MAJOR INSTITUTION MASTER PLAN

Seattle Children's Hospital Final Master Plan

SUBMITTED TO: City of Seattle

PROPOSED BY: Seattle Children's Hospital

Seattle Children's
HOSPITAL · RESEARCH · FOUNDATION

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SUBMITTED TO: CITY OF SEATTLE
Department of Planning and Development
Department of Neighborhoods

PROPOSED BY: SEATTLE CHILDREN'S HOSPITAL

PREPARED BY: ZIMMER GUNSUL FRASCA ARCHITECTS LLP

DPD PROJECT NO. 3007521

SUBMITTED: November 10, 2008

Seattle Children's
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I. EXECUTIVE SUMMARY

SEATTLE CHILDREN'S MISSION: We believe all children have unique needs and should grow up without illness or injury. With the support of the community and through our spirit of inquiry, we will prevent, treat and eliminate pediatric disease.

HISTORY, VALUES AND VISION: The driving force behind Seattle Children's Hospital (Children's) is the vision of a better future for sick and injured children. For more than a century, Children's has provided specialized health-care services to the children of the Northwest who needed care, regardless of race, religion or their family's ability to pay.

Treatments and medical technologies have changed dramatically during that time, and Children's has evolved to become a highly specialized academic medical center that serves children and youth from Washington, Alaska, Montana and Idaho who are referred to Children's for complex health problems. More than 200,000 patient visits are made to Children's clinical sites each year. These children receive the highest quality care from physicians, nurses and other skilled professionals who are specially trained to meet their unique needs, in facilities that are specifically designed with them in mind.

Children's commitment to caring for all children, regardless of their family's ability to pay, has earned the institution respect and goodwill throughout the region. A well-established network of volunteer guilds supports the hospital in the fundraising that is essential to its mission. In 2007, Children's provided $65.4 million in uncompensated and under-compensated care for children whose families lacked the ability to pay, a 57 percent increase from the previous year. In 2008, that amount is expected to climb to nearly $80 million.

Teaching is also central to Children's mission: Children's pediatric residency program — in partnership with the University of Washington School of Medicine — is one of the most highly sought-after programs of its kind in the United States. Sixty-five percent of the pediatricians currently practicing in the Puget Sound region were trained at Children's. During the past decade, Children's has also greatly expanded its role in medical research, and is now engaged in major research projects that address many of the most important diseases of childhood, including asthma, diabetes and HIV AIDS, as well as depression, gene repair and neurodevelopment.

As Children's entered its second century, it created a new Strategic Plan to guide the organization's future. The Strategic Plan envisions that Children's will:

- Provide patients and families throughout the region with easy access to specialty care
- Build programs that set national standards for quality
- Provide the best possible service to families and referring physicians
- Develop the next generation of health-care leaders through its teaching programs
- Conduct research that contributes to the prevention, treatment and elimination of diseases that affect children
- Preserve the organization's financial health, while keeping the promise to provide care regardless of a family's ability to pay

THE NEED FOR GROWTH: Children's Hospital created its Strategic Plan in the context of regional growth and national health trends that point to increasing need for pediatric specialty care. Four key factors point to the need for growth:

1. *The number of children in our region is projected to grow.* During the next 20 years, the population 21 years of age and younger in Washington is projected to increase by 21 percent, as the children of the "baby boom echo" enter their child-bearing years, setting off a third wave of births, and in-migration from other states and other nations continues.

2. *Children with serious health problems are living longer.* Thanks to advances in pediatric medicine during the past 20 years, more children with serious chronic illnesses — such as cystic fibrosis or sickle cell anemia — are living into adulthood. With multiple and lengthy hospital admissions, these children now account for half of the patients at Children's on any given day. Thankfully, children with severe chronic diseases are now living longer, but this good news carries with it a growing need for highly specialized medical facilities to care for them.

3. *The nature of and prevalence of pediatric diseases are changing.* The increasing prevalence of chronic conditions such as diabetes, developmental disorders and the rising rates of infant prematurity and childhood obesity are placing added stress on pediatric hospitals nationwide. A 2007 study published by the Child Health Corporation of America (CHCA) projects inpatient days for pediatric diseases will grow at 3.1 percent annually through 2010. At Children's, the growth in 2007 was double this amount — 6 percent. The need in areas such as neonatology, transplantation, infectious disease and endocrinology is growing even faster — at more than 3.5 percent per year, and diabetes admissions increased nearly 17 percent between 2000 and 2003.

4. *Children's Hospital is already overcrowded.* With just 250 beds, Children's is small when compared to other pediatric hospitals in cities of comparable size, yet it serves a larger geographic area than any other children's hospital in the country. This has become all too apparent in the high occupancy rates at Children's. National standards of care set the optimal occupancy rate for pediatric specialty hospitals at 65 percent. This standard is intended to ensure that the appropriate types of beds are available for emergency admissions and to reflect the unpredictable nature of pediatric disease outbreaks. Today, Children's is operating at unprecedented levels, ranging from 85 percent to 100 percent occupancy year-round. On several occasions recently, Children's has had to turn sick children away because there were no intensive care beds available, in spite of the fact that Children's was the only hospital in the region with the expertise and technology to provide the critical care they required. This year, for example, Children's had to send four children who needed life-sustaining heart-lung mechanical support to another state because our intensive care beds were completely full. While high volumes are typical during the winter months, when outbreaks of viral diseases generally occur, the patient volumes at Children's are now consistently high throughout the year. During the past year, our Emergency Department experienced a 22 percent increase in visits, with one in five of those visits resulting in admission to the hospital. Many of our outpatient clinics are also reaching the limits of their capacity. Additionally, 50 of the hospital's 200 rooms currently have two inpatient beds, which makes preventing the spread of infectious disease more difficult, reduces privacy and makes it more challenging to provide family-centered care. For these reasons, the national standard of care now calls for single-occupancy rooms throughout the hospital.

CHILDREN'S PLAN FOR GROWTH: Children's current hospital must expand to meet the needs of the region it serves. Children's has developed a three-part strategy to meet these needs:

Children's will further decentralize its outpatient services to bring pediatric specialty services closer to families in communities throughout the region. Future outpatient clinics are being planned in Bellevue, Everett and South King County, and additional outpatient services in specialties such as cardiology, cancer, endocrinology and neurology will be offered through Children's outreach clinics in Yakima, Wenatchee, Kennewick and Missoula, Montana.

Children's will locate its research facilities near South Lake Union in downtown Seattle to take advantage of the concentration of biomedical research resources at that location and to relieve pressure on the hospital campus.

Children's will focus development at the hospital campus on inpatient care and those highly specialized services that are most difficult to replicate in more than one location. This will provide the most effective care for children with complex, chronic conditions who require multidisciplinary specialists and 24-hour access to care.

THE MAJOR INSTITUTION MASTER PLAN (MIMP): Two Years of Community Involvement Culminates in a New Proposal

During the past two years, Children's has worked with our partners in the Citizens Advisory Committee (CAC), city agencies and the surrounding neighborhoods to create a plan for development that will reduce the hospital's physical impact on the people who live nearby and the community at large. The Master Plan process has afforded us the opportunity to solicit comments and ideas from our neighbors and other interested citizens, and to work intensively with the members of the Citizens Advisory Committee in a search for the best solutions for all concerned. This has resulted in improvements, refinements and enhancements to the plan at each stage of the process.

As a result of this collaborative effort, we have selected Master Plan Alternative 7R as Children's Proposed Final Master Plan. This choice carefully balances the urgent need for additional capacity at the hospital with innovative programs and plans that respond to community concerns. Children's commitment to purchase Laurelon Terrace, move the bulk of its expansion "downhill" and adjacent to the Sand Point Way NE arterial, and refine the proposed development through transitional heights and building setbacks represents an extraordinary mitigation measure to reduce the impact of the expansion on neighbors.

In comparison to Children's initial concept plan, the proposed Master Plan will allow Children's to:

- Place the majority of new development on the Laurelon Terrace site
- Reduce the greatest building heights from 240 feet to 140 feet
- Reduce the overall height of the new facilities to an elevation that is lower than the highest elevation on the existing campus
- Eliminate the need for entrances on neighborhood streets (NE 45th Street and NE 50th Street)
- Reduce the bulk and scale of proposed facilities through transitional heights and building setbacks
- Reduce the impact of construction on hospital operations and the neighborhood
- Create community gathering places and green space, including access to rooftop gardens and courtyards
- Create an innovative transit hub on both sides of Sand Point Way NE to make it easier for people to get safely to and from the hospital and the neighborhood without an automobile
- Redevelop the Hartmann property to provide transit service, an inviting streetscape and access to the Burke-Gilman Trail
- Create facilities that are adequate to meet the health-care needs of the children of our region

The acquisition of the Laurelon Terrace property for expansion purposes also creates the opportunity to enhance the way people travel into and within the community by providing a better environment for pedestrians, bicyclists and transit riders. Children's is also fully committed to developing affordable replacement housing in northeast Seattle, creating the opportunity to improve other areas of the community as well.

Children's believes strongly in minimizing the impact of our expansion on the environment. In an effort to provide a healing place for our patients and their families, as well as be a responsible steward of natural resources, Children's has included measures in our Master Plan that expand upon the environmentally friendly practices already in use at the hospital today. New buildings constructed as part of the proposed Master Plan will be designed to reduce energy use and create healthy environments. The landscape plan will be designed to create tranquil settings for patients, families and neighbors to enjoy, while providing a natural shield to minimize noise and glare in the nearby neighborhoods.

Increasing the size of the campus will mean more staff, more patients and, consequently, more traffic. Children's has an excellent track record of working to reduce automobile trips generated by our employees, cutting the percentage of commutes by single-occupancy vehicles from 73 percent in 1995 to just 38 percent today, one of the lowest rates of any large employer in the state.

Our Master Plan includes a comprehensive strategy to meet the needs of our staff, patients and their families with creative transportation programs that will contribute to solving the transportation challenges facing our immediate vicinity and the region as a whole. We will continue to invest in transportation improvements by continuing our sponsorship of increased bus service on the routes serving our neighborhood and creating a growing system of shuttles — like our new Green Line — to connect the hospital to key transportation hubs. We will invest in new technology and other improvements in the major corridors serving our area, and in bicycle and pedestrian programs that create better and healthier ways of getting to and from work.

The Seattle Children's Hospital Final Major Institution Master Plan is the culmination of two years of planning, nearly 25 Citizens Advisory Committee and subcommittee meetings and ongoing community involvement, including over 25 outreach activities or meetings (see Appendix C and page 17). It represents a collaborative vision for the hospital and the surrounding neighborhood. This vision is supported by substantive standards which guide future development through subsequent environmental review and the corresponding decision making and public permit approvals. It is responsive to the community need for increased pediatric health care, environmental stewardship and the livability of the neighborhood. It will be further refined through a Standing Advisory Committee of community representatives who assist the institution in the subsequent phases of the facility's design, following approval of the Master Plan by the City of Seattle.

The balance of this document describes the Master Plan in detail. It is organized into five sections:

Part I, this Executive Summary, presents an overview of Children's proposed Master Plan.

Part II, the Introduction, describes the need and vision for the Master Plan.

Part III, the Master Plan Development Program, describes the basis for the program and planned improvements.

Part IV, the Development Standards, sets forth Children's requested standards by which future development will be controlled.

Part V, the Comprehensive Transportation Management Plan, describes the proposed measures to mitigate traffic and parking impacts associated with the Master Plan.

It also includes the following Appendices:

Appendix A: Legal Descriptions

Appendix B: Citizens Advisory Committee Member List

Appendix C: Community Outreach Overview

Appendix D: Consistency with City Policies

Appendix E: Seattle Municipal Code 23.34.008 General Rezone Criteria

Appendix F: Seattle Municipal Code 23.34.124 Designation of Major Institution Overlay Districts

Appendix G: Seattle Municipal Code 23.69.002 Purpose and Intent

Appendix H: Sound Transit Letter of Intent

Appendix I: Community Transit Letter of Intent

Appendix J: Recommended Comprehensive Transportation Plan

Figure 1 Distant View Eastward of Existing Children's Hospital

Figure 2 Proposed Major Institution Overlay Boundaries

II. INTRODUCTION

A. BACKGROUND

Founded in 1907, Seattle Children's is a regional pediatric academic health-care center serving Washington, Alaska, Montana and Idaho (WAMI), the largest service area of any children's hospital in the country. Children's is currently ranked among the top ten pediatric hospitals in America by a number of published sources, and received a number eight ranking on the ***U.S. News & World Report*** Best Children's Hospitals 2008 Guide. To continue to provide this level of care to all of the region's children who need it, Children's must expand its facilities on its hospital campus and across the region.

Children's is committed to improving access to quality pediatric health care by decentralizing our outpatient services to bring them closer to our patients. Due to the national shortage of pediatric specialists, Children's doctors travel throughout Washington, Alaska, Montana and Idaho to provide services at community clinics that are closer to our patients living in these areas. Children's currently operates regional clinics in Bellevue, Everett, Federal Way, and Olympia; outreach clinics in Yakima, Wenatchee and Kennewick, Washington; and sites in Alaska and Montana.

Children's is committed to expanding its clinic network. It opened a regional clinic in the Tri-Cities area in May 2008, and by the end of 2008, Children's is expected to complete the acquisition of 6.6 acres near downtown Bellevue for a major new outpatient facility, slated to open in 2010. Similar facilities are planned for Snohomish County and South King County.

