black** – Ms. Black stated that she has heard a lot of fear about the building but that when she thinks of Children's she thinks instead of its critical need in the region and how important it is for the health of children.

**Carol Eychaner** – Ms. Eychaner stated that she would need more than two minutes and asked the committees indulgence. Ms. Eychaner stated that the Hartmann site is zoned for Lowrise 3 and as such could only be developed with either a rezone of conditional use. The Laurelhurst Community Club has suggested that this site not be included in the MIO but instead be developed under a Neighborhood Commercial 2 designation with a 45 foot limit.

The single family zone that underlies CHRMC as well as covers the surrounding area allows 30 foot heights plus five feet for pitched roofs does the lowrise multi-family zoning the applies to Laurelon Terrace. She also noted that the EIS states that two access points would be required up to 400 beds with three over that point to 600. However there is no identification of the level below which two access points would be needed.

Ms. Eychaner noted that the expansion is not a small expansion but is essentially the same as inserting an entire new hospital into a single family neighborhood. Its impacts are very large and would generally be frowned upon in single family areas. She also noted that development at other similarly situated locations outside of urban centers is generally lower and that CHRMC's proposal is unique in this regard. She also noted that two institutions have been adopted since the institution of the urban village format. These are Seattle Pacific University and South Seattle Community College. In both cases the maximum heights were much less than what is being proposed by CHRMC. She also referred to information recently distributed by CHRMC. In their letter they stated that the DOH method automatically applies a 70 percent occupancy standard. This is not correct. For a facility of up to 300 beds a 75% occupancy rate is used. This can be reduced based upon certain factors. In 2002 this was reduced to 70%. If CHRMC expands to anything over 300 beds the occupancy rate is set at 80%. She also noted that there were other errors in the presentation of information from DOH. There has been some disagreement with this by CHRMC she stated that she would send the information directly to the CAC so that members can determine for themselves which interpretations are correct.

CHRMC has sated the DOH found justification for 164 additional short stay psychiatric beds for the target year 2006. The PDEIS looks at 140 psychiatric beds. The analysis does not state that DOH found a need for these beds. Instead it states that "the applicant's description of Children's regional planning area as all Washington residents age 14 and younger application of the normative standard results would result in the 164 beds. It then further states that using other methodology, the DOH has determined a gross bed need for 18.78 beds for the target year 2006. They projected it to 2020 at 20 beds.

**Comments of Grace Yuan** – Ms. Yuan stated that the cumulative and secondary impacts are not sufficiently analyzed. She noted that the new plan is asking for an increase that is six times the increase requested in 1994. She also noted that the construction process will apparently last almost 20 years and that the impact from this almost constant construction is significant. It is not a short-term temporary impact. She also asked that the EIS evaluate the cumulative impact of simultaneous construction at CHRMC and the 520 process.

**Comments of Laura Leman** – Ms Leman stated that it is discouraging to have to wait for long periods for service at the Hospital. She stated that she hoped that the critics were not implying that CHRMC should not expand.

**Comments of Tonya Clegg** – Ms. Clegg stated that the new entrances to CHRMC might represent great job security for the Hospital as more children may be injured by cars traveling on the neighborhood streets. She noted that one of the entrances is on the main street used by children to go to the elementary school.

**Comments of Michael Pearlman** – Mr. Pearlman noted that the construction period for the hospital would likely extend beyond 20 years as the older buildings would have to be replaced by that time. He stated that he believes that the mission of the hospital would be compromised by this process. Construction on top of the existing patient wings would disrupt current beds. He suggested that building on a second site at some other location would be better.

## Comments Received 2/12/08

**Comments of David Miller** – Mr. Miller noted that CHRMC serves people from a broad area and should be considered a social justice and health issue and not a neighborhood zoning issue. He stated that it did not appear that CHRMC is proposing something unreasonable and that he feels shame and regret that the neighborhood is not more fully supporting CHRMC.

**Comments of Mark Holden** – Mr. Holden stated that he feels strongly that all of the members of the committee be allowed to speak openly whether it concerns actions at the full committee or at a sub-committee meeting. He further stated that he was very concerned with the effects of the traffic to the proposed new access point on 45<sup>th</sup> and 50<sup>th</sup> Avenues NE.

**Comments of Gisela Schimmelbusch** – Ms. Schimmelbusch stated that many in the community want to accommodate reasonable growth but the level of development proposed may not be appropriate. Until CHRMC and DOH are in agreement concerning the amount of development that is justified none of the work being done today is reasonable. She suggested that the entire process be suspended until there is agreement between the State and CHRMC on actual certificate of needs.

**Comments of Lynn Ferguson** – Ms. Ferguson stated that she was the co-chair of the Northeast District Council and was speaking on their behalf. The District Council continues to monitor this process and has received briefings on the process. At its February 7<sup>th</sup> meeting NEDC reconfirmed its commitment to a

CHRCM expansion that: 1) has less height, bulk and scale; 2) height limits that are consistent with the City's Comprehensive Plan and limits of other similarly situated institutions (which is 90 feet); 3) no expansion of the MIO boundary; and 4) no new access points to residential streets. The four alternatives proposed by CHRCM fail to meet these basic requirements to maintain the livability and viability of our surrounding communities. We urge you to reject these alternatives outright. CHRCM has asked for an unprecedented rezone for an institution that is outside of any urban center or urban village. The initial 1.5 million square feet would result in a wide range of impacts that can't be mitigated. The NEDC is concerned about the expansion of the MIO boundaries. This is strongly discouraged in the Major Institutions Code. The expansion of Children's boundary if children's should acquire the 134 unit Laurelton Terrace complex would result in the loss of 21 percent of the moderate cost housing in the areas. This housing is difficult to replace. This boundary expansion is also contrary to the City's Land Use Code. The Code does not permit the expansion of boundaries where it would result in the demolition of residential structures or change in the use of those structures to non-residential character. It makes no sense to expand across Sand Point way to the Hartman Property where a rezoning process to allow a more modest expansion on the property meets CHRCM's needs.

The NEDC commends the sub-committee in developing workable parameters for new alternatives for the full committee to consider. While details were somewhat unclear at the NEDC briefing, the NEDC was encouraged to learn of recommendations to limit access to the hospital to Sand Point way with no new entrances or exits to either NE 50 or 45<sup>th</sup> Streets. The 75 foot buffers would help screen the property. Limiting height to 128 feet is a move in the right direction but should still go farther. Once more information is available the NEDC hopes that the CACF will seriously explore recommending a far less square footage for the expansion limits.

She also noted that the NEDC is opposed to changes to State House Bill 3071.

**Comments of Jeannie Hale** - Ms. Hale stated that she is the president of the Laurelton Community Club. The LCC continues to support open and transparent government. She stated that she appreciated the briefing by Bob Lucas on the initial work of the sub-committee. Without having early information of the directions of the sub-committee it is not possible for the LCC consultant to evaluate the actions and bring information back to the CAC. So long as CHRCM representatives are present at the sub-committee it is not a fair process or free exchange of information.

She noted that the draft letter fails to state that the CAC rejects the current alternatives and given what has been stated tonight should be done. In addition, including information on the sub-committee's possible alternative with only a few minutes review should not be done. The purpose of the CAC here should be to comment on the preliminary draft Master Plan and EIS and in doing so the CAC should simply reject all of the alternatives and not propose something new.

**Comments of Carol Eychaner** - Ms. Eychaner stated that the public needs information prior to the meeting in order to make adequate public comments. She stated that the CAC's ideas to look at the possibility of relocating and placement of Penny Drive underground is very interesting and deserves to be pursued further. She stated that the continued development of the Emergency Department might negatively affect the possible changes proposed by the sub-committee and delay of this should be considered. Any incorporation of Laurelton Terrace should also address the loss of housing issue.

Concerning Need, she noted that the statement in the draft letter that states:

*While need was discussed, it is not part of the code-mandated charge to the CAC (SMC 23.69.032.D(1)). The CAC's comments on need are intended to clarify its present thinking and not to delay the process of commenting on other aspects of the proposed MIMP and its supporting environmental documents. Nonetheless, the CAC believes that a full exploration and understanding of mid and long-term needs will be crucial to the eventual decisions concerning this plan.*

She stated that the code allows the CAC to comment on the needs. She noted that the letter does not address the need issue sufficiently.

**Comments of Michael Pearlman** - Mr. Pearlman noted that under section G of the proposed letter under construction impacts. He hoped that the section can be amended to add information that this impact is both on the surrounding area and on patients.

## Comments Received 3/18/08

### LCC Presentation

Peter Eglick was introduced to coordinate this presentation. Mr. Eglick noted that he is a land use attorney who is working with LCC. He has been the attorney for LCC role for about 125 years related to land use planning in this neighborhood. He stated that LCC supports CHRCM's fine work, but that is not the issue on the table. The issue is what is responsible major institution planning. The sale itself is not the issue so much as the potential impacts of the development on the community. LCC is concerned with the loss of affordable housing (which they consider Laurelton Terrace to be) and with the impacts of expansion of the major institution boundaries. He noted that a key concern must be the degree to which this proposal benefits the community.

Mr. Eglick introduced Carol Eychaner to briefly review the proposals. Ms. Eychaner noted that a great deal of information is coming forward and that too often this is not available until either the day of a meeting or at the meeting. She asked that information be presented earlier. She also noted that there had been some statements that the Early Laurelton Development Alternative might not be in the draft EIS. She strongly suggested that this alternative be in the Draft EIS.

Concerning the possible outline of the Early Laurelton Terrace alternative, she noted that the information presented appeared to establish uniform 160 foot height across the entire area. Given that this increases the size of the MIO by nearly 7 acres, this is surprising.

Peter Eglick stated that he understands that many Laurelton Terrace residents have come to the meeting in response to flyers asking them to state that LCC should not dictate the future of their facility. He stated that LCC has no interest in dictating their futures. They are residents of Laurelton as are the other 300 households. LCC does have an interest in an overall plan that is best for the community. Children's has created an arrangement with the Laurelton Terrace residents that essentially puts them in a position of having to have everything accepted to the satisfaction of Children's or the deal does not go through. That was not LCC's idea. LCC thinks that there would have been ways to structure that deal in ways that wouldn't have put the Laurelton Terrace residents in this

position. They could have been given a premium above value without the contingencies. However that is what has been done. But neither the Committee nor others should be deterred from doing a full evaluation of this proposal.

Robert Rosencrantz asked for additional clarification of whether the new Early Development of Laurelton Terrace Alternative would be incorporated into the DEIS and if not would it be the subject of a Supplemental Draft EIS. There is no commitment on the table to produce a supplemental so that incorporation into the draft would be best. Mr. Rosencrantz suggested that CHJRM be asked to commit to covering such an alternative in the DEIS. Ruth Benfield responded that the alternative will be subject to all appropriate review.

**Comments of Charla Buerkle** – Ms Buerkle stated said she sold her condo at the beginning of the year because it was getting less affordable and the condition of the facility was deteriorating as it aged. She stated that this is not affordable housing. She noted that the expansion of boundaries could provide benefit to Children's Hospital. She noted that said had felt no pressure from CHJRM and noted that they are willing to compensate those who will have to move.

**Comments of Allene Caddy** - Ms Caddy said she has lived in Laurelton Terrace for 30 years. She said she grew up in Laurelhurst and supports the LCC. The deal proposed by Children's is not signed and is still tentative. She suggested that the CAC continue to evaluate the benefits to the broader community of this development. If it is determined that this sale is not acceptable, then so be it. Others might want to acquire the complex to build a high rise affordable housing which might be more acceptable to the community.

**Comments of Gisella Schimmelbusch** - Ms. Schimmelbusch said she has been a Laurelhurst resident for 43 years and has spoken to the committee repeatedly. Nothing she has heard tonight changes her opinion. What would be public benefit to expand? Traffic still wouldn't go away. She asked what will happen in 15-20 years, that a future CHJRM still faces same dilemma. There is no large public benefit, traffic, overbuilding, crowding hillside. She suggested that Children's inpatient facility be built somewhere else such as the Denny Triangle, South Lake Union. With the single inpatient hospital being built elsewhere with this campus being used for different purposes. She said there is no cost estimate for this construction, Laurelton construction. Children's hasn't explored other alternatives.

**Comments of Jim Cole** – Mr. Cole stated that he has lived in Laurelton Terrace for 20 years and Laurelhurst for 50 years. He said Children's is trying to save lives; to build contiguous space seems like a good way to go. He said in the end it's the kids that count.

**Leonard Gost** – Mr. Gost stated the purchase price of Laurelton should be at time of sale without contingency. Children's should fight their own battles.

**Comments of Michael Pearlman** – Mr. Pearlman stated that he agrees with the comments of Ms. Schimmelbusch. He noted that information presented tonight show that construction on a clean site is more cost effective. His recommendation is for a second campus. The services Children's present provides are invaluable. In addition they have presented information that they are at a 98% occupancy rate. However, if they are bursting, then why have they filed a litigation against Swedish to block that institution from building more pediatric beds.

**Comments of Tom Savage** – Mr. Savage stated that he lives north of campus. He said he has concerns about NE 50<sup>th</sup>, and asked if there will be adjustment to street to accommodate shadowing. He said greater setbacks should be planned.

**Comments of Mary Hodgson** – Ms. Hodgson stated that she has been a Laurelton resident for 15 years. It is an aging complex and it is an opportunity for Children's to expand. She stated that it was her observation that while they often preface their statements with support for CHJRM, many are simply saying that they object to having a growing children's hospital in their neighborhood. Children's is here; it is a good opportunity to do what is right.

**Comments of Bill Hutchinson** – Mr. Hutchinson stated that the Laurelton Community Club's comments revolved around process. The slide show, contingencies of Laurelton; they are legitimate. Laurelton wants to own the process themselves. The bigger question is whether Children's expanding into Laurelton, is a public benefit. He stated that he sees this as a great public benefit, and suggested that the public not lose forest for trees talking about process.

**Comments Herman Siqueland** – Mr. Siqueland stated that he currently resides in Edmonds, but that he sold his condo at Laurelton Terraces to Children's. He received a fair price, still has option if deal goes through of getting more. He said he bought first house in 1961 in Laurelhurst for \$15,300 and the next one in 1966 for \$24,500. Each of those houses is now worth more than \$500,000. Real estate values have not been hurt in Laurelhurst by the expansions of Children's. Children's was here then, prices went up. Children's benefits both Laurelhurst and the entire region. It serves far more than the citizens of Laurelhurst or Seattle, or Washington. Instead it benefits a many state area. Its health and ability to expand is important.

**Comments of Nancy Pritchett** - Ms. Pritchett stated that she sold her Laurelton condo to CHJRM. It was becoming unaffordable so she had motivation to sell. Dues went from \$100 to \$460 per month. She said it might be more viable because Laurelton wants to determine plan that works for Children's, the neighborhood, community

**Comments of Peter Buck** - Mr Buck stated stated that he is an attorney and represents members of Laurelhurst Community Club of over 100 who have spoken on this issue. He said they have never heard Laurelton Community Club leadership talk about affordable housing. The members he represent absolutely support the idea of the hospital doing what has been proposed tonight. He said it was suggested that Laurelhurst Community Council cares about affordable housing; he said he hasn't seen that. He knows that the Laurelton members do as they have taken efforts to take care of each other at Laurelton and in asking the hospital to make a very strong commitment to take care of affordable housing which the hospital said they have. He said his family has a long history of supporting Children's Hospital. Two speakers for the leadership of Laurelhurst Community Club asked what are the public benefits. He said it is a little late to be asking about that. He suggested looking back over notes from early meetings, at the public statements. They wanted traffic off of 45<sup>th</sup> and this plan takes traffic off of 45<sup>th</sup>. They didn't want the high towers close to their home; this plan does that. He said his clients don't need the help of the officers of the Laurelhurst Community Club telling them what is a good or bad deal. He said Laurelton Terrace can take care of each other and determine what an appropriate deal is. He said they wouldn't be doing this for Walmart; a lot of statements were made by Laurelton members about the value of the hospital.

**Comments of Liz Ogden** – Ms. Ogden stated that she is the Vice- President of Laurelhurst Community Club She stated that she grew up in Laurelhurst and lives on NE 50<sup>th</sup> which is one of the two streets that had been promised by the hospital that there would be no entrances or egresses there. She said she notices that the entrance off of 45<sup>th</sup> is no longer being proposed. However it is unclear if the NE 50<sup>th</sup> street entrance is still being proposed. She noted that NE 50<sup>th</sup> is a narrow residential street and urged the hospital to be sure that NE 50<sup>th</sup> does not have hospital traffic on it. She said to look at setbacks on NE 50<sup>th</sup> and it looks like they are over 20 feet and that is very close to adjacent neighbors and would block the sun. She said it is unacceptable to have the plan in Supplemental EIS and it should be put into the original draft EIS. She said she appreciates Children's work, public benefit. She said there are seven acres of land and asked where the public benefit of massive structures is. She said she hoped the CAC will discuss public benefit at future meetings.

**Comments of Joyce Hinkley** – Ms. Hinkley stated that she is resident of Laurelon Terrace and said she doesn't wish to have the Laurelhurst Community Club speaking for her. She said they have been heavy handed and manipulative throughout this process and said she doesn't understand why owners of houses in Laurelhurst think they have to be distinct from any other community in Seattle. She said this is a public process that any other community in a similar situation would go through. She said she is tired of the sense of entitlement that comes from the Laurelhurst Community club. She said she wished for them to cease and desist; and said she is capable of handling her own representation.

**Comments of Nate Root** – Mr. Root stated that he is Laurelon Resident said his main concern is that the hospital can't move. He said he doesn't want another set of towers and wants to see something shorter especially if they are willing to give up their community to help the hospital grow. He said that now that Laurelon is packaged up and may entertain other offers; he wants appropriate development and not another large residential development. Children's present something that looks good, meets needs; he is concerned about the traffic.

## Comments Received 4/15/08

**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 45<sup>th</sup> and 50<sup>th</sup> and moving the tower downhill. He stated that he has friends living at Laruleon Terrace and all of them seem pleased with the purchase.

**Comments of Peter Buck** – Mr. Buck stated that CHRMC has committed to will make a very significant contribution to other affordable housing. This is an opportunity for Laurelon 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 50<sup>th</sup> Street showing elevations. He would like one from that angle be added (Windermere Circle) uphill where parking garages are.

**Comments of Erica Swanson** - Mr. Swanson said the area is in dire need of bus, pedestrian space, and retail. She is a Laurelon 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.

## Comments Received 5/20/08

**Comment of Peter Buck** – Mr. Buck stated that he was the attorney for the Laurelon Terrace Condominium. They will certainly be impacted and he has discussed this with owners. Owners have indicated that Children's did a reasonably good job during previous construction processes and that this is small and is acceptable.

**Comments of James Cole** – Mr. Cole stated that over twenty years Laurelon Terrace has lived through many Children's construction projects. He noted that during the last expansion there was a retaining wall put in. He did a good job reducing noise during the constructions of that.

**Comments of Bill Hutchinson** – Mr. Hutchinson stated that he lived in Laruelon Terrace and that during the last construction they go weekly updates and that proved useful. He also stated support of the need for new beds.

**Comments of Penny Mac Elveen Hoehn** – Ms Mac Elveen Hoehn asked for information concerning the formula that is being used to project the number of beds that will be needed which she understood is different than the formula that the State uses which shows an enormous discrepancy in the projections. She noted that the projections differ between 65 and 75 using the State formula and 500 to 600 stated by Children's.

**Comments of Brice Semmens** – Mr Semmens stated that he had the same concerns as Ms. Mac Elveen-Hoehn. He asked why the rate of demand has doubled beyond projections.

**Comments of Jeannie Hale** – Ms. Hale stated that she represented the Laurelhurst Community Club. She stated that one of the things that was not done during the last phase of construction was to take photographs of the affected streets to be able to clearly determine what damage trucks might have done. She suggested that this be done in this case as they will be legally required to repair any damage.

## Comments Received 6/10/08

**Comments of Gisella Schimmelbusch** – Ms. Schimmelbusch urged one additional view on Option 7 from the condominium area north of the Hartman complex. She has a picture with a straight up wall from the Hartman Building; need one from north of there to show what the inhabitants of those condominiums in that complex see. She also noted that she had received a CHRMC good neighbor letter and noted a line in she found particularly troubling: "in March we came to an agree with the property owners of Laurelton Terrace and are currently working very hard with the Citizens Advisory Committee, this City and our architects to develop a new alternative to utilize this property in the initial phase of our expansion". She asked what the later phase of the expansion is as the sentence implies that in addition to Laurelton Terrace area growth there will be other areas incorporated into CHRMC.

Ruth Benfeld responded that the initial work was to look at Laurelton in the late phase; the sentence is speaking to being able to utilize Laurelton in Phase I of the master plan.

**Comments of Carol Eychaner** - Ms. Eychaner noted that she will be submitting detailed comments to DPD and will copy CAC and hopes to get them done the Friday before the next CAC meeting.

Ms. Eychaner noted that a lot has been discussed about what changes to the alternatives. However some key factors remain unchanged and this should be noted. All of the alternatives still include a full 1.5 million square feet of new additional development. That is 1 ½ times what is currently on campus for a total of 2.4 million square feet and 600 total beds at 4000 square feet per bed. These are two critical fundamental factors of the development plan that drive everything. She said they have seen 7 alternatives that CH has been willing to pursue; when you look at them, no matter how it is configured or laid out on the campus, spread out to Hartman, spread out to Laurelton Terrace, all result in significant impacts one way or another. So long as you have the projected level of total development concentrated on campus then we have height and bulk that is grossly incompatible with the residential uses to the north, the east, and the south.

The Laurelton Terrace alternative also has unique housing impacts. If development is expanded to Laurelton Terrace then there is a the loss of over 130 garden townhouses. What hasn't been talked about is the loss of the potential multi family development on the Hartman site. The Hartman site at about 1.75 acres could be developed with almost 100 units. That is a total of 130 existing and 100 potential multifamily units that would be forever changed, converted into institutional use and changed from multi family residential housing. A lot of neighborhoods get very agitated over the loss of two or three houses; this is 230 + units. In addition to that the Laurelton Terrace alternative the impacts of the height and bulk is simply shifted from the east to the west. There are towers still at 160'; it is still higher than any other major institution outside of the urban village, the maximum height on those campuses is 105'. It shifts the towers to the west and impacts those properties to the west as well as the gateways into the Laurelhurst residential neighborhood. In addition, associated with this development is the doubling of parking on campus from 1500 on campus now going to about 3000 and will generate traffic.

She stated that despite all of this there has been no alternative that looked at a lesser amount of growth, lesser bulk, lesser height than 160' and lesser square footage of development. The EIS that identifies housing impacts as significant but land use impacts were not; the conversion of zoning to institutional use that results in the loss of 130 + 100 potential residential units are a significant land use impact. She also mentioned other properties in the area owned by CH and sees this institutional ownership as a significant impact. She asked the CAC to look at the land use section of the EIS very closely esp. regarding transportation; the transportation presentations she has seen thus far on traffic volumes provide figures on the number of trips that they have estimated CH expansion will generate. The number of new trips estimated is 8400. She hasn't seen a figure that if all the mobility plans etc. are applied, what will the volumes be and asked that be provided.

**Comments of Joyce Hinkley** – Ms Hinkley noted that she is resident of Laurelton Terrace and asked about the speed of traffic on 45<sup>th</sup> and what mitigation factors are in play to slow down traffic. She thanked the CAC for their work but asked they wait until a presentation is complete before asking questions.

**Comments of Reed Stevens** - Mr. Stevens noted that he is a resident of the Bryant neighborhood. He noted that this alternative shifts a great deal of the impact to his neighborhood which includes traffic impacts, a failure to mention what will happen at 40<sup>th</sup> and Sandpoint Way. He said no viewpoints from his neighborhood were considered. Nothing has been discussed about the Hartman Building and its impact on the people who live directly behind it. He understands this is an ongoing process but there are people who will be greatly impacted who need to have a greater voice. He asked why earthquake impacts from 3, 6 and 7 have not been discussed; 7 is much closer or on fill. He said putting two tall towers on fill is dangerous.

**Comments of Brice Semmens** – Mr. Semmens noted that he too resides in the Bryant neighborhood and asked if the Hartman Towers would shade the Burke Gilman trail and the houses there. He expressed concern about the mechanical on top of the buildings because the existing mechanical units are loud now; he is concerned about the impacts of the building to his and his neighbors' homes. He was also concerned that people working on the Hartman property would park along the BG trail. Topographically, the Bryant neighborhood goes up from the trail; there are 5 blocks of property with Mt. Rainier views and all will be heavily impacted by the towers.

**Comments of Molly Black** – Ms. Black asked for another viewpoint from the south and then also another one from NE 45<sup>th</sup> at 42<sup>nd</sup> Ave NE looking down toward Laurelton. She expressed concern about air quality/dust and asked what kind of mitigation measures are planned.

**Comments of Jeanne Hale** – Ms. Hale noted that she is the President of the Laurelhurst Community Club, said the code requires CHRMC to provide comparable housing. 50 units of low income housing at Magnuson Park is not the same as 50 units of moderate income housing which is what is being lost. She said the role of the CAC is to balance the institution's need to grow and the public benefit with maintaining the livability and vitality of surrounding communities.

**Comments of Leonard Nelson** – Mr. Nelson expressed concern that the rate of change of technology and said in 20 years time CH will have outgrown what is being planned now.

**Comments of John Ramsey** - Mr. Ramsey said he understand that CHRMC is working on the 2030 plan. He noted that there are other major developments going on in the area. For instance University Village is planning another major expansion that will attract many more shoppers and assumes significant increases in parking. They are projecting construction of a new two stories parking garage. He noted that CHRMC property used to be his grandfather's farm.

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## Comments Received 6/24/08

**Comments of William Wallace** – Mr. Wallace stated that he is a resident of Laurelton Terrace. He noted that there have been many disturbing revelations concerning the condition of this facility and that he welcomes Children's offer to purchase the units.

**Comments of Jeannie Hale.** – Ms Hale stated that the highest height ever approved by the City for a major institution in a low-density single-family setting is 105 feet and 90 feet is more typical. She stated that she supports the comments from various members of the CAC that lower building heights should be considered. She noted that in its preliminary comments the CAC had called for 75 foot setbacks around most of the campus. Ms/. Hale suggested that a similar setback be maintained around the Laurelton Terrace site. She stated that she was happy to hear CAC members express concern over the preservation of the character of the surrounding community. This is very important to the Community Club. She also noted that the CAC had not discussed the Hartman Building and that it is the position of the Community Club that this building should remain at the lowrise 3 zoning designation and that the major institution boundaries should not be expanded to cover that site. It is also the Community Club's position that the Hartman site should be considered for development of replacement housing for the loss of Laurelton Terrace and that it be done within the 30 foot maximum height limit that exists for that site. She noted that there are two needs assessments both from Children's and the LCC Consultant and that the CAC should take both into account. She urged the CAC to explore less square footage and fewer beds.

**Comments of Carol Eychaner** – Ms. Eychaner noted that Children's has continued to purchase land outside of their boundaries. She noted that simply because the institution owns land outside of their boundary does not mean that they can use it for institutional purposes. The purpose of the Major Institutions process is to evaluate the situation and determine where the line between neighborhood and institutional development should be. She noted that she had heard that property owners north of the Hartman are very concerned about their situations. This is an indication of the kind of uncertainty that can occur when an institution expands beyond their traditional boundaries. She also noted that private views are not protected by SEPA but issues such as height bulk and scale compatibility can be taken into account. She cautioned that the CAC should continue to evaluate all of the alternatives and not just alternative 7. She also cautioned that vegetation and landscaping can help soften the situation but is not the entire solution. She also noted that the EIS does not lay out the location and type of open space well and that this should be done.

Phasing is an interesting issue. In 1994 Children's contended that all research had to be on campus. The situation changed and now research is off campus in the Denny triangle. The point is that master plans can be approved and then the bed needs may change. She opined that reliance on the certificate of need process as the key to phasing would not be prudent. Children's has purchased a great deal of land for research downtown.

**Comments of Gisela Schimmelbush** – Ms Schimmelbush stated that she is a 43 year neighbor of Children's on 45<sup>th</sup> Avenue NE. She noted that she went on the tour of Bryant and was surprised with the degree to which the vegetation along the Burke Gillman trail would screen those living lower on the hillside from the Hartman Building or the Children's development across Sand Point way. However it is a different story as you move up the hill. Looking across from homes on 38<sup>th</sup> and 39<sup>th</sup> it appears that they will see a continuous line of concrete stretching from north of the Giraffe Building south beyond the Mt. Rainier view. She also noted that the new developments along Sand Point Way in the Laurelcrest area will be dramatically affected. She asked the CAC to carefully consider :) whether the development proposed on the Laurelton site is truly compatible with adjacent development; 2) whether the loss of affordable housing in the area is acceptable; and 3) whether this expansion would set an unacceptable precedent for downtown level development in residential neighborhoods. She urged that the CAC oppose all expansion including alternative 7 and consider relocating to the land it has purchased downtown.

**Comments of David Sawyer** – Mr. Sawyer noted that the buffer between the Burke Gilman and Hartman is relatively narrow. He suggested that greater attention needs to be given to this setback. He also suggested that the Hartman be used as replacement housing for the loss of housing at Laurelton.

**Comments of Tekla Cunningham** – Ms. Cunningham noted that she is a resident of the Bryant hillside. She expressed opposition to the incorporation of the Hartman site into the institutions boundary and its use for housing. In addition the hospital should consider depressing development into the hillside to reduce bulk and height as alternative 7's size is simply too great.

**Comments of Grace Yuan** – Ms. Yuan asked that the CAC consider what are the alternative traffic impacts with each alternative might be. She noted that all current alternatives evaluate the same level of development so that there are no ranges of impacts identified with any lesser level of development. She also noted that the issue of SR 520 needs to be considered.

**Comments of Peter Buck** - Mr. Buck asked those in attendance if they used a variety of large public and private facilities elsewhere. Many neighborhoods must accept some facilities for the benefit of the greater community. He also noted that there were some statements made that the CAC was charged with representing the neighborhood and addressing the compatibility of the size of the development with the neighborhood. In addition there were comments made that this development has similar impacts to any other commercial building. He asked the committee to consider what the use was and that this must influence the decision. The use is a hospital that will provide needed care to sick children.

**Comments of Ray Muse** – Mr. Muse reminded the CAC that it has some power. He gave the citizens stopping the R.H. Thompson expressway as an example of the communities ability to stop unwanted development.

**Comments of Michel Pearlman** – Mr. Pearlman noted that Mr. Buck had commented on the need to consider this development's importance regionally. Mr. Pearlman noted that the need for pediatric bed was a regional need and wondered if Children's had coordinated with other regional hospitals to place beds in other locations around the region so as to be closer to those families needing the care.

**Comments of Kevin Steffa** – Mr. Steffa noted that when he moved to the neighborhood he had anticipated that there would be some development in the area. He asked that the architectural design of any development at the Hartman Site be sympathetic to the Burke Gilman Trail. He noted that alternative 7 appears to eliminate some of the terracing down towards the trail.

## Comments Received 7/15/08

**Comments of Dixie Wilson** – Ms. Wilson stated that she is the co-chair of the newly organized Friend so Children's Hospital. This group is an 800 strong coalition. This group feels that it is time to have an organized group in support of CHRMC and particularly Alternative 7. The hospital must grow and should grow in its current locations. She stated that the her and many others in the community Alternative 7 is a clear indication that CHRMC has responded to the Committees concerns, including but not limited to: 1) lowering the heights on the main campus; 2) Lowering the height on the Hartmann Building; 3) Reducing Parking at the Hartmann Site; 4) eliminating the need for access points off of NE 45 and 50<sup>th</sup> Streets; and 5) increasing setbacks and buffers. CHRMC is currently at capacity and its needs for an additional 1.5 million square feet is reflective of our regions growth as well as adjacent areas. According to the Puget Sound Regional Council, our regions alone will grow by 1.7 million people by 2040.

**Comments of Jim Leary** – Mr. Leary stated that he is a retired Hospital Architect and is one of only 300 certified for this purpose. He stated that this project is rated among the top five in the nation and needs to retain that rating. Vertical expansion is clearly not desired by the Committee. The proposed westward expansion allows solutions to many of the problems and will be millions of dollars cheaper than the vertical expansion. In regards to need that will be handled at each stage of development with the Certificate of Need Process.

**Comments of Megan Quint** – Ms. Quint stated she had been intimidated by some who opposed the hospital and that she had polled her neighbors. She found that most support the expansion. She therefore has formed a non-profit to support the development.

**Comments of James Newton** – Mr. Newton stated that he is a resident of the Ravenna Bryant Neighborhood. He stated that many of his friends have expressed concerns over the lack of specific [pediatric care and stated that he supported Alternative 7.

**Comments of Cary Lassen** – Ms. Lassen stated that the area is zoned residential and 1.5 million square feet is simply too large for the area. She noted that when CHRMC began to buy up homes surrounding the campus it began to dismantle the neighborhood. She noted that on a recent weekend there was a raucous party at one of the CHRMC purchased homes that really disrupted the neighborhood.

**Comments of Jeannie Hale** – Ms. Hale stated that she is the president of the Laurelhurst Community Club. She stated that CHRMC has propose and expansion that is ten time greater than what is needed in terms of beds for the next 20 years. She suggested that the psychiatric beds be eliminated for the plan or adhere to a Floor Area Ration similar to other similar Institutions. That would be a 0.9 FAR. She also stated that there ne4eds to be a pre-construction inventory of street conditions prior to construction so that repairs can be made. Replacement hosing should be of similar type. She suggested that this be done at the Hartmann Site without expansion of the boundaries. Their land use consultant has noted that 100 units could be accommodated on this site

**Comments of Judith Platt** – Ms. Platt stated that she is in favor of the expansion of the hospital if the need is demonstrated. However, the heights are too great. If CHRMC expands onto the Laurel Terrace Site then heights need to be lower and other restrictions need to be in place. She stated that improvements to the street system in order to allow access to the neighborhood and ho9spital is crucial to this working.

**Comments of Michael Pearlman** – Mr. Pearlman stated that he agreed with MR. Sheppard that planning should be done from the outside in this case. Laurel Terrace is 6 acres. In order to have that area blend then the area might accommodate up to 700,000 square feet. This should be the limit. There is a pent up demand for care, but there is nothing that says that this demand be met at this location.

**Comments of Reed Stevens** – Mr. Stevens stated that CHRMC needs to look at the impacts on his area and at the broader traffic impacts. The impacts will be enormous. He asked the Committee to look closely at the rationale for the 160 foot towers. He noted that he has not heard any rational for this. He noted that alternative 7 may have solved some problems but new information is available and needs to be further evaluated. He suggested that Alternative 6 be more closely evaluated

**Comments of James Tupper** – Mr. Tupper stated that he resides at Belvedere Terrace and that CHRMC is an important institution. He urged approval of Alternative 7. He offered the opinion that all of the impacts are manageable.

**Comments of Bonnie Miller** – Ms. Miller stated that she is a long-term resident of Haswthorn Hills. She stated that 160 feet of height is far too tall. In additions she stated that the Hartmann Building should not be included in the overlay. In addition replacement housing should be middle income and similar to what is being removed. She also noted that there needs to be real enforcement of provisions of any transportation conditions and gave an example from the Magnuson lot of poor enforcement.

**Comments of Colleen McAlro** – Ms. McAlro stated that she is a 20 year resident of Laurelhurst. She stated that she supports the reasonable expansion of the hospital. However, she stated that the proposed rate of expansion seem very high. She further noted that streets may not be able to accommodate traffic from this Bellevue Square sized development. The expansion of the boundary is not allowed by the code and should not be allowed.

**Comments by Nancy Fields** – Ms. Fields noted that she has lived in the area for years. She was involved in the development of the initial Major Institutions Cope. Everyone support providing quality care for children. However she stated that she lives in Windermere and is surrounded by CHRMC Parking. The shuttles go past her home. There is serious under counting of traffic and parking impacts in the EIS.

In regard to bed needs, she noted that as a hospital planner, she is aware that the patient is the center of the care - the engine that drives the entire operation is the number of in-patients. If CHRMC believes that it is important to move beds off of this site, then it should consider establishing a new psychiatric hospital elsewhere.

**Comments of Dick Hillmann** – Mr. Hillman noted that he was a member of the previous CAC for Children's. He noted that much of what is set up may not happen. However it is clear that the need for beds is clear. No one knows why this is occurring. He noted that even as far north as he resides once completed the construction of the new additions to CHRMC will block his view.

**Comments of David** - Mr. Sawyers stated that he felt that cumulative traffic impact would be great and would be difficult to mitigate.

**Comments of Dr. Jeanne Bertino** – Ms. Bertino stated that she was in favor of the proposed expansion. In addition there needs to be sufficient approved square feet to avoid having to go through this process repeatedly.

## Comments Received 9/9/08

**Comments of Michael Pearlman** – Mr. Pearlman noted that the CAC has been shown about a dozen alternatives, however to date the overall bulk and scale has remained the same with the building blocks being moved around but the overall size remaining the same. He suggested that the CAC not get bogged down looking at individual building blocks but instead look at the overall picture - whether there is a need for this level of development and whether it fits within this low-density neighborhood.

**Comments of Ginny Sharrow** – Ms. Sharrow stated that she sometimes feels as if she is being bullied. She stated that she agrees with Mr. Pearlman about keeping focused on the need. There are also issue of noise and traffic congestion and asked the CAC to carefully consider these impacts.

**Comments of Carol Eychaner** - The fundamental issue is that the level of development is too large for this low-density community outside of an Urban Village. It may be well designed for a First Hill -type location but not for this location. She asked what the lot coverage and FAR was under alternative 7r. Children's staff responded that this was still being developed. She noted that dense plantings may block sun fro some residents and that great care needs to be taken to locate these appropriately. Sometime larger setbacks with less dense plantings are better.

**Comments of Bob Farrell** – Mr. Farrell stated that he is an attorney and owns a unit at the Laurelcrest Condominiums. He stated that he would be thrilled if Children's were to purchase the Laurelcrest Condominiums for replacement housing. He also got the sense after carefully reading the Draft EIS that Children's is not proposing housing replacement that would be in compliance with housing replacement requirements. Children's is proposing to team with Solid Ground. The Solid Ground proposal is that that group would build 52 units of housing for the homeless at Magnuson Park. This would be part of a 200 unit homeless project conceived in 1993 as part of the base re-use plan. Children's involvement in this project consists solely of a letter from the hospital that says that they will give Solid Ground \$600,000 towards that project if Children's closes on Laurel Terrace. The question is whether this is comparable housing. Under the Solid Ground lease from the City there is a condition that states that the property can only be used for the poor or infirm. This is not comparable to Laurel Terrace. The second issue is whether this project constitutes a replacement. This project has a long timeline. The CAC's comment letter was clear that any replacement housing had to be new and not in the current pipeline. This is not a replacement project.

The funding package is for \$13,600,000 project. Children's is proposing to contribute \$600,000 or 4.8% of the total project. The City will contribute \$4,800,000, the State about \$2,000,000 with many other funds too. The Hearing Examiner put a condition on a similar requirement that whatever was proposed must not include any public money. He suggested that the housing replacement plan should be real replacement housing.

**Comments of Jeannie Hale** – Ms. Hale stated that she was stunned with the alternatives presented. Children's is still maintaining the same height bulk and scale. She also stated that she was skeptical of the idea of conditions down from 160 to 140. Greater setbacks are also needed. She also endorsed the comments of Mr. Farrell.

## Comments Received 9/23/08

**Comments of Jeannie Hale:** Ms. Hale stated that she was amazed by this sustainability workshop because she agrees with Ms. Kitchen that this is outside the purview of the CAC under the major institutions code. CAC is to deal with height, bulk and scale, buffers; nothing along the lines that have been proposed. She objected to the lack of a grass roots process and presented to the CAC what Children's thinks sustainability is. On the survey presented with the goals, under community, it is important that Children's be encouraged to work with the Community Club and the Bryant Community Association and other community groups instead of just working with the standing committee. She said she went to all of the standing committee meetings, no one went, the meetings got no publicity; she was the only person from the community there. The greater community needs to be involved. Need a broader audience. Future proofing, density bonuses and carbon rebate are not consistent with the major institutions code so she doesn't know why CAC would be addressing it. Solutions become multi-faceted: it is a good idea but who knows what that means. She appreciated Katherine Hennings comments about wanting to address the standards that actually impact the neighborhoods. She appreciated all the values in sustainability but the CAC has no ability to influence the Hearing Examiner, the City Council on the issues so should be spending time working on the height, bulk and scale and the many issues that need to be clarified on the draft EIS.

**Comments of Megan Quint:** Ms. Quint noted that there is a coordinated grass roots organizations called Northeast Seattle Cares to support a community solution to the expansion of Children's Hospital; she is excited to hear that there was a sustainability workshop because she thinks height, scale and bulk are

about impact on the community though most of these things she know nothing about but seem like issues that maybe do need to be left up to experts. She thinks these are important things that do need to be considered by the Committee. She hopes the CAC will continue to work with Children's to incorporate some of the sustainability principles and measurable standards.

**Comments of Joel Loveland:** Mr. Loveland stated that he works at UW Integrated Design Lab and they focus on energy efficiency and interior environmental quality for hospitals. The things that are being considered in terms of sustainability hugely affect potentially the height, bulk and scale of the buildings so these things are important issues. It is important to be able to ground some of the things considered – energy efficiency for example. There are a lot of good examples of hospitals that are extremely efficient hospitals in northern Europe – it would be beneficial for this group to take a look at what they do. Northern European hospitals consume 1/7<sup>th</sup> the amount of energy that Children's does. Aggressive goals could be set; as size increases energy efficiency increases. He recommended trying to get a vocabulary of what hospitals can look like within their community and not be an intrusion and they are great examples to review. Height, bulk and scale also affect the quality of the work environment. He said we hear concerns for patient care, community and the impacts of the building, but we should be concerned about the key health provider and that is the worker and that has a lot to do with the design of the building.

**Comments of Joyce Scott :** Ms. Scott stated that while she has not read everything but she believes the hospital has not wavered from its original idea to increase to the size it is. She has not reviewed the alternative plan but from the beginning the hospital's desire to increase in size has been overblown. There have been many comments about the correctness of locating a hospital of that size in this area; we have to consider things like traffic, care for children in other areas of the city, natural and man made disasters. The communities need to hear more from the hospital about why the hospital increase in size must be here rather than forming a campus in another area of the City where it would be cheaper and more accessible.

## Comments Received 10/14/08

**Comments of Danny Duffell** Mr. Duffell stated that he is a Pastoral Associate at St. Bridget Parish; Catholic Chaplain to Catholic patients in hospital; in 25 years he has seen a lot of changes at hospital and in the neighborhood. When he first came here, there were not so many visual barriers between the hospital and parking and neighborhood. He came from Capital Hill – two blocks from Group Health where there are hospitals with no barriers between housing. He knows Children's has expanded over the years with less of an impact on the neighborhood than it could have had partly by decentralizing – they have 20 clinics in various parts of the state and they have just moved administrative functions off this site. When he first saw the drawings he was shocked but from what he sees now – although he hears the strong reactions – he encouraged everyone to think about how the expansion is guided rather than whether it happens. He spoke of positive aspects of Children's and encouraged community input to help guide how rather than whether expansion occurs.

**Comments of Megan Manazii** - Ms. Manazii stated that she is a friend of Children's and a cancer camp volunteer. She stated that she understands the concerns expressed by many opposing the expansion, but supportive of expansion to meet the demand.

**Comments of Jay Arnold** – Mr. Arnold stated that he is a resident of Kirkland and has sometimes had to bring children to this facility for care since they have a level of expertise not available elsewhere. Also he stated that he understands that the hospital is near capacity and is therefore supportive of Children's expansion. Find a way to make it happen.

**Comments of David Miller** – Mr. Miller stated that it appears that Children's has gone far in ways to mitigate the impact on the community. Architectural renderings prove that process is working. He stated that it is his opinion that concentration of specialty care in central facilities is important. He stated that this is essentially a social justice issue. Children's critical needs have to come first.

**Comments of Judith Platt** - Ms. Platt congratulated Children's on its pending purchase of Laurelon Terrace acquisition. She stated that she is concerned about height and bulk and about the amount of traffic. Three generations of her family has been part of Children's. She stated that children's services need to be closer to where children are and dispersed over the region. There are children's services up on pill hill, Swedish has a pediatric specialty. Not all of the millions of square feet need to be on this campus. Size and bulk has a lot to do with quality of life not only for the people working here – but for the surrounding community. Wants to keep the quality of care here, traffic will play major part.

**Comments of Michael Pearlman** – Mr. Pearlman stated asked for clarification on how many would be lost, because trees can mitigate the impact of the construction particularly the grove on NE 50th along the north end. Staff responded that those trees will not be affected along the north boundary. Mr. Pearlman also suggested that the Committee require that construction trucks, heavy equipment have. He stated that the question of not just whether Children's should expand but where. He stated that children may be better served by locating a campus elsewhere.

**Comments of Steve Leahy** – Mr. Leahy stated that he is the president and CEO of the Seattle Chamber of Commerce. Children's has 20 different clinics throughout region. Unquestionable synergy that need to co-locate urgent care and certain services that cannot be deployed in different locations. Compared to other major institutions in the City and elsewhere – this one is setting examples for incentives for workers to come in mass transit and vanpools and everything but single occupancy vehicles. He also noted that this facility serves a multi-state area.

**Comments of Jeannie Hale** – Ms. Hale stated that the LCC enthusiastically supports the mission of the institution, but is very concerned with the proposed bulk and height. Hartmann being back on the table; it is not about views, it is about complying with the law. If Children's wants act as if it is located in an urban center, it needs to go to City Hall and change the city's comprehensive plan – a two year process. They should not be above the law – they have to be held accountable. Appreciated what Steve said about process. As with any major institution it wields a lot of influence; sometimes they violate the rules – quasi judicial rules which prohibit contact with public officials. Theresa Dougherty knows that because the University of Washington broke those rules and as a result the other side gets an opportunity for a rebuttal so there is a special public hearing. Everyone is held accountable and everyone should be held to the same rules. Phasing: hoped that Scott would weigh in and talk about phasing that it is not something workable and that once this EIS is approved 1.5 million square feet – it is done. Why do they need almost 200 psych beds and think of how much square footage that could remove. Every single community group in NE Seattle has said "no building heights above 105 feet". All community groups in this area have asked to have the square footage reduced. She wants an alternative with no more than 250,000 square feet – it was their last master plan.

Several people simply agreed with Ms. Hales statement.

**Comments of Arlene Ehrlich** – Ms. Ehrlich noted that one speaker had mentioned social justice. She noted that she has lived across the way for about 40 years and that her property value and taxes are rising. When she looks at all of the development and impacts she worries about the further effects on the area from traffic and parking, size she is worried and those affects need to be considered. Traffic issues – difficulty in getting a sick child through heavy traffic.

**Comments of Ref Lindmark** - Mr. Lindmark stated that he works with Metro/King county on transportation planning. He noted that he tracks new developments and new projects to mitigate commute trips. There are no two employers/projects that are the same. They have different contexts, employees, different work habits, different places where there is transit available (or not), etc. They develop a customized plan for each employer, institution to try to mitigate. Children's is set up as the Gold Standard – it is one of the places they look to when they work with other institutions. Four elements they look for when looking at these things: 1) physical improvements – creating carpool and vanpool spaces, bike lockers, showers; 2) programs – comprehensive – carpool, vanpool, bike, walk, tele-work programs; 3) access to programs – try to put product in people's hands with incentives for all modes; and 4) commitment over time to the program. Children's sits down every year and asks how they can make their program better. Not just about footprint – it extends outside of the community to make things better for people outside boundaries. His office is available to help and answer questions.

**Comments of Sara Haminen** - Ms. Haminen stated that the "cow path" has been eradicated on Sandpoint Way; it is now safe and level and thanked the appropriate City persons for taking care of it. She stated that from the meetings that she has attended, it is clear that the mass of the design for the corners is concerning a lot of people. She suggested that Children's consider having pass-through on the first ground levels to have gardening levels in between. Looking southwards down 40th Avenue, on the left is already a sidewalk, trees that could be kept that would screen construction. Suggested it as entry to emergency. Phase 1 could be lighter and more beautiful.

**Comments of Sandra Evenson** – Ms. Evenson stated that she is concerned with traffic. Laurelhurst is a peninsula with only options to get in and out. She stated that she is concerned that the effect of emergency traffic and parking entry on 40<sup>th</sup> would be a problem. She asked how the traffic and parking will impact the residents and asked transportation be considered.

## Comments received 11/12/08

**Comments of Lauren Lukjanowicz** - Ms. Lukjanowicz stated that she has always received quality care from Children's. She gave examples of positive experiences at Children's. She urged the CAC to allow Children's to expand.

**Comments of Robert Johnson** - Mr. Johnson stated that he is the regional director of transportation choices coalition and wanted to discuss the transportation management element of the Children's plan. He noted that transportation accounts for 50% of our greenhouse gas emissions for the region and most of the pollutants into Puget Sound. He stated that the best way to positively effect our environment, reducing car use is crucial. All of the elements of the Children's Transportation Management Plan are very aggressive and well thought out. Children's deserves a great deal of credit for this. He stated his support for the construction of additional beds.

**Comments of Helen Belvin** – Ms. Belvin stated that Children's is a magnificent organization but that is not the issue. The issue is zoning. The area is a single family and we do not need this to disappear. That means neither expanding the footprint nor increasing the height of Children's. We need quality neighborhoods and Laurelhurst is such an area. Zoning is intended to protect property owners and should be taken very seriously. In addition the 20 years of construction and the increased traffic is a problem. Traffic has become a problem at all times of the day. She asked that the single family zoning be honored.

**Comments of Julie Mercer** – Ms. Mercer stated that she was in attendance to represent the Bicycle Alliance. She noted that she had professional experience with transportation planning and expressed support for the Transportation Management Plan elements.

**Comments of Cary Lawson** – Ms. Lawson stated that the height, bulk, and scale of the development is still too great for this single family neighborhood. The area is not zoned for this scale of development. She noted that she has reviewed Nancy Fields bed need statistics and it still appears that Children's is overestimating the future bed needs.

**Comments of Ginny Sharrow** – Ms. Sharrow stated her support for the comments of Helen Belvin and Cary Lawson.

**Comments of Jim Madden** – Mr. Madden noted that much of the traffic is at non-peak hours. This traffic is a concern at all times. He noted that there are other projects being proposed that will add to the traffic. He stated that he was not convinced the bicycle use will be a major factor in reducing traffic.

**Comments of Robert Haney Scott** – Mr. Scott stated that now that the economy has weakened, it is time for Children's to rethink its expensive expansion plans. A recent Wall Street Journal article described another not for profit hospital in the United States that was closing. It was located in a lower-income neighborhood. At the same time it was building a new hospital in a more affluent neighborhood. It is important to understand the not-for profit does not mean not for profit but that the organization does not have to pay business profits tax. It is clear that every successful hospital has to operate as a profit making institution. That is why the new hospital is being built in a neighborhood that will bring in more revenues than it would realize in a low-income neighborhood. So that is an important reason why children's wants to expand here. But economic reality that has changed and has led many expected investments to slow or cease. It is clear that donations to Children's will be lower in the future months than they have in the recent years as a result of a recessed economy. So what does the future hold for Children's estimates of future costs and revenues and what are the implications for the profitability of the proposed investment. Should the expansion plans be cut back in response to an uncertain future? By leaving Laurelon unchanged Children's might save the \$90,000,000 plus the cost of demolition. Children's could do this by reducing its proposed expansion from 1,500,000 square feet to 500,000 square feet. This would slow the development of Sand Point.

**Comments of Daniel Elderer** – Mr. Elderer stated that there is no better place for a pediatric hospital than in a residential neighborhood regardless of the zoning. The Hospital provides \$65,000,000 in uncompensated care and is not a for profit enterprise. The hospital serves a large geographic area and has done an admirable job decentralizing. However, the main campus needs to expand. The Laurelon Campus offers a great way to accommodate this and he stated that he totally supports the expansion.

**Comments of Michael Pearlman** – Mr. Pearlman asked how many CAC members live within a half mile of the hospital and noted that was about half. He noted that the CAC has been asking few questions. He offered the example of construction noise. Children's stated that the peak would be 95 decibels, but this is the level of a power lawn mower. Exposure to this level of noise for four or more hours requires hearing protection. He noted that many of the transportation figures were stated as averages but this is not the best way to present this as the peak condition – not average – is most important.

Mr. Pearlman noted that he had provided a written statement to the CAC. The municipal code in Section 23.69.032 Section d explicitly authorizes the CAC to consider the need for the proposed expansion. Swedish has a fine pediatric facility that treats more children than Children's. Last year Children's joined a law suit to block Swedish from building more pediatric beds on the east side. He wondered why Children's isn't prepared to ask Swedish to provide beds rather than build more here.

**Comments of Bonnie Miller** – Ms. Miller stated that she was appearing on behalf of the Northeast District Council. That council represents 16 neighborhood groups in Seattle. In commenting on the draft EIS in July the NEDC asked that additional alternatives be developed with less bulk, height and scale. She noted that the CAC made a similar request. Unfortunately, Children's has chosen to ignore these requests and the same height build and scale remain. The two alternatives in the final EIS do not differ substantially from the alternatives presented in the Draft EIS. Children's is entitled to expand and meet its needs. But Children's must also comply with the major institutions code and the City's Comprehensive Plan. Children's is not located in an urban village. She stated that the NEDC has the following comments to the Final Plan and EIS:

- Building heights should be limited to 90 feet – Children's is located in a low-density single family part of the City. Children's is not an area targeted for any kind of infusion of growth. The maximum height ever allowed for a major institution outside of an urban village isn't 105 feet. Limiting the height to 90 feet would make buildings more consistent with the surrounding communities.
- Square footage should be substantially reduced – It is disappointing that Children's has remained steadfast in its refusal to compromise in its square footage. A reduction of square footage could be based upon the FAR.
- The MIO boundaries should not be expanded to the west of Sand Point Way.
- Phasing should require confirmation of bed need.
- Specific details concerning the replacement housing for the loss of Laurelon Terrace should be a condition of the Master Plan approval

**Comments of Rick Barrett** – Mr. Barrett noted that he is the Vice President of the Seattle Community Council Federation. This is a coalition of community groups across Seattle. As part of the Major Institution process the federation provided comments throughout the process. He noted that the process has resulted in the CAC hearing only from Children's and its representatives and consultants. He urged the CAC to reject both alternatives. Both exceed the reasonable size for development outside of urban villages. Heights should be reduced. The 140 foot level far exceeds any heights allowed in similar areas. 105 feet should be the limit. Square footage should be reduced. Children's is requesting 1,500,000 square feet of new development which is the equivalent of Bellevue Square. In addition, the boundaries should not be expanded across Sand Point Way. Children's must supply comparable housing for that lost at Laurelon. In light of the independent report of the Fields report on bed needs, the Federation questions the need for 350 new beds.

**Comment of Jeannie Hale** – Ms. Hale stated that the Laurelhurst Community Club agrees wholeheartedly with the presentation by the representatives of the NEDC and the Seattle Neighborhood Federation. She stated that the two alternatives should be rejected. They needed to come up with alternatives that have less height and square footage. The last Master Plan had an expansion of only 250,000 square feet and this would seem appropriate for this plan too or perhaps 500,000 square feet.

**Comments of Bob Edwards** – Mr. Edwards noted that his child had received special care at Children's. He still brings his child to the hospital. He stated that the region is growing and it is essential that institutions like Children's grow with it. Our region's interest is best served with this expansion. The degree of expansion proposed is in line with what is needed and will not come on line all at once. He noted that Children's has been at capacity at times. This is not acceptable and the facility needs to be expanded as a unique part of the medical infrastructure.

**Comments of Meghan Quint** – Ms. Quint offered the opinion that many of those who support the hospital are much less likely to come to these meetings and are under represented here. She stated that the alternative 7r is a major positive change from the original proposal.

**Comments of Leonard Nelson** – Mr. Nelson stated that he recently retired from a manufacturing company. At that factory we had periodic sections of the floor that experienced 80 decibels. As a result all persons on the floor had to wear ear protection. Ninety-five decibels is a really dangerous level. He noted that concentrating all services at one location is not prudent. Decentralization is a wise move and a risk mitigation.

**Comment of Judith Platt** – Ms. Platt stated that she questions the bed need projections. Many might prefer a new facility on the east side. Height should be limited to 90 feet. The noise level is too high. Decentralization is also warranted.

**Comments of Corey Caspar** – Mr. Caspar noted that he is a resident of Laurelhurst and physician at another hospital. Children's has impact that go far beyond Laurelhurst and the nation. It is not fair to compare Children's to Swedish. Children's has a special research role that is unlike Swedish. He also noted that he feels that as a physician he is not qualified to comment on the projected bed needs and wondered how others can come forward questioning the need for children's medical care at this location. He also noted that many people move into the area to be closer to Children's.

**Comments of Emily Dexter** – Ms. Dexter stated that the Fields report states that the Children’s population in the region is projected to increase by 33% but Children’s is projecting a much larger expansion. She offered support for some modest expansion.

## Comments Received 12/9/08

**Comments of Stacy Faw** – Ms. Faw stated that she has been working in a partnership with Children’s for over four years and has been inspired by this experience to volunteers more to her community and consider what was most important in life. She stated that in her opinion this was not concerns over traffic or budig heights and that she continues to support the mission and expansion of Children’s

**Comments of James Mirel** – Mr. Moril stated that he appreciates the benefits of Children’s Hospital and supports the need for expansion.

**Comment of Terri Herrera** – Ms Herrate stated that she is resident of Redmond; has daughter who was patient at Children’s. She noted that she had heard that some in the community have stated that this development is “big business”. She disagreed and stated that she supported the expansion. She noted that when her child was treated at Children’s that she gained a great appreciation of the treatment, but the most important thing was that her child did not loose the feeling of “childhood”.

**Comments of Jim Madden:** Mr. Madden stated that he wished to discuss traffic. He noted that he has not head of plans that will improve Sand Point was sufficient to allow access and wonders how people will get through the area with 8100 more trips expected when hospital has expanded. In addition the proposed Transit center may actually result in more traffic. Everyone supports the mission of Children’s, but this isn’t the only hospital as there are two other children’s hospitals within 250 miles.

**Comments of Anne Leavitt** - Ms. Leavitt stated that she is a long-term Laurelhurst resident and strongly supports expansion and recent alternatives. This support became quite personal when her daughter was treated for cancer at Children’s. She stated that she believes that Laurelhurst neighbors have been kept well informed and input listened to. Alt 7 makes sense; they support it.

**Comments of Jeannie Hale** - Ms. Hale stated that is the president of the Laurelhurst Community Club.. Children’s is a good neighbor. First, we are here to talk about development standards and the level of expansion and tonight’s main topic is the Hartman property and should major institution boundaries be expanded. The major institution team for the LCC put together several proposed motions for the CAC to consider relating to development standards and hopes that someone on the committee will offer the motions. These are: 1) do not support expansion of the major institution boundaries to include Hartman. That action violates the City’s comprehensive plan, the Major institution plan. 2) Retain the existing multi-family low rise housing on the site; and 3.) to utilize the Hartmann site as the replacement housing site. Almost 100 units could be developed. Putting money into low income housing at Magnuson Park is not comparable to the loss of moderate income housing. She also stated that it was unfortunate that the CAC received DPD’s report tonight as they haven’t had a chance to review and study it. It is unfair to put it on you and expect you to digest it in 10 minutes.

**Comments of Mark Hallenbeck** - Mr. Hollenback stated that he is the director Washington State Transportation Center. Happy about changes from transportation perspective. Change will happen. What Children’s has put in means you have some say about making change much better. UW has implemented the best campus transportation program in the country. This has impacted traffic volumes and how people come to campus; volumes are down. Children’s has duplicated what has gone on at UW and this very impressive. He talked about intelligent transportation system – that it won’t help in some cases. What Children’s is putting into the system really takes away all the growth; a wonderful benefit to the community.

**Comments of Joy Scott** - Ms Scott stated that she sees a need to separate our positive feelings about the hospital from concerns over the size of the proposed expansions destroying. She read the following statement into the record.

Hospital expansion to the Hartmann Property is not only illegal in itself according to specific land use code rezone criteria, but such expansion would be the camel’s nose within the tent for future hospital expansion in the neighborhood. Recall that many years ago when Children’s Hospital was first built, the general understanding in the neighborhood was that it would never expand its original building. It is imperative that the Hartmann property used to develop essential nearby multi-family housing to replace that which will be destroyed under current proposed hospital expansion plan. The Hospital’s statements about possible similar development at the former Sand Point Air base are unacceptable for many reasons.

Non-porofit does not mean what it sounds like. Non-profit simply means that the organization is not taxed on its profits as other businesses are. Children’s Hospital is a business and as such makes a profit and also as a business is in competition with other institutions in the community that offer the same services. Business expands to make a profit, thus the supposed need for the hospitals expansion in not based on a realistic need for patient care, but on the desire for hospital profit.

**Comments of Lynn Ferguson** - Ms. Ferguson stated that she is Co-chair of NE District Council and that they support LCC position. We do not support expansion across Sand Point Way to the Hartmann Property. Initially expansion to Laurleon was not being proposed, but Hartmann was. Now both are on the table. There are real impacts on the neighborhood associated with the loss of moderate-cost housing at Laurelon. The boundary expansion to the Hartmann property would lead to institutional sprawl and overwhelm surrounding properties. In the case of Harborview Medical Center, the City Council decided that the replacement housing had to be in the vicinity of the lost housing. Magnuson is simply too far away to satisfy such a condition. Hartman would accommodate close to 100 units. Replacement housing should be required to be in place prior to the demolition of Laurelon and there should be conditions of how this housing is financed..

**Comments of Doreen Cato** - Ms. Cato stated that she is the Executive Director at First Place. First Place provides services, food, and housing for homeless families or those at risk of becoming homeless. The organization also provides healthcare in cooperation with Seattle Children’s. The Seattle public schools

identifies over 2000 children who are homeless in this area. Children's hospital serves both Seattle and the Eastside. Children's hospital needs to expand to provide the level of services that they have in the past.

**Comments Dara Craven:** Ms. Craven stated that in 2003 she and her daughter became homeless. During that time she was driving as a delivery person. One day her daughter went into an asthma attack while they were driving. She went to Harborview where she waited choking and gagging for three hours. Then she was transferred to Children's where she received care that allowed her to breathe finally. She strongly supports both the pension of Children's and the provision of replacement housing. There are a lot of children in the same plight as she and her daughter were.

**Comments of Mike O'Brien -** Mr. O'Brien stated that he is the Chair, Cascade Chapter of Sierra Club: addressing climate change. Solution to this problem lies in Cities and should concentrate growth in Cities and reduce carbon footprint. Answer to sustainable future is not stopping growth but working with it to figure out how it can be done in the smartest, most sustainable way. Specifically as it relates to design and transportation, the process and product has delivered a high bar and that is the goal we should shoot for. Transportation plan: investing in biking, transit, and employee incentives is positive standard. Children's has done an outstanding job investing in transportation alternatives.

**Comments of Joe Loveland -** Mr. Loveland stated that support Major Institution Master Plan. He is a Professor of Architecture at the University of Washington and; Director of Innovative Design Laboratory. He noted that he previously noted that Children's Hospital uses energy at almost twice the rate of the average; European hospitals and challenged hospital and design team to double their size but not increase the energy use at all. In the new plan, the Master Plan adopts the idea of the 2030 challenge which will actually reduce the total amount of energy that the hospital uses today even though it has doubled in size. He stated that this is impressive

**Comments of Amy Woodruff -** Laurelon resident; pleased with turn of events. Magnuson Park is only 2 ½ miles away – not too far from Laurelon site. The Hospital is doing acceptable job in planning and in involving the community in general.

**Comments of Bill Sire -** Mr. Sire stated Children's is expanding and is not going away and urged the CAC to focus on the Development Standards.

**Comments of Carrie Lassen -** Ms. Lassen stated that she supported the LCC recommendation on Hartman property.

## Comments Received 12/16/08

**Comments of Joan Quint:** Ms. Quint stated that she was Ravenna/Bryant resident; mechanical engineer; reviewing Children's expansion plans was impressed with their goals – particularly the reduction in energy consumption, potable water usage reduction, reduction in construction waste and also reduction in greenhouse gas emissions. She hoped that Children's would be seeking accreditation throughout the construction. She stated that she supports expansion.

**Comments of Jim Madden:** Mr. Madden stated that he wanted to discuss traffic issues. He noted that after he spoke last week, a professor of Planning at U. W. advised the CAC there were no worries because the intelligent traffic management system would be installed and there were sensors that would take care of it. During the break he asked the Professor where he could go to see this intelligent traffic mgmt system work; he recommended all members of the committee make themselves aware of it as well. The professor advised there wasn't a system like that installed in Seattle – that there may be one in Anaheim or Los Angeles (California). He visited it and said there is more traffic on Sandpoint than that area likely sees in a week. He stated that he wanted to avoid waking up one morning to read that the neighborhood had been fooled and that Intelligent traffic management system was "pie in the sky" and wondered if it actually existed. He recommended really looking at the traffic issue.

**Comments of Erin Kinch:** Ms. Kinch noted that she was representing the Puget Sound blood center. She noted that Children's is a premier facility in the treatment of pediatric cancer and provides a great deal of uncompensated care. She gave various examples of this uncompensated care. She stated that she definitely supports children's expansion.

**Comments of Jeannie Hale:** Ms. Hale stated that she was from the Laurelhurst Community Club. She stated that she wanted to remind all in attendance that we are not here to talk about all of the important work that Children's Hospital does. That is already known and all support that mission. We are here to talk about land use issues and make land use decisions, not listen to stories of individual children's experiences. She further stated that the major institutions code requires the Committee to balance the needs of the hospital with maintaining the livability of the surrounding community. If the expansion is too big and you cannot meet that delicate balance, then it has to be smaller. This is a single family zone and outside of any urban center. This would be the biggest rezone in the history of the City. She stated that several CAC members have been in touch with her about communications among CAC members about expansion of the boundaries with regard to Hartmann. She hoped that Steve would educate the chair on Roberts Rules that at the first of each meeting anybody can ask that the agenda be changed to add items of discussion – that never happens at these meetings. It seems like the whole discussion is driven by the supporters of the hospital regardless of the square footage they wanted. It is also driven by the 2<sup>nd</sup> citywide rep on the committee – Theresa Doherty – who has a lot of experience with major institutions because she leads that process with the UW. Ms. Doherty is very skilled and is leading everything. She encouraged the CAC to get more engaged and study the issues and get involved; and asked the CAC to follow the rules for fairness to everyone. She stated that she hopes that once the CAC moves on height, bulk and scale, the CAC will settle on a square footage that is consistent with what this site can handle; and certainly no more than 750,000 square feet. She also stated that there are so many questions concerning the need for the psych beds that just eliminating those would reduce the square footage significantly. She noted that she had been forwarded a study from a consultant that dealt with this, but that the firm appeared to have no experience in this field and hadn't even contacted the LCC independent consultant that Laurelhurst CC hired.

**Comments of Rabbi Jonathon Singer:** Rabbi Singer noted that he was from Wedgewood. His neighborhood has higher rise apartment buildings coming in and as a result – more children in the community. Schools are booming with children and his school went from 300 to 650 kids in 10 years. This facility addresses the need of the wider community. Children's draws from a broader area and is meeting the needs of the entire City. He stated that he supports the growth of the hospital to serve the City; and provide needed jobs in the City.

**Comments of Kobe O'Donnell:** Mr. O' Donnell stated that he supported expansion. He noted that he is a former Board member of Children's. He noted that he now lives in Seward Park and children there also rely on Children's. He noted that he has been advocating for mental health beds at Children's for twenty years. We are in dire need of mental health beds for our community. Presently we send children to other states because there are not available facilities here. Support of mental health beds to be added. He stated that he appreciates the concerns of Laurelhurst by the institution.

**Comments of Jan Kirkwood:** Ms. Kirkwood thanked CAC for service. She stated that she wholeheartedly supports the expansion of Children's Hospital. She noted that she grew up in Laurelhurst but now lives in Madison Park and she sometimes thinks that people of Laurelhurst don't often get south of Montlake cut – they don't have a lot of open space. She drives through an urban canyon but lives in a neighborhood that is surrounded by commercial buildings, hospitals, mental health facilities etc. – it is still a neighborhood that functions as such. Transportation is a real issue – neighborhood underserved by public transportation. Don't lose sight of the larger issue for the larger area.

**Comments of Katherine Wozzak:** Ms. Wozzak stated that she supports expansion. She stated that she considers the expansion of Seattle Children's as an investment in the future. She noted that she currently lives at Laurelon Terrance and that she considers Children's an asset to community. Children's is a good environmental steward and a leader in transportation management.

**Comments of Arlene Ehrlich:** Ms. Ehrlich stated that appreciated work of CAC. She noted that she was a retired social worker. Her house is important. She stated that the emphasis on Laurelhurst Neighborhood is a bit misplaced as the Hospital's expansion will have an impact on other nearby neighborhoods. She also stated that it is unfair to Laurelhurst and those who don't live in Laurelhurst to have their concerns cast as being unsupportive of Children's.

## Comments Received 1/8/09

**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 not 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 setting 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.

## Comments Received 1/20/09

**Comments of Tony Avellino** – Mr. Avellino and that he is currently Chief of Pediatric Surgery at Children's and a resident of Laurelhurst. He stated that is passionately supportive of the growth of Seattle Children's Hospital and that the hospital is simply running out of space. He had to call numerous families to inform them that surgeries have been delayed simply because of a lack of space. The expansion would create more single rooms and help reduce the spread of infectious diseases.

**Comments of Jim Weed** – Mr. Weed stated that Children's provides extraordinary care and did so for his family. He stated that his child was gravely disabled by mental disease. Eventually his child was involuntarily committed to Children's. The care was the right choice. The quality of care for a patient with a mental disorder is just as important as for one with a physical disorder. He stated that he believes that without the intervention of Children's his child would have been institutionalized for life. The care and support they provide to his family surpassed his greatest expectations. His child is alive and well today because of what Children's did.

**Comments of Lauren Covey** – Ms. Covey stated that she supports the expansion of Children's Hospital. Over the course of the last months Children's has done a great deal to address the community's comments. Children's needs to continue its important work.

**Comments of Christina Salak** – Ms Salak stated that in December of 2007 her then 17 year old daughter began to systematically starve herself to death (anorexia). Out patient treatment proved unsuccessful and eventually she learned that Children's had a jewel of a program and got her child admitted. She was admitted into the mental health unit. Thankfully there were beds available. We are grateful for the care she received. She is now doing well. The need for care far outstrips the available beds. Children's is the right place to fill the need.

**Comments of David Miller** – Mr. Miller stated that he is a north Seattle resident. He stated that he is concerned that a group representing themselves as speaking for Laurelhurst has appealed this process. He offered the opinion that many in Laurelhurst support the expansion. He also noted that some have stated that this expansion is unprecedented. He stated that this is not true and gave several examples of similar or larger expansion of children's hospitals. He further stated that larger hospitals eliminate duplicative administration and are more efficient.

**Comments of Jan Kirkwood** – Ms. Kirkwood stated that Children's does not currently own Laurelon. There is no requirement to close on the transaction unless Children's receives enough flexibility on the property to make it work for them. It is important to try to look at where the disputes really are. Laurelon began this process long before the CAC was formed. We were consulted by the Hospital and knew of their expansion plans in general and decided to approach Children's. Owners do stand to benefit financially if the sale closes, but for many of the owners, the money has never been the issue or goal. She noted that the purchase and development of Laurelon solved many problems.

**Comments of Peter Buck** – Mr. Buck noted that some have said that we should not spend time listening to discussions concerning the experiences of patients. But this is an important issue and a tough decision. The easy decision is to cut down the size and make some immediate neighbors easy, or the difficult long-term decisions and meet future needs. Will there be rooms available for children or not? He asked the CAC to make the difficult long-term decision.

**Comments of King Cushman** – Mr. Cushman stated that he has a background in transportation planning and urban planning. He stated that the transportation plan that Children's has developed is outstanding.

**Comments of Cary Lassen** – Ms. Lassen stated that voting to reduce height and scale leaves other options and opportunities open such as more decentralization. Voting to scale back this proposal is not telling children that we do not support them, but that this location has its limitations. She stated that this site is geographically separated from the eastside and that this is a difficult location to get to. Limiting bulk height and scale is being realistic about the geographic and infrastructure limitations of building on this spot. We need to decentralize more and if that means a separate psychiatric hospital and clinic elsewhere that is an opportunity.

**Comments of Jim Madden** – Mr. Madden stated that he recalled all of the protest around the development of the Safeco Tower. Within a short time of the construction the situation had changed and Safeco decentralized. He offered the opinion that the same is possible here. He noted that the EIS states that there are still 20 to 22 beds allowed on top of the Train Building and that if beds are in such short supply, why a certificate of need is not being sought for these beds now.

**Comments of Jeanie Hale** – Ms Hale stated that she is with the Laurelhurst Community Club and that she appreciated the comments of Jim Madden. She noted that she hoped that the committee would strengthen its statement under phasing regarding requirements for certificates of need. She noted comments from the architect that it is unclear where needs will be met in the future. There is so much uncertainty about need so that it is important to have phasing conditioned upon the Department of Health's issuing and intent to issue a Certificate of Need. She also noted that she appreciated the comments of Todd Johnson but noted that his experience was with Virginia Mason and Harborview and that these institutions were in urban centers where development was much different. Children's is in a low-density single family area where the highest building height ever approved in a similar location is 90 feet. The NE District Council and LCC are willing to compromise to 105 feet. She also stated that she hopes that the CAC will settle on a reduced square footage. She noted that she appreciates some of the personal stories particularly concerning mental health issues. She noted that her daughter was in in-patient treatment for mental health treatment for a year and a half. That is a difficult thing to go through. She also stated that she was disappointed that the transportation study that the LCC consultant prepared appears to have been discounted.

**Comments of Randy Ravelle** – Mr. Ravelle stated that he is the Sr. Vice President of the Washington State Hospital Association, a former King County Executive and former Seattle City Council Member. Children's Hospital is proposing adding an additional 140 pediatric psychiatric beds and that on behalf of the association he is requesting that this be supported. The reasons for this request are contained in a document that he will pass around later. He also gave a personal comment. He stated that in 1977 he began to experience psychotic episodes that were very difficult and that he considered that he might spend the rest of his life in a mental institution. Fortunately he was wrong. Thanks to an accurate diagnosis and most important appropriate hospitalization, effective treatment, and a loving family, that didn't happen. He stated that he has recovered from mental illness and overcome the stigma that our society attaches to it and lived what he believes is a very productive and enjoyable life. He stated that Children with this type of disability deserve the same opportunities that he has enjoyed.

**Comments of Dawn Morrison** – Ms Morrison noted that she is a single parent who had a child who has experienced mental illness. Her son gets the care he needs but it is limited by lack of resources. Children's has only 20 beds and that is not enough. They have received services at Children's for three years and have provided financial assistance. This care was outstanding.

**Comments of Molly Black** -Ms Black stated that she too has brought her children to Children's Hospital and no one disagrees that Children's provides important services. She also stated that the vitality of the neighborhood needs to be maintained. It is clear that the expansion will occur. She stated that she preferred that the height of 105 feet. The current proposed height at the entry to the neighborhood changes the experience. She also stated a preference for continuing the 75 foot set-back all of the way along NE 45<sup>th</sup> Street.

**Comments of Judith Platt** – Ms. Platt stated that the hospital has grown from very small beginnings. Neighbors support the mission and want Children's to have as many beds as it needs while maintaining this as a safe and healthy neighborhood. She stated a preference for a 105 foot height limit.