Children's has already relocated its rapidly growing research programs to downtown Seattle (1900 Ninth Avenue) in close proximity to South Lake Union and other key research centers, such as the Fred Hutchinson Cancer Research Institute, the Seattle Cancer Care Alliance and the University of Washington. Children's also purchased additional property (1000 Stewart Street) in downtown Seattle to enable the organization to develop 1.5 million square feet of space for medical research into the diseases that afflict children here and around the world.

While decentralizing its outpatient services and research facilities, Children's is consolidating the most highly specialized clinical services and inpatient beds on the hospital campus in northeast Seattle. This concentration of services allows complex pediatric procedures to be performed in highly specialized diagnostic and treatment facilities 24 hours a day.

A cornerstone of Children's mission is our historic commitment to provide the highest quality care for all children who need our services, regardless of their family's ability to pay. To meet that commitment, generous community support enabled Children's to provide $65.4 million in uncompensated and under-compensated care in fiscal year (FY) 2007 to patients whose families were unable to pay all or part of their medical bills. This amount is expected to climb to nearly $80 million in FY 2008. In FY 2007, Children's provided 232,569 patient visits, including 176,608 outpatient visits, 33,773 emergency room visits, 12,785 inpatient admissions and 9,403 short-stay visits.

B. STRATEGIC PLAN

Children's strategic plan, developed in 2006, provides a foundation for the next 100 years and a road map for integrating the growth of clinical, research and educational programs during the next five years. The strategic plan sets six key goals:

- Build programs that set national standards for quality care.
- Improve clinical access and service to families and physicians.
- Prevent, treat and eliminate pediatric disease.
- Recruit and retain the best staff at all levels.
- Develop the next generation of health-care leaders.
- Secure Children's financial future while keeping its promise to provide high-quality care, regardless of a family's ability to pay.

The strategic plan serves as the guide for the development of the facilities that will be needed to support these goals.

C. HEALTH-CARE NEEDS

Population growth in our region is one of several key factors driving the need for growth at Children's. According to the State Office of Financial Management, the number of children and youth in Washington state, for example, is projected to increase by 21 percent by 2030, as the children of the baby boom generation enter their child-bearing years. Nationally, the need for children's health care is growing for other reasons as well. A recent study by the Child Health Corporation of America (CHCA), a national association of free-standing pediatric hospitals, shows that the demand for inpatient pediatric services overall is estimated to grow 3.1 percent annually through 2010. Causes include:

- Increased severity of pediatric illnesses
- Increases in prematurity and low birth weight
- Increased prevalence of chronic conditions, such as diabetes and developmental disorders
- Growing prevalence of obesity, which complicates care
- More patients surviving childhood diseases and utilizing health-care services longer
- The need for single-bed rooms to control the potential spread of infectious diseases

Certain areas of pediatric care, such as the treatment of infectious diseases, premature birth and endocrinology, are growing at even faster rates. Admissions for diabetic conditions increased nearly 17 percent between 2000 and 2003. Because the illnesses treated at academic pediatric medical centers such as Children's tend to be more critical and complex, they often involve longer hospital stays and require the collaboration of many sub-specialists.

Children's experience reflects and in fact exceeds the national trends. A recent study by Dr. John Neff, medical director, Center for Children with Special Health Care Needs, shows that in the past five years, Children's patient population has become more chronic and complex, older and more expensive to care for, requiring more frequent hospital and Emergency Department admissions. More than half of the inpatients at Children's Hospital on any given day have lifelong chronic illnesses and often require specialized pediatric medical care.

Caring for these complex patients requires more staff, more types of specialists, more technology and more equipment and space to store equipment, which often varies with patient sizes. The specialists provide care in patient rooms, in clinic exam rooms, in offices and in other settings on campus so that they can respond to the changing conditions of young patients. When a child is more seriously ill, there will also be more family members who need to be housed close to the child — often in the patient room or lobbies. Teaching functions also bring more students and residents to the patient care area. All of these factors lead to more people and more equipment, all of which drives the need for more space for each hospital bed, compared to the hospitals of the past.

In addition, the scope of conditions Children's treats and the wide range in ages of the patients (premature through 21 years) requires a variety of types of beds. For example, a critically ill premature newborn and a teenager undergoing psychiatric evaluation cannot be housed in the same unit. Children's bed mix includes:

- Neonatal Intensive Care Unit
- Pediatric Intensive Care Unit
- Cardiac Intensive Care Unit
- Inpatient Psychiatric Unit
- Rehabilitation and Complex Care Unit
- Seattle Cancer Care Alliance Unit (for patients undergoing stem cell transplant and other cancer treatments)
- Surgical Unit
- Medical Unit

As a national standard of care, the recommended average inpatient occupancy level is 65 percent, because pediatric illness is unpredictable (patients with chronic lifelong diseases are more likely to have unplanned admissions) and patients must be admitted to units appropriate to their age and acuity level. Today, Seattle Children's Hospital is consistently operating at 85 percent to 100 percent occupancy, which is an unprecedented and precariously high level for Children's. This high occupancy strains the entire system — and is particularly difficult for patients, their families and our staff. For many of the most seriously ill patients, there is nowhere else in the region that can provide the care they need.

The Master Plan is designed to address those challenges and meet the future needs of our region. To project the need for facilities over the next 20 years, Children's conducted an in-depth analysis of the historical patient volumes, service by service, and developed an estimate of future needs that is based upon:

- The changing demographics of its service area
- The increasing severity of Children's patients, especially those with complex or chronic conditions
- The technology, equipment and staff required to care for such critically ill children
- The need to control the spread of infections
- The need for caregivers to be located close at hand to respond to any emergency
- The healing comfort of allowing families and loved ones to stay with their sick child

To further validate key assumptions for the Master Plan, Children's conducted an in-depth analysis of the historical patient volumes and services, and consulted regional and national leaders in pediatric health care regarding our analysis and growth projections. As a result of that analysis, Children's Master Plan emphasizes six service areas — cardiovascular, general surgery, hematology/oncology, neonatology, orthopedics and transplantation — as the major areas in which new facilities will advance the quality and accessibility of the services Children's patients will need in the future.

Using industry standards for academic pediatric medical center space needs, the necessary amount of space for each service at Children's Hospital was calculated, resulting in a total of 2.4 million square feet for the next 20 years. This estimate provides 4,000 gross square feet to support each pediatric bed (this includes operating rooms, diagnostic and therapeutic space, faculty offices, etc.). This figure is well within the square-feet-per-bed range of peer institutions and is, in fact, at the lower end of that range due to Children's efforts to decentralize services and maximize efficiency in care delivery.

Currently, Children's has 250 beds within 200 rooms (50 double-occupancy rooms). To meet the projected need, Children's plan adds 250 to 350 beds over the next 20 years, bringing the total bed count to around 600. These additional beds would be phased in over time to ensure that Children's development meets and does not lag behind or exceed the needs of our region.

III. DEVELOPMENT PROGRAM

A. PROGRAM, ALTERNATIVES AND PROPOSED MASTER PLAN

1. NEIGHBORHOOD CONTEXT

Children's is located between the Laurelhurst and Ravenna/Bryant neighborhoods and is 0.5 mile from the Ravenna portion of the University Community Urban Center. The surrounding neighborhoods include a mixture of single- and multi-family residences, retail/commercial businesses, institutions and recreational opportunities, such as the Burke-Gilman Trail and Magnuson Park. The retail/commercial businesses are located primarily south and west of Children's along Sand Point Way NE, and include University Village, restaurants and shops, an exercise gym, office space and the Virginia Mason Pediatric Clinic. There are several institutions in the area, including the National Archives & Records Repository, Children's 70th and Sand Point Way administrative offices, churches, Talaris Research and Conference Center, Laurelhurst Elementary School and Villa Academy. The nearest major institution in the area, the University of Washington, is less than a mile to the west.

Beginning in spring 2007, Children's initiated dialogue with the surrounding community regarding the strategic plan and necessary expansion. Prior to submitting its Concept Plan, Children's conducted two community meetings, inviting over 10,000 households in northeast Seattle and soliciting concerns, advice and recommendations on how growth should occur on the hospital campus. In addition to the Citizens Advisory Committee regular and subcommittee meetings from the summer of 2007 until the present, Children's has met with numerous neighborhood and other groups to discuss its proposed plans:

- Laurelhurst Community Club Board of Trustees (March 2007)
- Children's Standing Advisory Committee for Major Institution Master Plan (March 2007)
- Children's 70th and Sand Point Advisory Committee (April 2007)
- Community-wide meeting in Laurelhurst sponsored by Children's (May 2007)
- View Ridge Community Council Annual Meeting (May 2007)
- Laurelhurst Community Club Annual Meeting (June 2007)
- Community-wide meeting in Laurelhurst sponsored by Children's (June 2007)
- Laurelon Terrace Representatives (September 2007)
- Virginia Mason physicians based at the Hartmann Building (October 2007)
- Two model presentations in Laurelhurst (October 2007)
- Montlake Community Club Board Meeting (December 2007)
- Burke-Gilman Public Development Authority (January 2008)
- Laurelcrest Condo Association Board Meeting (April 2008)
- Odessa Brown Community Clinic Open House (April 2008)
- NE District Council Meeting (June 2008)
- Montlake Community Club (June 2008)
- Children's 70th and Sand Point Advisory Committee (June 2008)
- University District Farmer's Market Q and A (June 2008)
- West Seattle Farmer's Market Q and A (June 2008)
- View Ridge Community Council (June 2008)
- Ravenna/Bryant Community Club (June 2008)
- Four model presentations at Laurelhurst Community Center (June, July and two in October 2008)
- Ravenna/Bryant Focus Groups (August 2008)
- Hawthorne Hills Community Council (September 2008)
- View Ridge Community Council (September 2008)
- Ravenna/Bryant Community Council (September 2008)
- Laurelhurst Board of Trustees (October 2008)
- Model presentation at the NE branch of the Seattle Public Library, Ravenna/Bryant (November 2008)

For more information about the development of the plan, please see Children's Master Plan project Web site at http://masterplan.seattlechildrens.org.

Figure 3 Campus Is Designed to Screen Views of Buildings from Single-Family Areas

2. CAMPUS DEVELOPMENT PROGRAM

The proposed Master Plan will provide the facilities needed to accommodate a total of 600 beds, with approximately 4,000 gross square feet (gsf) of development per bed, inclusive of the patient bed rooms themselves as well as the necessary ancillary services, facilities and utilities that are common in pediatric health-care facilities. The proposed Master Plan will allow for a total of 2.4 million gsf of hospital facilities and 3,100 parking spaces. (Developable building area does not include mechanical space, interstitial space, below-grade space, vehicle parking or circulation areas.)

Three properties around the existing hospital campus would be considered for future hospital facilities. This includes the Hartmann property, already owned by Seattle Children's, the existing hospital campus and Laurelon Terrace, immediately adjacent to the west property boundary of the existing hospital campus. Children's and Laurelon Terrace have negotiated the major terms for a sale of the Laurelon Terrace property to Children's conditioned on approval of this Major Institution Master Plan. In addition, in order to develop this property for major medical institution uses, the City would have to approve the vacation of the public rights-of-way and Seattle City Light easements within the boundaries of Laurelon Terrace.

Children's would continue to lease office space at Springbrook and potentially other space within 2,500 feet of the Major Institution Overlay (MIO) boundary. This would be in compliance with the requirements of the Major Institution Code. The Code allows Children's to locate such a use as long as it: complies with applicable street-level use restrictions in any commercial zones; follows the use and development standards of the underlying zone; includes such uses in its Transportation Management Plan (TMP) and obtains an administrative conditional-use permit for any medical service uses over 10,000 square feet in area.

The open-space system would be expanded by the inclusion of Laurelon Terrace and Hartmann property within the Major Institution Overlay Boundary, and provide the opportunity for public open space at the western portion of an expanded and contiguous hospital campus. The edges of the campus would be designed to screen views of campus buildings and parking areas from nearby single-family residential areas (see Figure 3). Subject to patient privacy needs and hospital security, pedestrian pathways will be provided across the site where feasible.

The existing helistop would be relocated from its current location to the rooftop of the first bed unit constructed on the Laurelon Terrace property.

The mechanical and electrical components of the Central Utility Plant (CUP) would be distributed throughout the existing campus and proposed buildings and parking structures. It is not intended for the CUP to be built in its entirety at a consolidated location. The mechanical and electrical components will be incorporated and treated to prevent noise, exhaust and vibration impacts within each building during the buildout of the campus.

Circulation improvements would be needed to distribute peak-period traffic movements. The City of Seattle is planning to install a signalized intersection on Sand Point Way NE at 40th Avenue NE. This would help reduce impediments to traffic flow and the delay at existing signals serving Laurelhurst and View Ridge along Sand Point Way NE.

3. ALTERNATIVES CONSIDERED

The following is a description of the alternatives considered in the Major Institution Master Plan process that was initiated with Children's Concept Plan in July 2007.

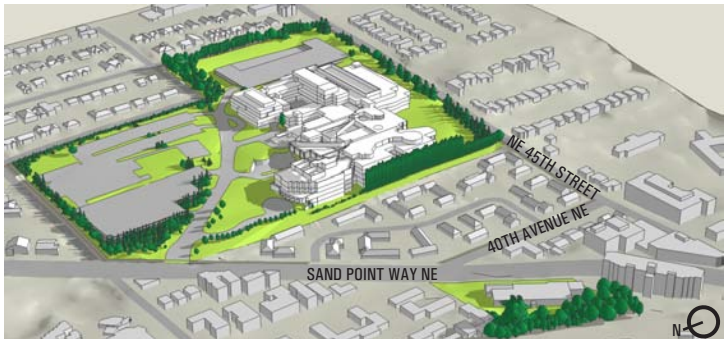


Figure 4 Alternative 1

Alternative 1 No Build:
This alternative, representing projects built or approved in the existing MIMP, was presented as a base case against which to measure the environmental impact of the other alternatives. See Figure 4.

Figure 5 Alternative 2

Alternative 2 (Concept Plan):
The proposed alternative in the Concept Plan consolidated the height and mass of the 600-bed program around and over the existing hospital buildings near the center of developed areas on the existing hospital campus with 24 beds-per-floor bed units. MIO height districts in the Concept Plan were as high as 240 feet. This plan had a strong operational model as services were stacked vertically and within easy walking distances horizontally. In Alternative 2, the MIO was expanded to include the Hartmann property, creating a district allowing building height up to 105'. See Figure 5.

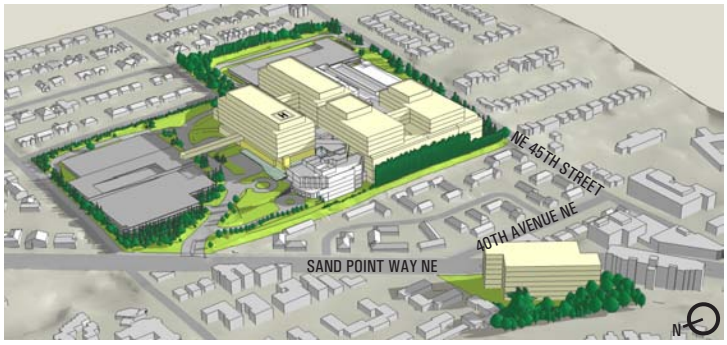


Figure 6 Alternative 3

Alternative 3 (Preliminary Draft Master Plan):
The South Campus Expansion Alternative was developed for the Preliminary Draft Master Plan by Children's as an alternative to the Concept Plan and in response to the scoping letter transmitted by the Department of Planning and Development (DPD) on Sept. 24, 2007. It lowered the height of the proposed hospital buildings from 240' to 160' while still meeting Children's fundamental need to grow to 500 to 600 beds. The lower building heights were achieved by reconfiguring the inpatient bed units to increase the number of beds to 36 beds-per-floor. Like Alternative 2, the Hartmann property height limit was increased from the existing 30' height limit for the L-3 Zone to an MIO height district of 105'. See Figure 6.

Alternative 4 (Preliminary Draft Master Plan): The Expanded Boundary Alternative expanded the hospital campus westward onto the Laurelon Terrace site. Laurelon Terrace is a 6.7-acre parcel immediately west of Children's existing campus and it is currently occupied by a residential condominium with 136 units. At the time of the Preliminary Draft Master Plan, this site was not available for near-term major institution development, and so this alternative included potential Children's development for only the later phases of the Master Plan. This alternative responded to the request in the September 24, 2007 DPD scoping letter and community input to consider the alternatives that expanded the campus boundary. This alternative was similar to Alternative 3 in the early development phases. Like Alternative 3, the Hartmann property height limit was increased to an MIO height district of 105'. See Figure 7.

Figure 7 Alternative 4

Alternative 5 (Preliminary Draft Master Plan): The North Campus Expansion Alternative was developed in response to the scoping letter transmitted by DPD on September 24, 2007. Alternative 5 would spread the footprint of the hospital buildings over the hospital campus and connect them across Penny Drive. This alternative spread the inpatient units over a greater distance, farther from core ancillary services, to the north and west edges of the campus. It used the same 36 beds-per-floor units to limit its height on the upper areas of the campus. Like Alternative 4, early phases of development were similar to Alternative 3 with the opportunity to build some components north of Penny Drive. Like Alternative 4, the Hartmann property height limit was increased to an MIO height district of 105'. See Figure 8.

Figure 8 Alternative 5

Figure 9 Alternative 6

Alternative 6 (Draft Master Plan):
The Modified North Campus Expansion Alternative was developed after input from the Citizens Advisory Committee's subcommittee work session in February 2008. The work session considered specific strategies for campus development, including increased buffers on the north, continuation of the "terraced" or "wedding cake" heights along NE 45th Street, hospital building heights reduced from 240' to 160' and more dispersed development similar to Alternative 5 in the Preliminary Draft Master Plan. Children's considered the Citizens Advisory Committee's input and determined that complete adherence to the Citizens Advisory Committee request fell short of the program need and that the proposed spread of core services limited Children's achievement of its operational efficiency goals. Key proposed elements of Alternative 6 included a height limit of 160' and development of the Hartmann property by a rezone to Neighborhood Commercial (NC3) zone with a height limit of 65', down from a height of 105'. See Figure 9.

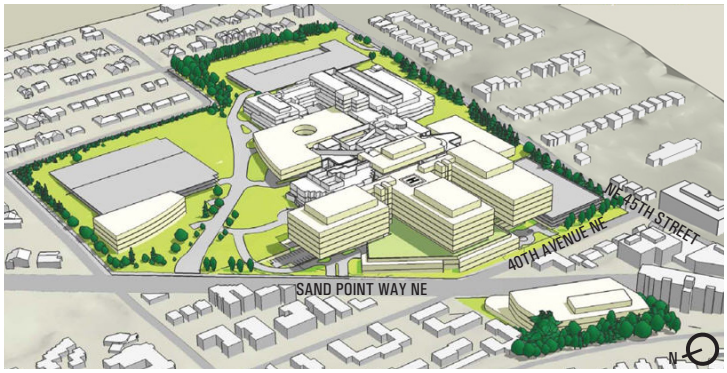


Figure 10 Alternative 7

Alternative 7 (Draft Master Plan):
The Expanded Boundary Early Laurelon Development Alternative replaced Alternative 4 in response to the Department of Planning and Development's request that Children's develop an alternative that would provide an earlier phase of development for Laurelon Terrace. This alternative allowed the proposed hospital building heights to be reduced from 240' to 160', the density of the campus to be lower, a greater portion of the medical center buildings to be constructed on the lowest areas of the expanded campus and new facilities to be constructed on the Laurelon Terrace property while minimizing interference with and redevelopment costs to existing hospital facilities. Another benefit was that hospital facilities would be nearer to the more intensely developed commercial area on Sand Point Way NE and further away from single-family neighbors.

The campus along Sand Point Way NE was envisioned to form a major transit node, with increased public transit service and Children's private shuttle system integrated through redevelopment of adjacent street-fronting building edges on the Hartmann and Laurelon Terrace sites. Access to the campus from NE 45th or NE 50th streets was eliminated. Hartmann was included as MIO 65'. See Figure 10.

Alternative 7R (Proposed Final Master Plan): The Revised Expanded Boundary Early Laurelon Development Alternative was developed in response to the comments by the Citizens Advisory Committee to the Department of Planning and Development and Children's in their letter dated July 25, 2008. This alternative shifted some development uphill to lessen intensity of development on Laurelon Terrace and Hartmann, removed a vehicle access point along Sand Point Way NE and consolidated a second site access off 40th Avenue NE. This revised alternative maintains the maximum MIO height on Laurelon Terrace and the hospital campus at MIO 160'. Building heights, however, would be limited to 140' within the MIO 160' height district, not including screened mechanical equipment or penthouses. In addition, Alternative 7R includes development of Hartmann at MIO 65', lowering the height from MIO 105'. See Figure 11.

Figure 11 Alternative 7R

Alternative 8: The Early Laurelon Development Without Hartmann Alternative is similar to Alternative 7R except that the 150,000 square feet of development envisioned for Hartmann is relocated to the Laurelon Terrace and hospital campus. An additional building would be added to the southwest corner of Laurelon Terrace as well as increased parking in the Southwest and North garages. This alternative was considered in response to the Citizens Advisory Committee request to develop an alternative where the Hartmann property would not be included in the Major Institution Overlay boundary. Children's prefers Alternative 7R over Alternative 8 because Alternative 7R allows Children's to lighten the square footage of development on the expanded campus, develop desirable transit facilities on the Hartmann property and a connection to the Burke-Gilman Trail, and avoid increased building mass on Laurelon Terrace in a visible location that is in close proximity to a single-family area. See Figure 12.

Figure 12 Alternative 8

4. PROPOSED MASTER PLAN

Children's has selected Alternative 7R as its proposed Master Plan over all other alternatives considered because it:

- Reduces the greatest building heights from 240 feet to 140 feet
- Reduces the overall height of the new facilities to an elevation that is lower than the highest elevation on the existing campus
- Eliminates need for entrances on neighborhood streets (NE 45th Street and NE 50th Street)
- Reduces bulk and scale of proposed facilities through transitional heights and building setbacks
- Reduces construction impact on hospital operations and the neighborhood
- Creates community gathering places and green space, including access to rooftop gardens and courtyards
- Creates an innovative transit hub on both sides of Sand Point Way NE to make it easier for people to get safely to and from the hospital and the neighborhood without an automobile
- Reinvigorates uses of the Hartmann property to provide transit service, an inviting streetscape and access to the Burke-Gilman Trail
- Allows a first phase development that balances scale and profile without encumbering later phases with undesirable building mass near campus edges,
- Minimizes the visual impacts from the prior Alternative 7 upon the Ravenna/Bryant Neighborhood,
- Reduces the amount of development on Laurelon Terrace in Alternative 7 and pushes some of it "up the hill"
- Minimizes the visual impact of buildings along Sand Point Way NE
- Consolidates access to the Emergency Department with service and parking from 40th Avenue NE
- Reduces development on the Hartmann property to 150,000 gsf and 225 parking spaces and relocates the balance to the expanded hospital campus and Laurelon Terrace,
- Sets taller bed units farther away from the hospital campus edges

The benefits listed above respond to the items raised in the Citizens Advisory Committee's letter of July 25, 2008, to Children's and DPD, as well as to community concerns raised since May 2007.

See Figure 13, Proposed Master Plan.

FIGURE 13: PROPOSED MASTER PLAN

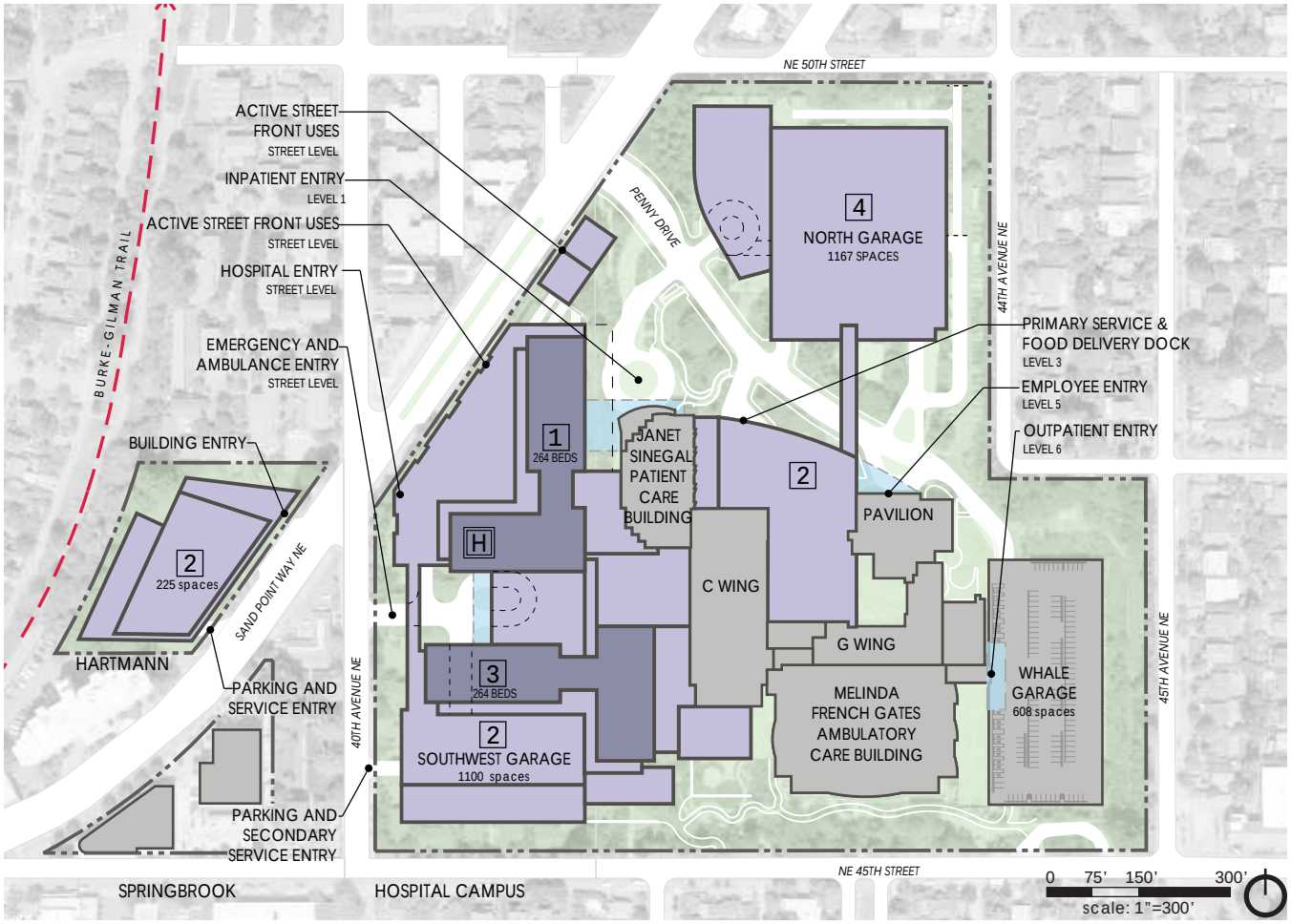
STATISTICS

Hospital Campus	
Beds	500 - 600*
Building gross floor area	2.25 million gsf**
Parking spaces	2,875
Hartmann	
Building gross floor area	150,000 gsf
Parking spaces	225
TOTAL	
Beds	**500 - 600**
Building gross floor area	**2.4 million gsf**
Parking spaces	**3,100**