**Comments of Lisa White** - Ms. White noted that she is a Laurelhurst resident and former Children's employee. She urged all to compromise. She supported a height limit of 105 feet and continuation of the 75 foot setback all of the way along NE 45<sup>th</sup> Street. She stated support for the positions put forward by Doug Hanafin

**Comments of Julia Sensenbrenner** – Ms. Sensenbrenner stated that she was a Laurelhurst Resident and wanted to state that she appreciates the services provided by Children's. Since the project will go forward in some form, she is more concerned with the specific design. The height needs to be no higher than the current buildings. Because of the slope of the site, even keeping below the maximum height of the existing building creates taller buildings at the lower levels of the site so that the experience is of larger buildings. She stated that she supported a maximum height of 105 feet.

**Comments of Jon Rosenberg** – Mr. Rosenberg stated that his son has severe autism. The day he realized that there was something wrong with his son, in a single moment his entire world collapsed. He worked hard to make sure that they had access to the best doctors, spared no expense, his wife became an expert on behavioral therapy and medications. And above all they loved his son. Still his son slipped into darkness and isolation, locked in some hidden torment without the ability to communicate what was wrong. We taught alternative communication skills. And above all they loved their son. When adolescence approached he began to hit himself and bite his hand. He kicked and even punched holes in the walls. We reluctantly began to use medication. His wife enrolled at the University of Washington for her PHD in Autism. He learned how to do drywall repair. And above all we loved our son. But about two years ago his son began to come home from school severely self injured. He had open sores on his hand where he had bitten through his hands and his head. We found ourselves on the receiving end of his rage. We had no where to turn and realized we might not be able to keep our son. We were lucky. Children's Hospital had one open bed. He couldn't stand the thought of leaving his son in a strange place but the environment seemed so warm and safe that he seemed at home. We couldn't conceive that anyone could do more that they had done already, but his son got better there. His son has been home and back where he is loved now for 562 days now and each is a gift from Children's. He stated that he appreciates the concerns over views and traffic and about the safety. These are important concerns, but when you consider expanding the mental health beds, think about what would have happened if no bed had been available.

**Comments of Michael Pearlman** – Mr. Pearlman asked when the committee plans to vote on the issue of the 1.5 million square feet. Steve Sheppard responded that the CAC has voted to reduce FAR from 1.9 to 1.5 and that this affects the total square footage in that if development is shifted to below grade then the full 1.5 million square feet might still be build. Mr. Pearlman stated that this should be done transparently. Mr. Rosencrantz stated that it was transparent and that he had this conversation with Mr. Pearlman at that time. The vote was based in part on review of the hand outs from LCC and it is unclear how that could have been more transparent. The vote was 13-1. Mr. Rosencrantz stated that he very vigorously disagrees that this was not discussed in an open manner.

**Comments of Liz Ogden** – Ms Ogden stated that she is a Laurelhurst neighbor and with the Laurelhurst Community Club. She thanked Doug Hanafin for his proposals and stated that it is a move in the right direction for a compromise. She stated that 105 feet is not a standard, but 90 feet is more common. She stated that the square footage remains an issue. She also stated support for the extension of the 75 foot setback along the entire length of NE 45<sup>th</sup> Street. Entrances should be kept off of 40<sup>th</sup> Avenue NE. this street is an entrance to the neighborhood and the rough for emergency response (fire engines etc.) She also noted that there is a drive parallel to 44<sup>th</sup> Avenue NE that appears to access off of NE 50<sup>th</sup> Street and that this should not occur.

**Comments of Grace Yuan** – Ms Yuan asked: 1) what is the exception for the mechanical penthouses as it is not clear if the 15 floor exception and the 25% coverage apply to each individual building or the campus as a whole; 2) has there been justification for the need for the sky bridge in phase IV; and 3) can the CAC tighten the constraints on the building envelopes. She noted that she is unaware of any other provision for limiting development in a zone to some percentage of a zone being up to the achievable height. She also noted that it appeared that the MIO 90 just north of the MIO 70 on the existing campus is expanded east all of the way to Penny Drive and asked if this was an error in the drawing.

**Comments of Paul Haus** – Mr. Haus stated that he is speaking on behalf of Common Ground. He noted that they are developing the housing at the old Sand Point Naval Air Station. Common ground will develop housing for between 250 people will be housed there including between 150 to 200 formerly homeless children. There is a tremendous need. He stated that they have not yet received full funding for this project. Many large donors are pulling back. For this reason they are very thankful to be participating with Children's for the replacement housing.

## Comments received 1/27/09

**Comments of Tony Woodward** – Mr. Woodward stated that he is the Emergency Room Medical Director for Settle Children's Hospital and a resident of Laurelhurst. The importance of direct and immediate access to the emergency room is crucial. However access is eventually done make it immediate and straightforward.

**Comments of Seth Gustafson** – Mr. Gustafson stated that he is a Bryant resident. He stated that the contribution to the housing replacement fund in good and that he supports the portion that would go to Solid Ground.

**Comments of Frank Graves** – Mr. Graves stated that he is a Laurelhurst resident and lives on 42<sup>nd</sup> Avenue directly abutting the hospital. He stated that he is seriously opposed to the entrances on 40<sup>th</sup> and that it will cause problems for which answers have not been given.

**Comments of Ginny Sharrow** – M. Sharrow stated that every time she attends the meeting she becomes sick to her stomach. The discussion is always about what is best for Children's. She offered the opinion that Children's has not made a single meaningful compromise since the beginning of this process. There are compromises that can and should be made, but it appears that Children's has no interest in working towards common goals. Every meeting Children's offer up a new horror that terrorizes the impacted neighbors. In addition, when listening to the traffic engineer she wonders where he is coming from. The street already backs up. We need to work towards a compromise so that we can continue to be a vibrant and vital neighborhood that will support Children's Hospital for the next 100 years. When will someone in power cry foul?

**Comments of Jim Madden** - Mr. Madden stated that the issue comes down to the fact that we are trying to accommodate too much on too small a site. He noted that he had reviewed most of the traffic studies. After everything is said, the proposal is to add ten shuttle busses, 300 to 500 bicycles, some message board will be installed, some cameras will be installed. The roads will remain the same size while traffic will triple. At one point it stated that there will be 51 vehicles turning right, but how can that be? There are more than that now? He encouraged the CAC members to study the traffic studies. He also noted that the loss of Laurelon Terrace will eliminate 36% of the affordable housing in this area.

**Comments of Donald King** – Mr. King stated that he is an architect with a twenty-four year practice specializing in community planning and design including the planning and design of health care facilities. He noted that when asked what one could do to promote world peace, the Dalai Lama responded: "be kind to children. For over 100 years Settle Children's has done this. The number of children and the number served by Seattle Children's has grown. After reviewing the master plan it is my professional opinion that the plan strikes the best balance between the delivery of these services to children and the sensitivity to the adjacent surrounding neighborhood. He stated that he is particularly pleased with Children's plan to further decentralize its outpatient services and focus development at the hospital on in-patient care and highly specialized services that are difficult to replicate at more than one location. The two years of community involvement is commendable and alternative 7R shows a significant response to community input including: 1) attention to the buffers and edges of the site; 2) Reduced height; 3) eliminating of entrances from neighborhood streets; and 4) creation of a transit hub. He urged adoption of the plan.

**Comments of Judith Platt** – Ms. Platt stated that she is concerned with the height bulk and scale of the proposal. She noted that at times traffic on NE 45<sup>th</sup> Street backs up from Sand Point Way to the east past 40<sup>th</sup> Avenue NE. She noted that over 50 years the hospital has grown from a small facility in a duplex zone to what we have today. She suggested that heights be kept to 90 Feet.

**Comments of Susan Martin** – Ms. Martin stated that she is a twenty-year resident of Laurelhurst. She stated that she wanted to discuss, what she sees as the lack of transparency the part of Laurelhurst Community Club regarding this issue. There is a vast contingent of people in this neighborhood that really do support alternative 7R. She stated that she does not feel that Laurelhurst Community Club is adequately representing the community. She noted that she went to a Laurelhurst Community Club meeting several weeks ago and waited through two hours of other items on the agenda and when Children's came up they went into executive session and that I would have to leave the meeting. She stated that she is a former member of the Laurelhurst Community Club Board and understands what an executive session is. She stated that she does not believe that LCC is adequately representing the neighborhood.

**Comments of Michael Pearlman** – Mr. Pearlman stated that he remains concerned with the lack of full consideration of the total number of square feet. He noted that Mr. Sheppard has advised several times that the committee reach a position on the total amount of allowable development by working from the outside in, but that the discussion at the last several meetings was confusing and that many, including some on the CAC did not understand that the decision on FAR was a decision on the total square footage.

**Comments of Ford** – Ms. Ford stated that she is concerned with the scale of the facility. Her greatest concern is over transportation. With 800 cars per hour coming how would someone from elsewhere to get here. Children's appears to be getting everything they could wish for.

**Comments of Jeannie Hale** – Ms. Hale stated that she was with the Laurelhurst Community Club. She stated that she wanted to let Ms. Martin know that the Community Club embraces Children's as an asset for the community and what they want is a development plan that works for the hospital and the community. She noted that she was happy the Mr. Sheppard had addressed the issue of minority reports. Often these reports are more cited by the Hearing Examiner and City Council. When you are considering writing a minority report it is important. As a CAC most of the testimony you receive is from the institution. She noted that the CAC received an e-mail that encouraged the CAC to approve the street vacation and adequacy of the EIS and described these as technical issues. There are not technical issues. She stated that she appreciated that Mr. Sheppard has instructed the CAC not to speak to the adequacy of the EIS, but neither issue should be characterized as "technical". She provided the CAC with a copy of the LCC appeal on the EIS and the City regulation concerning street vacation.

Ms. Hale noted that the transportation Department often says that projects can not be done but LCC has learned to just keep the pressure on and they will get done. She gave examples where this had occurred.

**Comments of Liz Ogden** – Ms Ogden stated that traffic is a critical issue and that the LCC has worked on several issues regarding this. Children's is proposing adding a large parking lot. Initially the LCC was told that this was intended as the Emergency Department parking, but at 100 cars it is clearly more than that. This master plan is still seeking a nearly tripling of total square feet and therefore generating a similar increase in traffic. She noted that there is no signal planned at NE 50<sup>th</sup> Street and Sand Point Way.

**Comments of Molly Black** – Ms. Black stated that she agreed with others who had suggested a less porous edge. By now it is clear that Children's needs can be met in Laurelhurst. And as one speaker mentioned the CAC has been very kind to Children's. Children's has its 1.5 million new square feet to work with and it will be taller than any other similarly situated facility in the city. The Campus will be enormous and will significantly impact its surroundings. However indelible mark that the hospital will make on the neighborhood in which it sits can be mitigated. Institutions and neighborhoods are different in many ways but similar in that they are largely defined by their entry points. As seen at Children's current entry on Penny Lane, the institution's entrance is often adorned with signage; bright lighting and associated brouhaha to draw attention to those that it needs to draw in. Entrances to neighborhood are far more subtle but no less important as they help establish an area's identity, sense of self and identity. 40<sup>th</sup> Avenue NE and 45<sup>th</sup> Avenue NE arguably serves as this neighborhood's primary entry. These two streets are used almost exclusively for the purpose of accessing homes, parks, churches and schools. Excluding the businesses that also front Sand Point Way, there are no commercial interests on these streets, nor should there be. To help preserve the residential character of the surrounding area, she and her neighbors feel strongly that the hospital should be required to turn its public face away from the neighborhood gateway, and that the hospital's vehicular entry points be limited only to Sand Point Way. With regard to 40<sup>th</sup> Avenue NE, 45<sup>th</sup> Street NE and 50<sup>th</sup> Avenue NE Children's should be the good neighbor and limit entry points to Sand Point Way.

## Comments Received 1/29/09

**Comments of Megan Quint** - Ms. Quint stated that she was speaking on behalf of Northeast Seattle Parents in support of Children's Expansion and appreciates its presence in the community. She has been involved with the project since June but it hit home last fall when her one year old stayed three nights at Children's; she explained her experience of that time. She was angry to hear people say the expansion was being driven by something other than demand and stated that she believed the expansion is needed.

**Comments of Amy Woodruff** – Ms Woodruff stated that she was a resident of Laurelon Terrace, and she appreciated all the hard work to date. 84 owners have sold their property to the hospital and another six are pending. The Laurelon Terrace community is looking forward to the end of this process and to getting on with their lives; and many have found new housing opportunities in the marketplace today. 104 owners voted to approve the street vacation process for the hospital and one person voted against. Laurelon Terrace is in support of the process and are well represented throughout the process. She stated they have not been bullied throughout this process or forced to sell.

**Comments of Carrie Olsen** - Ms. Olsen stated that she was a resident of the neighborhood and recalled the farmhouse that once stood on the Children's site. She noted that Children's has grown in 20 year increments and slowly swallowed up portions of the neighborhood. At some point the community needs to decide whether different options for expansion exist. The question is not whether Children's should or shouldn't expand but rather whether it is appropriate for needed expansion to occur in residentially zoned neighborhood. 1.5 million square feet still brings the same amount of traffic no matter how you do it. She noted that when she first heard about the proposed square footage she thought that the eventual amount approved would be about half that proposed. She also stated that she was baffled that when Dr. Henson was asked about the Certificate of Need he side stepped the issue. There are still many questions about that. She asked the CAC to proceed with caution and asked them to consider height, bulk and scale. She added that it is a wonderful institution.

**Comments of Jeannie Hale** - Ms. Hale stated that she was with the Laurelhurst Community Club (LCC). She stated that she was happy to have Beverly Barnett address the CAC as she is extremely knowledgeable and articulate. She said that even the City Council has difficulty understanding this complex issue of public benefit requirement. She noted that Ms. Barnett had stated a petition has been submitted, and asked why Children's had not provided that petition to the CAC. She noted that LCC regularly receives notices from SDOT regarding vacations but also hasn't received that information yet.

The public benefit requirement is extremely important. It is not just a matter of the benefit that Children's provides to its patients. She noted that the University of Washington went through a similar process and has been involved with both street and alley vacation hearings. She noted that she attends those meetings and that the University has come forward with some wonderful plans to fulfill the public benefit requirement that would benefit not just their students but the general community. She advised the CAC to refrain from taking an immediate position on street vacations. It is an extremely complex and lengthy process and the CAC lacks the needed information yet to be sufficiently informed. Ms. Hale noted that she had provided the CAC with additional materials on this process from SDOT's website to the CAC. She agreed that it is implicit that vacations are necessary with the acquisition of Laurelon Terrace but without an understanding of the petition or the issues it isn't a good idea to take any kind of position.

She noted that the agenda states that set backs and open space will be discussed and she stated there are already 75 foot set backs on the east and portions of the south end which is great: 40' along Sandpoint Way north of Penny Drive which is also a very good recommendation. She stated that LCC is recommending that the 40' setback along portions of NE 45<sup>th</sup> and 50<sup>th</sup> Streets be increased to 75'. The Major Institution clearly states that there needs to be a transition to different kinds of zones and 40' just is not sufficient to comply with the code and to meet the needs of the surrounding communities. Similarly, there is a portion of Sandpoint Way south of Penny Drive which has a 10' set back which is not sufficient and should be increased to 20'.

She agreed with Megan Quint that the hospital does serve a wonderful purpose and noted that LCC supports the hospital's expansion but wants the balance that is called for in the major institution code that considers both the needs of the hospital and those of the surrounding communities. LCC has never said that these changes are really about greed or anything other demand it is just a difference in how we approach these kinds of issues. She thanked the CAC for the opportunity to speak and for all their good work.

**Comment by Judith Platt** – Ms. Platt thanked everyone for all they've done and thanked Children's for their work in the community for their family through generations. She agreed that there is a need for more rooms for children. The disagreement is over scale. Neighbors believe that sufficient development to cover needs could be accommodated with about 500,000 square feet as opposed to 1.5 million. She stated that neighbors have compromised a lot over the

last 50 years by accepting major increase in size, bulk and height at Children's and asked Children's consider more carefully their impact on quality of life in the surrounding neighborhood.

She stated that she would like to see height maintained at no greater than the 90 feet that Children's is presently granted as this is a low-rise residential neighborhood. She noted that while we all benefit from excellent care provided at Children's, the neighborhood is more impacted by the noise that surrounds the buildings. It is rarely what occurs inside of the building that has the greatest affect on the neighborhood, but what goes on outside the buildings. In addition, she stated that Penny Lane should be expanded so that parking garage is construction is not along 40<sup>th</sup>, NE 45<sup>th</sup>, NE 50<sup>th</sup>, 45<sup>th</sup> Ave NE. She thanked the CAC for their time and attention and for listening.

**Comment by Liz Ogden** – Ms. Ogden thanked everyone for the time and energy they have put in. Concerning open space she said the biggest impact for the neighborhood is set backs, not interior, public/private space. She encouraged the CAC to focus on the set back areas. She noted that these were well vetted in the previous master planning process, including 75' along NE 45<sup>th</sup> St. and the set backs along NE 50<sup>th</sup> St. and the set backs along Sandpoint Way and 40<sup>th</sup>. The code states that although not required to be physically accessible to the public, open space that is available to the public, especially visually, is encouraged. The visual accessibility is important considering the fabulous density of development that has been talked about. She asked the CAC to keep in mind that set backs are much more important than any other open space on the campus.

**Comment by Peter Steinbrueck** – Mr. Steinbrueck noted that he is a former City Councilmember and chaired the land use, Urban Development and Planning Committee, the Parks Committee and the Housing Committee. He said he is a neighbor and lived in Laurelhurst for a time and now lives in Northeast Seattle. As a citizen he said he greatly values the positive contribution that open space makes to the City whether it is public, private or something in between. We are expecting 1.7 million more people in the region over the next thirty years so we will need more open space. He stated that he was particularly impressed with the 41% commitment for open space both public and semi-public, visible, accessible open space.

## Public Comments Received 2/2/09

**Comment of Sandy Kemper** - Ms. Kemper stated that she had positive feelings about Children's and explained her experience of adopting a child with a cleft palette and the communication she had with the hospital. Children's was a great help in the process. She was impressed by how well-organized Children's is. Children's is an important part of this region but also important internationally and knows that a lot of work is being done in Africa.

**Comment of Bruce Milles** - Mr. Milles stated that he has worked in Children's Hospitals in other cities and is familiar with the task at hand. Transportation continues to be a concern and he suggested walkways over 45<sup>th</sup> and Sand Point. He didn't think the site is large enough for the 20-year expansion plan to make it as environmentally appealing as all would like. He asked what would be done with Ronald McDonald House and how big is that going to become and how many more will be put in the area. He asked about physicians moving to the area – what kinds of facilities are they going to need because growth in a hospital also means a growth in physicians and growth in practices; he asked how that is addressed. Communities build up around a hospital – in Fresno the (hospital) moved to a 100 acre site that was donated to them and a community was built around it. He doesn't see the report reflecting the kind of growth that will take place in 20 years around this hospital; if it has been discussed he applauds that but if not there is still work to be done. He appreciated how much the community was involved.

**Comment of Jeannie Hale** - Ms. Hale thanked the committee for allowing her to speak at every meeting and to review everything and that she appreciated the careful work that has been done. She encouraged the Committee to be respectful and courteous of each other and said that people are entitled to their own viewpoints; there is no room for discourtesy. She was happy to hear about Children's international work. The Laurelhurst Community Club consistently supports the work of Children's and its important mission and they support Children's as their neighbor. She referred to Bruce Milles' comments as interesting as certain transportation issues have been addressed but not traffic impact. Children's estimated something like 9,000 trips a day where an independent traffic consultant came up with 42,000 trips a day. These issues were never dealt with. The information – the trip generation data – was never provided to the CAC although it was asked for repeatedly. Many questions remain and she encouraged the CAC to exercise independent judgment when it comes to various issues to be discussed tonight and when it comes to their interest in signing any of the minority reports – a lot of thought went into those. She also noted that it is extremely important to the Laurelhurst Community to limit entrances on NE 40<sup>th</sup> Street. Other major concerns for the LCC continue to be limiting height to 105' as well as the total Square footage of development.

**Comment of Judith Platt** – Ms. Platt thanked the CAC for the work and dedication as well as the staff, patients, the people who have come in from outside the neighborhood to speak. She cited the excellent service and care provided and thought the people coming from surrounding neighborhoods are just not aware of the traffic and the bulk and size that we in the neighborhood have been experiencing over the last 40 years. They are able to come in and use the excellent care of Children's and then drive away and live elsewhere. The main thing we are all saying is we know Children's needs to grow, we are asking for a compromise on that growth pattern and that they stay within some smaller boundaries. Maybe now that there is a Lake Union building that Microsoft is no longer going to be using – that could be used for something not directly patient related. She supports Children's and appreciated the work done by all.

**Comment of Ray Meuse** - Mr. Meuse stated that he recognized the Committee's efforts and has been on previous master plan advisory committees. He spoke to traffic and the international aspects of Children's. One subject that hasn't been mentioned is there has been an increase in video teleconferencing and while it doesn't affect the traffic of patients it does affect travel of staff. He spoke of a video teleconference that morning between Children's and Kiev, Ukraine.



**Section V**  
**Full Meeting Notes**

**Meeting #1**  
**Tuesday, August 14, 2007**

Children's Hospital and Regional Medical Center  
4800 Sand Point Way  
Wright Auditorium

**Members/Alternates Present**

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

**Members Absent (Excused)**

Dolores Prichard	Doug Hanafin
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**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 by Steve Sheppard at 6:10 PM. Mr. Sheppard noted that this is the first formal meeting of the Committee. He noted that there had been previous orientation meetings and independent public meetings sponsored directly by Childrens Hospital and Regional Medical Center. He noted that the first part of the meeting would be a presentation by Children's on its initial Concept Plan. This will be followed by public comments and following this, the Committee will meet to deal with its business.

**II. Formal Presentation of the Children's Hospital and Regional Medical Center (CHRMC) Concept Plan**

Ruth Benfield, Vice President for Facilities and Psycho-Social Services for CHRMC, was recognized to lead off CHRMC's presentation. Ms Benfield stated that CHRMC had begun the process with an evaluation of the needs of CHRMC. She stated that CHRMC has experienced more rapid growth in its service than anticipated and now recognizes that it must grow to meet those needs. She noted that CHRMC staff and consultants will present their initial thinking concerning how to meet CHRMC's needs while minimizing as far as possible the impacts on the community. She noted that this is an early proposal and will likely change over the next two years as the community weighs in.

Ms. Benfield stated that the proposal focuses on honoring the existing boundaries of the institution rather, than expansion of the boundaries. It does not include the Hartman Building across Sand Point Way. This building is owned by CHRMC and its use will allow a reduction in the total square feet of development on the central Campus.

She noted that there have been questions raised concerning whether CHRMC is working with Laurel Terrace to facilitate purchase of Laurel Terrace. She stated that while CHRMC has heard from some residents in that condominium that they might wish to go in that direction while others have indicated no interest in such a direction. CHRMC has stated to its immediate neighbors that if they have an interest in selling their properties to CHRMC, CHRMC would entertain some consideration of that. However, that is not anticipated in the Master Plan.

*Editor's Note: The presentation related to a series of graphics and models and was not easily summarized verbally. Discussion of the graphics is not included here. Copies of the graphics presented are included in the formal Committee files and available at DON for review.*

Paul Sonberg with Zimmer Gunsul Frasca Architects was introduced to go through the proposal. The existing hospital has 350 beds in 199 rooms. The proposal is to go to 600 beds in 600 rooms. This will result in an increase from 900,000 gross square feet of space to 2,400,000 gross square feet. HE noted that there are currently 1400 cars on campus and that will increase to 3000.

The first phase of the expansion is a three-story building to house the Emergency Department. This was authorized under the last MIMP. Following that, the new bed towers would be constructed in phases. Eventually, two additional nursing towers would also be constructed. A variety of cross sections and elevations were presented and are included in the Committee files. Mr. Sonberg also noted that CHRMC has identified a series of locations throughout the neighborhood where views of the proposed development will be generated.

Mr. Sonberg also noted that additional access points are proposed from both 45<sup>th</sup> and 50<sup>th</sup> Streets. This will include location of new traffic signals on Sand Point Way. Mr. Sonberg then briefly went over the model and this was followed by a break to allow members of the public to come forward and view the model.

### **III. Public Comments and Questions and Answers**

The meeting was opened to public comments and questions.

A member of the public asked what rules apply to the setbacks and size of the facility. Steve Sheppard responded that the Major Institutions Code allows the institution to propose the development standards (zoning restrictions) that will apply to them. That includes heights setbacks and total square footage of development. The Code allows an absolute maximum height of 240 feet. The code also has a variety of lower heights from 37 feet up. The purpose of this entire process is to determine the zoning standards. The code also contains provisions that the development standard apply only within the boundaries of the Overlay Zone which is essentially the campus boundary. In this case, CHRMC is proposing to expand that boundary to include the Hartman Building site.

A member of the audience asked what the footprint of the proposal would be. Mr. Sheppard noted that the maps show a boundary. The institution may not develop outside of that boundary. The institution is proposing an expansion of the current boundary.

A member of the public asked what the effect of CHRMC's purchase of homes outside of the overlay boundary would be. Mr. Sheppard stated that CHRMC can purchase property outside of its boundaries but could not use that property for any use other than what is allowed under the current zoning. He noted that if Children's purchased a home in a single family zone and it was not within their boundary, then they would have to use it for single family uses.

A member of the public asked what the process would be if Children's then wanted to use acquired property outside of their boundary for institutional use. Mr. Sheppard responded that they would have to propose a boundary expansion as a major amendment to whatever plan existed at that time. In essence, they would have to go through the master planning process all over again. The City has the option of denying any boundary expansion. This also applies to the current request to expand the boundaries to cover the Hartman site.

A member of the audience asked for clarification concerning open space. Children's staff responded that the concept plan identifies both current and proposed open space. A member of the public asked for clarification on how CHRMC arrived at the conclusion that it needed 500 to 600 beds. Ruth Benfield responded that CHRMC had taken into account growth projections nationally which estimated an average of 3.1% per year growth. They looked at this area and estimated a 3.5 % growth in need over the next twenty years. She noted that 60 to 70% of the patients are children with chronic or severe needs that cannot be easily treated elsewhere. What is proposed is to remove non-critical functions such as research, and consolidate in-patient services at the Laurelhurst campus. She noted that the hospital is currently operating at over 74% occupancy using double rooms or up to 94% if only single occupancy was used. Children's is trying to go to single rooms and to a more reasonable 65% occupancy.

A member of the audience asked what percentage of patients comes from Washington State. Ms. Benfield responded that about 50% come from the Puget Sound area, 95% from the Washington State and 5% from elsewhere.

Jeannie Hale asked: 1) if federal guidelines require single beds and 2) how Children's arrived at the need for 4000 square feet of space for each bed.

Children's staff responded that only about 300 square feet of the projected 4000 square feet is the actual patient room. The remainder includes the access, nursing stations, surgery imaging and support services and some teaching and faculty offices. This is not a federal guideline but is general industry standard for leading academic medical centers.

A member of the public asked if a geotechnical study has been completed to determine if the soils are stable. Children's staff responded that a study has not been completed at this time.

Various members of the public noted that the new entrances to the campus could have significant impacts. Steve Sheppard responded that these issues will be dealt with in the environmental review process.

A member of the audience noted that most who had moved to the area had done so with the understanding that Children's was a residentially scaled hospital. The current proposal changes this in ways that no one anticipated. Others noted that given the large scale change, that the information provided include views from various locations and better elevations.

A member of the public noted that the model shows a level of development that is very troubling. She asked that Children's consider going back to the drawing board and consider other locations. She noted that she had looked at other state-of-the-art facilities and that such a facility could probably be constructed at South Lake Union for less than the cost of expansion here. She urged the CAC to press for financial and environmental analysis of areas where bulk and height conflicts were not so great. She noted that in that case the Laurelhurst campus could be converted to an outpatient facility.

A member of audience asked if it was prudent to locate all of the facilities at one location. He noted that it might be better to decentralize facilities.

A member of the audience stated that the proposal is totally out of scale with a residential neighborhood and that the 240 foot height would create excessive shadowing and view blockage. Noise impacts will also be significant.

Jeannie Hale, president of the Laurelhurst Community Club, stated that environmental review and scoping process is the community's chance to suggest to the CAC and Children's other alternatives that have not been considered. She noted that there are essentially two alternatives that are virtually the same. According to the land use consultant hired by the Community Club, this would be the largest rezone in the history of Seattle. This is a single family neighborhood, not a commercial area or high-rise area like First Hill. She noted that all support Children's but

that Children's should consider an expansion more in scale with the area. She suggested that a reasonable alternative might be 250,000 square feet of new development rather than the 1,500,000 square feet of new development. In addition, she stated that she is concerned with the leapfrogging over the Hartman Building and what this might signal for the area between Hartman and Children's. Cumulative impacts of this and other proposed development is also a concern.

A member of the audience asked if the CAC members consider themselves as representatives of the community. He noted that the CAC appears to be heavily weighted to women.

#### **IV. Committee Deliberations on the Development of its Formal Comments to the Concept Plan**

The Committee reconvened to discuss its comments. Each member was asked to briefly discuss their comments and observations concerning the concept plan. Individual comments were as follows:

**Comments of Myriam Muller** – Ms. Muller stated that the Committee needs to keep in mind that this is primarily a residential neighborhood and that there needs to be a wider range of options than CHRMC might be able to live with.

**Comments of Kim O Dales** – Ms. Dales noted that she had missed the previous meetings and that she is trying to catch up but has many ideas. She noted that she has lived in the area for about five years and was previously a nurse at CHRMC. She stated that there are many ramifications to the proposed design. She noted that she is a realtor and offered the opinion that the bulk and scale of the proposal was making potential buyers to the area nervous. She stated that she was intrigued with the observations of Ms. Gisela Schimmelbusch. *(editor's note: Ms. Schimmelbush provided written comments to be distributed to all Committee members. That document is being forwarded to all members in hard copy as it is not available in electronic form.)*

**Comments of Christine Barrett** – Ms. Barrett noted that it appears that half of the campus land area is devoted to parking under the concept plan. She suggested that concepts that spread development more evenly across the campus should be considered. She suggested a reduction of maximum height by better utilizing the areas north of Penny Lane by developing over the proposed parking.

**Comments of Kathleen Sabo** – Ms. Sabo stated that she was concerned with the bulk and height of the proposal, especially as viewed from the Laurelon Terrace side. With the Hartman Building build out, she observed that the Laurelon Terrace area might be like the bottom of the Grand Canyon. She noted that light and noise are also important issues.

**Comments of Catherine Hennings** – Ms. Hennings asked for greater clarification concerning why a total of 4000 gross square feet of development per bed was needed. She asked that CHRMC look at other similar facilities nationwide to see if this is in the proper range. She asked if it were possible to move some additional functions off site in order to reduce the total number of square feet needed at this location and thus reduce both the total square footage and height. She also stated that a great deal of attention needs to be given to the access and egress points off of 45<sup>th</sup> and 50<sup>th</sup> and suggested that one or more of these entrances might be converted to an exit only.

She stated that another concern is the relationship of open space to the campus and community. She noted that the argument was made previously that one of the reasons for CHRMC selection of a "towers alternative" rather than the spread alternative was to preserve open space on the campus. But in reviewing the concept plan, it is not obvious that any open space has been preserved by going up.

**Comments of Bob Lucas** – Mr. Lucas noted that CHRMC is clearly needed. He asked why alternatives that include building above the garages to the north of Penny Lane, which might result in a lower and less bulky design, are not being evaluated. He stated that he is concerned with the transportation impacts of the proposal and how it affects both Sand Point Way and 40<sup>th</sup> Avenue.

**Comments of Cathy Higgins** - Ms. Higgins stated that the alternatives provided are very similar and that both appear to be shockingly high. She noted that she too was very concerned about the transportation impacts of this proposal. She noted that the EISD and other documents need to include many superimposed drawings showing what the facility would look like from a wide variety of locations in the community.

**Comments of Wendy Paul** - Ms. Paul stated that she agreed with most of the comments made previously and that she was concerned with noise, lighting and open space.

**Comments of Therese Doherty** – Ms. Doherty noted that there needs to be a more careful look taken at other alternatives. She noted the testimony during the community comment period that CHRMC should consider relocation to a new campus and stated that she was not sure that such an option was the way to go. However, she stated that there are other alternatives that should be considered, including less square feet of total development and a “spread out” rather than a “go up” alternative. She noted that the two alternatives presented in the concept plan are too similar.

Ms. Doherty also stated that the EIS should definitely cover all of the major elements that related to the impacts of the bulk and scale, such as light and glare etc. She further noted that almost all of the elements of the environment should be looked at.

**Comments of Shelley Hartnett** - Ms. Hartnett stated that she was concerned with the impact of traffic on the major entrance from Sand Point Way as well as the addition of the two ne proposed entrances. She further stated that she was concerned that other alternatives need to be evaluated.

**Comments of Michael Omura** – Mr. Omura noted that traffic will be a major issue and especially the impacts of the entrances on 45<sup>th</sup> and 50<sup>th</sup> Avenues. He also stated that he hoped that CHRMC would take a lead with sustainability and especially in regards to carbon offsetting.

**Comments of Yvette Moy** – Mr. Moy stated that it is important to strike a balance between the needs of CHRMC and the needs of the community. She noted that she recently experienced being turned away for admission to CHRMC because of a lack of rooms.

**Comments of Robert Rosencrantz**. - Mr. Rosencrantz stated that he had two areas of major comments. The first is how the Committee will understand what the neighborhood impacts are. He suggested that the Committee needs to take time to get out into the surrounding neighborhood and campus to get a much better feel for what people will face. The second area is to have a better understanding of why this level of expansion has to occur at this site. He noted that he heard this question asked before the meeting from people who question this need.

**Comments of Karen Wolf** – Ms. Wolf noted that many of her concerns had already been expressed. She stated that the two alternatives presented in the Concept Plan are very similar with one simply adding two stories over the preferred one and that there need to be other alternatives presented and evaluated including digging down and spreading out. There need to be real alternatives. She also stated that there is a need to get a better understanding of the need for the space both by looking at the square feet per room and the total need. Sustainability is also an issue and she suggested that LEEDS certification be a requirement of development. She noted that strong transportation demand management needs to be incorporated into the proposal. She noted that providing parking encourages people to drive.

**Comments of Gina Trask** – Ms. Trask stated that she believes that Laurelhurst needs to remain primarily a residential neighborhood. She stated that there needs to be a greater range of alternatives presented. She specifically questioned why there was no decentralization alternative being evaluated. She suggested the following alternatives: 1) moving in-patient functions to a new campus elsewhere and converting this campus to outpatient services; 2) providing new facilities in some of the more distant locations with campuses in Spokane or Montana which might reduce the need for so much square footage here; 3) providing a satellite Seattle East-side campus.

She also stated that the impact of families needing to stay in the area needs to be evaluated. Where will families stay and will this result in a need for more nearby hotel development? In addition, the entrances on 45<sup>th</sup> and 50<sup>th</sup> appear to be problems in that they would direct traffic into the neighborhoods where greater conflicts with pedestrians might occur. A single entry is better. She also noted that it would be very difficult to screen a 240 foot building with trees. She observed that the tallest trees in the neighborhood would not screen the new development.

She noted that the present facility is not intimidating to children. With the lower height of the present facility, every room has a view of greenery. With the proposed greater height, this will not be the case. The view might be very institutional. She suggested a more spread-out design. She also stated that she too is concerned with general traffic impacts.

**Comments of Cheryl Kitchin** – Ms. Kitchin noted that she was a member of the previous committee and noted that one of the major agreements during the last process was the elimination of access off of 45<sup>th</sup> and 50<sup>th</sup>. She noted that having this come up again is discouraging. She questioned the need to accommodate all pediatric emergency services at this campus and noted that other nearby hospitals such as the UW Hospital and Swedish Medical Center can provide these services. She questioned the assumption that all of the proposed need for square footage be provided here. The cumulative impacts of all of the increased aspects of growth will build on each other. Other alternatives should be evaluated, including building less square footage at this location. She noted that the charge of the Committee is to strike a balance and that negotiating this balance will be difficult. Compromise will be needed. She noted that she lived directly adjacent to the campus and that currently its impact on her is minimal. The campus is well screened with trees and shrubbery. Clearly this would not be the case with the increased development, so great care needs to be taken looking at the impacts.

Steve Sheppard noted that the Committee has the option of having the minutes of this meeting act as its sole comments, or augmenting the minutes with a letter identifying a set of shared and agreed upon comments as follows:

- 1) That a greater range of options or alternatives be presented in the Concept Plan and evaluated in the EIS. The discussion of alternatives should include an evaluation of the existential need for development on this site rather than elsewhere. Alternatives might include:
  - A more spread out alternative that limits height.
  - Decentralized alternatives that result in less square footage on the Laurelhurst Campus.
  - Conversion of the Laurelhurst Campus to outpatient services with a new in-patient hospital constructed elsewhere.
  - Splitting in-patient services in the immediate Seattle area into east of Lake Washington and west of Lake Washington facilities.
- 2) That great attention needs to be given to evaluating the effects of the two new proposed entrances off of NE 45<sup>th</sup> and NE 50<sup>th</sup> Streets, including consideration of internal circulation patterns that might eliminate the needs for these two entrances.
- 3) That the relationship of open space to both the campus and adjacent communities needs to be carefully evaluated.
- 4) That sustainability issues, including LEEDS certification requirements, need to be considered as possible requirements for development.
- 5) That the Concept Plan needs to look at ways to reduce the needs for parking through the continued application of an aggressive transportation management program (TMP).
- 6) That the needs for patient and staff housing in the area should be evaluated.

- 7) That the EIS should include a very detailed look at issues related to the impacts or the height and bulk of the facility including light, glare, noise, shadow patterns, view blockage, and other similar impacts.

Mr. Sheppard asked if this was an accurate summary of general comments and if members concurred with these as the Committees' comments. Robert Rosencrantz stated that he would like to have the list amended to add:

- 8) That the EIS and Draft Plan should include detailed street level views, including shadowing at various seasons, of the projected height and bulk of development as seen from a wide variety of locations in the neighborhood.

Catherine Hennings asked for clarification concerning the latitude that the Committee has to require changes to the plans and EIS scopes. Mr. Sheppard responded that the Committee is free to comment on any related issue it wishes to and suggest various alternatives. However, CHRMC need not accept any or all of the comments. For instance, CHRMC might conclude that suggested alternatives do not meet the needs of the institution, so they can not be evaluated honestly because they are unworkable from CHRMC's perspective.

Committee members concurred with the amended list. Steve Sheppard stated that a letter will be produced after the August 23<sup>rd</sup> meeting. Mr. Sheppard stated that all comments and correspondences addressed to him for the Committee would be provided to the committee.

#### **V. Committee Organization – Election of Officers**

Steve Sheppard asked for volunteers to act as a vote counter. He asked that there be two counters. Balloting would be by secret ballot. He stated that the first vote would be for Chairperson and that the person who lost the vote for Chairperson would also have the option of then running for Vice Chairperson. Those running for Chairperson were: Karen Wolf and Cheryl Kitchin and for Vice Chairperson were Catherine Hennings and Myriam Muller. Mr. Sheppard asked if there were others wishing to nominate themselves. No nomination being forthcoming, the nominations were closed. Voting for Chairperson proceeded. The votes were cast and double counted. The result was that Karen Wolf was elected as Chairperson on a vote of 8 to 7. Cheryl Kitchin asked to be considered for Vice Chairperson. Voting proceeded. Catherine Hennings was elected as Vice Chairperson by a vote of 8 to 7.

#### **VI. Typical Elements of the Environment that are Normally considered during the Environmental Review Process**

A list of those elements of the environment that are normally considered during the environmental review process were passed out. Katey Chaney very briefly went over the elements.

#### **VI. Adjournment**

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

## **Meeting #2** **Wednesday, September 26, 2007**

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

Members/Alternates Present

Meeting 2

Cheryl Kitchin  
Karen Wolf  
Robert Rosencrantz  
Kathleen Sabo

Myriam Muller  
Michael S Omura  
Bob Lucas  
Shelley Hartnett

Christine Barrett  
Wendy Paul  
Cathy Higgins

Dr. Gina Trask  
Yvette Moy  
Kim O Dales

**Members Absent (Excused)**

Dolores Prichard

Doug Hanafin

Theresa Doherty

Catherine Hennings

**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**

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 (CHRMC) Concept Plan as contained in CHRMC’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](http://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:

*CHRMC 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 Hannafin 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.

	<b>Item</b>	<b>Seattle Municipal Code Citation</b>	<b>Form Provided</b>
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	CHRMC 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 CHRMC	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, CHRMC 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 CHRMC is heading. At the discretion of CHRMC, 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 CHRMC.

After receiving any comments on the progress report and incorporating any changes that they deem appropriate, CHRMC 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 CHRMC 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 CHRMC 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 CHRMC 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, CHRMC, 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 CHRMC end. She asked someone from a 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 don't they 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 Sinnot** – Mr. Sinnot 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 4000 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 Laurelton 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 CHRMC 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 a 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 50<sup>th</sup>, 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, CHRMC 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 statistics 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 1451 sq ft per bed to 5068 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 3000 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 CHRMC 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 70<sup>th</sup> 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 70<sup>th</sup> 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.

**Meeting #3**  
**Tuesday, October 30, 2007**

University of Washington Center for Urban Horticulture (CUH)  
Northwest Horticultural Society Hall (NHS Hall)  
3501 NE 41st Street  
Seattle, WA 98105

**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	Dolores Prichard
Theresa Doherty		

**Members Absent (Excused)**

Doug Hanafin                      Catherine Hennings

**Members Absent (Unexcused)**

**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**

The meeting was opened at 6:05 by Karen Wolf, CAC, Chairperson. Ms. Wolf noted that this was the third formal Committee meeting since the CAC was appointed by City of Seattle. She noted that the meeting would be structured differently than the previous meetings. Initial public comments would be taken for twenty minutes, followed by Committee business. At the conclusion of the Committee business, additional public comments would be taken for at least half an hour. She asked that people try to keep comments reasonably brief in order to allow as many as possible to address their comments and concerns to the Committee.

Introductions of Committee Members followed.

**II. Initial Public Comments**

**Comments of Christine Goodwin** – Ms. Goodwin thanked Children's for all its help to families over the years; Children as a group are marginalized, as are elderly and those who live in affordable housing, such as Laurelton Terrace Apartments. None-the-less she stated that she was concerned with the scale of the development proposed. She urged Children's to consider the use of satellite campuses or clinics as an alternative to such large expansion in the immediate Laurelhurst area. She specifically noted that it is important to consider the impact of proposed development on the Laurelton Terrace area so that area remains pedestrian –friendly.

**Comments of Michael Pearlman** – Mr. Pearlman referred the Committee to his written comments. He stated that twenty years of construction would be damaging, especially to parents of children at the hospital: the dirt, dust,

noise and increased traffic would negatively impact patients and staff. The construction costs would be better spent on other expenses. He said that staff indicated that they would approve of another plan if another site could be found.

**Comments of Gisela Schimmelbusch** – Ms. Schimmelbusch stated that she has been concerned with issues related to the proposed Children's expansion since May. She asked Children's to not turn on Laurelon Terrace residents and encouraged Children's to search for an alternative site, perhaps in the South Lake Union area. She stated that everyone wants them to have world-class facilities but not the large scale construction that would accompany this project. She asked them to pursue another option.

**Comments of Patricia McElveen** - Ms. McElveen noted that much of Children's space is currently leased to the University of Washington. She asked how much of the new space would similarly be leased. She also asked Children's to explain why there is a discrepancy in the number of beds proposed in the new expansion and the most recent 2002 Certificate of Need issued by the Washington State Department of Health.

**Comments of Colleen McAloon:** Ms. McAloon asked for clarification on number of beds at Children's currently and the proposed number. She noted that it appears that Children's currently has 250 beds, and that according to their Certificate of Need, they will need 350 beds by 2020. Given this she asked why their proposal is for 600 beds. She said the scope of the project is out of scale to the surrounding area.

**Comments of Roger Hemer** – Mr. Hemer addressed his comments to DPD. He said if the proposal is out of scale, and the CAC is only allowed to challenge some small portions of the plan, he asked how they should interpret the SEPA requirement. Should they take it at face-value or simply state that it is so far out of scale that it does not warrant such action (SEPA REVIEW) by DPD.

**Comments of Judith Platt** – Ms. Platt asked why DPD doesn't simply keep the zoning single family, instead of allowing the proposed 240' tower. She stated that the neighborhood is a "destination" neighborhood, but she believes the increase in traffic and the introduction of the 240 foot towers would ruin this.

**Comments of Jenny Sharrow** - Ms. Sharrow asked Steve Sheppard for clarification concerning the purpose of MIMP. She observed that the hospital is not allowed to build up, only "out", but this CAC was formed to allow for more height. She asked the purpose of this process since it seems Children's is proposing to both build up and expand into the surrounding neighborhood.

**Comments of Ann Levitt** – Ms. Levitt noted that she has been neighborhood resident for 16 years and noted that most voices at this meeting are opposed to Children's expansion. Ms. Levitt stated that she feels lucky that Children's Hospital is located in this neighborhood and does not oppose this thoughtful expansion. She further stated that she knows other neighbors who agree with her.

### **III. Continued Discussion of the LCC Proposal and Revised Alternatives for Inclusion in the EIS.**

**A. Brief Discussion of Need Calculations** - Ruth Benfield, Vice President of Facilities and Psycho-social Services at Children's, was recognized to provide an overview of Children's Hospital and Regional Medical Centers (CHRMC) continued work and responses to questions raised at the last meeting. Ms. Benfield noted that the architects have worked hard to revise the CHRMC proposal to incorporate both the CAC's concerns and concerns expressed by the City of Seattle Department of Planning and Development (DPD), while still meeting Children's needs.

Ms. Benfield noted that questions continue to be raised concerning the determination of the number of beds needed over the life of the new proposed plan and that the discrepancy between CHRMC's calculations and the State Department of Health Certificate of Need calculations continued to be the focus of comments by several people. Ms. Benfield noted that the projections were done by Children's in response to projected growth rates and

present occupancy rates. She noted that prior to the opening of recent buildings, CHRMC had been beyond capacity. CHRMC occupancy continues to “move in that direction.” CHRMC presently is operating at about a 75% occupancy rate. In addition, CHRMC would like to eliminate double rooms and go to all single rooms.

Ms. Benfield noted that children tend to get sick quickly and 60% of their cases are unscheduled so their occupancy is unpredictable. If Children’s were to operate as if it only had single rooms now we currently reach 94% average occupancy. In addition, CHRMC has so many specializations on site that they cannot simply admit a child to any ward where there might be a bed available. Instead they must be accommodated in the unit where they are receiving the specialty care. Given all of this, CHRMC projects a 3.1-3.5% annual growth in patient days which leads to a need for 600 beds over the next 20 year timeframe.

- B. Discussion of Possible Additional EIS Alternatives** - Ms. Benfield then stated that CHRMC is in the process of trying to respond to the comments received concerning the scope of the EIS and particularly to the recommendations of DPD concerning development of additional alternatives. She introduced Mr. Sonnenberg, project architect with ZGF Architects, to briefly present the alternative design plans that are being developed in response to comments made at the CAC meetings and from DPD. Mr. Sonnenberg noted that there are now three additional alternatives plus the no action alternative that are being developed. First of all, CHRMC will continue to include a No Build or No Action Alternative. This will continue to include only that development previously approved as part of the current Master Plan. That includes the new Emergency Department as previously approved. This design will have 250 beds in 200 rooms with “wedding cake” heights surrounding the tallest 90’ building. He said this plan would not meet Children’s qualitative and quantitative needs.

Alternative two (presented at the last meeting) would have four nursing units with a total of 600 beds. All of the buildings would be south of Penny Drive. The maximum height designation of the MIO would be 240’, with 50’ for structures north of Penny Drive and 90’ in the middle. He said the heights on the east side of campus would be 150’ above grade. This would allow 100% of Children’s program goal and have a 120’ building on the site with the current Hartmann Building.

A new Alternative three is being considered. This alternative reduces the maximum height and spreads development out somewhat and still includes redevelopment of the Hartmann building. It achieves the overall level of development needed by CHRMC. Under this alternative, the maximum height of the MIO would be reduced from 240 feet to 160 feet. Higher development would continue to be located south of Penny Drive. In that area, this alternative would include a reduction of a height of 105 feet on the east side of the campus, 160 feet on the west. North of Penny Drive the height would be increased from 37 feet to 50 feet. Mr. Sonnenberg presented a graph of the new 160’ heights on the hillside and one of the garage the height changes.

Mr. Sonnenberg reported that DPD’s Scoping Letter requested that CHRMC include an alternative that considers possible expansion of its boundaries. Consequently, CHRMC has developed a new alternative that includes possible future expansion to Laurelton Terrace Apartments. This would only be considered if Laurelton Terrace were to become available at some point in the future. Mr. Sonnenberg said they could reconfigure the parking structures and perhaps this would eliminate the need for a third entry.

Mr. Ringgold stated that the inclusion of this alternative is in response to DPD suggestions and was not originally proposed by CHRMC. The DPD goal is to have a series of alternatives that can provide a wider range of options for analysis. Expansion is not the final goal, but it would help give “specifics” to this “amorphous review”. He confirmed that DPD had asked Children’s to include Laurelton Terrace in expansion proposals. Although he was briefed on these new proposals recently, this is relatively new information to him as well.

Mr. Sonnenberg noted that there may be other alternatives that spread development even more broadly, with reduced height along 45th Street. One such alternative might increase the heights north of Penny Drive to 90’, but this would have clinical disadvantages because some beds would move north of Penny Drive, farther from the

Emergency Department. He showed a graphic of the heights on the north campus as 37', 50' and 90', which he stated would block some of the neighbors' views.

**C. Committee Member's Questions Concerning the Possible New Alternatives -**

Christine Barrett asked why none of the alternatives presented go below ground. Mr. Sonnenberg said all the alternatives have the first floor of the hospital underground and parking will be seven stories below grade.

Cheryl Kitchin asked: 1) how far north Penny Drive would shift in these proposals; and 2) if any of their alternative proposals would have a reduced number of entrances. Mr. Sonnenberg said that Penny Drive would shift 100 feet north on the eastside of the campus in all of the alternatives and that the EIS report will include a traffic component that will discuss having a different number of entrances. He said the proposal that expands into Laurelon Terrace may eliminate the need for an entrance from 45th.

Doug Hanafin asked how tall the proposed buildings on the Laurelon Terrace site would be. Mr. Sonnenberg responded that they could be up to 160 feet.

Myriam Muller asked what the elevation would be on 46th St. Mr. Sondberg said it would be 105'. She asked their timeframe for purchasing Laurelon Terrace. Ms. Benfield responded they do not have a timeframe as Children's has not initiated the purchase of units. However, she said some Laurelon Terrace residents interested in selling their units have been in touch with Children's land use attorney.

A member of the public asked if the proposed alternatives would be made available to the public. Mr. Sonnenberg said they would be posted to their WEBSITE tomorrow.

Regarding Alternative three, Robert Rosencrantz asked if the 160' height was reduced to 105' how this would affect the total square footage of the development. Mr. Sondberg said this would reduce the size by approximately four floors and 130 beds.

**D. Committee Questions for Carol Eychaner, Land Use planner who presented Laurelhurst Community Club's design alternatives at the previous meeting.**

Myriam Muller asked Ms. Eychaner for additional information concerning the possible reason why there might be a discrepancy in the number of beds proposed by Children's and the number in the Certificate of Need issued by Department of Health in 2002. She asked if Children's must abide by DOH's Certificate of Need. Ms. Eychaner responded that CHRMC must get approval from DOH before adding more beds. CHRMC can initiate the Certificate of Need process now or simply do the 12-step methodology themselves to determine their actual need. She noted that the needs of a hospital do change over time, but in general, according to DOH staff, the bed use rate has generally decreased recently, perhaps because people are healthier and get released earlier.

Myriam Muller asked why they have to review these plans when there is no Certificate of Need to support Children's request for 600 beds. Ms. Benfield responded that the Certificate of Need process requires a two year interval between application and construction and she said their Certificate of Need would be out of date by 2020. Ms. Eychaner responded that she was told by DOH staff that they could give a letter of intent for Children's Certificate of Need for an early application before the SEPA review, then issue a Certificate of Need for the two-year process.

Kim Dales asked if the Certificate of Need process takes into account all hospitals in the region or simply bed needs at Children's. Carol Eychaner responded that the Certificate of Need process takes into account state wide populations trends, bed usage rates and hospitals in Children's planning area and the region it serves, which are counties east of the Cascades and including Pierce County north to Whatcom County.

Myriam Muller asked for a comparison of other MIMPs that may be analogous to Children's. Ms. Eychaner said there are twelve other major institutions in Seattle plus UW, similarly located in primarily residential settings. Five other of these institutions are located on Capitol Hill and First Hill, urban villages, and three of these have 240' heights. She said of the other institutions, Seattle Pacific University, Group Health, North Seattle Community College, Swedish Hospital at Cherry Street and Northwest Hospital, the tallest is 105'. In the area around Laurelhurst, the tallest structures are Husky Stadium and some dormitories on the University of Washington campus.

Dr. Gina Task asked for clarification as to why Children's is expanding beyond its boundaries. She thought this was not allowed. Mr. Sheppard responded that the code does allow for expansion through revisions to the boundaries of the overlay district. He noted that these boundaries are established through this planning process. Boundary expansion, while clearly allowed, is generally considered as a last resort of sorts. He further noted that Children's, or any other institution, is allowed to purchase properties outside of its campus boundary, but can only use property outside of that boundary as allowed by the properties' underlying zoning.

Mr. Rosencrantz asked if there was any relationship between CHRMC expansion plan and that of Swedish on the Eastside. Ms. Benfield responded that CHRMC objected to the number of beds requested by Swedish for its proposed Eastside facility because they had questions with the methodology used. Children's believes that complex pediatric care belongs in a pediatric setting.

#### **IV. Emergency Room Construction**

*Editor's Note: Much of this presentation consisted of presentation of plans sections and elevations and is not easily represented in this narrative.*

Mr. Dave Neal, architect for CHRMC, was introduced to go over the status of the design for the new Emergency Department (ED). Mr. Neal noted that the expansion of the ED was approved under the last MIMP. CHRMC will submit a Master Use Permit (MUP) Application in the first quarter of 2008. He showed an aerial photograph of the site. The new ED building will be built over the loading dock entrance and the first floor will be lower than the existing ER so the ambulances can access the ED entrance off Penny Drive. There will be new valet parking for the ED next to the temporary loading dock and Penny Drive will be relocated to accommodate this; also, one temporary building north of Penny Drive will be removed and one reduced in size. The helistop will be relocated down the hill to give more access to the ED. Mr. Neal also showed a proposed design for the campus during construction. He noted that Penny Drive will be realigned, the helistop located east of the construction zone, a new temporary ED entrance to existing ED constructed and a portion of the existing temporary buildings removed. He showed a rendering of the MIO of 70', 90' and 37' heights.

CAC members asked if the extra footing for the ED, seen in the rendering would be engineered to support the 240' tower above and if the helistop would be elevated. Mr. Neal responded that the footings would be sized to support the addition of development above but that the helistop would be at grade.

Mr. Rosencrantz asked how the engineering of the footings for a 90' tower versus a 240' might differ. Mr. Neal said Alternative two would have a slight adjustment in the below grade structure that each allows for sufficient flexibility to accommodate either future direction. Mr. Neal further stated that CHRMC will apply for a MUP in the first quarter of 2008 and construct and occupy the building by the latter part of 2009.

Michael Pearlman asked whether this development is authorized under the current Master Plan. Mr. Neal said there is currently 71,000 square feet available under the current Master Plan and that this development will utilize approximately 60,000 sq. ft. of that remaining amount

Mr. Sheppard stated that this is an early presentation of the project. More detailed drawings will be developed for this project and they will apply for a MUP and conduct an Environmental Review. He noted the CAC will have an

opportunity to make comments during the EIS comment periods.

**V. New Business:**

**A. Walking Tour**

Myriam Muller and Christine Barrett distributed a proposed itinerary for the CAC's neighborhood walking tour. Mr. Rosencrantz said this tour could take longer than the proposed 70 minutes. He also suggested it be opened up to the public as well so the Committee could get the benefit of their feedback along the tour.

Doug Hanafin encouraged the CAC members to stand in the middle of the park and image a 240' tower nearby so that they could get the full impact of its height. He said he was curious whether it would be visible from Husky Stadium.

Ms. Barrett stated that she can provide photographs looking in the direction of the proposed building site taken from the overpass by the school, Myrian Muller's deck, Sandpoint Way and from Laurelon Terrace by 45th Street.

The Committee decided to meet Sunday November 18, 2007 at 1pm at the entrance of the Giraffe Garage.

**B. Property Acquisition**

Steve Sheppard noted that there have been some rumors circulating concerning possible CHRMC interest in property acquisition in the surrounding neighborhood. He asked Ruth Benfield to clarify this issue.

Ms. Benfield stated that there have been rumors that Children's is interested in: 1) purchasing the Talaris Conference Center; 2) purchasing adjacent homes; and 3) purchasing Laurelon Terrace. Regarding Talaris, Ms. Benfield explained that this rumor is not true. Talaris cannot be purchased for major institution use by any major institution under conditions of an agreement that was reached previously known as the "Settlement Agreement".

Concerning purchase of individual homes and Laurelon Terrace, Ms. Benfield stated that CHRMC has made offers to purchase surrounding homes when property owners have expressed concern over potential future construction. These homes could be used by CHRMC to house faculty and staff. The same is true for Laurelon Terrace Apartments. Ms. Benfield noted that some residents of Laurelon Terrace have expressed concern that CHRMC's development plans could affect the value of their condominiums so CHRMC has offered to purchase their condominiums as a mitigation strategy. Some residents have approached Children's for that purpose. She also noted that CHRMC will respect any residents' desire to stay in Laurelon Terrace for the rest of their lives. She noted that CHRMC's land use attorney has met with some condo-owners interested in selling their units.

Myriam Muller asked what the boundaries were within which CHRMC was interested in purchasing property. Ms. Benfield responded that CHRMC would be willing to purchase property in the area bounded by NE 45th, 45th Ave NE, 44th Ave NE and 50th Ave NE, as well as in Laurelon Terrace. This willingness is based on the expressed concerns by neighbors over our future development and to support the need for faculty and staff housing.

Ms. Barrett asked if CHRMC was interested in purchasing property in Springbrook Professional Center. Ms. Benfield stated that they were.

Doug Hanafin asked whether CHRMC had considered the ramifications for the neighborhood if CHRMC were to rent out these purchased houses to faculty and staff for short term use. Ms. Benfield stated that CHRMC wants to be a good neighbor. In this case, that would mean being a good neighbor with residential properties. We would like to lease these properties to faculty and staff.

Kim Dales stated that one of her friends was approached by CHRMC and given an offer for their house above market value and asked for clarification on this. Suzanne Petersen, Vice President for External Affairs and Guest

Services responded that that family had contacted CHRMC and that CHRMC paid an amount that was the average of two real estate appraisals ordered for the property.

### **C. Report on the Recent Media Event**

Myriam Muller stated that although Children's has been a good neighbor, there was a media event that took place today which local residents were barred from. She asked Children's to keep such events open to the public because people are very concerned about Children's development plans.

### **D. Further Clarification Concerning the CAC's Latitude in Making Its Recommendations**

Committee members asked what the effect of eliminating the consideration of the LCC alternatives from the EIS review would be. Members specifically asked if the DPD decision not to require that the alternatives be considered precluded the CAC from including them as part of its recommendation. Cheryl Kitchin stated that it was her understanding that if the alternatives were not studied by DPD, they could not be included in the final report.

Steve Sheppard responded that the Committee is free throughout this process to make any recommendations that it feels are relevant concerning any of the alternatives. The CAC is not bound by a list of alternatives and can recommend any number of changes to any of the alternatives. He noted that the same is the case for the Hearing Examiner and the City Council. So long as the EIS backs the impacts of whatever the eventual action is, then the action can generally go forward. Since the EIS will include a no-action alternative, it would appear that a large number of variations from the full CHRMC proposal to the no-action is covered.

## **VI. Additional Public Comments**

**Comments of Lois Jones** – Ms. Jones stated that Laurelton Terrace is home to 136 families and has a significantly smaller ecological footprint than the equivalent space used by 136 single family homes in the surrounding neighborhood. She specifically noted that alternative 4 (expansion into Laurelton Terrace) would have great negative impacts on the entire community. Children's expansion plans will surely grow beyond their initial plans and Laurelton shouldn't be a "sacrificial lamb". It is home to many young families. She encouraged the CAC to request that DPD study the alternative proposals put forward by the LCC.

**Comments of Jeannie Hale, President of the Laurelhurst Community Club** – Ms. Hale stated the the LCC is interested in working with CHRMC to reach agreements concerning an alternative that would meet everyone's needs. She then urged the CAC to ask DPD to reconsider their refusal to study LCC's alternative proposals. She stated that eighty less feet of height is not sufficient a mitigation and 160' is a much higher height than is allowed for other major institutions located in other residential settings. She thanked the CAC for its work.

**Comments of Mollie Shepard** – Ms. Shepard reiterated the previous comments about Children's media event earlier that day. She said it gave the impression to the City that the plan presented by Children's was already approved, but more consideration needs to be given to the neighbors' feelings.

**Comments of Heather Luke - Laurel Crest Condominiums** - Ms. Luke stated it is not realistic for Children's to be "good neighbors" in the long term because their proposal does not explore their inevitable need to expand again in the future. She asked what alternatives they have considered for expansion on a new site, perhaps on the Eastside.

**Comments of Eileen Gray-Cady** – Ms. Gray-Cady stated that she has been a resident of Laurelton Terrace for almost 40 years and that she felt the hospital doesn't care about the neighbors so they need to fight for themselves. The proposed expansion is too big for the area, although she appreciates the services they provide. She noted that while she will be able to continue living at Laurelton Terrace, but with an increase in traffic, "would I ever be able to get out?"

**Comments of an Undisclosed Person** – The commenter stated that he was a property owner, stated that there is a sewer line under 45<sup>th</sup> that backed up into the apartments. He asked if Children’s plan includes a sewage treatment plan for this “monster hospital”.

**Comments of Cathy Miners** – Ms. Miners stated that she is a Laurelton Terrace resident, and wondered if the representatives from Children’s can understand how it feels to have their home taken over by a hospital. Laurelton Terrace is a vibrant community with good neighbors that have allowed the hospital to connect to their sewage hook-up. It is awful to be treated this way in response.

**Comments of Joe Bramwell** – Ms. Bramwell stated that CHRMC may have reduced the proposed height, but that this is at the expense of possible elimination of the 136 homes in Laurelton Terrace. It also doesn’t eliminate traffic and other impacts. She asked why CHRMC does not come up with a plan that is not in Laurelhurst. She noted that so long as all of the development proposed is included it is just moving little square blocks around within a sand box.

**Comments of Mike Sherman** Laurelton Terrace resident, asked the architect to create a Powerpoint presentation that would show how territorial views would be affected by the expansion.

**Comments of John Richland** – Mr. Richland stated that he lived in Wedgwood and commented that Children’s believes that good health care for children can only occur at Children’s Hospital and they probably won’t move to another location. He pointed out that it is significant that the CAC’s first substantive act was denied by DPD.

**Comments of an Undisclosed Person** – The commenter stated that she was a resident of Well Crests Apartments said if construction should really last ten years “someone should just shoot me now”.

**Comments of Michael Pearlman** – Mr. Pearlman noted that the new Emergency Department is being built on an existing building and that this must double or triple the construction costs. He suggested they would save money by building a new building on a different site.

**Comments of Tori Gregg** - Tori Gregg of Laurelcrest Condominiums, commented that the CAC will get an idea of the size of the proposed new buildings when on their walking tour.

**Comments of Krista Austen** – Ms. Austen noted that she was a resident of Laurelcrest Condominiums, and pointed out that the building built on the Hartmann site would erase her Mt. Rainier view and her property value would plummet. She said she is in a lower income bracket.

**Comments of Carol Eychaner** – Ms. Eychaner asserted that the CAC should push hard now to make modifications to the alternatives. Regarding access, alternatives should show growth of traffic. Regarding Children’s purchase of surrounding properties, she said this creates land use instability in the neighborhood.

## **VII. CAC Re-endorsement of inclusion of the LCC alternatives in the EIS.**

Cherly Kitchin Moved that:

*The CHRMC CAC formally write to the City of Seattle Department of Planning and Development requesting reconsideration of the inclusion of the lower-scale Laurelhurst Community Club alternatives in the EIS, and inclusion and evaluation of fewer than three entrances under all alternatives.*

Ms. Kitchin noted that she was especially concerned that none of the alternatives included elimination of the proposed new entrances. And that she had heard a great deal of concern over this issue in the community. Discussion followed.

Karen Wolf stated that it was her understanding that this would essentially: 1) restate the CHRMC CAC's previous support for inclusion of the LCC alternatives in the EIS; 2) formally request reconsideration of DPD's decision not to do so; and 3) specifically include study of fewer entrance locations. It was agreed that this was the intent of the motion.

Scott Ringgold of DPD stated that the alternative proposals are largely massing alternatives only and that traffic studies for one, two and three entrances will be included in the EIS as permutations under each alternative. Ms. Benfield reiterated that Children's will study one, two and three entrance alternatives.

A woman in the audience stated that a traffic stoplight should be included in this discussion.

Theresa Doherty noted that DPD already gave an opinion on the LCC alternatives and she wondered if this request by the CAC might be a waste of time, but that she will still vote affirmatively.

Dr. Gina Trask suggested the CAC split the motion into two separate motions: 1) The CHRMC CAC write a letter to the City of Seattle Department of Planning and Development requesting reconsideration of the inclusion of the lower-scale Laurelhurst Community Club alternatives in the EIS and 2) that the EIS evaluate fewer than three entrances. The original motion remained unchanged

Cheryl Kitchin moved the question. The Chair asked for a show of hands. Mr. Sheppard counted the votes as follows:

12 in Favor  
None Opposed  
None Abstaining. (Later amended to one abstention)

The motion therefore passed.

Mr. Sheppard asked for a second show of hands for anyone either opposed or abstaining. The unanimous vote was re-confirmed.

**VIII. Adjournment.**

No further business being before the Committee, the meeting adjourned at 8:50pm.

**Meeting #4**  
**Tuesday, November 13, 2007**

Talaris Conference Center  
Cedar Room  
4000 NE 41<sup>st</sup> Street  
Seattle, WA 98105

**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	Dolores Prichard
Doug Hanafin		

**Members Absent (Excused)**

Catherine Hennings      Theresa Doherty

**Members Absent (Unexcused)**

**Ex Officio Members Present**

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

***Others Present (Staff and Guests)***

See Attendance Sheets in formal CAC files at DON

**I.      Welcome and Introductions**

The meeting was opened at 6:03PM by Karen Wolf, CAC, Chairperson. Ms. Wolf noted that this was the fourth formal Committee meeting since the CAC was appointed by City of Seattle. She noted that the public comments would be taken both at the beginning and conclusion of the meeting.

Introductions of Committee Members followed.

**II.     Initial Public Comments**

**Comments of Josh Scripsima** – Mr. Scripsima stated that he is opposed to the expansion of Children's and believes the community would be better served by an alternative development plan at a different site. He also stated that the impact of development at the Hartmann site has been overlooked. This one storey building has no in-patient work and the proposed development plan shows it as having eight stories; he said this would be an 800% increase in square footage. He noted that this building is disconnected from campus and he wondered what it would be used for. He stated that he emailed his questions to DPD but had received no response.

**Comments of Steve Ross** – Mr. Ross stated that he is a Laurelhurst resident and parent of two children. He stated that he is grateful that Children's hospital is located nearby and he can get quick access if necessary. He noted that his friend from Ketchikan has had both of his children flown to Children's Hospital. He said the size of the proposed structures and the impact on traffic flows should not be so critical when the discussion is about our children's health.

**Comments of Phil Fujii** – Mr. Fujii stated that he is a neighborhood resident and thanked the Citizen's Advisory Committee (CAC) members for their service. He said his friend's child had a brain tumor and was treated at Children's Hospital. He encouraged the CAC to filter out any extreme ideas and look at options that will minimize impact on the neighborhood. He suggested the CAC minimize the public comment period so they will have time to do their work. He noted that some neighbors are in favor of the expansion, especially if the issues related to the additional driveway on 45<sup>th</sup> are addressed.

**Comments of Carol Eychaner** – Ms. Eychaner stated that the Laurelhurst Community Club's alternative plans did include options for the Hartmann site. They also presented options for development that did not expand the boundaries and also rezoned the site to NC 2 with a 40' height limit.

**Comments of Michael Pearlman** – Mr. Pearlman stated that the neighbors are trying to be constructive in their comments. He asked if people in Snohomish County or those on the Eastside don't also need the medical services provided by Children's. He added that the cost of building on the existing campus is significantly higher than building on a new site. He suggested that during their walking tour the CAC members imagine what it would be like to live and work near this major construction site.

**Comments of Dick Leiton** - Mr. Leiton stated that he has lived on 43<sup>rd</sup> Ave for 30 years. He noted that Swedish Hospital has three campuses and that specialized hospitals are a growing trend. He added that only one in four families in Seattle has children.

**Comments of Katie Hemer** - Ms. Hemer stated that she served on the first CAC for Children's and is very concerned that this CAC has allowed Children's to "wine and dine" them with the meal provided for them before the meeting.

### **III. Discussion of Children's Need Calculations**

#### **A. Children's Presentation**

Ruth Benfield, CAC member Ex-officio and Children's Vice President for Psychosocial Services was introduced to lead the presentation on this topic. Ms. Benfield stated that her background is as a pediatric nurse practitioner. She explained that Children's Certificate of Need has changed because an increase in volume and occupancy rates and their unique clinical programs. The patient population at Children's is reflected in the following six categories: those with no chronic conditions, episodic chronic conditions (asthma, cleft palate), life long chronic conditions (type-1 diabetes, chromosomal anomalies) life-long conditions with shortened life expectancy (congenital quadriplegia, spina bifida), and those dependent on technology and metastatic malignancies, such as cancer.

Ruth Benfield stated that if you look at the Regence Blue Shield pediatric population that 90% of the children are non-chronic patients compared to Children's Hospital's patient population where only 30% of the children do not have chronic conditions. Because Children's is a regional center serving children with the most complex diseases 70% of the patient population have chronic life long illnesses. Children are surviving longer and Children's admission of patients with chronic conditions has increased between 2001 and 2005. Children's treats more chronic and complex cases. Given the success in improving survival these children are now able to live longer but need the support of a specialty hospital. For example, children with cystic fibrosis can now live 40 years, whereas in the past they lived less than 10 years. Patients with craniofacial conditions such as Apert's Syndrome or those with a cleft palate or lip require complex teams of medical professionals from as many as a dozen different specialties. Without being located at one central hospital these teams cannot be efficient. There are only eight cleft lip and palate centers in the Pacific Northwest region and Children's serves 85% of these. She said they work with the other centers to keep these children close to home for treatment when possible.

Neonatology is a common condition at Children's where they provide Level 4 neonatal services for premature babies performing surgeries and EMCO (a blood replacement procedure) and other pediatric specialty treatment to improve their survival.

Regarding square footage per patient needs, Ms. Benfield stated that Children's supports family centered care. Children do better if their family can be with them. This requires more space than an average hospital room for adult patients. She showed a graph with the five year survival rates of Children's hospitals patients for eleven different cancer diagnoses and noted that Children's has a higher rate of survival than the national rate in all but one diagnostic group.

Ms. Benfield then introduced Jody Carona, of Health Facility Planning and Development, and a consultant for Children's Hospital, to present data on need projections and the certificate of need process.

Ms. Carona stated that she has completed 450 Certificates of Need in Washington State and has served as an expert witness in judicative proceedings. She stated that the Certificate of Need is a State statutorily-defined process, the purpose of which is to promote, maintain, and assure the health of all citizens in the State. It provides a measure of access to health services, health staffing and health facilities, and helps to avoid unnecessary duplication and controls costs. The Certificate of Need licenses hospital bed capacity, subject to prior review and approval, and this generally takes six to nine months from submittal. There is an opportunity for public comment. To gain approval, the hospital must demonstrate that its proposed project is needed, financially viable, can be operated in conformance with certain quality assurances and contains costs. The application must include a quantifiable demonstration of need, capital costs refined so as to be in within 12% of actual at completion; the project must be

commenced within two years of approval or the Certificate of Need is forfeited. Also required are architectural drawings, demonstration of site control and documentation that the proposed site may be used for the proposed project and is appropriately zoned. She said hospitals must provide pro forma financials and a commitment for financing, show their commitment to charity care, and their ability to operate within Medicare/Medicaid requirements and to staff it appropriately.

Ms. Carona reviewed how DOH calculates need for hospital beds. She said there are separate and district methodologies for acute (medical/surgical) and psychiatric beds; both methodologies have been in place since the late 1970s. For acute care, she explained that it establishes 52 geographic planning areas state-wide and estimates future populations. She said it also progresses 10 years of historical data on providers and residents of the planning area ("use rates") into the future.

In 1984, in recognition of its unique position among Washington's hospitals, Children's was placed into a separate planning area, known as the "Children's Hospital Planning Area". She stated that no other hospital has such a large planning area. In addition to the methodology, DOH has the ability to consider other factors unique to a planning area/provider: midnight occupancy levels, peak capacity, demand for specialized beds/lack of interchangeability among units and "regionalness" of service.

Ms. Carona stated that Children's Hospital experiences fluctuations in peak capacity. The state found that Children's would need 244 beds in 2008 but since then, new information has put this projection of beds at 268 and including psychiatric beds, 388. The State's projection to the year 2026 states Children's Hospital's bed need, including psychiatric beds, at 632 beds.

John Keegan, land use attorney and partner with the law firm Davis Wright Tremaine said he has been involved with Children's Master Plan since the 1980s. He said the State requires that master planning, zoning and land use work be done before the Certificate of Need process starts. Children's doesn't yet have the land use plan necessary in order to do the Master Plan, EIS and MUP for the first bed wing and since the Certificate of Need expires two years after issuance, Children's has not applied for it yet. According to the Major Institutions' Code the CAC does not determine the bed need, but rather balances the need of the Institution and mitigates the impact of any proposed development on the surrounding neighborhood. Also he said the code states that the CAC cannot negotiate the Certificate of Need and should not delay the consideration of the master plan and final recommendation by the City Council. He said the SEPA process is the same and states that "a reasonable alternative would carry out the objectives of the institution but with a lesser environmental impact." He noted there is no need analysis required when a big box store plans an expansion, but DOH does closely scrutinize the bed need for hospitals.

## **B. Committee Questions**

Cheryl Kitchen asked how the planning area of Mary Bridge Children's Hospital in Tacoma relates to Children's. Ms. Carona said it is located in Pierce County and is treated the same as Tacoma General because of its scope and services offered.

Doug Hanafin asked Ruth Benfield if the specialty care groups could be moved off campus as "stand alone" facilities. He asked what would be the implication of this. Ruth Benfield responded that the problem is the amount of resources that would be needed at a stand-alone facility, such as an imaging center or a neurosurgeon who would have to go back and forth to support different patients populations. Even separation from needed facilities by Penny Drive could be significant to a patient's life.

Myriam Muller asked if she could review the data that Children's uses in the Certificate of Need methodology. Ms. Carona said they use 10 years of data and project into the future. She noted that the numbers used are 18% less than if they used updated numbers. She explained that the data is available for purchase on the DOH's website.

A committee member asked if the same data and methodology is used to determine psychiatric bed need. Ruth Benfield responded that psychiatric bed calculations are different and more complicated.

Kim Dales asked how many of the patients at Children's are not Washington State residents. She noted that since it is a regional hospital, it will likely need to expand even more in the future. Ms. Corona said the out-of-state patient numbers are held flat in the projection.

Doug Hanafin asked if the "uncompensated care" provided by Children's is unique to this hospital and if so, might it be a magnet for additional patients who can't go to a hospital closer to home for financial reasons. Ruth Benfield responded that she did not believe Children's is a "magnet" purely for financial reason, as opposed to unique expertise. However, we do provide a higher percentage of uncompensated care than any other hospital.