*addition of 250 - 350 beds ** addition of 1.37 million gsf*

LEGEND

- Property Line
- Campus Grounds
- Existing Buildings and Parking Garage
- Lower Buildings and Parking Garages
- Taller Buildings
- Covered Walkway
- Roadways and Surface Parking
- 1 Construction Sequence
- H Helicopter
- Service and Fire Access



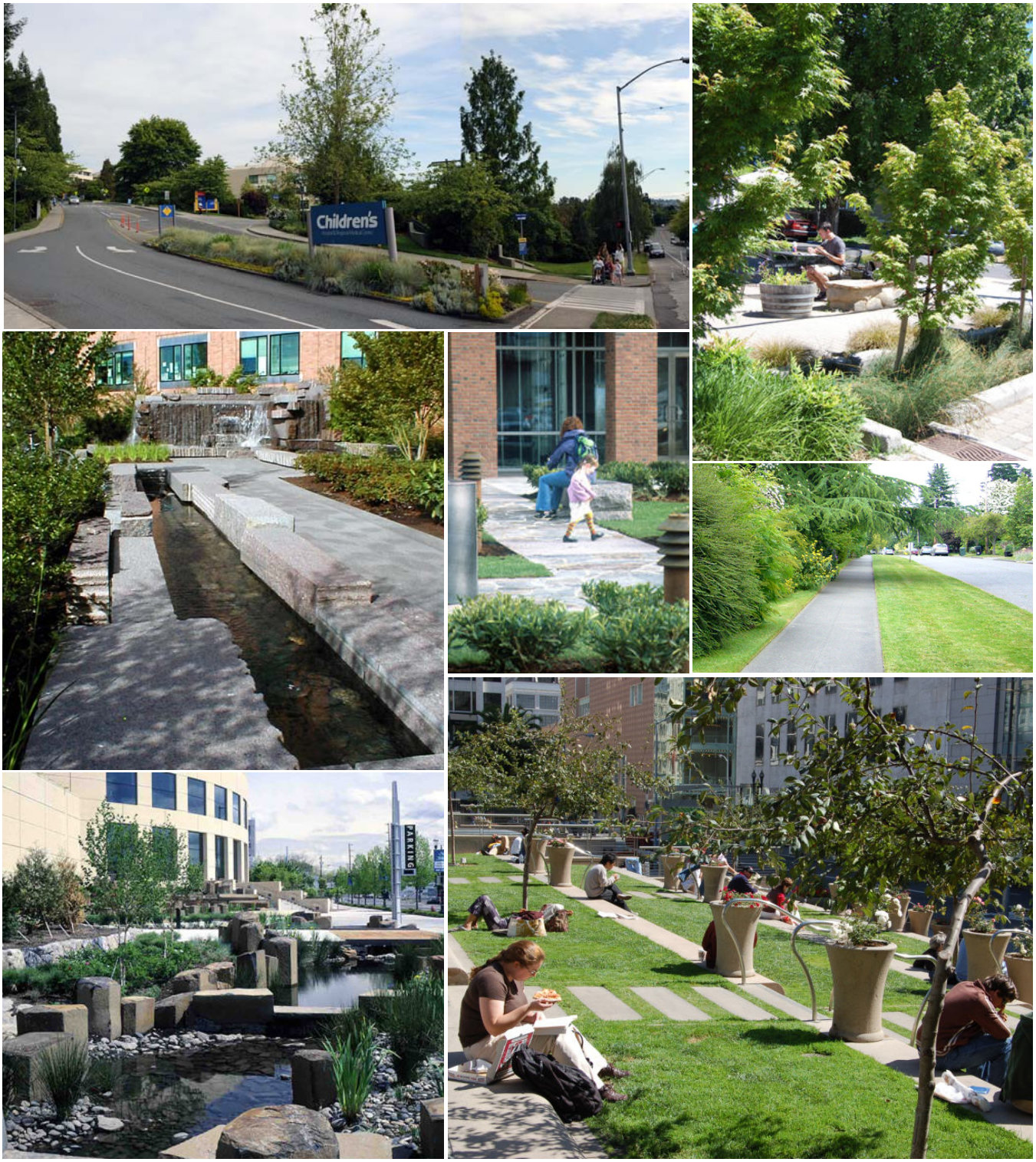


 Figure 14 Montage of Images Describing the Proposed Garden Edges

a) Campus Character

The character of the future campus would be defined by the appearance from public streets at its edges. Two edge treatments would be developed. The first would be the "garden edges" where landscaped buffers are planned. The second would be the "street frontage edges" where buildings are built to the street property line and where significant pedestrian and bike activity are anticipated. The image of the existing hospital campus along the northern, eastern and southern edges of the campus would remain intact and maintained as garden edges. Street frontage edges would be developed along western edges of the campus on Sand Point Way NE, 40th Avenue NE and the western reach of NE 45th Street.

GARDEN EDGES

Garden edges would be locations where outdoor program areas and plantings would be used to screen or open views of the campus from adjacent residential uses. At locations where buffers include pedestrian, bike or vehicle access, special consideration would be given to the visibility and security of landscape and building areas. Following Children's current practice, we would work collaboratively with the adjacent property owners and nearby neighbors to improve the garden edges of the campus.

See Figures 14 and 15.

Figure 15 Location of Garden Edges

Sand Point Way NE: Penny Drive Main Vehicular Entry

The intersection of Penny Drive and Sand Point Way NE would be improved with additional gardens and other landscape elements. The planned building at this location would have a thin edge toward the street, surrounded by green rooftop plazas cascading to ground-level gardens. Accessible pedestrian routes would be improved as Penny Drive is widened. See Figure 16.

Figure 16 Artist Illustration of Sand Point Way NE: Penny Drive Main Vehicular Entry, Looking Southwest

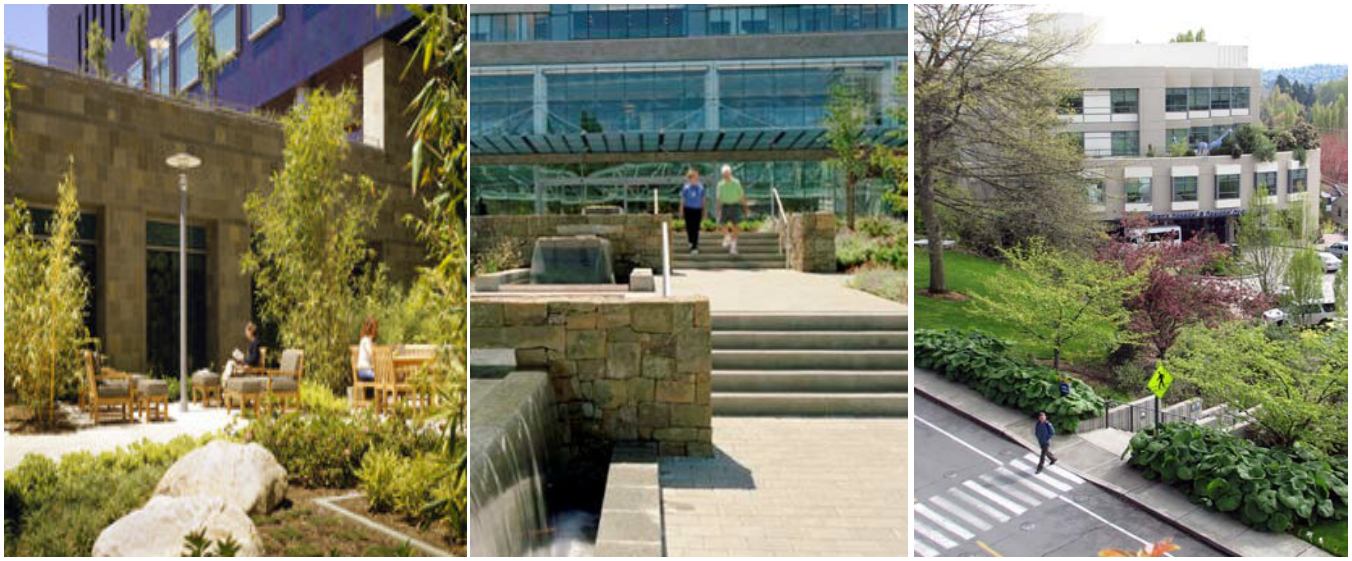


Figure 17 Montage of Images Describing Potential Improvements

NE 45th Street

A 75' buffer would extend along the edge of NE 45th Street. Behind the dense plantings at the street edge, buildings would be set back. In this area, gardens and pathways would be located. In some cases the plantings might be opened up to take advantage of views from raised landforms on campus. In other locations, a dense planted screen may be desirable. See Figure 18.

Figure 18 Artist Illustration of NE 45th Street, Looking West

Figure 19 Montage of Images Describing Existing Qualities and Potential Improvements

40th Avenue NE and NE 45th Street

The buffer along NE 45th Street would narrow to 40' near its intersection with 40th Avenue NE. Where the buildings would be close to the street, the building may have a trellis or other means to grow plants up building facades to soften the exposure. At the corner, the buffer at this location would end and the frontage of 40th Avenue NE would begin with pedestrian open space areas. Here, landscaped areas and stormwater treatment could be configured in a garden. See Figure 20.

Figure 20 Artist Illustration of 40th Avenue NE and NE 45th Street

Figure 21 Montage of Images Describing Potential Improvements

Figure 22 Montage of Images Describing the Street Frontage Edges

STREET FRONTAGE EDGES

Street frontages would be located where pedestrian and bike activities are anticipated in conjunction with transit or building entries. Here, the transit component would be built into the public right of way and include furnishings and pocket garden landscape improvements organized to enhance transit rider experience and promote transit ridership. These spaces would form pathways that would be accessible and useable to neighbors for access to transit service at 40th Avenue NE and Sand Point Way NE. Active hospital and community service uses that primarily and directly serve Children's users would be provided along the building frontage of Sand Point Way NE. These improvements and the design of plazas and garden areas, including canopies for weather protection, would support transit use, neighborhood activities and building functions.

See Figures 22 and 23.

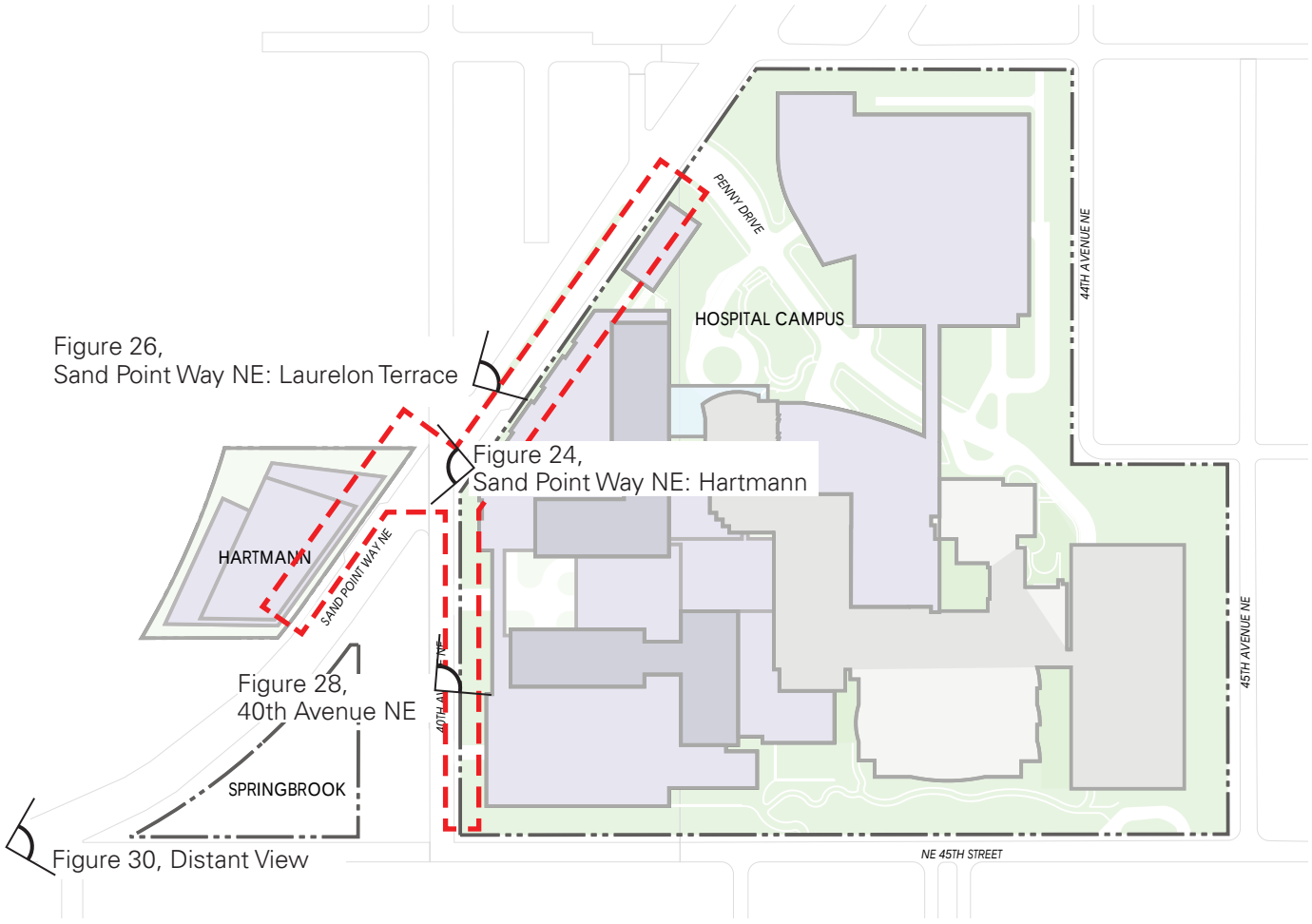


Figure 23 Location of Street Frontages

Sand Point Way NE: Hartmann

The street frontage along Hartmann would be the southbound transit stop of the proposed transit hub at the intersection of Sand Point Way NE and 40th Avenue NE. This would be an intermodal transit stop for public transit and Children's shuttles with complementary hospital amenities, architectural features and landscape improvements. A link between the Burke-Gilman Trail and the Sand Point Way NE street frontage would preserve the existing Sequoia trees and make a direct pedestrian and bike connection.