Michael Omura stated that contrary to the statement by Mr. Keegan, he thought the CAC could question the Institution's stated "need". Mr. Sheppard reiterated that per Code the CAC may not negotiate the Certificate of Need issued to the Institution. The CAC is charged with weighing each development proposal's impact on the surrounding neighborhood.

Doug Hanafin asked what Children's contingency plan is if their application for a Certificate of Need is not approved and they have to build a smaller facility. Ruth Benfield said she assumes that Children's will find a way to meet their needs and still be a good neighbor.

Christine Barrett asked why they plan 20 years out instead of only ten. Ms. Carona said the DOH projects the "need" through the life of the asset in order to minimize costs.

Cheryl Kitchin asserted that the growth projection is more than 20 years and this site is too small for what the regional population will be in 50 years. Ruth Benfield stated that although there will be growth, they do not know what healthcare delivery will be like in the futures and cannot plan that far in the future.

Robert Rosencrantz asked about debt servicing on capital costs of construction and the life of the asset. Ms. Carona said they are looking at GAP and other financial ratios. The state requires that they do an analysis to ensure the hospital has capacity for the next 20 years.

Bob Lucas asked if Congress's recent action against funding for children's health care would have any affect on Children's Hospital. Ruth Benfield said that Children's mission is to provide care regardless of a patient's ability to pay. She said they spend \$42 million in 2006 in under and uncompensated care. In the one hundred year history of the hospital the hospital has been able to continue that mission regardless of past economic depressions.

Ms. Muller asked if they can have stand-alone clinics off site. Ruth Benfield said they already have this done so. The Bellevue clinic is one example.

#### **IV. Discussion of the Relationship of the Evaluation of Impacts in the EIS to CAC Options to Recommend Changes to the Proposals**

Scott Ringgold from DPD and Katie Chaney from URS were introduced to give a presentation on this topic.

Katie Chaney noted that the CAC had requested more information at the last meeting concerning the proposed alternatives studied in the EIS and whether an alternative not studied in the EIS can still be recommended by the CAC. She said DPD is studying five plans with different heights and setbacks and are also studying the impacts of one, two or three entrances. She said the CAC can use the EIS study as a menu from which to choose their final recommendations.

Myriam Muller asked whether it was "normal" for the City to only study the Institution's recommendations. Ms. Chaney said yes. It is not normal for the City to ask the institution to look at another alternative at a specific height.

Mr. Hanafin asked for information on the status of the LCC's recommendations. Mr. Ringgold said DPD had responded to this letter from the CAC requesting that DPD study the alternative proposals put forth by the LLC. Ms. Muller noted that the second CAC letter requesting that DPD reconsider their decision not to study the LLC alternatives may have been too vague. Ms. Chaney noted that Children's alternatives fit within the height limits.

Ms. Barrett stated that she would like to see Children's propose an alternative that does not expand its current campus boundaries. Ms. Chaney stated that DPD will collect a lot of information about all possible areas of expansion by including these options in the EIS.

Mr. Ringgold noted that DPD had suggested the Institution include a boundary expansion as one of their alternatives. Ms. Chaney said the possible areas of expansion should be included in the EIS so that the CAC has more information on which to base their recommendation.

Cheryl Kitchin noted that the traffic study counts the number of parking stalls and estimated car trips for additional staff and patients. SDOT determined that one entrance isn't enough for such a large development. She thought the EIS would probably propose more than one entrance. She asked if the CAC could still only recommend one entrance if the EIS studies more than one. Ms. Chaney said yes; DPD calculates the impacts by applying the Transportation Management Plan and then applies this to the traffic demand. She said they are also considering the impacts that the light rail may have when it stops at the University of Washington and there may be a shuttle to Children's.

Myriam Muller asked if it was "typical" that the Institution would propose expansion into property that they don't own. Mr. Ringgold said this does happen occasionally. In this case he said DPD asked Children's to include a possible boundary expansion to the Hartmann building as one of their alternatives, in addition to alternatives with lower heights, or spread across the site, and with alternative building configurations on the site.

Steve Sheppard provided an example of when Seattle University proposed a growth alternative onto property along 12<sup>th</sup> Avenue, between Yesler, Cherry and James streets. He said they did not own the property but have stated that they may use it for housing in the future and this gave some assure to the neighbors that the university does have contingency plans for future expansion. Other institutions have done the same with property within their boundaries that they do not own.

Kim Dales asked for clarification on the process of developing the proposed alternatives and why DPD did not request Children's to explore an alternative that would have them build on a separate site entirely. Scott Ringgold said as part of a public process, DPD sent a letter to Children's requesting alternatives that met specific objectives. Ms. Chaney responded that DPD is not allowed to tell Children's to consider using another site. Ruth Benfield stated that Children's looked into moving patient care to an alternate site, such as South Lake Union but found that it was not financially feasible because of replacement cost of the existing facility in addition to the cost of further development and the cost of land. Catherine Hennings said an expansion to South Lake Union is outside of the CAC's charge. They should review the proposal before them and try to mitigate neighborhood impact.

## **V. Discussion of the Logistics for the Upcoming Walking Tour**

Myriam Muller stated that the walking tour on Sunday November 18 at 2:00 will be open to the public. It will include Talaris Conference Center, Hartmann Building and a peak inside a Laurel Terrace Condominium unit. Christine Barrett will present a short history of Laurelhurst. The Committee will take in views of the Children's site and proposed construction site, in addition to walking by Windermere Circle and the 45<sup>th</sup> and 50<sup>th</sup> Street entrances. She asked everyone to meet in the Giraffe Garage at 2pm. They will also see the location of the permanent and temporary helipads.

Ruth Benfield said their architects have commissioned weather balloons to float at 160' and 240' to demonstrate heights, weather permitting.

#### **VI. Continued Public Comment:**

**Comments of Judith Platt** - Ms. Platt noted that all of Children's proposals have heights starting at 105' and she felt this was too high for buildings bordering the neighborhood along 45<sup>th</sup> Ave NE. She noted that one of the Gates buildings already stands quite high at 75' and she recommended that the 105' height zone be lowered. Many people who don't live close to Children's may not understand the impact that this institution has on the community. She asked why there is an increased need for children's medical care when there are fewer children being born in Seattle and Swedish Hospital and Mary Bridge also offer pediatric care. She asked if this was being considered in the Certificate of Need process.

**Comments of Jeannie Hale, president of LCC** – Ms. Hale stated that she supports Children's Hospital but also wants them to have a reasonable growth plan. She asked Ruth Benfield to consider the potential expansion's impact on 136 families that will lose their homes and the change in character that would occur on Sandpoint Way with this expansion.

**Comments of Carol Eychaner** – Ms Eychaner stated that she will respond later to the previous comments made by Jody Carona on the Certificate of Need process. She asked what element in the EIS would trigger the need for additional entrances. Ruth Benfield responded an estimated number of car trips would trigger additional entrances. Ms. Chaney said square footage is not a direct link to the number of entrances. Ms. Eychaner asked that whatever triggers a need for additional entrances be clarified.

**Comments of Samantha Everett** - Ms. Everett stated that she bought a condo on Laurel Terrace and knows that when she hears the helicopter outside her apartment, a child's life is being saved, but she said the new helipad would be even closer outside her window. She said she had not been aware of the potential expansion when she purchased her condo or the possibility that she could lose her home. She stated that she supports Children's but is opposed to the plan and the alternatives.

**Comments of Dr. Adrian Whorton** – Dr. Whorton stated that he is both a Laurelhurst resident and a physician working on the Eastside. He stated that while pictures of infants that can fit in ones hands and very impressive cranial facial abnormalities are very dramatic, they are also misleading. They do not represent the majority of patients cared for by Children's. Based on the slides shown earlier, the majority of patients serviced by Children's fall into the lower two of the six categories shown: those without chronic conditions and those with episodic chronic conditions. Those children often need neither sub-specialty teams nor 4000 square feet of space per bed.

Clearly there is a need in the region for expansion of pediatric care and as the slides point out there is a need for the sickest children to need more admissions. But as the majority of patients serviced by Children's don't need centralized sub-specialty care, he thought that the magnitude of the needs that is proposed for the expansion of this campus are grossly magnified.

Dr. Whorton stated that wished to comment on is the suggestion of a potential second campus elsewhere. As an Eastside Physician he sees first hand an effect opposition of that Mr. Ross alluded to. When he informs patients that he is transferring their child across 520 to Children's, he sees frustration on the parents point that the care is not being provided closer to them. These are in-patients so an outpatient Bellevue clinic really does not accommodate their needs. He suggested that since the majority of patients do not need specialized sub-specialist care that consideration be made for placing a second campus where population expansion is actually occurring. He stated that this is not in Northeast Seattle.

**Comments of Molly Black** – Ms Black requested that the superimposed building photographs that are to be shown on the walking tour also be made available to the public. She said she does not understand the 4000 square footage need per bed. She would like to see a preliminary space plan per bed with numbers included for circulation, operating rooms and cafeterias.

**Comments of Leonard Nelson** - Mr. Nelson asked Mr. Sheppard whether the CAC can address the Institution's Certificate of Need and compliance with height restrictions by recommending decentralization of the institution's campus. Steve Sheppard explained that the CAC cannot specifically recommend that the institution not develop on this site, but the CAC can make recommendation on height, bulk and scale in terms of its impact on the surrounding area. The CAC is one of three groups that will make recommendations to the Hearing Examiner and the City Council will act on this.

## **VII. Housekeeping and other Committee Business**

### **A. Cancellation of December Meeting**

Karen Wolf noted that the next meeting is currently scheduled for December 11. That meeting had been set to begin CAC review of the preliminary Draft EIS documents and Preliminary Draft Master Plan. She noted that the schedule has slipped a little and that the CAC will not receive the draft EIS and the preliminary Master Plan until January 7, 2008 and will have a "walk through" of the documents at the Tuesday January 8, 2008 meeting. She therefore suggested that the committee consider canceling the December meeting.

Kim O' Dales made a motion to cancel the December 11, 2007 meeting. The motion was approved.

### **B. Discussion of Food Service**

A CAC member observed that several persons had commented on the meal served at the start of the meeting. It was strongly suggested that any meals or snacks that are provided be more modest. Other CAC member stated that they come directly from work and don't have time for dinner and they appreciate the light meal. Children's staff stated that it was not the intention to provide any lavish fare and explained that ordering a certain amount of catering is required when renting a room in the Talaris facility. She said it was set up specifically for hospital staff coming directly from work, but that others were welcome to join in. Mr. Sheppard stated that there are guidelines concerning the provision of food at meetings and that he would seek further clarification on this.

### **C. Request to Reconsider the CAC's vote to write to the City of Seattle Department of Planning and Development requesting reconsideration of the inclusion of the lower-scale Laurelhurst Community Club alternatives in the EIS, and inclusion and evaluation of fewer than three entrances under all alternatives.**

Wendy Paul asked if the letter concerning the LCC alternatives, authorized at the previous meeting, should still be sent. She stated that it was her understanding that the request is outside of the scope of the CAC's authority. Cheryl Kitchin said she thinks the fact that the CAC requested DPD to reconsider the LLC's proposal twice should be included in the public record. Mr. Sheppard noted that in order to rescind the letter, two CAC members who had originally voted in favor would have to vote against.

Ms. Paul further stated that she had misunderstood the issue somewhat and asked for reconsideration. Ms. Paul moved that the CAC reconsider the vote of the CAC to formally write to the City of Seattle Department of Planning and Development requesting reconsideration of the inclusion of the lower-scale Laurelhurst Community Club alternatives in the EIS, and inclusion and evaluation of fewer than three entrances under all alternatives. She noted that she had voted for the motion.

The motion failed for lack of a second.

**D. Previous Minutes**

Bob Lucas noted that several members had not received all of the past minutes and asked that the previous meeting minutes be resent. Mr. Sheppard agreed to do so.

**VIII. Adjournment.**

No further business being before the Committee, the meeting adjourned at 8:45 pm.

**Meeting #5**  
**Tuesday, January 8, 2008**

Talaris Conference Center  
Cedar Room  
4000 NE 41<sup>st</sup> Street  
Seattle, WA 98105

**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	Dolores Prichard
Doug Hanafin	Catherine Hennings	
Theresa Doherty		

**Members Absent (Excused)**

**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 Attendance Sheets in formal COMMITTEE files at DON

**I. Welcome and Introductions**

The meeting was opened at 6:10 by Karen Wolf. Brief introductions followed. Ms. Wolf noted that the Committee had requested that the comment period for the Preliminary Drafts of the Plan and Environmental Impact Statement be extended in order to allow the Committee greater time to complete its review. Children's Hospital and the City have both agreed and the comment period will be extended that at the Committee's request Children's agreed to extend the public comment period until February 24<sup>th</sup> 2008.

**II. Housekeeping – Organization of Review**

Steve Sheppard was briefly recognized to discuss the process to be used during the review of the Preliminary Drafts of the Plan and EIS. He noted that formal review at this stage is unique to the Master Planning Process. Normally comment would be to the Draft EIS and Plan, but in this case the Committee is given the opportunity to have an early review of the documents. The intent is to have the Committee's comments considered as early as possible. He noted that there is a great deal of information to review. The Code sets the timeframe for this review. At the request of the CAC, Children's has extended the normal review period. Still the CAC will have to remain diligent to this task to assure that its comments are complete and well crafted. Mr. Sheppard stated that in order to assist the

Committee in this effort to review the document, DON has produced a matrix form that he asked that Committee members use to compile their comments. He asked that each Committee member identify their top five comments as well as five secondary comments. He noted that similar comments will be combined and provided to the Committee for consideration as joint comments. In addition each member's individual comments will be provided to both the City Department of Planning and Development and to Children's, will be retained and will become part of the formal record.

### III Preliminary Draft Children's Master Plan.

#### A. Children's Presentation

(Editors Note: Much of this presentation was done from a set of power point slides and drawings and is not easily represented in writing.)

Ruth Benfield, Children's Ex-officio member on the Committee, was recognized to go over the Preliminary Draft of the Children's Master Plan. Ms. Benfield stated that Children's appreciates the chance to work collectively with the community during the development of this Draft Major Institution Master Plan. Children's is trying to be responsive to community concerns that they have heard to date, and will continue to do so in the future. Children's plans are evolving and may change significantly based upon comments received both from the Committee and from the Community during the review of the Draft Plan and EIS. She cautioned that the final plan may not look like what is being presented today.

Ms. Benfield then Introduced Karl Sonnenberg with Zimmer, Gunsul, Fasca Architects LLP (ZGF). She stated that Mr. Sonnenberg is the project architect. Mr. Sonnenberg stated that each of the four build alternatives share the major objective of locating the more intensive uses and greater bulk and height in the center of the campus and at the lower elevations of campus. Each also meets Children's program and bed needs. By locating the greatest development in the center of the campus, Children's hopes that the impacts are lessened on the surrounding neighborhood. The outpatient entry will be on the part of campus close to nearby homes and should be quiet at night. He noted that the alternates were as follows: 1) No Build, 2) Initial Concept; 3) Proposed; 4) Expanded Boundary; and 5) North Campus Expansion. Mr. Sonnenberg proceeded to review the five alternatives.

The No Build alternative is included in the DEIS primarily as a base (current situation) against which to measure the impacts of the other alternatives. The No Build alternative meets none of the projected future needs of the institution and includes only those projects allowed under the current Major Institutions Master Plan. Heights would be as currently allowed and range between 50' and 90'. Children's Hospital would meet only 40% of their program goals, even if most of the rooms would be shared occupancy.

The Initial Concept alternative was one of the two that was included as part of Children's Initial Concept Plan presentation. It includes four nursing units located to the south of Penny Drive. As with other alternatives, Penny Drive is relocated. The maximum height is 240' in four new bed wings. This alternative meets children's needs and particularly the program goals of 600 beds

Mr. Sonnenberg noted that Children's is advancing a new Proposed Alternative. This alternative was developed to address some of the concerns that Children's has heard regarding the 240 foot building height. Mechanical spaces have been compressed. This has allowed a reduction in the maximum building heights from 240 feet to 160 feet. Mr. Sonnenberg noted that in reducing the heights of the buildings the floor plates are longer. This results in the east ends of the buildings being closer to 44<sup>th</sup> or 45<sup>th</sup> Avenues NE than in the Initial Concept. As with the Initial Concept, the Hartmann site would be built up to 105'. Program goals are met 100% in this alternative, as are qualitative and quantitative goals.

As a result of public input Children's has made the following changes from their original proposal: the height is decreased 80' from 240' to 160', the central utility plant is relocated to minimize noise impacts to the surrounding

neighborhood, the proposed height for new development on the Hartmann Building was decreased 15', and one level is taken off the North Garage.

Mr. Sonnenberg stated that the Expanded Boundary alternative considers possible expansion into Laurelton Terrace. This might allow reductions in height for some later phase development. He noted that this alternative assumes purchase of units over a long period and that the land would not be available until near the end of the Master Plan, in no less than 15-20 years. Because of this, initial development under the plan would essentially be similar to that in Proposed alternative with a few changes. Parking would be moved to the southwest corner of campus; and a second entry might not be required, pending completion of traffic studies. The MIO would include 75 foot setbacks along NE 45<sup>th</sup> Street and 45<sup>th</sup> Avenue NE. This alternative meets Children's long term needs. It would have 600 beds south of Penny Drive and MIO heights ranging from 105-160' with some lower heights along NE 45<sup>th</sup> Street. If earlier development in Laurelton Terrace were to occur, it might be possible to lower the MIO heights further from 160' to 105'

The North Campus Expansion alternative locates nursing units above the garage, faculty offices on the northwest corner and reduced impact on 45<sup>th</sup> Avenue NE. It might increase impact on 44<sup>th</sup>. 132 beds would be located north of Penny Drive. This alternative would also meet all program goals. However the location of various in-patient facilities north of Penny Drive is not ideal and Children's would have to carefully select particular patients to place north of Penny Drive.

Regarding the transportation system, the No Build alternative would change little off campus. However one change would still occur. Penny Drive relocation would still be done as part of the new Emergency Department project. Alternatives three and four would probably require installation of new signals and crosswalks on Sandpoint Way, a new car entrance at NE 45<sup>th</sup> Street and development of non-motorized connections, such as with Burke-Gilman Trail.

Ruth Benfield introduced Lisa Brandenburg, Senior Vice President at Children's Hospital to address transportation strategies for the future. Ms. Benfield said they plan to further decentralize services, such as offering ambulatory services including same day surgery and complete diagnostic services in Bellevue and at locations north and south of Seattle, offer improved public transit service to campus, expand shuttle bus service, including access to downtown transit points, create a flex-bike program and various pedestrian improvements. She also noted that research staff have already been relocated to their south Lake Union site. The Single Occupancy Vehicle (SOV) traffic to campus has decreased from 50% in 2002 to 34% in 2006. Ms. Brandenburg stated that Children's is committed innovative transportation solutions.

## **B. Committee Questions:**

Mr. Robert Rosencrantz asked what background materials were available related to the "Children's 100 Year Plan" referenced on page 9. Ms. Benfield noted that this was probably a typo and that Children's only has a five year plan. Mr. Rosencrantz then asked why Children's is operating on a five year plan when their Master Plan extends 20 years. Ms. Benfield responded that the medical field sees rapid changes in treatment options and they can only project about 5 year into the future. She said they expect to repeat the five year planning processes throughout the life of the Master Plan.

Mr. Rosencrantz asked whether the proposal to "carefully select" patients to be housed north of Penny Drive in the North Campus Expansion alternative is based on financial or medical reasoning. He wondered if "patient selection" on a broader scale could diminish their stated need for beds.

Ms. Benfield responded that patients would be selected for the beds north of Penny Drive depending on their ability to cross the street for diagnostic evaluations or for procedures without putting their health at risk. Mr. Rosencrantz suggested that some patients could in fact be served elsewhere; he wondered if service would be up to par. Ms.

Benfield responded Children's is the only hospital in the region with certain technologies. Seventy percent of children served by Children's are children with life long chronic illness.

Kim Dales asked for greater clarification on the bed counts. She asked whether the projected needs for 600 beds includes pediatric psychiatric beds, and if so why the psychiatric patients might not be better served at another site. Ms. Benfield responded that the majority of the projected 600 beds would be for those patients requiring ongoing medical treatment, surgery and rehabilitation. About 100 would be for pediatric psychiatry patients. Many of these patients have dual diagnosis and require other ongoing medical care. In addition, it is very difficult to find psychiatric beds in the State.

Myriam Mueller asked how many houses would be affected by the ongoing construction. Scott Ringgold responded that the information in the Preliminary Draft EIS indicates at these will be about 44 homes affected. Scott Ringgold stated that the construction impacts and impacts on views will be discussed in the draft EIS briefing.

Katherine Hennings said she appreciates the briefing on the Alternatives. She observed that all of the build alternatives include a 160' towers, and asked whether Children's has considered decreasing the height of this first tower. Ms. Benfield responded that the 160' would meet their initial needs for increased clinical space without losing existing beds. She noted that the phasing of development in part drives this decision. Sufficient bed capacity must be available in phase one so that Children's will have enough beds during following phases of construction to meet critical patient needs.

Ms. Mueller asked how much bed space was gained by moving the research faculty offices to South Lake Union. Ms. Benfield said little new bed space was gained because the faculty's previous space was very small and the research laboratory space did not meet hospital acute care construction requirements.

Ms. Barrett asked why Children's doesn't place patient beds in the building they saw on the walking tour that is slated to be torn down. Ms. Benfield said the ER support staff and office will be demolished but it would be too small to provide adequate space and they would have to tear down a lot more to make it feasible.

#### **IV Preliminary Draft Environmental Impact Statement for the Children's Master Plan.**

##### **A. City of Seattle Department of Planning and Development Presentation**

Scott Ringgold, DPD Land Use Planner with the City of Seattle Department of Planning And Development, was recognized to present the Preliminary Draft Environmental Impact Statement for the Children's Master Plan. Mr. Ringgold reviewed the steps in the EIS process as follows: 1) scoping – identification of the scope of issues to be evaluated in the EIS ; 2) development of a Preliminary Draft EIS – an early version of the Draft EIS that is reviewed internally to the institution and by the Committee; 3) review of the Draft EIS – including a 45 day public comment period; 4) preparation of a Preliminary Final EIS – an early draft of the final EIS that is reviewed internally to the institution and Committee; and finally 5) the Final EIS and finally, the EIS.

Mr. Ringgold stated that PDS and URS Corporation and Transportation Group are preparing the EIS under the supervision of the City of Seattle Department of Planning and Development. He stated it this Preliminary Draft is being presented to the Committee, SDOT and Children's Hospital for their early review. However, general public review is not taken at this point. The Seattle Municipal Code 23.69.037 D7).

URS Staff stated that the EIS has three parts: a summary, a description of alternatives; and impacts and mitigation measures. There are also appendices. The topics covered in the EIS are: geology, air quality, water, energy, noise (including helicopters), hazardous materials, land use, housing, aesthetics (includes light, glare and shadows, views), transportation (includes traffic and parking), public services and utilities and secondary and cumulative impacts.

Mr. Sheppard stated that the Committee is expected to comment on both documents. He asked that Committee members submit their comments to him by January 18, 2008 so he can compile these comments in time for the January 22, 2008 meeting. At the January 22, 2008 meeting the Committee will discuss which comments to include as "general" Committee comments. He added that Committee members have the option to state that in their view all alternatives have too great impacts.

## **B. Committee Questions**

Mr. Rosencrantz asked for clarification of "short term" view impacts and "long term" view impacts. URS staff responded that some views may be temporarily blocked because of placement of construction equipment or something removable, while the construction of a new building that now blocks a view would be considered to have a "long term" impact.

Mr. Rosencrantz noted that noise impacts that continue for 20 years cannot be considered "short term" or "long term." Members of the audience applauded.

Mr. Hanafin stated that he thought that the Initial Concept alternative Two was a "throw-away" proposal; he asked how much time they should spend reviewing and making comments on this one. Mr. Sheppard stated that the Committee should not assume that any of these alternatives are "throw aways" as the final design could be quite different than the "Proposed" Alternative Three.

## **V. Public Comments**

**Comments of Jim Madden** - Mr. Madden stated that Sandpoint Way is already quite busy and an additional 530 parking spaces at Hartmann would be a significant increase and would have significant impacts. He asked what uses are proposed for this building that leads to the determination that so much additional parking would be needed. He observed that the parking would more than double. He suggested Children's move the proposed use at Hartmann to either Magnuson Park site or elsewhere.

**Comments of Michael Pearlman** – Mr. Pearlman commended the Committee for their previous questions and comments. He proposed that the Plan and EIS be amended to include a new "alternative six" in which Children's Hospital leaves the current campus untouched and then moves 30% of their non-critical and psychiatric patients to South Lake Union where they can build a new structure more cheaply, as was done by Chicago Children's Hospital. He further stated that he has spoken with many nurses who opposed this construction because of the potential impacts on patients.

**Comments of Gisela Schimmelbusch** – Ms. Schimmelbusch stated said she is a great supporter of Children's Hospital but is concerned that they are expanding beyond their agreed upon footprint. She noted that the potential use of Hartmann Building and Laurelon Terrace would "leap-frog" beyond the existing Children's boundary. She said any discussion of alternatives 3, 4 and 5 would be considered "impossible" because it would transgress the Institution's existing boundaries. She said Children's should just build elsewhere. She asked the Committee to ask an independent body to do a study of cost/benefit analysis of doing this.

Mr. Sheppard responded that the Major Institutions portions of the Seattle Municipal Code discourages expansion of boundaries but does not prohibit it. Both the Committee and the City will have to make recommendations to the Hearing Examiner and City Council concerning the advisability of a boundary expansion. However, the City Council can authorize an expansion of the boundary.

**Comments of Larry Sinnott**– Mr. Sinnott stated that he was from the Ravenna/Bryant Community Association. He noted that the traffic impacts for this development could significantly impact this area. Increased traffic may occur on the major thoroughfares in his neighborhood. He said he is impressed by the SOV reduction but wondered if this was accomplished primarily by lower-income staff. He also asked where the employees are coming from.

**Comments of Carol Eychaner** – Ms. Eychaner was recognized. She requested that she be allowed more than the normal 3 minutes since she was presenting on behalf of the Laurelhurst Community Club. The Chair agreed.

Ms. Eychaner stated that she was presenting information to the Committee concerning an evaluation of the height and bulk approved for other Major Institutions in relation to that proposed by Children's. She distributed graphs and tables showing the heights of other City of Seattle Major Institutions compared to those proposed by Children's. She noted that Children's proposed heights of 160' or 240' is considerably greater than any of the Major Institution that is similarly located. Many of the institutions that have greater heights are located in the Urban Villages and Urban Center Villages. In those cases both surrounding and underlying zoning is greater. The heights being proposed by Children's would be unprecedented outside of such an urban center village setting. She noted that Children's is one of two Major Institutions in Seattle that are located in a single family zone (the other is Swedish/Cherry Hill). Ms Eychaner showed a comparison of overlying heights with Swedish/Cherry Hill and said it has high rise, mid rise and commercial zones. She noted that in most cases the maximum height for most institutions in low-rise residential settings is 105 feet.

Ms. Eychaner stated that the LCC has monitored Children's purchase of properties. To this date Children's has closed on the purchase of 14 properties. She said she thinks Children's expansion proposal has scared homeowners into selling their homes, even though the hospital is far from receiving their Certificate of Need from the Department of Health or approval from City Council for their development proposal.

Ms. Eychaner also stated that she has discussed the issue of needs projections with Department of Health (DOH) planners. LCC engaged the consulting firm of Fields and Associates to evaluation needs projections. They applied the Department of Health methodology to create similar Certificate of Need projections using "real" numbers. Ms. Eychaner directed the Committee's attention to the Chart prepared by Fields Associates. She noted that their projections were significantly different from Children's. For instance for 2020 Children's projects a need for 548 beds while the Fields Associates projects a need for only 271 beds. She observed that the higher numbers used by Children's stem from their use of a 60% occupancy rate. DOH rejected their 60% rate for bed use during Children's 2002 Certificate of Need process. She noted that the methodology used by Children's to determine their psych bed need is from 1987 and is outdated. She said the "acute" care beds are really "acute care and psych" beds.

**Comments of Jim Rupp** – Mr. Rupp stated that he believes that the draft EIS understates the effects of transportation. The "decentralized" plan means the Hospital will move some services but replace that with even more services. Other neighborhoods will be impacted, too.

**Comments of Jeannie Hale, President of Neighborhood Community Club** – Ms. Hale thanked the Committee for providing the LCC with a copy of the PDEIS. She asked that DPD provide them with a copy. She said the LCC should be the best ally Children's Hospital has and asked that they work with the LLC to find a solution. She asked that the LCC be allowed time at a future Committee meeting to brief them on their research findings.

**Comments of Kate Heamer** – Ms. Heamer asked for clarification on why City Staff stated at a previous meeting that the Committee "can't consider need"; she thinks they should be able to consider this since it is a re-zone.

Steve Sheppard responded that the Major Institutions portion of the Seattle Municipal Code states that the Advisory Committee should participate directly in the formulation of the master plan to assure that the concerns of the community and the institution are both considered and should focus on identifying and mitigating the impacts of the proposed development on the surrounding community. During this process the Committee can also review and comment on the mission of the institution, and the need for the expansion, public benefits resulting from the proposed new development and the way in which the proposed development will serve the public purpose mission of the Major Institution. But the Code also states that these elements are not subject to negotiation nor shall such review delay consideration of the master plan or the final recommendation to Council.

**Comments of Roberta Cation** – Ms. Cation stated that she agreed with the previous comments about traffic. She asked whether “sustainability” issues will be evaluated in the of EIS.

Scott Ringgold responded that impacts related to energy, open space, aesthetics are included in the EIS.

**Comments of Jeff Edelman** – Mr. Edelman stated that while the focus on height is important, this shouldn't distract from consideration of the size of the expansion. He has not seen the bed need adequately explained and felt previous explanations were too vague and range from between 100-200 beds, which is a 100% increase.

**Comments of David Sommerville** – Mr. Sommerville remarked that Laurelhurst is just a bad location for the hospital given the growth rate of the City. He said they are probably underestimating future need. He said they should consider building an new hospital at another site. The transportation problems associated with additional development at this site simply cannot be solved. Current roads are clogged and there simply aren't enough roads.

**Comments of Don Kennedy** – Mr. Kennedy stated that he controls \$100 million in real estate in Seattle and has been in the real estate business for 65 years. He estimated that Children's has added at least 10% property value increase to the surrounding homes and he is shocked that people don't support the expansion of one of the best pediatric hospitals in the country.

**Comments of Steve Ross** – Mr. Ross stated that he is the Co-chair for Friends and Neighbors for Children's. He stated that the co-chair of the organization is Mr. Phil Fujii. Mr Fujii wrote the editorial that appeared in the Newspaper encouraging the neighbors to keep working with Children's to find a solution. Mr. Ross stated that he is concerned because he is a parent and knows how fortunate he is to live near Children's hospital. He himself has survived a battle with cancer and owes his life to modern medicine which has enabled him to see his daughter grow up. He said he wants other people to have the same access to medical care regardless of their ability to pay and Children's provides this. He suggested they all work together for the good of the children.

**Comments of Molly Black** – Ms. Black stated that there is not a person in the crowd who has not been positively impact by Children's hospital and appreciate the services they provide. However, she said the issue is the location and size of the proposed expansion and its impact on traffic and zoning.

**Comments of Patsy Sawa** – Ms. Sawa stated that she is a resident of Laurelton Terrace. She stated that she wanted to give information concerning that facility. Alternative Four, includes possible purchase of Laurelton Terrace. Laurelton Terrace Board has invited Children's to consider purchasing the condominium buildings. Ms. Sawa stated that the Board acted without full knowledge of the residents. Secondly, she said the condo owners who approached Children's about selling their units did so after they heard that Children's would buy condos and the real estate market “shut down” to them. Clearly some Laurelton Terrace owners don't want to sell their units to Children's and believe that Children's proposed expansion is too significant and would be disruptive.

## **VI. Adjournment**

No further business being before the Committee the meeting adjourned at 9:02 pm.

## **Meeting #6** **Tuesday, January 22, 2008**

University of Washington  
Center for Urban Horticulture  
3501 NE 41<sup>st</sup> Street  
Seattle, WA 98105

**CAC Members Present**

Cheryl Kitchin	Dolores 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
Steve Sheppard (ex-officio)		

## **Others Present**

See Attendance Sheet

### **I. Introductions and Orientation to the Process**

Karen Wolf, Committee Chair welcomed everyone to the 6<sup>th</sup> meeting of the Citizen's Advisory Committee. She noted that this is a working session and as such would not include presentations from others and a more limited opportunity for public comments. However, there will still be a public comment period.

Mr. Sheppard reviewed materials for the Committee: Draft Agenda, two attempts to summarize the most frequently raised issues in everyone's individual comment form; one is just called "Action Agenda on the Master Plan", one is called "Action Decision Agenda on the EIS"; two packets that are Committee members' combined comments; two additional sheets of people who came in late or didn't get pasted into the list: Yvette Moy and Christine Barrett; a 16 page letter from Carol Eychner; a letter from LCC and their consultants on bed need projections and differences for that; compilation of minutes from meetings 1 – 4; and the EIS and the Plan.

### **II. Review of Draft Master Plan Comments**

The committee proceeded to discuss the areas of their comments as included in the Committee Actions agenda. These were general comments only to guide members to complete their individual comments.

#### **A. Alternative Development**

Mr. Sheppard reviewed Alternative Development comments that seemed to be reflected in one way or another in many people's responses.

This was: The plan should be revised, add a new alternative that adds less than one million square feet and shows further significant height and bulk restrictions below 160 feet so as to be more in keeping with the scale of the surrounding residential neighborhood. Such an alternative should become the basis for the development in consultation with the CAC of a preferred alternative. He noted that was raised in many people's comment forms.

Mr. Sheppard noted that in many people's forms, they went through various schemes to lower heights at various parts of the campus. The first one talks about reducing heights; particularly many people commented on reducing heights at the north garage and depressing it totally underground so as to allow no greater than a 50' MIO; the assumption on that was less height in development. Many of the alternatives talked about reducing and decreasing the MIO 90 to lower designations on the corners of the campus. The southwest corner and also near Laurelton on the southwest corner. Alternative # 5 they talked about decreasing the MIO height to 90 along Penney Lane and the area north of there. Alternately, some people raised a simpler idea that all build alternatives, eliminate for further consideration heights above 90 feet. There were a lot of people who said simply remove both alternatives Two and Four; alternative Two is a 240 height alternative and the other takes future expansion onto Laurelton Terrace.

Ms. Wolf recommended going through the alternatives to ascertain they have adequately captured the comments and to get feedback from the CAC. One is the recommendation that CHRMC create a new alternative that would

result in less than one million square feet of additional space and that also the heights in varying parts of the campus be reduced; specifically the north garage be completely underground.

Catherine Hennings stated that she hoped CHRMC will come up with new alternative that lowers the height, bulk and scale. Committee members generally agreed. Ms. Muller stated that if there is a blanket height across the expansion rather than 90 here and there, with highest points at the top of the hill. Mr. Rosencrantz said there is a statement that says "keeping in scale with the surrounding"; that the CHRMC expansion keep the same scale it is today and asked if that were captured in the comments. Ms Muller said that both of those things seem somewhat unrealistic; the whole idea is that CHRMC needs to grow and they are already out of scale with the neighborhood. We want it to be less of a difference in scale than currently but the scale of the neighborhood is only a scale of 30' height.

Steve Sheppard noted that he had laid out all comments on a grid. He noted that almost all members stated that they wanted to see an alternative that was more in scale with the surrounding neighborhood. The intent of this combined comment is not to come up with a specific proposal but instead to recommend that CHRMC include one or more alternatives that would show what a less intensive development scheme might be.

Myriam Muller stated that it is extremely difficult to deal with the issue of alternatives when there is so much disagreement concerning the need. She noted that the state and CHRMC's figures seem so vastly different that until that is settled it seems inappropriate to discuss any increases for the existing facility. Catherine Hennings responded that she believed that it was best to comment on alternatives.

Steve Sheppard noted that the issue of need is dealt with separately in the proposed comments. He noted that comments concerning need were in many members comment forms. Mr. Sheppard stated that those issues raised most consistently by members included:

- Need
- Development of a less intensive alternative
- Possible inclusion of a no-build off site alternative.

He stated that it was also clear that members did not have great confidence in the information that they had been given to date concerning need.

Michael Omura suggested that the CAC forgo focusing on need at this point and instead look at shaping the development from the outside in. For instance looking at acceptable height, setbacks and open spaces might set a realistic maximum that CHRMC would then have to look at to see what square footage of development might be possible. He noted that it appears that most members favor some lower height and greater setbacks. Others noted that so long as the total square footage of development remains the same, that many of the impacts are unchanged regardless of the height. A set number of square feet and users results in a uniform amount of traffic regardless of whether it is 90 or 75 or 220 feet in height.

Steve Sheppard noted that a synthesis of the comments might reasonable lead to a comment to 1) lower the heights because they have too great impacts; 2) increase setbacks because greater buffering between the campus development and the adjacent single family development is wanted; 3) step heights down significantly towards the edges of campus in order to reduce shadowing and light and glare impacts. He noted that few committee members commented on open space issues.

Myriam Muller asked if the CAC can provide guidelines for the development of new alternatives. Mr. Sheppard responded that the CAC can make any recommendation member wish. Cheryl Kitchin agreed that she would like to provide some guidelines. Karen Wolf suggested that the CAC identify the maximum allowed heights and defining

the overall development envelope. Catherine Hennings noted that the criteria would clearly be height and setback. The question is whether the criteria should include a maximum number of square feet of acceptable development.

Steve Sheppard asked if there was a consensus that there should be a new alternative that is none of the current alternatives. He suggested that members might want to form a sub-committee to look at what the criteria for such an alternative might be. Members agreed. Michael Omura agreed to organize such a group.

## **B. Boundary Expansion**

Catherine Hennings noted that there was considerable discussion concerning whether to remove the Hartmann from the MIO. She noted that there appeared to be two alternatives: 1) keeping it within the MIO as is; 2) redesign the MIO height while still leaving it within the MIO or 3) removing the Hartmann from the NMIO and allowing it to be developed by CHRMS under the current zoning. Catherine stated that she preferred that Hartmann be developed under the underlying zoning. Others stated that the combination of the existing heights proposed on campus and Hartman seem too high.

After further discussion it was moved that the CAC comment be basically as follows:

Expansion of the MIO to include the Hartmann, as currently proposed, should be opposed. But that more intense development on this property by CHRMC but at a lower height be considered at either an MIO 50 level or not within the MIO but with a rezone to a commercial zone compatible with the scale of surrounding development.

## **C. Laurelon Terrace**

Various CAC members noted that the possible Laurelon Terrace option did not appear to have merit in that it neither fully utilized that property, nor actually resulted in a reduction in development proposed on the main portion of the Campus. Instead it seemed like land banking for a future phase. Karen Wolf suggested that if this alternative is retained for future consideration that it would have to be used differently and in ways that would decrease the height, bulk and scale of the rest of the campus. Ruth Benfield noted that the reason that alternative 4 does not result in any immediate decreases in development on the main campus is that the land is not owned by CHRMC and that CHRMC would have to slowly acquire the land. It would not be available for many years. After further discussion the CAC directed that its comment letter state that the plan should be revised to either: 1) remove MIO designation from the Laurelon Terrace Neighborhood, or 2) develop a new alternative for the Laurelon Terrace Neighborhood that more fully utilizes it and results in lesser development and greater setbacks on the rest of the campus

## **D. Access points**

Discussion then turned to access points to the campus. Myriam Muller noted that she lives near the 45<sup>th</sup> Street access and strongly opposes both the 45<sup>th</sup> and 50<sup>th</sup> access points. She noted that this would endanger children. Others noted that there has been no discussion of what level of development actually triggers the need for the second or third access point.

Michael Omura noted that there is insufficient detail on the actual design of the entrances and exits along Sand Point Way and how it would relate to the Hartmann. It was suggested that there be additional detail given on both of these issues in the DEIS and MIMP.

## **E. Need**

Steve Sheppard noted that many members comments to date have gone in two general direction: 1) those that have expressed concern over the lack of believable information; or 2) that if the projected needs actually drive the current proposed bulk and scale of the development, then regardless of whether this need is justified or not the development is simply to intense for this site. In many cases members asked for a unbiased evaluation of the need issue.

Cheryl Kitchin stated that she preferred looking at the ability of the site to accommodate the proposed development rather than look at the need numbers. Myriam Muller responded that the Committee should really consider doing both. Others members agreed with Ms. Muller. Ruth Benfield stated that CHRMC would try to provide better information. Others stated that without that evaluation being by an independent party that there would be little agreement on the numbers. CAC members directed that the CAC letter contain a call for additional evaluation of the need.

#### **F. Dispersion**

It was noted that some members suggested that the alternatives be expanded to include development of a new replacement or satellite campus elsewhere in the region. Catherine Hennings stated that she objected to this being considered as a CAC comment in that the Committee had been formed to look at development on this campus. Myriam Muller disagreed and stated that if it is determined that this site cannot adequately accommodate the need being projected, then relocation to some other site or sites would appear to be a legitimate direction to at least considered. Steve Sheppard stated that this would clearly be an issue to be voted on at the next meeting and asked members to give serious thought to this issue.

### **III. Review of the Preliminary Draft EIS Comments**

Steve Sheppard was asked to go over comments received. He noted many minor detailed comments and more fully addressed those comments that were raised by multiple members. Those comment raised by multiple members were:

#### **A. Traffic**

Steve Sheppard summarized comments concerning traffic. He noted that the majority of comments related to traffic and transportation. Many members stated that the traffic impacts appeared to be significantly understated that the Draft EIS needed to look at this in much more critical look at these issues. This was uniform in everyone's comments. Additional comments related to the need to a more aggressive look at things that might be done to limit auto growth etc.

#### **B. Height, Bulk and Scale**

Steve Sheppard noted that many members noted that the evaluation seemed inconsistent. For instance significant impacts were identified for alternative 2, but not for alternatives 3, 4 and 5. Many members felt that the impacts of each of these alternatives were similar and that all have significant impacts. Others noted that there had not been sufficient discussion of the relationship of the height bulk and scale proposed to the surrounding low density single family development or any discussion of how height bulk and scale is dealt with in other similarly situated institutions where single family development abuts the MIO. Many suggested that there needed to be further discussion of step downs and set-backs near the boundaries, especially as that related to the City's goals and policies related to protect single family areas. Other comments related to views.

#### **C. Housing**

That the PDEIS did not identify either the existing purchase of housing and conversion form ownership to rental as an impact or the possible loss of Laurelon Terrace. Many suggested that this area needed to be strengthened significantly.

### **IV. Public Comments**

Karen Wolf opened the meeting to Public Comments

**Comments of Jeannie Hale** – Ms Hale stated that that she is the President of the Laurelhurst Community Club. She noted that she would limit her comments in order to give more time to Carol Eychaner. She encouraged the members of the public and the committee to look carefully at the Major Institutions Codes statement concerning expansion of boundaries. She noted that this is discouraged and that the neighborhood does not need to loose the affordable units in the Laurelton.

**Comments of Molly Black** – Ms. Black stated that she has heard a lot of fear about the building but that when she thinks of Children's she thinks instead of its critical need in the region and how important it is for the health of children.

**Carol Eychaner** – Ms. Eychaner stated that she would need more than two minutes and asked the committees indulgence. Ms. Eychaner stated that the Hartmann site is zoned for Lowrise 3 and as such could only be developed with either a rezone of conditional use. The Laurelhurst Community Club has suggested that this site not be included in the MIO but instead be developed under a Neighborhood Commercial 2 designation with a 45 foot limit.

The single family zone that underlies CHRMC as well as covers the surrounding area allows 30 foot heights plus five feet for pitched roofs does the lowrise multi-family zoning the applies to Laurelton Terrace. She also noted that the EIS states that two access points would be required up to 400 beds with three over that point to 600. However there is no identification of the level below which two access points would be needed.

Ms. Eychaner noted that the expansion is not a small expansion but is essentially the same as inserting an entire new hospital into a single family neighborhood. Its impacts are very large and would generally be frowned upon in single family areas. She also noted that development at other similarly situated locations outside of urban centers is generally lower and that CHRMC's proposal is unique in this regard. She also noted that two institutions have been adopted since the institution of the urban village format. These are Seattle Pacific University and South Seattle Community College. In both cases the maximum heights were much less than what is being proposed by CHRMC. She also referred to information recently distributed by CHRMC. In their letter they stated that the DOH method automatically applies a 70 percent occupancy standard. This is not correct. For a facility of up to 300 beds a 75% occupancy rate is used. This can be reduced based upon certain factors. In 2002 this was reduced to 70%. If CHRMC expands to anything over 300 beds the occupancy rate is set at 80%. She also noted that there were other errors in the presentation of information from DOH. There has been some disagreement with this by CHRMC she stated that she would send the information directly to the CAC so that members can determine for themselves which interpretations are correct.

CHRMC has stated the DOH found justification for 164 additional short stay psychiatric beds for the target year 2006. The PDEIS looks at 140 psychiatric beds. The analysis does not state that DOH found a need for these beds. Instead it states that "the applicant's description of Children's regional planning area as all Washington residents age 14 and younger application of the normative standard results would result in the 164 beds. It then further states that using other methodology, the DOH has determined a gross bed need for 18.78 beds for the target year 2006. They projected it to 2020 at 20 beds.

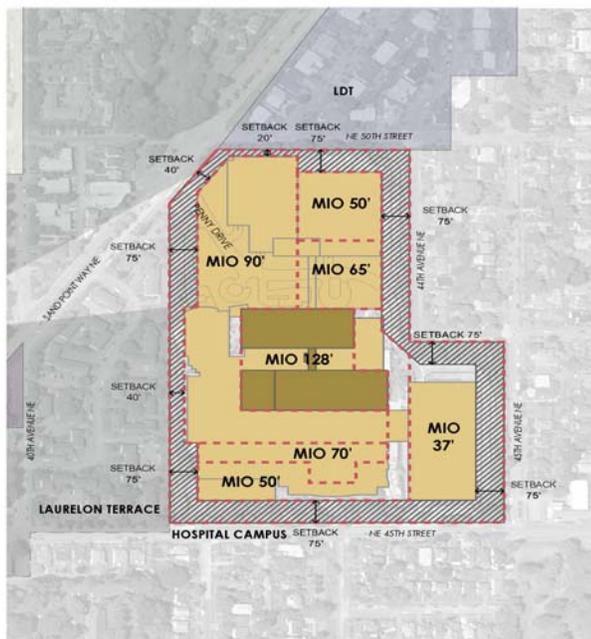
**Comments of Grace Yuan** – Ms. Yuan stated that the cumulative and secondary impacts are not sufficiently analyzed. She noted that the new plan is asking for an increase that is six times the increase requested in 1994. She also noted that the construction process will apparently last almost 20 years and that the impact from this almost constant construction is significant. It is not a short-term temporary impact. She also asked that the EIS evaluate the cumulative impact of simultaneous construction at CHRMC and the 520 process.

**Comments of Laura Leman** – Ms Leman stated that it is discouraging to have to wait for long periods for service at the Hospital. She stated that she hoped that the critics were not implying that CHRMC should not expand.



Michael Omura was introduced to go over the initial recommendations of the design sub-committee. Mr. Omura stated that the group met about two weeks ago to look at the various alternatives that have been discussed to date and see if the group might not come up with an alternative proposal that represented a better fit in regards to height bulk and scale to the surrounding neighborhood.

He directed the CAC's attention to the letter from the Committee and went over the letter in detail. The sub-committee concluded that the CHRMC proposals as currently advanced presents major problems for the neighborhood. These include: Greater than desirable proposed heights; less than desirable Set-backs; Greater than desirable traffic impacts; and less than desirable step downs in height and bulk, especially from the Laurelton Terrace (west) side. The committee concluded that a "spread" alternative that further reduces the height of development shifts development towards Sand Point Way rather than on the uphill sections of the campus and includes greater setbacks would be desirable circulation. He went over the various new height limits that the sub-committee is proposing as shown on the following drawing:



**CAC SUB-COMMITTEE: Alternate Proposal B**

*Editor's Note: Rather than go through the verbal description of this alternative the drawing is included.*

Mr. Omura stated that it became clear to the sub-committee that this alternative could probably not be done in a way that accommodated all of the development that CHRMC states that they need. The sub-committee then looked at any ways that greater development might still be able to be accommodated. This brought up the issue of the future of Laurelton Terrace. This is a difficult issue in any event. That neighborhood is greatly impacted and will undoubtedly be more so in the future under any conceivable development scenario. For that reason a multiple

approach to planning concerning the possible acquisition of that neighborhood needs to be considered. Steve Sheppard was asked to discuss the Laurelton Terrace issue. Mr. Sheppard stated that the sub-committee noted that in the event that a decision is made that Laurelton Terrace will not become part of the CHRMC Campus over the next 20 years, then significant set-backs and lower development heights in that area abutting that neighborhood should be incorporated into the plan as submitted to the Hearing Examiner and City Council. If Laurelton Terrace becomes available over the next 20 years, then a full development of that site with its utilization for major phase two and three hospital beds and all major access should be off of Sand Point way. He noted that the sub-committee did not endorse the incorporation of Laurelton Terrace into the plan, but instead stated that if it is further evaluated its use must be significant and development there at an early enough stage in the overall development to have a positive impact on development on the rest of the campus. He further noted that there would be significant issues related to any Laurelton Terrace development including the loss of housing and increased impacts along Sand Point way.

Ruth Benfield, acknowledged the hard work of the sub-committee. CHRMC is working to incorporate as much of the sub-committees recommendations as possible into its alternatives. With regard to Laurelton Terrace, Ms. Benfield stated that CHRMC welcomes the input of the sub-committee for design criteria should this option ever become available. Miraim Muller noted that there was a statement in Ms. Benfield's letter that CHRMC might look at earlier development at Laurelton and asked for clarification. Ms. Benfield responded that CHRMC was looking at earlier acquisition and development there.

Bob Lucas noted that he was very concerned that the sub-committee's initial recommendations had been made public prior to its being presented to the full Committee. He stated that he strongly felt that this should not have been done and proposed that the CAC adopt an amendment to the CAC By-Laws that would precluded this being done again.

Mr. Lucas moved:

*That the Children's Hospital and Regional Medical Center's Major Institutions, Master Plan Citizen's Advisory Committee By-laws, be amended to state that in the future, any notes comments or actions taken by the CHRMC CAC subcommittees be kept in the strictest of confidence until such time that they are formally shared with the full CAC at a formal meeting. This means that the sub-committee members or anyone in attendance at the meeting will be prevented from discussion the contents of such meeting with members of the general public or the press. Once the formal presentation to the full CAC has been made, members are free to make comments. It is also recommended that the sub-committees be recorded for the preparation of formal notes or minutes for approval by the sub-committee members.*

The motion was seconded. Discussion followed.

Mr. Lucas stated that the sub-committee meetings are not full public record meetings and should not be subject to the same rules as the committee meeting. The drafts of what would be presented to the full CAC were really not set until just prior to this meeting.

Steve Sheppard stated that it is not clear that the sub-committee work is exempted from basic disclosure. Everything that is stated at the CAC or in its sub-committees is public and should not be "held privately". The only real difference is that a sub-committee meeting need not be widely advertised. He expressed concern that this was not legal under open meeting and public disclosure laws and offered the opinion that this amendment should not be adopted.

Robert Rosencrantz stated that he believed that democratic principles dictate greater transparency. What the sub-committee members state at such a meeting does affect the work of the full committee and should not be shielded from the public.

After further discussion the motion was tabled without action.

Steve Sheppard handed out the draft CAC comment Letter. He noted that this includes the sub-committee work as well. He noted that it includes many of the comments discussed at meeting 6.

### **III. Public Comments**

**Comments of David Miller** – Mr. Miller noted that CHRMC serves people from a broad area and should be considered a social justice and health issue and not a neighborhood zoning issue. He stated that it did not appear that CHRMC is proposing something unreasonable and that he feels shame and regret that the neighborhood is not more fully supporting CHRMC.

**Comments of Mark Holden** – Mr. Holden stated that he feels strongly that all of the members of the committee be allowed to speak openly whether it concerns actions at the full committee or at a sub-committee meeting. He further stated that he was very concerned with the effects of the traffic to the proposed new access point on 45<sup>th</sup> and 50<sup>th</sup> Avenues NE.

**Comments of Gisela Schimmelbusch** – Ms. Schimmelbusch stated that many in the community want to accommodate reasonable growth but the level of development proposed may not be appropriate. Until CHRMC and DOH are in agreement concerning the amount of development that is justified none of the work being done today is reasonable. She suggested that the entire process be suspended until there is agreement between the State and CHRMC on actual certificate of needs.

**Comments of Lynn Ferguson** – Ms. Ferguson stated that she was the co-chair of the Northeast District Council and was speaking on their behalf. The District Council continues to monitor this process and has received briefings on the process. At its February 7<sup>th</sup> meeting NEDC reconfirmed its commitment to a CHRMC expansion that: 1) has less height, bulk and scale; 2) height limits that are consistent with the City's Comprehensive Plan and limits of other similarly situated institutions (which is 90 feet); 3) no expansion of the MIO boundary; and 4) no new access points to residential streets. The four alternatives proposed by CHRMC fail to meet these basic requirements to maintain the livability and viability of our surrounding communities. We urge you to reject these alternatives outright. CHRMC has asked for an unprecedented rezone for an institution that is outside of any urban center or urban village. The initial 1.5 million square feet would result in a wide range of impacts that can't be mitigated. The NEDC is concerned about the expansion of the MIO boundaries. This is strongly discouraged in the Major Institutions Code. The expansion of Children's boundary if children's should acquire the 134 unit Laurelon Terrace complex would result in the loss of 21 percent of the moderate cost housing in the areas. This housing is difficult to replace. This boundary expansion is also contrary to the City's Land Use Code. The Code does not permit the expansion of boundaries where it would result in the demolition of residential structures or change in the use of those structures to non-residential character. It makes no sense to expand across Sand Point way to the Hartman Property where a rezone process to allow a more modest expansion on the property meets CHRMC's needs.

The NEDC commends the sub-committee in developing workable parameters for new alternatives for the full committee to consider. While details were somewhat unclear at the NEDC briefing, the NEDC was encouraged to learn of recommendations to limit access to the hospital to Sand Point way with no new entrances or exits to either NE 50 or 45<sup>th</sup> Streets. The 75 foot buffers would help screen the property. Limiting height to 128 feet is a move in the right direction but should still go farther. Once more information is available the NEDC hopes that the CACF will seriously explore recommending a far less square footage for the expansion limits.

She also noted that the NEDC is opposed to changes to State House Bill 3071.

**Comments of Jeannie Hale** - Ms. Hale stated that she is the president of the Luauelhurst Community Club. The LCC continues to support open and transparent government. She stated that she appreciated the briefing by Bob

Lucas on the initial work of the sub-committee. Without having early information of the directions of the sub-committee it is not possible for the LCC consultant to evaluate the actions and bring information back to the CAC. So long as CHRMC representatives are present at the sub-committee it is not a fair process or free exchange of information.

She noted that the draft letter fails to stated that the CAC rejects the current alternatives and given what has been stated tonight should be done. In addition, including information on the sub-committee's possible alternative with only a few minutes review should not be done. The purpose of the CAC here should be to comment on the preliminary draft Master Plan and EIS and in doing so the CAC should simply reject all of the alternatives and not propose something new.

**Comments of Carol Eychaer** – Ms Eychaner stated that the public needs information prior to the meeting in order to make adequate public comments. She stated that the CAC's ideas to look at the possibility of relocating and placement of Penny Drive underground is very interesting and deserves to be pursued further. She stated that the continued development of the Emergency Department might negatively effect the possible changes proposed by the sub-committee and delay of this should be considered. Any incorporation of Laurelton Terrace should also address the loss of housing issue.

Concerning Need, she noted that the statement in the dcraft letter that states:

*While need was discussed, it is not part of the code-mandated charge to the CAC (SMC 23.69.032.D(1)). The CAC's comments on need are intended to clarify its present thinking and not to delay the process of commenting on other aspects of the proposed MIMP and its supporting environmental documents. Non-the-less, the CAC believes that a full exploration and understanding of mid and long-term needs will be crucial to the eventual decisions concerning this plan.*

She stated that the code allows the CAC to comment on the needs. She noted that the letter does not address the need issue sufficiently.

**Comments of Michael Pearlman** – Mr. Pearlman noted that under section G of the proposed letter under construction impacts. He hoped that the section can be amended to add information that this impact is both on the surrounding area and on patients.

#### **IV. Continuation of Committee deliberations on the CAC Comment to the Preliminary Draft Master Plan.**

Ms. Wolf asked that the CAC members go through the letter section by section and identify major Issues. The Committee determined that the sub-committee report would be attached to the letter at the end rather tan be incorporated into the main body.

Discussion proceeded to the introductory comments and the discussion of alternatives. Cheryl Kitchen noted that the statement did not state that the CAC was specifically rejecting all of the current alternatives and asked if the section needed to be amended to have that statement. After further discussion it was determined to reorder the letter to start with the statement that:

<b>A. General Observations on the existing alternatives</b>
<i>The alternatives presently being proposed by CHRMC all appear to present major problems for the neighborhood. These problems include:</i> <ul style="list-style-type: none"><li>- Greater than desirable proposed heights</li><li>- Less than desirable Set-backs</li><li>- Greater than desirable traffic impacts</li></ul>

- *Less than desirable step downs in height and bulk, especially from the Laurelon Terrace (west) side.*

*The impacts of the proposals as currently are being advanced are significant and their impact to great to represent a fair balance between the needs of the CHRMC and the desire to maintain the livability of the surrounding community. Light glare, shadowing and other land-use impacts present problems that will be difficult to adequately mitigate. Impacts are greatest on the areas to the west where the scale of new development is looming, and potential shadowing so significant as to create a canyon-type shadow pattern.*

This would be followed by the discussion of new alternatives as follows:

**B. New Alternative(s)**

*The proposal should be revised to add a new alternative that adds less than one million square feet and shows further significant height and bulk reductions below 160 ft so as to be more in keeping with the scale of the surrounding residential neighborhood. Such an alternative should become the basis for the development in consultation with the CAC of the preferred alternative.*

*On Saturday, February 2, 2008 a subcommittee of the CAC met to discuss elements of a possible new alternative for the expansion of Children's. The subcommittee chose to look "outside in." This approach focused on the bulk, size, and scale of the buildings as they interact with the neighborhood. The details of that alternative are are included in this letter as attachment 1 to this letter.*

Michael Omura noted that the comments about various heights should be removed since the CAC is recommending new alternatives and removal of others. He stated that the alternatives that are not acceptable should simply be removed, not amended in some minor way. The section was read as follows:

**B. Reduction of Height in Existing Alternatives**

*The Plan should be revised to amend the various existing alternatives to further reduce height in order to provide a better height transition to the surrounding neighborhoods including:*

- *For all build alternatives - place all levels of the North Garage below grade and reduction of the MIO designation for that area to no greater than MIO 50*
- *Alternative 3 - Decrease the MIO 90' to a lower MIO Designation at the SW corner of the campus,*
- *Alternative 4 - - Decrease the MIO 90' to a lower MIO Designation at the SW corner of the Laurelon Terrace in alternative 4*
- *Alternative 5 - - Decrease the MIO 90' to a lower MIO Designation at the NW corner of campus (north of Penny Drive along Sand Point Way NE and along NE 50<sup>th</sup> Street)*

*For all development on the Hartmann Site – Decrease the proposed MIO to the closest height that matches the existing underlying zoning (see also*

Discussion then turned to Section C. Removal of alternatives. Katie Chaney stated that the removal of alternatives is a difficult issue and that all of the parties (DPD and CHRMC) will have to agree with the removal of alternatives.

She noted that the original proposal is included as a worst case alternative. She suggested that it probably needed to be retained. Myriam Muller recommended that the CAC could review and comment on Alternative 2 and still state that it should be removed:

**C. Removal of Alternatives 2 and 4**

*The Plan should be revised to Remove alternatives 2 (240 foot height alternative) from further consideration as it no longer appears to be under serious consideration, and alternative 4 (Use of Laurelton Terrace) from further consideration except as discussed under the new alternate as presented above.*

Steve Sheppard suggested that the section be split into a Section C and D in order to address Ms Muller's concerns. He read suggested revised wording as follows:

**C. Removal of Alternative 2**

*The Plan should be revised to remove Alternative 2 (240 foot height alternative) from further consideration as it no longer appears to be under serious consideration. If it is evaluated in the EIS, it should be done as a worst case scenario to clearly evaluate impacts from the upper end with an indication that it is no longer being put forward as a formal alternative.*

**D. Revisions to Alternative 4** - *The Plan should be revised to either: 1) remove further consideration of any boundary expansion to cover the Laurelton Terrace Neighborhood, or 2) develop a new alternative for the Laurelton Terrace Neighborhood as described in Attachment 1.*

*Specifically:*

*a. In the event that a decision is made that the Laurelton Terrace Neighborhood will not become part of the CHRMC Campus over the next 20 years, then significant set-backs and lower development on the side of the campus abutting that neighborhood should be incorporated into the plan as submitted to the Hearing Examiner and City Council.*

*b. In the event that a decision is made that Laurelton Terrace Neighborhood may become available over the next 20 years, then a full development of that site with its utilization for major Phase Two and Three hospital beds and major access should be developed. It is noted that the current development shown in the alternatives represents an under-utilization of the site and would not constitute sufficient benefit to warrant the disruption to the neighborhood associated with planning for its possible incorporation into the CHRMC campus.*

Committee members agreed with the general wording.

Karen Wolf noted that E would become the reduction in height of existing alternatives. She suggested that this needed to be substantially reworded. And suggested wording along the following lines:

*The Plan should be revised to amend the various existing alternatives to further reduce height in order to provide a better height transition to the surrounding neighborhoods including:*

- For all build alternatives - to the extent possible, place all levels of the North Garage below grade and reduction of the MIO designation for that area to no greater than MIO 50*
- Alternative 3 - Decrease the MIO 90' to a lower MIO Designation at the SW corner of the campus,*
- Alternative 4 - Decrease the MIO 90' to a lower MIO Designation at the SW corner of the*

*Laurelon Terrace in alternative 4*

The revised wording was approved.

Discussion then turned to the Hartmann Building. Several committee members expressed significant opposition to the development of the Hartmann Site within the MIO and at the heights suggested. Cheryl Kitchen and Karen Wolf suggested the following wording:

*Expansion of the MIO to the Hartman site as currently proposed is not supported by the CAC. The height of the proposed development is too great and might set a precedent for too intense development along adjacent portions of the Sand Point Way commercial strip. In addition the criteria in SMC 23.34.124 discourages non-contiguous MIO boundaries.*

*The proposal should revise an existing alternative or create a new alternative that eliminates the boundary expansion to the Hartman site. The institution proposes to expand the boundaries of the Major Institution Overlay (MIO) to include the site of the Hartman building across Sand Point Way. The CAC is concerned about the height of this building and its impact on the surrounding neighbors to the west. The proposed new building would be constructed directly adjacent to an existing non-conforming condominium tower and would create a wall of buildings impacting the light and shadows of the neighbors in the condominium and in the houses directly to the west. It is not clear exactly why Children's needs to jump Sand Point Way to include this within the MIO. The CAC is suggesting that three options for the Hartman site be considered:*

Members stated that this did not go far enough and that opposition to the proposed height should be made more clear. Karen Wolf suggested that the CAC consider recommending three acceptable alternatives for the height at the Hartmann Site

- As currently proposed at MIO 105;
- At MIO 50; and
- Not within the MIO but with a rezone to a commercial zone compatible with the scale of surrounding development.

She noted that the 105 should be identified as being in the alternatives solely to show worst case and that the wording of the CAC letter clearly indicate the Committee's opposition to this height.

After further discussion the following introductory wording was suggested:

*Expansion of the MIO to include the Hartmann property, as currently proposed, is not supported by the CAC. The CAC is concerned about the height of this building and its impacts on the surrounding neighbors to the west. The proposed new building would create a wall of buildings impacting the light and shadows of the neighbors in the condominium and in the houses directly to the west. The height of the proposed development is too great and might set a precedent for too intense development along adjacent portions of the Sand Point Way commercial strip. In addition, the criterion in SMC 23.34.124 discourages non-contiguous MIO boundaries. However the CASC is not necessarily opposed to more intense development on this site by an a lower height.*

Members agreed with this wording

Discussion proceeded to a discussion of need projections. Catherine Hennings stated that she was concerned about how the State Department of Health could provide a non-biased evaluation. Myriam Muller stated that what

was needed is a letter of intent. Ruth Benfield stated that the State limits this to short term needs. She stated that it might be possible to get some third party to do this, but the State would not do this. Such a DOH evaluation would be for Children's only, not for all state beds. This is generally abased on a historical use. The methodology used does not look at demographic projections, but only on past numbers. Members agreed to retain the wording that was in the draft wording.

**V. Committee Discussion Concerning Comments to the Preliminary Draft Environmental Impact Statement**

Most of the discussion concerned minor wording changes and was not substantive. Substantive changes to the draft comment letter were as follows:

Members suggested that paragraph 3 of the draft letter be amended to add the following statement at its end.

*The CAC requests an analysis based on the metric of travel time as a result of each alternative and analysis on the impact of emergency vehicles. The CAC is particularly interested in learning of the impacts across the Mountlake Cut and at the 5 Corners intersection as a result of increased volume.*

Members agreed on this wording.

Members noted that the wording under the housing section needed to be expanded to cite the specific code sections. Steve Sheppard agreed to do this.

Karen Wolk asked for a voice vote from the committee regarding approval of the letter. The committee approved the letter as amended subject to that final letter being provided to members at least 24 hours prior to its submission to the City and CHRMC.

**VI. Adjournment**

No Further Business being before the Committee the meeting was adjourned.

**Meeting # 8**  
**March 18, 2008**  
Talaris Conference Center  
Cedar Room  
4000 NE 41<sup>st</sup> Street  
Seattle, WA 98105

**Committee Members Present**

Kathryn Hennings, Vice Chair	Steve Shepherd, DON (ex-officio)	Myriam Muller
Cheryl Kitchin	Dolores Prichard	Bob Lucas
Shelly Arquette	Ruth Benfield (ex-officio)	Scott Ringold (ex-officio)
Michael Omura	Gina Trask	Wendy Paul

**I. Welcome and Introductions**

Karen Wolf, Committee Chair, welcomed everyone to the eighth meeting of the Children's Hospital and Regional Medical Center Citizens' Advisory Committee.

Mr. Shepherd stated that three members of the committee had to resign due to conflict of interest: Kathy Higgins, Christine Barrett and Kathleen Sable. He thanked them for their participation. He said that many had heard about the possible Laurelton Terrace purchase and its potential incorporation into CHRMC boundary expansion. He said the offer that has been made is not typical; it is for far above market value and has other considerations to it, including conditions that relate to this Committee. For that reason, both financial conflict of interest and the appearance of conflict of interest of influencing the Committee towards a certain decision, the City Ethics Office has concurred that it is a clear conflict of interest and it was necessary to ask them to resign. Under the code they will have to be replaced. He stated he hopes they will continue to attend as they have represented an important constituency and it is important to hear their voices. Ms. Wolf offered her thanks to Ms. Higgins, Ms. Barrett and Ms. Sable for their commitment and work and said their perspective is welcome and appreciated.

## **II. Presentation on the Current Status of the Planning and Possible Purchase of Laurelton Terrace.**

Ruth Benfield, CHRMC thanked the committee for its ongoing hard work and specifically thanked the Design Criteria Subcommittee for their hard work on February 2. As a result, CHRMC has and modified the overlay somewhat to match the sub-committee recommendations while still meeting their growth needs of 1 ½ million square feet and 600 beds. The sub-committee work will form the basis of some of the discussion that will occur. In addition she stated that the Committee will hear from Laurelton Terrace representative who will give details concerning their positions on the possible purchase.

Ms. Wolf introduced Jan Kirkwood, representative for Laurelton Terrace Property owners to provide a background of the deal with CHMRC. Ms Kirkwood stated that she is an attorney with Williams, Kastner and Gibbs which has represented Children's Hospital on some issues, but that in this case she is speaking as a volunteer consultant to the Board of Directors at Laurelton Terrace, where has been an owner since 1986, long time Laurelhurst resident, and a former Laurelton Board member.

Ms. Kirkwood stated that Laurelton Terrace is 6.7 acres of low lying property directly west of the hospital campus and borders Sandpoint Way. It was built as post-war housing in 1949 of wood frame construction with 136 units in 20 buildings. It has a similar look and feel to the Edgewater Apartments in Madison Park, the Clay Court Apartments in Madison Park and the Shorewood Apartments in Mercer Island. It was converted to condominiums 1979. There have been relatively few infrastructure upgrades and the complex will be 60 years old next year.

Ms. Kirkwood stated that Laurelton Terrace is clearly at a crossroads. The cost to operate and maintain it continues to increase. Historically Laurelton has tried to keep its costs as low as possible, but this may no longer be possible and it is predicted that homeowner's fees will double over the next few years. In addition, the reserve contribution, either for rainy day or capital projects, is based on reserve study that was done 10-12 years ago which calls for contributions of \$168,000 per year. The owners have been unable to do this and are actually funding at \$120,000. As a result, the association has no funds to cover major upgrades that are needed. Needed upgrades include: 1) the electrical system which is, knob and tube with fuses rather than circuit breakers; 2) installation of a fire suppression system; 3) replacement of the old galvanized pipe water system which is reducing water pressure to the point where installation of washers a disposals and dishwashers is difficult; 4) upgrades to the central heat which is currently provided by one boiler and a backup; and 5) replacement of the sewers as the are 60 years old.

Ms. Kirkpatrick noted that for at least ten years residents have talked of the future of Laurelton and when to start addressing the problems noted above. Many had offered the opinion that the property would eventually end up with hospital. When these people heard that CHRMC was expanding, they thought that the time might be right to approach CHRMC and ask if they were interested in making an offer to buy Laurelton. The board weighed this issue over a number of meetings, realizing that not everyone wanted to move. In the end they decided that they would approach the hospital to see if CHRMC could come up with a palatable offer they could present to the owners.

The board had three goals: 1) to achieve the greatest good for both Laurelton residents and the hospital; 2) to protect the interest of long term seniors, their longevity, their peace of mind and that they would have input/feedback; and 3) to treat everyone equally. They approached the hospital and conducted tough negotiations. She said they feel they have the best deal they can strike. There are some contingencies and they must have the support of 80% of Laurelton residents. There is sponsored legislation in Olympia to help with the issue which would change statutes to treat Laurelton similarly as others are treated statewide. At the present time, Laurelton Terrace owners believe that they are getting a fair price, the neighborhood has an opportunity to control the growth, and the hospital has plenty of room to expand.

Ms. Wolf opened the floor to CAC questions

Myriam Mueller said that Ms. Kirkpatrick stated that the contingencies are the same as real estate deals but they are not. One of the contingencies is the hospital approval for the development in Master Plan. This is not a certainty and she expressed concern that Laurelton Terrace residents may think they are certain to get 2 ½ times market value. There is no certainty as this is contingent upon various City approvals. She asked how this is playing out to owners. Ms. Kirkpatrick responded that was correct and that this is what happens in real estate deals. She said sometimes the inspection contingency doesn't pass. Residents understand this. Ms. Wolf asked Ms. Kirkpatrick to clarify language concerning approval of a Master Plan. Ms. Kirkpatrick said that it basically states a Master Plan needs to be approved which is acceptable to the hospital.

Ms. Wolf asked if they will continue to make capital improvements so people can continue to live there.

Ms. Kirkpatrick said they are collecting the reserve as if there is no deal, they are continuing the re-siding contracts and they are doing everything they would have done last year at this time.

Myriam Mueller noted Ms. Kirkpatrick said 80% Laurelton are for this deal; she asked for the exact figure.

Ms. Kirkpatrick responded that there was one abstention, three not voting, 12 no vote and the rest were yes; she said that was 120 out of 136 units said yes.

Ms. Kirkpatrick said two out of the three contingencies have occurred. One is the supermajority of Laurelton owners who agree in principle with the concept. The second one is the legislation has passed in Olympia is waiting for the Governor's signature. The only remaining contingency is the approval of the master plan.

Steve Sheppard noted that CHRMC is coming forward with a plan to expand boundaries. He said if in fact there were no sale pending, the Committee could still review this possible. The contingencies are between Laurelton Owners and the institution. The role of the CAC is to weigh whether possible expansion onto the Laurelton Terrace property sufficient benefits to the neighborhood and what mitigation might be needed.

### III. CHRMC Space Planning

*Editor's Note: Much of this presentation related to drawings of the typical floor plans at other facilities. It was not easily translated into a totally written form.*

Ruth Benfield was recognized to talk about space planning and answer previous questions from the CAC. Ms. Benfield said they committed to come back to respond to the Committee's input. She introduced Carl Sondburg. Mr. Sondberg noted that question have been raised concerning the relationship of CHRMC's space per patient assumptions compared to other children's hospitals.. He provided a comparison to other top ten free-standing children's hospitals in order to help illustrate. He said he is not including some like Johns Hopkins because it is combined with an adult hospital so it cannot be compared apples to apples.

The comparison is:

Philadelphia 5050

Denver	5350
Houston	4700
Cincinnati	4700
CHRCM	3600, proposed is 4000

Only Denver is a replacement hospital, so they are using Denver as the most similar for comparison to Children's. He noted figures came from the facilities departments of the institutions as well as the architects; they are, as much as possible, apples to apples comparison. They excluded the research area because CHRCM doesn't have research on its main campus. If some programs had large clinics they didn't count those.

When they projected CHRCM needs they evaluated each service line, how many operating rooms they would need; how many recovery bays, how many X-ray rooms. He said it actually came out to 3,996 square feet so they rounded it 4000 square feet. CHRCM staff noted that at the Denver facility the typical patient room is 300 square feet, with 48 beds on each floor. With direct support facilities such as the nurses stations, supply spaces etc., it totals 986 square feet per bed. Additional spaces include such uses as the operating rooms, exam rooms, diagnostic imaging, radiology, equipment storage spaces and labs, physical therapy and other support spaces. Additional spaces are devoted to boiler rooms and air handling. Staff briefly went over the typical size for each of these uses and again noted that they total just about 4,000 square feet per bed.

CHRCM Staff noted that increasing technology is also driving the increases in space needs. It was noted that the size and complexity of equipment continues to grow.

Mr Sondberg also gave a brief presentation of how these sizes might be applied to more closely match the greater setbacks, and lower heights suggested by the CAC's Design Sub-committee. CHRCM staff evaluated these suggestions. Not all of them could be accommodated exactly, but some could. It did not appear that CHRCM could accommodate all of its needs under the sub-committee suggestions. However the potential expansion onto the Laurelton Site provides a variety of opportunities to meet CHRCM's needs in different ways. Ruth Benfield noted that that with incorporation of Laurelton, access from 45<sup>th</sup> and 50<sup>th</sup> would likely be eliminated and access focused off of Sand Point way.

Karen Wolf opened the floor to questions from the CAC.

Myriam Muller asked if the hospitals shown were in single family residential areas? Mr Sondberg responded that he did not know, but suspected that they were not in single family areas. Ms. Muller also asked if Mr. Sondberg responded that that had not been the purpose of his evaluation. Ms. Muller noted that the total number of beds needed clearly drives the total square footage, so that without such a careful evaluation, how can one actually project space needs accurately?

#### **IV. Public Comments**

Karen Wolf stated that by previous agreement, the public comment period would start with formal presentation for the Laurelhurst Community Club.

#### **A. LCC Presentation**

Peter Eglick was introduced to coordinate this presentation. Mr. Eglick noted that he is a land use attorney who is working with LCC. He has been the attorney for LCC role for about 125 years related to land use planning in this neighborhood. He stated that LCC supports CHRCM's fine work, but that is not the issue on the table. The issue is what is what is responsible major institution planning. The sale itself is not the issue so much as the potential impacts of the development on the community. LCC is concerned with the loss of affordable housing (which they consider Laurelton Terrace to be) and with the impacts of expansion of the major institution boundaries. He noted that a key concern must be the degree to which this proposal benefits the community.