Because of the dense plantings on the west edge of the Hartmann property and the 35' grade change from the Burke-Gilman Trail and Sand Point Way NE, the proposed building on the site would be screened from view from northern residential properties. See Figure 24.

Figure 24 Artist Illustration of Hartmann from Sand Point Way NE

Figure 25 Montage of Images Describing Potential Improvements

Sand Point Way NE: Laurelon Terrace

The Laurelon Terrace frontage of Sand Point Way NE would serve as the northbound transit stop of the proposed transit hub at the intersection of Sand Point Way NE and 40th Avenue NE. The hospital buildings would step down in height as they reach the street edge. Building canopies would protect pedestrians along active hospital amenities and hospital entries. Access to rooftop gardens would be through plazas leading through accessible pathways connected to the crossing point along 40th Avenue NE between the northbound and southbound transit stops. See Figure 26.

Figure 26 Artist Illustration of View from Sand Point Way NE onto the Laurelon Terrace Frontage

Figure 27 Montage of Images Describing Potential Improvements

40th Avenue NE

The Emergency Department ancillary parking and service access would be built along an intensely landscaped frontage. Here the street-fronting buildings would be set back. Plantings would be used to mark building entries and to provide public-accessible gardens near NE 45th Street. More active street frontage uses would be developed closer to Sand Point Way NE. This frontage would form a visually calming pedestrian and bike pathway around the west end of the campus, connecting southern residential areas to the proposed transit hub at the intersection of Sand Point Way NE and 40th Avenue NE. See Figure 28.

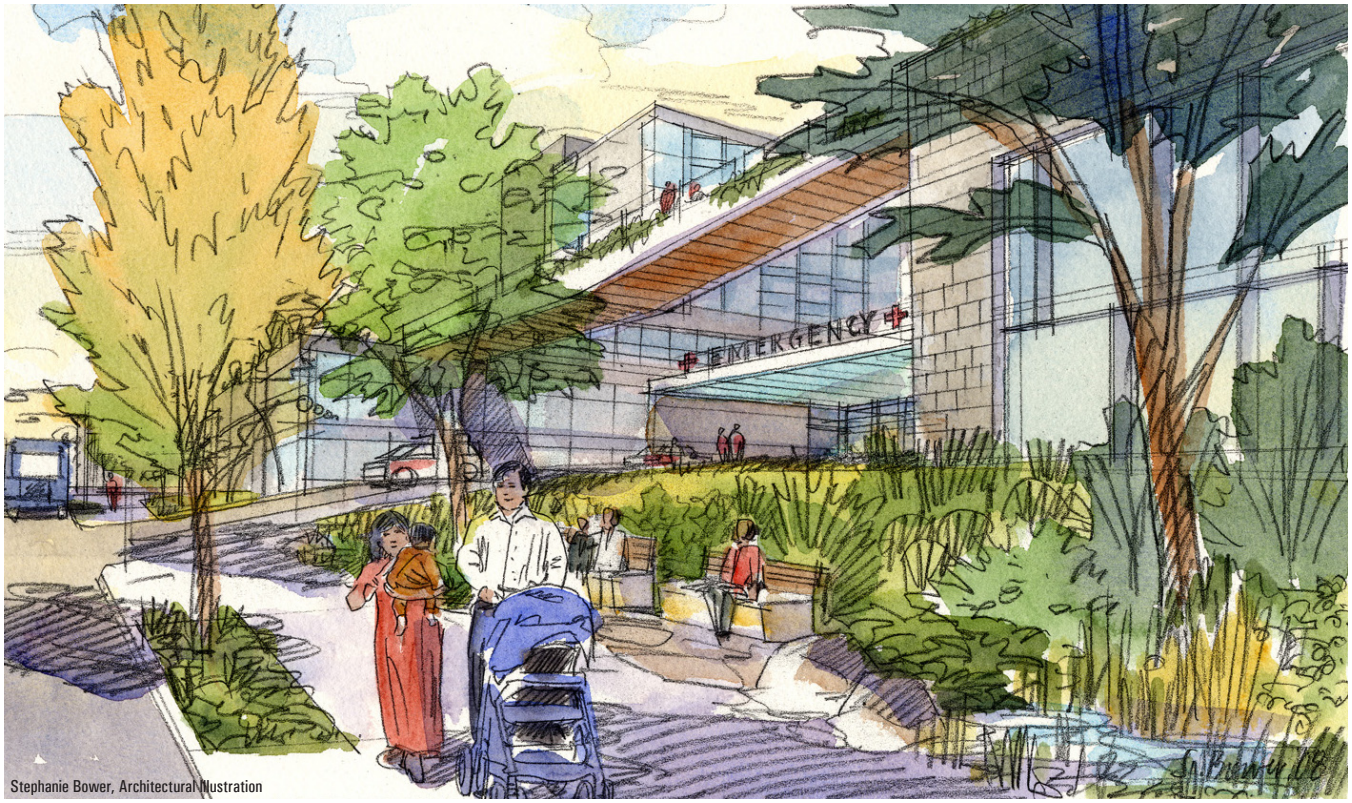


Figure 28 Artist Illustration of Hospital Campus Street Frontage along 40th Avenue NE

 Figure 29 Montage of Images Describing Potential Improvements

Distant Views

Distant views of the hospital buildings and site improvement would be defined by the color, texture and pattern of the building materials and how they complement their surroundings. The goal would be for the campus' overall color, texture and pattern to fit in with the background land forms, surrounding buildings and density of plantings. See Figure 30.

Figure 30 Artist Illustration of Hospital Campus Looking from Sand Point Way NE, South of Springbrook

Figure 31 Views of Hospital Campus from Different Areas

Figure 32 Montage of Images Describing Examples of Planned Building and Site Improvements

b) Additional Plan Components

Three proposed additional Master Plan components would address community needs and hospital operations and facilities. They would be the programs that coordinate facility design, planned activities and uses on campus, as well as interim conditions during construction to minimize impacts in the neighborhood, as illustrated in Figure 32.

i. Transportation Management

COMPREHENSIVE TRANSPORTATION PLAN (CTP)

For over a decade, Children's has recognized the complex transportation issues facing the region, and northeast Seattle in particular. In response, the hospital has established an award-winning Transportation Management Plan that has substantially reduced the number of employees driving alone to work. Among daytime employees affected by Washington's Commute Trip Reduction (CTR) law, the percentage traveling to campus via single-occupant vehicle (SOV) fell from 73 percent in 1995 to a remarkable 38 percent. This accomplishment is significant both for a hospital and for an employer located in a neighborhood with limited public transit service.

With the input of the Citizens Advisory Committee, Seattle Department of Transportation (SDOT) and the Department of Planning and Development (DPD), Children's has developed a Comprehensive Transportation Plan (CTP) with the goal of being a leader in sustainable transportation programs. The CTP includes a Transportation Management Plan (TMP) to mitigate vehicle traffic related to MIMP expansion by shifting even more employees and visitors from single-occupancy vehicles (SOV) to bicycling, walking, shuttle and transit. In addition, the CTP goes above and beyond the traditional TMP elements by including a substantial investment in transportation infrastructure improvements outside the hospital campus. See Part V, for a discussion of the Transportation Management element of the Master Plan.

ii. Construction Management

Children's would develop a Construction Management Plan that would be reviewed and approved by DPD prior to the construction of projects under the proposed Master Plan to address the following issues:

- Construction impacts due to noise
- Mitigation of traffic, transportation and parking impacts on the surrounding neighborhood, including the provision of temporary off-site parking lots for construction workers and displaced Children's employees, together with shuttle vans and buses
- Mitigation to impacts on the pedestrian network
- Installation of temporary modular buildings on Children's property for displaced Children's functions
- Survey of existing street conditions and post-construction conditions and commitment to repairing any damage caused by Children's construction contractors

iii. Housing

The livability of the neighborhoods near Children's is vitally important to Children's as well as to the community. Children's is developing a housing policy and program to address the need for safe and affordable housing in northeast Seattle for a variety of reasons:

- A safe home is necessary for the healthy development of every child. Children who experience homelessness or live in substandard housing are at greater risk of significant health problems.
- As an employer, Children's is committed to attracting the very best talent, but is at a competitive disadvantage when employees must commute long distances to find housing they can afford because of the high cost of housing in Seattle.
- Children's commitment to care for all children in the region who need our services, regardless of the family's ability to pay, means that families with limited means travel from throughout the region for care at Children's. Once in Seattle, families often experience significant difficulties securing housing so they can be near their child during their care at Children's.

If Children's purchases Laurelon Terrace, then it will meet, and to the extent feasible and cost-effective, exceed housing replacement responsibilities related to Laurelon Terrace. Children's would work with nonprofit housing organizations and the City of Seattle Office of Housing and the Department of Planning and Development to establish a binding agreement for a specific package of replacement housing that addresses the City's policy and program goals for comparable affordable housing and contributes to the replacement of at least 136 housing units in northeast Seattle. Participation in the development of affordable housing at Sand Point Magnuson would be a component of the agreement.

B. DENSITY AND OVERALL FLOOR AREA

The density of the proposed Master Plan, as defined by total maximum developable gross floor area (FAR) for the MIO District, is identified under III.D "Existing and Future Physical Development" and discussed under "Development Standards" in Part IV K.

C. MAXIMUM PARKING SPACES

Children's proposed Master Plan, consisting of total development of 2.4 million square feet and 600 beds, would allow a maximum parking supply of 2,510 long-term parking spaces and 592 short-term parking spaces, for a total of 3,102 parking spaces. See calculations of both the minimum and maximum parking supply allowed by Seattle City Code in the Transportation section of the Final Environmental Impact Statement (FEIS). Children's is proposing a total of 3,100 parking spaces in the Master Plan. See "Transportation Management Plan" in Part V.

D. EXISTING AND FUTURE PHYSICAL DEVELOPMENT

1. EXISTING BUILDING AND FACILITIES

Children's owns the existing hospital campus and the Hartmann property located across Sand Point Way NE at 4575 Sand Point Way NE. The existing campus extends roughly 1,300 feet in a north-south direction and 900 feet in an east-west direction. The facilities on-site include approximately 829,000 square feet of hospital uses. The parking supply includes 1,462 spaces on campus, 80 spaces at Hartmann and 640 leased spaces at remote lots.

See Figure 33, Existing Site Plan.

HOSPITAL CAMPUS

The existing hospital campus is bounded by NE 50th Street to the north; 44th Avenue NE, NE 47th Street and 45th Avenue NE to the east; NE 45th Street to the south; and Sand Point Way NE to the west. The western edge of the hospital is adjacent to the Laurelon Terrace multifamily development. The elevation of the site slopes from Elevation (El.) 170' at NE 45th Avenue to El. 60' on the western property line with Laurelon Terrace. Due to the 110' grade change, the buildings appear low on the eastern edge of the campus but commensurably taller on the western edge of the campus. The floor area ratio (FAR) on the existing hospital campus is 0.9.

The existing facilities are separated by Penny Drive. On the south side are the inpatient and outpatient facilities for patient care. On the north side are parking, administrative offices in trailers, a nursery for plants and evaporative cooling equipment. There is one primary vehicle entrance to the campus from Sand Point Way NE at the Sand Point Way NE intersection with Penny Drive. From this drive, all of the building entries are accessible. A secondary egress is located along the southeastern corner of the campus, accessible from NE 45th Street. This is a drive-through bus layover area, with a pedestrian and service vehicle connection to the Whale Garage and fire access along the south face of the building.

The tallest rooftop elevation on the south side of Penny Drive is at Elevation 218'. On the north side of Penny Drive, the one-story temporary trailers are the highest buildings.

HARTMANN

The Hartmann property is developed with a one-story clinic and office with surface parking. The west edge of the property fronts the Burke-Gilman Trail. The east edge is adjacent to Sand Point Way NE. The north and south edges are adjacent to multifamily developments, the tallest of which is a building with a height of approximately 85' located on the south side of Hartmann along Sand Point Way NE. The multifamily development to the north is lower, at approximately 35' along 40th Avenue NE. The floor area ratio (FAR) on the existing Hartmann property is 0.2.