Mr. Eglick introduced Carol Eychaner to briefly review the proposals. Ms. Eychaner noted that a great deal of information is coming forward and that too often this is not available until either the day of a meeting or at the meeting. She asked that information be presented earlier. She also noted that there had been some statements that the Early Laurelton Development Alternative might not be in the draft EIS. She strongly suggested that this alternative be in the Draft EIS.

Concerning the possible outline of the Early Laurelton Terrace alternative, she noted that the information presented appeared to establish uniform 160 foot height across the entire area. Given that this increases the size of the MIO by nearly 7 acres, this is surprising.

Peter Eglick stated that he understands that many Laurelton Terrace residents have come to the meeting in response to flyers asking them to state that LCC should not dictate the future of their facility. He stated that LCC has no interest in dictating their futures. They are residents of Laurelhurst as are the other 300 households. LCC does have an interest in an overall plan that is best for the community. Children's has created an arrangement with the Laurelton Terrace residents that essentially puts them in a position of having to have everything accepted to the satisfaction of Children's or the deal does not go through. That was not LCC's idea. LCC thinks that there would have been ways to structure that deal in ways that wouldn't have put the Laurelton Terrace residents in this position. They could have been given a premium above value without the contingencies. However that is what has been done. But neither the Committee nor others should be deterred from doing a full evaluation of this proposal.

Robert Rosencrantz asked for additional clarification of whether the new Early Development of Laurelton Terrace Alternative would be incorporated into the DEIS and if not would it be the subject of a Supplemental Draft EIS. There is no commitment on the table to produce a supplemental so that incorporation into the draft would be best. Mr. Rosencrantz suggested that CHJRM be asked to commit to covering such an alternative in the DEIS. Ruth Benfield responded that the alternative will be subject to all appropriate review.

## **B. General Public Comments**

**Comments of Charla Buerkle** – Ms Buerkle stated said she sold her condo at the beginning of the year because it was getting less affordable and the condition of the facility was deteriorating as it aged. She stated that this is not affordable housing. She noted that the expansion of boundaries could provide benefit to Children's Hospital. She noted that said had felt no pressure from CHRMC and noted that they are willing to compensate those who will have to move.

**Comments of Allene Caddy** - Ms Caddy said she has lived in Laurelton Terrace for 30 years. She said she grew up in Laurelhurst and supports the LCC. The deal proposed by Children's is not signed and is still tentative. She suggested that the CAC continue to evaluate the benefits to the broader community of this development. If it is determined that this sale is not acceptable, then so be it. Others might want to acquire the complex to build a high rise affordable housing which might be more acceptable to the community.

**Comments of Gisella Schimmelbusch** - Ms. Schimmelbusch said she has been a Laurelhurst resident for 43 years and has spoken to the committee repeatedly. Nothing she has heard tonight changes her opinion. What would be public benefit to expand? Traffic still wouldn't go away. She asked what will happen in 15-20 years, that a future CHRMC still faces same dilemma. There is no large public benefit, traffic, overbuilding, crowding hillside. She suggested that Children's inpatient facility be built somewhere else such as the Denny Triangle, South Lake Union with the single inpatient hospital being built elsewhere with this campus being used for different purposes. She said there is no cost estimate for this construction, Laurelton construction. Children's hasn't explored other alternatives.

**Comments of Jim Cole** – Mr. Cole stated that he has lived in Laurelton Terrace for 20 years and Laurelhurst for 50 years. He said Children's is trying to save lives; to build contiguous space seems like a good way to go. He said in the end it's the kids that count.

**Leonard Gost** – Mr. Gost stated that the purchase price of Laurelton should be at time of sale without contingency. Children's should fight their own battles.

**Comments of Michael Pearlman** – Mr. Pearlman stated that he agrees with the comments of Ms. Schimmelbusch. He noted that information presented tonight show that construction on a clean site is more cost effective. His recommendation is for a second campus. The services Children's present provides are invaluable. In addition they have presented information that they are at a 98% occupancy rate. However, if they are bursting, then why have they filed litigation against Swedish to block that institution from building more pediatric beds?

**Comments of Tom Savage** – Mr. Savage stated that he lives north of campus. He said he has concerns about NE 50<sup>th</sup>, and asked if there will be adjustment to street to accommodate shadowing. He said greater setbacks should be planned.

**Comments of Mary Hodgson** – Ms. Hodgson stated that she has been a Laurelton resident for 15 years. It is an aging complex and it is an opportunity for Children's to expand. She stated that it was her observation that while they often preface their statements with support for CHRMC, many are simply saying that they object to having a growing children's hospital in their neighborhood. Children's is here; it is a good opportunity to do what is right.

**Comments of Bill Hutchinson** – Mr. Hutchinson stated that the Laurelton Community Club's comments revolved around process. The slide show, contingencies of Laurelton; they are legitimate. Laurelton wants to own the process themselves. The bigger question is whether Children's expanding into Laurelton, is a public benefit. He stated that he sees this as a great public benefit, and suggested that the public not lose forest for trees talking about process.

**Comments Herman Siqueland** – Mr. Siqueland stated that he currently resides in Edmonds, but that he sold his condo at Laurelton Terraces to Children's. He received a fair price, still has option if deal goes through of getting more. He said he bought first house in 1961 in Laurelhurst for \$15,300 and the next one in 1966 for \$24,500. Each of those houses is now worth more than \$500,000. Real estate values have not been hurt in Laurelhurst by the expansions of Children's. Children's was here then, prices went up. Children's benefits both Laurelhurst and the entire region. It serves far more than the citizens of Laurelhurst or Seattle, or Washington. Instead it benefits a many state area. Its health and ability to expand is important.

**Comments of Nancy Pritchett** - Ms. Pritchett stated that she sold her Laurelton condo to CHRMC. It was becoming unaffordable so she had motivation to sell. Dues went from \$100 to \$460 per month. She said it might be more viable because Laurelton wants to determine plan that works for Children's, the neighborhood, community

**Comments of Peter Buck** - Mr. Buck stated that he is an attorney and represents members of Laurelhurst Community Club of over 100 who have spoken on this issue. He said they have never heard Laurelton Community Club leadership talk about affordable housing. The members he represent absolutely support the idea of the hospital doing what has been proposed tonight. He said it was suggested that Laurelhurst Community Council cares about affordable housing; he said he hasn't seen that. He knows that the Laurelton members do as they have taken efforts to take care of each other at Laurelton and in asking the hospital to make a very strong commitment to take care of affordable housing which the hospital said they have. He said his family has a long history of supporting Children's Hospital. Two speakers for the leadership of Laurelhurst Community Club asked what are the public benefits. He said it is a little late to be asking about that. He suggested looking back over notes from early meetings, at the public statements. They wanted traffic off of 45<sup>th</sup> and this plan takes traffic off of 45<sup>th</sup>. They didn't want the high towers close to their home; this plan does that. He said his clients don't need the help of the officers of the Laurelhurst Community Club telling them what is a good or bad deal. He said Laurelton Terrace can take care of

each other and determine what an appropriate deal is. He said they wouldn't be doing this for Walmart; a lot of statements were made by Laurelton members about the value of the hospital.

**Comments of Liz Ogden** – Ms. Ogden stated that she is the Vice- President of Laurelhurst Community Club She stated that she grew up in Laurelhurst and lives on NE 50<sup>th</sup> which is one of the two streets that had been promised by the hospital that there would be no entrances or egresses there. She said she notices that the entrance off of 45<sup>th</sup> is no longer being proposed. However it is unclear if the NE 50<sup>th</sup> Street entrance is still being proposed. She noted that NE 50<sup>th</sup> is a narrow residential street and urged the hospital to be sure that NE 50<sup>th</sup> does not have hospital traffic on it. She said to look at setbacks on NE 50th and it looks like they are over 20 feet and that is very close to adjacent neighbors and would block the sun. She said it is unacceptable to have the plan in Supplemental EIS and it should be put into the original draft EIS. She said she appreciates Children's work, public benefit. She said there are seven acres of land and asked where the public benefit of massive structures is. She said she hoped the CAC will discuss public benefit at future meetings.

**Comments of Joyce Hinkley** – Ms. Hinkley stated that she is a resident of Laurelton Terrace and said she doesn't wish to have the Laurelhurst Community Club speaking for her. She said they have been heavy handed and manipulative throughout this process and said she doesn't understand why owners of houses in Laurelhurst think they have to be distinct from any other community in Seattle. She said this is a public process that any other community in a similar situation would go through. She said she is tired of the sense of entitlement that comes from the Laurelhurst Community club. She said she wished for them to cease and desist; and said she is capable of handling her own representation.

**Comments of Nate Root** – Mr. Root stated that he is Laurelton Resident said his main concern is that the hospital can't move. He said he doesn't want another set of towers and wants to see something shorter especially if they are willing to give up their community to help the hospital grow. He said that now that Laurelton is packaged up and may entertain other offers; he wants appropriate development and not another large residential development. Children's present something that looks good, meets needs; he is concerned about the traffic.

#### **V. Agendas and Schedules for Future Meetings**

Steve Sheppard stated that the following dates should be put onto member's calendars: March 18, April 15, May 16, June 3, June 10, and June 24. He said dates and proposed topics are open to change. He said there will also be a transportation workshop on May 6 perhaps with breakout rooms because transportation will be a big issue.

He said the timing on the new alternatives 6 and 7: alternative 6 builds off of what subcommittee did and what committee worked on last time. He said the new –alternative 7 - takes and builds down onto Laurelton Terrace. He said right now they show it as a big block but he said they will be molding and coming up with a real alternative. He suggested that a sub-committee from the CAC meet to look at how this might be done and asked for volunteers. Mr. Omura volunteered to coordinate the sub-committee. Seven people volunteered: Yvette, Dolores, Kathryn, Bob L, Michael, Myriam, Doug, Cheryl.

Karen Wolf noted that there is a proposal to have an independent transportation consultant assist the CAC at the May meeting.

There was further discussion of the schedule and CAC members concluded that the schedule needed to be adhered to even if it impacts summer schedules. It was also noted that the sub-committee recommendations from the proposed March 29 meeting which will be presented to full CAC at the April meeting.

#### **VI Adjournment**

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

**Meeting # 9**  
**April 15, 2008**  
Talaris Conference Center  
Cedar Room  
4000 NE 41<sup>st</sup> Street  
Seattle, WA 98105

**CAC Members Present**

Ruth Benfield (ex-officio)	Steve Shepperd, DON (ex officio)	Doug Hannefin
Deloris Prichard	Bob Lucas	Karen Wolf, Chair
Myriam Muller	Cheryl Kitchin	Gena Trask
Wendy Paul	Shelley Hartnett	Scott Ringold, DPD (ex-officio)
Robert Rosencratz		

**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 44<sup>th</sup> and 45<sup>th</sup>. 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 CHRMC 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 re-designed 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 45<sup>th</sup> or NE 50<sup>th</sup> Streets. There were many questions about traffic flows and with eliminating access on NE 45<sup>th</sup> and NE 50<sup>th</sup> how additional traffic on NE 40<sup>th</sup> 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 Laurelton Terrace site and that if a 160 foot height is proposed, it be limited to the footprint of one building.

## **B. CHRMC Responses to the Sub-committee Work and CAC Questions**

*Editor's Note: Much of the CHRMC 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 Laurelton 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 on NE 45<sup>th</sup> or NE 50<sup>th</sup> 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.

Allen, with ZGF Architects, provided an overview of existing MIO Districts and how CHRMC would develop if the Laurelton 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 Laurelton site.

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

- Retain 75 foot buffers along 44<sup>th</sup>, 45<sup>th</sup> and 50<sup>th</sup>
- No vehicular access off 45<sup>th</sup> or 50<sup>th</sup>; working on vehicular entrance at center of site which is sole for Emergency Department. Will look at impacts to 45<sup>th</sup> 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

CHRMC 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 44<sup>th</sup>, 45<sup>th</sup> and 50<sup>th</sup>. 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 45<sup>th</sup> or 50<sup>th</sup>. CHRMC 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 45<sup>th</sup>. They plan a new entrance off 40<sup>th</sup>, 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 40<sup>th</sup> and/or Sand Point Way. She also stated that she was concerned about the density of development along this area. Ms. Benfield stated that CHRMC hopes to create an active area along 40<sup>th</sup> 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 40<sup>th</sup> 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 38<sup>th</sup> and 39<sup>th</sup> 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 Revenna/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 45<sup>th</sup> 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 CHRMC 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 CHRMC 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 CHRMC 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. CHRMC 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 Childrens' 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 45<sup>th</sup> and 50<sup>th</sup> and moving the tower downhill. He stated that he has friends living at Laruleon Terrace and all of them seem pleased with the purchase.

**Comments of Peter Buck** – Mr. Buck stated that CHRMC has committed to will make a very significant contribution to other affordable housing. This is an opportunity for Laurelon 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 50<sup>th</sup> Street showing elevations. He would like one from that angle be added (Windermere Circle) uphill where parking garages are.

**Comments of Erica Swanson** - Mr. Swanson said the area is in dire need of bus, pedestrian space, and retail. She is a Laurelon 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.

**Meeting # 10**  
**May 5, 2008, 2008**

Wright Auditorium at Children's Hospital  
4800 Sand Point Way NE  
Seattle, WA 98105

Editor's Notes: The following meeting notes for the transportation workshop were prepared by Heffron Associates.

Meeting Subject            Children's Hospital and Regional Medical Center  
                                 Major Institution Master Plan Citizen's Advisory Committee (CAC)  
                                 Transportation Mitigation Workshop

Attendees:                 Children's Hospital CAC members, Ex Officio members, and supporting staff (see attached)  
                                 Paulo Nunes-Ueno, Children's Hospital Manager of Transportation Charles Kelley, ZGF  
                                 Architects Marni Heffron, Heffron Transportation, Inc. Laura Van Dyke, Heffron  
                                 Transportation, Inc.

Members of the public (see attached)

Notes by:                 Laura Van Dyke, Heffron Transportation, Inc.  
                                 Marni Heffron, Heffron Transportation, Inc.

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This workshop was held to discuss transportation mitigation for Children's Hospital's proposed Major Institution Master Plan (MIMP). Karen Wolf, chair of the Citizen's Advisory Committee (CAC), welcomed workshop attendees and introduced Marni Heffron. Ms. Heffron explained that her role in this project is as an intermediary between the CAC and the many transportation consultants working on the Children's MIMP. Marni described how the input from the workshop will be incorporated into meeting notes and a report for the CAC. The CAC will be able to use this information to prepare its comments on the Draft Environmental Impact Statement (EIS) being prepared for the MIMP.

Ms. Heffron explained that the first half of the workshop would include presentations of Children's Hospital's Comprehensive Safety and Mobility Plan and infrastructure improvements by Paulo Nunes-Ueno, and its site alternative and access by Charles Kelley. After a break, the second half of the workshop would be for CAC members to ask questions about the plans. At the end of the workshop, members of the public would be able to make comments about what they heard. Ms. Heffron also stated how input from the workshop would be integrated into the process. The information that Children's presented at the meeting related to mitigation will be detailed as part of the Draft EIS, which is scheduled for release on June 9. However, because that document is already in final production, any input or questions made at this workshop would not be able to be reflected. Therefore, the intent is to provide the CAC with feedback that it will use in its comment letter to the Draft EIS, and to provide the project's design team information that it can use in the final MIMP. The sections below summarize the questions and comments made by the CAC and public at the workshop. Answers provided during the workshop are noted in italics. The questions and comments that still need to be addressed by the MIMP and companion EIS are repeated at the end of each section. For clarity, the discussions have been categorized by topic.

**Children's Presentation**

Paulo Nunes-Ueno, the Manager of Transportation Planning and Policy at Children's, presented the proposed mitigation plan for Children's. Then Charles Kelley at Zimmer Gunsel Frasca (ZGF) Architects presented information about the site design and access. The entire PowerPoint presentation that they made can be found at: [http://masterplan.seattlechildrens.org/documents/May\\_6\\_Presentation\\_FINAL\[1\]\\_small.pdf](http://masterplan.seattlechildrens.org/documents/May_6_Presentation_FINAL[1]_small.pdf)

Mr. Nunes-Ueno's presentation focused on the mitigation measures that Children's is proposing for the MIMP. These will be detailed in the Draft EIS. The goals of Children's *Comprehensive Safety and Mobility Plan* are to:

- Get people to campus other than by car
- Reduce the need for parking
- Take a leadership role in climate change

There are three components to Children's plan:

1. Transportation Management Plan (TMP)
2. Bicycle and pedestrian safety improvements
3. Lead partnership to improve area mobility

The TMP includes improvements to existing programs and new programs aimed at reducing travel by non-single-occupant vehicle (SOV) to 70%, which is same goal as has been set for the University District by 2020. The key TMP elements include:

- Shuttle connections to transit hubs (including the downtown Seattle transit tunnel). Children's proposes to have 21 vehicles serving 4 new routes.
- Employee trip demand programs including increasing the incentive for using an alternative mode of travel, expanding the FlexPass (transit pass) program to include medical residents and fellows, providing an annual bonus to bike riders and walkers, increasing on-campus bike storage, continuing incentives for carpools and vanpools.
- Innovative bicycle programs including Flexbike (a program that allows a one-way trip on power-assist bikes to partner locations at the University of Washington and perhaps U-Village), purchasing bikes for employees who commute by that mode, and providing safety classes for bicycle riders.
- Parking management programs that include increasing the employee's cost to park, introducing a pay-per-use parking charge (to encourage alternative modes of travel some days per week), changing the assignment to off-site lots based on home address to reduce travel through the 5 Corners intersection.

Children's also proposes to make off-site and near site improvements, and will work with the community to identify the highest priority needs. Children's proposes to:

- Allocate \$2 million to make off-site pedestrian and bicycle improvements that would make it easier to walk or bike to the campus.
- Provide \$500,000 in seed money to fund a study of off-site transportation improvements that are aimed at increasing the person-carrying capacity of the roadway system. This study would start with recommendations that were made as part of the University Area Transportation Study (UATS) and find those that would be most beneficial to serving person trips to and from Children's.
- Contribute a fair-share cost to improvements identified in the above study.

Charles Kelley, of ZGF, presented information related to the internal and street frontage connections for the three alternatives that will be presented in the Draft EIS. He sought input related to key design elements, including:

- What form and function should 40<sup>th</sup> Avenue NE take to support Alternative 7 (the Laurelton Terrace alternative)?
- Should the campus be more permeable to foot traffic so that neighbors can walk through the campus to reach enhanced transit services? The downside of this is that it might make it easier to park in the neighborhood.
- Where should transit services be consolidated for each alternative? Alternative 7 provides the opportunity for some transit to be along 40<sup>th</sup> Avenue NE.

## **Discussion with CAC and Public**

### **1. Travel Demand Management**

#### **CAC Discussion**

Question – What is Children’s doing to reduce patient trips?

Answer – Children’s Hospital provides outpatient services in off-site locations such as Bellevue, Snohomish County and Pierce County in order to reduce trips to the main campus. The Ronald McDonald House provides a place for families of chronic patients to live. Children’s provides guest services such as shuttle vans to take families to and from the airport and to run errands around town. Many families do not bring a car to Children’s. Children’s is looking into improving its shuttles to allow strollers, car seats and more storage space to increase the number of patients that will use Children’s shuttles.

Question – What is Children’s doing to reduce the number of visitor trips?

Answer – Children’s is planning to charge visitors for parking with its new parking plan. This change is expected to reduce the number of visitors that drive to Children’s. In addition to visitors, Children’s also generates a lot of volunteer trips. Children’s is working on a plan to give free Metro tickets to volunteers to encourage them not to bring a car to the main campus.

Question – What is being done to make it easier for moms working at Children’s to get to and from work without a car?

Answer – Working moms are a difficult population to serve since they need a mode of transportation that supports such things as child seats and strollers. Children’s provides an on-site daycare at its administration building at NE 70<sup>th</sup> Street and Sand Point Way. Children’s is looking into improving its shuttles to allow strollers, car seats and more storage space to make it easier for working moms and dads to use the shuttles.

Comment – We need to understand the total traffic increases that would be generated by the MIMP.

Comment – I am inspired by this proposal. I should have walked to the site today. I like having Children’s in my neighborhood. We can’t have growth in the City without some sacrifices.

#### **Public Discussion**

Comment – It is hard to comment on the Comprehensive Safety and Mobility Plan without the traffic impact analysis to look at. How much does the transportation management plan (TMP) reduce trips?

**Questions/Comments to be addressed:**

1. What is the total traffic increase that would be generated by the MIMP?
2. How much does the transportation management plan (TMP) reduce trips?

## 2. Off-Site Improvements

### CAC Discussion

Comment – A high priority would be to complete the sidewalk on NE 50<sup>th</sup> Street between 40<sup>th</sup> Avenue NE and Sand Point Way.

Question – Could local transportation plans that evaluate traffic calming measures be funded through the neighborhood councils?

Comment – The intersection of NE 45<sup>th</sup> Street/Sand Point Way needs to be evaluated. Long queues extend east from the signal on NE 45<sup>th</sup> Street, particularly in the morning.

Comment – Children's should look beyond the CAC for input about off-site improvement options.

Comment – Sidewalks are needed on Sand Point Way all the way up to Magnuson Park.

Comment – View Ridge Council talked with SDOT recently. There is an idea to try to get the Washington State Department of Transportation (WSDOT) to reduce the speed limit on Sand Point Way to 30 or 35 miles per hour.

### Public Discussion

Comment – Children's proposed mitigation is great and overachieving. As a member of this community, I am excited about more sidewalks and the new shuttles.

Comment – East and west pedestrian crossings of Sand Point Way are difficult. A causeway (pedestrian bridge) should be considered.

Comment – A Bryant resident thought a pedestrian overpass over Sand Point Way is a great idea.

Comment – The NE 50<sup>th</sup> Street/Sand Point Way intersection needs improvement. It is a dangerous intersection where a recent fatal accident occurred.

Comment – What is the \$2.0 million for off-site improvements based on? What does it cover? What if more money is needed?

### Questions/Comments to be addressed:

1. What mitigation does Children's propose for the NE 45<sup>th</sup> Street/Sand Point Way intersection?
2. What mitigation does Children's propose for the NE 50<sup>th</sup> Street/Sand Point Way intersection?
3. Has a pedestrian bridge across Sand Point Way been considered?
4. What is the \$2.0 million for off-site improvements based on? What does it cover? What if more money is needed?

### 3. Transit

#### CAC Discussion

Question – Should Routes 75 and 25 be diverted to 40<sup>th</sup> Avenue NE to create a transit hub on 40<sup>th</sup> Avenue NE?

Discussion: Most CAC members thought that this would adversely impact the area by adding more buses to NE 45<sup>th</sup> Street, forcing transit riders from Bryant to cross Sand Point Way to reach inbound buses, and using capacity on 40<sup>th</sup> Avenue NE. Most of the participants thought that the existing transit stops on Sand Point Way should be improved instead of relocating the route.

Comment – Children's needs to make it easier for people to not drive by putting bicycle lockers and transit right by Children's front door.

Comment – Children's should think about impacts to the neighborhood (like congestion on 40<sup>th</sup> Avenue NE) when planning its transit improvements.

Comment – I like the idea of a bus/transit hub. Perhaps it should be located on Sand Point Way.

Question – Could we get a bus that goes directly downtown?

Discussion: Children's is proposing a shuttle to downtown that will connect to the downtown bus tunnel.

Question – How will someone in the neighborhood know when the Children's shuttles are operating?

#### Public Discussion

Comment – Would like to establish an Express 75 route to serve area.

Comment – I want a direct bus route to downtown. Route 25 only runs once per hour and Route 75 goes through UW campus. I want a direct connection to express buses downtown. I want to change the thinking that the neighborhood is "anti-transit."

Comment – For a historical perspective, there used to be two express buses from Laurelhurst to downtown in the AM and PM.

#### Questions to be addressed:

1. How will someone in the neighborhood know when the Children's shuttles are operating?
2. Can more direct transit service to downtown Seattle be provided?

### 4. Safety and Mobility Study

#### CAC Discussion

Question – It was estimated in the pre-draft EIS that the MIMP would generate about an additional 4,000 vehicle trips per day. Prior analysis on NE 45<sup>th</sup> Street was LOS F about 15 years ago. With University Village expanding again, could some of the transportation mitigation be combined with money from the City of Seattle to increase the capacity of this corridor?

Answer – Children's Hospital's Comprehensive Safety and Mobility Plan includes \$500,000 seed money to fund a Safety and Mobility Study. This study would identify projects within the neighborhood and along nearby corridors that would increase person capacity and travel time. The study would also identify costs and funding sources for these projects.

Question – What would be the study area of the Safety and Mobility Study?

Answer – It would likely include the NE 45<sup>th</sup> Street corridor from I-5 to Sand Point Way, Montlake Boulevard to SR 520, Sand Point Way, and other corridors in northeast Seattle.

Question – What is the timing of the study?

Answer – Children's proposes to fund the study as a condition of its MIMP approval. It would also commit to funding its fair share of recommended improvements.

Question – How is the Safety and Mobility Study different than the University Area Transportation Study (UATS)?

Answer – Seattle Department of Transportation (SDOT) led the UATS, which covered the University District, Montlake, University Park and Ravenna neighborhoods, with boundaries at I-5 on the west, 35th Avenue NE on the east, NE 65th Street on the north and the Ship Canal and the Montlake interchange at SR 520 on the south. Many improvements were suggested. The Safety and Mobility Study would start with the UATS recommendations to determine which would be the most beneficial or if there are other projects that would provide more person-moving capabilities.

Comment – The study area of the Safety and Mobility Study should extend north of Magnuson Park.

Comment – The SR-520 Study is still a big issue. Until more is known on the results of that study, it will be difficult to pin down the study area for the Safety and Mobility Study.

### **Public Discussion**

Comment – I am confused about the Safety and Mobility Study. Is it to look at impacts of the MIMP? If so, it doesn't make sense to do the study after the MIMP is approved. Children's should pay for the study now.

Comment – I live in Bryant and there are a lot of young children in the area. The study area should expand the area to include the Bryant neighborhood.

Comment – I am concerned that the traffic study won't be funded until the project is approved.

### **Questions to be addressed:**

1. What is the study area for the Safety and Mobility Study?
2. How does the timing of the study relate to the approval for the MIMP?
3. How will Children's commitment to improvement recommendations be addressed?

### **5. Bicycling**

#### **CAC Discussion**

Question – Have any studies been done to determine the maximum capacity of the Burke-Gilman Trail? Can it take the additional demand proposed by Children's?

Question – The Comprehensive Safety and Mobility Plan mentions bicycle parking for 600. What percentage of Children's employees does that account for?

Answer – It accounts for 10% of Children's employees at the main campus in 2020.

### **Public Discussion**

Comment – I didn't realize there were such things as power-assisted bikes that give you a boost over hills!

Questions to be addressed:

1. What is the capacity of the Burke-Gilman Trail? Can it accommodate the proposed demand from the MIMP?

## 6. Parking

### CAC Discussion

Question – How long will Children's be able to use parking at Magnuson Park?

Answer – Children's has a lease for five more years.

Question – Where is Children's thinking about shifting its off-site parking once parking at Magnuson Park goes away?

Question - The Comprehensive Safety and Mobility Plan mentions providing 3,100 parking spaces and charging \$65 per month. Isn't this a lot of parking and isn't the price too low?

Answer – The pre-draft EIS noted that without mitigation there would be a need for approximately 4,200 parking spaces. In response to that, Children's hired Nelson/Nygaard Consulting Associates to come up with a comprehensive transportation strategy to reduce the parking demand. Children's current proposal of charging \$65 per month for a parking space reflects a fee that is 24% less than the area parking price. The University of Washington currently charges \$85 per month for parking. This is consistent with its parking strategy for its downtown location in the Denny Triangle. The parking fee would likely increase in the future, and will continue to be benchmarked to the UW parking fee.

Comment – It is understood that Children's parking pricing is incremental, but perhaps it shouldn't be. Children's should think hard about its approach to reduce from 4,200 parking spaces to 3,100 and think about what the price of parking should be.

Question – Should the condition on Children's existing permit—that they pay to implement a Residential Parking Zone (RPZ) if the neighbors obtain the needed approvals for it—continue with the new MIMP?

Discussion: Children's does a good job at patrolling and enforcing parking in the neighborhoods. They maintain a database of employee's license plates, and make it known to employees that they could be terminated for parking in the neighborhood. They have been very responsive in the past if a neighbor calls to complain about parking. However, if visitors are charged to park in the future, it may increase the need for a future RPZ.

### Public Discussion

Comment – I am concerned that the current parking program won't work because Children's is proposing to increase its size by 1½ times. There may be a lot more parking infractions due to the size of Children's.

Comment – My number one question is why there are so many new parking spaces proposed. How is this much parking consistent with Children's desire to be a leader in mobility and climate change? Children's should focus on corridor improvements, not adding parking.

Comment – It would be great if Children's doesn't need that much parking. However, Children's shouldn't ignore its needs for additional parking.

Comment – Parking fees at Children’s should be higher. It is \$20 per day in downtown Seattle. Children’s is only paying \$0.22 per day to park its cars at Magnuson Park.

**Questions/Comments to be addressed:**

1. Why are so many parking spaces needed?
2. Should parking fee be higher to further discourage driving to the site?
3. Where will off-site parking not at Magnuson Park be located in the future?
4. Children’s should continue to enforce neighborhood parking restriction, but keep option of future RPZ as possibility.

**7. 40<sup>th</sup> Avenue NE**

**CAC Discussion**

Comment – A traffic signal is proposed by SDOT at 40<sup>th</sup> Avenue NE/Sand Point Way. The signal would provide signalized pedestrian crossing of both 40<sup>th</sup> Avenue NE and Sand Point Way. The signal (and associated changes in lane geometry) would make it easier to cross Sand Point Way in a vehicle and on foot. It would also reduce queue that now extends beyond left turn pocket on Sand Point Way.

Comment – Having a garage access on 40<sup>th</sup> Avenue NE may be problematic, and could add to the queues on NE 45<sup>th</sup> Street approaching Sand Point Way.

Comment – 40<sup>th</sup> Avenue NE warrants further study to see if a transit hub makes sense.

Comment – Adding buses to 40<sup>th</sup> Avenue NE would make it more difficult to get out of Children’s parking garage.

Comment – I like the drawing presented for 40<sup>th</sup> Avenue NE, but where would the parking garage go?

**Public Discussion**

Comment –It may be a reach to put a transit hub on 40<sup>th</sup> Avenue NE.

Comment – What are the traffic volumes on 40<sup>th</sup> Avenue NE? Does it make sense to reroute transit there and create a transit hub?

Comment –Will 40<sup>th</sup> Avenue NE be a pedestrian boulevard? This is the main access to go north from Laurelhurst.

Comments – There are single-family residents on the south side of NE 45<sup>th</sup> Street across from 40<sup>th</sup> Avenue NE, and there are multi-family residences on the west side of 40<sup>th</sup> Avenue NE. Changes to the street should address these neighbors.

**Questions to be addressed:**

1. How would the parking garage on 40<sup>th</sup> Avenue NE be accessed?
2. How will design of 40<sup>th</sup> Avenue NE address the residents on the west side of the street and those who live just south of NE 45<sup>th</sup> Street?

3. How will parking garage at this location affect operations of NE 45<sup>th</sup> Street intersections at both 40<sup>th</sup> Avenue NE and Sand Point Way?

## 8. Site Design

### CAC Discussion

Comment – We need to find a balance with site permeability. Neighborhood access to transit improvements would be an enhancement, but too much access to the neighborhood could lead to parking problems.

Comment – Children's may want to think about the site access on NE 45<sup>th</sup> Street.

### Public Discussion

Comment – There is single-family zoned property across NE 45<sup>th</sup> Street from Children's. A better border on the south side of Children's is needed to protect these uses.

Comment – I am concerned about the proposed lower-level retail on Sand Point Way. I want to protect the fragile businesses in the area. This area is not designated as an urban center.

Comment – I am concerned about the height of the buildings.

Comment – Where will deliveries be made on site? And how many delivery vehicles and trucks would be generated by the project?

### Questions/comments to be addressed:

1. Should pedestrian access through the campus be enhanced, reduced, or remain the same?
2. Where will deliveries be made on site? And how many delivery vehicles and trucks would be generated by the project?

## 9. Construction Impacts

### Public Discussion

Comment – I am concerned about construction impacts on the neighborhood, especially big construction trucks on neighborhood streets. There already are a lot of cars and the streets are already a problem.

## 10. Committee and Study Process

### CAC Discussion

Comment – Children's should go early and often to local community councils with ideas for off-campus improvements such as 40<sup>th</sup> Avenue NE.

Question – I am concerned that I didn't get an email from the chair on whether or not to hire Marni Heffron for this process. Is it Karen Wolf's decision to ask to hire Marni Heffron?

Answer – The CAC talked about wanting to hire a transportation expert to help understand the transportation issues related to the MIMP. The City was asked by CAC representatives if they could hire Marni to help review the

transportation information on the MIMP. She is being paid by Children's, which is similar to other City review staff whose time is paid by Children's.

Comment – I think Marni has helped, but I am concerned about the process of her being hired without all of the CAC involved.

**Public Discussion**

Comment – I am concerned about a lack of accountability. It is important that Marni reports to the entire CAC, not just the chair.

**Meeting # 11**  
**May 20, 2008**

Children's Hospital and Regional Medical Center  
4800 Sand Point Way N.E.  
Seattle, WA 98105  
Wright Auditorium

**Members/Alternates Present**

Myriam Muller	Shelly Hartnett	Karen Wolf, Chair
Michael S Omura	Wendy Paul	Robert Rosencrantz
Catherine Hennings	Cheryl Kitchin	Bob Lucas
Theresa Doherty		

**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 and Housekeeping**

Chair Karen Wolf called the meeting to order. She noted that the purpose of this meeting is to briefly review the Train Building Addition. This project is covered under the current master plan. Scott Ringgold stated that this project is coming in under the current master plan and will soon be the subject of a master use permit. The committee will have an opportunity to comment on whether this is an exempt, major or minor amendment to the master plan. Steve Sheppard noted that this may or may not come back to the Committee depending upon whether the City simply determines that this is an exempt amendment under the Code. If the City determines this to be exempt it will not have to come back to the Committee if it is not it will be brought back for the Committee to make a recommendation whether it is a major or minor amendment.

**II. CHRMC Presentation on the Train Building Addition**

Ruth Benfield was introduced to give lead off the presentation on this topic. Ms. Benfield thanked the Committee for doing double duty as this meeting is focused on the existing master plan. She noted that the growth of the Hospital has been more significant than they assumes. They had assumed a 3% growth rate and it over double that. Occupancy has been at 84% since the start of winter. They want to be in the 65% to 75% occupancy rate. department and go forward with some construction of beds. Ms. Benfield introduced Allen Stallmaker from ZGF to discuss this issue.

Mr. Stallmaker stated the project will add between 20 and 25 new single-patient occupancy patient rooms. Under the current plan 54,000 square feet remains. The actual addition will be 24,000 square feet. This is in the train zone over the A and B wings. This would also include a mechanical penthouse over about 25% of the rooftop area. The new construction is in the MIO 90 area. Mr. Stillmaker went over drawings of the proposed project. The projected construction start date in September 2008 with constructing completed in July 2009. He noted that during construction all construction workers would part and Magnuson and be shuttled to and from the site and it is anticipated that there will be relatively little truck traffic to and from the site.

Myriam Muller noted that the construction is close to the Laurelton Terrace Condominiums and asked how significant the anticipated impacts will be. Mr. Stillmaker noted that this is at elevation and that it is not anticipated to affect the Laurelton Terrace Condominiums. Ms Muller also asked for clarification concerning the height of the building. Mr. Stillmaker responded that it the same height as level five of the Train Building.

Catherine Hennings, asked if this will use all of the allowed MIO 90. Ruth Benfield stated that the building is about 80 feet in height. Ruth Benfield noted that they will be going through the State Department of Health Certificate of Needs process for this and noted that they do not yet know exactly how many beds can be fit within this site.

Myriam Muller asked for further clarification on the State Department of Health Certificate of Needs process, and particularly how this process would relate to the Certificate of Need requests for the new master plan. Ruth Belfield responded that a Certificate of Need request will be needed for these beds and then again as Children's prepares for the beds in Phase I. Under a certificate of need you must generally commence construction within a two year time frame. We must look historically at our growth and demographics and apply the State formula to receive approval. So we will need separate certificate of needs for this project and again for whatever phase one becomes under major master plan. It's a relatively short term process and because situations change over time and you don't want to over commit to beds or be projecting too high a volume out too long. She stated that this will not change the total beds projected for the life of the master plan at between 500 and 600 beds.

Staff briefly went over the process for approval of the any MIMP amendment. After formal application DPD will do a notice that will include information and delineation of the comment period. It may come to the Committee again at future meetings.

### **III Public Comments**

**Comment of Peter Buck** – Mr. Buck stated that he was the attorney for the Laurelton Terrace Condominium. They will certainly be impacted and he has discussed this with owners. Owners have indicated that Children's did a reasonably good job during previous construction processes and that this is small and is acceptable.

**Comments of James Cole** – Mr. Cole stated that over twenty years Laurelton Terrace has lived through many Children's construction projects. He noted that during the last expansion there was a retaining wall put in. the did a good job reducing noise during the constructions of that.

**Comments of Bill Hutchinson** – Mr. Hutchinson stated that he lived in Laruelon Terrace and that during the last construction they go weekly updates and that proved useful. He also stated support of the need for new beds.

**Comments of Penny Mac Elveen Hoehn** – Ms Mac Elveen Hoehn asked for information concerning the formula that is being used to project the number of beds that will be needed which she understood is different than the formula that the State uses which shows an enormous discrepancy in the projections. She noted that the projections differ between 65 and 75 using the State formula and 500 to 600 stated by Children's.

Ruth Benfield responded that Children's uses the State projection by Children's projects out a lot longer than the State projects. Children's will need to go in to the State and prove our history. We projected based on our best

estimate over a long horizon of 20 years. These are specific beds that we are ready to build so that in this case the State and Children's formulas are exactly the same.

**Comments of Brice Semmens** – Mr Semmens stated that he had the same concerns as Ms. Mac Elveen-Hoehn. He asked why the rate of demand has doubled beyond projections.

Ruth Benfield sated that Children's has not changed its long term projection, but that Children's is sustaining a higher than anticipated current patient census. She gave examples of current overcrowding.

**Comments of Jeannie Hale** – Ms. Hale stated that she represented the Laurelhurst Community Club. She sated that one of the things that was not done during the last phase of construction was to take photographs of the affected streets to be able to clearly determine what damage trucks might have done. She suggested that this be done in this case as they will be legally required to repair any damage.

Ruth Benfield agreed to do this.

#### **IV. Adjournment**

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

### **Meeting # 12** **June 10, 2008**

Telaris Conference Center  
4000 NE 41<sup>st</sup> Street  
Seattle, WA 98105  
Main Dining Room

#### **Members/Alternates Present**

Myriam Muller  
Michael S Omura  
Catherine Hennings

Dr. Gina Trask  
Wendy Paul  
Dolores Pritchard

Karen Wolf, Chair  
Robert Rosencrantz  
Cheryl Kitchin

#### **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 and Housekeeping**

Chair Karen Wolf called the meeting to order. Brief Introductions followed. The meeting agenda was amended to include a brief discussion of the plan for review of the DEIS and MIMP as a Housekeeping item.

Ms. Wolf asked Mr. Sheppard to go over the process for review of the Draft Plan and Draft EIS.

Mr. Sheppard distributed copies of the review forms and asked that CAC members make an effort to complete and initial review prior to the next formal CAC meeting on July 15<sup>th</sup>.

#### **II. Presentation on and Discussion of the Draft Children's Hospital and Regional Medical Center Master Plan**

**A. CHRMC Initial Presentation** - Ruth Benfield was recognized to lead the CHRMC presentation on the Draft Master Plan. Ms Benfield briefly outlined the alternatives and briefly discussed some of the alternatives that were dropped from further consideration. Alternatives that were dropped included: 1) The initial Concept – The initial concept plan contained fairly tall building, and while it met the CHRMC needs, there was a great deal of concern raised from the surrounding neighborhood; 2) What was previously called alternative 5 – which spread development north of Penny Land. This alternative was partly developed in response to Citizen Advisory Committee comments; and 3) the Later Stage Development of Laurelton Terrace - At the request of DPD. CHRMC also looked at possible expansion of boundaries to include the Laurelton Terrace areas in later phases of the plan. This option was also eliminated from further consideration after discussions with representatives of Laurelton Terrace.

Ms Benfield noted that four alternatives remain under consideration.

- Alternative 1     **No Build.** - This is required by the process.
- Alternative 3     **Proposed** - This is similar to the initial concept plan with major modifications to reduce heights
- Alternative 6     **Modified North Campus Expansion** – This alternative was developed in large part from the work of the CAC Design Sub-committee. It includes lower heights, more spread out development, and greater setbacks
- Alternative 7     **Early Laurelton Development** – This is the new alternative that anticipates earlier acquisition and development of the Laurelton Terrace Property.

When the opportunity arose to purchase Laurelton Terrace at an earlier date, CHRMC evaluated it and concluded that it offered many potential benefits both to CHRMC and the community. This alternative: 1) offers that opportunity to lower density and overall height on the campus; 2) responds to concern raised by the community about additional accesses on 45<sup>th</sup> and NE 50<sup>th</sup>; 3) because of topography differences across the campus, allows the placement of development lower on the hillside and allows the possibility that overall development be no higher than the highest 1953 building when viewing from 45<sup>th</sup>; 4) moves major development way from abutting single family development and towards Sandpoint Way which is a commercial street; 5) allows a better focus on transit; and 6) reduces the impact to existing hospital facilities and staff during construction as it would allow construction in phases to be shorter.

CHRMC Staff briefly reviewed development under alternative seven. It was noted that the phasing would generally be as shown in the Draft Plan. However this is not totally set yet. The principal entries to the campus would be off of Sand Point Way both at the new Emergency Department access and off of Penny Drive. There would also be access off of 40<sup>th</sup> Avenue NE. Both the proposed the 50<sup>th</sup> and 45<sup>th</sup> Entries would be eliminated. Moving development out to Sand Point Way would allow the ability to utilize transit more efficiently to get people out of their cars and deal with reducing the carbon footprint of the institution. Parking would be spread around campus with 181 spaces at the emergency garage, 724 spaces in the new Southwest Garage, 1332 spaces in the North Garage, 255 spaces at the Hartmann Site and 608 spaces in the exiting Whale Garage.

Internal access on campus would be through a series of pedestrian bridge and internal walkways. Special efforts will be made to separate pedestrians from traffic is easier to deal with on private campus than on public road.

## **B. Committee Questions and Discussion**

Robert Rosencrantz asked for clarification concerning the possible operational efficiencies or inefficiencies under the Laurelton Terrace expansion alternative. He noted that in earlier discussions, CHRMC staff had stated that one of the reasons for the clustering the higher towers was to keep various uses close to each other. Ruth Benfield responded that all the inpatient beds have been aggregated into one area; between Laurelton up to the mid-point including the existing Train and Giraffe beds. She noted that this alternative appears to be efficient and creates logical use zones on campus

Myriam Muller noted that she was concerned with the treatment of 4th west of 42<sup>nd</sup>. She noted that the garage appears to be set back only four feet and that there still appears to be a secondary entrance. CHRMC staff responded that the entrance is a secondary service access only. It was also noted that the actual details of the access to the southwest garage is still being evaluated.

Catherine Hennings asked for clarification concerning where the main patient parking entries would be. CHRMC staff responded that the intention is that the existing main entry at the Giraffe off of Penny Drive would remain. The new entry off of Sandpoint would be primarily to service the emergency populations. CHRMC is also looking at developing off of 40<sup>th</sup> the additional hospital entry point that could be a secondary entry point for bed units.

Myriam Muller asked if it looked like the Laurelon acquisition would move ahead. Ms. Benfield responded that it looked like it would; assuming that they fully move through the Master Plan approval process it would be the best option for CH.

Myriam asked for information concerning the ongoing purchases of adjacent homes by CHRMC. Ms. Benfield responded CHRMC is no longer pursuing purchase of additional houses. They will follow through on purchases that were already being negotiated. CHRMC had agreed to purchase from people who approached CH and wanted to sell their houses. Given that development would be to the west of the hospital, the impact would be much less on the eastern/southern border homes.

Several members asked for clarification concerning the aesthetic impacts of the Laurelon Terrace Development on both the residential and commercial properties to the west. CHRMC staff went over the impacts to the people living near the west side. They noted that impacts to the west are clearly present but are reduced by topography. Karen Wolf suggested that additional drawings and photos be taken from the Ravenna side to allow a better understating of this new impact. Ruth Benfield agreed that more photos are needed from the cemetery down towards the Burke Gilman.

There was a brief discussion both of possible locations for new photos and the degree of possible impacts. It was noted that the impacts to properties on the west side of 40<sup>th</sup> would be significant as well as around the Hartmann site and uphill on 37<sup>th</sup>, 38<sup>th</sup> and 39<sup>th</sup>.

### **III. Presentation on and Discussion of the Draft Children's Hospital and Regional Medical Center Environmental Impact Statement**

#### **A. DPD and URS Presentation**

Scott Ringgold from the City of Seattle Department of Planning and Development (DPD) was recognized to lead off the presentation on the Draft Environmental Impact Statement. Mr. Ringgold stated that DPD is charged with administering public process associated with the plan and the Environmental Analysis and mitigation.

The public process started in July. Starting yesterday they have begun public comment period with current extensions will last 45 days and ends on July 25. DPD will hold a public hearing on July 10 at the Center for Horticulture at 6:00 pm; the members of the public have until July 25 to comment on the draft. After that DPD and URS will incorporate and respond to all comments and include those in preliminary final EIS and will share the working draft of the final EIS with CAC, City Agencies, CH. They expect to finish the final EIS by the end of the year. He directed people to a box of Executive Summaries, and discs of draft EIS to take home for review. He said the draft would also be available on DPD website; [seattle.gov/dpd/chrnc\\_deis](http://seattle.gov/dpd/chrnc_deis) and CH would have it available on their site as well.

Jody Blakesly, from URS briefly went over the organization of the Draft Environmental Impact Statement. She noted that the document contained the following sections:

- Section 1: summary of entire draft EIS
- Section 2: description of alternatives
- Section 3: impacts and mitigation measures
- Appendices include additional technical information that is summarized in section 3.

There were eleven elements of the environment plus secondary and cumulative impacts; they are the same elements of the environment that were included in the preliminary draft. They categorized the impacts considering both the construction and operational impacts of the various alternatives; looking at each element of the environment, the existing conditions and what changes may occur during construction or as a result of the hospital being in operation. One example is noise; there are potential impacts of noise during construction and also due to operation of the hospital whether traffic or HVAC systems. When all are considered, SEPA has you look at impacts to see if they are significant or not; if they are, are they unavoidable even after trying to mitigate, or can they be mitigated to a level that is less than significant. Some examples of unavoidable but less than significant impacts are things like shoring needed for steep slopes, dust emissions during construction activities that are temporary, vehicle emissions during operation, potential erosion, potential fuel spills, changes to land use.

The DEIS identifies the following impacts:

Noise impacts - There could be intermittent significant impacts during certain phases of construction (demolition, excavation, or structure erection) and not throughout the entire period. In section 3.5 there are graphs that show how the potential noise impacts could fluctuate over time. Mitigation identified for example: noisy construction activities would be limited to non-holiday weekdays, during certain time periods; impact pile driving could be avoided and nearby residents could be informed of coming activities.

Housing impacts: - Alternative 7 would result in the demolition of 136 multi family units. The multi-family units being demolished are not low income and the code does not require a straight-to-straight value.

Aesthetics: There are aesthetic impacts for each of the build alternatives. With alternative 7 shifting impacts to the west.

Traffic and Transportation: Drew Cogburg, with the Transpo Group, was introduced to discuss traffic and transportation impacts. Mr. Cogburg stated that the DEIS evaluated transportation impacts over a 20 year at over 35 intersections for morning and afternoon peak hours. Most of the intersections evaluated, and most of the impacts, occur along Sandpoint Way, along Montlake to 520 and over the hill on 45<sup>th</sup> to I-5. They also looked to the north on Sandpoint Way to 65<sup>th</sup> Avenue NE. CHRMC future demand was based on their current level of TMP performance which results in the 38% single occupant vehicle rate, without further improvements in order to capture a worst case. He felt it was best to do a snapshot of where we are at now and project that forward as a worst case and start the discussion from there. Mr. Cogburg stated that they also looked at parking, pedestrian and bicycle travel, safety, and transit.

Mr. Cogburg went over the effects of increased traffic on the overall travel times in the various major transportation corridors accessing CHRMC. He noted that development at CHRMC will generate about 700 new trip in the key peak hour. This will result in some increases in total traffic volumes. For instance, on Montlake Blvd would see impacts that range from very little to as much as a 10% increase in volume. Similarly 45<sup>th</sup> could see impacts ranging from 6 – 15% increase in the am and between 0 – 10% in the pm peak hour. At Five Corners, could see an 8% impact in the am and 13% in the pm. He noted that the draft EIS contains a table that compares the change in the rate of annual growth in traffic as a result of the development. It shows the % changes growth over time.

In terms of time to move through a specific intersection they focused on a few bellwether locations. Three intersections are listed: Five Corners shows an increase of about 54 seconds without mitigation; Montlake Blvd at 45<sup>th</sup> about 7 seconds; and Montlake Blvd and 520 ramp east bound about 12 seconds, unmitigated. Because of the

size of this project, and its location at the NE end of two very well traveled corridors that already have regional significance and congestion, they also did corridor travel time analysis. All the corridors have some degree of congestion in both AM and PM peak hours but PM is as high or higher in both corridors so that is what they chose to do their travel time work. They did calibration runs, multiple floating car analysis where they got existing travel time in the corridor through a weighted average and then calibrated that in with a forecast model. Northbound on Montlake in the PM which is not the critical direction, the impact would be about a minute and the southbound would be about 3 minutes. The impact of 3 minutes is over a baseline of 18 minutes which will happen in the future if CH doesn't expand. By comparison, the model forecasts 11-12 minute range for existing conditions right now. The impact at 45<sup>th</sup> will be about 3 minutes in either direction with a baseline of about 10 – 15 minute range with the 3 minutes on top of that.

CHRM is working other consultants to look at developing an aggressive transportation management program. Using models from this effort, CHRM believes that they can achieve between a 35 and 45% reduction in generated traffic from that projected here. What that means is you could take those added seconds or minutes of and in roughly cut them by about a third. He also noted that the impact of CHRM on the area is only one factor affecting the Northeast. Many other factors also affect the picture. CHRM should take a leadership role in encouraging cooperation between the many parties to this problem.

Additional mitigation to boost use of alternative transportation modes e.g. connections to Burke-Gilman trail, enhance connectivity between CH and the trail, sidewalk improvements. The funding level is identified as \$1 million. New traffic signals are likely. This will likely result in signals at Penny Drive, at 40<sup>th</sup>, at 45<sup>th</sup> and Five Corners. That is a high concentration of signals in a small space.

## **B. Committee Questions and Discussion**

Robert Rosencrantz asked if the model represents the best estimates of what will occur. Mr. Cogberg responded that the model that is consistent with all the transportation modeling that is being done for every other significant regional process. It is the best information available right now for 2030.

Myriam Muller asked for clarification concerning the projected delays. For instance how was the projected "18 minutes on Montlake determined. Mr. Cogberg responded that there are color graphics in the EIS that show each travel run at each point and each line; they ground counted, ground validated what the existing travel time was based on multiple runs over peak hours over three different days. People actually go in a car to get the times; they typically try to do the traffic counts Tuesday – Thursday because Mondays are sometimes low, Fridays are sometimes weird. There will be some days that are a little worse and some days that are a little better; there are a lot of numbers in this work but it is not an exact science.

## **IV. Public Comments**

Karen Wolf: opened the meeting to public comments.

**Comments of Gisella Schimmelbusch** – Ms. Schimmelbusch urged one additional view on Option 7 from the condominium area north of the Hartman complex. She has a picture with a straight up wall from the Hartman Building; need one from north of there to show what the inhabitants of those condominiums in that complex see. She also noted that she had received a CHRM good neighbor letter and noted a line in she found particularly troubling: "in March we came to an agree with the property owners of Laurelton Terrace and are currently working very hard with the Citizens Advisory Committee, this City and our architects to develop a new alternative to utilize this property in the initial phase of our expansion". She asked what the later phase of the expansion is as the sentence implies that in addition to Laurelton Terrace area growth there will be other areas incorporated into CHRM.

Ruth Benfeild responded that the initial work was to look at Laurelon in the late phase; the sentence is speaking to being able to utilize Laurelon in Phase I of the master plan.

**Comments of Carol Eychaner** - Ms. Eychaner noted that she will be submitting detailed comments to DPD and will copy CAC and hopes to get them done the Friday before the next CAC meeting.

Ms. Eychaner noted that a lot has been discussed about what changes to the alternatives. However some key factors remain unchanged and this should be noted. All of the alternatives still include a full 1.5 million square feet of new additional development. That is 1 ½ times what is currently on campus for a total of 2.4 million square feet and 600 total beds at 4000 square feet per bed. These are two critical fundamental factors of the development plan that drive everything. She said they have seen 7 alternatives that CH has been willing to pursue; when you look at them, no matter how it is configured or laid out on the campus, spread out to Hartman, spread out to Laurelon Terrace, all result in significant impacts one way or another. So long as you have the projected level of total development concentrated on campus then we have height and bulk that is grossly incompatible with the residential uses to the north, the east, and the south.

The Laurelon Terrace alternative also has unique housing impacts. If development is expanded to Laurelon Terrace then there is a the loss of over 130 garden townhouses. What hasn't been talked about is the loss of the potential multi family development on the Hartman site. The Hartman site at about 1.75 acres could be developed with almost 100 units. That is a total of 130 existing and 100 potential multifamily units that would be forever changed, converted into institutional use and changed from multi family residential housing. A lot of neighborhoods get very agitated over the loss of two or three houses; this is 230 + units. In addition to that the Laurelon Terrace alternative the impacts of the height and bulk is simply shifted from the east to the west. There are towers still at 160'; it is still higher than any other major institution outside of the urban village, the maximum height on those campuses is 105'. It shifts the towers to the west and impacts those properties to the west as well as the gateways into the Laurelhurst residential neighborhood. In addition, associated with this development is the doubling of parking on campus from 1500 on campus now going to about 3000 and will generate traffic.

She stated that despite all of this there has been no alternative that looked at a lesser amount of growth, lesser bulk, lesser height than 160' and lesser square footage of development. The EIS that identifies housing impacts as significant but land use impacts were not; the conversion of zoning to institutional use that results in the loss of 130 + 100 potential residential units are a significant land use impact. She also mentioned other properties in the area owned by CH and sees this institutional ownership as a significant impact. She asked the CAC to look at the land use section of the EIS very closely esp. regarding transportation; the transportation presentations she has seen thus far on traffic volumes provide figures on the number of trips that they have estimated CH expansion will generate. The number of new trips estimated is 8400. She hasn't seen a figure that if all the mobility plans etc. are applied, what will the volumes be and asked that be provided.

**Comments of Joyce Hinkley** – Ms Hinkley noted that she is resident of Laurelon Terrace and asked about the speed of traffic on 45<sup>th</sup> and what mitigation factors are in play to slow down traffic. She thanked the CAC for their work but asked they wait until a presentation is complete before asking questions.

**Comments of Reed Stevens** - Mr. Stevens noted that he is a resident of the Bryant neighborhood, He noted that this alternative shifts a great deal of the impact to his neighborhood which includes traffic impacts, a failure to mention what will happen at 40<sup>th</sup> and Sandpoint Way. He said no viewpoints from his neighborhood were considered. Nothing has been discussed about the Hartman Building and its impact on the people who live directly behind it. He understands this is an ongoing process but there are people who will be greatly impacted who need to have a greater voice. He asked why earthquake impacts from 3, 6 and 7 have not been discussed; 7 is much closer or on fill. He said putting two tall towers on fill is dangerous.

**Comments of Brice Semmens** – Mr. Semmens noted that he too resides in the Bryant neighborhood and asked if the Hartman Towers would shade the Burke Gilman trail and the houses there. He expressed concern about the mechanical on top of the buildings because the existing mechanical units are loud now; he is concerned about the impacts of the building to his and his neighbors' homes. He was also concerned that people working on the Hartman property would park along the BG trail. Topographically, the Bryant neighborhood goes up from the trail; there are 5 blocks of property with Mt. Rainier views and all will be heavily impacted by the towers.

**Comments of Molly Black** – Ms. Black asked for another viewpoint from the south and then also another one from NE 45<sup>th</sup> at 42<sup>nd</sup> Ave NE looking down toward Laurelon. She expressed concern about air quality/dust and asked what kind of mitigation measures are planned.

**Comments of Jeanne Hale** – Ms. Hale noted that she is the President of the Laurelhurst Community Club, said the code requires CHRMC to provide comparable housing. 50 units of low income housing at Magnuson Park is not the same as 50 units of moderate income housing which is what is being lost. She said the role of the CAC is to balance the institution's need to grow and the public benefit with maintaining the livability and vitality of surrounding communities.

**Comments of Leonard Nelson** – Mr. Nelson expressed concern that the rate of change of technology and said in 20 years time CH will have outgrown what is being planned now.

**Comments of John Ramsey** - Mr. Ramsey said he understand that CHRMC is working on the 2030 plan. He noted that there are other major developments going on in the area. For instance University Village is planning another major expansion that will attract many more shoppers and assumes significant increases in parking. They are projecting construction of a new two stories parking garage. He noted that CHRMC property used to be his grandfather's farm.

#### **V. Preparation for the July 15<sup>th</sup> Meeting**

Robert Rosencrantz stated that aid one thing that has come into greater focus for him is the increased potential impact on the areas to the west and the need for additional viewpoints. He also noted that that area had not been part of the initial CAC's topur of the campus. Mr. Rosencrantz moved:

*That the CAC as organize a formal tour of the areas to the wet of the proposed Laurelon Terrace Expansion prior to the deadline for submission of comments on the draft EIS, and that this include the use of balloons to indicate the height of the proposed buildings.*

The motion was seconded.

Karen Wolf suggested photographs with computer generated imposition of buildings are helpful. She suggested that people could meet as a group to see viewpoints and asked that Brice Semmens and Reed Stevens provide suggested viewpoints

The original motion carried on a unanimous voice vote.

#### **VI. Adjournment**

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

**Meeting # 13**  
**June 24, 2008**

Telaris Conference Center  
4000 NE 41<sup>st</sup> Street

**Members/Alternates Present**

Myriam Muller	Dr. Gina Trask	Karen Wolf, Chair
Michael S Omura	Wendy Paul	Robert Rosencrantz
Theresa Doherty	Dolores Prichard	Cheryl Kitchin
Shelley Hartnett	Bob Lucas	Catherine Hennings

**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 and Housekeeping**

Chair Karen Wolf called the meeting to order. Brief Introductions followed. The agenda was approved without changes.

**II. Report Back from the Transportation Workshop**

Marni Heffron from Heffron Transportation Inc. was introduced to review the results of the transportation workshop. She passed out a technical memorandum that outlined here major recommendations to the Committee. Ms. Heffron noted that the report includes both the results for the workshop as well as some of her own observations.

Ms Heffron stated that her most important recommendation related to the lack of specificity concerning the commitment to fund an infrastructure study and unspecified improvements leading from this. She briefly reviewed each of the recommendations in her Technical Memorandum (Attachment 1) Highlights of that review follow. (See attached Technical Memorandum for the full list of recommendations that were discussed.)

She noted that Children's has committed to funding a share of selected corridor and intersection projects to be determined base on the outcome of a sub-area safety and mobility study. She noted that the report recommends that there be more specificity concerning both the nature of the study and the range of for the improvements. She also noted that Children's has committed to a 2,000,000 contribution for local bicycle and pedestrian programs. She recommended that the Committee ask for more detail on the process for determining what these improvements would be and in particular, who decides and how the local neighborhood would be involved.

Ms. Heffron also noted that here had been significant discussion of the types of improvements that might be needed in the effect that Alternative 7 was chosen. She recommended that consideration be given to reconfiguring the lane configurations along 45<sup>th</sup> Street. In additions traffic signal timing for the entire NE 45<sup>th</sup> Street/Montlake Boulevard/Sand Point corridor should be considered, as well as an increases in the traffic cameras that currently are installed.

Following Ms. Heffron's presentation committee members offered individual comments. Committee members thanked Ms Heffron for her word and expressed general agreement with the thrust of here recommendations. Various members had specific comments. Bob Lucas noted that with alternative 7 he believed that there needed to be a signal at Sand Point Way and NE 50<sup>th</sup> Street and that this should be timed with the signal at Penny Drive. Ms. Heffron stated that this was feasible but not necessarily desirable. Catherine Hennings stated that she was concerned with turns from the proposed parking garage to 40<sup>th</sup> and that she was very concerned that this might

cause congestion on 40<sup>th</sup>. Cheryl Kitchin suggested that there be either a center median or other methods to regulate and restrict turns to the garage. Ms. Heffron noted that this would have to be done very carefully but could be evaluated.

### **III. Discussion of Ravenna Bryant Tour**

Robert Rosencrantz was recognized to discuss the Ravenna Bryant Tour. Mr. Rosencrantz stated that the emergence of alternative seven made it clear that the Committee needed to better understand the impacts that would be felt by those on the west side of Sand Point Way. On Saturday a sub-committee of the CAC toured the area including going into some of the homes or residences of the hillside area to try to understand the visual impact of development on the Laurelon Terrace site under alternative 7. The tour started with a look at the balloons that were set at the height of the proposed new development. He noted that Children's has committed to producing renderings of the proposed development from the hillside. Mr. Rosencrantz stated that if alternative 7 is completed as envisioned it will have visual impact for those living along 38<sup>th</sup> and 39<sup>th</sup>.

Karen Wolf stated that the computer aided drawings that the architects will generate both from the Burke Gillman Trail and from residences, will help give a better understanding of the situation. She stated that the bulk and scale would seem to be significant impacts in that area. Others asked if there was any way to determine what heights might be put on the site without having a significant impact. Steve Sheppard responded that it appeared that there will be visual and height and bulk impacts. Projecting balloon heights out to the corners of the sites where development would occur, it does appear that some private views of Mt Rainier will be impacted. Mr. Sheppard noted that private views are not protected under the State Environmental Policy Act or by the City. Secondly, the nature of the orientation of proposed development near the intersection of 40<sup>th</sup> and Sand Point Way, appears to have a significant impact at that location. The building is not stepped down in that location. He offered the opinion that the committee will have to look at how buildings might step down towards the west. Cheryl Kitchin noted that she was impressed that the new development would significantly change the general feeling of the areas. At the present time the valley reads as a green swatch with Children's to the east. With the new development this might change so that the area felt almost commercial.

Ruth Benfield suggested that Children's might be able to do some illustrative renderings of what buildings might look like. She also stated that the photo montage from the hillside would be very helpful. Myriam Muller asked that the photo montages include various heights from 105 up to the currently proposed heights so that the committee might consider what heights were most appropriate. Doug Hanafin noted that he had initially believed that the acquisition of Laurelon Terrace would help alleviate most of the height bulk and scale impacts. But as he looked at it on the tour it appears that it is a lot of structure and is still a significant impact. The question is whether an alternative along the lines of 7 can be developed that shortens the buildings, and wedding cakes them might not be possible. He stated that the challenge is to incorporate 1.5 million new square feet on the campus. It appears that even with the newer larger site there is still a negative impact from this size of development. He noted that he had initially thought that buildings on the scale of the Giraffe Building would be recommended. However under alternative 7 the proposed new buildings are so large that you would not even be able to see the Giraffe Building. Others agreed.

Bob Lucas asked if the views and photo montages would be available before the next meeting. Myriam Muller restated her desire to see the montages showing the various possible heights. Ms. Benfield stated that it would be Children's goal to so respond.

### **IV. Discussion of Comments to the Draft Master Plan and EIS**

Steve Sheppard noted that the purpose of the discussion at this meeting was to get a general orientation to the possible thinking of members prior to member's development of their formal comments. That process will include filling out individual comment forms as was done for the preliminary drafts and then consolidation of comments for full committee review. This process will not happen at this meeting but will commence on July 15<sup>th</sup>.

Members reviewed the previous comment letter against the new proposals to determine if previous comments had been adequately addressed. Cheryl Kitchin noted that the CAC had asked for an independent review of needs and that this had not been done. She suggested that this comment continue to be put forward. CAC members noted that the issue of need relates to the phasing of development. Children's has stated that they will not construct development that is not needed, however if the first building constructed utilizes the full height, then that is of little consolation. Others agreed that the concern was that the first phase of any development not commit to the full height.

Karen Wolf noted that the CAC had asked for the inclusion of alternatives that included less than 1,000,000 new square feet of development and that this had not been done. Ms. Wolf suggested that one way this might be addressed was by looking at realistic phasing. Ms. Wolf suggested that the Committee ask for a phasing plan that includes a first phase development that is lower than the full height. Michael Omura noted that in previous discussions the CAC had asked for some mid point review. Scott Ringgold asked Mr. Sheppard if he had seen this done in other plans. Steve Sheppard stated that he had not seen this done.

Discussion then turned to the issue of maximum height. Several CAC members noted that they would prefer lower heights. Bob Lucas suggested lower heights on the Laurelon Terrace with more development still on the existing campus. He suggested a maximum of two 90 foot towers as part of a first phase with one on the Laurelon Terrace site and one on the existing campus. It was noted that this became a trade off between lower heights and setbacks and open space. Various members noted that it was difficult to determine what a phase one might look like absent agreement on the needs for this period.

Discussion turned briefly to the Draft EIS. Cheryl Kitchin noted that there is very little discussion of the impact of SR 520 development on this process. Robert Rosencrantz noted that the process for SR 520 are not going forward, but that the situation is relatively fluid until there is some understanding of what the proposal should be. Ms. Kitchin suggested that the CAC comment needed to continue to call for a full consideration of the impacts of that project. Bob Omura stated that the EIS should evaluate all options for access to the campus. Ruth Benfield noted that under alternative 7, 40<sup>th</sup> becomes a major entrance as well as Penny Drive. Gina Trask noted that the previous comment that the Draft EIS that should include more information on the experience of height bulk and scale for residences west of Sand Point Way and particularly related to mountain and lake views was still valid. She further noted that this really does not simply relate to view impacts, but to the overall change of character of the areas. Scott Ringgold responded that the important aspect of this is the experience of height bulk and scale from given points in the vicinity of the proposal versus any single individual's private view. There are view impact considerations in some instances from public places to specific landmarks or features. However private views are not the subject of evaluation. Instead the evaluation should focus on the experience of height bulk and scale rather than views.

## **V. Public Comments**

**Comments of William Wallace** – Mr. Wallace stated that he is a resident of Laurelon Terrace. He noted that there have been many disturbing revelations concerning the condition of this facility and that he welcomes Children's offer to purchase the units.

**Comments of Jeannie Hale.** – Ms Hale stated that the highest height ever approved by the City for a major institution in a low-density single-family setting is 105 feet and 90 feet is more typical. She stated that she supports the comments from various members of the CAC that lower building heights should be considered. She noted that in its preliminary comments the CAC had called for 75 foot setbacks around most of the campus. Ms/. Hale suggested that a similar setback be maintained around the Laurelon Terrace site. She stated that she was happy to hear CAC members express concern over the preservation of the character of the surrounding community. This is very important to the Community Club. She also noted that the CAC had not discussed the Hartman Building and that it is the position of the Community Club that this building should remain at the lowrise 3 zoning designation and

that the major institution boundaries should not be expanded to cover that site. It is also the Community Club's position that the Hartman site should be considered for development of replacement housing for the loss of Laurelon Terrace and that it be done within the 30 foot maximum height limit that exists for that site. She noted that there are two needs assessments both from Children's and the LCC Consultant and that the CAC should take both into account. She urged the CAC to explore less square footage and fewer beds.

**Comments of Carol Eychaner** – Ms. Eychaner noted that Children's has continued to purchase land outside of their boundaries. She noted that simply because the institution owns land outside of their boundary does not mean that they can use it for institutional purposes. The purpose of the Major Institutions process is to evaluate the situation and determine where the line between neighborhood and instructional development should be. She noted that she had heard that property owners north of the Hartman are very concerned about their situations. This is an indication of the kind of uncertainty that can occur when an institution expands beyond their traditional boundaries. She also noted that private views are not protected by SEPA but issues such as height bulk and scale compatibility can be taken into account. She cautioned that the CAC should continue to evaluate all of the alternatives and not just alternative 7. She also cautioned that vegetation and landscaping can help soften the situation but is not the entire solution. She also noted that the EIS does not lay out the location and type of open space well and that this should be done.

Phasing is an interesting issue. In 1994 Children's contended that all research had to be on campus. The situation changed and now research is off campus in the Denny triangle. The point is that master plans can be approved and then the bed needs may change. She opined that reliance on the certificate of need process as the key to phasing would not be prudent. Children's has purchased a great deal of land for research downtown.

**Comments of Gisela Schimmelbush** – Ms Schimmelbush stated that she is a 43 year neighbor of Children's on 45<sup>th</sup> Avenue NE. She noted that she went on the tour of Bryant and was surprised with the degree to which the vegetation along the Burke Gillman trail would screen those living lower on the hillside from the Hartman Building or the Children's development across Sand Point way. However it is a different story as you move up the hill. Looking across from homes on 38<sup>th</sup> and 39<sup>th</sup> it appears that they will see a continuous line of concrete stretching from north of the Giraffe Building south beyond the Mt. Rainier view. She also noted that the new developments along Sand Point Way in the Laurelcrest area will be dramatically affected. She asked the CAC to carefully consider :) whether the development proposed on the Laurelon site is truly compatible with adjacent development; 2) whether the loss of affordable housing in the area is acceptable; and 3) whether this expansion would set an unacceptable precedent for downtown level development in residential neighborhoods. She urged that the CAC oppose all expansion including alternative 7 and consider relocating to the land it has purchased downtown.

**Comments of David Sawyer** – Mr. Sawyer noted that the buffer between the Burke Gilman and Hartman is relatively narrow. He suggested that greater attention needs to be given to this setback. He also suggested that the Hartman be used as replacement housing for the loss of housing at Laurelon.

**Comments of Tekla Cunningham** – Ms. Cunningham noted that she is a resident of the Bryant hillside. She expressed opposition to the incorporation of the Hartman site into the institutions boundary and its use for housing. In addition the hospital should consider depressing development into the hillside to reduce bulk and height as alternative 7's size is simply too great.

**Comments of Grace Yuan** – Ms. Yuan asked that the CAC consider what are the alternative traffic impacts with each alternative might be. She noted that all current alternatives evaluate the same level of development so that there are no ranges of impacts identified with any lesser level of development. She also noted that the issue of SR 520 needs to be considered.

**Comments of Peter Buck** - Mr. Buck asked those in attendance if they used a variety of large public and private facilities elsewhere. Many neighborhoods must accept some facilities for the benefit of the greater community. He

also noted that there were some statements made that the CAC was charged with representing the neighborhood and addressing the compatibility of the size of the development with the neighborhood. In addition there were comments made that this development has similar impacts to any other commercial building. He asked the committee to consider what the use was and that this must influence the decision. The use is a hospital that will provide needed care to sick children.

**Comments of Ray Muse** – Mr. Muse reminded the CAC that it has some power. He gave the citizens stopping the R.H. Thompson expressway as an example of the communities ability to stop unwanted development.

**Comments of Michel Pearlman** – Mr. Pearlman noted that Mr. Buck had commented on the need to consider this development's importance regionally. Mr. Pearlman noted that the need for pediatric bed was a regional need and wondered if Children's had coordinated with other regional hospitals to place beds in other locations around the region so as to be closer to those families needing the care.

**Comments of Kevin Steffa** – Mr. Steffa noted that when he moved to the neighborhood he had anticipated that there would be some development in the area. He asked that the architectural design of any development at the Hartman Site be sympathetic to the Burke Gilman Trail. He noted that alternative 7 appears to eliminate some of the terracing down towards the trail.

## **VI. Adjournment**

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

### **Meeting # 14**

**July 15, 2008**

Telaris Conference Center  
4000 NE 41<sup>st</sup> Street  
Seattle, WA 98105  
Main Dining Room

#### **Members/Alternates Present**

Myriam Muller	Dr. Gina Trask	Karen Wolf, Chair
Michael S Omura	Wendy Paul	Robert Rosencrantz
Catherine Hennings	Bob Lucas	Cheryl Kitchin
Theresa Doherty	Yvette Moy	Michael Wayte
Doug Hanafin	Nicole Van Borkolo	Dr. Brice Semmens
Shelley Hartnett		

#### **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. Opening and Introductions**

The meeting was called to order by the Chair at 6:05. Brief introductions followed. She noted that the purpose of the meeting was to allow the Committee to go over their comments to the Preliminary Draft Plan and EIS. Steve Sheppard briefly went over the various hands outs provided to the Committee.

Ruth Benfield noted that CHRMC is continuing to work on revisions to Alternative 7 to respond to some of the commitments it made to soften the impact of that alternative to the areas to the west including development of additional views. She also noted that there has been ongoing concerns expressed about the need issue, CHRMC has asked Jody Corrona to attend today.

## **II. Committee Deliberations on its Comments to the Draft Plan and EIS**

**Alternatives Evaluated** – Steve Sheppard noted that in its comments to the Preliminary Draft Master Plan the Citizen's Advisory Committee requested the development of "a new alternative that adds less than one million square feet and shows further significant height and bulk reductions below 160 ft." Doug Hanafin asked if this statement should include a delineation of the reduction in

square feet. Karen Wolf suggested that this might also be accomplished through a consideration of phasing.

Steve Sheppard noted that members were a little unclear in their individual comments. Members got very specific with possible square footage and height reductions for Alternative 7. These two questions might be combined into a general comment. Theresa Doherty noted that the Committee discussion of an alternative of less than 1.5 million square feet was made prior to the development of Alternative 7 and that the Committee could therefore drop its specific discussion of less square feet and instead focus on comments to the height bulk and aesthetics of alternative 7 and also some idea of phasing. Myriam Muller stated that she was skeptical of the ability to accomplish what the Committee wanted concerning lesser square footage alternative through phasing.

Cheryl Hennings noted that the sub-committee decided to step back from determining or endorsing any particular square footage. They stated that the directions should be to look at the other development standards as they would apply to the site and then allow CHRMC to look at this and determine if their needs could be accommodated within those constraints. CHRMC determined that the sub-committee's alternative did not meet all of their needs and came back with a modification. Alternative 6 is a modification of the sub-committee's work. CHRMC has continued to insist on a full 1.5 million square feet.

Dr. Gina Trask stated that she disagreed with ignoring the square footage issue. If the Committee is recommending a reduction in height bulk and scale, that simply pre-supposes an similar reduction in the total amount of square footage allowed. She noted that the square footage drives the traffic and transportation impacts and that a reduction in scale included a decrease in total square footage of development in her opinion.

Karen Wolf asked for clarification concerning phasing. She noted that past plans were for a ten year period and asked if ten-year increment phases might be possible with less than a million square feet in the initial ten year period. Steve Sheppard responded that the Committee can make pretty much any recommendation it makes. The current plans include no actual expiration date. Instead the plans continue in effect until the institution has used up its total square footage of development. The plan could last 10, 20 or even 30 years. Bob Lucas stated that they too agreed that phasing should be included with some type of check in prior to more than some set amount of square footage be constructed. Brice Semmens asked if the issue was better handled by looking at the certificate of need. Karen Wolf asked Jody Corrona to clarify this issue.

Ms Corrona stated that the certificate of need process looks at beds and not square footage. She noted that she has and will continue to advise CHRMC that it is premature to go through the Certificate of Need Process. CHRMC lacks the capital cost information that they need to pursue the Certificate of Need and they don't have the site identified. The first step in applying for a Certificate of Need is a letter of intent that defines the capital costs. There is a requirement that the actual constraint price be within 12% of this defined amount and within the current cost escalation climate this can not be done for projects that are anticipated in the distant future.

Cheryl Kitchin noted that other hospitals have gone through a Certificate of Need process even to the identification of a site. She noted the Swedish Medical Centers new 175 bed Issaquah hospital and St. Francis as examples. She stated that it is her under they cannot issue a Certificate of Need but they can do the study that would help them evaluate the need for beds. If we agree with the 4000 square feet per bed than the Committee can simply apply that number to the indicated need and come up with reasonable square footage.

Ms. Corrona responded that she was the consultant on the St. Francis project and that is an existing hospital and they know an exact site. New Hospitals are held to a different standard. New hospitals have a 20 year horizon but existing hospitals are allowed only a 7 year planning horizon for their planning.

Doug Hanafin stated that he is inclined to grant CHRMC the benefit of the doubt when determining their needs. We can get statistics from competing experts and you will believe those that you agree with. He suggested that the Committee avoid the inclination to somehow accuse CHRMC of providing misleading information. They have had great difficulty with space. We need to accommodate the pent up demand. He stated that he wants to see a more spread out plan that utilizes both the Laurelton Terrace site and the current site with greater set-backs and lower heights to see what the site can comfortably accommodate.

Steve Sheppard noted that there was a pattern in members comments concerning alternatives; That was: 1) That alternative 7 has advantages to the other alternatives; 2) that if Alternative 7 is developed than the Hartmann site should be developed either at a very much lower MIO or within the existing zoning; 3) that heights under Alternative 7 should be significantly lowered; and 4) that any initial phase on the Laurelton Terrace Site not be at the full 160 foot height and be at a lower height to avoid tying into a 160 foot height build-out in the initial phases. He suggested that this might be as far as the Committee can go with items that are broadly agreed to.

Scott Ringgold noted that there is a proposal on the table for 1.5 Million square feet. It's not for the Committee to question that need. Instead the Committee is to look at what that degree of development's impacts on the health of the surrounding community would be. Karen Wolf stated that the height is a major issue and there may be ways to reduce height by depressing into the hillside. She stated that the first phase of alternative 7 would build to 160 feet. That is not phasing and initial phases need to have early development at less than that height.

Steve Sheppard was asked to give further clarification concerning possible phasing. He noted that in other plans there are often conditions that require a specific action be completed prior to the granting of a permit for some other project. For instance at CHRMC, the Whale garage had to be constructed prior to the granting of a permit for some other project. For instance at Harborview, replacement housing had to be identified prior to the issuance of permits for the Medical Office Buildings. So some check in is possible. However he noted that he was unaware of a general phasing check in in any plan. That does not necessarily mean that such a condition could not be crafted and included as a City Council condition to the plan, but since there have been no examples of this being done in the past he could not give an example of how this might be done.

Catherine Hennings stated that it appears that there is no consensus concerning the total amount of square feet. She suggested that the Committee either simply state that some alternative with less than 1.5 million square feet be considered or re-visit this issue at the end of the meeting. Ruth Benfield stated that the sub-committee helped set the parameters for Alternative 7 and that CHRMC tried to comply with those parameters. What CHRMC did not do adequately in that process was to look at the impacts from the Ravenna Bryant side. CHRMC received additional input from the Committee to soften impacts from that vantage point and is in the process of looking at this. CHRMC will come back in the fall with a response to this.

### **III. Public Comments**

The Committee interrupted its discussion to take public comments.

**Comments of Dixie Wilson** – Ms. Wilson stated that she is the co-chair of the newly organized Friends of Children's Hospital. This group is an 800 strong coalition. This group feels that it is time to have an organized group in support of CHRMC and particularly Alternative 7. The hospital must grow and should grow in its current locations. She stated that she and many others in the community Alternative 7 is a clear indication that CHRMC has responded to the Committee's concerns, including but not limited to: 1) lowering the heights on the main campus; 2) Lowering the height on the Hartmann Building; 3) Reducing Parking at the Hartmann Site; 4) eliminating the need for access points off of NE 45 and 50<sup>th</sup> Streets; and 5) increasing setbacks and buffers. CHRMC is currently at capacity and its needs for an additional 1.5 million square feet is reflective of our region's growth as well as adjacent areas. According to the Puget Sound Regional Council, our region alone will grow by 1.7 million people by 2040.

**Comments of Jim Leary** – Mr. Leary stated that he is a retired Hospital Architect and is one of only 300 certified for this purpose. He stated that this project is rated among the top five in the nation and needs to retain that rating. Vertical expansion is clearly not desired by the Committee. The proposed westward expansion allows solutions to many of the problems and will be millions of dollars cheaper than the vertical expansion. In regards to need that will be handled at each stage of development with the Certificate of Need Process.

**Comments of Megan Quint** – Ms. Quint stated she had been intimidated by some who opposed the hospital and that she had polled her neighbors. She found that most support the expansion. She therefore has formed a non-profit to support the development.

**Comments of James Newton** – Mr. Newton stated that he is a resident of the Ravenna Bryant Neighborhood. He stated that many of his friends have expressed concerns over the lack of specific [pediatric care and stated that he supported Alternative 7.

**Comments of Cary Lassen** – Ms. Lassen stated that the area is zoned residential and 1.5 million square feet is simply too large for the area. She noted that when CHRMC began to buy up homes surrounding the campus it began to dismantle the neighborhood. She noted that on a recent weekend there was a raucous party at one of the CHRMC purchased homes that really disrupted the neighborhood.

**Comments of Jeannie Hale** – Ms. Hale stated that she is the president of the Laurelhurst Community Club. She stated that CHRMC has proposed an expansion that is ten times greater than what is needed in terms of beds for the next 20 years. She suggested that the psychiatric beds be eliminated for the plan or adhere to a Floor Area Ratio similar to other similar Institutions. That would be a 0.9 FAR. She also stated that there needs to be a pre-construction inventory of street conditions prior to construction so that repairs can be made. Replacement hosing should be of similar type. She suggested that this be done at the Hartmann Site without expansion of the boundaries. Their land use consultant has noted that 100 units could be accommodated on this site.

**Comments of Judith Platt** – Ms. Platt stated that she is in favor of the expansion of the hospital if the need is demonstrated. However, the heights are too great. If CHRMC expands onto the Laurel Terrace Site then heights need to be lower and other restrictions need to be in place. She stated that improvements to the street system in order to allow access to the neighborhood and hospital is crucial to this working.

**Comments of Michael Pearlman** – Mr. Pearlman stated that he agreed with Mr. Sheppard that planning should be done from the outside in this case. Laurel Terrace is 6 acres. In order to have that area blend then the area might accommodate up to 700,000 square feet. This should be the limit. There is a pent up demand for care, but there is nothing that says that this demand be met at this location.

**Comments of Reed Stevens** – Mr. Stevens stated that CHRMC needs to look at the impacts on his area and at the broader traffic impacts. The impacts will be enormous. He asked the Committee to look closely at the rationale for the 160 foot towers. He noted that he has not heard any rationale for this. He noted that alternative 7 may have

solved some problems but new information is available and needs to be further evaluated. He suggested that Alternative 6 be more closely evaluated

**Comments of James Tupper** – Mr. Tupper stated that he resides at Belvedere Terrace and that CHRMC is an important institution. He urged approval of Alternative 7. He offered the opinion that all of the impacts are manageable.

**Comments of Bonnie Miller** – Ms. Miller stated that she is a long-term resident of Haswthorn Hills. She stated that 160 feet of height is far too tall. In additions she stated that the Hartmann Building should not be included in the overlay. In addition replacement housing should be middle income and similar to what is being removed. She also noted that there needs to be real enforcement of provisions of any transportation conditions and gave an example from the Magnuson lot of poor enforcement.

**Comments of Colleen McAlro** – Ms. McAlro stated that she is a 20 year resident of Laurelhurst. She stated that she supports the reasonable expansion of the hospital. However, she stated that the proposed rate of expansion seem very high. She further noted that streets may not be able to accommodate traffic from this Bellevue Square sized development. The expansion of the boundary is not allowed by the code and should not be allowed.

**Comments by Nancy Fields** – Ms. Fields noted that she has lived in the area for years. She was involved in the development of the initial Major Institutions Cope. Everyone support providing quality care for children. However she stated that she lives in Windermere and is surrounded by CHRMC Parking. The shuttles go past her home. There is serious under counting of traffic and parking impacts in the EIS.

In regard to bed needs, she noted that as a hospital planner, she is aware that the patient is the center of the care - the engine that drives the entire operation is the number of in-patients. If CHRMC believes that it is important to move beds off of this site, then it should consider establishing a new psychiatric hospital elsewhere.

**Comments of Dick Hillmann** – Mr. Hillman noted that he was a member of the previous CAC for Children's. He noted that much of what is set up may not happen. However it is clear that the need for beds is clear. No one knows why this is occurring. He noted that even as far north as he resides once completed the construction of the new additions to CHRMC will block his view.

**Comments of David** - Mr. Sawyers stated that he felt that cumulative traffic impact would be great and would be difficult to mitigate.

**Comments of Dr. Jeanne Bertino** – Ms. Bertino stated that she was in favor of the proposed expansion. In addition there needs to be sufficient approved square feet to avoid having to go through this process repeatedly.

## **II. Continued Committee Deliberations on its Comments to the Draft Plan and EIS**

Following a brief break, the committee resumed it deliberations. Karen Wolf suggested that the committee attempt to focus on those issued that they might reach some agreement on. She recognized Catherine Hennings to go over a proposal concerning how to move forward. She suggested several sub-committees. After further discussion it was determined to pull together two sub-committees: 1) Open Space/Environmental Stewardship; and 2) Transportation.

**Concerning Support of Alternative 7** – Doug Hanafin stated that he wanted to see the statement endorse a hybrid of Alternative 7. Michael Omura stated that he wanted to see some of the elements of Alternative 6 and 7 combined. Members suggested the following possible criteria or conditions:

- some development moved to north of Penny Drive;

- the height of the proposed three towers reduced either by going underground or building above the proposed southeast garage;
- the bulk reduced by stair-stepping the height of the buildings down towards all of the boundaries; and
- the buildings that front 40<sup>th</sup> Avenue NE and NE Sand Point Way at a more human-scale to better blend with the neighborhood.

Discussion then turned to heights. Karen Wolf suggested that members vote on a height. Cheryl Kitchin stated that at a minimum the Committee state that the height of development should step down on all sides of the Laurelon Terrace Site. Catherine Hennings suggested that the heights might step down more severely fronting the single family areas and not so significantly towards Sand Point Way. Others noted that Committee had previously recommended that the height of 160 feet on the Laurelaun Terrace site should be conditioned lower to 128 feet and stated that this should be continued. Many members stated that the committee should simply reiterate its desire for lower heights and ask CHRMC to identify lower heights.

Catherine Hennings asked for a pool of the committee on how many members feel willing to actually recommend a specific maximum height at this time. There was not a majority in favor of establishing height reduction. Karen Wolf stated that the committee letter would request that CHRMC come back with alternatives that show major stair stepping down etc, with the highest heights in the center. Catherine Hennings stated that she does not support any heights at the full 160 foot height.

**Concerning the Hartmann Building** – Michael Omura stated that it seems relatively clear that the MIO boundaries should not be extended to the Hartman height and that it should be developed under some Neighborhood Commercial zoning designation. Members noted that there are really two different issues: 1) should the boundaries be expanded and 2) in any case what should be the maximum height of any development on that site. Scott Ringgold noted that if the boundary is not expanded then it would go through a separate rezone. He noted that this might decrease the ability of the community to affect development on the site as it would no longer be subject to any provisions of the Major Institutions Overlay.

Michael Omura moved:

*That the Hartmann Site not be included within any expanded Major Institution Overlay Boundary.*

The motion was seconded.

Further Discussion followed. Cheryl Kitchin stated that she was very reluctant to see the boundary go beyond Sand Point Way. CHRMC will not stop growing and Sand Point Way is a logical boundary. Therefore we should keep CHRMC east of Sand Point. Expansion onto Laurelon Terrace is bad enough.

The question was called. It was noted that in the absence of Kim O Dales, one of the alternates would be voting. Since members have not yet designated which of the new alternatives would vote in their absence some questions were raised. It was determined that Since Ms. Dales had previously designated a Laurelhurst Representative as her alternate, that Mike Wayte should vote in her absence at this meeting.

The motion passed: 8 in favor 5 opposed and 2 abstaining.

Bob Lucas stated that he wished to move that the Hartmann Building site be utilized for replacement housing in some fashion. It was noted that as the Committee had excluded the Hartmann site from the MIO that this would have to be worded carefully. Steve Sheppard stated that the following wording might be uses based upon similar provisions at other institutions;

*Under the Code CHRMC is required to replace housing lost as a result of its potential development of Laurelon Terrace. The committee therefore recommends that be done in an area*

*contiguous to its campus or in the same general area. The Committee notes that the Institution owns the Hartmann Property and that this site be strongly considered for this housing.*

Bob Lucas moved that wording

The motions] was seconded and brief further discussion followed. Bob Rosencrantz spoke against the motion stating that he felt CHRMC should be allowed to look much more broadly.

The motion failed 5 in favor 8 opposed 2 abstaining

**Access off of NE 40<sup>th</sup> Street** - It was noted that the setbacks along the Laurel Terrace Site were not as great as in other places. This was in part to allow a different intersection with the street along 40<sup>th</sup> and Sand Point. Steve Sheppard noted that at other institutions this had been dealt with by allowing minimal setbacks along the commercial streets but then incorporating specific plazas and other amenities. He offered the plaza between Broadway and James as an example. He also noted that many concerns were being raised from persons living on the west side of 40<sup>th</sup>

Gina Trask suggested that some consideration be given to eliminating the access off of 40<sup>th</sup>. Ruth Benfield responded that CHRMC wants to make 40<sup>th</sup> a pedestrian friendly environment but that if all access is only off of Sand Point this would limit the access too severely.

Myriam Muller Moved:

*That no access be allowed from either NE 40<sup>th</sup>, 45<sup>th</sup> or 50<sup>th</sup> Streets. .*

The motion was seconded by Gina Trask. Brief Discussion followed. Members expressed concern that this might create too great a constraint on access. Others suggested that turns be restricted in various ways.

The motion failed.

Catherine Hennings moved:

*That there should be no additional access from either NE 45<sup>th</sup> or 50<sup>th</sup> Streets and that the proposed new entrance on 40<sup>th</sup> Ave. be carefully studied in relationship to the new signal and the volume of traffic using that street.*

The motion was seconded.

The motion passed unanimously.

**Concerning Setbacks** – It was noted that the CAC had previously proposed maintaining a 75 foot setback along the edges of the campus. The Committee stated that this general policy should extend along all of NE 45<sup>th</sup> Street including the area currently identified as 40 feet. Brice Semmens stated that he would prefer that this same provision also apply to the Hartmann site in the event that it is placed within the MIO. CHRMC staff noted that the setbacks will be increased to preserve the redwoods. However further extensions may not accomplish much. The Committee members agreed with the extension of the setbacks as a consensus item.

## VI. Adjournment

The appointed time for adjournment having been passed, the meeting was adjourned.

**Meeting # 15**  
**September 9, 2008**

Seattle Children's Hospital  
4800 Sand Point Way  
Seattle, WA 98105  
Wright Auditorium

**Members/Alternates Present**

Myriam Muller	Dr. Gina Trask	Karen Wolf, Chair
Michael S Omura	Wendy Paul	Robert Rosencrantz
Theresa Doherty	Dolores Prichard	Cheryl Kitchin
Shelley Hartnett	Bob Lucas	Catherine Hennings

**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 and Housekeeping**

Chair Karen Wolf called the meeting to order. Brief Introductions followed. The agenda was approved without changes.

**II. Brief Discussion of Schedule**

Steve Sheppard handed out a tentative schedule for future meetings. He noted that this meeting starts an intensive period for the committee. The CAC will begin its evaluation of the final plan starting October 14<sup>th</sup>. There will be three subsequent meetings to deal with this process. Mr. Sheppard noted that time frames are tight and that members will need to reserve time to quickly read and digest the various reports that members will receive. These include Children's Plan and supporting Final EIS and the Report of the Director of the City of Seattle Department of Planning and Development. There was considerable discussion of possible meeting dates and a decision to have the Chair, Staff and Institution develop a schedule that would be reviewed at the next regular meeting.

**III. Presentation on Streetscapes and Views of the Alternatives**

Ruth Benfield stated that Children's staff and consultants will present views of the new alternatives as well as discuss these alternatives.

*Editors Note: This presentation was done from a series of power point slides and was not easily translated into a written form. The power point presentation is attachment 1 to these meeting notes. As a result this discussion is somewhat truncated.*

The project architect was introduced to lead the presentation. It was noted that the possible early availability of the Laruelon Terrace site has led to the development of a new alternative 7 and its subsequent modification to 7r. These represent an attempt to respond to some of the comments received from the CAC. Alternative 7r is an attempt to reduce the height and bulk of Alternative 7. In this alternative some of the nursing units are narrowed and pulled back somewhat from Sand Point. Retail like uses are now anticipated along Sand Point and near 40<sup>th</sup>. Greater development is also anticipated above the Train Building which allows the buildings on the Laurelton site to be slightly lower than in alternative 7. In addition the Hartman Building has been scaled back somewhat. Material

changes and building design will also be used to assure that the buildings fit well into the area. Transit use is a critical focus for Children's.

Allyn Schumaker noted that the buildings would be set back ten feet from Sand Point Way. Above 40 feet the setback would increase an additional 35 to 40 feet with an additional setback at about 72 feet in height. The intent is to add pedestrian and retail-like amenities into this area. The Hartman frontage would be similarly set back. Setbacks also are included along 45<sup>th</sup> and 50<sup>th</sup> Street. Along NE 45<sup>th</sup> Street, the first three stories of the garage are exposed with the nursing towers set back. The roof area would be landscaped and would eventually meld into the hillside along NE 45<sup>th</sup> Street so that one could walk directly from grade out onto this rooftop garden area. Landscaped decks are located along NE 45<sup>th</sup> Street, 40<sup>th</sup> Avenue NE and portions of Sand Point Way NE. All of the setbacks would be heavily landscaped to soften their impacts to adjacent properties.

Height has also been reduced. In Alternative 7 the height was about 160 feet. Under Alternative 7r this is reduced by about a floor and the buildings have been made narrower. In addition buildings are depressed into the hillside somewhat more. This alternative only requires a 140 foot height and consideration would be given to a conditioning of the MIO 160 zone to 140 or so.

Alternative 8 anticipates that Hartman is not developed. Since the total square footage needed remains the same, development on the Laruleon Terrace Site is somewhat greater with building added above the garage on the intersection of 40<sup>th</sup> Avenue NE and NE 45<sup>th</sup> Street. 40<sup>th</sup> Avenue would become a green street.

Ruth Benfield noted Children's does not yet have the photo montage from Bryant and is working on this. She also noted that Children's is not backing away from its view that it has a twenty year need for a full 1,500,000 square feet of new development. This is Children's best level of projections. Children's will not build if there is no need. She noted that the hand-outs include an approximate phasing. It is the belief that only about 1,000,000 square feet would have to be built over the first ten years. She noted that in looking at the first phase the intention was to get the critical needs without necessarily tying Children's into the maximum height. Phase one would have about 200 beds.

Bob Lucas noted that the entrance to the emergency room is being relocated from Sand Point Way to NE 40<sup>th</sup> Street. Myriam Muller stated that she is concerned with the function of NE 40<sup>th</sup> Street. Many residents use this as a major route to Sand Point Way and putting a major entry to the garage and emergency department may create a major bottleneck at this location.

#### **IV. Public Comments**

**Comments of Michael Pearlman** – Mr. Pearlman noted that the CAC has been shown about a dozen alternatives, however to date the overall bulk and scale has remained the same with the building blocks being moved around but the overall size remaining the same. He suggested that the CAC not get bogged down looking at individual building blocks but instead look at the overall picture - whether there is a need for this level of development and whether it fits within this low-density neighborhood.

**Comments of Ginny Sharrow** – Ms. Sharrow stated that she sometimes feels as if she is being bullied. She stated that she agrees with Mr. Pearlman about keeping focused on the need. There are also issue of noise and traffic congestion and asked the CAC to carefully consider these impacts.

**Comments of Carol Eychaner** - The fundamental issue is that the level of development is too large for this low-density community outside of an Urban Village. It may be well designed for a First Hill -type location but not for this location. She asked what the lot coverage and FAR was under alternative 7r. Children's staff responded that this was still being developed. She noted that dense plantings may block sun fro some residents and that great care needs to be taken to locate these appropriately. Sometime larger setbacks with less dense plantings are better.

**Comments of Bob Farrell** – Mr. Farrell stated that he is an attorney and owns a unit at the Laurelcrest Condominiums. He stated that he would be thrilled if Children's were to purchase the Laurelcrest Condominiums for replacement housing. He also got the sense after carefully reading the Draft EIS that Children's is not proposing housing replacement that would be in compliance with housing replacement requirements. Children's is proposing to team with Solid Ground. The Solid Ground proposal is that that group would build 52 units of housing for the homeless at Magnuson Park. This would be part of a 200 unit homeless project conceived in 1993 as part of the base re-use plan. Children's involvement in this project consists solely of a letter from the hospital that says that they will give Solid Ground \$600,000 towards that project if Children's closes on Laurel Terrace. The question is whether this is comparable housing. Under the Solid Ground lease from the City there is a condition that states that the property can only be used for the poor or infirm. This is not comparable to Laurel Terrace. The second issue is whether this project constitutes a replacement. This project has a long timeline. The CAC's comment letter was clear that any replacement housing had to be new and not in the current pipeline. This is not a replacement project.

The funding package is for \$13,600,000 project. Children's is proposing to contribute \$600,000 or 4.8% of the total project. The City will contribute \$4,800,000, the State about \$2,000,000 with many other funds too. The Hearing Examiner put a condition on a similar requirement that whatever was proposed must not include any public money. He suggested that the housing replacement plan should be real replacement housing.

**Comments of Jeannie Hale** – Ms. Hale stated that she was stunned with the alternatives presented. Children's is still maintaining the same height bulk and scale. She also stated that she was skeptical of the idea of conditions down from 160 to 140. Greater setbacks are also needed. She also endorsed the comments of Mr. Farrell.

#### **V. Committee Discussion of Possible Phasing Planning**

Robert Rosencrantz stated that Ms. Benfield had indicated a phase I lasting about 10 years and including just less than 1,000,000 square feet. He wondered if the CAC should think about including within its comments a regulatory agreement that required a check back prior to constructing the final 500,000 square feet. He stated that this kind of check in seemed reasonable to assure the community that actual mitigation is sufficient to allow moving forward. Karen Wolf stated that she too wanted such a phasing but that the key would be to determine reasonable conditions. She suggested the formation of a phasing sub-committee. Steve Sheppard noted that phasing could only be imposed as a council condition. In addition since the plans do not have expiration dates we will have to be careful not to essentially create a ten year plan. Scott Ringgold noted that there is an annual report process. Brief discussion of this idea followed.

Bob Lucas moved that the CAC form a sub-committee to look into issues related to phasing including any legal aspects of phasing. The motion was seconded. The motion passed unanimously. Various members volunteered for the sub-committee.

Nicole Van Borkulo stated that she believed that Children's development might help revitalize the portion of Sand Point Way to the south where her office is located.

Brice Semmens passed out a version of his rendering of what the development might look like from his location. He noted that he and his neighbors have received mailings from Children's stating that the "view shed" has been saved. From his perspective this is not the case for many households. A couple of people got together to develop views to illustrate the problem. He also noted that there have been promises from Children's for similar views since April and the views have still not been put forward. Children's staff stated that a photo montage from this general location is being developed for the EIS.

Brice Semmens also noted that he still preferred that the Hartman Property not be incorporated into the MIO, but that the proposal to lower its height and save the redwoods is an improvement. Cheryl Kitchin stated that the issue is not whether the Hartman Site can currently be developed attractively, but what this signals for the future on the

west side of Sand Point way. Children's might come back at a future date for a greater development on the site or in the broader area. Catherine Hennings noted that the vote on Hartman had been very close for the CAC's initial comments and that this will clearly need a great deal more discussion.

**VI. Adjournment**

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

**Meeting # 16  
Sustainability Workshop  
September 23, 2008**

Laurelhurst Elementary School  
6530 46<sup>th</sup> Avenue NE  
Seattle, WA 98105

**Members/Alternates Present**

Karen Wolf, Chair	Michael S Omura	Wendy Paul
Robert Rosencrantz	Cheryl Kitchin	Shelley Hartnett
Catherine Hennings	Kim O Dales	Evette Moy
Bryce Semmens	Myriam Muller	

**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 and Housekeeping**

The meeting was opened by Catherine Hennings as the Chair would arrive late. Brief Introductions followed. Ms. Hennings noted that tonight will discuss area of sustainability. Committee located facilitator for workshop – Kathleen O'Brien – this meeting will be devoted to that workshop and what is meant by sustainability and areas that we should be looking at with regard to Children's plan.

**II. Sustainability Workshop Presentations**

**A. Initial Presentation of the Concept**

Ms. O'Brien was introduced to lead the remainder of the presentation. She stated that the goal to provide with overview of sustainability; look at how EIS and Master Plan address sustainability, discuss high level sustainability principles. Ms. O'Brien stated that sustainability is meeting the needs of the project without compromising the ability of future generations to meet those needs. It incorporates environmental qualities but the problem with thinking only about the environment is there are a lot of other pressures that come from the economic or social/cultural worlds. They impact decisions so it is important to look at sustainability as three-legged stool.

Ms. O'Brien noted that the concept of sustainability came into focus in 1970's when eco-systems and ecological studies became popular. The goal is to promote development that has a lesser

footprint and impact on the natural environment such as: air, water, energy, materials. It is also a goal to reduce the amount of waste produced. when we use resources faster than can be renewed and create waste by volume and type faster than the earth can assimilate. Waste is a natural process but if there is too much there is a problem.

Since health care facilities are major developers and have a direct interest in promoting the general health of our society a sustainable approach to developing health care institutions and operating them it would be better for the environment in terms of development and operations. Sustainable buildings could improve the recovery rate of patients and reduce absenteeism, help recruitment, and reduce operating expenses.

Ms. O'Brien then introduced Jeff Hughes, Seattle Children's Hospital. Mr. Hughes noted that the Hospital has established a "Green Team" to promote sustainability. The "Green Team" was started two years ago and oversees a number of different programs including: composting/recycling; environmentally preferred purchasing; local food use (including a farmers market); sustainable energy planning (including energy audits and promotion of the energy star system); and reviews of building material uses to assure that they eliminate toxins to the greatest extent possible. As part of the internal master plan process in 2007 the team coordinated a charette that identified the following strategies: use of green roofs, and green screens – which will help lower the heat island affect of the building to reduce its energy consumption. The green building principles target the materials used to improve the quality of air in the building. Open site improvement – water detention by slowing the passage of water over the site – storm water - and reusing it for irrigation.

Ms. O'Brien then continued the presentation. Neither the EIS nor Plan directly addresses sustainability. The EIS evaluates impacts of particular projects and looks for ways to mitigate those impacts, while the Master Plan identifies the development. The Plan includes some strategies that related to sustainability, but not an explicit sustainability section. Non-the-less, the Hospital is doing a great deal. For instance the Hospital has established the goal of 2020 there will be a targeted 20% energy efficiency increase over the existing use. By 2030 the City is hoping to be carbon neutral for new building and major retrofits consistent with a 2030 challenge which is an international challenge with the goal of reducing carbon emissions by half. Ms. O'Brien went over several programs that the City is considering such as are cap and trade programs and possible carbon taxes where if ones carbon emissions that exceed a particular threshold one would have to pay. There are some specific reference standards for health care; the Green Guide for Health Care, LEED for Health Care. What guidelines are best for Children's? The way systems works is that targets and benchmarks are set with progress measured against these targets.

Catherine Hennings asked what the impact of Children's expansion will have on the neighborhood and how incorporation of sustainability standards might affect the external impact of the building on the neighborhood. Ms. O'Brien responded that the standards address issues such as light pollution and noise.

## **B. Committee Discussion:**

Ms. O'Brien asked the committee to identify strategies in various focus areas with the objective of not just doing no harm to the environment but doing good. When looking at each areas she suggested that members consider three questions: 1) what is currently missing for the Master Plan; 2) what is wrong about what is proposed; and 3) how does alternative 7r relate to sustainability in that category?

The Discussion related to an evaluation of the suggested sustainability guiding Principles Worksheet that was provided to the members and contained in the official Committee files. The following major comments were given to each of the focus areas:

### Concerning the Relationship of Children's Development to the Site

In the general discussion the following two items were identified as possible opportunities to improve the relationship of proposed buildings to the site:

1. There is a stream on the opposite side of Sandpoint Way that traverses the Talaris Property is it possible to utilize this feature and others in the site planning?
2. Buildings do not blend into the hillside. It would be great if the buildings were better contoured to match the natural ridgeline as you look from the north towards the south. Ms. O'Brien stated it would be not only the site's views but the views from the surrounding community

Catherine Hemming asked how we might move from this discussion to specific actions. Ms O'Brien suggested that a second workshop would be needed. Ruth Benfield stated that a fair request would be to ask Children's to come and identify what the Hospital might do" and then integrate that as we move forward with each actual building. There was general consensus that this sounded like a good idea.

Ms O'Brien noted that she had completed some interviews before workshop with staff. There is a pride in the value in the landscape in that something is blooming here all the time, year round. It provides a lot of therapeutic value for patients, parents, visitors to the hospital. Reference guides state green building show a lot if moving toward more and higher percentage of native vegetation. This site is mostly not native vegetation but having something blooming every month of the year is important; she asked how the committee wanted to balance that and how does that fit within what they get from a reference guide and the therapeutic value of the site.

#### Concerning the Relationship of Children's to the Community:

In the general discussion members identified the following:

1. The CAC has identified eliminating multiple access points in order to eliminate traffic intrusion into the surrounding residential neighborhood. This should be reflected in the sustainability discussion.
2. Great emphasis should be placed on creating and encouraging the use of a multi-modal transit hub at the Hospital.
3. That the sustainability discussion should contain a statement that the development should have no net negative impact on living spaces within the community.
4. The suggested principle to respect community scale and livability is of critical important. Members agreed that this issue is the elephant in the room as many believe that the current proposed scale is too large.

#### Concerning Water

- 1 The first two principles under water should be combined into one as they both talk about the natural hydrological system.

#### Concerning Energy and Atmosphere:

Members asked for clarification concerning the meaning of the suggested principle "Explore district-wide energy solutions to create neighborhood benefits". Ms. O'Brian responded that it could be within the campus but also something that could incorporate the neighborhood. Seattle City Light is starting to look at this in a bigger way and to create infrastructure that allows you to create district energy. It can be done with mini generation plants and also if Children's could install photovoltaic panels and generate more power than it needs and then sell back to Seattle City Light.

No specific additional comments or principles were identified.

#### Concerning Materials and Resources

Katherine Hennings suggested that a guiding principle concerning the use of materials that eliminates toxic substances be added to the list of Draft Guiding Principles.

#### Concerning Environmental Quality

No specific additional comments or principles were identified.

#### Concerning Process

Ms. O'Brien briefly outlined the process draft guiding principles and asked if there are any modeling strategies folks think are not appropriate.

Robert Rosencrantz stated that the principle concerning life-cycle cost-benefit analyses was questionable. Children's is in the business of providing health care to children. He said this sounds so bureaucratic in nature. While he is open minded to the benefit to the CAC of having these details cost benefit analyses for each of the proposed sustainability actions but it strikes him as over reach in terms of data information.

#### General Observations and Discussion

Cheryl Kitchin stated that she considered much of this discussion as peripheral to the main charge of the committee which is essentially zoning and transportation. Karen Wolf responded that these types of recommendations can become part of the conditions attached by City Council. Ms. Kitchin asked Steve Sheppard for clarification on whether similar discussions had occurred with other major institutions.

Ms. O'Brien noted that in most circumstances sustainable development principles push for the integration of facilities into the neighborhood rather than isolating. As an example, screens and buffers would be de-emphasized in favor of more permeability. Brice Semmens responded that it is sometimes important to incorporate adequate buffers in order to have a successful integration. If there is a 120' building on the street next to a house, without adequate buffers then that is not fostering integration. Karen Wolf noted that the idea of integration is different when you are talking about an institution rather than a subdivision. We don't want a subdivision that is gated off, you want it integrated with the street network, whereas with a major institution it might be appropriate.

Myriam Muller observed that it appears to be difficult to predict sustainability? There will obviously be increased impacts from the new development such as more traffic. Ms. O'Brien responded that the CAC sets the baselines and measurable benchmarks and then asking Children's to commit to those and they might commit to those. You can predict that if you use energy conservation measures you will reduce energy but you can't guarantee "no impact". Sustainability is an ideal. It is not pie in the sky but it is hard work to get to and you have to commit to it or it will not happen. Woman: there are so many other things that are happening in this neighborhood that none of us can control – University Village's growth for one and stacking Children's on top of that.

Michael Omure noted that he believes that it is too early in the process to get very specific about sustainability. There was general concurrence with that.

### **III. Public Comment:**

The meeting was then opened to public comments.

**Comments of Jeannie Hale:** Ms. Hale stated that she was amazed by this sustainability workshop because she agrees with Ms. Kitchin that this is outside the purview of the CAC under the major institutions code. CAC is to deal with height, bulk and scale, buffers; nothing along the lines that have been proposed. She objected to the lack of a grass roots process and presented to the CAC what Children's thinks sustainability is. On the survey presented with the goals, under community, it is important that Children's be encouraged to work with the Community Club and the

Bryant Community Association and other community groups instead of just working with the standing committee. She said she went to all of the standing committee meetings, no one went, the meetings got no publicity; she was the only person from the community there. The greater community needs to be involved. Need a broader audience. Future proofing, density bonuses and carbon rebate are not consistent with the major institutions code so she doesn't know why CAC would be addressing it. Solutions become multi-faceted: it is a good idea but who knows what that means. She appreciated Katherine Hennings comments about wanting to address the standards that actually impact the neighborhoods. She appreciated all the values in sustainability but the CAC has no ability to influence the Hearing Examiner, the City Council on the issues so should be spending time working on the height, bulk and scale and the many issues that need to be clarified on the draft EIS.

**Comments of Megan Quint:** Ms. Quint noted that there is a coordinated grass roots organizations called Northeast Seattle Cares to support a community solution to the expansion of Children's Hospital; she is excited to hear that there was a sustainability workshop because she thinks height, scale and bulk are about impact on the community though most of these things she know nothing about but seem like issues that maybe do need to be left up to experts. She thinks these are important things that do need to be considered by the Committee. She hopes the CAC will continue to work with Children's to incorporate some of the sustainability principles and measurable standards.

**Comments of Joel Loveland:** Mr. Loveland stated that he works at UW Integrated Design Lab and they focus on energy efficiency and interior environmental quality for hospitals. The things that are being considered in terms of sustainability hugely affect potentially the height, bulk and scale of the buildings so these things are important issues. It is important to be able to ground some of the things considered – energy efficiency for example. There are a lot of good examples of hospitals that are extremely efficient hospitals in northern Europe – it would be beneficial for this group to take a look at what they do. Northern European hospitals consume 1/7<sup>th</sup> the amount of energy that Children's does. Aggressive goals could be set; as size increases energy efficiency increases. He recommended trying to get a vocabulary of what hospitals can look like within their community and not be an intrusion and they are great examples to review. Height, bulk and scale also affect the quality of the work environment. He said we hear concerns for patient care, community and the impacts of the building, but we should be concerned about the key health provider and that is the worker and that has a lot to do with the design of the building.

**Comments of Joyce Scott :** Ms. Scott stated that stated that while she has not read everything but she believes the hospital has not wavered from its original idea to increase to the size it is. She has not reviewed the alternative plan but from the beginning the hospital's desire to increase in size has been overblown. There have been many comments about the correctness of locating a hospital of that size in this area; we have to consider things like traffic, care for children in other areas of the city, natural and man made disasters. The communities need to hear more from the hospital about why the hospital increase in size must be here rather than forming a campus in another area of the City where it would be cheaper and more accessible.

#### **IV. Adjournment**

Ms. O'Brien noted that this is a complicated issue that is difficult to cover in a single meeting. She thanked members for their participation, and asked that all members and others present hand in any additional comments that they might have. No further business being before the committee the meeting was adjourned.

## **Meeting # 17** **October 14, 2008**

Seattle Children's Hospital  
4800 Sand Point Way  
Seattle, WA 98105  
Wright Auditorium

## Members/Alternates Present

Myriam Muller	Nichol Van Borkulo	Karen Wolf, Chair
Michael S Omura	Wendy Paul	Robert Rosencrantz
Theresa Doherty	Dolores Prichard	Cheryl Kitchin
Shelley Hartnett	Bob Lucas	Catherine Hennings
Brice Semmens	Mike Wayte	Doug Hanafin

## 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

Karen Wolf called the meeting to order and reviewed the agenda. She said the Committee needs to start planning the approach to the preparation of the final report.

### II. Presentation of Views of the Bulk and Height of the New Alternatives

Ruth Benfield was introduced to present photo montages. Some of these will be included in the EIS and others are presented here in response to the CAC's request for additional views from the Bryant Hillside. Ms. Benfield stated that it is Children's intent is to develop well designed and attractive buildings with significant landscaping. She noted that looking at photo montages they present "lego block buildings". This makes it difficult to really appreciate what the actual impacts might be and would tend to represent the worst case. The proposals that will be presented today represent a lot of community and Committee input, and hopefully respond to much of the community input received. The buildings have been pushed back into the hillside and lowered.

Ms. Benfield then introduced Carl Livingston to discuss the actual views.

*Editor's Note: The presentation related to drawings and much of the discussion referred to the drawings and oriented members to the locations. This discussion did not translate well verbally and is therefore truncated.*

Following the presentation the floor was opened to committee questions and comments. Myriam Muller asked if there were views from the vicinity of Laurelcrest Condo's. Staff responded that they did not have a view from that location. Karen Wolf stated that the information provided was helpful.

Robert Rosencrantz asked if staff had any observations concerning the impacts of views. Staff responded that it appears that 7R appears to have gone in the right direction. Brice Semmens noted that he had a chance to preview the drawings as he had been one of the members who pushed for the added views. He agreed that the changes were going in the right direction but that they definitely do not far enough. Development under 7R still dominates the view to the south, particularly if you are looking down from any elevation on the hillside.

Cheryl Kitchin noted that the views along Sandpoint that were focused on Hartman and the difference between 7R and 8. She noted that the views of alternative 8 show no development on the Hartman site. However, this may be misleading in that the existing zoning for Hartmann allows for 3 floors. By showing it with no development we are not looking at the possibilities that Children's could make use of that development potential. It still can be developed to be very useful and to be part of this project. The objection to making 8 part of the footprint of the hospital's master plan is that it is wide open for further development in the future.

Mike Wayte also stated that he was surprised that hospital has spent so much money coming up with all these alternatives without many compromises with the surrounding committee. It appears that the hospital has taken their own alternatives and simply tried to make minor modifications to attempt to gain committee acceptance rather than entering into a full partnership and seeing what the Committee and community wants. This is a huge project in our neighborhood and should meld better with the community. Progress is being made but Alternative 7R is not something he can endorse at this point. Traffic hasn't really been dealt with. Mr. Wayte stated that he wants the hospital to listen to the Committee and to recognize this is our backyard. .

Cherly Kitchin stated that she too is frustrated. The Committee has asked for alternatives that include less square footage. Yet to this date Children's has not presented any alternatives that eliminate even one square foot. She stated that in her opinion, it doesn't matter how you rearrange the 2.4 million square feet. It is still too large. Ms. Kitchin noted that she was on the sub-committee that developed transportation comments to draft EIS. During discussions leading to the development of these comments all of the participants came to the conclusion that this level of traffic that would be produced by this size growth is unacceptable. The first line of the sub-committee report said, "this is unacceptable".

### III. Discussion of the CAC Final Report

Steve Sheppard noted that he CAC must now begin to consider its final report. He noted that the Code does not specify exactly what the CAC's final report will be. The Committee is free to make its final report whatever it wants. Minority reports are also allowed. Any number of people on the committee from one to seven could put in one or more minority reports which get forwarded to the Hearing Examiner as appendices to the final majority report. Mr. Sheppard passed out examples of recent reports that were done for other institutions. One has a minority report with it – Harborview and one does not. The reports show how those committees chose to look at it. He advised the Committee members to review the reports before the next meeting and have an idea of what they want to suggest. He noted that at this point the institution is finishing their plans and supporting documents; and DPD is working on the City's official recommendation. The CAC will begin work on its report after receiving both the institutions final documents and the draft of the DPD Director's report. This will start at the next meeting. Mr. Sheppard noted that the Seattle Municipal Code establishes the time lines for this phase and briefly went over the suggested dates for the next meetings as follows:

Meeting 16	10/14/08	Presentation of Photo Montages. Discussion of Schedule.
	11/10/08	Committee Receipt of Final Plan and EIS.
Meeting 18	11/12/08	Initiation of Committee Discussion of the Final Plan and EIS. Committee Identification of Areas of Concern and Development of a Draft Time Line for Making Decisions on Key Issues.
	12/9/08	Committee Receipt of Draft Report of the Director of the City of Seattle Department of Planning and Development.
Meeting 19	12/9/08	Initial Discussion of the Draft Report of the Director of the City of Seattle Department of Planning and Development. Continued Committee Discussion of the Final Plan and EIS.
Meeting 20	12/16/08	Continued Discussion of the Draft Report of the Director of the City of Seattle Department of Planning and Development. Continued Committee Discussion of the Final Plan and EIS.
Meeting 21	1/6/09	Adoption of Committee Comments to the Draft Report of the Director of the City of Seattle Department of Planning and Development. Review of Progress Draft of CAC Final Report.
	1/20/09	Committee Receipt of the Final Report of the Director of the City

		of Seattle Department of Planning and Development.
Meeting 22	1/27/09	Committee Review of Draft Final Report.
Meeting 23	2/2/09	Committee Adoption of Final Report.

Mr. Sheppard briefly discussed what would occur at each meeting and noted that this is a preliminary schedule and subject to change.

Myriam Muller asked for additional clarification on the minority reports and what the process is after the completion of the CAC's report. Mr. Sheppard responded that any minority reports have to be completed at the same time and goes into the same document and need to be in a similar format and be similar level of detail so they can stand on their own.

Mr. Sheppard stated that the CAC's report is then forwarded to City's Hearing Examiner. The Hearing Examiner is a quasi-judicial agent who holds a public hearing. There are formal parties that usually present to the Hearing examiner. These include the City Department of Planning and Development, the Institution, and the CAC. However, anyone may give testimony at that hearing and any other person or group that wishes to present information of any kind, new, comments on plan, and come before Hearing Examiner and present it. They can also request to be parties of record and can question people. He noted that this hearing can sometimes feel a bit like a court trial and it could go from many days. The Hearing Examiner would then keep the record open briefly for a site visit or for any follow up information to be submitted and Hearing Examiner would then have a certain period of time from the close of the record to put forward their findings and orders. The findings and orders is the Hearing Examiners recommendation to the City Council. The Hearing Examiner can recommend modifications to the Institutions plan in response to any information that is presented including the DPD report of CAC report or any other information presented to them by the community. The Hearing Examiner can suggest specific conditions he or she suggests that the City Council to impose upon the plan. The CAC can also suggest such conditions to the hearing examiner.

Mr. Sheppard noted that the hearing before the Hearing Examiner is the major public hearing and the point where CAC chair and co-chair and members make statements. Once the Hearing Examiner's findings and orders are forwarded to the Seattle City Council, the Council will begin its deliberations. However their deliberations are on the record established at the Hearing Examiner Hearing and little new information is allowed to be presented. The City Council in their quasi-judicial role will be considering the established record as established by the Hearing Examiner not new information. The parties of record from the Hearing Examiner may be asked by the City Council to specific clarify positions to answer questions but there won't be another major public hearing. The public hearing, public meeting will be before the Hearing Examiner. Mr. Sheppard also noted that the Hearing Examiner has the right to remand the plan back for reconsideration and revision if the Hearing Examiner determines there are too many issues outstanding to move it forward to the City council.

Mr. Sheppard noted that he had been asked by some members to look at the issue of phasing and how that might be done as a condition of adoption of the plan. He noted that other plans have included conditions that make development of some building contingent upon completion of another action. For instance in some cases development of buildings was made contingent upon development of parking or meeting some transportation management goals first. This is a kind of phasing so that some phasing is possible. However, he cautioned that the nature of the code envisions that the plan established an amount of square footage and allowable heights development. That approval no longer has expiration date. The challenge is to identify phasing that still respects this concept and does not essentially become approval of a 5 or 10 year plan that requires that a virtual new plan be done following some initial phase. That would be difficult to be called "phasing". Phasing is possible in a way there are some problematic elements to it that we will have to discuss in greater detail when we know what or if we are talking about it.

Cheryl Kitchin stated that she sees phasing as very problematic. Karen Wolf responded there can clearly be Council imposed conditions from moving from one to another but not generally based on time but on other events occurring.

#### **IV. Public Comment:**

The meeting was then opened to public comments.

**Comments of Danny Duffell** Mr. Duffell stated that he is a Pastoral Associate at St. Bridget Parish; Catholic Chaplain to Catholic patients in hospital; in 25 years he has seen a lot of changes at hospital and in the neighborhood. When he first came here, there were not so many visual barriers between the hospital and parking and neighborhood. He came from Capital Hill – two blocks from Group Health where there are hospitals with no barriers between housing. He knows Children's has expanded over the years with less of an impact on the neighborhood than it could have had partly by decentralizing – they have 20 clinics in various parts of the state and they have just moved administrative functions off this site. When he first saw the drawings he was shocked but from what he sees now – although he hears the strong reactions – he encouraged everyone to think about how the expansion is guided rather than whether it happens. He spoke of positive aspects of Children's and encouraged community input to help guide how rather than whether expansion occurs.

**Comments of Megan Manazii** - Ms. Manazii stated that she is a friend of Children's and a cancer camp volunteer. She stated that she understands the concerns expressed by many opposing the expansion, but supportive of expansion to meet the demand.

**Comments of Jay Arnold** – Mr. Arnold stated that he is a resident of Kirkland and has sometimes had to bring children to this facility for care since they have a level of expertise not available elsewhere. Also he stated that he understands that the hospital is near capacity and is therefore supportive of Children's expansion. Find a way to make it happen.

**Comments of David Miller** – Mr. Miller stated that it appears that Children's has gone far in ways to mitigate the impact on the community. Architectural renderings prove that process is working. He stated that it is his opinion that concentration of specialty care in central facilities is important. He stated that this is essentially a social justice issue. Children's critical needs have to come first.

**Comments of Judith Platt** - Ms. Platt congratulated Children's on its pending purchase of Laurelon Terrace acquisition. She stated that she is concerned about height and bulk and about the amount of traffic. Three generations of her family has been part of Children's. She stated that children's services need to be closer to where children are and dispersed over the region. There are children's services up on pill hill, Swedish has a pediatric specialty. Not all of the millions of square feet need to be on this campus. Size and bulk has a lot to do with quality of life not only for the people working here – but for the surrounding community. Wants to keep the quality of care here, traffic will play major part.

**Comments of Michael Pearlman** – Mr. Pearlman stated asked for clarification on how many would be lost, because trees can mitigate the impact of the construction particularly the grove on NE 50th along the north end. Staff responded that those trees will not be affected along the north boundary. Mr. Pearlman also suggested that the Committee require that construction trucks, heavy equipment have. He stated that the question of not just whether Children's should expand but where. He stated that children may be better served by locating a campus elsewhere.

**Comments of Steve Leahy** – Mr. Leahy stated that he is the president and CEO of the Seattle Chamber of Commerce. Children's has 20 different clinics throughout region. Unquestionable synergy that need to co-locate urgent care and certain services that cannot be deployed in different locations. Compared to other major institutions in the City and elsewhere – this one is setting examples for incentives for workers to come in mass transit and vanpools and everything but single occupancy vehicles. He also noted that this facility serves a multi-state area.

**Comments of Jeannie Hale** – Ms. Hale stated that the LCC enthusiastically supports the mission of the institution, but is very concerned with the proposed bulk and height. Hartmann being back on the table; it is not about views, it is about complying with the law. If Children's wants act as if it is located in an urban center, it needs to go to City Hall and change the city's comprehensive plan – a two year process. They should not be above the law – they have to be held accountable. Appreciated what Steve said about process. As with any major institution it wields a lot of influence; sometimes they violate the rules – quasi judicial rules which prohibit contact with public officials. Theresa Dougherty knows that because the University of Washington broke those rules and as a result the other side gets an opportunity for a rebuttal so there is a special public hearing. Everyone is held accountable and everyone should be held to the same rules. Phasing; hoped that Scott would weigh in and talk about phasing that it is not something workable and that once this EIS is approved 1.5 million square feet – it is done. Why do they need almost 200 psych beds and think of how much square footage that could remove. Every single community group in NE Seattle has said “no building heights above 105 feet”. All community groups in this area have asked to have the square footage reduced. She wants an alternative with no more than 250,000 square feet – it was their last master plan.

Several people simply agreed with Ms. Hales statement.

**Comments of Arlene Ehrlich** – Ms. Ehrlich noted that one speaker had mentioned social justice. She noted that she has lived across the way for about 40 years and that her property value and taxes are rising. When she looks at tall of the development and impacts she worries about the further effects on the area from traffic and parking, size she is worried and those affects need to be considered. Traffic issues – difficulty in getting a sick child through heavy traffic.

**Comments of Ref Lindmark** - Mr. Lindmark stated that he works with Metro/King county on transportation planning. He noted that he tracks new developments and new projects to mitigate commute trips. There are no two employers/projects that are the same. They have different contexts, employees, different work habits, different places where there is transit available (or not), etc. They develop a customized plan for each employer, institution to try to mitigate. Children's is set up as the Gold Standard – it is one of the places they look to when they work with other institutions. Four elements they look for when looking at these things: 1) physical improvements – creating carpool and vanpool spaces, bike lockers, showers; 2) programs – comprehensive – carpool, vanpool, bike, walk, tele-work programs; 3) access to programs – try to put product in people's hands with incentives for all modes; and 4) commitment over time to the program. Children's sits down every year and asks how they can make their program better. Not just about footprint – it extends outside of the community to make things better for people outside boundaries. His office is available to help and answer questions.

**Comments of Sara Haminen** - Ms. Haminen stated that the “cow path” has been eradicated on Sandpoint Way; it is now safe and level and thanked the appropriate City persons for taking care of it. She stated that from the meetings that she has attended, it is clear that the mass of the design for the corners is concerning a lot of people. She suggested that Children's consider having pass-through on the first ground levels to have gardening levels in between. Looking southwards down 40th Avenue, on the left is already a sidewalk, trees that could be kept that would screen construction. Suggested it as entry to emergency. Phase 1 could be lighter and more beautiful.

**Comments of Sandra Evenson** – Ms. Evenson stated that she is concerned with traffic. Laurelhurst is a peninsula with only options to get in and out. She stated that she is concerned that the effect of emergency traffic and parking entry on 40<sup>th</sup> would be a problem. She asked how the traffic and parking will impact the residents and asked transportation be considered.

## **V. Initial Discussion of Possible Issues to be Considered in the Final Report**

Members were asked to identify their major issues. The following issues were identified: 1) height, bulk and scale; 2) transportation; 3) physical entrances (access); 4) Open Space; 5) Housing; and 6) Phasing; 7) Hartman and the concept of the expansion of the boundaries; 8) specific support, or lack thereof, of the final alternatives; 9) possible

general design guidelines for development; 10) the overall need for the proposed square footage. Karen Wolf noted that phasing may be a key issue. Steve Sheppard noted that the CAC may determine that is not satisfied with any specific alternative and recommend some modification to one alternative or even recommend something new. There needs to be discussion once you have the full EIS. You can come up with whatever, you have discretion. Before making any formal, final decision, look at it, discuss and decide where you are on it.

Doug Hanafin stated that there are people on the CAC that have a strong feeling about it one way or another concerning the need issue and therefore the overall proposed square footage. The CAC keeps trying to dance around it but ultimately much of our overall position will come down to whether we agree with the need issue or not. If we do then we need to figure out a way to accommodate that expansion in the context of our Committee's responsibilities. We need to talk about square footage. All members are supportive of the hospital but are overwhelmed by the square footage being proposed. The CAC has asked for a design that fits in better with the neighborhood. He stated that he does not believe that what has been drawn up to date fit into the neighborhood. The CAC's repeated requests for Children's to bring an alternative that has less total square footage seems to have fallen on deaf ears. No such alternative has been put forward. This has the effect of making the CAC seem like the "bad guy". Catherine Hennings noted that there was a majority vote each time to request a smaller square footage but not unanimous vote by the committee.

Steve Sheppard noted that the CAC can comment on need but it can't be used to delay the proposal. Can do: look at size and nature of site, nature of impacts – go from outside in and could potentially say – "from what we've seen with height, bulk, scale, transportation or whatever, the type of proposal either is or is not acceptable" and that is the back door way or getting to that need. You might even say that you do or don't feel that the overall need has been demonstrated to your liking. When you come, you vote on this; it is one of the key decisions you have to make and it will set the tenor for all the rest of your statements. Do it thoughtfully. Look carefully at the EIS and at the alternatives when you get them and come back prepared to talk about it.

Doug Hanafin noted that he had hoped to get some kind of renderings of lower development that would fit better into the community. That might be a total of 750,000 square feet or a million square feet, where the all the additional buildings were similar in scale to what we have here today. If that means taking off 500,000 square feet, then let Children's come up with the design. If it turns out to be a million square feet but fits in and feels and looks good then it is easy to make a recommendation. Now it seems as if we are being asked to take or leave the full 1.5 million square feet. No one wants to be a "no" vote but we are being painted into that box.

Ruth Benfield responded that needs to be made absolutely clear that Children's has not backed away from its square footage requirement because Children's honestly believe that is what we are going to need over the 20 year time frame by our best estimates. We do not believe that we can ethically recommend less than what we honestly project going forward in terms of in-patient bed need. We know we have to prove that to ourselves, to the state, to this group as we move along but to state something less than that is to certainly set us up to being portrayed as not being honest in terms of what we project forward. We have tried to be as transparent as possible. We came up – you as a subgroup and as a total group – came up with an alternative that met 1.5 million additional square feet in alternative 6 without the benefit of an additional almost 7 acres of property. So we have significantly decreased the density on this total campus.

Nicole Van Borkulo noted that Children's has purchased other properties and are using space down at Met Park and other areas and asked if there has been any additional consideration of diverting development from this location. Ms. Benfield responded that Children's is developing 100,000 square feet in Bellevue to provide more ambulatory clinic space; to provide more diagnostic space that we don't currently have any space offsite to provide an ambulatory center to keep trips off the 520 Bridge. Children's has likewise planned for north in Everett, south in Kent. However Children's believes they have to have the in patient beds unified because of the special needs of pediatric patients and the resources it takes to address their needs and the expertise and the fact that there is such a phenomenal shortage in so many of the pediatric specialty areas going forward. All those things together have

said "in patient needs to be located in one location". Research is being developed at Downtown Seattle. Administrative has been taken off and now we are looking to see if we can take Records off – as we move toward more electronic record we probably can. As we grow our populations we continue to need to work very hard at recruitment of pediatric specialists as they are all a challenge.

Catherine Hennings stated that the certificate of need process by the State that we have been talking about is going to be the check and balance. Children's is not going to spend the incredible amount of money to build if they don't actually need it. What they are asking us to do is to approve what they have estimated to be the maximum amount of space they will need in 20 years. The actual build will be dependent on the need as it is determined at various points along the process as they begin a new building phase.

Bruce Semmens stated that he remains skeptical concerning the need for the number of psych beds proposed. He stated that he don't know how many beds they said but when a child is in critical care there is a certain amount of psychiatric care but children that are purely psychiatric – but predicated on 4000 square feet per bed – you might be able to reduce that by either a third or even half of the total projected just by eliminating the psych beds alone That would have a tremendous positive affect on height, bulk and scale

The CAC has had this conversation before. We want to say something about the square foot needs and the hospital says "we have a need" – he doesn't think anyone doubts that there is probably a lot of need but what is true is the hospital has done a needs assessment and I guarantee that needs assessment did not factor in whether or not the square footage fit into the community. So it wasn't that that they did the needs assessment based on the hospital demand – it is specific only to what they are projecting their medical needs are – not whether or not it will fit within the community. The CAC role is – what characteristics of this future facility are we willing to accept as a community; not taking into account whether or not the hospital needs are there but what our community is willing to accept in terms of height, bulk and scale, traffic etc. That is the counter to what the hospital has done and presumably somewhere in the middle there is a place where we can meet where everyone is at least marginally happy with the result. The more we talk about square feet and needs we're just talking about something we have no say in anyway.

Michael Omura noted that the overall square footage can be affected by the Floor Area Ration (FAR).

## **VI. Adjournment**

The appointed time for adjournment having arrived, the meeting was adjourned.

## **Meeting # 18** **November 12, 2008**

Telaris Conference Center  
4000 NE 41<sup>st</sup> Street  
Seattle, WA  
Cedar Room

### **Members/Alternates Present**

Myriam Muller	Nichol Van Borkulo	Karen Wolf, Chair
Michael S Omura	Wendy Paul	Robert Rosencrantz
Theresa Doherty	Dolores Prichard	Cheryl Kitchin
Shelley Hartnett	Bob Lucas	Catherine Hennings
Brice Semmens	Mike Wayte	Doug Hanafin

### **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**

Karen Wolf called the meeting to order and reviewed the agenda. Steve Sheppard stated that the purpose of the meeting will be to receive briefings on the final documents.

### **II. Presentation on the Final Master Plan**

#### **A. Children's Presentation**

Allyn Schumaker was introduced to go over the highlights of the final Master Plan. The plan continues to propose 500 to 600 beds over the next twenty years with 400 over the first 10 years. This will result in the development of 1.5 million new square feet. The plan includes an order and phasing of development that matches demand to construction phasing. Each phase would be constructed upon receipt of a Certificate of Need from the State.

Alternative 7R is now identified as the preferred alternative. Heights have been reduced and the maximum height proposed now is 160 foot MIO conditioned down to 140 feet exclusive of the mechanical penthouses. This represents a reduction of 100 feet from the initial 240 foot height. Major efforts have been made to reduce the bulk of the proposal. As a result, the bed wings have been changed and utilization of the train site amended to allow a pulling back of the development further to the east. Setbacks around most of the campus are 75 feet with a few exceptions. The Hartman Building site remains in the proposal, with a height of 75 feet. Phasing is included. Each phase will require certificates of need, Master Use permits and SEPA review. The majority of open space is in the buffers. Major entries remain off of Sand Point Way and 40<sup>th</sup> Avenue. There are no entrances off of 45<sup>th</sup> or 50<sup>th</sup>. The plan commits Children's to replacement of housing.

Paul Nunez was introduced to go over the transportation elements of the plan. The goal is to reduce the number of car trips and reduce the need to build parking. In addition, there is a desire to have a positive impact on climate change. The goal is to reduce single occupant auto use from its current 40% to 30% over the life of the plan. There are many actions proposed to meet this goal.

One of the major tools that Children's will use will be the shuttle program. Lines will link to the light rail stations and to south Snohomish County. Bus pass and bicycle programs are included, including purchase of bicycles for staff who agree to use a bicycle and those that either use the bus or bicycle receive a cash payment of \$65 per month. Children's has the third largest van pool fleet after Boeing and Microsoft. As Children's is so much smaller than these organizations this is a major accomplishment. Mr. Nunez noted that with implementation of the trip reduction efforts, trip times from the Montlake Bridge to Children's will increase from the current 13 minutes to 14 minutes in 2030.

Children's is proposing to do a project called intelligent transportation systems. This is a signal project that has sensors that change light timing to maximize flow. This type of system has resulted in up to a 45% improvement in travel flow timing in other corridors. The City also provided Children's a long list of possible projects. Children's looked at those projects and decided that it would provide \$1,400,000 to the City for these projects. Children's is also committing \$2,000,000 for bicycle and pedestrian improvements in the area. Finally, Children's will look at ways to relocate 100 to 200 parking spaces out of the area entirely. None of these projects included in the calculations of trip time so that Children's believes that actual times may prove to be better than projected.

#### **B. Committee Questions and Answers**

Myriam Muller asked for clarification concerning the timing of the transportation improvements. Children's staff responded that the elements are tied to each phase. Mr. Nunez stated that the first element (intelligent

transportation system) would occur under phase one. He noted that the plan and EIS identify timing tied to phases for each element.

Ms. Muller also asked for clarification concerning the housing elements. She noted that it talks about working with non-profit housing developers, while the actual housing being replaced is market rate. Ruth Benfield responded that Children's goal is to achieve more than a 1 to 1 replacement and to promote more affordable housing in the community.

Brice Semmens asked if the development of the Hartman site is proposed under the existing height limits. Children's responded that the current code allows 35 feet height and Children's is proposing 65 feet.

Robert Rosencrantz noted that it appears that if the MIO were reduced to 90 feet, then portions of the upper two stories of some of the buildings might be lost. He asked what the effect would be of limiting heights on the Hartman site to either 90 or 105 feet, rather than the proposed 160 feet conditioned down to 130 feet. He asked how many square feet would be lost in either of those cases. Children's staff agreed to look at that and bring it back to the CAC at the next meeting.

Bob Lucas noted that the multi-modal transit hub has been somehow tied to the development of the Hartman Building site. Since the CAC has already indicated in its comments to the preliminary plan that it may likely recommend that Hartman not be included in the MIO, would that necessarily mean the multi-modal transit hub would also be lost? Staff responded that in order to make the multi-modal hub work, both sides of the street would have to be used. Mr. Lucas offered the opinion that the Hub might be able to be constructed in either case. Ruth Benfield stated that such development would be difficult. She noted that the current zoning is very restrictive and the current use is actually non-conforming. Scott Ringgold noted that the site is actually zoned L-3. This is intended for townhouse type development. Catherine Hennings noted that Children's use of the building would almost certainly require a rezone to a commercial zone.

### **III. Presentation on the EIS**

#### **A. Department of Planning and Development Presentation**

Katie Chaney was introduced to go over the draft EIS. She noted that the presentation would focus primarily on noting the changes between the draft and final EIS. She noted that the major difference is that the final includes all of the comments received and the responses to them. There were 646 comment letters. Many simply expressed a preference for or against the proposal. The most common comments included: 1) the possibility of considering alternative sites; 2) lowering the height; 3) Questions concerning the need for expansion; and 4) traffic analysis methods.

Much of the analysis is unchanged from the Draft EIS. The major changes focus on several areas. The EIS now focuses on alternatives 7R and 8 and has additional analysis of transportation, aesthetics and noise and housing. The noise analysis identifies a construction noise impact of up to 95 decibels. There is a chart showing the duration of noise impacts during construction. Mitigation for noise impacts is included.

#### **B. Committee Questions and Answers**

Cheryl Kitchin noted that the EIS does not show any difference in trip generations. Ms. Chaney noted that this is independent of any reductions associated with the mitigation efforts.

Robert Rosencrantz asked what percentage of those who expressed a preference for or against the proposal what percentage were pro and which were con. Ms. Chaney stated that about 70% were pro. Ms. Chaney also noted that comments were received from 6 government agencies, 30 Organizations, 56 Oral comments at the public hearing, 10 written comments at the public hearing and individual letters or e-mails from 544 individuals.

Michael Omura asked if there is an evaluation of operational noise. Ms. Chaney noted that Children's does not plan on a central plant system and instead plans on spreading heating throughout the development. There is a commitment to keeping below all code mandated levels. Scott Ringgold noted that the EIS finds that construction noise impacts are significant but operational noise levels are not.

#### **IV. Public Comment**

**Comments of Lauren Lukjanowiz** - Ms. Lukjanowics stated that she has always received quality care from Children's. She gave examples of positive experiences at Children's. She urged the CAC to allow Children's to expand.

**Comments of Robert Johnson** - Mr. Johnson stated that he is the regional director of transportation choices coalition and wanted to discuss the transportation management element of the Children's plan. He noted that transportation accounts for 50% of our greenhouse gas emissions for the region and most of the pollutants into Puget Sound. He stated that the best way to positively effect our environment, reducing car use is crucial. All of the elements of the Children's Transportation Management Plan are very aggressive and well thought out. Children's deserves a great deal of credit for this. He stated his support for the construction of additional beds.

**Comments of Helen Belvin** – Ms. Belvin stated that Children's is a magnificent organization but that is not the issue. The issue is zoning. The area is a single family and we do not need this to disappear. That means neither expanding the footprint nor increasing the height of Children's. We need quality neighborhoods and Laurelhurst is such and area. Zoning is intended to protect property owners and should be take very seriously. In addition the 20 years of construction and the increased traffic is a problem. Traffic has become a problem at all times of the day. She asked that the single family zoning be honored.

**Comments of Julie Mercer** – Ms. Mercer stated that she was in attendance to represent the Bicycle Alliance. She noted that she had professional experience with transportation planning and expressed support for the Transportation Management Plan elements.

**Comments of Cary Lawson** – Ms. Lawson stated that the height, bulk ,and scale of the development is still too great for this single family neighborhood. The area is not zoned for this scale of development. She noted that she has re viewed Nancy Fields bed need statistics and it still appears that Children's is overestimating the future bed needs.

**Comments of Ginny Sharrow** – Ms. Sharrow stated her support for the comments of Helen Belvin and Carry Lawson.

**Comments of Jim Madden** – Mr. Madden noted that much of the traffic is at non-peak hours. This traffic is a concern at all times. He noted that there are other projects being proposed that will add to the traffic. He stated that he was not convinced the bicycle use will be a major factor in reducing traffic.

**Comments of Robert Haney Scott** – Mr. Scott stated that now that the economy has weakened, it is time for Children's to rethink it expensive expansion plans. A recent Wall Street Journal article described another not for profit hospital in the United States that was closing. It was located in a lower-income neighborhood. At the same time it was building a new hospital in a more affluent neighborhood. It is important to understand the not-for profit does not mean not for profit but that the organization does not have to pay business profits tax. It is clear that every successful hospital has to operate as a profit making institution. That is why the new hospital is being built in a neighborhood that will bring in more revenues than it would realize in a low-income neighborhood. So that is an important reason why children's wants to expand here. But economic reality that has changed and has led many expected investments to slow or cease. It is clear that donations to Children's will be lower in the future months than they have in the recent years as a result of a recessed economy. So what does the future hold for Children's

estimates of future costs and revenues and what are the implications for the profitability of the proposed investment. Should the expansion plans be cut back in response to an uncertain future? By leaving Laurelon unchanged Children's might save the \$90,000,000 plus the cost of demolition. Children's could do this by reducing its proposed expansion from 1,500,000 square feet to 500,000 square feet. This would slow the development of Sand Point.

**Comments of Daniel Elderer** – Mr. Elderer stated that there is no better place for a pediatric hospital than in a residential neighborhood regardless of the zoning. The Hospital provides \$65,000,000 in uncompensated care and is not a for profit enterprise. The hospital serves a large geographic area and has done an admirable job decentralizing. However, the main campus needs to expand. The Laurelon Campus offers a great way to accommodate this and he stated that he totally supports the expansion.

**Comments of Michael Pearlman** – Mr. Pearlman asked how many CAC members live within a half mile of the hospital and noted that was about half. He noted that the CAC has been asking few questions. He offered the example of construction noise. Children's stated that the peak would be 95 decibels, but this is the level of a power lawn mower. Exposure to this level of noise for four or more hours requires hearing protection. He noted that many of the transportation figures were stated as averages but this is not the best way to present this as the peak condition – not average – is most important.

Mr. Pearlman noted that he had provided a written statement to the CAC. The municipal code in Section 23.69.032 Section d explicitly authorizes the CAC to consider the need for the proposed expansion. Swedish has a fine pediatric facility that treats more children than Children's'. Last year Children's joined a law suit to block Swedish from building more pediatric beds on the east side. He wondered why Children's isn't prepared to ask Swedish to provide beds rather than build more here.

**Comments of Bonnie Miller** – Ms. Miller stated that she was appearing on behalf of the Northeast District Council. That council represents 16 neighborhood groups in Seattle. In commenting on the draft EIS in July the NEDC asked that additional alternatives be developed with less bulk, height and scale. She noted that the CAC made a similar request. Unfortunately, Children's has chosen to ignore these requests and the same height build and scale remain. The two alternatives in the final EIS do not differ substantially from the alternatives presented in the Draft EIS. Children's is entitled to expand and meet its needs. But Children's must also comply with the major institutions code and the City's Comprehensive Plan. Children's is not located in an urban village. She stated that the NEDC has the following comments to the Final Plan and EIS:

- Building heights should be limited to 90 feet – Children's is located in a low-density single family part of the City. Children's is not an area targeted for any kind of infusion of growth. The maximum height ever allowed for a major institution outside of an urban village isn't 105 feet. Limiting the height to 90 feet would make buildings more consistent with the surrounding communities.
- Square footage should be substantially reduced – It is disappointing that Children's has remained steadfast in its refusal to compromise in its square footage. A reduction of square footage could be based upon the FAR.
- The MIO boundaries should not be expanded to the west of Sand Point Way.
- Phasing should require confirmation of bed need.
- Specific details concerning the replacement housing for the loss of Laurelon Terrace should be a condition of the Master Plan approval

**Comments of Rick Barrett** – Mr. Barrett noted that he is the Vice President of the Seattle Community Council Federation. This is a coalition of community groups across Seattle. As part of the Major Institution process the federation provided comments throughout the process. He noted that the process has resulted in the CAC hearing only from Children's and its representatives and consultants. He urged the CAC to reject both alternatives. Both

exceed the reasonable size for development outside of urban villages. Heights should be reduced. The 140 foot level far exceeds any heights allowed in similar areas. 105 feet should be the limit. Square footage should be reduced. Children's is requesting 1,500,000 square feet of new development which is the equivalent of Bellevue Square. In addition, the boundaries should not be expanded across Sand Point Way. Children's must supply comparable housing for that lost at Laurelon. In light of the independent report of the Fields report on bed needs, the Federation questions the need for 350 new beds.

**Comment of Jeannie Hale** – Ms. Hale stated that the Laurelhurst Community Club agrees wholeheartedly with the presentation by the representatives of the NEDC and the Seattle Neighborhood Federation. She stated that the two alternatives should be rejected. They needed to come up with alternatives that have less height and square footage. The last Master Plan had an expansion of only 250,000 square feet and this would seem appropriate for this plan too or perhaps 500,000 square feet.

**Comments of Bob Edwards** – Mr. Edwards noted that his child had received special care at Children's. He still brings his child to the hospital. He stated that the region is growing and it is essential that institutions like Children's grow with it. Our region's interest is best served with this expansion. The degree of expansion proposed is in line with what is needed and will not come on line all at once. He noted that Children's has been at capacity at times. This is not acceptable and the facility needs to be expanded as a unique part of the medical infrastructure.

**Comments of Meghan Quint** – Ms. Quint offered the opinion that many of those who support the hospital are much less likely to come to these meetings and are under represented here. She stated that the alternative 7r is a major positive change from the original proposal.

**Comments of Leonard Nelson** – Mr. Nelson stated that he recently retired from a manufacturing company. At that factory we had periodic sections of the floor that experienced 80 decibels. As a result all persons on the floor had to wear ear protection. Ninety-five decibels is a really dangerous level. He noted that concentrating all services at one location is not prudent. Decentralization is a wise move and a risk mitigation.

**Comment of Judith Platt** – Ms. Platt stated that she questions the bed need projections. Many might prefer a new facility on the east side. Height should be limited to 90 feet. The noise level is too high. Decentralization is also warranted.

**Comments of Corey Caspar** – Mr. Caspar noted that he is a resident of Laurelhurst and physician at another hospital. Children's has impact that go far beyond Laurelhurst and the nation. It is not fair to compare Children's to Swedish. Children's has a special research role that is unlike Swedish. He also noted that he feels that as a physician he is not qualified to comment on the projected bed needs and wondered how others can come forward questioning the need for children's medical care at this location. He also noted that many people move into the area to be closer to Children's.

**Comments of Emily Dexter** – Ms. Dexter stated that the Fields report states that the Children's population in the region is projected to increase by 33% but Children's is projecting a much larger expansion. She offered support for some modest expansion.

## **V. Report on the Possible Phasing Plan**

Karen Wolf noted that the CAC has been discussing a phasing plan for some time. She passed out a phasing plan from Children's. Children's development will not be built all at once. The idea is to look at what the phases might be and what the triggers between each plan might be. Children's has proposed a phasing plan with the first plan ten years and about 800,000 square feet. The CAC might want to include a phasing plan in its report.

Myriam Muller asked who would monitor any conditions or triggers. Scott Ringgold stated that this would be the CAC's recommendation to the City Council and if they agreed the Council could include this as a Council condition.

Steve Sheppard stated that the Council conditions that might be included in the Master Plan are normally listed in the Annual Report and the institution reports to the CAC and DPD annually of progress on meeting these conditions. The main responsibility for enforcing the conditions will be with DPD. A few examples from other institutions were given.

Karen asked that the CAC members look at the draft and try to determine if the conditions are sufficient. She noted that the transportation targets are on page four of the hand out. Catherine Hennings noted that this has come from Children's and that it might be useful for the sub-committee to look at the phasing and look for additional conditions or triggers. Catherine also noted that conditions on phasing do not mean that we have forgone the option of rejecting the overall bulk ,height and scale. Members suggested that phasing be delayed until the CAC has determined if it accepts the overall bulk, height and scale of the plan itself and then develop phasing based upon that.

#### **VI. Process and Timelines for Upcoming Events.**

Karen Wolf asked members to list their current issues. Following this we need to decide whether to deal with the issues in sub-committees. The following were listed:

- Phasing
- Height, Bulk and Scale
- Harman Development and Boundary Expansion
- Transportation Issues
- Construction Noise
- Access, especially off of 40<sup>th</sup>.
- Landscaping and permeability

Several members noted that the issues had been dealt with in sub-committees and then brought back to the full committee. A preference was expressed for dealing with the main issues in the whole committee at this point. Steve Sheppard noted that the first issue should probably be Hartman as its inclusion or exclusion would effect how much development would have to occur on the main campus. Members agreed. Bob Lucas suggested that members try to e-mail each other with their major positions on the issues.

#### **VII. Adjournment**

No further business being before the mmeting was adjourned.

## **Meeting # 19** **December 9, 2008**

Seattle Children's Hospital  
4800 Sand Point Way NE  
Seattle, WA 98105  
Sound Cafe

#### **Members/Alternates Present**

Myriam Muller  
Michael S Omura  
Theresa Doherty  
Bob Lucas  
Mike Wayte  
Kim O Dales

Nichol Van Borkulo  
Wendy Paul  
Dolores Prichard  
Catherine Hennings  
Doug Hanafin  
Dr. Gina Trask

Karen Wolf, Chair  
Robert Rosencrantz  
Cheryl Kitchin  
Brice Semmens  
Karen Wolf  
Yvette Moy

## Ex Officio Members Present

Steve Sheppard – DON

Scott Ringgold - DPD

Ruth Benfield - CHRMC

## Others Present (Staff and Guests)

See Attached Attendance Sheets

### I. Welcome, Introductions and House keeping

Karen Wolf opened the meeting. Introductions followed. Ms. Wolf noted that there was a full agenda with the major item being a discussion and possible decision on the inclusion of the Hartmann Building into the MIO. Steve Sheppard briefly went over the future schedule. He noted that the meeting on January 6, 2009 will be a public hearing to allow committee members an opportunity to hear from the community prior to the Committee making its major decisions. Mr. Sheppard noted that members have all past minutes and reminded them of the importance of reviewing these and getting his comments. Mr. Sheppard thanked members of the community for their diligence attending these meeting.