LEASED SPACE

Children's currently is a part owner and leases 6,700 of the 49,500 square feet of space in the Springbrook office buildings at 4500 and 4540 Sand Point Way NE. The Springbrook property is zoned Neighborhood Commercial (NC2) and fully developed as office buildings. There are two buildings; one is a two-level structure and the other has three levels. The property is surrounded by commercial and multifamily residential uses within the neighborhood commercial center for Laurelhurst. Children's is allowed by City code to locate major institutional uses in Springbrook, which is within 2,500 feet of Children's MIO, as long as it complies with certain street-level use restrictions, complies with the standards in the NC zone, includes such uses in Children's Transportation Management Plan and obtains an administrative conditional-use permit for medical service use in excess of 10,000 square feet.

FIGURE 33: EXISTING SITE PLAN

STATISTICS

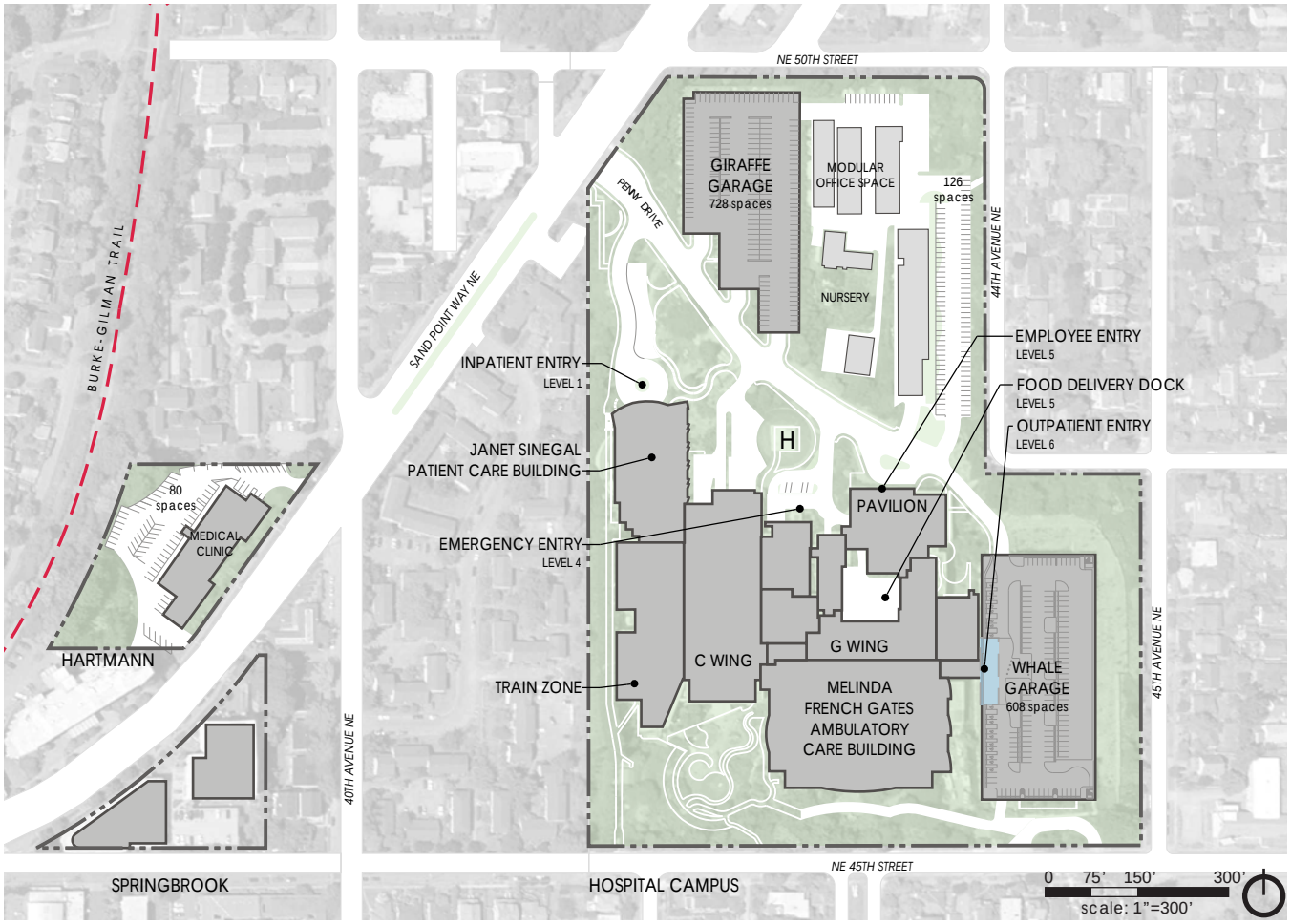
Hospital Campus	
Beds*	250*
Building gross floor area	883,000 gsf
Parking spaces	1462
FAR	0.9

*including 50 double rooms

Hartmann	
Building gross floor area	16,228 gsf
Parking spaces	80
FAR	0.2
LEASED SPACE	
Springbrook	6,700 gsf

LEGEND

- Property Line
- Campus Grounds
- Existing Buildings and Parking Garage
- Roadways and Surface Parking



2. PROPOSED BUILDINGS AND FACILITIES

HOSPITAL CAMPUS

The proposed Master Plan would include the facilities needed for 600 beds, at approximately 4,000 gross square feet (gsf) of major institution space per bed, inclusive of ancillary services, patient beds and utilities that are common in pediatric health-care facilities. It would allow for total campus development of 2.4 million gsf of hospital facilities (excluding mechanical floor space, interstitial space, below-grade space, parking and circulation areas) and require a total of 3,100 parking spaces. This would be an increase of approximately 1.5 million gsf over existing levels authorized on the current hospital campus. The additional space would be developed over the next 20 years in four major phases. As the hospital is redeveloped, parking would be built in corresponding increments, up to 3,100 total parking spaces on the expanded hospital campus. Where existing floor space and parking spaces must be demolished, such floor space and parking spaces can be replaced. The floor area ratio for the proposed hospital campus would be 1.9.

The Master Plan would relocate emergency facilities and some inpatient access to the Laurelon Terrace portion of the campus. Inpatient access would also continue at the existing Giraffe Entry (Janet Sinegal Patient Care Building). The outpatient entry is split between two building access points, one above the Whale Garage and the other near the Pavilion Entry. Emergency access would be on 40th Avenue NE near Sand Point Way NE. The existing loading dock would be expanded at or near its current location on Penny Drive. Secondary service access would occur off 40th Avenue NE. Overall the majority of arrivals and departures on the campus would be expected from the entry at Sand Point Way NE and Penny Drive.

The Master Plan would include a new North Garage, a new garage at the southwest corner of the Laurelon Terrace site and a below-grade garage at Hartmann.

Campus circulation would be coordinated with visual screening and public open-space goals along hospital campus edges. New vehicular access points on 40th Avenue NE would distribute peak period traffic movements, lessening the impacts on Sand Point Way NE and Penny Drive.

Pedestrian and bike circulation improvements would connect the hospital and surrounding areas across Sand Point Way NE to Ravenna/Bryant and the Burke-Gilman Trail at existing and future signalized intersections. While this improvement serves Children's needs, it would also be a benefit to surrounding neighborhoods in northeast Seattle.

The existing helistop would be relocated from its current location to the rooftop of the first bed unit constructed on the Laurelon Terrace site.

HARTMANN

The Hartmann site would be redeveloped with a 150,000 gsf four-story building. Approximately 225 parking spaces would be constructed underground, with a plaza at ground level. The building would be located with its longest edge parallel to Sand Point Way NE. The planned open space on the site would provide a connection between the Burke-Gilman Trail and Sand Point Way NE, would preserve the Sequoia grove and would provide usable open space for access and use by the building occupants and nearby neighbors. The proposed floor area ratio on the Hartmann property would be 1.9.

LEASED SPACE

Children's would continue to lease office space for temporary relocation during construction or until new campus space becomes available. The leasing of space within 2,500 feet of the MIO boundary would be done in compliance with the requirements of the Major Institution Code.

See Figure 34, Proposed Master Plan.

FIGURE 34: PROPOSED MASTER PLAN

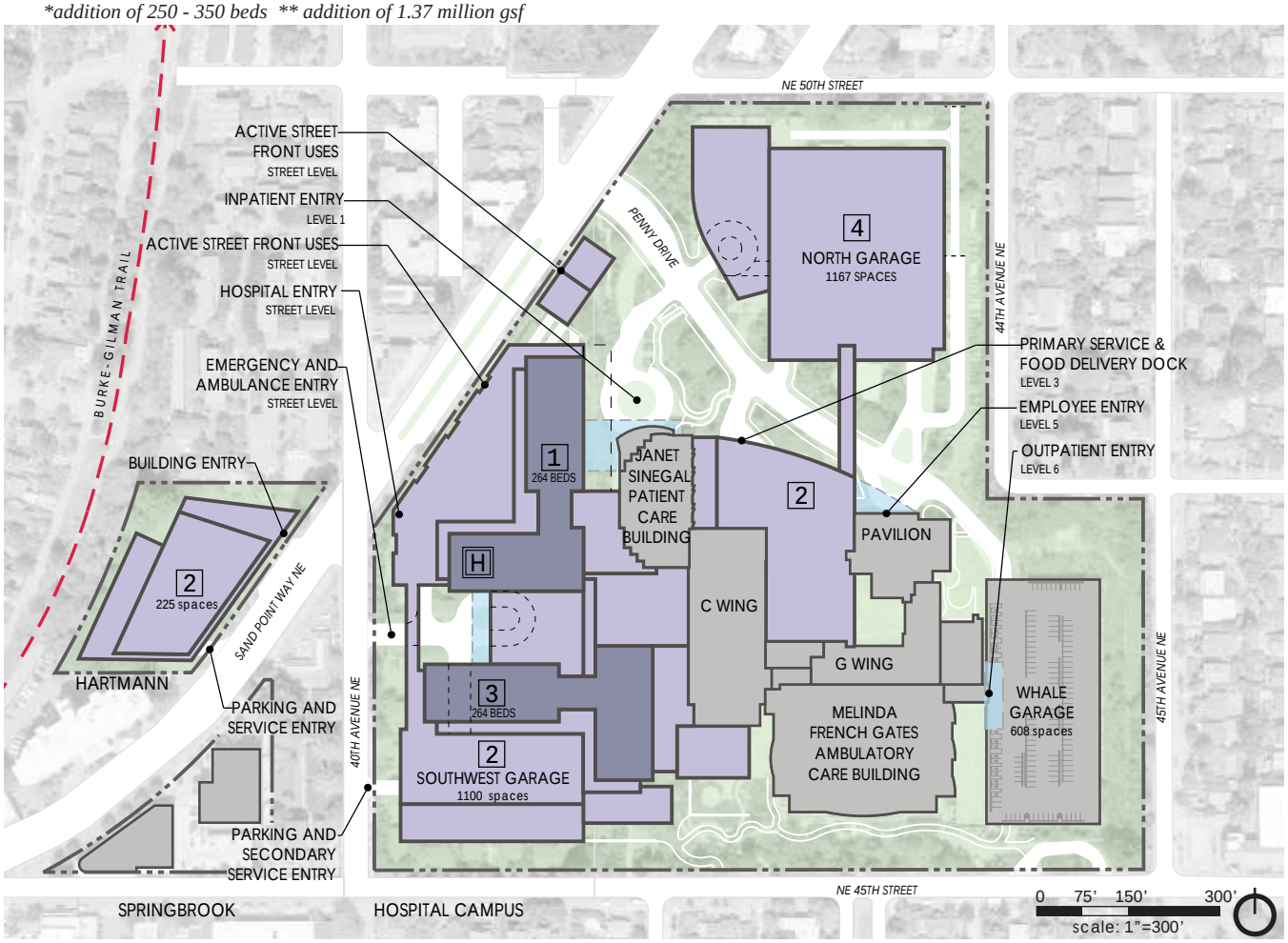
STATISTICS

Hospital Campus	
Beds	500 - 600*
Building gross floor area	2.25 million gsf**
Parking spaces	2,875
FAR	1.9
Hartmann	
Building gross floor area	150,000 gsf
Parking spaces	225
FAR	1.9
TOTAL	
Beds	500 - 600
Building gross floor area	2.4 million gsf
Parking spaces	3,100

LEGEND

- Property Line
- Campus Grounds
- Existing Buildings and Parking Garage
- Lower Buildings and Parking Garages
- Taller Buildings
- Covered Walkway
- Roadways and Surface Parking
- 1 Construction Sequence
- H Helicopter
- Service and Fire Access

*addition of 250 - 350 beds ** addition of 1.37 million gsf



3. HEIGHT

The height of the buildings on campus can be described in two ways. First is the elevation, or height above sea level (designated as El.). By subtracting two elevations, one can determine the difference in height. The second measurement of height is defined by the City of Seattle Land Use Code. This measurement is taken between the top of the roof parapet and the grade. This latter measurement cannot exceed the MIO-designated height parallel to the ground plane. This is represented in all the site elevations shown below. Setbacks are discussed under "Development Standards" in Part IV. The bulk and form is determined by existing and proposed development standards, such as MIO Districts, which are discussed here, and structure setbacks, height and scale transition, and lot coverage, which are discussed in Part IV, "Development Standards."

a) Existing Hospital Campus Height

The existing buildings on the hospital campus are within the MIO-designated height, as adopted in the existing Major Institution Master Plan. The buildings step down the grade of the campus, which drops 110' from east to west. The tallest and most visible buildings are located on the west property line. See Figure 36, Existing Building Elevations - Hospital Campus.