### II. Distribution of and Presentation on the Draft Analysis, Recommendation and Determination of the Director of the Department of Planning and Development

Scott Ringgold was introduced to distribute and discuss the Draft Analysis, Recommendation and Determination of the Director of the Department of Planning and Development. He stated that he would explain the purpose of the draft report and summarize its draft recommendations. He noted that this draft contains seven sections:

1. Background information on the project including application history, a description of the project site, CAC and public comments.
2. General purpose, vision and goals of the Master Plan.
3. Final Master Plan's program elements.
4. Analyzes the Final Master Plan's compliance with Major Institution policies and code including an analysis of impacts and recommended mitigation subject to 23.69.032e.
5. Analyzes the Final Master Plan's compliance with applicable rezone criteria.
6. Summarizes SEPA Analysis and refers to mitigations.
7. Summarizes the various analyses and lists all the conditions the Director recommends.

He noted that as CAC is pretty familiar with the background materials and description of the proposed action, contained in Sections 1 – 3, and 6 he would focus on Sections to 4, 5 and 7.

One of the major areas for evaluation is the boundary expansions. The Seattle Municipal Code Section 23.69.028 requires a rezone whenever a major institution Master Plan would increase heights or expand boundaries. In this case a rezone analysis is required for the Laurelon Terrace and Hartmann Building sites. This section of the report is relatively detailed and includes an evaluation of many of the standard criteria for rezone analyses. In addition it looks at additional criteria associated with Major Institution overlays as required in The Seattle Municipal Code Section 23.34.124, including: boundaries, height as well as CAC input.

He noted that there are 35 conditions were recommended as part of report. He then read through the list of those conditions that he felt were most important to discuss tonight as follows:

- Create a standing advisory committee.
- Reduce height limits on the Laurelon Terrace site to 140' with increased upper level setbacks
- Enhanced design guidelines used as vehicle that SAC can then apply during their review of individual projects.

- Completion of a formal agreement to ensure replacement housing including: creation of at least 136 replacement units to be located in Northeast Seattle
- Requirements that replacement housing be new and not rehabilitate existing units;
- Stipulations that replacement housing should remain affordable for 50 years.

There should be a construction management plan to address the following issues: construction impacts, noise, and mitigation of traffic, transportation and parking impacts on arterial and surrounding neighborhoods.

Mitigation of impacts on the pedestrian network and there should be mitigation of impacts with more than one project outline in the Master Plan or outlined under "Concurrent Construction".

He also noted that there are specific conditionings related to SEPA, some of which include:

- Asbestos and lead surveys prior to demolition at Hartman Housing
- Truck traffic restrictions during peak hour traffic
- Limitations on construction hours according to a construction noise management plan.
- Onsite transit bicycle and pedestrian improvements
- Infrastructure improvement – Penny Drive and Sandpoint Way NE; 48<sup>th</sup> Avenue NE and Sandpoint Way including creation of connectivity between the Burke-Gilman Trail and Children's across the Hartmann site as well as enhancements of the Sandpoint Way NE street frontage, sidewalks.
- Requirements for an enhanced TMP to achieve 30% single occupancy vehicle mode sharer.
- Contributions installation to traffic signals at 40<sup>th</sup> Ave NE and NE 55<sup>th</sup> Street as well as at 40<sup>th</sup> Avenue NE and NE 65<sup>th</sup> St.
- Contribution of half a million dollars to build an intelligent transportation system to facilitate movement through Montlake Blvd. corridor, NE 25<sup>th</sup> St., Sandpoint Way NE, NE 50<sup>th</sup> St.
- There would be a pro rata contribution, estimated at approximately \$1.4 million, to funding NE Seattle Transportation improvement projects identified in the University area transportation area action strategy; Sandpoint Way NE pedestrian study and the City of Seattle bicycle master plan.
- A contribution of \$2 million for pedestrian and bicycle improvements in NE Seattle over the life of the Master Plan's development

Mr. Ringgold identified several areas that he hoped the CAC would assist with

### **III. Committee Questions and Answers Concerning the Draft Analysis, Recommendation and Determination of the Director of the Department of Planning and Development**

Robert Rosencrantz observed that the CAC has spent a great deal of time focusing on phasing but that he didn't see this reflected in DPD's Draft Report. Scott Ringgold replied that the EIS covers it and that he is open to additional input from the CAC.

Mr. Rosencrantz also note that the language on page 53 related housing replacement Stated that "Children's can meet this obligation by making the payment in the form of a grant or equity sufficient to cause the construction of at least 136 replacement housing units". He stated that here and elsewhere the language concerning this topic is confusing. After further discussion he recommended that a significant amount of work was still needed here.

Mr. Ringgold noted that there were some areas left blank in the report where possible additional CAC comments of recommendations would be referenced. Committee members expressed some confusion concerning the nature of CAC comment, and asked Mr. Sheppard for clarification. Mr. Sheppard stated that the CAC will have two functions. First, the CAC is expected to offer comments to DPD on his report concerning areas where we agree, disagree and take exception to recommendations in the report. The CAC's second task is to complete its own report. This report is the last item completed. But the code directs that the CAC share its initial draft directions with DPD so that they

can evaluate the CAC's positions. DPD may reference CAC positions or not. He noted that since the CAC has not reached agreement on most of its major recommendations it will be difficult for DPD to reference them.

Ms. Wolf advised CAC members have to remember their comments to Mr. Ringgold; it is not mutually exclusive of the final report. As they decide on issues, they will give comments formally to DPD but those are the same issues and conditions they will be putting in their final report as well.

Mr. Ringgold discussed height along 40<sup>th</sup> Avenue NE. He noted that there is a recommendation in the report to create an upper-level setback along 40<sup>th</sup> Avenue NE. He noted that the proposed MIO 160 next to what is NC30 zone across 40<sup>th</sup> as well as L3 was significant and that DPD was proposing an upper-level setback where development within 40 feet of the street was limited to a height of 50 feet. This would create better transition in scale. It was later noted that this would also apply to the area along Sand Point Way south of Penny Drive.

Myriam Muller asked how DPD settled upon a MIO 140 for the majority of the Laurelton Site. Mr. Ringgold stated that this was established through an analysis of conditions on either side of 40<sup>th</sup>.

Mr. Sheppard asked if the incorporation of the plinth along 40<sup>th</sup> and Sandpoint, additional 40' setback, for upper stories above 50', require any changes or modifications to the existing plan or is it just recognizing what is in the maps in terms of existing.

Michael Omura stated that DPD's objectives might better be accomplished by establishing a different MIO arrangement rather than having an upper level setback. Committee members generally agreed with this as a preferred direction.

Doug Hanafin asked if the scheme contained in the Director's Report basically codifies the building arrangements shown in the new alternative 7R. Mr. Ringgold cautions that the placement of the illustrated buildings are vague and also that the development standards are what rule not the schematic building locations, so you don't want to focus too much on the proposed drawings. You want to think about what rules are in place that allows you to build in certain ways.

Steve Sheppard stated that Mr. Ringgold is correct and also cautioned that what rules the actual development is the MIO heights and setbacks, not the illustrative designs shown in the Final Plan. If the CAC members conclude that the specific placement of structures is critical for view protection then you should increase setback, or create MIO heights that constrain development to something very similar to what is shown in 7R

There was additional discussion by the committee that re-iterated committee members desire to see the building envelopes match the schematic drawings as closely as possible.

#### **IV. Public Comment:**

**Comments of Stacy Faw** – Ms. Faw stated that she has been working in a partnership with Children's for over four years and has been inspired by this experience to volunteer more to her community and consider what was most important in life. She stated that in her opinion this was not concern over traffic or building heights and that she continues to support the mission and expansion of Children's

**Comments of James Mirel** – Mr. Mirel stated that he appreciates the benefits of Children's Hospital and supports the need for expansion.

**Comment of Terri Herrera** – Ms. Herrera stated that she is resident of Redmond; has daughter who was patient at Children's. She noted that she had heard that some in the community have stated that this development is "big business". She disagreed and stated that she supported the expansion. She noted that when her child was treated

at Children's she gained a great appreciation of the treatment, but the most important thing was that her child did not lose the feeling of "childhood".

**Comments of Jim Madden:** Mr. Madden stated that he wished to discuss traffic. He noted that he has not heard of plans that will improve Sand Point sufficiently to allow access and wonders how people will get through the area with 8100 more trips expected when hospital has expanded. In addition the proposed Transit center may actually result in more traffic. Everyone supports the mission of Children's, but this isn't the only hospital as there are two other children's hospitals within 250 miles.

**Comments of Anne Leavitt** - Ms. Leavitt stated that she is a long-term Laurelhurst resident and strongly supports expansion and recent alternatives. This support became quite personal when her daughter was treated for cancer at Children's. She stated that she believes that Laurelhurst neighbors have been kept well informed and input listened to. Alternative 7 makes sense; they support it.

**Comments of Jeannie Hale** - Ms. Hale stated that as the president of the Laurelhurst Community Club Children's is a good neighbor. First, we are here to talk about development standards and the level of expansion and tonight's main topic is the Hartman property and should major institution boundaries be expanded. The major institution team for the LCC put together several proposed motions for the CAC to consider relating to development standards and hopes that someone on the committee will offer the motions. These are: 1) do not support expansion of the major institution boundaries to include Hartmann. That action violates the City's comprehensive plan, the Major Institution plan. 2) Retain the existing multi-family low rise housing on the site; and 3.) Utilize the Hartmann site as the replacement housing site. Almost 100 units could be developed. Putting money into low income housing at Magnuson Park is not comparable to the loss of moderate income housing. She also stated that it was unfortunate that the CAC received DPD's report tonight as they haven't had a chance to review and study it. It is unfair to put it on you and expect you to digest it in 10 minutes.

**Comments of Mark Hallenbeck** - Mr. Hallenbeck stated that he is the director Washington State Transportation Center. He is happy about changes from transportation perspective. Change will happen. What Children's has put in means you have some say about making change much better. UW has implemented the best campus transportation program in the country. This has impacted traffic volumes and how people come to campus; volumes are down. Children's has duplicated what has gone on at UW and this very impressive. He talked about intelligent transportation system – that it won't help in some cases. What Children's is putting into the system really takes away all the growth; a wonderful benefit to the community.

**Comments of Joy Scott** – Ms. Scott stated that she sees a need to separate our positive feelings about the hospital from concerns over the size of the proposed expansion's destroying the area. She read the following statement into the record.

Hospital expansion to the Hartmann Property is not only illegal in itself according to specific land use code rezone criteria, but such expansion would be the camel's nose within the tent for future hospital expansion in the neighborhood. Recall that many years ago when Children's Hospital was first built, the general understanding in the neighborhood was that it would never expand its original building. It is imperative that the Hartmann property be used to develop essential nearby multi-family housing to replace that which will be destroyed under current proposed hospital expansion plan. The Hospital's statements about possible similar development at the former Sand Point Air base are unacceptable for many reasons.

Non-profit does not mean what it sounds like. Non-profit simply means that the organization is not taxed on its profits as other businesses are. Children's Hospital is a business and as such makes a profit and also as a business is in competition with other institutions in the community that offer the same services. Business expands to make a profit, thus the supposed need for the hospitals expansion is not based on a realistic need for patient care, but on the desire for hospital profit.

**Comments of Lynn Ferguson** - Ms. Ferguson stated that she is Co-chair of NE District Council and that they support LCC position. We do not support expansion across Sand Point Way to the Hartmann Property. Initially expansion to Laurelton was not being proposed, but Hartmann was. Now both are on the table. There are real impacts on the neighborhood associated with the loss of moderate-cost housing at Laurelton. The boundary expansion to the Hartmann property would lead to institutional sprawl and overwhelm surrounding properties. In the case of Harborview Medical Center, the City Council decided that the replacement housing had to be in the vicinity of the lost housing. Magnuson is simply too far away to satisfy such a condition. Hartmann would accommodate close to 100 units. Replacement housing should be required to be in place prior to the demolition of Laurelton and there should be conditions of how this housing is financed.

**Comments of Doreen Cato** - Ms. Cato stated that she is the Executive Director at First Place. First Place provides services, food, and housing for homeless families or those at risk of becoming homeless. The organization also provides healthcare in cooperation with Seattle Children's. Seattle Public Schools identifies over 2000 children who are homeless in this area. Children's hospital serves both Seattle and the Eastside. Children's hospital needs to expand to provide the level of services that they have in the past. .

**Comments Dara Craven:** Ms. Craven stated that in 2003 she and her daughter became homeless. During that time she was driving as a delivery person. One day her daughter went into an asthma attack while they were driving. She went to Harborview where she waited choking and gagging for three hours. Then she was transferred to Children's where she receive care that allowed her to breath finally. She strongly supports both the pension of Children's and the provision of replacement housing. There are a lot of children in the same plight as she and her daughter were.

**Comments of Mike O'Brien** - Mr. O'brien sated that he is the Chair, Cascade Chapter of Sierra Club which is addressing climate change. The solution to this problem lies in Cities and should concentrate growth in Cities and reduce carbon footprint. Answer to sustainable future is not stopping growth but working with it to figure out how it can be done in the smartest, most sustainable way. Specifically as it relates to design and transportation, the process and product has delivered a high bar and that is the goal we should shoot for. Transportation plan: investing in biking, transit, and employee incentives is positive standard. Children's has done an outstanding job investing in transportation alternatives.

**Comments of Joe Loveland** - Mr. Loveland stated that he supports the Major Institution Master Plan. He is a Professor of Architecture at the University of Washington and Director of Innovative Design Laboratory. He previously noted that Children's Hospital uses energy at almost twice the rate of average European hospitals and challenged hospital and design team to double their size but not increase the energy use at all. In the new plan, the Master Plan adopts the idea of the 2030 challenge which will actually reduce the total amount of energy that the hospital uses today even though it has doubled in size. He stated that this is impressive

**Comments of Amy Woodruff** - Laurelton resident; is pleased with turn of events. Magnuson Park is only 2 ½ miles away – not too far from Laurelton site. The Hospital is doing acceptable job in planning and in involving the community in general.

**Comments of Bill Sire** – Mr. Sire stated Children's is expanding and is not going away and urged the CAC to focus on the Development Standards.

**Comments of Carrie Lassen** – Ms. Lassen stated that she supported the LCC recommendation on Hartmann property.

#### **IV. Hartmann Property**

*Editor's Note: Mr. Ringgold's presentation was directed to a series of drawings and was not easily summarized.*

Scott Ringgold noted that the CAC had asked what the impact of developing Hartmann under the MIO and various possible non-institutional zoning might be. He went through matrix that showed zoning under the proposed MIO; Multi family Lowrise 3 and Neighborhood Commercial NC3. He noted that under NC3 development might be, similar to MIO as you can have various heights. Under Lowrise 3, development would be more constrained and limited mainly to residential uses

Considering a rezone to NC3 – he hasn't gone through the analysis yet but on the face of it there are some criteria that seem to favor a rezone here but need to do analysis related to NC3. Under NC3 commercial uses could be located in the facility, including Medical office and lot coverage could be up to 100%. He noted that there would be a complex upper floor setback system. There would be no open space required.

Cheryl Kitchin stated that she had thought the part of the reason we asked for this analysis was because the hospital said if we did include Hartman as part of the MIO there would be this transportation hub. What does that mean? This doesn't seem to answer that question.

Michael Omura noted that the depiction of the MIO 65' height is misleading. The drawing show a height that does not go up as the site slopes up as is shown under the NC3. Mr. Ringgold responded that this is the same issue that was discussed earlier. Height does parallel grade and that if the CAC wants to preclude this then it would need to condition Hartmann development.

Gina Trask asked what the likelihood of a successful rezone to NC 3 might be. Scott Ringgold noted that this was a political decision and that it was unclear what height might be considered reasonable and rezones is that they are a high risk proposition. They are time-intensive, tie up resources, and are unpredictable.

Ms. Trask asked Brice Semmens what he might propose. He stated that he would like to see development no greater than 30 feet in height. People in his block will be looking at that building. Right now he doesn't see anything but trees.

Other noted that one possible compromise might be to leave it in the MIO but either have it designated MIO 37, or establish significant conditions.

Theresa Doherty asked Ms. Trask if her position was that leaving it in the MIO would provide greater control. Ms. Trask responded affirmatively, but that one of her concerns was whether jumping the MIO across Sand Point Way would eventually lead to further Children's expansion to nearby properties

Steve Sheppard responded that there was a similar situation at Seattle University where they expanded across 12<sup>th</sup> Avenue in the area between James, Court and Cherry in 1996. The community had similar concerns to Ms. Trask's. The community negotiated conditions in the Seattle University Master Plan that limited further purchases in the area. The CAC could recommend that Children's not pursue any further boundary expansions on that side until such a time as they have used all their development potential under the plan. He also noted that any expansion of the boundaries necessitates a major amendment process which is essentially going through this entire process again.

Scott Ringgold noted that DPD considers the Hartmann as contiguous to the campus across the right of way which is perfectly fine if you have two facing properties across rights of way. It happens regularly with other institutions. "Boundaries for an MIO district shall correspond with the main contiguous major institution campus; property separated only by a street, alley or other right of way shall be considered contiguous". DPD looks at that as contiguous.

Karen Wolf stated that it is important to note that looking at land use along the Sandpoint corridor and look at that old brick building and that the property is definitely underutilized even given its current zoning. Re-development on this site is probably inevitable. The question is, "does it redevelop under the MIO where we as a committee and

community have a great deal of input or does it develop under its current zoning or does it go for rezone?" Given that the building adjacent is about 100' in height the possibility of a rezone on a major arterial is likely. As someone who lives very near this site, the connection to the Burke Gilman trail is a huge commitment and if the building can be pushed down the slope rather than at the top; that too would be an advantage. It also gives us the ability to keep the trees.

Ruth Benfield stated that the transit center on this site is very important to Children' efforts to achieve their 30% single occupancy vehicle

Karen Wolf asked that members discuss their views on this issue.

Robert Rosencrantz stated that he was one of those who had opposed the expansion onto the Hartmann site. That and that he similarly opposed expansion t the Hartmann site

Myriam Muller stated that in the interest in time she felt the Committee should simply vote on the issue.

Theresa Doherty moved:

That the Hartmann site be included in the Children's hospital MIO.

The motion was seconded.

Theresa Doherty spoke to her motion. She stated having Hartmann in the MIO gives us control and influence. In looking at the three, this would be less impactful to the neighborhood.

Myriam Muller stated that she opposes the motion. Children's shouldn't be allowed to leapfrog Sand Point Way and thinks they will continue expand and that his neighborhood will be destroyed as they buy up buildings.

Members asked if the vote should go forward without a discussion of conditions. Steve Sheppard suggested that the initial motion be kept clean and that conditions be established later as a separate motion.

Members agreed to do so.

Mike Wayte noted that he would be voting tonight as the alternate for Kim O Dales and stated that She had informed him that she was not in favor of including Hartmann into the Major Institution. It is a major institution and it is in a single family residential area. Look at what the NE Council has said and take into consideration everything. It is a major institution – it is for medical office and medical retail and a fancy bus stop. At least from what I've seen – there are some aspects to having housing there that we are going to lose in terms of affordability etc.

Brice Semmens state that height is an issue and liked idea of setback. Ambivalent – NC3 worries him. He prefers to leave it as is or use as housing. L3 zoning is fine with him – that keeps it out of sight and out of mind for his neighborhood. He felt that in terms of the phasing Hartmann should be put at the end of the process rather than in the 2<sup>nd</sup> phase. That is reasonable given that a lot of people on this committee have reservations about the institution moving across Sandpoint and given that the phasing is designed to make sure that the need is there before the building happens. It seems of putting that leapfrog off until the end of this process is a good idea. There is already a plan to build on the existing footprint of the campus office space that functionally would do the same thing as Hartman. That is reasonable shift.

Bob Lucas noted that he proposed delay of construction at Hartmann until phase 4 but was convinced by Ruth Benfield that it won't work. Ruth explained that Hartmann needed to be in the earlier phase to accommodate the garage demolition.

Catherine Hennings stated that she supported the inclusion of Hartmann in the MIO both to accommodate the development of the transit center and direct connections to the Burke Gilman trail.

The Question was called. And a vote was taken by show of hands.

The vote was: 9 in favor; 6 opposed, None abstaining.

The motion passed.

Karen Wolf stated that the next meeting would include a detailed discussing of conditions on inclusion of the Hartmann Property in the MIO as well as the start of discussions on height, bulk and scale.

**V. Adjournment**

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

**Meeting # 20**  
**December 16, 2008**

Telaris Conference Center  
4000 NE 41<sup>st</sup> Street  
Seattle, WA 98105  
Dining Room

**Members/Alternates Present**

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

**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, Introductions and House keeping**

Karen Wolf called the meeting to order. Introductions followed. She then briefly went over the agenda

Sheppard went over the schedule. He noted that tonight the committee will attempt do wrap up its discussion of Hartmann and develop initial comments to the draft Director's report. Votes on height, bulk and scale will tentatively occur at the next meeting. He also noted that the next meeting will be both a meeting and a public hearing and will therefore include an extended period for public comment. This will allow the Committee one final opportunity to hear in detail from your constituents, the City, the people who live in this neighborhood and users of the hospital concerning their reaction to all the documentation that is out.

He stated that the reason for dealing with Hartmann property early is that its inclusion or exclusion from the plan has a very large impact on the amount of square footage that might have to be accommodated on the main campus and therefore the heights, bulk and scale and overall development of the main campus.

## II. Continued Discussion of the Hartmann Property

Karen Wolf noted that members have been provided with a packet of information listing possible Hartmann conditions. This was developed in part from the drawings we saw and have been put into descriptive text. Those conditions are:

- Retention of trees.
- Connection to the Burke Gilman Trail; in partnership with Seattle Dept of Parks and the neighborhoods.
- Setbacks as described in chart last week.
- It be landscaped to the north, the south and at the west edge of the property.
- The frontage on Sand Point Way should have amenities.
- The height limit be restricted to 65' as measured from the elevation of the property
- The lot coverage would be limited.
- That Hartmann development be shifted from phase 2 to phase 4

Ruth Benfield noted that moving Hartmann development to phase 4 presents problems both in terms of cost and functionality. Doing this would require that Children's demolish the existing garage earlier before it is needed and at a significant increase in cost.

Catherine Hennings stated she preferred the development of Hartmann as part of Phase 1 in order to effectively put in place the traffic management plan, complete connections to the Burke Gilman Trail, and develop the transit center on Sandpoint Way sooner. Delaying development would not appear to have a significant public benefit.

Theresa Doherty asked if the varying heights are intended to be conditions from the existing heights or trigger different MIO heights. Michael Omura responded that the height will be measured from some point along Sandpoint Way and that the maximum elevation will then remain the same so that the height from the rear of the site will be much less than 65 feet.

Ruth Benfield went over the uses that might be located in the facility as follows: 1) faculty support and offices; 2) clinical support like a clinical lab; and 3) a small clinic for pregnant moms coming in for diagnosis of a fetal anomaly; This facility will generally be open Monday through Friday during the day. It will not include any a surgery center.

Dave Niel presented section drawings of the proposed development he noted that the Burke Gilman Trail is shifted to the west of its 100 foot right of way and is on the western 50feetof the path and the eastern half is the wooded area. He also went over the height of the building He noted that southeastern corner is roughly at elevation 64 with a 4 foot rise in elevation from the northeast corner to the southeast corner. The 65 foot height would be calculated from midpoint which would be 62 feet in elevation and call that the point at which they would measure the 65 feet. Along the west edge towards Burke Gilman Trail the height would be 26 feet 8 inches and the building would be set back 20 feet. At the NE corner where the Sequoia trees are, there is a 60 feet setback. If you took everything from the edge of the trail to the face of this building potentially, is 110 feet from the edge of the developed portion of the Burke Gilman Trail. It is set back 20 feet on the south and a minimum of 20 feet on the north. On the north edge is where the possible connection to the Burke Gilman trail will likely be. It is the shallowest slope on the north side; there is a steeper decline on the south side.

Theresa Doherty asked what the height of the trees was at the rear of the site. Dave Neil responded that the trees shown on the drawings are not to scale and vary between 60 and 80 feet . The Sequoias are probably over 100' and are on Children's property. There are other conifer and deciduous trees in the right of way of the Burke Gilman trail.

Karen Wolf asked if the building would be shorter than the trees? Staff briefly went over the drawing and noted that there are a variety of setback and heights. The setbacks include

1) 100' feet from the right of way for BG trail; and -2) 25' from the right of way for Blakely Street but most are set back farther. The rear elevation of the building will be about 26 feet above the grade of the Gilman trail. Karen Wolf noted that it appears that the trees are higher than that.

Brice Semmens stated that he disagreed and that the trees might not screen the building. Most of the trees back there are deciduous and most of those don't go more than 20' off of the trail. He also noted that the 26' does not count the mechanical penthouse which can be an additional 15 feet giving a total height of 40' above the trail. Others noted that this would be limited to a certain percentage of the rooftop area.

Mr. Semmens further stated that there will be a large visible building wall the whole way; especially in the winter. It is great that the trees are being saved, and that while Children's has the ability to do some screening, there still would be a 40' high wall- along 150' of BG trail. He noted that this is the angle that most winter sun comes from and that the combination of the building and screening trees might block winter light and sun to this area.

Ruth Benfield stated Children's has worked with its neighbors on 44<sup>th</sup> and tried to tailor the design with the neighbors' wishes. A green wall may not be much better than a gray wall. Addressing this will require some individual work with the neighbors affected and then looking at all the options. Brice stated that he would give it less height – make the building less tall. Make the height of the BG trail the height of where the building goes to and then we don't have these problems.

Gina Trask asked for additional clarification concerning how far back the building would be from adjacent residences. Children's Staff responded that there is a 20 foot setback from the property line which is located 50 feet back from the east edge of the Burke Gilman trail or 70 feet. This area is presently in vegetation.

Myriam Muller noted that she has noted that noise from the mechanical penthouses can be very disturbing. Staff noted that they had evaluated moving the mechanical off of the roof area but that this had been found to be impractical.

Mike Wayte asked if the Hartmann building on street grade along Sand Point Way. Staff responded that the building is just above that elevation and is about a foot above Sand Point Way. It is lower on that side than the existing building.

There was considerable back and forth discussion of the details of the rear setbacks. Steve Sheppard observed that it appears that there is actually a 60' setback above 30' along the rear.

Theresa Doherty moved:

1. Sequoia retention – all of the trees, so long as they are healthy
2. Burke Gilman Trail connection – form a partnership between Seattle Children's, Seattle Department of Parks and Recreation, Hawthorn Hill and Ravenna Bryant to guide this important link,
3. Setbacks, as described in Draft Hartmann Chart, attached
4. Landscape/Green Screen at the north, south and west edge of the property with neighborhood input
5. Sand Point Way frontage streetscape and amenities
6. Height limit of 65 feet as measured from the elevation on the property closest to Sand Point Way
7. Lot coverage, as described in the Draft Hartmann Chart, attached.

*Editor's Note: The specific working of the possible conditions is included in the motion as written above. During the statement of the initial motion it was simply stated as "accepting the conditions as stated in the Possible Hartmann Condition form the December 16, 1008 meeting".*

The motion was seconded.

Myriam Muller stated that she believed that the height issue was too controversial to deal with as part of this list and asked Ms. Doherty if she would consider removing the height from this list as a friendly amendment to the motion.. She noted that the rest of the conditions are fine but the height should be taken out and we need to talk about that separately.

Theresa Doherty responded that she would prefer the motion as is. It says "height limit of 65' as measured from the property closest to Sandpoint; and that will actually be 26' 8" by the Burke Gilman trail plus the 15' for the penthouse. It is not 65' all the way across.

Michael Omura suggested that the list be expanded to add the phrase: "That the rear setback for the Burke Gilman Trail shall be no less than 60 feet from the west- property line".

Steve Sheppard noted that members can move to amend the motion if it is germane to the specific motion at hand and it meets certain specific guidelines: to add words or phrases, or add additional condition; to strike out specific word or phrase; or to substitute by striking out and adding. You can move to amend the motion but that motion must be voted on separately before it amends the motion. The specific wording from the rules is: To amend a motion means to change the wording of a motion to make it clearer, more complete, or more acceptable before the motion is voted upon. The amending process allows the group to change the proposed motion to more clearly represent the will of the group. It is a perfecting motion. There are three ways to amend: 1) you may add words of phrases; 2) your may strike a word or phrase; or 3) you may substitute one for another. It must be germane to the existing motion.

Theresa Doherty agreed to amend her original motion- motion to strike condition 6 above and insert the phrase: The height of the west façade of the building shall be no higher than the average grade of the Burke Gilman Trail within 60 feet of the west property line.

Shelley Hartnett suggested that the same setback apply to the frontage along the Laurelcrest condominiums.

The motion was called. Steve Sheppard re- stated the motion as follows:

- That the Children's Major Institutions Master Plan Citizen's Advisory Committee final report shall include a recommendation that extension of the MIO to the Hartmann Site be conditioned as follows:
1. Sequoia retention – all of the trees, so long as they are healthy
  2. Burke Gilman Trail connection – form a partnership between Seattle Children's, Seattle Department of Parks and Recreation, Hawthorn Hill and Ravenna Bryant to guide this important link,
  3. Setbacks, as described in Draft Hartmann Chart, attached
  4. Landscape/Green Screen at the north, south and west edge of the property with neighborhood input,
  5. Sand Point Way frontage streetscape and amenities,
  6. Lot coverage as described in the Draft Hartmann Chart, attached
  7. Height limits of the west façade of the building no higher than the average grade of the Burke Gilman trail within 60 feet of the west property line.

A vote was called and a vote taken by show of hands with 12 in favored and 3 opposed. The motion therefore carried.

Robert Rosencrantz suggested that the CAC tour the site prior to taking a vote on height. CAC members indicated that this might be possible after the first of the year.

Myriam Muller noted that Scott Ringgold had stated that the Hartmann site was contiguous to the proposed Laurelon Terrace area. She offered the opinion that this was not the case as it was separated by both 40<sup>th</sup> Avenue and Sand Point Way, as well as the Wells Fargo and the triangle with other uses and ownerships.. Scott Ringgold responded; the Laurelon Terrace site is contiguous with the Hartmann site. A portion of the site is separated only by Sand Point Way and is therefore considered contiguous. He pointed to a portion that is directly across Sandpoint Way.

*Editor's Note: This related to a discussion of drawings and was not easily re-stated verbally.*

Bob Lucas stated that he wanted to add an additional condition to the Hartmann. Bob Lucas moved

That the Children's Major Institutions Master Plan Citizen's Advisory Committee final report shall include a recommendation that extension of the MIO to the Hartmann Site contain the following additional condition:

That the a 40 foot setback be included along the north margin of the property, except that such a setback may include pedestrian, bicycle and non-motorized vehicle access to the Burke Gilman Trail

The motion was seconded by Shelley Hartnett.

Michael Omura asked Mr. Lucas for clarification on his reason for proposing this setback. Bob Lucas responded that he wanted to avoid the possibility of a very high wall along this property line. Mr. Omura also noted that even though the building isn't designed yet – it looks like there is some kind of pie-shape to this at that end which is wider at Sandpoint and then the setback narrows down to 20' at the west end. It looks like it is capable of accepting another 20'. Dave Niel put up the sketch showing NE corner of Hartmann property. He noted that Children's had left a wide area there to create a place to come down off the Burke Gilman trail – it is also the place where the shuttle will be. They are trying to create a pedestrian zone there to gain access and use the space.

A vote was called and a vote taken by show of hands with 9 in favored and 6 opposed. The motion therefore carried.

### **III. Public Comment:**

**Comments of Joan Quint:** Ms. Quint stated that she was Ravenna/Bryant resident; mechanical engineer; reviewing Children's expansion plans was impressed with their goals – particularly the reduction in energy consumption, potable water usage reduction, reduction in construction waste and also reduction in greenhouse gas emissions. She hoped that Children's would be seeking accreditation throughout the construction. She stated that she supports expansion.

**Comments of Jim Madden:** Mr. Madden stated that he wanted to discuss traffic issues. He noted that after he spoke last week, a professor of Planning at U. W. advised the CAC there were no worries because the intelligent traffic management system would be installed and there were sensors that would take care of it. During the break he asked the Professor where he could go to see this intelligent traffic mgmt system work; he recommended all members of the committee make themselves aware of it as well. The professor advised there wasn't a system like that installed in Seattle – that there may be one in Anaheim or Los Angeles (California). He visited it and said there is more traffic on Sandpoint than that area likely sees in a week. He stated that he wanted to avoid waking up one morning to read that the neighborhood had been fooled and that Intelligent traffic management system was "pie in the sky" and wondered if it actually existed. He recommended really looking at the traffic issue.

**Comments of Erin Kinch:** Ms. Kinch noted that she was representing the Puget Sound blood center. She noted that Children's is a premier facility in the treatment of pediatric cancer and provides a great deal of uncompensated

care. She gave various examples of this uncompensated care. She stated that she definitely supports children's expansion.

**Comments of Jeannie Hale:** Ms. Hale stated that she was from the Laurelhurst Community Club. She stated that she wanted to remind all in attendance that we are not here to talk about all of the important work that Children's Hospital does. That is already known and all support that mission. We are here to talk about land use issues and make land use decisions, not listen to stories of individual children's experiences. She further stated that the major institutions code requires the Committee to balance the needs of the hospital with maintaining the livability of the surrounding community. If the expansion is too big and you cannot meet that delicate balance, then it has to be smaller. This is a single family zone and outside of any urban center. This would be the biggest rezone in the history of the City. She stated that several CAC members have been in touch with her about communications among CAC members about expansion of the boundaries with regard to Hartmann. She hoped that Steve would educate the chair on Roberts Rules that at the first of each meeting anybody can ask that the agenda be changed to add items of discussion – that never happens at these meetings. It seems like the whole discussion is driven by the supporters of the hospital regardless of the square footage they wanted. It is also driven by the 2<sup>nd</sup> citywide rep on the committee – Theresa Doherty – who has a lot of experience with major institutions because she leads that process with the UW. Ms. Doherty is very skilled and is leading everything. She encouraged the CAC to get more engaged and study the issues and get involved; and asked the CAC to follow the rules for fairness to everyone. She stated that she hopes that once the CAC moves on height, bulk and scale, the CAC will settle on a square footage that is consistent with what this site can handle; and certainly no more than 750,000 square feet. She also stated that there are so many questions concerning the need for the psych beds that just eliminating those would reduce the square footage significantly. She noted that she had been forwarded a study from a consultant that dealt with this, but that the firm appeared to have no experience in this field and hadn't even contacted the LCC independent consultant that Laurelhurst CC hired.

**Comments of Rabbi Jonathon Singer:** Rabbi Singer noted that he was from Wedgewood. His neighborhood has higher rise apartment buildings coming in and as a result – more children in the community. Schools are booming with children and his school went from 300 to 650 kids in 10 years. This facility addresses the need of the wider community. Children's draws from a broader area and is meeting the needs of the entire City. He stated that he supports the growth of the hospital to serve the City; and provide need ed jobs in the City.

**Comments of Kobe O'Donnell:** Mr. O' Donnell stated that he supported expansion. He noted that he is a former Board member of Children's. He noted that he now lives in Seward Park and children there also rely on Children's.. He noted that he has been advocating for mental health beds at Children's for twenty years. We are in dire need of mental health beds for our community. Presently we send children to other states because there are not available facilities here. Support of mental health beds to be added. He stated that he appreciates the concerns of Laurelhurst by the institution.

**Comments of Jan Kirkwood:** Ms. Kirkwood thanked CAC for service. She stated that she wholeheartedly supports the expansion of Children's Hospital. She noted that she grew up in Laurelhurst but now lives in Madison Park and she sometimes thinks that people of Laurelhurst don't often get south of Montlake cut – they don't have a lot of open space. She drives through an urban canyon but lives in a neighborhood that is surrounded by commercial buildings, hospitals, mental health facilities etc. – it is still a neighborhood that functions as such. Transportation is a real issue – neighborhood underserved by public transportations. Don't loose sight of the larger issue for the larger area.

**Comments of Katherine Wozzak:** Ms. Wozzak stated that she supports expansion. She stated that she considers the expansion of Seattle Children's as an investment in the future. She noted that she currently lives at Laurelon Terrance and that she considers Children's an asset to community. Children's is a good environmental steward and a leader in transportation management.

**Comments of Arlene Ehrlich:** Ms. Ehrlich stated that appreciated work of CAC. She noted that she was a retired social worker. Her house is important. She stated that the emphasis on Laurelhurst Neighborhood is a bit misplaced as the Hospital's expansion will have an impact on other nearby neighborhoods. She also stated that it is unfair to Laurelhurst and those who don't live in Laurelhurst to have their concerns cast as being unsupportive of Children's.

#### **IV. Continued Committee Discussion of Hartmann.**

Nicole Van Borkulo noted that some have questioned the worth of having people discuss their experiences with Children's. She stated that she believes that this is directly related to the Issue of bed need and that people should be allowed to talk about the important emotional aspect of how they feel about Children's. She stated that she would feel very uncomfortable if we asked people not to discuss this issue.

Steve Sheppard responded that when we ask for public comment we can't exclude any comment and the extent to which people wish to talk about their feelings about Children's is appropriate. It is also appropriate for folks to say they don't believe that it is the immediate issue to say that also. We all need to keep in mind – weigh in your own minds how much you take it into account. This is an emotional issue for everyone on both sides.

Kim O Dales stated that she believes that the group is having a problem dividing what we need to do. She stated that while she is supportive of the hospital, there is a difference between supporting the hospital and looking at where and how it should grow. It sometimes feels as if we are trying to shove a size 12 foot into a size 7 shoe. The hospital has outgrown this little corner of Northeast Seattle. If this expansion goes into motion it will negatively impact all of the surrounding neighborhoods and ultimately the quality of care, which to her as a nurse is very important. She stated that when she worked there there wasn't a shift she worked that there wasn't some type of detour or construction wasn't disrupting the accountability of her getting from point A to point B and ultimately patients being calm and sedate when they needed to be; it was noisy. It is disruptive to always have a detour, have an elevator that is down or having to go down a hallway that you are not familiar where you are going to come out. It was typical in the hospital. During the ten years she worked there the in the outpatient day surgery area it was moved three times. The parking sounds good but when you have to deal with shuttles it is not very inconvenient and is exhausting. It is not secure parking. There are a lot of things that we don't talk about. Last Friday at 3:00 PM the traffic started getting bad; it took her 45 minutes to get across the cut. If you don't live nearby, this hospital is not in a good location – it is hard to find, traffic bad, it is too spread out.

Steve Sheppard asked if the Committee preferred discussion the issue of height at Hartmann separately or along with all other heights. Michael Omura stated that prior to making that decision; he wanted to consider adding an additional condition regarding Hartman. He noted that the Draft Director's Report included an upper floor setback but that this did not appear to be included in the currently adopted CAC position. Steve Sheppard stated that his was the case. Mr. Omura moved:

That the Children's Major Institutions Master Plan Citizen's Advisory Committee final report shall include a recommendation that extension of the MIO to the Hartmann Site contain the following additional condition:

That the CAC endorses the extension of the proposal in the Draft Report of the Director of the Department of Construction and Land use calling for the Inclusion of an upper level setback 40' along the east side of Sand Point Way with no building height greater than 50' within that setback, to also include the Sand Point Way Frontage of the Hartmann Site.

The motion was seconded. Discussion followed.

Mr. Omura noted that the specific proposal would be 40' back from the property above an elevation of 50'. Scott Ringgold noted that this upper level setback is included in the Draft Director's Report as a condition on the east side of Sand Point and that Children's had voluntarily included this in its current proposal.

A vote was called and a vote taken by show of hands with 14 in favor and 1 abstaining. The motion therefore carried.

Karen Wolf noted that the remaining issue is height. Mr. Rosencrantz stated that he would prefer that a vote on height be delayed until the next meeting after he has had a chance to do a walk around observation. Brice Semmens stated that he continues to propose that the height be no greater than level with the grade of the Gilman trail. This would be zero feet at the trail side. He noted that at the setback that would be about 30 feet above Sand Point Way.

Ruth Benfield noted that this would appear to take the top two floors off of the Hartmann and reduce its square footage by roughly 75,000 square feet. Scott Ringgold stated that he believed that there is already substantial mitigation on the west side as it is already about the same height as a single family home would be at the upper side of the site. Myriam Muller stated that she and supports lower height there.

Brice Semmens noted that the MIO they say 30' plus 15 for mechanical which is 45'. Theresa Doherty noted that the height is 26 feet without the mechanical and asked if those 26 feet are acceptable. Mr. Semmens responded that this was an improvement. Michael Omura stated that it might be possible to condition the project to relocate the mechanical or otherwise condition it. Ruth Benfield responded that it depends on what you are putting into the building. We look at ways to minimize roof top mechanical to the extent reasonable. Some could be taken off but not all of it.

A decision was made to delay a final decision on height until it could be considered along with the height issues on the remainder of the campus.

#### **IV. Initial Discussion of Draft Director's Reports**

Steve Sheppard stated that the Committee is encouraged to make comments to the Director's draft report. He pointed out that in several places in the Draft Director's Report it the Committee's final recommendations would be referenced, but that is technically not correct since our report is not made final until the end. Scott Ringgold had left some areas blank as he is hoping for some guidance from the CAC. Cheryl Kitchin noted that she too sees a conflict as the CAC has not yet determined all of its positions..

Steve Sheppard stated that the code asks the CAC to inform the director where the sense of the Committee is that an issue has been insufficiently addressed or where the Committee may disagree with the Director and gave some examples of what might be stated.

After further discussion, the Committee decided to focus on the development of its positions and simply inform the Director of its positions to day.

Mike Wayte stated that he continues to be frustrated with the conflicting information he has received concerning the major issue of bed need and the use of the State Certificate of need process. He stated that it would be helpful to have some sort of process or a certificate of need from Department of Health. Ruth Benfield responded that you can't have a certificate of need until you meet the local jurisdiction's requirement and have a construction budget that you will commit to being within 12% when you are done. What is the jurisdiction here that we have to meet before we define what we are building – it is the Major Institution Master Plan. It has to first be in place before we can even start to develop a design because we have to know height, bulk and scale to do it.

Mr. Wayte also asked it was possible to put limitations on what you build in order to assure that development was absolutely needed on site. Steve Sheppard stated that there have been some instances where CAC's have addressed this issue. Generally this has related to other private ownership within an MIO.

Ruth Benfield stated the struggle we would have with getting so specific in terms of a medical use is what you don't know is what is coming. She gave burn center as example and said they used to do that there and explained why they don't anymore. They currently do give care to pregnant women who have a child with cardiac problem. In the future it is possible they would do fetal surgery – right now they don't know.

Myriam Muller asked if Children's can obtain a letter of intent that is not the certificate of need. Jodie Corona responded in order to get an letter of intent to issue, which to date has been for new hospitals and not expansions of existing, you have to go through certificate of need process. The stated determines if the project is needed, is financially feasible, meets all quality standards and is the best available alternative. If you are missing an EIS, they will issue a letter of intent to issue a certificate of need. This is a separate process and since Children's does not have the MIMP in place yet that would allow the hospital to finalize its project and to develop its costs, she stated that she believes that issuing a letter of intent is not an option.

Robert Rosencrantz stated that the Draft Director's Report suggests that "Children's could meet its obligation to provide replacement housing by making a payment in the form of a grant or equity sufficient to cause the construction of at least 136 housing units". He stated that in his experience Children's can be in a position to contribute a negligible amount – ½ of 1% of total development costs or 1% of total development costs and complied with this condition. He suggested that the Committee have a discussion where a dollar amount for each of the units is established, or some other minimum threshold is identified that Children's has to rise to in order to be in compliance. Cheryl Kitchin stated that she believes that the Committee should waiting until we have some reasonable data by which to make recommendation to this report in this area. Leaving it blank or vague is not the intent of this committee.

Karen noted that the Committee has limited time and that she didn't see how the Committee could submit comments on director's draft report by February 6 without scheduling additional meetings .

Steve Sheppard noted that the Committee is moving slowly and asked everyone to expect to stay late at subsequent meetings and to be prepared on the major issue of height, bulk and scale and need. He pointed out all the information CAC has received on the need: report from Carol Eychaner, Nancy Fields, Judy Corona and Cedar Rivers. He asked if everyone had the reports and if anyone needed to get them again. He instructed CAC members to be sure to have read everything and are familiar with them.

## **VII. Adjournment**

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

### **Meeting # 21** **Extended Public Comment/Hearing** **January 6, 2009**

Telaris Confernece Center  
4000 NE 41<sup>st</sup> Street  
Seattle, WA 98105  
Dining Room

#### **Members/Alternates Present**

Myriam Muller  
Michael S Omura

Karen Wolf, Chair  
Wendy Paul

Shelley Hartnett  
Robert Rosencrantz

Theresa Doherty  
Bob Lucas  
Karen Wolf

Dolores Prichard  
Catherine Hennings  
Dr. Gina Trask

Cheryl Kitchin  
Mike Wayte  
Yvette Moy

#### **Ex Officio Members Present**

Steve Sheppard – DON

Scott Ringgold - DPD

Ruth Benfield - CHRMC

#### **Others Present (Staff and Guests)**

See Attached Attendance Sheets

#### **I. Welcome, Introductions and House keeping**

Karen Wolf opened the meeting and thanked people for their attendance. Introductions followed. Ms. Wolfe went over the agenda.

Steve Sheppard stated that this meeting has an extended public comment period. The purpose is to allow the community to address the Committee one last time prior to the Committee having to make their major final decisions. He also urged members to read material that is sent out and particularly highlighted the list of issues sent previously.

It was noted that Mike Wayte will be voting in the absence of Kim O Dales.

#### **II. Public comments/Hearing:**

**Comments of Mark Ellerbrook:** Mr. Ellerbrook stated that he works with Seattle Office of Housing. The Office of Housing is involved in this process as a result of the possible loss of 136 housing units at Laurelton Terrace. Those units must be replaced with at least 136 units that are lost and look at the needs in City. In replacing those units we are primarily considering workforce housing – 60% - 100% median income. The Office of Housing has settled on a sum of \$5,000,000 for mitigation; which is greater than Virginia Mason or Harborview needed to provide as part as changes to their master plan. \$5 million will result in more than 136 units. He also stated that he is confident will be able to replace the lost housing in the vicinity and hopes that the provision of these funds will be a catalyst for quick development.

**Comments of Jim Madden:** Mr. Madden stated that he would primarily discuss traffic. He noted that at the last meeting there was some discussion of “Intelligent traffic management systems”. He noted that this is less of a system than a description of various methods. There was one project developed about 2002 in West Seattle, but it appears that it was not successfully implemented. The evaluation of this included the statement that one of the important lessons learned was to have to have effective communication. Mr. Madden also referred to LCC paper – 5 different issues where they tried to get information on traffic. Concerned – can’t increase traffic without changing the road system. Sandpoint can’t be made any wider, no parking. University area traffic strategy completed in August 2008 – they have been working on that for a long time and Children’s area is not even mentioned. Concern about traffic issues; getting increasing numbers of people here.

**Comments of Jeannie Hale:** Ms. Hale stated that she wanted to remind members to reference handouts prepared by LCC and especially the white paper outlining laws, differences and the reasons for differences between independent hospital’s study and those done by those employed by Children’s. She noted that the committee is beginning to address key issues and prior to preparing the report she wanted to go over a couple of important issues. The first is deciding on an appropriate square footage for this site - - what actually fits on a site that can be mitigated in terms of performing your role in addressing the public benefit of the expansion and the impact’s equally important value of maintaining the livability of the surrounding communities. Ms. Hale stated that LCC hand initially thought the 250,000 square foot expansion that occurred the last time around was massive. Now Children’s is asking for 1.5 million. While we still would prefer 250,000 square feet, the bed need at minimum, as determined by

independent consultant, is 700,000 square feet which would meet Children's needs. We hope that the Committee will consider this amount. Concerning height, LCC would prefer that the maximum height be 90 feet, but in effort and willingness to compromise we would go for a 105' height limit.

Ms. Hale also noted that LCC has prepared a memorandum in response to issues brought up at the last meeting on conditioning phased development on certificate of need. LCC did some research on this issue and has provided it to the CAC. She noted that they also spoke to the development director at the Washington State Department of Health who clarified some of the miss-information that was provided to you at the last meeting by Children's Hospital consultant and asked that the Committee members look at that.

Ms. Hale agreed with Mr. Madden that traffic and transportation issues are key and they can be mitigated in large part by reducing the height, bulk and scale of the project. 42,000 trips per day is not something easily mitigated. She also stated that it seems like the CAC is being rushed to complete the most important part of its process – preparing its report and responding to DPD's draft report, and encouraged CAC to consider giving this process at least an additional month so that the Committee can do the thoughtful work and conduct careful deliberations so that the final report that will be useful for the Hearing Examiner and City Council.

**Comments of Bill Block:** Mr. Block stated that he is the Project Director of the Committee to End Homelessness in King County. He noted that there is a housing crisis across King County. He has been involved in trying to save affordable housing. This is a very different situation; two things are different. One, residents who are being displaced in the condos are actually leaving with enough money to buy housing to go into – that is huge. A lot of other situations had people displaced out of their apartments and there was no place to go. Second, Children's has put up \$5 million mitigation fund which will create yet more affordable housing. He would love to see more institutions do this in more settings which is really mitigate on both sides.

**Comments of Lee Murray:** Mr. Murray stated that she is the Deputy Director of Housing Resources group and will discuss the Laurelton replacement housing and to speak in support of the affordability component. Housing Resources Group is a private non-profit housing provider. The group builds multi-family apartments and buys and renovates existing apartments. These units are then rented to folks making between about \$10,000 and \$60,000 per year. That is persons making between 50 – 80% of that area median income. These units are for working folks and fixed incomes. HRG also tries to site housing close to jobs and transportation to help people stay financially stable. She also noted that according to the Housing Development Consortium research Seattle-King County has recently completed, we will need another 155,000 units of affordable housing by 2015 in order to meet the needs that are out there and that she is therefore pleased that City is requiring Children's to build replacement housing for Laurelton Terrace and that it is to stay affordable for 50 years. It is clear that Seattle Children's wants to do the right thing – she commended them for that.

**Comments of Mary Hodgson:** Ms. Hodgson stated that she is the president of the Laurelton Terrace Association. Most people don't understand that the complex is old and its infrastructure antique. The complex has knob and tube wiring which would cost millions to replace, and until replaced their general liability insurance is iffy. The Board has understood for some time that the costs to bring the complex to code might be prohibitive and force replacement of the complex whether or not the Children's expansion project proceeds. The loss of this housing is not actually due to the Children's situation in some ways – it is more due to the millions of dollars it would take to bring it up to code. This possible sale to Children's is fortuitous as owners will have money to move elsewhere and the replacement housing will be additional.

**Comments of Michael Pearlman:** Mr. Pearlman referred to the mission of Children's which is listed on its web site as follows: "the hospital of choice for serving the pediatric needs of the northwest". At the same time he recently saw that their certificate of need application to expand on the eastside had been denied. He noted that both Swedish and Children's are contentious. It appears that the main reason for the denial is that the need presented by Children's was not adequate. He stated that the Committee Members should remember that the Seattle Municipal

Code does not distinguish between hospitals and universities; the rules and regulations that deal with major institutions are the same for each. He asked if the conclusions of the Committee would be the same if the request was to locate a 2 ½ million square expansion of the University of Washington in the area. He offered the opinion that the Committee would likely take perhaps two meetings to reach a negative - not twenty two meetings. He believes that a denial of the large expansion is the only conclusion the Committee can reach.

**Comments of Steve Ross:** Mr. Ross stated that he is a co chair of Friends of Children's Hospital. This group has over 1000 members who have stated their support of Children's expansion on the Laurelhurst Campus. He noted that he is also a resident of Laurelhurst. He observed that the current plan is a tremendous improvement over what was being looked at a year ago. He stated that he supported alternative 7R and has seen tremendous steps in terms of addressing transportation issues, height, bulk and space.

**Comments of Arlene Erlich:** Ms. Erlich thanked committee. She stated that she hopes CAC will raise its concerns regarding bulk, traffic, parking, noise among others. She also stated that she disagreed with the person who said contiguous properties were separated by two streets or major arterial Sandpoint Way; contiguous means touching. Yesterday's Seattle Times talked about Convention Center wanting to expand 400,000 square feet – that is a lot less than what the hospital is proposing to do in a residential neighborhood.

**Comments of Kobe O'Donnell:** Mr. O'Donnell noted that the neighborhoods have shown the willingness to compromise with such a large building such as Hartman being proposed – right in front of our properties and in some cases blocking our views, and to accept some increased noise issues and traffic. However, the hospital doesn't appear to seek to compromise one inch on the bulk and size. He stated that if he was on the committee he would say "sure we can approve and expansion, but the hospital needs to compromise too".

**Comments of Sally Kinney:** Ms. Kinney stated that she is with the Taskforce on Homelessness and is concerned about traffic and commuting problems. She stated that she supports a 1 to 1 replacement for housing lost and that it be kept affordable.

**Comments of Dr. Adrian Whorton:** Dr. Whorton stated that he is an Eastside health care provider whose practice is comprised 25% treatment of children, he continues to have concerns that placing all the region's future pediatric beds in one place – Laurelhurst – may not be in the best interest of children in this region. Not only would a massive expansion on this campus damage Laurelhurst and the surrounding communities but would potentially jeopardize future certificate of need approval for pediatric beds elsewhere in the county where pediatric population growing and place further geographic limits to pediatric health care access. He stated that he also agrees with the LLC arguments in its white paper outlining discrepancy in bed need between reports made by consultants paid by Children's and independent bed need expert. The independent report found the bed need at only 18% of that which Children's Hospital has proposed. Why inflict tremendous disruption, noise, and traffic on neighbors, patients and their families for unneeded beds? Approving a master plan based on a bed count generated by the State Certificate of Need formula is the only reasonable action the CAC can take. The approach previously suggested by the LCC to limit construction to beds approved by letter of intent by the state would ensure that benefit of construction was truly being met and would assure neighbors that the need for construction and all its attached inconveniences is legitimate. This option is not currently before you for consideration but there is no current objective evidence to support the scope of the expansion alternatives that are before you. I believe the only reasonable action the CAC can take is to reject all current options and move the Certificate of Need itself, a letter of intent be issued and a future building plan be based on the beds generated by the Certificate of Need.

**Comments of Carrie Lawson:** Ms. Lawson stated that she had just read the white paper from LCC this afternoon. She noted that there was a huge discrepancy between what Children's says they need and what the Department of Health is saying. She stated that she wanted to discuss the overall plan's relationship to previous promises made in the past. Twenty years ago, when the Whale Garage was being built, Children's promised to include a berm and trees in order to mitigate the flooding of the light from the parking garage on the houses facing the hospital. The

berm and tree plantings that were constructed were insufficient and didn't work. It took serious arm twisting and many phone calls over several years – of trying to get the trees planted and get the lighting situation mitigated. She stated that the CAC should make sure that any action that Children's says they are going to do needs to be tied to formal conditions so that there is some assurance of follow through. In addition she stated that she didn't know how an institution can buy residential houses and not be considered expanding their boundaries. She stated that she wants the CAC's final report to include recommendations that Children's sell these homes back to families and not use them as temporary rentals. Keep in mind the zoning – this is zoned as a low-rise residential – this development is mammoth and does not belong in a residential neighborhood.

**Comment of Noah Sorschor:** Mr. Sorschor stated that he was concerned with traffic and had originally thought the expansion being proposed was an overbuilding in anticipation of scaling back and that Children's needs less than they are proposing.

**Comments of Tom Byers:** Mr. Byers stated that he is a partner at Cedar River Group, and the author of the paper that was distributed to the CAC. He stated that he is here tonight to clarify the nature of his firm's work and the purpose of the paper that was prepared for the Committee and address some of the ways that report was characterized in the LCC White Paper. He stated that the Cedar River Group is a Seattle-based public policy consulting firm and was founded in 1990 to carry out projects in the public interest. Its recent projects include the development of the 2008 Seattle Parks Levy, staffing Sound Transit's Expert Review Panel, creating a long term financial management plan for the Washington State Ferry System, and helping Children's Hospital to develop its Transportation Plan. The firm has also carried out a series of projects in the Health care field for the Robert Wood Johnson Foundation, Pacific Medical Center, the Seattle Biomedical Research Institute, Fred Hutchinson Cancer Research Center, Seattle Children's and many other organizations. He noted that his own background includes past experience as a community health center director, membership on two regional health planning agencies, service on two national health planning commissions for the Carter Administration and as past member of the State Hospital Commission. In November of 2008 his firm was asked by Children's to prepare a paper on demographic trends that were shaping future need for inpatient beds and to identify key differences between the needs assessment prepared by the HFED and Field Associates. He stated that he believes their paper meets those objectives and fairly reflects the current conditions of Children's and highlights changes in national health trends that will affect need for future beds. He further stated that he believes that the paper accurately outlines key differences in methodology between two previous studies – differences which will ultimately have to be resolved by the Certificate of Need process and the Department of Health. He also stated that he wanted to correct earlier statements that there is no difference between Children's and the Department of Health. The Department of Health methodology and how to interpret it is the fundamental difference between the two studies and ultimately the DOH in the Certificate of Need process will decide if Field and Associates or the previous study by Children's is correct.

**Comments of Ross Radley:** Mr. Radley stated that he is a resident of north end and a land use attorney. He stated that he is happy that the proposal is for affordable – not low income – housing.. Thinks it is a positive addition.

### **III. Continued Committee Discussions**

#### **A. Report on the Denial of the Bellevue Certificate of Need**

Ruth Benfield stated that Children's was surprised to not have approval of Children's Certificate of Need for the Ambulatory Surgical Center and immediately connected with the DOH to ask them to reconsider – which they have agreed to do. DOH advised Children's to apply for an exemption which Children's is also doing. This is obviously important in terms of their decentralization process. Part of the missing piece is the number of cases they are actually doing that are Eastside cases and help with this campus volume capacity. She also noted that the LCC letter commenting on Cedar Rivers' report and trying to define differences between the Field study and the Health

Facility study and restated that Children's believes in the data they have from their studies and that is the basis for their projection for square footage.

## **B. Continued Discussion of the Hartmann Building**

Karen Wolfe noted that over the last two meetings the Committee first approved expansion of the MIO to cover the Hartmann site and then established conditions on that expansion. One issue remains undecided – height.

Brice Semmen noted that at the last meeting he had expressed the desire that the top of the Hartman Building, including mechanical penthouse, be even with the height of the Burke Gilman Trail. After further consideration and discussions with his neighbors, he now realizes that this is “pie in the sky”, and that further compromise is warranted. He noted that other recommendations of the Committee had the effect of pushing development out toward Sandpoint and that that is very important for neighbors in terms of noise and light impacts. He stated that he would like to see that formalized as a condition. He reported that he and neighbors are willing to live with MIO at Hartman of 50' which means dropping one story instead of 65' so that with mechanical that it goes no more than 30' above BG trail and would like to put that forth as a motion.

Brice Semmens moved:

That the Children's Major Institutions Master Plan Citizen's Advisory Committee final report shall include a recommendation that Hartmann Property be Designated MIO 50 and that no portion of the development on the site extend beyond an height of 15 feet above the Burke Gilman Trail

The motion was seconded by Dolores Prichard. Discussion followed.

Karen Wolfe stated that it was her understanding that with a height of 35 feet that is not only from Sandpoint Way and that the building would be higher along Sand point way.

Michael Omura asked for clarification concerning Mr. Semmens' specific intention concerning the height along the trail. Mr. Semmens responded that he is essentially proposing dropping the existing envelope of the proposed building by one 15 foot floor.

Dave Neil then outlined the changes to the setbacks as requested at the previous CAC meeting. He noted that the plan shows a 20 foot setback along south property line; a 20 foot setback along Burke Gilman trail property line; 60 and 80 foot setbacks in the area near the sequoia trees; a 20 foot setback along north property line; and a 10 foot structure setback along Sandpoint Way. The CAC voted its previous meeting to recommend that the north setback be increased to 40 feet and asked for an upper level setback of 60 feet at the rear along the Burke Gilman Trail from the height of the center line of the trail. The removal of an additional floor would reduce the total development by 35,000 to 40,000 square feet. If the height is further reduced then the lost square footage would have to locate elsewhere on main campus.

Ruth Benfield stated that she has struggled with idea of dropping the building to that level because Children's would have to find out where to replace the lost square footage. It is a fairness thing – if we were to develop this under L3 code on that back side we would have the ability to take it higher. It doesn't seem fair that you are proposing that we lower particularly given we have a significant setback on the Burke Gilman side. Brice responded that many believe that Children's should not expand to this location at all and that the neighbors are already making a significant concession agreeing to this development. In addition she stated that the development might create a canyon effect on Sand Point Way and that he is trying to mitigate that.

Catherine Hennings stated that Children's is sticking with their projective need and if we reduce size of Hartman that means they are going to want to put that square footage elsewhere and it will affect others. She further stated that

she is not as concerned with any "canyon affect" along Sand Point Way. It is a is a major arterial and is the location that can accommodate height better than anywhere else.

Cheryl Kitchin observed that the statement that any reduction of development at this site assumes that overall request for 1.5 million square feet is absolute. However, this is only the current Children's proposal and may not be the CAC's recommendation.

Doug Hanafin stated that he sees a direct linkage between Hartmann and rest of campus and would like to discuss height of main campus along with height of Hartmann. He stated that he is convinced that the height on the main campus is too great and would like to reduce height there and push some of that sq. footage to Hartmann.

Theresa Doherty stated that she would like to make a decision on this issue and moved to call the question. This motion was seconded and approved unanimously.

Steve Sheppard re-read the original motion as shown above. A vote was taken by show of hands. The vote 7 in favor, 7 opposed and 1 abstaining. The motion therefore failed.

Robert Rosencrantz stated that he believes that the CAC needs to focus of the core issues.

Robert Rosencrantz moved:

That Alternative 7r be recognized as the preferred alternative and the platform upon which the Children's CAC will develop its specific recommendations concerning each of the following topics:

- 1) Growth and balance, overall level of development,
- 2) Floor Area Ratio – a means by which the CAC can gauge how much development will occur
- 3) Heights and transitions
- 4) Phasing
- 5) Access and parking
- 6) Pedestrian and transit
- 7) Open space
- 8) Housing replacement
- 9) Traffic and transportation plan elements
- 10) Uses

Robert Rosencrantz noted that item ten is new. He had talked with a neighbor who said "we don't want to Amazon Laurelhurst, and after that discussion concluded that the uses of CH campus need to be clearly identified as to why the community is willing to allow additional development to take place in a single family zone by a major institution just to make sure that development is what they bargained for. Direct medical care is acceptable but some other spaces might not be.

Myriam Muller stated that she agreed with and thinks especially the last one should be written in as a condition that the additional square feet are for bed use.

The motion was seconded by Bob Lucas.

Steve asked for clarification concerning the old #2 that Robert had removed. He asked that the Committee consider keeping that in the list that the Committee is indicating. Robert Rosencrantz agreed and re-stated the motion with additional clarifying wording from the information provided by e-mail to the committee as follows:

That Alternative 7r be recognized as the ~~preferred~~ alternative and the platform upon which the Children's CAC will develop its specific recommendations concerning each of the following topics:

1. **Growth and Balance** (Overall level of development) – Evaluation of the reasons for the proposed institutional growth and change and whether a reasonable balance has been maintained between the public benefits of institutional development and change and the need to maintain the livability and vitality of the adjacent neighborhood.
2. **Boundary Expansions** – The acceptability of the two proposed boundary expansions
  - a. Laurelon Terrace
  - b. Hartmann
3. **Floor Area Ratio** – The means by which the CAC can determine overall level of development allowed.
4. **Heights and Transitions** – Whether the heights proposed provide an adequate transition between the Major Institution and the surrounding area, the need to protect public views, and the extent to which design features such as building setbacks and topographic features etc. mitigate the impacts to adjacent areas.
5. **Phasing** – Whether the proposed phasing plan with triggers and limits on moving to latter phases provide sufficient assurances that only needed development will occur and that the phasing occurs in a manner which minimizes adverse impacts on the surrounding area.
6. **Access and Parking** – The impact of planned access to institutional parking that is off of an arterial street and the specific treatment of major access point (Penny Drive and 30th) and the specific treatment of 40th Ave NE.
7. **Pedestrian and Transit Connections** – The adequacy of proposed connections to the Burke Gilman Trail and adequacy of pedestrian circulation.
8. **Open Space** - The extent to which designated open space is adequate, provides a public benefit, and is physically and visually accessible to the public.
9. **Housing Replacement** – Whether the proposed replacement housing plan is reasonable to mitigate for the loss of housing from the expansion of the MIO to the Laurelon Terrace site:
  - a. Number of Units proposed
  - b. General location
10. **Traffic and Transportation Plan Elements** – Adequacy to mitigate traffic impacts to surrounding areas.
11. **Uses** – The uses allowed on campus and monitoring and review of uses developed.

Myriam Muller stated that she not comfortable with word “preferred”. Robert Rosencrantz agreed to remove it.

Mike Wayte stated that he had sent out an email earlier discussing his concern that there is a huge disparity between the information from various consultants concerning the bulk and scale of this institution and that he is uncomfortable identifying any alternative as preferred at this point. All of the alternatives to date are predicated on information from experts that CH hired. He stated that it appears that Children's could have applied for a certificate need and that this would have taken the guess work out of this process. He further stated that he believed a

discussion of this issue needs to be in the preface to the Committee's report that we are voting on 7R based on the criteria that was given to us.

Steve Sheppard noted that we have a difficulty in that the code states that the Advisory Committee may review and comment on the mission of the institution, the need for the expansion, public benefits resulting from the proposed new development and the way in which the proposed development will serve the public purpose mission of the Major Institution, but these elements are not subject to negotiation nor shall such review delay consideration of the master plan or the final recommendation to Council". That somewhat constrains the Committee from saying that "until we have certainty on need provided by some third party that we can't go forward with our recommendations" Perhaps one way to deal with that is to have an introductory statement that says something along the line as "the issue of height, bulk, scale, need, and public benefit has, and continues to be, the subject of a great deal of controversy" and then state that you feel that there has been enough disparity in information that you are not as comfortable as you would like to be but you are going ahead. That would be as an alternative to saying "stop the process until some future date.

Catherine Hennings stated that this was not what she was recommending.

Mike Wayte stated that he wants to continue and also make it clear that he is proceeding under the premise that the needs are real and that these number are tangible. If it comes back that they are not then he wouldn't support it. He said he felt painted into a corner.

Cheryl Kitchin stated multiplying the beds by 4000 square feet per bed is how you get to 1.5 million square feet. If bed needs are less than the size might be less. However once the total square footage is approved, then children's could build other uses and the City is not going to look at the bed needs in quite the same way; they are just looking at the square footage we've approved. If the certificate of need comes out and says they need less beds it does not mean they can't transfer that need to other purposes and continue on with square footage, it would therefore seem appropriate to discuss restrictions on use as proposed by Robert Rosencrantz.

Theresa Doherty stated that page 69 of the Final Master Plan states "the State Department of Health Certificate of need is a requirement for each phase of new bed development. Were additional beds are proposed, this information would also be provided to the SAC". We could put something in our recommendation that says "and they have to submit their Certificate of Need or whatever to DPD.

The question was called. Steve Sheppard re-read the motion as follows:

That the CAC recognize or identify Alternative 7R as the alternative and platform upon which the Children's CAC will build its recommendations concerning the topics listed in the original statement of the motion. Members agreed that this was correct. A vote was taken by show of hands. The vote 13 in favor, 1 opposed and 1 abstaining. The motion therefore passed.

Dolores Prichard stated that she had a few additional comments concerning how construction at Hartmann might affect the Laurelcrest Condominium and other surrounding uses. These are:

1. Legal assurance that the water table under our building will not be changed to the detriment to Laurelhurst condos.
2. Setback on south side of Hartmann should be 50' or more to provide buffer zone of vegetation.
3. Traffic signal in place at 40<sup>th</sup> NE before phase 1 starts.
4. Require annual noise monitoring equipment by Children's.
5. Light pollution should be used at Hartmann site reducing glare (sic).
6. A system to keep dust from getting through windows and vents; wash and clean building when construction is complete.
7. Soundproofing Laurelhurst Condos and surrounding neighbors.

8. Assurance that construction workers will not use the Laurelcrest parking area adjacent to Hartmann.

Steve stated that point 2 above that would change conditions to Hartmann while the others relate to mitigating impacts to surrounding properties. Mr. Sheppard suggested that one motion deal with all of the issues except #2 and that deal #2 be dealt with that separately. Ruth Benfield suggested that it might be a better to pretest the ambient noise and commit to that designs not exceed the existing sound. Members generally agreed with this direction and suggested that the approach be applied to the entire surrounding community.

Following brief additional discussion, Dolores Prichard Moved:

That the following conditions be appended to the conditions related to the expansion of the MIO boundaries to the Hartmann site, and applied to the Laurelhurst Condominiums and where appropriate to other nearby uses surrounding both the Hartmann site and the main campus:

1. The building be washed when construction complete.
2. A system to keep dust from entering through windows and vents be implemented.
3. Building design be done in a way that the noise received in the surrounding community be no greater than present based on pretest of ambient noise levels conducted by Children's Hospital.
4. Traffic signal be in place at 40<sup>th</sup> NE before Phase I starts.
5. Annual noise monitoring be conducted by Children's Hospital.
6. Methods to reduce light and glare light pollution should be used at the Hartmann site.
7. Legal assurances that the water table will not be changed to the detriment of the Laurelhurst condominiums.
8. Assurance that construction workers will be precluded from using the Laurelhurst condominium parking areas adjacent to Hartmann.

The motion was seconded.

Paolo Nunez noted that the capital investment process in Seattle is changeable and that there is some uncertainty concerning exactly when the State and City might get the 40<sup>th</sup> Avenue Traffic signal installed. Steve Sheppard suggested that the wording might be changed to: "traffic signal be in place at 40<sup>th</sup> Ave NE before Hartmann prior to the issuance of a certificate of occupancy for the Hartmann Building. Members agreed.

The question was called. Steve Sheppard re-read the motion. The vote 14 in favor, 1 opposed. The motion therefore passed.

Mike Wayte stated that he wanted to discuss the extent of the mechanical hat. Michael Omura noted that the proposal is for no greater than 40% while the current plan restricts mechanical penthouses to 25%. Dave Neil noted that the code allows lab buildings to exceed 40% to as much as 60%, and that it is therefore not unreasonable to request 40%.

Cheryl Kitchin noted that this was a CAC recommendation and moved:

That the mechanical hat (penthouse) at the Hartmann Building be restricted to no more than 25% of the roof area and that it be shifted east toward Sandpoint as far as reasonable.

The motion was seconded by Dolores Prichard

Robert Rosencrantz noted that the Committee is putting a great many restrictions on development of Hartmann. Mr. Wayte responded that the Committee will likely subject the main campus to similar scrutiny. Mr. Rosencrantz re-

stated his concern that too many conditions are being layered upon each other. Theresa Doherty stated that she intended to vote against the proposal since we do not know the uses that might go in the building.

Following brief additional discussion the question was called. A vote was taken by show of hands. The vote 8 in favor, 4 opposed and 3 abstaining. The motion therefore passed.

Michael Omura moved:

That the Hartmann Building be included with in the MIO 65 .

The motion was seconded.

Several members expressed reluctance to vote on this.

Myriam Muller moved to postpone the consideration of this motion. The motion was seconded

Steve Sheppard noted that this was privileged motion and had to be dealt with prior to proceeding. The vote was taken by show of hands with 8 in favor, 7 opposed, the motion therefore passed.

## VII. Adjournment

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

## Meeting # 22 January 8, 2009

Seattle Children's  
Sound Cafeteria

### Members/Alternates Present

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

### 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

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 feet 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 in 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 days 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 was here 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 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 what 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 a 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 setting 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 ration 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."

Michael 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.

Michael 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, then 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 or about 1.5 and not 1.9.

Cheryl Kitchin 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.

Therese Doherty asked Ms. Kitchin if she was comfortable with an FAR of 1.5/. Ms. Kitchin 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 Hennings 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 Kitchin 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" FASR – underground primarily, and that therefore the remaining 80% comes out to an FAR of 1.5.

Michael 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 Prichard.

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. Michael replied that this would effect 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 40<sup>th</sup> 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 40<sup>th</sup> and 40 feet back from Sand Point Way. He noted that this 100 feet 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 40<sup>th</sup> might restrict the site too greatly. Michael 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 Hennings 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. Michael Omura responded that 40<sup>th</sup> 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 Wolf 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 40<sup>th</sup>, 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 Kitchin 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. Michael 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 Kitchin 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.

## Meeting # 23 January 20, 2009

Taleris Conference Center  
4000 NE 41<sup>st</sup> Street  
Seattle, WA 98105  
Dining Room

### Members/Alternates Present

Myriam Muller

Nichol Van Borkulo

Karen Wolf, Chair

Michael S Omura  
Theresa Doherty  
Bob Lucas  
Mike Wayte  
Kim O Dales

Wendy Paul  
Dolores Prichard  
Catherine Hennings  
Doug Hanafin  
Dr. Gina Trask

Robert Rosencrantz  
Cheryl Kitchin  
Brice Semmens  
Karen Wolf  
Yvette Moy

**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 and Housekeeping**

The meeting was called to order by Karen Wolf. Introductions followed. Ms. Wolf stated that the meeting will focus on the issue of height. She noted that sub-committee has developed a proposal for us to consider. She noted that the next meeting would be February 2 and noted that the committee had a great deal to do so that meetings have now been scheduled for both the 27<sup>th</sup> and 29<sup>th</sup> of January. Mr. Sheppard reminded members that as per previous agreement, he is counting on members to review and approve minutes off line. He noted that they are important as they are official records. Scott Ringgold passed out the Final Analysis, Recommendation and Determination of the Director of the Department of Planning and Development.

**II. Discussion of Height**

**A. Presentation by Seattle Children's Hospital Staff**

Ruth Benfield stated that she had an opportunity to meet with Michael Omura and Doug Hanafin following the sub-committee meeting to discuss their initial recommendations and went over some issues with them. She noted that one of the issues was how the number of beds in each phase was handled. There had been some concern that Children might be showing development based on over 600 beds. This confusion was the result of inclusion of Train beds in the calculations.

These beds will be demolished. She also noted that there was an error in the Final Plan, that plan incorrectly showed a mechanical floor as part of the towers. This is not the case as the mechanical is underground.

Children's staff stated went over the design and how it related to heights. He noted that there are three floors in the podium. Much of this area is below grade. The lowest floors includes mechanical and other support facilities as well as a kitchen, linen and other similar facilities. The next floor up is partially below grade and includes much of the emergency department and some diagnostics and support. He noted that this includes space in the areas that is currently in the Train Building. In response to questions he noted that some of the garage is below grade. The third floor of the Podium has about 38,000 square feet below grade and will include surgery space.

Above the podium are the bed floors. These are the L shaped buildings. Each floor of the L has about 48 beds. Each of the Ls is about 264 beds overall for a total of 572 beds. With demolition of the Train beds and some that will be lost in Giraffe the total beds is 604.

Dave Neil went over drawings of the current proposal. At the last CAC meeting there was a proposal from Michael Omura that envisioned a tighter MIO, with a 50 foot MIO back 100 feet from 40<sup>th</sup> Avenue NE. In response to Mr. Omura's work Children's looked at whether this might work. They determined that an 80 foot deep MIO 5-0 might work along 40<sup>th</sup> and a 30 foot MIO might work along Sand Point Way

Ruth Benfield introduced Todd Johnson. Mr. Johnson noted that this was his first time talking to the CAC. He stated that flexibility was very important to Children's. This plan will govern the development of the Hospital for two decades. Much has changed over the last 20 years and undoubtedly much will change in the future. He noted several possible future changes.

He stated that he was aware that there was concern that Children's might locate non-care related uses, but this is not going to happen. He also stated that he understood that the CAC wants to avoid a pentagon like wall along Sand Point Way, but asked that the committee consider granting Children's some flexibility.

Cheryl Kitchin stated that it appears that Children's is not able to make a presentation concerning how it might design to a height of 125 feet. She also noted that the original plan proposed an development accommodating between 500 and 600 beds and that it appears the Children's is now focusing on the maximum number. Myriam Muller noted that the Committee had requested a modeling of development at 125 feet and it appears that Children's has failed to provide this analysis.

Michael Omura stated that he had met with Children's architects and planners and has attempted to develop a compromise. He stated that they came up with a limit of 60% for the towers above the podium. Members noted that this might allow Children's to build right out on Sand Point Way. He also noted that he would recommend possible limiting of all of the floors to 6 stories on the north-south running portions of the Ls and 5 floors on the east-west running floors. There was additional discussion of floor to floor heights to determine what actual heights might be.

Cheryl Kitchin noted that this is a balancing act and that with the loss of only a half floor it appeared to her that heights might be accommodated either at 105 feet or at something very close to that level. Catherine Hennings stated that her concern was that she wanted to try to have some assurances that the eventual building constructed would be similar in placement to those shown in the existing plan. Michael Omura stated that he would welcome additional proposals.

Cheryl Kitchin stated that if the development is to go out closer to Sand Point Way then she would want the height restricted to no greater than 105 feet. Myriam Muller agreed. Ruth Benfield stated that a 105 foot height significantly limit beds because of the need to have a window in each room.

Doug Hanafin provided members with drawings illustrating some of the recommendations of the sub-committee. The intent was to assure that the height was as low as possible. At the meeting the group used information from page 68 of the Final Master Plan that indicated that a full floor of each of the bed towers was devoted to mechanical space and that there would be a total of 687 beds. The conclusion was that removing the mechanical floors and reducing bed to within the original Seattle Children's Hospital request would allow a significant reduction in height.

Following the meeting he met with AGF architect and was informed of the errors that Ms. Benfield noted earlier. The general sentiment is that the height of Phase I is acceptable and only a small portion is of concern. However, Phase III is of greater concern. Because of the orientation of the tower, it blocks views and is more apparent from the neighborhood. Myriam Muller stated that the concern also related to views from the area across NE 45<sup>th</sup> Street.

Mr. Hanafin stated that the issue has come down to the final 1.5 floors of Phase III which contain only 75,000 square feet. He suggested various ways in which the actual tower designs might be modified to accommodate a couple of added beds per floor and thus allow reduction of a floor from Phase III.

### **III. Public Comment**

**Comments of Tony Avellino** – Mr. Avellino and that he is currently Chief of Pediatric Surgery at Children's and a resident of Laurelhurst. He stated that he is passionately supportive of the growth of Seattle Children's Hospital and that the hospital is simply running out of space. He had to call numerous families to inform them that surgeries have

been delayed simply because of a lack of space. The expansion would create more single rooms and help reduce the spread of infectious diseases.

**Comments of Jim Weed** – Mr. Weed stated that Children's provides extraordinary care and did so for his family. He stated that his child was gravely disabled by mental disease. Eventually his child was involuntarily committed to Children's. The care was the right choice. The quality of care for a patient with a mental disorder is just as important as for one with a physical disorder. He stated that he believes that without the intervention of Children's his child would have been institutionalized for life. The care and support they provide to his family surpassed his greatest expectations. His child is alive and well today because of what Children's did.

**Comments of Lauren Covey** – Ms. Covey stated that she supports the expansion of Children's Hospital. Over the course of the last months Children's has done a great deal to address the community's comments. Children's needs to continue its important work.

**Comments of Christina Salak** – Ms Salak stated that in December of 2007 her then 17 year old daughter began to systematically starve herself to death (anorexia). Out patient treatment proved unsuccessful and eventually she learned that Children's had a jewel of a program and got her child admitted. She was admitted into the mental health unit. Thankfully there were beds available. We are grateful for the care she received. She is now doing well. The need for care far outstrips the available beds. Children's is the right place to fill the need.

**Comments of David Miller** – Mr. Miller stated that he is a north Seattle resident. He stated that he is concerned that a group representing themselves as speaking for Laurelhurst has appealed this process. He offered the opinion that many in Laurelhurst support the expansion. He also noted that some have stated that this expansion is unprecedented. He stated that this is not true and gave several examples of similar or larger expansion of children's hospitals. He further stated that larger hospitals eliminate duplicative administration and are more efficient.

**Comments of Jan Kirkwood** – Ms. Kirkwood stated that Children's does not currently own Laurelon. There is no requirement to close on the transaction unless Children's receives enough flexibility on the property to make it work for them. It is important to try to look at where the disputes really are. Laurelon began this process long before the CAC was formed. We were consulted by the Hospital and knew of their expansion plans in general and decided to approach Children's. Owners do stand to benefit financially if the sale closes, but for many of the owners, the money has never been the issue or goal. She noted that the purchase and development of Laurelon solved many problems.

**Comments of Peter Buck** – Mr. Buck noted that some have said that we should not spend time listing to discussions concerning the experiences of patients. But this is an important issue and a tough decision. The easy decision is to cut down the size and make some immediate neighbors easy or the difficult long-term decisions and meet future needs. Will there be rooms available for children or not? He asked the CAC to make the difficult long-term decision.

**Comments of King Cushman** – Mr. Cushman stated that he has a background in transportation planning and urban planning. He stated that the transportation plan that Children's has developed is outstanding.

**Comments of Cary Lassen** – Ms. Lassen stated that voting to reduce height and scale leaves other options and opportunities open such as more decentralization. Voting to scale back this proposal is not telling children that we do not support them, but that this location has its limitations. She stated that this site is geographically separated from the eastside and that this is a difficult location to get to. Limiting bulk, height and scale is being realistic about the geographic and infrastructure limitations of building on this spot. We need to decentralize more and if that means a separate psychiatric hospital and clinic elsewhere that is an opportunity.

**Comments of Jim Madden** – Mr. Madden stated that he recalled all of the protest around the development of the Safeco Tower. Within a short time of the construction the situation had changed and Safeco decentralized. He

offered the opinion that the same is possible here. He noted that the EIS states that there are still 20 to 22 beds allowed on top of the Train Building and that if beds are in such short supply, why a certificate of need is not being sought for these beds now.

**Comments of Jeanie Hale** – Ms Hale stated that she is with the Laurelhurst Community Club and that she appreciated the comments of Jim Madden. She noted that she hoped that the committee would strengthen its statement under phasing regarding requirements for certificates of need. She noted comments from the architect that it is unclear where needs will be met in the future. There is so much uncertainty about need so that it is important to have phasing conditioned upon the Department of Health's issuing and intent to issue a Certificate of Need. She also noted that she appreciated the comments of Todd Johnson but noted that his experience was with Virginia Mason and Harborview and that these institutions were in urban centers where development was much different. Children's is in a low-density single family area where the highest building height ever approved in a similar location is 90 feet. The NE District Council and LCC are willing to compromise to 105 feet. She also stated that she hopes that the CAC will settle on a reduced square footage. She noted that she appreciates some of the personal stories particularly concerning mental health issues. She noted that her daughter was in in-patient treatment for mental health treatment for a year and a half. That is a difficult thing to go through. She also stated that she was disappointed that the transportation study that the LCC consultant prepared appears to have been discounted.

**Comments of Randy Ravelle** – Mr. Ravelle stated that he is the Sr. Vice President of the Washington State Hospital Association, a former King County Executive and former Seattle City Council Member. Children's Hospital is proposing adding an additional 140 pediatric psychiatric beds and that on behalf of the association he is requesting that this be supported. The reasons for this request are contained in a document that he will pass around later. He also gave a personal comment. He stated that in 1977 he began to experience psychotic episodes that were very difficult and that he considered that he might spend the rest of his life in a mental institution. Fortunately he was wrong. Thanks to an accurate diagnosis and most important appropriate hospitalization, effective treatment, and a loving family, that didn't happen. He stated that he has recovered from mental illness and overcome the stigma that our society attaches it and lived what he believes is a very productive and enjoyable life. He stated that children with this type of disability deserve the same opportunities that he has enjoyed.

**Comments of Dawn Morrison** – Ms. Morrison noted that she is a single parent who has a child who has experienced mental illness. Her son gets the care he needs but it is limited by lack of resources. Children's has only 20 beds and that is not enough. They have received services at Children's for three years and have provided financial assistance. This care was outstanding.

**Comments of Molly Black** – Ms. Black stated that she too has brought her children to Children's Hospital and no one disagrees that Children's provides important services. She also stated that the vitality of the neighborhood needs to be maintained. It is clear that the expansion will occur. She stated that she preferred that the height of 105 feet. The current proposed height at the entry to the neighborhood changes the experience. She also stated a preference for continuing the 75 foot set-back all of the way along NE 45<sup>th</sup> Street.

**Comments of Judith Platt** – Ms. Platt stated that the hospital has grown from very small beginnings. Neighbors support the mission and want Children's to have as many beds as it needs while maintaining this as a safe and healthy neighborhood. She stated a preference for a 105 foot height limit.

**Comments of Lisa White** - Ms. White noted that she is a Laurelhurst resident and former Children's employee. She urged all to compromise. She supported a height limit of 105 feet and continuation of the 75 foot setback all of the way along NE 45<sup>th</sup> Street. She stated support for the positions put forward by Doug Hanafin.

**Comments of Julia Sensenbrenner** – Ms. Sensenbrenner stated that she was a Laurelhurst Resident and wanted to state that she appreciates the services provided by Children's. Since the project will go forward in some form, she is more concerned with the specific design. The height needs to be no higher than the current buildings. Because of

the slope of the site, even keeping below the maximum height of the existing building creates taller buildings at the lower levels of the site so that the experience is of larger buildings. She stated that she supported a maximum height of 105 feet.

**Comments of Jon Rosenberg** – Mr. Rosenberg stated that his son has severe autism. The day he realized that there was something wrong with his son, in a single moment his entire world collapsed. He worked hard to make sure that they had access to the best doctors, spared no expense, his wife became an expert on behavioral therapy and medications. And above all they loved his son. Still his son slipped into darkness and isolation, locked in some hidden torment without the ability to communicate what was wrong. We taught alternative communication skills. And above all they loved their son. When adolescence approached he began to hit himself and bite his hand. He kicked and even punched holes in the walls. We reluctantly began to use medication. His wife enrolled at the University of Washington for her PHD in Autism. He learned how to do drywall repair. And above all we loved our son. But about two years ago his son began to come home from school severely self-injured. He had open sores on his hand where he had bitten through his hands and his head. We found ourselves on the receiving end of his rage. We had no where to turn and realized we might not be able to keep our son. We were lucky. Children's Hospital had one open bed. He couldn't stand the thought of leaving his son in a strange place but the environment seemed so warm and safe that he seemed at home. We couldn't conceive that anyone could do more than they had done already, but his son got better there. His son has been home and back where he is loved now for 562 days now and each is a gift from Children's. He stated that he appreciates the concerns over views and traffic and about the safety. These are important concerns, but when you consider expanding the mental health beds, think about what would have happened if no bed had been available.

**Comments of Michael Pearlman** – Mr. Pearlman asked when the committee plans to vote on the issue of the 1.5 million square feet. Steve Sheppard responded that the CAC has voted to reduce FAR from 1.9 to 1.5 and that this affects the total square footage in that if development is shifted to below grade then the full 1.5 million square feet might still be build. Mr. Pearlman stated that this should be done transparently. Mr. Rosencrantz stated that it was transparent and that he had this conversation with Mr. Pearlman at that time. The vote was based in part on review of the handouts from LCC and it is unclear how that could have been more transparent. The vote was 13-1. Mr. Rosencrantz stated that he very vigorously disagrees that this was not discussed in an open manner.

**Comments of Liz Ogden** – Ms. Ogden stated that she is a Laurelhurst neighbor and with the Laurelhurst Community Club. She thanked Doug Hanafin for his proposals and stated that it is a move in the right direction for a compromise. She stated that 105 feet is not a standard, but 90 feet is more common. She stated that the square footage remains an issue. She also stated support for the extension of the 75 foot setback along the entire length of NE 45<sup>th</sup> Street. Entrances should be kept off of 40<sup>th</sup> Avenue NE. This street is an entrance to the neighborhood and the rough for emergency response (fire engines etc.) She also noted that there is a drive parallel to 44<sup>th</sup> Avenue NE that appears to access off of NE 50<sup>th</sup> Street and that this should not occur.

**Comments of Grace Yuan** – Ms Yuan asked: 1) what is the exception for the mechanical penthouses as it is not clear if the 15 floor exception and the 25% coverage apply to each individual building or the campus as a whole; 2) has there been justification for the need for the sky bridge in phase IV; and 3) can the CAC tighten the constraints on the building envelopes. She noted that she is unaware of any other provision for limiting development in zone to some percentage of a zone being up to the achievable height. She also noted that it appeared that the MIO 90 just north of the MIO 70 on the existing campus is expanded east all of the way to Penny Drive and asked if this was an error in the drawing.

**Comments of Paul Haus** – Mr. Haus stated that he is speaking on behalf of Common Ground. He noted that they are developing the housing at the old Sand Point Naval Air Station. Common ground will develop housing for between 250 people will be housed there including between 150 to 200 formerly homeless children. There is a tremendous need. He stated that they have not yet received full funding for this project. Many large donors are pulling back. For this reason they are very thankful to be participating with Children's for the replacement housing.

#### IV – Committee Discussion of Height

Michael Omura stated that in order to focus discussion he would put forward his original motion.

Michael Omura Moved that :

The CAC approve the MIO per alternative 7R with the following revisions:

1. The including of a MIO 50 along the west side of the main hospital campus along 40<sup>th</sup> Avenue NE extending from NE 45<sup>th</sup> to Sand Point Way NE a minimum of 80 feet in width.
2. The inclusion of a MIO 50 along Sand Point Way NE from 40<sup>th</sup> Avenue NE to NE 50<sup>th</sup> Street a minimum of 30 feet in width.
3. With the 160' conditioned to 140 foot area, the percentage of footprint area which can be developed vertically above 70 feet in height shall be limited to 60% of the 160 foot conditioned to 140 foot MIO footprint area.
4. Limit floors above the podium to 5 for those going east and west and 6 for those going north and south.
5. Limit and screen rooftop mechanical equipment areas to the degree practical while still supporting the patient care programs with a target of 25 % roof coverage, but no greater than 40% roof coverage.

The motion was seconded by Theresa Doherty. Discussion followed.

Cheryl Kitchin suggested that either the number the floors be limited or that the floor to floor height be reduced and noted that there has been no real outside evaluation of need. Ruth Benfield noted that the Hospital will not build more than is needed and that limiting floors was essentially either spreading out development or limiting the size of the development. Gina Trask stated that she would prefer lower height and stated that she was frustrated having a motion on the floor at this point. She stated that there may be other ways to deal with the issues and wanted further exploration of various ideas.

Ruth Benfield asked if it would be acceptable to expand phase one to accommodate a few more beds and give greater flexibility there so that the north building in phase III might be reduced from MIO 160 conditioned to 140 to some lower height. Doug Hanafin stated that was his intention and that he might be able to accept a maximum of 125 feet for Phase III although he would prefer lower. Bob Lucas asked if it might be possible to have both Phase I and II at 125. Doug Hanafin stated that Phase I was not the major problem.

Cheryl Kitchin expressed some concern that the area near Penny lane that would have been in the MIO 50 zone under the original proposal at the last meeting was not out. She also stated that the MIO heights and setbacks are what govern, not the schematic building designs. Steve Sheppard agreed with Ms. Kitchin and stated that any provisions other than the actual MIO heights and setback etc. had to be recommended as Council conditions. The actual issue is down to what heights you eventually have to make this decision. Ruth Benfield suggested that the Committee might consider a conditioning of Phase III to 125 feet with Phase I conditioned to 140 feet. Bob Lucas asked in Mr. Omura would accept that suggestion as a friendly amendment. Catherine Hennings agreed but suggested that the areas be delineated rather than just described as Phase I and III. Members agreed. Kim O Dales suggested the arrangement might be 125 feet in Phase I and 105 feet in Phase II.

Michael Omura accepted Mr. Lucas' requested change as a friendly amendment. Catherine Hennings suggested that the height provisions would replace the entire point 2. Myriam moved to postpone the vote. No second was received.

Steve Sheppard re-stated the motion several times with specific discussion concerning the exact wording of the motion. During this Discussion Scott Ringgold suggested that item 4 in the original motion be stated as a limit and not a goal. Kim suggested a limit of 30%. Michael Omura stated that he would support the 30% limit and accepted it as a friendly amendment. The eventual wording that was stated as follows:

- That the Children's Hospital Major Institutions Master Plan Citizen's Advisory Committee approve the MIO's per Alternative 7R with the following revisions:
1. The inclusion of a MIO 50 along the west side of the main hospital campus along 40<sup>th</sup> Avenue NE extending from NE 45<sup>th</sup> extending from NE 45<sup>th</sup> to Sand Point Way NE a minimum of 80 feet in width.
  2. The inclusion of a MIO 50 along Sand Point Way NE from 40<sup>th</sup> Avenue NE to NE 50<sup>th</sup> Street a minimum of 30 feet in Width
  3. The reduction of the size MIO 160' conditioned to 140' that is shown on Figure 46 page 65 of the Final Master Plan for Children's to cover only that area required to accommodate phase one development and defined as that portion of the MIO 160' conditioned to 140' located north of an east /west line lying 400 feet north of the current south property line of the Children's Campus.
  4. The further conditioning of that portion of the MIO 160 shown on Figure 46 page 65 of the Final Master Plan for Children's being south of an east /west line lying 400 feet north of the current south property line of the Children's Campus to a height of no greater than 125'.
  5. Limit floors above the podium to 5 for those going east and west and 6 for those going north and south
  6. Limit and screen rooftop mechanical equipment areas to the degree practical while still supporting patient care programs with an upper limit of 30% roof coverage.
  7. MIO of 65' for the Hartmann property with setbacks as previously recommended by the CAC.

Cheryl Kitchin noted that if you wanted a height of 105 feet you would want to vote against this motion and propose an alternation after its failure.

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	No
Pos 5	Theresa Doherty	Yes
Pos 4	Doug Hanafin	Yes
Pos 6	Cheryl Kitchin	No
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	Yes
Pos 15	Dr. Gina Trask	Yes
Pos 1	Karen Wolf, Chair	Yes
Pos 2	Catherine Hennings, Vice-Chair	Yes

Having received a vote of 12 in favor and 3 opposed, the motion passed.

Robert Rosencrantz stated that Mr. Pearlman had raised a valid point concerning sub-grade square feet. He noted that there is a total square footage to 2.4 million total gross square feet in Alternative 7R so that this would be the limit. Scott Ringgold stated that even if all development was placed underground the total limit of 2.4 million square feet would hold. Cheryl Kitchin stated that that by both limiting both the FAR and height in some areas it may result in less square footage unless more development is placed underground.

Steve Sheppard stated that in order to assure that there is full transparency, what was being asked is whether it had been the intent of the Committee members when you voted for the 1.5 FAR, to have that translate into a specific reduced total square footage whether above or below grade, less than the 1.5 million new square feet in 7R he asked that the committee clarify this. Doug Hanafin stated that he understood that the action would not affect the total square footage in 7R. Michael Omura stated that he had noted that a 1.9 FAR might have allowed more than a total 2.4 million total and that the intent was to actually double check the total not reduce it.

Yvette Moy noted that public comments have taken hours and suggested limits on public comments. Steve Sheppard stated that the Department of Neighborhoods does not generally support limiting public participation or comment.

Yvette Moy moved:

The motion was seconded by Bob Lucas

That public testimony at subsequent meeting be strictly limited to 2 minutes per person.

She stated that she was willing to be the enforcer and that Ms. Hale had her phone number. Steve Sheppard restated his preference for continuing to be a bit flexible. He noted that he generally holds up the two minute sign at about 2 ½ minutes and that people then try to wrap up. Robert Rosencrantz stated that at all of the meetings he has yet to hear anyone express anything other than their sincere opinions in good faith. He therefore will oppose the motion.

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	Yes
Pos 5	Theresa Doherty	Yes
Pos 4	Doug Hanafin	No
Pos 6	Cheryl Kitchin	No
Pos 7	Bob Lucas	Yes
Pos 8	Yvette Moy	Yes
Pos 9	Myriam Muller	Yes
Pos 10	Michael S. Omura	Yes
Pos 11	Wendy Paul	Yes
Pos 12	Dolores Prichard	No
Pos 13	Robert Rosencrantz	No

Pos 14	Shelley Hartnet)	No
Pos 15	Dr. Gina Trask	Yes
Pos 1	Karen Wolf, Chair	No
Pos 2	Catherine Hennings, Vice-Chair	No

Having received a vote of 8 in favor and 7 opposed, the motion passed.

Bob Lucas passed out a copy of the motion that he had provided by e-mail with the addition. He noted that he was strongly in favor of phasing. Bob Lucas moved:

- 1) The CAC strongly reinforces the Monitoring and Agency Oversight of Planned Development including the Content of Monitoring Reports and the MIMP Conditions for MUP Awards as outlined on Page 69 of the Final Master Plan for Seattle Children’s Hospital.
- 2) For all future development under the MIMP of phases 2, 3 and 4; prior to the issuance of any MUP for any building construction, Children’s shall provide documentation to the Standing Advisory Committee and the City of Seattle Department of Planning and Development clearly demonstrating that the additional construction requested is needed for patient care and directly related supporting uses by Children’s, including administrative support.
- 3) No portion of any buildings on the Laurelhurst Campus or the Hartmann Building shall be rented, or leased to third parties that are not engaged directly in pediatric medical care. Exceptions will be allowed for commercial use at the pedestrian street level along Sand Point Way and within the campus buildings where commercial/retail services are needed/warranted that serve the broader public.
4. Any changes to these recommendations by Children’s shall be considered a major amendment to the Master Plan.

The motion was seconded by Theresa Doherty. Discussion followed.

Myriam Muller asked Scott Ringgold which of these conditions might be extraordinary. Mr. Ringgold responded that all would have to be enacted as council conditions. He also stated that it would appear that that point three appears to go in the opposite direction that the code. Steve Sheppard stated that there is a somewhat similar condition at Seattle University and Swedish but that the difference is that the underlying zoning is commercial. Here it would appear that a concurrent rezone. Members suggested that the term concurrent with the underlying zoning be added.

Cheryl Kitchin asked if this would allow the UW to lease space at Children’s. Robert Rosencrantz stated that he felt this might be the case and suggested wording changes along the following lines: No portion of any buildings on the Laurelhurst Campus or the Hartman Building shall be rented, or leased to third parties that do not directly provide pediatric medical care in that building. He then stated that he might consider adding something at the end that says consistent with what Children’s is. Steve Sheppard suggested modified wording as follows: No portion of any buildings on the Laurelhurst Campus or the Hartman Building shall be rented, or leased to third parties that are not providing pediatric medical care or directly related supporting uses on that site. Catherine Hennings suggested “not providing pediatric medical care or directly related supporting uses of all spaces occupied in the building.

Ruth Benfield stated that there were related uses that might not be a direct part of Children’s but still appropriate on the site. She gave example of UW pediatric clinics. Steve Sheppard noted that there are often leased agencies at other hospitals. He noted that the Code contains requirements for functional relationship for others building within a MIO and taking advantage of the greater development standards allowed.

Ruth Benfield noted that point 2 calls for approval of the MUP. Most actions are based on a certificate of occupancy rather the approval of a MUP.

Members asked if the issuance of a certificate of need is also required for phasing. Ruth Benfield noted that this is only required for phases where beds are included. There was some discussion of this that directed members to page 68 of the report. Myriam Muller noted that we need to hold them to the certificate of need. Steve Sheppard stated that a certificate of need is already required and referenced on page 69 and that this is implied in point 2.

Several members suggested that item there might contain a % restriction on retail uses along Sand Point. Others stated that this appeared that this would not be a problem and that the current wording was sufficient.

Steve Sheppard suggested the following wording that he thought might cover what was being stated: Exceptions will be allowed for commercial use comprising no more than 25% of the street front at the pedestrian street level along Sand Point Way consistent with underlying zoning and within the campus buildings where commercial/retail services are needed warranted that serve the broader public.

Members decided that the 25% restriction should not be included. The question was called on the motion. The motion is reproduced below as amended and from staff notes at the meeting.

- |    |   |
|----|---|
| 1) | The CAC strongly reinforces the Monitoring and Agency Oversight of Planned Development including the Content of Monitoring Reports and the MIMP Conditions for MUP Awards as outlined on Page 69 of the Final Master Plan for Seattle Children's Hospital.  |
| 2) | For all future development under the MIMP of phases 2, 3 and 4; prior to the <u>approval issuance</u> of any MUP for any building construction, Children's shall provide documentation to the Standing Advisory Committee and the City of Seattle Department of Planning and Development clearly demonstrating that the additional construction requested is needed for patient care and directly related supporting uses by Children's, including administrative support.  |
| 3) | No portion of any buildings on the Laurelhurst Campus or the Hartmann Building shall be rented, or leased to third parties that are not <u>providing engaged directly in pediatric medical care or directly related supporting uses for all space occupied in the building</u> . Exceptions will be allowed for commercial use <u>consistent with underlying zoning</u> at the pedestrian street level along Sand Point Way and within the campus buildings where commercial/retail services are needed/ warranted that serve the broader public. |
| 4. | Any changes to these <del>recommendations</del> <u>conditions</u> by Children's shall be considered a major amendment to the Master Plan.   |

NOTE: all changes shown were accepted as friendly amendments.

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	Yes
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	Yes
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)	Yes
Pos 15	Dr. Gina Trask	Yes
Pos 1	Karen Wolf, Chair	Yes
Pos 2	Catherine Hennings, Vice-Chair	Yes

Having received a vote of 15 in favor and 0 opposed, the motion passed.

Myriam Muller asked that 40<sup>th</sup> Avenue access be the first action item on the next meeting's agenda.

**VII. Adjournment**

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

**Meeting # 24**  
**January 27, 2009**

Taleris Conference Center  
4000 NE 41<sup>st</sup> Street  
Seattle, WA 98105  
Dining Room

**Members/Alternates Present**

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

**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 and Housekeeping**

The meeting was called to order by Karen Wolf. Introductions followed.

**II. Presentation by Thomas Hansen, MD, Chief Executive Officer of Seattle Children's Hospital**

Dr. Hansen stated that he appreciated the difficult challenges that the CAC has faced to balance the needs of the hospital with the needs to protect the quality of life in the surrounding neighborhoods. He and Suzanne Pederson had estimated that members of the CAC have put in more that 5000 hours or two years of regular work days.

The alternative that the CAC helped develop (7R) represents that balance. He assured the CAC that Children's is committed to being a good neighbor. He stated that he is particularly pleased with the housing replacement and transportation plans. He stated that he would be pleased to take questions.

Mike Wayte stated that it had been brought to the attention of the CAC late in the process that you can apply to the State Department of Health for a letter of intent to issue a certificate of need. We have received vastly different projections of need and have wondered why we couldn't get a determination from the Department of Health concerning need.

Dr. Hansen stated that Children's has no desire to build empty buildings and regarding the Letter of Intent to issue a certificate of need, he is unaware that this is possible.

Myriam Muller stated that many in the neighborhood have observed that since Dr. Hansen's arrival as CEO Children's has worked to leave a legacy with this massive expansion. Dr. Hansen stated that if he is to leave a legacy it would be to have developed a world class research program. He noted that he is a scientist first. Children's would love to focus on its research facility downtown but has had to prioritize beds because of the great need.

Doug Hanafin asked how Children's will get the funding for the estimated billion dollar cost of this development. Dr. Hansen stated that it will be covered by bonds from various sources. He noted that most of their private donations go to cover uncompensated care.

Robert Rosencrantz asked what a committee might be looking at in 2028. Dr. Hansen stated that in 20 years he hopes that we have made progress in reducing chronic illness.

### **III. Housekeeping Issues**

Steve Sheppard noted that the Code allows for the inclusion of minority reports but does not give a process. What has occurred in the past is that one or more people get together and write a report and forward it to staff (in this case himself) for editing of the format and incorporation into the final report. There can be multiple minority reports. He suggested that anyone writing a minority report try to justify their position. He stated that minority reports need to be to him Monday morning if possible.

He also noted that he had put out an e-mail stating that the CAC should probably deal with the adequacy of the EIS. This is an error. Since the EIS adequacy has been appealed and the appeal period has ended, this is no longer relevant and the CAC's weighing in on this issue would simply muddy the waters.

### **IV. Review of how the EIS deals with the Previous Transportation Recommendations of the CAC**

*(Editors Note: Much of Mr. Gahnberg's presentation reviewed previous information and where this was done it is not covered in any detail.)*

**General Update** - Kurt Gahnberg was introduced to make the presentation. He noted that he most significant action since he last was here was the development of the Children's Comprehensive Transportation Plan. There were a number of recommendations made in the CAC's letter. He went over the major CAC recommendations and noted that all were addressed. He noted that the CAC also had discussed a possible traffic light at 50<sup>th</sup> and Sand Point Way but that as there is no longer access to Children's off of this street so that it is not included. Key findings have not changed as all alternatives are based upon the same level of development. He briefly went over the findings.

**40<sup>th</sup> Avenue NE** – Concerns have been raised concerning 40<sup>th</sup> Ave, NE. Children's is proposing access of about 1000 parking stalls at two points: 1) to the emergency department and 2) the entry to the southwest Parking garage. The analysis looked at the direction of traffic that will occur from that and the EIS evaluated operations of the intersections of 40<sup>th</sup> Ave, NE and Sand Point way and 40<sup>th</sup> Ave, NE and NE 45<sup>th</sup> Street. Both were shown as

operating at level of service B or C. These are considered very good. There also have been connection issues for those going to the north from the Laurelhurst area. A previous draft looked at some right turn restrictions when this would remain as the Laurelon Condominiums entrance. Something might still be done. Added access off of Sand Point Way is very difficult because of the location of the traffic signals. Signals are planned at the intersections of 40<sup>th</sup> Ave, NE and Penny Drive and 40<sup>th</sup> Ave, NE and NE 45<sup>th</sup> Street. An additional signal between the two would be too close and would not be accepted.

It was noted that others have asked if the garage might be accessed off of Penny Drive. Three factors work against this: 1) the turn from Penny Drive being so close to the existing light that traffic would back up in both directions and make the situation unstable; 2) accessing 3000 spaces from one location would over burden the internal circulation; and 3) concentration of all access at Penny Drive will back traffic up past NE 50<sup>th</sup> Street. He stated that he was much more comfortable with access off of 40<sup>th</sup> Avenue NE.

Gina Trask asked how the back-ups up NE 45<sup>th</sup> Street will be dealt with if the entrances are located on 40<sup>th</sup> Ave, NE. Mr. Gahnberg responded that his analysis shows that there will be no back ups. Ms. Trask disagreed. Cheryl Kitchin noted that changes to Penny Drive might allow underground access to the garage. Mike Wayte suggested that changes with a light on Penny Drive internal to the campus might solve queuing problems. Michael Omura noted that the current turn to Giraffe, where the signal that Mike Wayte is suggesting, is up at a higher grade. Mr. Gahnberg stated that this was another reason that this was not desirable.

Mike Wayte suggested that traffic exiting the garage on 40<sup>th</sup> Ave, NE be forced to turn north to avoid further congesting NE 45<sup>th</sup> Street. Mr. Gahnberg disagreed with this. He stated that since 2/3 of the traffic is trying to go south this would force 2/3 of the traffic to go north and then make an acute turn back south. This would congest Sand Point Way. Myriam Muller stated that she felt the presentation was skewed to favor Children's.

### III. Public Comments

**Comments of Tony Woodward** – Mr. Woodward stated that he is the Emergency Room Medical Director for Seattle Children's Hospital and a resident of Laurelhurst. The importance of direct and immediate access to the emergency room is crucial. However access is eventually done make it immediate and straightforward.

**Comments of Seth Gustafson** – Mr. Gustafson stated that he is a Bryant resident. He stated that the contribution to the housing replacement fund in good and that he supports the portion that would go to Solid Ground.

**Comments of Frank Graves** – Mr. Graves stated that he is a Laurelhurst resident and lives on 42<sup>nd</sup> Avenue directly abutting the hospital. He stated that he is seriously opposed to the entrances on 40<sup>th</sup> and that it will cause problems for which answers have not been given.

**Comments of Ginny Sharrow** – Ms. Sharrow stated that every time she attends the meeting she becomes sick to her stomach. The discussion is always about what is best for Children's. She offered the opinion that Children's has not made a single meaningful compromise since the beginning of this process. There are compromises that can and should be made, but it appears that Children's has no interest in working towards common goals. Every meeting Children's offer up a new horror that terrorizes the impacted neighbors. In addition, when listening to the traffic engineer she wonders where he is coming from. The street already backs up. We need to work towards a compromise so that we can continue to be a vibrant and vital neighborhood that will support Children's Hospital for the next 100 years. When will someone in power cry foul?

**Comments of Jim Madden** - Mr. Madden stated that the issue comes down to the fact that we are trying to accommodate too much on too small a site. He noted that he had reviewed most of the traffic studies. After everything is said, the proposal is to add ten shuttle busses, 300 to 500 bicycles, some message board will be installed, and some cameras will be installed. The roads will remain the same size while traffic will triple. At one

point it stated that there will be 51 vehicles turning right, but asked how that can be and if there are more than that now. He encouraged the CAC members to study the traffic studies. He also noted that the loss of Laurelton Terrace will eliminate 36% of the affordable housing in this area.

**Comments of Donald King** – Mr. King stated that he is an architect with a twenty-four year practice specializing in community planning and design including the planning and design of health care facilities. He noted that when asked what one could do to promote world peace, the Dalai Lama responded : “be kind to children”. For over 100 years Settle Children’s has done this. The number of children and the number served by Seattle Children’s have grown. After reviewing the master plan it is my professional opinion that the plans strikes the best balance between the delivery of these services to children and the sensitivity to the adjacent surrounding neighborhood. He stated that he is particularly pleased with Children’s plan to further decentralize its outpatient services and focus development at the hospital on in-patient care and highly specialized services that are difficult to replicate at more than one location. The two years of community involvement is commendable and alternative 7R shows a significant response to community input including; 1) attention to the buffers and edges of the site; 2) reduced height; 3) eliminating of entrances fro neighborhood streets; and 4) creation of a transit hub. He urged adoption of the plan.

**Comments of Judith Platt** – Ms. Platt stated that she is concerned with the height bulk and scale of the proposal. She noted that at times traffic on NE 45<sup>th</sup> Street backs up from Sand Point Way to the east past 40<sup>th</sup> Avenue NE. She noted that over 50 years the hospital has grown from a small facility in a duplex zone to what we have today. She suggested that heights be kept to 90 Feet.

**Comments of Susan Martin** – Ms. Martin stated that she is a twenty-year resident or Laurelhurst. She stated that she wanted to discuss what she sees as the lack of transparency the part of Laurelhurst Community Club regarding this issue. There is a vast contingent of people in this neighborhood that really do support alternative 7R . She stated that she does not feel that Laurelhurst Community Club is adequately representing the community. She noted that she went to a Laurelhurst Community Club meeting several weeks ago and waited through two hours of other items on the agenda and when Children’s came up they went into executive session and that I would have to leave the meeting. She stated that she is a former member of the Laurelhurst Community Club Board and understands what an executive session is. She stated that she does not believe that LCC is adequately representing the neighborhood.

**Comments of Michael Pearlman** – Mr. Pearlman stated that he remains concerned with the lack of full consideration of the total number of square feet. He noted that Mr. Sheppard has advised several times that the committee reach a position on the total amount of allowable development by working from the outside in, but that the discussion at the last several meetings was confusing and that many, including some n the CAC did not understand that the decision on FAR was a decision on the total square footage.

**Comments of Ms. Ford** – Ms. Ford stated that she is concerned with the scale of the facility. Her greatest concern is over transportation. With 800 cars per hour coming how would someone from elsewhere to get here. Children’s appears to be getting everything they could wish for.

**Comments of Jeannie Hale** – Ms. Hale stated that she was with the Laurelhurst Community Club. She stated that she wanted to let Ms. Martin know that the Community Club embraces Children’s as an asset for the community and what they want is a development plan the works for the hospital and the community. She noted that she was happy the Mr. Sheppard had addressed the issue of minority reports. Often these reports are more cited by the Hearing Examiner and City Council. When you are considering writing a minority report it is important. As a CAC most of the testimony you receive is from the institution. She noted that the CAC received an e-mail that encouraged the CAC to approve the street vacation and adequacy of the EIS and described these as technical issues. There are not technical issues. She stated that she appreciated that Mr. Sheppard has instructed the CAC not to speak to the adequacy of the EIS, but neither issue should be

characterized as “technical”. She provided the CAC with a copy of the LCC appeal on the EIS and the City regulation concerning street vacation.

Ms. Hale noted that the transportation Department often says that projects can not be done but LCC has learned to just keep the pressure on and they will get done. She gave examples where this had occurred.

**Comments of Liz Ogden** – Ms. Ogden stated that traffic is a critical issue and that the LCC has worked on several issues regarding this. Children’s is proposing adding a large parking lot. Initially the LCC was told that this was intended as the Emergency Department parking, but at 100 cars it is clearly more than that. This master plan is still seeking a nearly tripling of total square feet and therefore generating a similar increase in traffic. She noted that there is no signal planned at NE 50<sup>th</sup> Street and Sand Point Way.

**Comments of Molly Black** – Ms. Black stated that she agreed with others who had suggested a less porous edge. By now it is clear that Children’s needs can be met in Laurelhurst. And as one speaker mentioned the CAC has been very kind to Children’s. Children’s has its 1.5 million new square feet to work with and it will be taller than any other similarly situated facility in the City. The Campus will be enormous and will significantly impact its surroundings. However indelible mark that the hospital will make on the neighborhood in which it sits can be mitigated. Institutions and neighborhoods are different in many ways but similar in that they are largely defined by their entry points. As seen at Children’s current entry on Penny Lane, the institution’s entrance is often adorned with signage; bright lighting and associated brouhaha to draw attention to those that it needs to draw in. Entrances to neighborhoods are far more subtle but no less important as they help establish an area’s identity, sense of self and identity. 40<sup>th</sup> Avenue NE and 45<sup>th</sup> Avenue NE arguably serves as this neighborhood’s primary entry. These two streets are used almost exclusively for the purpose of accessing homes, parks, churches and schools. Excluding the businesses that also front Sand Point Way, there are no commercial interests on these streets, nor should there be. To help preserve the residential character of the surrounding area, she and her neighbors feel strongly that the hospital should be required to turn its public face away from the neighborhood gateway, and that the hospital’s vehicular entry points be limited only to Sand Point Way. With regard to 40<sup>th</sup> Avenue NE, 45<sup>th</sup> Street NE and 50<sup>th</sup> Avenue NE Children’s should be the good neighbor and limit entry points to Sand Point Way.

**V. Committee Discussion of its Positions for the Final Report.**

**A. Traffic Transportation and 40<sup>th</sup> Avenue NE**

Catherine Hennings stated that she has discussed the issue with many members concerning a possible motion concerning Transportation. She provided members with a written copy of her motion.

Catherine Hennings stated that she uses 40<sup>th</sup> a lot and shares some of the concern. She has assumed that because the CAC has previous comments, that the entrances on 40<sup>th</sup> were critical to the current design and that we were really looking at mitigation of the impacts of this entry and not to eliminate it. She also noted that it is important to remember that the 40<sup>th</sup> Avenue NE entry is a replacement for the NE 45<sup>th</sup> and 50<sup>th</sup> Street entries. She noted that an entry is still shown on NE 50<sup>th</sup> street and there needed to be clarity on this issue.

Gina Trask noted that the motion again had been made prior to a discussion. She noted that she has tried to treat all members with respect and observed that over the last few meetings a lack of respect for the positions of some members. She stated that NE 40<sup>th</sup> Street is a major issue to the neighborhood. Children’s present entries are off of Sand Point way and that is a major reason that the neighborhood and Children’s can co-exist. Myriam Muller agreed with Ms. Trask.

Cheryl Kitchin noted that the limiting of the entry to one location on Sand Point Way was a major issue during the last planning process. She stated that the CAC should simply recommend all access off of Penny Drive and let the architects decide how that can be done.

Robert Rosencrantz noted that two persons, Frank Graves and Molly Black both spoke to the problems caused by Children's at the NE 40<sup>th</sup> Street location. Mr. Rosencrantz stated that he agrees with this.

There was a discussion of various cut-through routes that some used to bypass congestion.

Catherine Hennings noted that limitation on access on NE 40<sup>th</sup> Street would have a negative affect not just to the garage but to the Emergency Department Too. Ruth Benfield stated that they have determined that they can no longer work with only one entry point. They have looked at how to add access here with the minimum negative impact. She stated that the most critical entry is for the Emergency Department.

Michael Omura noted that early versions of Alternative 7 showed Emergency Department entry off of Sand Point and wondered why that wasn't still under consideration, especially as the garage is in later phases of the development. Catherine Hennings stated that she recalled that the traffic consultants had determined that this was not feasible. Kurt Gahnberg responded that was looked at previously. There is a full planted median on Sand Point Way at this location and he doubts that either the City or State would allow its removal. In the right in/out alternative emergency vehicles would have to go to the light at Penny Drive and make a u-turn back south. Mike Wayte responded that with a multi-billion dollar project he couldn't conceive that the City would not work with children's and the neighborhood to accommodate this turn. Ruth Benfield noted that the entry was changed as a part of the effort to move the building back into the slope to minimize view impacts.

Wendy Paul asked if she had understood it correctly that an eastbound left turn pocket on 45<sup>th</sup> so that patients b could take a left without blocking through lanes. Cheryl Kitchin stated that the larger concern is westbound traffic.

Catherine Hennings moved her motion as written above.

That the Children's Major Institutions Master Plan Citizen's Advisory Committee (CAC) final report shall include the following recommendation(s) concerning the transportation plan, including access to the campus:

1. The CAC broadly supports the Transportation Management Plan Elements as outlined in the DPD Director's Report and including those elements noted in the CAC Discussion Matrix (item #10).
2. For the life of the Plan, Children's will restrict the vehicle entrances shown on NE 45<sup>th</sup> St. and NE 50<sup>th</sup> St. to limited service access and emergency access only.
3. In order to mitigate the impacts on access in and out of the Laurelhurst neighborhood, Children's will develop a plan to promote the efficient flow of traffic on 40th Avenue NE between NE 45th Street and Sand Point Way that will include:
  - o A request to the City of Seattle to remove parking from the east side of the street;
  - o A request to the City of Seattle for possible widening of the street to 3 lanes, to allow for a center turn lane;
  - o A request to the City of Seattle to restrict access and egress to the parking garage from the north only (Sand Point Way);
  - o Specific streetscape design to promote ease of pedestrian movement.
4. Children's will monitor the impacts of the new entrances on 40th Avenue NE on access in and out of the Laurelhurst neighborhood on an ongoing basis and submit reports to the SAC regarding vehicle counts and level of service at the intersections of 40<sup>th</sup> Avenue NE and Sand Point Way as well as NE 45<sup>th</sup> Street and Sand Point Way. If demonstrated to be necessary, Children's will provide a traffic guard(s) to direct traffic at Children's 40th Ave NE entrances during peak hours or other mechanisms appropriate to the traffic conditions.
5. Children's will work with the SAC to develop additional pedestrian and bicycle-only perimeter access points as well as designated pedestrian and bike routes through campus

in order to allow the public to benefit from the new transit center and Burke-Gilman Trail connections.

The motion was seconded by Theresa Doherty

Catherine Hennings asked that her motion be split into two with the first as follows:

- That the CAC final report should include a recommendation that supports the entrances on 40<sup>th</sup> Avenue with the additional measures as follows:
1. In order to mitigate the impacts on access in and out of the Laurelhurst neighborhood, Children's will develop a plan to promote the efficient flow of traffic on 40th Avenue NE between NE 45th Street and Sand Point Way that will include:
    - o A request to the City of Seattle to remove parking from the east side of the street;
    - o A request to the City of Seattle for possible widening of the street to 3 lanes, to allow for a center turn lane;
    - o Specific streetscape design to promote ease of pedestrian movement.
  2. Children's will monitor the impacts of the new entrances on 40th Avenue NE on access in and out of the Laurelhurst neighborhood on an ongoing basis and submit reports to the SAC regarding vehicle counts and level of service at the intersections of 40<sup>th</sup> Avenue NE and Sand Point Way as well as NE 45<sup>th</sup> Street and Sand Point Way. If demonstrated to be necessary, Children's will provide a traffic guard(s) to direct traffic at Children's 40th Ave NE entrances during peak hours or other mechanisms appropriate to the traffic conditions.

After brief further discussion, the question was called and Mr. Sheppard called the roll. The votes were as follows:

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

Having received a vote of 6 in favor, 7 opposed, 2 abstaining the motion failed.

Cheryl Kitchin moved:

That entrance to Seattle Children's Hospital be limited to off of Sand Point Way

The motion was seconded.

Catherine Hennings stated she cannot believe that after the committee having come so far along together that we are getting bogged down over this short stretch of street. It is only one of several access points and with appropriate mitigation could be made to work. The question was called and Mr. Sheppard called the role. The votes were as follows: Yvette Moy stated that this is an understandable major concern. She asked Ms. Benfield if a Sand Point Way access could be supported by the hospital.

Ruth Benfield stated that if the CAC was comfortable that Children's would honestly look at all the options knowing that what you are asking Children's to do is attempt to minimize the impact on 40<sup>th</sup> Ave including the consideration of a second access on Sand point way. If we could make that work and be safe and effective for traffic flow across the NE area. She stated that she would be more than willing to accept that. Children's would then come back to the SAC and report what might work.

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

	<b>Member or Designated Alternate</b>	<b>Vote</b>
Pos 3	Kim O. Dales	<b>Yes</b>
Pos 5	Theresa Doherty	<b>No</b>
Pos 4	Doug Hanafin	<b>No</b>
Pos 6	Cheryl Kitchin	<b>Yes</b>
Pos 7	Nicole Van Borkulo in lieu of Bob Lucas	<b>No</b>
Pos 8	Yvette Moy	<b>No</b>
Pos 9	Myriam Muller	<b>Yes</b>
Pos 10	Michael S. Omura	<b>No</b>
Pos 11	Wendy Paul	<b>No</b>
Pos 12	Dolores Prichard	<b>No</b>
Pos 13	Robert Rosencrantz	<b>Yes</b>
Pos 14	Shelley Hartnett	<b>Yes</b>
Pos 15	Dr. Gina Trask	<b>Yes</b>
Pos 1	Karen Wolf, Chair	<b>No</b>
Pos 2	Catherine Hennings, Vice-Chair	<b>No</b>

Having received a vote of 6 in favor, 9 opposed, 0 abstaining the motion failed.

Yvette Moy moved

That Seattle Children's Hospital shall evaluate the entrances to minimize impacts on 40 Avenue SE with two entrances on Sand Point Way if feasible

Prior to a second there were several suggestions for improvements to the wording. Mike Wayte stated that he wanted to add the Phrase "that there be no egress or access from the garage from NE 45<sup>th</sup> Street".

Steve Sheppard re-read the motion.

That Seattle Children's Hospital shall evaluate the entrances to minimize impacts on 40 Avenue SE with two entrances on Sand Point Way if feasible and with no egress of access from the garage from NE 45<sup>th</sup> Street.

Michael Omura noted that we would really be identifying two access points on Sand Point Way with one being new. Gina Trask and Cheryl Kitchin stated that we should just make a recommendation and not have Children's make an evaluation. There was considerable discussion of the exact wording and many versions put forward.

Following this discussion the motion was read as follows:

Access to the Laurelon Terrace site shall consist of one entry from 40<sup>th</sup> Avenue NE for a single use (either the Emergency Room or general parking garage, and not both) with one additional access point on Sand Point Way (for a total of two access points along Sand Point Way including the existing Penny Drive). There shall be no egress or access to or from the garage from NE 45<sup>th</sup> Street to 40<sup>th</sup> Ave NE.

After brief further discussion, 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	No
Pos 5	Theresa Doherty	Yes
Pos 4	Doug Hanafin	Yes
Pos 6	Cheryl Kitchin	No
Pos 7	Nicole Van Borkulo in lieu of 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	No
Pos 14	Shelley Hartnett	Yes
Pos 15	Dr. Gina Trask	Abstain
Pos 1	Karen Wolf, Chair	Abstain
Pos 2	Catherine Hennings, Vice-Chair	Abstain

Having received a vote of 8 in favor, 4 opposed, 3 abstaining the motion Passed

Yavette Moy moved the remainder of Catherine Hennings' original motion without points 3 and 4.

Steve Sheppard read the motion as follows:

That the Children's Major Institutions Master Plan Citizen's Advisory Committee (CAC) final report shall include the following recommendation(s) concerning the transportation plan, including access to the campus:

1. The CAC broadly supports the Transportation Management Plan Elements as outlined in the DPD Director's Report and including those elements noted in the CAC Discussion Matrix (item #10).

2. For the life of the Plan, Children's will restrict the vehicle entrances shown on NE 45<sup>th</sup> St. and NE 50<sup>th</sup> St. to limited service access and emergency access only.
3. Children's will work with the SAC to develop additional pedestrian and bicycle-only perimeter access points as well as designated pedestrian and bike routes through campus in order to allow the public to benefit from the new transit center and Burke-Gilman Trail connections.

The motion was seconded. No substantive further discussion was given and Mr. Sheppard called the roll. The votes were as follows:

	Member or Designated Alternate	Vote
Pos 3	Kim O. Dales	Yes
Pos 5	Theresa Doherty	Yes
Pos 4	Doug Hanafin	Yes
Pos 6	Cheryl Kitchin	Yes
Pos 7	Nicole Van Borkulo in lieu of 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 Hartnett	Yes
Pos 15	Dr. Gina Trask	Yes
Pos 1	Karen Wolf, Chair	Yes
Pos 2	Catherine Hennings, Vice-Chair	Yes

Having received a vote of 14 in favor, 1 opposed, 0 abstaining the motion Passed

**B. Housing Replacement**

Robert Rosencrantz passed out a recommendation he was proposing. He briefly went over the suggestions. The Committee ultimately decided it was willing to endorse a replacement housing plan that may result in construction of the 136 replacement units in more than one development. It placed a number of conditions on its approval, contained in the motion it voted unanimously [15-0] to adopt, as follows:

The CAC supports Seattle Children's Housing Replacement Plan in the proposed Master Plan with the following additional conditions:

- 1) If Children's purchases Laurelton Terrace, then it will meet its housing replacement responsibilities related to the demolition of Laurelton Terrace in accordance with SMC 23.34.124(B&7) as follows:

New or expanded boundaries shall not be permitted where they would result in the demolition of structures with residential use or change of use of those structures to non-residential major institution uses unless comparable replacement is proposed to maintain the housing stock of the city."

- 2) Children's will work with the Seattle Office of Housing to establish a binding Memorandum of Agreement (MOA), contingent upon approval of Seattle Children's Master Plan by the Seattle City Council. The MOA for the construction of replacement housing will address the terms required for the replacement housing, including but not limited to: 1) Location 2) Eligible Housing 3) Eligible Housing Developers 3) Concurrency 4) Payment; 5) Affordability 6) Minimum number of Units, Square feet, & bedrooms; 7) City Approval Requirements.
- 3) Children's obligation to provide replacement housing is not fulfilled until said replacement housing is completed and ready for occupancy.
- 4). CAC strongly recommends the replacement housing project be completed prior to the date of the issuance of the Certificate of Occupancy for Phase One of the Children's Hospital expansion, subject to the provisions of the MOA.
- 5) To provide for a full range of housing options, the Seattle Office of Housing shall construct an open, fair and competitive bidding process available to for-profit and non-profit housing providers in the awarding of a contract [or contracts] for the development of replacement housing.
- 6). In aggregate, the replacement housing shall contain at least 136 units of housing and at least as many bedrooms and square feet of housing as are currently contained at Laurelon Terrace.
- 7) Eligible replacement housing shall include for-sale or rental housing that is affordable to households earning up to Area Median Income as established by the U.S. Department of Housing and Urban Development guidelines for the Seattle Metropolitan Statistical Area. The CAC strongly prefers the replacement housing be located in NE Seattle, and further strongly prefers it be located as close to CHRMC as is practical.
- 8). Children's and the Office of Housing shall endeavor to have identified a site or sites for the replacement housing prior to demolition of Laurelon Terrace.
- 9) Children's agrees to contribute at least \$5,000,000 as its financial portion for the replacement of Laurelon Terrace

He indicated that he believes that given the existing economic situation the dollar contribution is looking more generous.

Mark Ellerbrook with the Office of Housing stated that his office has looked at this draft that Robert has put forward and that it appears good. He suggested that item three be modified. He noted that the actual construction should become the responsibility of his office as Children's is not a housing provider. He stated that he has some concerns about item six which specified the number of bedrooms and square feet. Robert Rosencrantz that he: 1) opposes having the Office of Housing be the responsible agency; believes that point four should stand basically as is; and that it is reasonable to have a minimum threshold. He therefore requested that the motion stand as proposed.

Myriam Muller asked that the housing be in close proximity to Children's. Others noted that there is a lack of available land in the nearby area. Laurelon is seven acres and there just isn't a space that large. Myriam suggested that it might be at multiple locations and suggested that point five indicate that. Mark stated that they would restrict the housing to the northeast sector of town. Robert agreed to add this provision at the end of point 5 as a friendly amendment.

Wendy Paul asked why Point 4 called for this to be completed before Phase One. Robert stated that this was intended to put pressure on the timing of the development.

Scott Ringgold stated that one is a preamble and suggested that it be treated as that and not as a part of the motion. Robert agreed to this as a friendly amendment. He also agreed to remove point 9. Concerning Point 4 Karen Wolfe suggested that the wording be changed to "the CAC strongly recommends the specific replacement housing project(s) be identified and the \$ encumbered prior to the date". Steve Sheppard asked Robert if he would accept that wording. Robert agreed to accept this change.

There was a discussion of the purchase of Laurelton Terrace. Members noted that they had heard that there was some limit on owners selling. Lisa Brandenburg stated that the full price was set and what was happening now is that some owners were selling now prior to the completion of this process and that the current appraisals are only good until February.

After brief further discussion, the question was called and Mr. Sheppard called the roll. The votes were as follows:

	Member or Designated Alternate	Vote
Pos 3	Kim O. Dales	Yes
Pos 5	Theresa Doherty	Yes
Pos 4	Doug Hanafin	Yes
Pos 6	Cheryl Kitchin	Yes
Pos 7	Nicole Van Borkulo in lieu of Bob Lucas	Yes
Pos 8	Yvette Moy	Yes
Pos 9	Myriam Muller	Yes
Pos 10	Michael S. Omura	Yes
Pos 11	Wendy Paul	Yes
Pos 12	Dolores Prichard	Yes
Pos 13	Robert Rosencrantz	Yes
Pos 14	Shelley Hartnett	Yes
Pos 15	Dr. Gina Trask	Yes
Pos 1	Karen Wolf, Chair	Yes
Pos 2	Catherine Hennings, Vice-Chair	Yes

Having received a vote of 15 in favor, 0 opposed, 0 abstaining the motion Passed

**VI. Adjournment**

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

**Meeting # 25**  
**January 29, 2009**

Taleris Conference Center  
4000 NE 41<sup>st</sup> Street  
Seattle, WA 98105  
Dining Room

**Members/Alternates Present**

Myriam Muller  
Michael S. Omura

Yvette Moy  
Wendy Paul

Shelly Hartnett  
Robert Rosencrantz

Theresa Doherty  
Bob Lucas  
Karen Wolf, Chair

Cheryl Kitchin  
Catherine Hennings

Brice Semmens, Alternate  
Nicole Van Borkulo, Alternate

### **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 and Housekeeping**

Chair Karen Wolf opened the meeting and welcomed everyone. Introductions followed. Ms. Wolf explained that the Committee would continue the discussion on developing recommendations for the final report and will also receive a brief update on the street vacation process.

Steve Sheppard thanked CAC members and members of the public for their participation in the process. He stated the CAC's the identification of 7R as the platform upon which the eventual plan would be based of Alternative 7R implied the vacation of the street running through Laurelon Terrace. He noted that Beverly Barnett would give a brief overview of that process. Most CACs simply state in their report: "we understand there are vacations required as a part of the plan and that to the extent that proper mitigation and proper public benefit is negotiated we accept that or endorse it". Others omit the endorsement.

Mr. Sheppard reminded members the final meeting of the CAC would be on Monday – not Tuesday and hoped everyone would be in attendance. A draft of the final report will be available and he urged members to review it prior to the meeting. The noted that he would rely on the Chair and Co-Chair to do most of the editing. He urged everyone to read the 20 page minutes as they are issued each week. The last couple meeting minutes will be harder to get out even for the final report because of how quickly they are occurring.

This meeting is a special meeting and though it was listed as a possible meeting, he appreciated members making room on their schedules. He thanked the Committee and particularly the public for their participation.

## **II. Briefing on the Street Vacation Process**

Ms. Wolf introduced Beverly Barnett from SDOT who supervises the street vacation process.

Ms. Barnett stated that the street vacation process is different from other land use actions. A street or alley vacation occurs when an adjacent property owner petitions the City Council. In this case the City has received a vacation petition for those portions of 42<sup>nd</sup> and 46<sup>th</sup> that lie within Laurelon Terrace as identified in the Master Plan. The process is administered by the Seattle Department of Transportation (SDOT) so even though the petition is to the City Council, SDOT will process it. The process and policies for vacations are established by a resolution. They provide the criteria and circumstances under which the City Council will consider vacations.

To be considered for vacation, the street must no longer be needed for circulation, access, light, air, utilities and open space. Land use impacts are also looked at as well as public benefit. Before a vacation can be granted the petitioner has to provide a long term benefit for the general public. The policies identify the provision of public institutions and hospitals and their associated physical amenities such as open space amenities as public benefits. Street vacation petitions are distributed broadly including to the Design Commission. The Design Commission looks at the public benefit and assesses how well it serves the public purpose and adequacy of the vacation. The Design Commission forwards a report to SDOT which crafts a recommendation to the City Council. The Council holds a public hearing after which they make their decision. When there is a variety of land use actions associated with a

project the City tries to coordinate the review but in this case these two actions are distinct so the processes may be related but separate. In making the decision the vacation policies direct that the Major Institution Master Plan should provide some guidance and that a lot of what they would look at in street vacation review is also addressed through the Master Plan. This is the sole case where the policies provide that another land use action provides some guidance. No schedule has been established and there is no specific role identified for the CAC.

Ms. Wolf asked if SDOT have any media or public process prior to its submittal/recommendation to the City Council. Ms. Barnett responded that the main hearing is held by the City Council and is the opportunity for the broad general public because they are speaking to the decision-maker about the vacation. When a vacation petition is first received it is circulated for comments; they will be using the contact information from the EIS. Comments are optional; anyone can, at any time, make comments.

Mr. Sheppard offered to provide Ms. Barnett with the CAC mailing list and noted that routine notification list for these meetings is over 300 people. Ms. Barnett agreed and said they would be happy to include it.

Myriam Muller asked Ms. Barnett to explain the public benefit requirement as it applies to major institutions. Ms. Barnett explained that because streets are a public asset, when the City Council makes a decision to give up public asset for public development the decision is supposed to serve the public. The City Council has looked to see a more tangible kind of public benefit. The street vacation policies provide that part of that benefit can be met by the goals and mission of the institution. The City Council will be aware that Children's Hospital provides important services and they will also look at the physical environment. They will be looking at some of the green spaces proposals as being elements of the public benefit.

Ms. Muller asked if it is necessary for the CAC to take a position on this. Ms. Barnett responded that it is not a and that because the alternative includes a vacation support is implicit..

Ms. Muller noted that Ms. Barnett stated she just received the petition and asked if that is how the timeline goes. Ms. Barnett responded that the timing is about right.

### **III. Public Comments**

**Comments of Megan Quint** - Ms. Quint stated that she was speaking on behalf of Northeast Seattle Parents in support of Children's Expansion and appreciates its presence in the community. She has been involved with the project since June but it hit home last fall when her one year old stayed three nights at Children's; she explained her experience of that time. She was angry to hear people say the expansion was being driven by something other than demand and stated that she believed the expansion is needed.

**Comments of Amy Woodruff** - Ms Woodruff stated that she was a resident of Laurelton Terrace, and she appreciated all the hard work to date. 84 owners have sold their property to the hospital and another six are pending. The Laurelton Terrace community is looking forward to the end of this process and to getting on with their lives; and many have found new housing opportunities in the marketplace today. 104 owners voted to approve the street vacation process for the hospital and one person voted against. Laurelton Terrace is in support of the process and are well represented throughout the process. She stated they have not been bullied throughout this process or forced to sell.

**Comments of Carrie Olsen** - Ms. Olsen stated that she was a resident of the neighborhood and recalled the farmhouse that once stood on the Children's site. She noted that Children's has grown in 20 year increments and slowly swallowed up portions of the neighborhood. At some point the community needs to decide whether different options for expansion exist. The question is not whether Children's should or shouldn't expand but rather whether it is appropriate for needed expansion to occur in residentially zoned neighborhood. 1.5 million square feet still brings the same amount of traffic no matter how you do it. She noted that when she first heard about the proposed square

footage she thought that the eventual amount approved would be about half that proposed. She also stated that she was baffled that when Dr. Henson was asked about the Certificate of Need he side stepped the issue. There are still many questions about that. She asked the CAC to proceed with caution and asked them to consider height, bulk and scale. She added that it is a wonderful institution.

**Comments of Jeannie Hale** - Ms. Hale stated that she was with the Laurelhurst Community Club (LCC). She stated that she was happy to have Beverly Barnett address the CAC as she is extremely knowledgeable and articulate. She said that even the City Council has difficulty understanding this complex issue of public benefit requirement. She noted that Ms. Barnett had stated a petition has been submitted, and asked why Children's had not provided that petition to the CAC. She noted that LCC regularly receives notices from SDOT regarding vacations but also hasn't received that information yet.

The public benefit requirement is extremely important. It is not just a matter of the benefit that Children's provides to its patients. She noted that the University of Washington went through a similar process and has been involved with both street and alley vacation hearings. She noted that she attends those meetings and that the University has come forward with some wonderful plans to fulfill the public benefit requirement that would benefit not just their students but the general community. She advised the CAC to refrain from taking an immediate position on street vacations. It is an extremely complex and lengthy process and the CAC lacks the needed information yet to be sufficiently informed. Ms. Hale noted that she had provided the CAC with additional materials on this process from SDOT's website to the CAC. She agreed that it is implicit that vacations are necessary with the acquisition of Laurelon Terrace but without an understanding of the petition or the issues it isn't a good idea to take any kind of position.

She noted that the agenda states that set backs and open space will be discussed and she stated there are already 75 foot set backs on the east and portions of the south end which is great; 40' along Sandpoint Way north of Penny Drive which is also a very good recommendation. She stated that LCC is recommending that the 40' setback along portions of NE 45<sup>th</sup> and 50<sup>th</sup> Streets be increased to 75'. The Major Institution clearly states that there needs to be a transition to different kinds of zones and 40' just is not sufficient to comply with the code and to meet the needs of the surrounding communities. Similarly, there is a portion of Sandpoint Way south of Penny Drive which has a 10' set back which is not sufficient and should be increased to 20'.

She agreed with Megan Quint that the hospital does serve a wonderful purpose and noted that LCC supports the hospital's expansion but wants the balance that is called for in the major institution code that considers both the needs of the hospital and those of the surrounding communities. LCC has never said that these changes are really about greed or anything other demand it is just a difference in how we approach these kinds of issues. She thanked the CAC for the opportunity to speak and for all their good work.

**Comment by Judith Platt** – Ms. Platt thanked everyone for all they've done and thanked Children's for their work in the community for their family through generations. She agreed that there is a need for more rooms for children. The disagreement is over scale. Neighbors believe that sufficient development to cover needs could be accommodated with about 500,000 square feet as opposed to 1.5 million. She stated that neighbors have compromised a lot over the last 50 years by accepting major increase in size, bulk and height at Children's and asked Children's consider more carefully their impact on quality of life in the surrounding neighborhood.

She stated that she would like to see height maintained at no greater than the 90 feet that Children's is presently granted as this is a low-rise residential neighborhood. She noted that while we all benefit from excellent care provided at Children's, the neighborhood is more impacted by the noise that surrounds the buildings. It is rarely what occurs inside of the building that has the greatest affect on the neighborhood, but what goes on outside the buildings. In addition, she stated that Penny Lane should be expanded so that parking garage is construction is not along 40<sup>th</sup>, NE 45<sup>th</sup>, NE 50<sup>th</sup>, 45<sup>th</sup> Ave NE. She thanked the CAC for their time and attention and for listening.

**Comment by Liz Ogden** – Ms. Ogden thanked everyone for the time and energy they have put in. Concerning open space she said the biggest impact for the neighborhood is set backs, not interior, public/private space. She encouraged the CAC to focus on the set back areas. She noted that these were well vetted in the previous master planning process, including 75' along NE 45<sup>th</sup> St. and the set backs along NE 50<sup>th</sup> St. and the set backs along Sandpoint Way and 40<sup>th</sup>. The code states that although not required to be physically accessible to the public, open space that is available to the public, especially visually, is encouraged. The visual accessibility is important considering the fabulous density of development that has been talked about. She asked the CAC to keep in mind that set backs are much more important than any other open space on the campus.

**Comment by Peter Steinbrueck** – Mr. Steinbrueck noted that he is a former City Councilmember and chaired the land use, Urban Development and Planning Committee, the Parks Committee and the Housing Committee. He said he is a neighbor and lived in Laurelhurst for a time and now lives in Northeast Seattle. As a citizen he said he greatly values the positive contribution that open space makes to the City whether it is public, private or something in between. We are expecting 1.7 million more people in the region over the next thirty years so we will need more open space. He stated that he was particularly impressed with the 41% commitment for open space both public and semi-public, visible, accessible open space.

#### **IV. Committee Deliberations on its Final Report Recommendations**

**Certificate of Needs** - Ruth Benfield noted that there were questions raised at the previous meeting regarding the notice of intent to grant a certificate of need. She stated that Jody Corona has contacted Jan Sigmund, the manager of the Certificate of Need program at Department of Health, for a request of clarification. She said he responded and she would pass his response around so all will have it.

Myriam Muller asked what the purpose of the certification was. Ms. Benfield responded it was to clarify at what point a Certificate of Need can be applied for and how that fits with any letter of intent. She let the CAC know that Jeff Hughes was in attendance and he would remind the CAC what is in the open space plan.

**Open Space** - Jeff Hughes was introduced to give a brief presentation on open space. He noted that the Master Plan commits to a total 41% of the space dedicated to open space. He briefly went over maps of the open space locations. Mr. Hughes noted that some open areas are on the roof of the plinth and that this area is accessible from grade via two ground level accesses and said it is accessible along Helen Lane via stairs. He also confirmed there was still a 50' buffer between the back property line of Hartmann and the Burke Gilman Trail. Mr. Hughes noted this rooftop open space was just over 83,000 square feet of the total 543,000 square feet provided.

The floor was opened to general questions and comments and members commented on a variety of issues. Cheryl Kitchin noted that there is an entrance to the garage on the east side there and asked for clarification. Ms. Benfield responded that the main entrance to the garage is off of Penny Drive, but that there is an emergency entrance on NE 50<sup>th</sup>. There will be no general entrance.

Myriam Muller noted that some in the neighborhood had expressed concern about the openness of the campus as a safety issue. Mr. Hughes responded that some persons had expressed concern either way. Some wanted access limited; some wanted a more pervious edge. He also noted that there are many options with landscaping that can address this issue.

Brief discussion followed focused on the need to maintain both public and private open spaces and particularly the need to maintain adequate buffers and setbacks. Ms. Benfield stated that the buffers have been expanded at CAC request and direction. Several members noted the two sections along NE 50<sup>th</sup> and 45<sup>th</sup> Streets where the 75 foot buffer/setback was reduced to 40 feet and questioned whether a uniform 75 feet shouldn't be provided. Children's staff noted that on NE 45<sup>th</sup> Street the reason for this was that the height for the southwest garage is lower and a 75 foot setback would not be needed at that location. This is the lowest part of the site and there is already a 35' MIO,

50' MIO so that they concluded that the 40 foot buffer is more than adequate to provide the screening needed here. In addition staff noted that there are some areas where there is 20 – 30' but looks like 75' because of the way Children's has been able to plant the areas.

Discussion then turned to the secondary entrance to the north garage. Members noted that access to the north garage included a secondary entrance off of the interior drive that parallels 44<sup>th</sup> Avenue NE and that there is a service entry at the intersection of that interior drive and NE 50<sup>th</sup> Street. Several members questioned whether the north garage might function just as well without this secondary entrance. Myriam Muller also noted that headlights from the staff parking areas on the top floor of the upper garage might shine directly into neighbor's homes and that people on that level could conceivably be looking into the houses. Mr. Neal responded that said the houses at grade on 44<sup>th</sup> are pretty high and that the buffer is sculpted to cover the view and they are maintained at a particular height. Some members disagreed noting that garages are often at the street level with the home elevated above them.

Ms. Benfield noted that Children's does not include any rooftop landscaping or greenery in its 41% open space commitment but will also undertake a commitment to eco-roofs

Theresa Doherty stated that she thought the 41% is a good number and that the CAC should reinforce that in some way. She is ready to propose a motion:

"The CAC supports the provision of a minimum of 41% of the total campus area including the Hartmann site as designated open space" and "Open space should be provided in locations at ground level or where feasible on other spaces that are accessible to the general public".

The motion was seconded by Yvette Moy.

Mr. Omura offered a friendly amendment, "that no more than a maximum of 20% of this 41% shall be allowed in rooftop open space. Ms. Muller preferred that it be two motions instead of one.

After brief further discussion of the possibility of two motions, the question was called:

Steve Sheppard read the motion as amended:

- 1) The CAC supports the provision of a minimum of 41% of the total campus area including the Hartmann site at build out as designated open space. A maximum of 20% of this 41% shall be allowed in rooftop open space.
- 2) Open space should be provided in locations at ground level or where feasible on other spaces that are accessible to the general public.

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

	Member or Designated Alternate	Vote
Pos 3	Brice Semmens in lieu of Kim O. Dales	<b>Abstain</b>
Pos 5	Theresa Doherty	<b>Yes</b>
Pos 4	Nichol Van Borkolu in lieu of Doug Hanafin	<b>Yes</b>
Pos 6	Cheryl Kitchin	<b>Yes</b>
Pos 7	Bob Lucas	<b>Yes</b>
Pos 8	Yvette Moy	
Pos 9	Myriam Muller	<b>Yes</b>
Pos 10	Michael S. Omura	<b>Yes</b>

Pos 11	Wendy Paul	Yes
Pos 12	Dolores Prichard	Abstain
Pos 13	Robert Rosencrantz	Yes
Pos 14	Shelley Hartnett	Yes
Pos 15	Dr. Gina Trask	
Pos 1	Karen Wolf, Chair	Yes
Pos 2	Catherine Hennings, Vice-Chair	Yes

Having received a vote of 12 in favor, 0 opposed, 1 abstaining and with two positions absent without an alternate voting, the motion passed.

Mr. Sheppard asked if there were any other open space issues.

**Total Square Footage of Development** - Myriam Muller asked where the CAC stands with regards to determining its support for a total allowable amount of square footage. Steve Sheppard responded that this question had been raised by several people and directed members to the minutes for Meeting # 23. He noted that at that meeting there was a fairly long discussion of the Floor Area Ratio (FAR) and how it might relate to overall square footage. The discussion was led by Mike who had stated that in establishing his recommendation to reduce the FAR from 1.9 to 1.5 he had taken the total square footage proposed which is 2.4 million square feet of “chargeable” square footage, and reduced it by 20% with the assumption that 20% could easily be put underground. That did not necessarily decrease the total development area, it did decrease “chargeable” or above grade area. Mr. Sheppard noted that by implication this accepted the 1.5 million new square feet of possible development. Mr. Sheppard asked members to indicate whether that was their intent. The majority of member stated that it was their intent and that they had understood that when they voted. Mr. Sheppard noted that he wanted to ask this question again because he was beginning to draft that section of the draft Final Report and had been asked repeatedly if the CAC had actually intended acceptance of the 1.5 million figure.

#### **V. Format of the Final Report and Minority Reports**

**Majority Report** - Mr. Sheppard noted that this completes the CAC’s determination of its major recommendations and that he will now develop the final report format. He handed a partial list of the recommendations that CAC voted on and asked CAC members to review it carefully to assure that it is correct as these recommendations will be basis of the report. He and the Chair and Vice Chair will develop explanatory wording concerning each major recommendation and to get it to CAC members for review and approval at the next meeting. He asked CAC members for their indulgence that the two co-chairs and himself are authorized to put together the wording rather than go through 20 different drafts. It is not going to be really long and may run about 30 pages plus all the minutes and any other reports.

He noted that some members have suggested that Marty Hefron’s final report be attached since many of the CAC’s initial transportation recommendations were based on that report. He also noted that where uncertainty exists or where the committee has struggled with competing viewpoints, he would try to reflect that in the final report. For instance the CAC clearly struggled with the height issue. There was considerable testimony calling for reduced heights with some members clearly favoring the full 140 feet and others wanting 90 feet or 105 feet’. The Committee struggled but in the end accepted a hybrid and the report will reflect this. Mr. Sheppard also noted the meeting notes (minutes) will be attached. Those minutes will make up a major part of the report, probably double the length of the written part. They are the final record of CAC deliberations. He asked members to read the minutes to make sure he has captured what they exactly meant to say because they aren’t verbatim, court report transcripts because those are sometimes so difficult to follow. The tapes will be retained. The report will also include a record of the public comments received. That will include the comments at the meetings and an acknowledgement of all of the

many e-mail and letters received and forwarded to the CAC. These have been retained and will be available to DON. There will also be minority report or reports that may be attached.

**Minority Report(s)** - Mr. Sheppard explained that the code provides for minority reports but is silent about process for developing them. A minority report can disagree with all or only a part of the majority position. It becomes an appendix to the majority report. If a member disagrees with one specific section but agree with everything else they can write a minority report that says "why I signed onto the majority report, but I diverged in this one area". Any CAC member who wishes to discuss their minority report will have the opportunity to address the Hearing Examiner. He asked that minority reports be forwarded to him by Monday.

Theresa Doherty suggested that there be a summary leading off the report that would include a list of all the motions and the vote count for each. Mr. Sheppard responded that this could be done. However, he expressed concern over including votes. He noted that the CAC called the roll for votes after meeting 19 but that prior to that some votes were by show of hands.

#### **VI. Adjournment**

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

## **Meeting # 26** **February 2, 2009**

Taleris Conference Center  
4000 NE 41<sup>st</sup> Street  
Seattle, WA 98105  
Dining Room

#### **Members/Alternates Present**

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

#### **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 and Housekeeping**

The meeting was called to order by Karen Wolf. Introductions followed. She explained the task at hand was to get final Committee approval for the final report but would go to housekeeping by Mr. Sheppard followed by Public Comment.

Mr. Sheppard acknowledged the long and arduous process and applauded all for being there and hoped this final meeting would go well and all would stay focused on the process. He pointed out that the majority report would be looked at and that various minority reports have been circulated for those who wish to sign on to the various minority reports. Mr. Sheppard noted that minority reports need not be approved by the majority. They are the positions of

those authoring or signing on to them and are not primary subject of this. They are appended to the CAC Final Report and stand on their own. He confirmed that he did pass all of them out. He explained that each of the Committee members also has a copy of the majority report main section. The main report will include all meeting notes and other attachments. He noted that he has a copy of the full document and members could look at that if they wished. The full report includes all the meeting summaries, a listing excerpted from the minutes of all of the public comments that have been received and will include the minority reports.. He stated that the purpose of the meeting will be to review the final report to make sure it is balanced. He also stated that he hoped the CAC might refrain from wordsmithing as a lot of people have done that already

## II. Public Comment

**Comment of Sandy Kemper** - Ms. Kemper stated that she had positive feelings about Children's and explained her experience of adopting a child with a cleft palette and the communication she had with the hospital. Children's was a great help in the process. She was impressed by how well-organized Children's is. Children's is an important part of this region but also important internationally and knows that a lot of work is being done in Africa.