The highest point on the existing hospital campus is atop the rooftop penthouse on the G Wing at El. 218. This is located near the center of the existing hospital campus and surrounded by progressively lower buildings from the center to the property line. On the north and south elevations, the buildings on campus step down with the hillside. Along the Laurelon Terrace property line, the hospital's buildings are lower than the eastern campus areas. The height of the Janet Sinegal Patient Care Building is El. 150' and the Train Building is El. 148' along the west elevation. See Figure 36, Existing Building Elevations - Hospital Campus.

The tallest existing hospital campus buildings are set back from single-family buildings along the east and south edges of the hospital campus. Most of the perceived campus building bulk and form can be seen along the west building elevation, adjacent to Laurelon Terrace. Because these buildings are set back from public streets and largely screened by mature plants from single-family areas, they are primarily visible only from distant views of the campus. See Figure 35, Oblique View of Existing Hospital Campus and Hartmann Development.

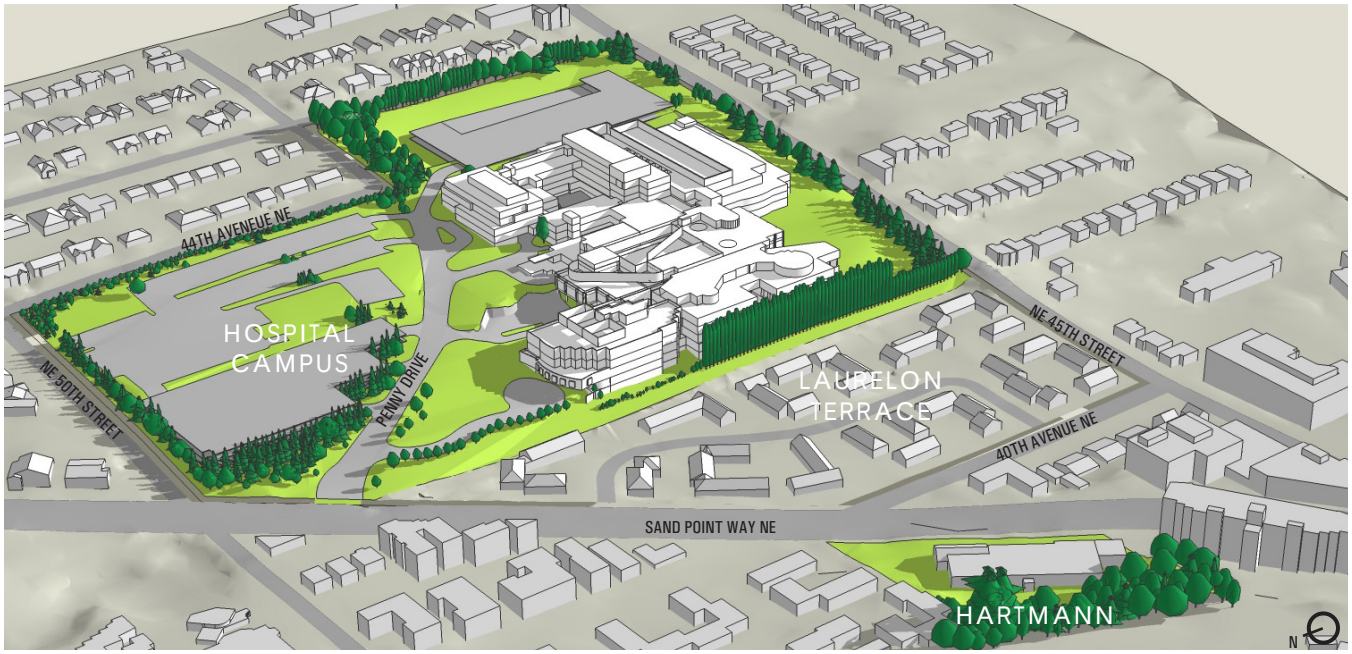
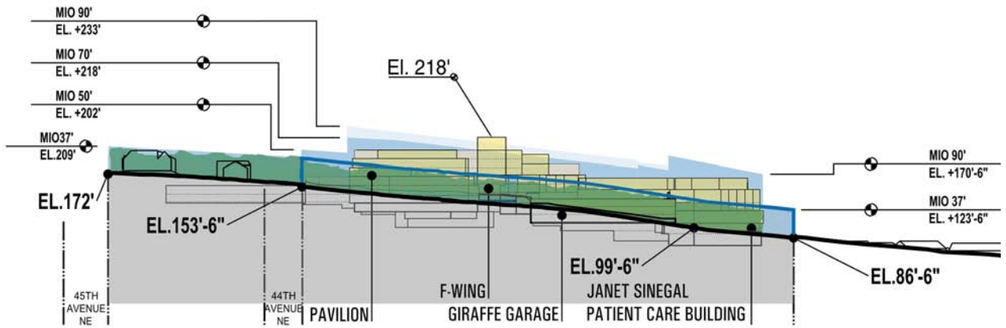
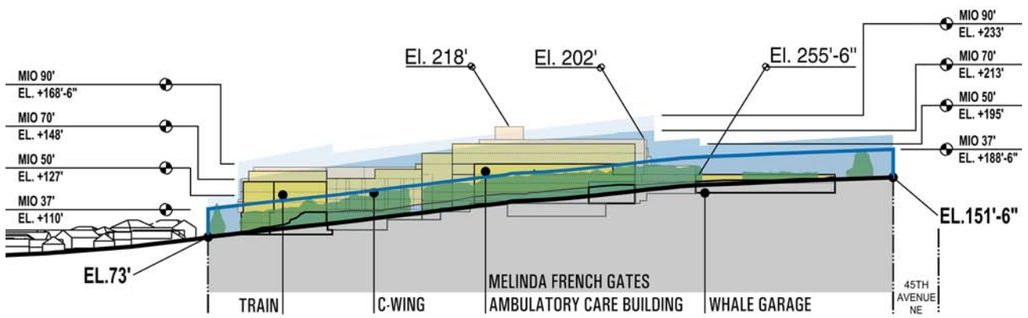


 Figure 35 Oblique View of Existing Hospital Campus and Hartmann Development

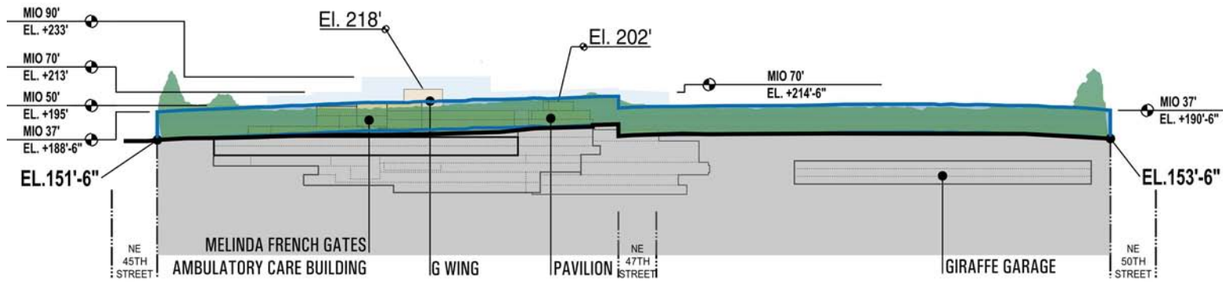
FIGURE 36: EXISTING - BUILDING ELEVATIONS - HOSPITAL CAMPUS



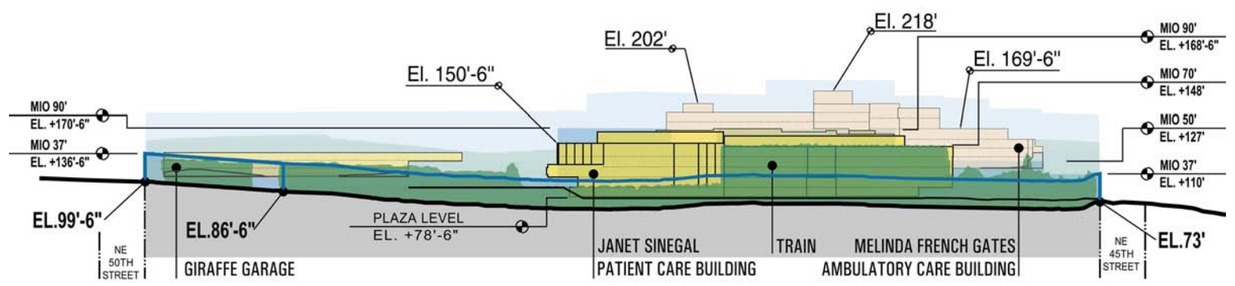
NORTH ELEVATION FROM NE 50TH STREET AND SAND POINT WAY NE (LOOKING SOUTH)



SOUTH ELEVATION FROM NE 45TH STREET (LOOKING NORTH)



EAST ELEVATION FROM 44TH AVENUE NE AND 45TH AVENUE NE (LOOKING WEST)



WEST ELEVATION FROM LAURELON TERRACE AND SAND POINT WAY NE (LOOKING EAST)

0 50 100' 200'
scale: 1"=200'

b) Existing Hartmann Height

Currently, the Hartmann Building is a single-level medical office and clinic building fronting Sand Point Way NE. The building is raised above the street level on a narrow terraced lawn. It is surrounded on two sides by multifamily housing and on the west side by the Burke-Gilman Trail. At the rear of the site is a parking lot that has been cut into the uphill grade and is retained by a wall. There is a grade change of approximately 20' across the property, dropping from northwest to southwest. Beyond the site, the topography rises to the west, up to the grade of the Burke-Gilman Trail, approximately 35' above the lowest point on the Hartmann site.

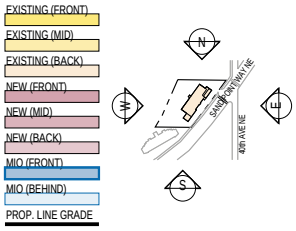
The highest point on the existing Hartmann building is El. 83' and is located along Sand Point Way NE. Along the east elevation, Sand Point Way NE drops from El. 64' to north El 59'. The west side of the property is generally within the range of El. 92' in the south to El. 82' in the north. To the west, the Burke-Gilman Trail is significantly higher than the improved parking lot on the Hartmann property at El. 67'. The Burke-Gilman Trail is almost flat located at El. 97'.

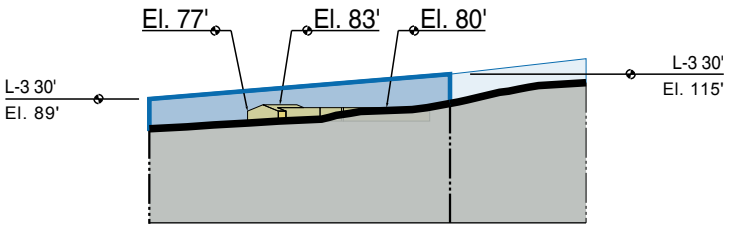
See Figure 37, Existing Building Elevations - Hartmann.

The Hartmann property is developed as a long, low building along its frontage with Sand Point Way NE. Dense and mature plants screen views of the parcel from single-family areas to the west. Because the site slopes from the Burke-Gilman Trail to Sand Point Way NE, the project is not visible to properties to the west. To the south, an 85' tall multifamily building is significantly bulkier and taller than development on the Hartmann property and surrounding developed areas.

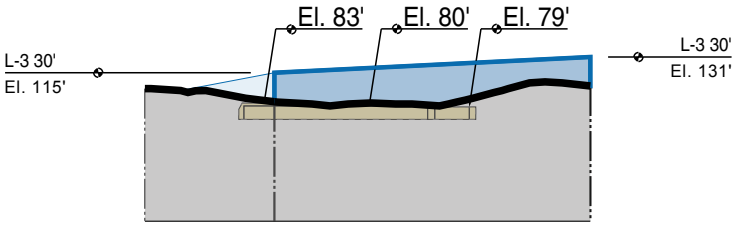
See Figure 35, Oblique View of Existing Hospital Campus and Hartmann Development.

FIGURE 37: EXISTING
BUILDING ELEVATIONS - HARTMANN

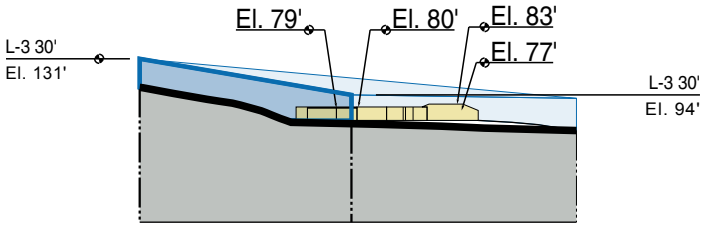




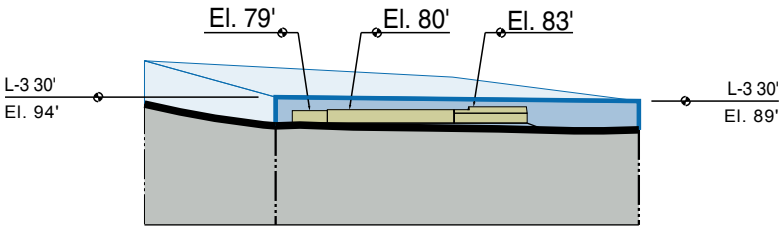
NORTH ELEVATION (LOOKING SOUTH)



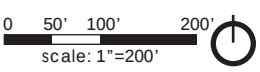
WEST ELEVATION (LOOKING EAST)



SOUTH ELEVATION (LOOKING NORTH)



EAST ELEVATION (LOOKING WEST)



c) Proposed Hospital Campus Height

The proposed Master Plan would primarily utilize the lower elevations of the expanded campus. At hospital campus frontages, the buildings would be set back as they increase in height from the street-fronting property line. The existing height limits would be largely maintained on the existing hospital campus. On the lower portion of the campus, the Laurelon Terrace property, a new MIO boundary is proposed to merge the two sites. The highest point on the existing campus would be the same as existing, located on top of the roof penthouse of the G Wing at El. 218'. Buildings lower than this elevation would be planned on the western areas of the existing hospital campus and on Laurelon Terrace and step down to designated setback areas that would be densely planted along garden edges and street frontage edges.