**Comment of Bruce Milles** - Mr. Milles stated that he has worked in Children's Hospitals in other cities and is familiar with the task at hand. Transportation continues to be a concern and he suggested walkways over 45<sup>th</sup> and Sand Point. He didn't think the site is large enough for the 20-year expansion plan to make it as environmentally appealing as all would like. He asked what would be done with Ronald McDonald House and how big is that going to become and how many more will be put in the area. He asked about physicians moving to the area – what kinds of facilities are they going to need because growth in a hospital also means a growth in physicians and growth in practices; he asked how that is addressed. Communities build up around a hospital – in Fresno the (hospital) moved to a 100 acre site that was donated to them and a community was built around it. He doesn't see the report reflecting the kind of growth that will take place in 20 years around this hospital; if it has been discussed he applauds that but if not there is still work to be done. He appreciated how much the community was involved.

**Comment of Jeannie Hale** - Ms. Hale thanked the committee for allowing her to speak at every meeting and to review everything and that she appreciated the careful work that has been done. She encouraged the Committee to be respectful and courteous of each other and said that people are entitled to their own viewpoints; there is no room for discourtesy. She was happy to hear about Children's international work. The Laurelhurst Community Club consistently supports the work of Children's and its important mission and they support Children's as their neighbor. She referred to Bruce Milles' comments as interesting as certain transportation issues have been addressed but not traffic impact. Children's estimated something like 9,000 trips a day where an independent traffic consultant came up with 42,000 trips a day. These issues were never dealt with. The information – the trip generation data – was never provided to the CAC although it was asked for repeatedly. Many questions remain and she encouraged the CAC to exercise independent judgment when it comes to various issues to be discussed tonight and when it comes to their interest in signing any of the minority reports – a lot of thought went into those. She also noted that it is extremely important to the Laurelhurst Community to limit entrances on NE 40<sup>th</sup> Street. Other major concerns for the LCC continue to be limiting height to 105' as well as the total Square footage of development.

**Comment of Judith Platt** – Ms. Platt thanked the CAC for the work and dedication as well as the staff, patients, the people who have come in from outside the neighborhood to speak. She cited the excellent service and care provided and thought the people coming from surrounding neighborhoods are just not aware of the traffic and the bulk and size that we in the neighborhood have been experiencing over the last 40 years. They are able to come in and use the excellent care of Children's and then drive away and live elsewhere. The main thing we are all saying is we know Children's needs to grow, we are asking for a compromise on that growth pattern and that they stay within some smaller boundaries. Maybe now that there is a Lake Union building that Microsoft is no longer going to be using – that could be used for something not directly patient related. She supports Children's and appreciated the work done by all.

**Comment of Ray Meuse** - Mr. Meuse stated that he recognized the Committee's efforts and has been on previous master plan advisory committees. He spoke to traffic and the international aspects of Children's. One subject that hasn't been mentioned is there has been an increase in video teleconferencing and while it doesn't affect the traffic of patients it does affect travel of staff. He spoke of a video teleconference that morning between Children's and Kiev, Ukraine.

### **III. Committee Discussion of Final Report**

Mr. Sheppard stated that through the last meeting 143 public comments have been given at the open meetings. He noted that this represents a real commitment on the part of people who come forward to speak and thanked everyone for doing that.

He stated that members have been forwarded copies the Final Report that they have hopefully reviewed. The report is in sections: 1) a general cover letter from the Chair and Co-Chair that CAC members may also sign if they so wish; 2) a listing of all the recommendations that were made and it lists votes (not people who voted – just total votes) on each one; 3) a recommendation to adopt subject the modifications in the CAC report ; and 4) the main body of the report which explains all recommendations. There are some color illustrations to illustrate the setback arrangements that are being recommended by the CAC particularly at the Hartmann site. In addition there will be a listing of every public comment, a full listing of all CAC meeting notes, any minority reports received, and other reports of interest. Those other reports of interest that have suggested so far include the Heffron Report, The July 25, 2008 Letter to the Director of DPD regarding the Draft Documents and the Sustainability Report.

Mr. Sheppard stated that many members have weighed in on the specific wording of motions. He noted that final wording is sometimes a bit different from the initial wording. This occurred as he went back over meeting notes and tapes to make assure that the motions' provisions were correct and then put it into proper grammar.

Mr. Sheppard stated that in deference to those who have been working on minority reports, he has compiled them into a document in the same font as the final report. He noted that he should receive all minority reports by tomorrow.

Ms. Muller noted that she was not comfortable appending the Heffron Report. It was paid for by the Hospital. She also noted that she had been unaware the CAC was retaining Ms. Heffron and uninvolved in the selection of the consultant. Ms. Wolf stated that Ms. Muller could put that observation into a minority report.

Brice Semmens stated that she would like to understand Ms. Muller's position better and asked if she thought the report was not objective. Ms. Muller responded that the report was paid for by the hospital Mr. Muller, that she didn't know they were going to be hired, that she didn't get to weigh in on the study, and that she would have preferred and independent third party study. Catherine Hennings stated that the consultant made recommendations for improvements to the Children's Transportation Management Plan. After the Committee reviewed these recommendations we incorporated all of them into our recommendations. Because of that many members have advocated that the report be highlighted.

Cheryl Kitchin stated that the major concern is that that the conclusions that came out of that report as far as the traffic impacts on the area were significantly different than a second study hired by consultants from the Laurelhurst Community Club. It isn't that suggested mitigation in the report itself was in any way inadequate it was the conclusions of the impact.

Gina Trask noted that she understood that all reports received would be included in the public record. Mr. Sheppard responded that all correspondence is a part of the record and are kept at the Department of Neighborhoods. If the Hearing Examiner wishes to see one they can request them. We normally don't append independent reports. He

suggested that a compromise might be to refrain from attaching any reports with the possible exception of the CAC's July 25 letter.

A member asked if it was unusual that there hasn't been a third neutral party evaluation. Mr. Sheppard said it would be unprecedented if there was one; he has never seen that. He asked who that might be other than the EIS Consultant the DPD evaluation.

Ms. Benfield stated Children's had hired Nelson Nygart to help them with their transportation management plan and the City hired Transpo to do the analysis and environmental impacts. Children's paid the bill but CAC hired them. She also noted that the Heffron Report wasn't about traffic analysis; it was about what to do about mitigation. She stated that the Laurelhurst Community Club has hired Heffron to do their traffic analysis so they are well known in the community.

Mike Wayte noted that this was a similar concern to the other reports in that you have conflicting reports that seem to come to different conclusions. Catherine Hennings responded that while some members disagreed with the selection process, she was unaware of any real controversy about the report itself. Cheryl Kitchen responded that the concern was not the mitigation but the conclusion that with the mitigation there would be X amount of traffic remaining that would impact the community which was simply a judgment and significantly different than the judgment that came out of the report done for LCC.

After brief further discussion the committee directed that neither the Heffron Report nor the sustainability report be appended to the Final Report and that only the July 25, 2008 letter be so appended.

Brice Semmens stated that the report appears to endorse the total square footage of development proposed by Children's. He observed that it appeared to him that the CAC neither endorsed nor rejected the total square footage of development but accepted it as something that we as a committee can not realistically make a balanced assessment of. As a result the CAC is focusing on FARs etc.". If that is true then the Committee should not state that it accepts the square footage but only that we are making assessments in terms of limitations on other things that we can feel strongly about.

Robert stated the CAC specifically designated the FAR as a means by which the CAC would establish a total square footage. Based on the hard work that Michael did he walked through what each of those numbers of the FAR would mean in terms of total numbers of square feet. He said he believed they were clear both on the means by which they were going to develop the term "total amount of allowable development" and how many square feet that translated into. In having read the minutes that are in the record he is confident that is correct. Theresa Doherty agreed.

Mr. Sheppard interjected that at the last two meetings this issue was raised because there was some concern at the initial vote. Some members called in after the meeting and asked if the CAC really voted to support the 1.5 million and 2.4 million total square feet of development. It was unclear at least to some members. Mr. Sheppard noted that because of this uncertainty, he had asked the CAC at each of the last two meetings, if that was their understanding, as this is a crucial issue. He suggested that in order to make it clear one way or the other that the committee again indicate its position on this issue for the record.

Robert Rosencrantz stated that when asked previously, he had stated that the FAR decision meant a total of a million and a half square feet with a 1,200,000 occurring above ground and 20% occurring below ground. He said that nobody had a problem with that. Mr. Semmens responded that is different from endorsing 1.5 million square feet because in the event that it cannot be underground then not all of that could occur. Mr. Rosencrantz requested that the report include the wording from page 8 of meeting 21 so that the community understands that the CAC used far as a means by which the CAC would determine the overall level of development allowed. Mr. Sheppard agreed to do that as it referred to a motion concerning endorsement of 7% that passed 13-1. He further stated that he

would specifically state that in the event that the square footage would not be placed underground then not all of the proposed development could occur.

Mr. Semmens said it may be parsing words but he didn't think that as a committee we came out and said that we endorse this amount of square footage. We said that we endorse a FAR. The hospital can meet what it needs and if that is 1.5 million square feet extra within that FAR it is okay; that is different than saying "yes you need 1.5 million square feet and we accept that".

Mr. Semmens was asked what specific statement in the Final Report he objected to concerning the FAR be limited to 1.5. Mr. Semmens responded that he objected to the statement on page 4 of the introductory letter that states:

- The CAC accepts, for long range planning purposes, Children's total projected 2,400,000 square feet predicated upon their projected bed need of a total of 600 beds. However, given the great disparity in the conclusions of a variety of experts in this field, the CAC has recommended:

He stated for clarification, we are not saying "if the hospital can fit their plan in to 1.5 FAR" that is our recommendation that is their maximum. If they do not put 20% underground then they are limited. Myriam Muller agreed.

With the addition of the specific wording that Mr. Rosencrantz has offered, the CAC member agreed to leave the wording in the body of the report pretty much as is

Theresa Doherty stated that said on the bottom of page 3, it says "some questioned the need for so much development or the prudence of moving most if not all such specialized acute pediatric care at one location as can be seen in review in public testimony before the CAC this disagreement continued through the process". She thought it was important to add something that was balanced that says "others agreed that the hospital needed to expand and for reasons needed to expand on premise..," Mr. Sheppard agreed that that the statement could be interpreted that all public testimony was opposed. This was not the case and agreed to incorporate modified wording that also directed attention to the public testimony and then a person can draw their own conclusions.

Michael Omura noted that figure 2 on page 20, two points of clarification: it is hard to read because it is so small but he believed the 60' setback sits at the center line of the trail and it should read from the west property line and it should read from the west property line.

Cheryl Kitchin noted that she had questions concerning the exact location of the dividing line between the 140 foot and 125 foot areas for Laurelon Terrace. She stated that it was her understanding that the intent of the CAC was that only the phase one Tower area be within the 140 foot zone, but that some maps have it up against the north wall of the Phase 2 tower.

Mr. Sheppard stated he was trying to get a handle on that as well and explained how he interpreted it at the meeting. He stated that he had understood that the CAC intended the dividing line to be an extension of the current line between the MIO 90 and 70 zones directly east on the main campus. He asked the CAC for clarification. Members agreed.

Mr. Sheppard said if there aren't any others he suggested what people should do is to pass around one of the signature pages can sign it and we'll use that as the signature for the final report, if you wish to sign it.

He said there has been some question about who should sign a minority report. He advised CAC members to use their discretion and if they feel the general thrust of the committee's report is positive and you wish to append minority opinions versus one or two issue, sign the majority report. If you don't and have significant issues, don't sign the majority report. The minority reports are not open to the kind of need for general CAC agreement that we've

done here tonight as they are an individual's or group of individuals' reports and findings, not a position of the whole CAC . He said they would be appended and forwarded to the Hearing Examiner and City council in that way.

Mr. Sheppard noted that it appears that the CAC has approved its report. Applause followed. He noted that if you have reservation about your signature you may also send him an email concerning that and it would be placed in the official files. Regarding the minority reports, you need to determine if you are going to sign any or all of the minority reports. He further stated that it looks like 14 separate minority reports, one on each issue.

Ms. Hennings stated that you can sign a minority report on an issue where you voted with the majority. Mr. Sheppard stated that everyone has the right to change their mind but that he hoped that this would not happen too often .

Cheryl Kitchin stated that she had voted for the 1.5 FAR which did limit square footage, but if we had other votes circulated for far lower square footage she probably would have voted for that also. She said she voted for the one that was put before the CAC because it was limiting and was an improvement. It does not mean that she can not recommend a lower height bulk and scale as a Minority Report. Mr. Sheppard agreed and stated that he is not trying to limit the anyone from signing on to any minority reports.

Mr. Sheppard asked if those who intended to sign the minority reports wanted to do so tonight or later. He said to send an email to him alerting him what reports members signed on to and that he woue then put their names to the minority reports. Mr. Sheppard said the minority reports are still being changed and to make sure that for those who are authoring them get a final text to him by tomorrow afternoon.

Mr. Semmens stated that his minority report asked for Hartmann to be delayed to Phase 4. Ms. Benfield was asked what the effect of that might be. She responded that Children's had looked at this before and there are a number of concerns. First they would need to tear down the existing garage earlier than needed so it could be developed sooner and it also limits development of the diagnostic facility in Phase 2. It is a significant impact.

#### **IV. Formal Conclusion of the CAC Process**

Ruth Benfield stated that this has been an amazing process and the CAC has done a phenomenal job. Children's has a better plan because of the CAC's hard work, and that is better for the hospital but andrthe community. She expressed her appreciation to CAC members and to Lisa Wrights' and her team did a very good job.

Mr. Sheppard thanked the CAC members and said the Committee is not disbanded. We now have the Hearing Examiner and the City Council processes. Normally the Chair and Vice Chair, will coordinate testimony before the Hearing Examiner and some of the CAC members may be interested in speaking too. Both the public and the CAC can speak at those hearings. He said that sometimes a CAC meeting has been held prior to the Hearing Examiner meeting to coordinate any testimony that the CAC might wish to put forward and will take that under advisement if necessary. Typically a meeting would be held sometime prior to the City Council's adoption of the plan just to simply talk about what happened at the Hearing Examiner. The last real meeting will be when the City Council has adopted the plan and put it forward or it is somehow in place we will meet and will disband. All will be asked if they are interested in being considered for the Standing Advisory Committee which is a new committee but it is good to have continuity.

Mr. Sheppard expressed his hope the process hasn't soured anyone on public participation with the 150 or so number of people who have spoken and all the emails. He thanked all those on the committee as well as those in the community, especially those who have spoken repeatedly for their participation. It is an emotional issue and not everybody gets what they want in the process but it is a back and forth.

Ms. Wolf echoed the comments of Ms. Benfield and Mr. Sheppard and stated that she is frequently on the other side of this type of process. One of the things she has learned is that you often hear grumbling about the public process

– that it takes time, but that every single time when a plan is brought to the public and public comment is really listened to, that you end up with a plan that is better than what you started with. It is the case here. When you think about where we started with originally and how all of our input and all the public's input has really shaped the plan, it is something we can all be proud of. It shows that, while we are not done yet, the public process does work. We do have a voice and working through this methodically - when you are in the middle you are not sure what is going to happen.

Ms. Wolf congratulated the Committee on their great work and how well they represented their community. She noted that she is often on the other side of the issue she can really appreciate the umpteen hours that Mr. Sheppard has put in to this – it is incredible and he has really worked hard and really been great at balancing and representing all of our views in what he has written.

**V. Adjournment**

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

## Appendices

### Appendix 1 Minority Report(s)

#### A. Minority Report Written by Myriam Muller - Committee Intent and the Listing of Votes on Each Recommendation

We the undersigned members of the Children's Hospital Citizens Advisory Committee, as indicated below, offer the following comments on the Committee report relating to procedural issues as to format as these issues affect how the Committee recommendations will be interpreted by decision makers.

Intent recommendation: The first Committee recommendation is based upon the assumption that Alternative 7R is the platform upon which a final approval master plan would be based. This is true, however, the recommendation goes on to state that the plan is approved as modified by the recommendations listed in Section II of the report.

There are two problems with this introductory recommendation. First, the Committee never voted that this should be the introductory recommendation.

Second, and more importantly, the Committee's recommendations do not address many components and issues in the master plan. For example, the master plan references a construction management plan to address noise, traffic and parking impacts, impacts on the pedestrian network and installation of temporary modular buildings for displaced hospital functions during a period that will extend over a decade. The plan also references the appropriate level of parking spaces both on and off campus. The Committee did not address these components of the plan.

The proposed master plan indicates its consistency with the Major Institution Code rezone criteria and the City's Comprehensive Plan, yet the Committee made no recommendations in this regard and heard repeatedly during the public comment about these issues. Most recently, the Committee chose to not address street vacation issues. Likely, the failure to address these issues was influenced by the complexity of the issues, rather than the implication of the "intent" recommendation that the Committee agrees with the master plan. These are just a few examples of why the "intent" Committee statement does not accurately reflect the Committee's endorsement of the master plan, other than the Committee's specific recommendations.

The "intent" recommendation is not a mere restatement of Recommendation 2 as stated in the report.

Listing of votes on each recommendation: Votes on individual motions of the Committee on various issues are recorded in the minutes of each meeting which are a part of the Committee's report. Although it was suggested at one meeting, the Committee did not vote to record the votes on each recommendation in the final report. It was indicated at that meeting that it was not standard practice.

Committee members were not told in advance as votes were taken during the Committee deliberations of this possibility. In response, one Committee member noted that it is easier for decision makers to see the will of the Committee by including the votes after each recommendation. On the contrary, doing so is misleading and takes the votes out of context because the votes were taken over an extended period of time before Committee members had an opportunity to see the bigger picture and the recommendations as a whole.

Endorsing particular aspects of Alternative 7R is not the same as endorsing every aspect of the plan. There could be unintended consequences with each recommendation and this something that the Committee has not addressed with regard to each motion that passed without revisiting the issue of recording votes as Committee member positions have evolved.

The Committee continued to receive additional information about the various issues, including those upon which a vote had been taken and it is possible that individual Committee member positions changed. Decision makers deserve a fair representation of Committee recommendations.

**Supported by:**

**Members:** Myriam Muller, Gina Trask, and Kim Dales

**B. Minority Report of Brice Semmens (Alternate) - Concerning the Hartmann Site**

We the undersigned members of the Children's Hospital Citizens Advisory Committee, as indicated on the following report, respectfully submit the attached specific phasing recommendation for Children's Hospital Master Plan

Children's Hospital has presented a well thought out and reasoned approach to the phased expansion of facilities. While we fully support most aspects of the phasing process described by the hospital, we believe that the planned development of the Hartmann property should be moved to the final phase (phase 4) of the development plan. In the current phasing proposed by the hospital, the Hartmann property would be developed in phase 2, beginning as early as 2013.

**Hartmann Property**

The committee was split on the decision to include the Hartmann property in the MIO. A slim majority felt that the hospital could not meet future demands using the land associated with the existing campus and Laurelton Terrace. Others felt that the expansion of the MIO across Sandpoint was unacceptable, and tenuously justified. The development of the Hartmann property represents the only major "footprint" expansion of the hospital MIO that is NOT associated with patient beds. The planned 150,000 square feet and 225 parking spaces will be dedicated to office space and labs associated with hospital functions and research.

**Phasing and Hartmann**

We feel that the Hartmann property should only be developed only after the existing campus and Laurelton Terrace properties have been fully developed. Developing the Hartmann property in phase 2 would result in a campus footprint that spans a major thoroughfare (Sandpoint way) approximately 15 years earlier than necessary based on space limitations. *Additionally, In the event that the full size and scope of the hospital expansion is not required, the needs of the hospital can likely be met entirely within the existing footprint of the hospital and Laurelton Terrace site.* Given than many committee members felt that the Hartmann property should not be included in the MIO, it would be prudent to exhaust the campus space to the east of Sandpoint before spreading across Sandpoint.

The planned development of an office/lab building to the north of Penny Drive on the existing hospital footprint should be carried out before the Hartmann property is developed. Currently, this north office/lab building is slated to be developed in phase 4 (2025-2027). Because the amount of square footage in this building (190,000) is more than that proposed for the Hartmann site (150,000), the needs of the hospital can be fully met without expanding the development footprint during phase 2

The hospital's justification for the early development of the Hartmann property appears to be based on parking needs. According to the hospital, the amount of required parking cannot be maintained on campus unless Hartmann is developed early in the process. We believe that the specific progress of development can be planned in order to avoid parking shortages, and off-site parking and alternative transportation can be used to mitigate parking constraints. Put simply, it is not sufficient to justify a major hospital footprint expansion more than a decade before the space is actually needed because the proposed plans cannot accommodate on-campus parking and construction simultaneously. *We feel that minor revisions to the architectural plans and development scheme will yield a development that balances on-campus building needs and parking needs without requiring Hartmann development until the final phase.* Thus, we offer the following specific recommendation:

Development of the North Garage and Office Building in the area north of Penny Drive, proposed by Children's for Phase 4, shall occur in Phase 2. Development of the Hartmann site, proposed by Children's for Phase 2, shall occur in Phase 4 (the last phase of development), after all approved development is completed on the main campus.

**Supported by:**

**Members:** Myriam Muller, Cheryl Kitchen, and Kim Dales

**C. Minority Report as Forwarded by Shelly Hartnett – Various Exceptions to Children's Final Master Plan (Alternative 7R)**

We the undersigned members of the Children's Hospital Citizens Advisory Committee, as indicated on the following reports and recommendations, respectfully submit the attached recommendations for Children's Hospital Master Plan.

The Major Institutions Code requires that Children's proposed expansion represents "a reasonable balance of public benefits of development and change with the need to maintain [the] livability and vitality of adjacent neighborhoods" (SMC 23.69.032.E.2).

The Code is clear that a balancing process is necessary in determining the appropriate level of expansion:

**SMC 23.69.002 Purpose and intent.**

The purpose of this chapter is to regulate Seattle's major educational and medical institutions in order to:

- A. Permit appropriate institutional growth within boundaries while minimizing the adverse impacts associated with development and geographic expansion;
- B. Balance a Major Institution's ability to change and the public benefit derived from change with the need to protect the livability and vitality of adjacent neighborhoods;

**SMC 23.69.025 Intent of Major Institution master plans.**

The intent of the Major Institution Master Plan shall be to balance the needs of the Major Institutions to develop facilities for the provision of health care or educational services with the need to minimize the impact of Major Institution development on surrounding neighborhoods.

We find that the recommendations endorsed by the majority, while representing an improvement over the proposed master plan, do not sufficiently protect the neighborhood or achieve the Code-required "reasonable balance."

**CAC Recommendation #4 – MIO BOUNDARY AND HARTMANN PROPERTY**

Children's Proposal: Expand MIO boundary to include Hartmann property, with tailored heights and setbacks.

CAC Recommendation #4 (as of 1/30/09)	Minority Recommendation #4A	Rationale
That extension of the MIO boundary to incorporate the Hartmann Site be conditioned as follows: 1. That the existing Sequoia grove be retained – all of the	Do not include Hartmann in the MIO boundary. Keep the existing Lowrise 3 multifamily zoning.	<ul style="list-style-type: none"> <li>• In order to prevent institutional sprawl and the isolation of private properties and uses from others in the neighborhood, the City's major institution goals and policies strongly discourage the expansion of MIO boundaries. The neighborhood is already at a "tipping point" at</li> </ul>

<p>trees, so long as they are healthy</p> <p>2. That in partnership with Seattle Children's, Seattle Department of Parks and Recreation, Hawthorn Hill and Ravenna Bryant a connection to the Burke Gilman Trail be provided,</p> <p>3. That expanded setbacks, as described in Draft Hartmann Chart be provided as shown in the attached figure ____</p> <p>4. That a Landscape/Green Screen be provided at the north, south and west edge of the property and that neighborhood input and review be sought during its design,</p> <p>5. That Sand Point Way frontage streetscape and amenities be provided,</p> <p>6. That the Lot coverage be limited as described in the Draft Hartmann Chart</p> <p>7. That the Height of the west façade of the building be no higher than the average grade of the Burke Gilman trail within 60 feet of the west property line.</p> <p>8. That a 40 foot setback be included along the north margin of the property, except that such a setback may include pedestrian, bicycle and non-motorized vehicle access to the Burke Gilman Trail.</p> <p>9. That the mechanical hat (penthouse) at the Hartmann Building be restricted to no more than 25% of the roof area and that it be shifted east toward Sandpoint as far as reasonable.</p>		<p>which the institutional use and impacts (from Children's, the UW and Talaris) threaten the viability and vitality of the community.</p> <ul style="list-style-type: none"> <li>• If Hartmann is in the MIO, the Wells Fargo site and adjacent properties would be isolated and vulnerable to future acquisition, rezoning and development by Children's. In addition, the Wells Fargo site lies between the Hartmann property and Laurelon Terrace; thus Hartmann is separated from Laurelon Terrace by both a street and Wells Fargo, making it not contiguous with the main campus (a requirement for inclusion in the MIO).</li> <li>• Redevelopment of the Hartmann Property with intense major institution use would be inconsistent with the existing and intended residential use of the area. The Property is in an area that is solidly residential. It is zoned for residential use; its Comp Plan designation is for residential – not institutional – use. Residentially zoned and developed properties are located to the north and west of the Hartmann Property, and a nonconforming but nonetheless “permanent” residential condo is located to the south.</li> <li>• The Laurelhurst neighborhood and Hartmann Property are outside of any designated urban village/ center, employment center or transportation hub. Extending the MIO boundary to the Property would contribute to arterial sprawl and to even more intense traffic, development and job growth outside of urban villages – the antiithesis of the urban village growth strategy.</li> <li>• Covered bus stops proposed by Children's along the west side of Sand Point Way, including along the Hartmann site, could still be provided.</li> </ul>
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**Minority Recommendation #4A supported by:**

**Members:** Cheryl Kitchin, Myriam Muller, Kim O, Dales, and Shelley Hartnet

**Alternates:** Mike Wayte and Brice Semmens

**CAC Recommendation #4 – MIO BOUNDARY AND HARTMANN PROPERTY**

Children's Proposal: Expand MIO boundary to include Hartmann property, with tailored heights and setbacks.

CAC Recommendation #4 (as of 1/30/09)	Minority Recommendation #4B	Rationale
<p>That extension of the MIO boundary to incorporate the Hartmann Site be conditioned as follows:</p> <ol style="list-style-type: none"> <li>1. That the existing Sequoia grove be retained – all of the trees, so long as they are healthy</li> <li>2. That in partnership with Seattle Children's, Seattle Department of Parks and Recreation, Hawthorn Hill and Ravenna Bryant a connection to the Burke Gilman Trail be provided,</li> <li>3. That expanded setbacks, as described in Draft Hartmann Chart be provided as shown in the attached figure ____</li> <li>4. That a Landscape/Green Screen be provided at the north, south and west edge of the property and that neighborhood input and review be sought during its design,</li> <li>5. That Sand Point Way frontage streetscape and amenities be provided,</li> <li>6. That the Lot coverage be limited as described in the Draft Hartmann Chart</li> <li>7. That the Height of the west façade of the building be no higher than the average grade of the Burke Gilman trail within 60 feet of the west property line.</li> <li>8. That a 40 foot setback be included along the north margin of the property, except that such a setback may include pedestrian, bicycle and non-motorized vehicle access to the Burke Gilman Trail.</li> <li>9. That the mechanical hat (penthouse) at the Hartmann Building be restricted to no more than 25% of the roof area and that it be shifted east toward Sandpoint</li> </ol>	<p>If the Hartmann site is approved for inclusion in the MIO boundary, add the following recommendation regarding the phasing of project development:</p> <p>Development of the North Garage and Office Building in the area north of Penny Drive, proposed by Children's for Phase 4, shall occur in Phase 2. Development of the Hartmann site, proposed by Children's for Phase 2, shall occur in Phase 4 (the last phase of development), after all approved development is completed on the main campus.</p>	<ul style="list-style-type: none"> <li>• Expansion of major institution boundaries, such as to the Hartmann site, is strongly discouraged by the City's Land Use Code and Comprehensive Plan. Children's should pursue development options on its main campus before expanding across Sand Point Way.</li> <li>• The uses proposed for the Hartmann site and the area north of Penny drive are of similar type (office and parking) and square footage (150,000 compared to 190,000 gross square feet, respectively).</li> <li>• Covered bus stops proposed by Children's along the west side of Sand Point Way, including along the Hartmann site, could still be provided during an early phase of development.</li> </ul>

as far as reasonable.		
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**Minority Recommendation #4B supported by**

**Members:** Cheryl Kitchin, Myriam Muller, Kim O, Dales, and Shelley Hartnet

**Alternates:** Mike Wayte and Brice Semmens

**CAC Recommendation #5 – MIO HEIGHT DISTRICTS AND STRUCTURE HEIGHTS**

Children's Proposal: MIO height districts vary, with some districts on the current, main campus remaining the same as existing or with comparatively moderate increases in height; new MIO 160 (conditioned to 140') on Laurelon Terrace and west portion of current main campus.

CAC Recommendation #5 (as of 1/30/09)	Minority Recommendation #5	Rationale
<p>Heights shown in the Seattle Children's Final Master Plan Alternative 7R should be approved with the following major revisions:</p> <ol style="list-style-type: none"> <li>1. The inclusion of a MIO 50 along the west side of the main hospital campus along 40<sup>th</sup> Avenue NE extending from NE 45<sup>th</sup> to Sand Point Way NE a minimum of 80 feet in width.</li> <li>2. The inclusion of a MIO 50 along Sand Point Way NE from 40<sup>th</sup> Avenue NE to NE 50<sup>th</sup> Street a minimum of 30 feet in Width.</li> <li>3. The reduction of the size MIO 160' conditioned to 140' that is shown on Figure 46 page 65 of the Final Master Plan for Children's to cover only that area required to accommodate phase one development and defined as that portion of the MIO 160' conditioned to 140' located north of an east /west line lying 350 feet north of the current south property line of the Children's Campus.</li> <li>4. The further conditioning of that portion of the MIO 160 shown on Figure 46 page 65 of the Final Master Plan for Children's being south of an east/west line lying approximately 350 feet north of the current south property line of the Children's Campus to a height of no greater than 125 as shown on the map below'.</li> <li>5. Limit floors above the podium to 5 for those going east and west and 6 for those going north and south</li> </ol>	<ul style="list-style-type: none"> <li>• Change the height of CAC's "reduced footprint" MIO 160 to MIO 105. (This replaces CAC recommendations #3, #4 and possibly #5.)</li> <li>• Along NE 45<sup>th</sup> St., increase the depth of MIO 37 from 40' to 75' (measured perpendicular to the street property line), to match the existing MIO 37 depth on the current campus (this will also correspond with the existing setback along NE 45th St.)</li> <li>• Add a master plan condition that the bulk, footprint and configuration of new structures in the area of the Laurelon Terrace site shall consist of distinct towers, heights terracing down between towers and toward property lines, and significant façade modulations at ground and upper levels.</li> <li>• Support CAC recommendations #1, #2 and #6 regarding new MIO 50 height districts and rooftop mechanical equipment</li> <li>• If Hartmann site is not in the MIO, CAC Recommendation #7 would not apply.</li> </ul>	<ul style="list-style-type: none"> <li>• Although CAC's majority recommendations are an improvement over the heights proposed by Children's, lower and terraced heights are needed for better height, bulk and scale transition between the campus and single family homes/single family zones along NE 45<sup>th</sup> St. (including those across from Laurelon Terrace)</li> <li>• Lower height is needed at the gateway to the neighborhood to maintain single family character</li> <li>• The 18' grade change between Laurelon Terrace and the current campus accentuates structure height, making MIO 160 (conditioned to 140' or 125') too high in this location</li> <li>• MIO 105 is consistent with the maximum height allowed for major institutions outside of urban villages, and is 3.5 times higher than the base heights allowed in the single family and lowrise multifamily zones that surround Children's campus and in the single family zone on the campus itself. MIO 105 is higher than any height approved in Children's current master plan</li> </ul>

<p>6. Limit and screen rooftop mechanical equipment areas to the degree practical while still supporting patient care programs with an upper limit of 30% roof coverage.</p> <p>7. MIO of 65' for the Hartmann property with setbacks as previously recommended by the CAC.</p>		<ul style="list-style-type: none"> <li>• Children's can have more above-grade facilities if the Southwest Garage is located underground. See related Minority Recommendation #11.</li> <li>• A condition is needed to help ensure that structure design incorporates bulk reducing mitigation measures, and generally reflects the representations in the master plan and EIS.</li> </ul>
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**Minority Recommendation #5 supported by:**

**Members:** Cheryl Kitchin, Myriam Muller, Kim O, Dales, Gina Trask and Shelley Hartnett  
**Alternates:** Mike Wayte and Brice Semmens

**CAC Recommendation #6: TRANSPORTATION**

Children's Proposal: Existing vehicle access at Penny Drive and the existing service vehicle access and bus pull-out along NE 45<sup>th</sup> Street would remain. Two new vehicle access points are proposed off 40<sup>th</sup> Avenue NE, one for the Southwest Parking Garage and one for emergency/ambulance access. A new service and fire access is proposed off NE 50<sup>th</sup> Street, and a new fire access is proposed off NE 45<sup>th</sup> Street. Mitigation of new, significant vehicle trips is proposed through transportation management plan measures instead of reduction in development square footage.

CAC Recommendation #6 (as of 1/30/09)	Minority Recommendation #6A through #6C	Rationale
<p>CAC broadly supports the Transportation Management Plan Elements as outlined in the DPD Director's Report and including those elements noted in the CAC Discussion Matrix (item #10), with the following additional provisions:</p> <p>1. For the life of the Plan, Children's will restrict the vehicle entrances shown on NE 45<sup>th</sup> St. and NE 50<sup>th</sup> St. to limited service access and emergency access only.</p> <p>2. Children's will work with the SAC to develop additional pedestrian and bicycle-only perimeter access points as well as designated pedestrian and bike routes through campus in</p>	<p>The following recommendations are intended to ensure that the service/fire access proposed for NE 50<sup>th</sup> Street is used only for very limited purposes, as intended, and does not precipitate more intense, general vehicle use.</p> <p><b>6A.</b> Add the following sentences to the first recommendation relating to service/fire access off of NE 45<sup>th</sup> and NE 50<sup>th</sup> Streets, and make the recommendation a condition of approval on the master plan:</p> <p>1. . . . limited service access and emergency access only. For the NE 50<sup>th</sup> Street access point, "limited service access" shall mean limited to grounds maintenance vehicles and, if needed, public utility access. The access shall be designed with bollards and/or other travel restricting devices to prevent unintended</p>	<ul style="list-style-type: none"> <li>• NE 50<sup>th</sup> Street is a local access street that serves only residential uses. It is not appropriate for more intense vehicle use.</li> <li>• CAC and community members consistently supported no new vehicle access on NE 50<sup>th</sup> Street. Compromises made now to accommodate low level, necessary uses should not open the door for more intense future use.</li> <li>• Setback areas should be landscaped, to the maximum extent possible, to provide needed mitigation, and not usurped by paved roads or parking areas.</li> </ul>

<p>order to allow the public to benefit from the new transit center and Burke-Gilman Trail connections.</p>	<p>use.</p> <p><b>6B.</b> Add a third recommendation related to the NE 50<sup>th</sup> Street service/fire access, as a condition of master plan approval:</p> <p>3. The service/fire access drive near the North Parking Garage shall be located outside of the perimeter buffers/setbacks that are along NE 50<sup>th</sup> Street and 44<sup>th</sup> Avenue NE, except as necessary to cross the NE 50<sup>th</sup> Street buffer/setback, perpendicular to the street.</p> <p><b>6C.</b> Add a fourth recommendation related to access to the North Parking Garage:</p> <p>4. There shall be no vehicle access through the east façade of the garage.</p>	
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**Minority Recommendations #6A through #6C supported by**

**Members:** Cheryl Kitchin, Myriam Muller, Kim O, Dales, Gina Trask and Shelley Hartnett

**Alternates:** Mike Wayte

**CAC Recommendation #7: VEHICLE ACCESS**

Children's Proposal: Existing vehicle access at Penny Drive and the existing service vehicle access and bus pull-out along NE 45<sup>th</sup> Street would remain. Two new vehicle access points are proposed off 40<sup>th</sup> Avenue NE, one for the Southwest Parking Garage and one for emergency/ambulance access. A new service and fire access is proposed off NE 50<sup>th</sup> Street, and a new fire access is proposed off NE 45<sup>th</sup> Street.

<p><b>CAC Recommendation #7 (as of 1-30-09)</b></p>	<p><b>Minority Recommendation #7</b></p>	<p><b>Rationale</b></p>
<p>Access to the Laurelon Terrace site shall consist of one entry from 40<sup>th</sup> Avenue NE for a single use (either the emergency room or general parking garage, and not both) with one additional access point on Sand Point Way (for a total of two access points including the existing Penny Drive). There shall be no egress or access to or from the garage from NE 45<sup>th</sup> Street to 40<sup>th</sup> Ave NE.</p>	<p>Replace CAC Recommendation #7 with the following, which should be required as a condition of master plan approval:</p> <p>Vehicle access to the main campus/Laurelon Terrace site shall be from Sand Point Way, and may include the Penny Drive access (in its existing or a modified location) as well as a second access, both used for any purpose. There shall be no vehicle access to the main campus/Laurelon Terrace site from any other street, except for the fire and service access points on NE 45<sup>th</sup> and NE 50<sup>th</sup> Streets.</p>	<ul style="list-style-type: none"> <li>• 40th Avenue NE, located adjacent to Laurelon Terrace, is a residential street used widely by residents, school children, school busses, fire trucks and other emergency vehicles, and others. It is a major route out of the neighborhood to grocery stores and other businesses. Use of this street to enter Children's SW Parking Garage and emergency/ambulance area would unnecessarily create traffic congestion and conflict among the competing hospital, fire department and other community uses.</li> <li>• 40th Avenue NE is the major route used by emergency service vehicles</li> </ul>

	See also Minority Recommendations 6A through 6C, related to the NE 50 <sup>th</sup> Street service/fire access.	<p>from Fire Station 38 to enter the Laurelhurst community. The current three-minute response time would be increased and would impact the safety of neighbors in the community with medical and other emergencies.</p> <ul style="list-style-type: none"> <li>• Hospital use of 40th Avenue NE will force neighborhood traffic onto other residential streets near neighborhood schools, churches and the Laurelhurst Playfield. This will impact children riding bikes and walking to school and playing in the area.</li> <li>• Sand Point Way should be used for hospital traffic and access; large volumes of hospital traffic should not be diverted onto a residential street.</li> </ul>
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Minority Recommendation #7 supported by:

Members: Cheryl Kitchin, Myriam Muller, Kim O, Dales, Gina Trask and Shelley Hartnett

Alternates: Mike Wayte

**NEW CAC Recommendation #11 (Minority): SOUTHWEST PARKING GARAGE**

Children's Proposal: The 3- to 5-story Southwest Parking Garage is located above grade.

CAC Recommendation (as of 1-30-09)	Minority Recommendation #11	Rationale
None.	The Southwest Parking Garage shall be placed below existing grade; hospital facilities can be constructed on top of garage, consistent with height limits and required setbacks	<p>Allows for the best use of limited land by the hospital, and more land area for beds and associated facilities on the main campus, while providing necessary mitigation for the neighborhood.</p> <p>Many hospitals have successfully constructed underground parking. For example, the recently built Overlake Hospital, in downtown Bellevue by I-405, made wise use of limited land resources by constructing its new multi-level hospital bed wing on top of its new, multi-level underground parking garage.</p>

		<p>The southwest corner of the Laurelton Terrace site (at NE 45th Street and 40th Avenue NE) is highly visible and is one of the gateways to Laurelhurst's residential community. It is also across the street from single family houses. An above-grade parking garage is an inappropriate use and structure at such a location.</p>
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**Minority Recommendation #11 supported by:**

**Members:** Cheryl Kitchin, Myriam Muller, Kim O, Dales, Gina Trask and Shelley Hartnett  
**Alternates:** Mike Wayte

**NEW CAC Recommendation #12 (Minority): SETBACKS/LANDSCAPED BUFFERS**

Children's Proposal:

- 75' setback along east and portions of north and south boundaries
- 40' setback along SPW, north of Penny Dr
- 40' setback along portions of NE 45th and 50th streets
- 20' setback along 40th Ave NE
- 10' setback along SPW, south of Penny Dr

CAC Recommendation (as of 1-30-09)	Minority Recommendation #12	Rationale
<p>None.</p> <p><u>Children's proposal:</u></p> <p>75' along east and portions of north and south boundaries</p> <p>40' along SPW, north of Penny Dr</p> <p>40' along portions of NE 45th and 50th streets</p> <p>20' along 40th Ave NE</p> <p>10' along SPW, south of Penny Dr</p>	<p>No change.</p> <p>No change.</p> <p>Increase to 75'</p> <p>No change.</p> <p>No change.</p>	<p>In its comments on the Draft master plan/EIS (7-25-08), the full CAC asked for the 75-foot landscaped buffers along NE 45th and NE 50th Streets, but they were not provided</p> <p>Larger, fully landscaped setbacks are part of the mitigation that is needed for Children's increased development and height opposite residences, along residential streets and at the gateway to the neighborhood, to: maintain single family character; screen building mass; achieve better transition between land uses; ensure space for plant growth; and allow for pockets of low growth along streets and higher growth behind.</p> <p>75-foot setbacks already exist or are appropriately proposed opposite <u>all</u> single family houses/zones, <u>except</u> for those that are located south of Laurelton Terrace, across NE 45th Street, where a 40-foot setback is proposed. These residents and properties require at least the same, if not more, mitigation as those on other single family blocks, to reduce impacts from the significant amount of development</p>

	<p>In addition, all setbacks, except those along Sand Point Way, shall be fully landscaped in a manner consistent with existing setbacks and with the "Garden Edge" characterized in the master plan.</p>	<p>that will be occurring on the Laurel Terrace site.</p> <p>75-foot setbacks are appropriately proposed along much of NE 50<sup>th</sup> Street, opposite the residences (in Lowrise Duplex Triplex zones) that are located north of campus, <u>except</u> for the area that is adjacent to MIO 65, where a 40-foot setback is proposed. The LDT zone is the least intense multifamily zone and the most analogous to single family zones (for example, the 25-foot maximum height allowed in the LDT zone is even lower than that in single family zones). The proposed MIO 65 (and building) that is opposite these properties is nearly double the current MIO height of 37 feet. These residents and properties require the same, if not more, mitigation as others along the campus perimeter, to reduce the impacts of the North Office Building.</p>
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**Minority Recommendation #12 supported by**

**Members:** Cheryl Kitchin, Myriam Muller, Kim O, Dales, Gina Trask and Shelley Hartnett  
**Alternates:** Mike Wayte and Brice Semmens

**NEW CAC Recommendation #13 (Minority): REDUCED DEVELOPMENT ALTERNATIVE**

Children's Proposal: 1.5 million square feet of new development

CAC Recommendation (as of 1-30-09)	Minority Recommendation #13	Rationale
None.	<p>Children's master plan includes significant rezones; it is not entitled to 1.5 million square feet of development under the current zoning of the properties. At nearly all stages of the master planning process, CAC requested Children's to prepare an alternative with a reduced development program and square footage for analysis in the EIS. It has not done so. Children's should respond to CAC's request by providing the alternative.</p>	<ul style="list-style-type: none"> <li>• From CAC's comments on the preliminary draft master plan/EIS (2-14-08): "The proposal should be revised to include a new alternative that adds less than one million square feet and shows further significant height and bulk reductions below 160 ft. . . . Such an alternative should become the basis for the development, in consultation with the CAC, of the preferred alternative."</li> <li>• From CAC's comments on the Draft master plan/EIS (7-25-08): "In its comments to the Preliminary Draft Master Plan the CAC requested the development of "a new alternative that adds less than one million square feet and shows further significant height and bulk reductions below 160 ft." in order to allow a full evaluation of the range of impacts. The CAC notes that no such alternative was evaluated in the EIS. Therefore the committee continues to recommend that an alternative that includes less than an additional 1,500,000 square feet be included in the EIS for evaluations purposes. This may be accomplished by an evaluation of the initial impacts of any Phase one development as outlined in Section C below. . . That phase one development include no more than 800,000 square feet of new development."</li> </ul> <p>AND</p> <p>"However, the CAC is concerned that the proposed 1.5 million square feet may be too much to approve at this time.</p>

		<p>The CAC members continue to struggle with this issue. Some have concluded that the full 1.5 million square feet of development should be included in the plan, others do not. No consensus has been reached on this issue at this time and the CAC neither endorses nor formally opposes any specific square footage proposal. However, there continues to be concern regarding the ability of the neighborhood to accommodate the full 1.5 million square feet of growth while maintaining its livability.</p>
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**Minority Recommendation #13 supported by**

**Members:** Myriam Muller, Kim O, Dales, Gina Trask and Shelley Hartnett

**Alternates:** Mike Wayte and Brice Semmens

**D. Minority Report Written By Myriam Muller- Overall Development Square Footage Children’s Final Master Plan (Alternative 7r)**

We the undersigned members of the Children’s Hospital Citizens Advisory Committee, as indicated on the following report and recommendation, respectfully submit the attached recommendation for Children’s Hospital Master Plan.

The Major Institutions Code requires that Children’s proposed expansion represents “a reasonable balance of public benefits of development and change with the need to maintain [the] livability and vitality of adjacent neighborhoods” (SMC 23.69.032.E.2).

The Code is clear that a balancing process is necessary in determining the appropriate level of expansion:

**SMC 23.69.002 Purpose and intent.**

The purpose of this chapter is to regulate Seattle’s major educational and medical institutions in order to:

- A. Permit appropriate institutional growth within boundaries while minimizing the adverse impacts associated with development and geographic expansion;
- B. Balance a Major Institution’s ability to change and the public benefit derived from change with the need to protect the livability and vitality of adjacent neighborhoods;

**SMC 23.69.025 Intent of Major Institution master plans.**

The intent of the Major Institution Master Plan shall be to balance the needs of the Major Institutions to develop facilities for the provision of health care or educational services with the need to minimize the impact of Major Institution development on surrounding neighborhoods.

We find that the recommendations endorsed by the majority, while representing an improvement over the proposed master plan, do not sufficiently protect the neighborhood or achieve the Code-required “reasonable balance.”

Children’s Proposal:

1.5 million additional (new) square feet; 2.4 million total maximum developable gross floor area that would be allowed in the entire MIO (Note that Children’s square footage limit appears to only apply to above-grade square footage, while DPD’s recommended limit would apply to both above- and below-grade square footage.)

CAC Recommendation	Minority Recommendation	Rationale
None re overall development square	<ul style="list-style-type: none"> <li>• Limit new development to no more than <b>704,000</b> gross</li> </ul>	<ul style="list-style-type: none"> <li>• In its comments on the Draft master plan/EIS (7-25-08), CAC asked for an EIS development alternative that did not</li> </ul>

<p>footage.</p>	<p>square feet (above-and-below square footage, not including parking garages)</p> <p>New development projects would be:</p> <p>Bed Unit North (Phase 1; 595,000 gsf);</p> <p>Ancillary/Ambulatory expansion (Phase 2; net 112,000 gsf, after demo of D &amp; F wings)</p> <ul style="list-style-type: none"> <li>• Limit parking spaces and structures to the equivalent of the Southwest parking garage (1100 spaces).</li> <li>• Full build out w/current development = ~1.555 million gsf</li> <li>• The allowable FAR for this development program would be about 1.25, which is higher than Children's current master plan (FAR .9) and higher than the FARs for other major institutions in similar settings outside of urban villages/centers</li> </ul> <p>(FAR calcs exclude parking and below grade sf: 1,555,000 total gsf / 1,239,282 sf site area (without Hartmann) = 1.25)</p>	<p>exceed 800,000 sf, stating that:</p> <p>"the CAC is concerned that the proposed 1.5 million square feet may be too much to approve at this time. The CAC members continue to struggle with this issue. Some have concluded that the full 1.5 million square feet of development should be included in the plan, others do not. No consensus has been reached on this issue at this time and the CAC neither endorses nor formally opposes any specific square footage proposal. However, there continues to be concern regarding the ability of the neighborhood to accommodate the full 1.5 million square feet of growth while maintaining its livability.</p> <p>No EIS alternative or master plan proposal has less than the initially requested 1.5 million new square feet.</p> <ul style="list-style-type: none"> <li>• Full development of 1.5 million square feet would have significant, long-term unmitigatable impacts on the surrounding communities and streets, including with respect to transportation, land use, and building height and bulk impacts. The master plan proposed by Children's, even with the modifications recommended by CAC, does not minimize impacts on the community or maintain its livability; it does not achieve the Code-required balance between Children's objectives and neighborhood protection.</li> <li>• Children's master plan includes significant rezones; it is not vested to or otherwise entitled in anyway to 1.5 million square feet of development under the current zoning of the properties.</li> <li>• Children's requested square footage is unprecedented in single family areas that are outside of urban villages/centers; it is not consistent with the intent or spirit of the City's growth strategy.</li> <li>• 704,000 gsf is nearly 3 times the amount of development that was approved in Children's last master plan. As such, it is still a significant expansion that will have significant impacts.</li> <li>• Even if the proposed, full expansion is "needed" (which has not been determined), the major institutions code requires a balancing of need with the protection of the neighborhood. A reduced (but still large) development program is required to reduce significant neighborhood impacts and achieve the Code-required balance.</li> </ul>
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**Minority Recommendation #14 (Ne3w) for Overall Square Footage supported by**

**Members:** Myriam Muller, and Kim O, Dales

**Alternates:** Mike Waytre

## E Minority Report Written by Mike Wayte (Alternate)

The primary concern for the CAC from day one has been height, bulk, and scale. Trying to mitigate the impact of Children's Hospital medical research center (CHMRC) MIMP in its NE Seattle neighborhood location has been difficult at best considering the sheer square footage. I would assimilate it to mitigating impacts of putting Bellevue Square or the Columbia tower (both with similar square footage) in the middle of any single family residential neighborhood. The source for CAC information came directly from consultants hired by Children's and it wasn't until the Laurelhurst Community Club (LCC) hired their own experts that we saw significant differences on bed needs, traffic impacts, and necessary square footage. Even after extensive discussions within the committee it became obvious that no one on the committee had the expertise to declare any of these reports as completely correct. In this aspect the process is flawed as both CHMRC and LCC are operating under special interest as reflected in their numbers and statistics.

It is highly recommended that those deciding on the CAC MIMP report also read reports submitted by both CHMRC and LCC and consider their findings, particularly for the bed need and traffic impact. In addition it would be helpful to the process if the Department of Health (DOH) issued Certificate of Need (CON) "intent" to discover bed need BEFORE THE CAC EVER MEETS. Countless hours were spent deciding the true bed need by the CAC as this was the basis for our decision for height, bulk, and scale. If the numbers by the DOH CON were less than stated by CHMRC I can assure you that the FAR, square footage and height would be lessened to mitigate impacts on the neighborhoods surrounding the hospital.

We believe in the missive of CHMRC as a true asset to the city of Seattle, but we also understand that this is also big business as is evident by CHMRC lobbying against proposed expansion by Swedish Hospital's plan to expand child care in Issaquah with a hospital at that location. Some of the numbers that come into question in particular is the psychiatry beds proposed for CHMRC as they use bed statistics for children in all of the state of Washington as their forecast demand, even though CHMRC is not even the top provider of this type of care within Washington State. This information also has significant impacts on height, bulk, and scale for the proposed CHMRC expansion. The CAC has done their best with the information given to us by Children's, but the truth is if the CAC were given the opportunity to move this expansion to a higher density location (such as Capitol Hill or other high density zone) it would have been voted to move this billion dollar expansion to that location. This option was never presented to the committee

Given the volume of proposed alternatives given to the CAC by CHMRC it should be obvious that CHMRC was working within their vision and it wasn't until the 11<sup>th</sup> hour that we were given Alternative 7r. This alternative was as close as the CAC was going to get to our input (much of our input was left off because it did not fit CHMRC's vision). Funny, but Alternative 7r INCLUDED the Hartmann property even though it was already voted off the MIMP by the CAC with a majority vote (and later overturned to work within Alt. 7r. This was the last alternative given to us because we were out of time.

The information provided by CHMRC is staggering and it is clear that millions were spent in driving this process and agenda. The efforts I believe to be carefully calculated and orchestrated to reach the full square footage of the proposed MIMP without giving up a single foot of compromise to the build out. Again, I will refer to the DOH CON as the deciding factor given conflicting information from CHMRC and LCC on the CON.

As a first time CAC member I can appreciate the time spent by everyone involved in this process, in particular the unpaid volunteers. I became a lightning rod for the Laurelhurst neighborhood voicing their concerns over our institutional neighbor as is evident by my email in box and the time discussing this expansion after school in the playground of Laurelhurst Elementary (one block away from CHMRC). The time commitment was significantly more than I expected.

The CAC is comprised of wonderful people who throughout the process showed remarkable courtesy and patience throughout the process (for the most part). The ability to “agree to disagree” harbored no resentment or hard feelings from my standpoint. I was impressed with the input given by everyone and the strengths they offered the CAC. I offer nothing but goodwill to all of these constituents and feel it was a privilege to work with them on behalf of the community.

The point of this minority report is for you to really discover the need and impact and balance that with our community. Gigantic institutions are forever as are the impact and my hope is that your report has more discovery on the facts not driven by special interest.. and we build on that, rather than what we have been given.

### **Supported By:**

**Members:** Cheryl Kitchin, Gina Trask, Myriam Muller, and Kim O, Dales

**Alternates:** Mike Waytre

### **F. Minority Report written by Myriam Muller - Lack of Fairness to Minority Views and Obstacles to Decision-Making**

The following comments are offered on the Citizens Advisory Committee process relating to fairness to minority views and obstacles to decision-making. These are the kinds of issues that are important in understanding the Committee operations and recommendations.

Minority reports and views: Committee members preparing minority reports were given no opportunity to present their reports and respond to questions during the final Committee meeting. The final Committee meeting ended approximately 90 minutes early and there was ample time to allow presentation of minority reports. Failure to provide this opportunity was grossly unfair to minority proponents.

It was explained at the final Committee meeting by the Department of Neighborhoods (DON) staff that minority reports are not subject to debate. While there is no support for this statement in the Major Institutions Code, the Committee's bylaws or DON's Director's Rule 97-01 governing the master planning process, even if it is true, it should not be interpreted to deny minority proponents the right to present their views.

Committee members spent hours and hours preparing minority reports. There were only three days to prepare the minority reports because the reports could not be prepared until the bulk of the Committee's work was complete. The Committee's majority report was discussed in its entirety at the final meeting. Those with minority reports should have been afforded the same courtesy and respect in presenting their views.

Discussion of all sides of an issue is important in understanding the issues and developing consensus. Perhaps others on the Committee would have changed their minds on issues and signed onto minority reports with a briefing as to the substance of each report? This is little to ask, but then is consistent with the lack of respect throughout the entire process towards those with minority views. It was not uncommon for those with minority views on various issues to be cut off in the committee discussion or for others to simply talk over them or take over the discussion. In one instance, a Committee member commenting on the majority report was cut off and told to put her views in a minority report—despite the fact that minority reports were due the following day. It was very apparent that minority views were not welcome. It is possible that this is why those with minority reports were not allowed to present their reports at the final Committee meeting.

Obstacles to decision-making: One of the difficulties throughout the master planning process was Children's failure to provide reports and materials in a timely manner. Often, materials were emailed in the late afternoon the day of a committee meeting. Or, extremely complex presentations were made with no prior distribution of materials. It is extremely difficult to digest complex materials, ask questions and make recommendations without the materials provided in advance. There is also no opportunity to seek other views on the issues presented.

This flaw in the process also made it difficult for members of the public following the substantive issues to participate in the process at Committee meetings. While copies of Children's reports were provided to committee members at the meetings, no copies were provided to the public. Materials were generally posted on the master plan website within two or three days. But, community members did not have the information to review at the meetings and this likely hampered their ability to comment.

The Committee would have benefited if Children's had provided information and reports in a timely manner prior to meetings. The Committee would also have benefited from hearing from independent consultants not associated with Children's.

**Members:** Myriam Muller, and Kim O, Dales

Appendix 2 – CHRMC CAC Comments and Recommendations Concerning the Draft Major Institutions Master Plan and Preliminary Draft Environmental Impact Statement for Children’s Hospital and Regional Medical Center.

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

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

**Alternates**

Mike Wayte  
Dr. Brice Semmens  
Nicole Van Borkulo

**Ex-Officio Members**

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

July 25, 2008

Dianne Sugimura, Director  
Department of Planning and Development  
PO Box 94649  
Seattle, WA 98124 - 4019  
Attn: Scott Ringgold

Dr. Tom Hansen  
President and Chief Executive Officer  
Children’s Hospital and Regional Medical Center  
PO Box 5371  
Seattle, WA 98015-0371  
Attn: Suzanne Pederson

CHRMC CAC Comments and Recommendations Concerning the Draft Major Institutions Master Plan and Preliminary Draft Environmental Impact Statement for Children’s Hospital and Regional Medical Center.

Dear Ms. Sugimura and Dr. Hansen,

In accordance with SMC 23.69.032.D(11), the Children’s Hospital and Regional Medical Center Citizen’s Advisory Committee (CAC) submits the following comments on the Draft Major Institutions Master Plan (DMIMP) and the Draft Environmental Impact Statement (DEIS).

The CAC directed its efforts to what the proposed expansion would look like and how it would impact the surrounding neighborhoods. CAC is concerned about the scale and position of the buildings; the setbacks and open space; parking; and impacts such as traffic. While the CAC understands that any viable proposal must meet CHRMC’s needs, the CAC understands that it is the primary role of the CAC to balance the growth of the institution with long term compatibility of the surrounding neighborhoods consistent with SMC 23.69.025.

The CAC respects the continued efforts of Children’s Hospital and Regional Medical Center (CHRMC) to respond to the comments submitted by the CAC, and individuals, and community organizations. The CAC is universally supportive of the mission of CHRMC but

must ensure that the expanded hospital fits well proposed growth is compatible with the surrounding community. The CAC appreciates the new alternatives that have been developed to respond to its concerns and the expanded transportation mitigation efforts to help curb the effects of increased traffic on the neighborhoods but believes that additional modifications and mitigation measures are needed before the CAC could recommend approval of the Master Plan.

The Committee's specific comments follow.

**A. Identify a Modified Alternative 7 as the Preferred Alternative**

The CAC supports the designation of Alternative 7 as the preferred alternative with significant modifications. Although the city code regulating Major Institutions encourages concentration of development on existing campuses and discourages the expansion of boundaries, the advantages of Alternative 7 in terms of mitigation justify allowing the expansion of the MIO onto the Laurelon Terrace property. Alternative 7 shifts the impact of the expansion away from immediate adjacency with a single-family residential neighborhood, allows new entrances to be sited on a major arterial (Sand Point Way), and permits the creation of an enhanced transportation center or "hub" for the hospital complex on Sand Point Way.

The CAC understands the development on the Laurelon Terrace property must include sufficient development potential to warrant the purchase of the property. However the present proposal outlines a development envelope that clearly impacts the surrounding area and can be improved in significant ways. The CAC strongly recommends that CHRMC modify Alternative 7 to reduce its height bulk and scale and aesthetic impacts on the neighborhood and particularly to the west towards the Ravenna Bryant Neighborhood.

Specifically, the CAC recommends that strong consideration be given to:

- Spreading some of the development currently placed on the Laurelon Terrace Site to the existing campus with at least some of the development moved north of Penny Drive;
- Reducing the height of the proposed three towers either by going underground or building above the proposed southeast garage;
- Stair-stepping the height of the buildings down toward all of the boundaries of the campus including on the Laurelon Terrace site; and
- Identifying various design or other techniques to significantly reduce the looming nature of the identified development for all the buildings facades that front 40<sup>th</sup> Avenue NE and NE Sand Point Way to create a more "pedestrian-friendly" entrance to the hospital.

**B. Include an Alternatives for Impact Evaluation Purposes that has Less Square Feet of Total Development**

While the CAC is recommending that the greatest attention be put on modifying Alternative 7, the CAC wants to ensure that the other alternatives continue to be fully reviewed in case Alternative 7 is not implemented.

In its comments to the Preliminary Draft Master Plan the CAC requested the development of "a new alternative that adds less than one million square feet and shows further significant height and bulk reductions below 160 ft." in order to allow a full evaluation of the range of impacts. The CAC notes that no such alternative was evaluated in the EIS. Therefore the committee continues to recommend that an alternative that includes less than an additional 1,500,000 square feet be included in the EIS for evaluations purposes. This may be accomplished by an evaluation of the initial impacts of any Phase one development as outlined in Section C below.

**C. Develop a Specific Phasing of Development be Included in the Plan and EIS for all Alternatives**

The CAC understands that the proposed plan is a long term vision to ensure the viability of CHRMC and to provide certainty for the future. However, the CAC is concerned that the proposed 1.5 million square feet may be too much

to approve at this time. The CAC members continue to struggle with this issue. Some have concluded that the full 1.5 million square feet of development should be included in the plan, others do not. No consensus has been reached on this issue at this time and the CAC neither endorses nor formally opposes any specific square footage proposal. However, there continues to be concern regarding the ability of the neighborhood to accommodate the full 1.5 million square feet of growth while maintaining its livability. CHRMC has clearly stated that it does not intend to construct more space than is needed. The CAC accepts this assurance on face value. However to preserve the option for re-evaluation of the future scale of development, the CAC recommends that a meaningful phasing plan be developed for the construction of the expansion.

The CAC understands that unmet needs must be taken care of as soon as possible. Significant initial development will have to occur. Greater than existing height may be necessary to preserve CHRMC's long-range options. However the CAC is concerned that the initial developments do not automatically allow the institution to construct its first buildings at a 160 foot level. Instead the CAC would like to see lower initial development heights and some mechanism to review actual needs prior to exceeding some specific height. The CAC therefore recommends that the Institution, CAC and the City of Seattle staff jointly develop a phasing plan that will meet the needs of CHRMC and be sensitive to compatibility with the neighborhoods. This plan should be reviewed with the CAC during its public meetings.

The CAC is not suggesting specific heights or square footages at this time and is relying upon CHRMC to work cooperatively to identify a plan that would work within CHRMC's evaluation of their short and long-term needs. We suggest the following as a possible initial starting point for discussions:

1. That phase one development be identified as that development anticipated within the first ten years after plan adoption;
2. That phase one development include no more than 800,000 square feet of new development;
3. That phase one height be conditioned to a height lower than 160 feet on all portions of the campus
4. That development above the phase one height limits be allowed only after a demonstration that additional development above that level cannot occur under the lower heights.

The CAC recommends that any such phasing plan be included in the legislation adopting the Plan as a Council Condition.

#### **D. Provide Consistent 75-foot Landscaped Buffers Along the Edges of the Campus –**

The CAC recommends that the plan be modified to include a uniform 75 foot landscaped buffer and setback along all perimeters of the campus including that area along NE 45<sup>th</sup> Street adjacent to the proposed garage where a 40-foot buffer is included. The sole exception should be the areas along 40<sup>th</sup> Avenue NE and Sand Point Way NE where CHRMC has committed to develop a plan to create a transit hub and pedestrian oriented streetscape. In these areas a combination of possible lesser set-backs including plazas and other features should be explored.

#### **E. Exclude the Hartman Building from the MIO Boundary**

A majority of CAC believes that with the exception of the possible incorporation of the Laurel Terrace site into the MIO, CHRMC should not expand its boundaries. While the CAC fully appreciates the move of CHRMC to lower the height of the Hartmann building, the CAC concluded that it would not serve the neighborhoods broader interest. The Major Institutions Code discourages the expansion of the MIO boundaries but allows boundary expansion during the development of a MIMP subject to specific criteria outlined in SMC 23.34.124B.

The criteria established in SMC 23.34.124B state in part that the preferred locations for boundaries shall be streets, alleys or other public rights-of-way and should emphasize physical such as arterials. Based in part upon these criteria, the CAC notes that the logical western most boundary of the CHRMC Campus would appear to be Sand

Point Way N.E. To leapfrog Sand Point way at this time sets an undesirable precedent and might signal eventual further expansion in that area. The CAC concluded that the development of that site should be governed by underlying zoning.

#### **F. Increase the Amount of Open Space Identified in the Plan and EIS**

There are several references in the Draft Master Plan to “the opportunity to provide public open space on campus” and a plan to “connect neighborhood green spaces to and through the hospital campus.” However, neither an increase in public open space nor public access to this space from neighborhood green spaces is apparent in the alternatives presented, particularly in Alternative 7. The figures cited in the Master Plan for the identification of the open spaces are not specific enough to define the size and location of the open spaces.

In addition, a table that appeared in the preliminary draft EIS (Table 3.7-1) showing lot coverage percentage for each alternative was removed from the draft EIS, making it difficult to compare the revised alternatives with regards to open space. However, in Alternative 7, it appears that essentially all of the Laurelon Terrace property will be covered in buildings and that an existing playground with surrounding gardens close to NE 45th St would also be eliminated in this alternative, leading to the conclusion that the lot coverage percentage is much higher than the existing campus.

#### **Recommendations:**

1. Include a table in the EIS showing percentage of the total site area that will be open space (in measured area) or lot coverage percentage for each alternative, including the existing campus/“no build” alternative (Alternative 1).
2. Revise all alternatives to retain the lot coverage percentage (% open space) on the existing campus. For Alternative 7, consider displacing some of the density shown on the Laurelon Terrace property to the existing campus in order to create more open space on the lower portion of campus.
3. The open space on campus should emphasize, in addition to the heavily planted buffers, landscaped pathways that connect neighborhood green spaces to and through the campus (as described generally in the Master Plan) and pocket gardens accessible from the surrounding neighborhoods rather than paved plazas and roof gardens.
4. The planned open space should be specifically identified as to size, location, and type (on grade, above grade, etc.) for each alternative.
5. A plan should be presented for how the large trees on the current Laurelon Terrace property will be retained and moved to other areas of campus.
6. Any plan to develop Hartmann, whether as part of the MIO or through a rezone, should include a plan to save the grove of redwood trees in the northwest corner of the property.
7. As described on p. 3.3-3 in the draft EIS, all proposed alternatives (other than Alternative 1, No Build) significantly increase the percentage of impervious surface on the campus. For example, the Master Plan/EIS needs to include a more detailed description of how the storm water drainage issues will be mitigated.

#### **G. Maintain a Strong Commitment to Environmental Stewardship**

The Draft Master Plan discusses in general ways how CHRMC has demonstrated a commitment to environmental stewardship and how the new Master Plan will continue those goals. What is lacking is specificity of these goals, and there are a number of tools which can be used to set targets for these general goals of environmental stewardship that should be applicable to all build alternatives.

As an organization devoted to the health and well being of children, CHRMC should take a leadership role in the environmental stewardship in the development and operation of future facilities.

#### **Recommendations:**

1. The Master Plan should identify measurable targets for demonstration of Environmental Stewardship. All alternatives should set LEED Gold as a minimum target. For Alternative 7, LEED ND should also be considered. For all alternatives, meeting the 2030 Challenge should also be identified in the Plan as a target.
2. The Plan should consider aggressive approaches to energy by looking at on-site generation of energy through PV's, geothermal, etc.
3. In addition to the above Recommendation 7 (under Section E), specific targets for minimizing storm water runoff should be set that go above and beyond the City of Seattle requirements.

**H. Further Increase Commitments to Reduce Traffic and Transportation Impacts**

After careful review, it is the conclusion of the CAC that the proposed enhanced traffic management plan outlined in the EIS would fall short of the traffic mitigation necessary to insure the livability and viability of the surrounding neighborhoods. Projected increases in traffic on Sand Point Way N.E., N. E. 45<sup>th</sup>, 40<sup>th</sup> Ave. N. E. and Montlake will significantly reduce the ability of the community to thrive in that environment.

The CAC acknowledges the wisdom of the three strategies offered by the Hospital to reduce traffic in the area:

- Enhancing the transit shuttles operated by the Hospital to carry employees to off site parking areas and connecting employees to major transit hubs.
- Transportation demand management programs which give commuter bonus cash awards to employees who do not drive alone to campus.
- Parking management policies which charge employees a fee for SOV parking.

The CAC believes these strategies must be maximized to have any chance of mitigating the impact of the growth in number of patients and employees offered by any of the CHRMC proposed alternatives.

**1. Further reduce the number of vehicle trips to and from CHRMC generated by the Draft Master Plan.**

To accomplish this the CAC strongly recommends that:

- All employees must be subject parking management policies, with the only exception being those called in on an emergency basis. That includes doctors, medical staff, students, medical residents, fellows and CHRMC employees.
- CHRMC Employee parking lots should be regulated by gates and accessed only by key cards.
- More off site parking must be found to diminish the need for individual trips to and from campus.
- CHRMC initiate geographic based parking assignments for employees with shuttle service from those lots. This method assigns employees to off site parking lots based on their home addresses.
- CHRMC develop more aggressive fees for employee parking in all sites, with the highest fees for on site parking. The proposed fee of \$ 65 per month does not seem to be an adequate deterrent. Parking fees should generally be market based.
- CHRMC should greatly expand its efforts to work with Metro, Community Transit, Sound Transit and WSDOT to link its shuttle service to the major transit hubs.
- Create a plan for non emergency patient transportation. This should include fees for patient parking. Opportunities exist for patients to be assigned to an outlying parking lot and the related shuttle when they make an appointment for a planned hospital visit. The plan could include valet parking at the Emergency Room.
- The City perform overall monitoring, reporting and review to ensure that the goal of the reduction of vehicle trips each month is being accomplished.
- DPD should identify specific actions to be taken and conditions to be imposed on future development in the event that CHRMC fails to meet its trip reduction targets.

- CHRMC seek to collaborate with local partners, e.g. UW and U Village on sub-area solutions.
- CHRMC explore relocating 225 parking spaces currently planned for Hartmann to an off-site parking lot.

## 2. Reduce Parking impacts on neighborhood associated with added development at CHRMC

To accomplish this, the CAC strongly recommends that:

- CHRMC expand the number of parking enforcement personnel. They will need to enforce the parking rules on campus, at off site lots and within surrounding neighborhoods.
- Neighborhoods should be protected from the added pressure to seek “other” parking options that would be caused by aggressive fees charged for parking for employees and visitors.
- CHRMC conduct community outreach to help neighborhoods understand the steps necessary to apply for Residential Parking Zones (RPZ) and the possible benefits.
- CHRMC be required to pay for implementation of RPZ, as well as for the annual permits and enforcement.

## 3. Significantly expanded marketing programs be undertaken to enhance the desirability of pedestrian and bike access to work.

To accomplish this, the CAC strongly recommends that:

- CHRMC use relevant marketing tools to present to employees the positive effects of exercise (walking and biking). It is understood that over 40% of CHRMC employees live within five miles of the Hospital.
- CHRMC should also use every marketing tool available to educate employees on the positive contribution each person could make to the environment by walking or biking to work.
- Bike parking should be increased to accommodate 600 cyclists around campus.
- Shuttles be equipped to carry bikes.
- An improved bike path be added to connect CHRMC to the Burke Gillman Trail that is consistent with the existing trail greenway. This path should provide a seamless connection to CHRMC.
- Comprehensive review of pedestrian circulation on campus and access paths to and from campus.
- Excellent pedestrian connections to and from public transit stops near campus and provision for better shuttle loading and layover facilities at outlying transit hubs.
- Suggestion # 3 from page 2 of the Heffron report be taken very seriously. It states, “The Final EIS should provide details about how the CHRMC \$2 million contribution for local bicycle and pedestrian programs will be managed and allocated.” It further recommends that a fund be established through the Seattle DOT or its designee. That fund would allow the City to match grants for local sidewalk and bicycle enhancements with the highest priority to be the improvements that would serve the area surrounding CHRMC.
- In the event that the Hartmann property is developed within the MIO, CHRMC develop specific plans for minimizing the visual impacts of the development on Burke-Gilman trail-users across all seasons (e.g. terracing on the trail side, increasing the setback from the greenway)

## 4. Impact of traffic impacts on 40<sup>th</sup> Ave. N.E. in relation to the entrance and exit of the proposed southwest corner parking garage should be reviewed further.

To accomplish this, the CAC **strongly recommends** that (as the Heffron Report states on page 2 #4, #5, and #6) :

- If alternative 7 is selected as the preferred alternative, lane channelization changes may be needed at the intersection of NE 45<sup>th</sup> Street/40<sup>th</sup> Ave. N.E. the analysis should evaluate whether a left turn pocket on eastbound NE 45<sup>th</sup> Street should be provided.
- If alternative 7 is selected as the preferred alternative, improvements may be needed at the NE 45<sup>th</sup> Street/Sand Point Way N. E. intersection. Comments taken at the May 6<sup>th</sup> Transportation Workshop suggest that long westbound queues now exist on NE 45<sup>th</sup> Street approaching the intersection with Sand Point Way. For Alternative 7, additional traffic that exits the site to 40<sup>th</sup> Avenue N.E. may add to the volume and queues on this approach. The analysis should consider reconfiguring the lanes and parking on NE 45<sup>th</sup> Street to

provide a second westbound lane during the peak hours. This might be possible by moving the parking to the north side of the street, and restricting that parking during the peak hours.

- Mitigation is suggested to retime several traffic signals, including the intersection at N.E. 45<sup>th</sup> Street/Montlake Boulevard as well as the signals on Sand Point Way near the site. However, SDOT typically will not retime single intersections, and would prefer to optimize an entire corridor. It is recommended that the mitigation be changed to “optimize traffic signals along the Sand Point Way/NE 45<sup>th</sup> Street Montlake Boulevard corridor, between NE 50<sup>th</sup> Street (if signalized) and 25<sup>th</sup> Avenue N.E.” In addition, signal controller upgrades may be needed at some of these intersections to allow the signals to be interconnected. CHRMC should contribute to upgrading the signal controllers.
5. **Work with Metro to Allow nearby residents have access to the shuttles (on a space available basis) to access local transit hubs. It would also be necessary for the Hospital to widely publish the shuttle schedules and routes.**
  6. **Install a traffic light at 50<sup>th</sup> Street and Sand Point Way and coordinate its timing with the light at Penny Drive.**
  7. **CHRMC study the possible traffic safety issues related to helicopter landings so near to Sand Point Way. The CAC suspects that with high visibility from the street, accidents could happen while drivers are distracted.**

I. **Develop a Housing Replacement Plan Prior to the Demolition of Units at the Laurelton Terrace Site**

SMC 23.34.124 B 7 states that new or expanded boundaries shall not be permitted where they would result in the demolition of structures with residential uses or change of use of those structures to non-residential major institution uses unless comparable replacement is proposed to maintain the housing stock of the city. In the event that the Laurelton Terrace Site is acquired, and the MIO boundary thus expanded, the CAC recommends that the final Plan MIMP should include a specific complete plan for the addition of comparable replacement housing in the general vicinity of that housing being lost. Replacement housing should be in addition to any housing currently in the planning phases.

J. **Further Minimize Construction Impacts**

CHRMC should commit to having construction and construction-related activities, such as deliveries, arrivals and departures of trucks, people and equipment occur only during the hours and on the days promised. Additionally, CHRMC should use every reasonable means available to minimize the noise, vibration, dust, dirt, etc. from construction. Construction will occur over an extended period of time. There will be significant impacts and cumulative impacts on neighbors

Thank you for the opportunity to comment on this proposal. The CAC looks forward to our continued work with CHRMC, community members, and City of Seattle staff.

Sincerely,

**Electronic Copy**  
**Original to be signed and mailed**

Karen Wolf, Chair  
CHRMC CAC