The majority of the proposed buildings would be located on the lowest areas of the hospital campus and closest to Sand Point Way NE and 40th Avenue NE on Laurelon Terrace. Setbacks would separate buildings from single-family areas through garden edges and locate buildings near the sidewalk along street frontage edges, such as Sand Point Way NE and 40th Avenue NE. Within the MIO 160' district, buildings would be limited to a 140' height, excluding roof top mechanical screens, penthouses and equipment. Along the streets in the western portions of the expanded campus, the hospital buildings would step back with incremental increases in height. The base would be no taller than four exposed stories near the sidewalk.

See Figure 39, Proposed Building Elevations – Hospital Campus.

The tallest buildings would be located near the center of the campus and away from single-family residences in the proposed plan. The building faces along Sand Point Way NE and 40th Avenue NE, the west elevation, would be stepped back from the inside of the sidewalk above El. 92. Taller buildings would be set back with thin edges facing the adjacent street frontage. Other campus elevations to the north, east and south would have planted screens to limit views of buildings.

See Figure 38, Oblique View of Proposed Hospital Campus and Hartmann Development.

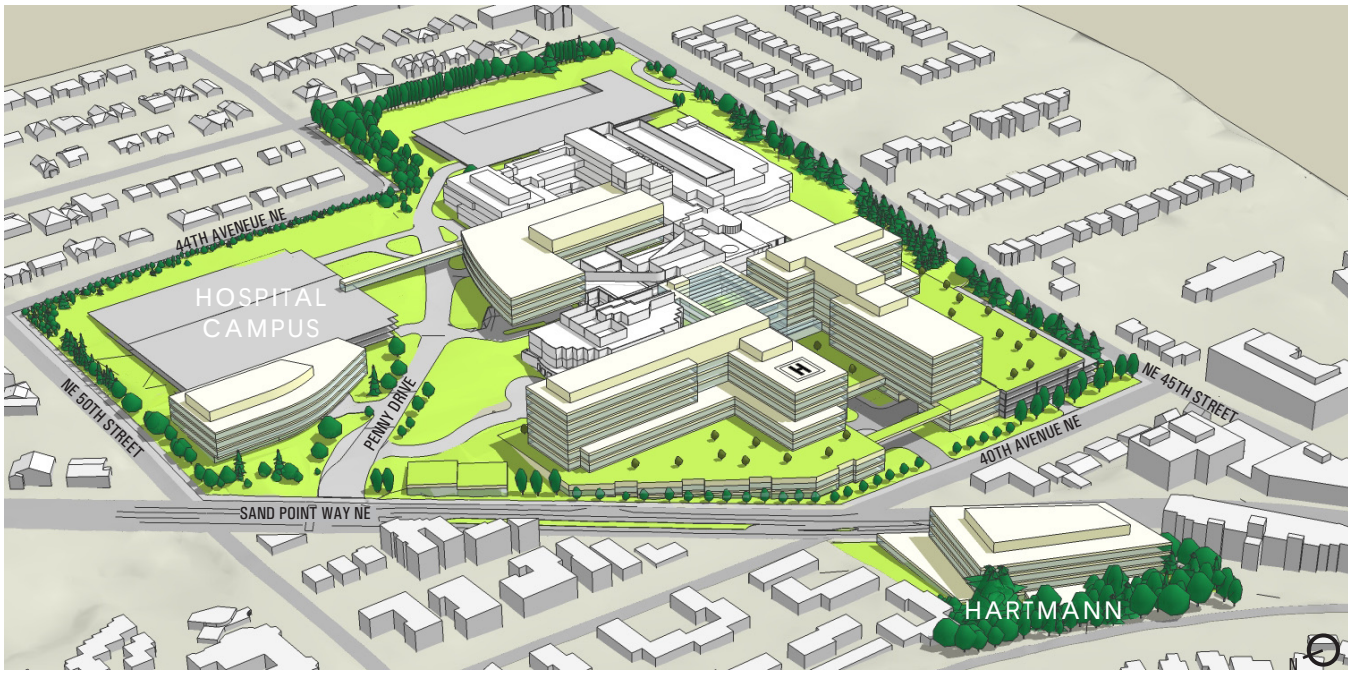
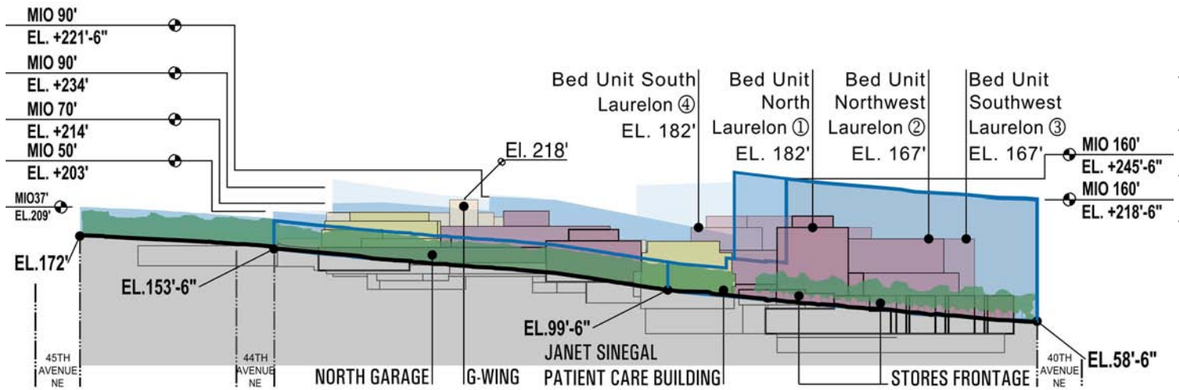
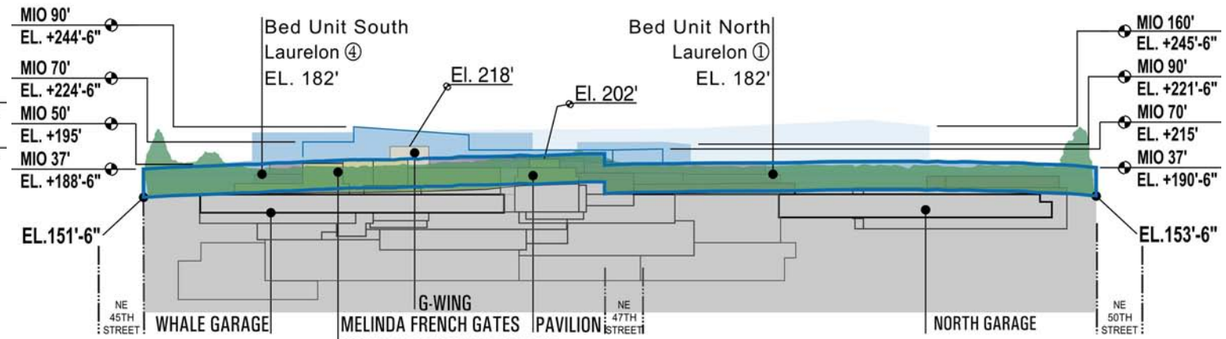


 Figure 38 Oblique View of Proposed Hospital Campus and Hartmann Development

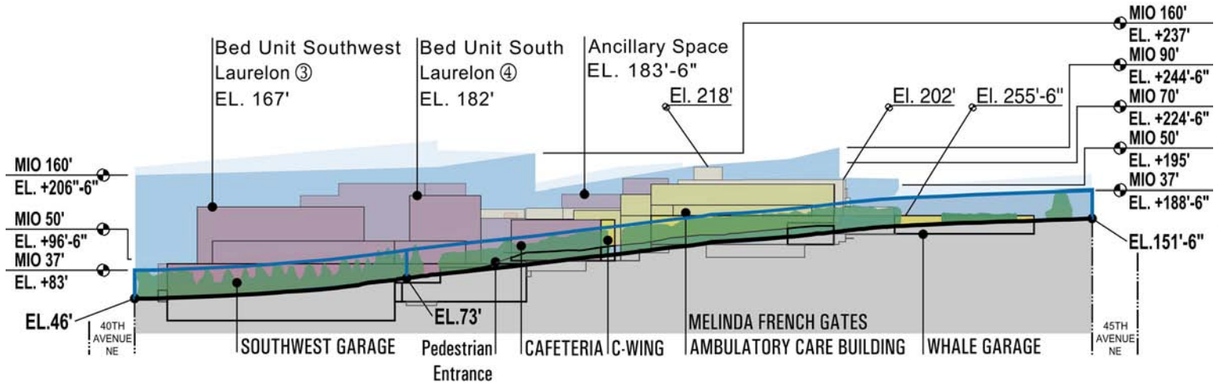
FIGURE 39: PROPOSED -
BUILDING ELEVATIONS - HOSPITAL CAMPUS



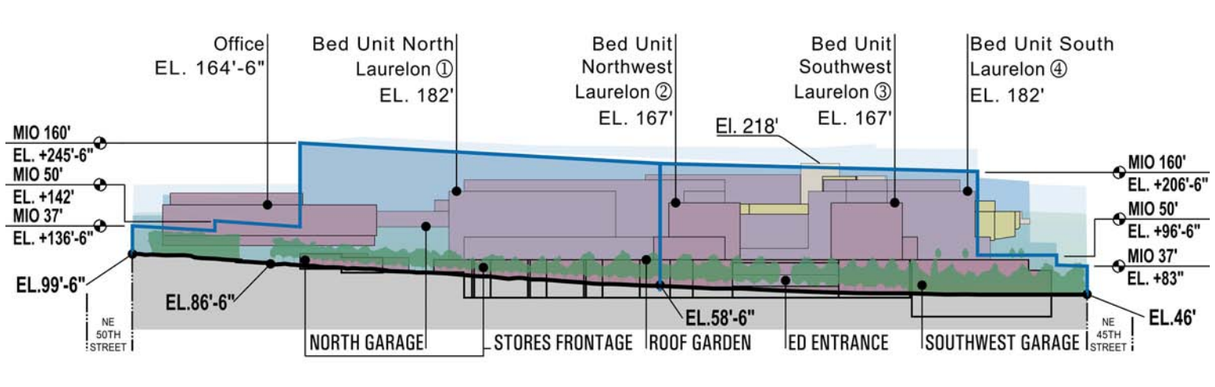
NORTH ELEVATION FROM NE 50TH STREET AND SAND POINT WAY NE (LOOKING SOUTH)



EAST ELEVATION FROM 44TH AVENUE NE AND 45TH AVENUE NE (LOOKING WEST)



SOUTH ELEVATION FROM NE 45TH STREET (LOOKING NORTH)



WEST ELEVATION FROM LAURELON TERRACE AND SAND POINT WAY NE (LOOKING EAST)

0 50 100' 200'
scale: 1"=200'

d) Proposed Hartmann Height

The proposed Hartmann building would be located with its longest edge parallel to Sand Point Way NE, with a height limit that is limited by the proposed MIO 65' height district. Because of the sloping grades, mature planted areas and allowed mix of uses along Sand Point Way NE, the height, bulk and form of the Hartmann buildings would transition in height from the tall residential building to the south to the lower multifamily housing to the north.

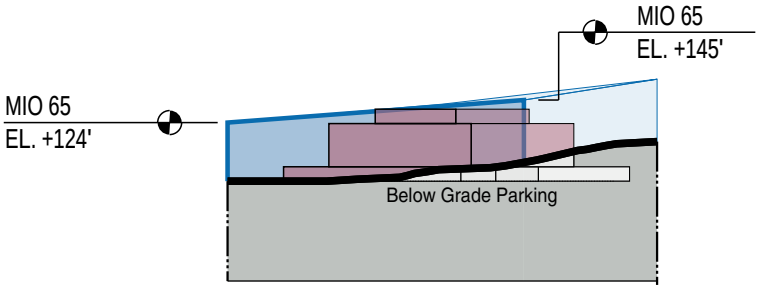
Due to the 20' drop in grade from northwest to southwest on the Hartmann property and the 35' drop in grade from the Burke-Gilman Trail to the Hartmann property, the top of the proposed building would extend approximately 30' above the Burke-Gilman Trail as seen from the west. This building height would be lower than the 85' high-rise condominium to the south. To the north are low-rise multifamily residences within the 30' maximum L-3 Zone height.

See Figure 40, Proposed Building Elevations - Hartmann.

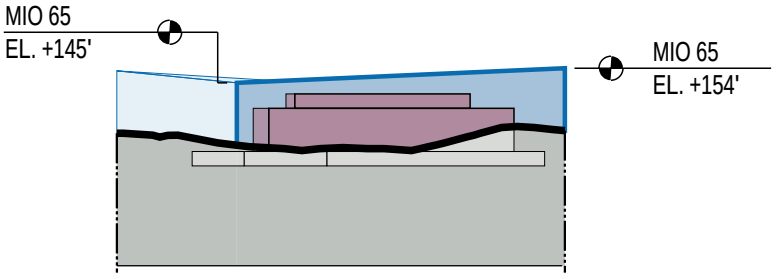
The proposed building development would be nestled into the sloping hillside up to the Burke-Gilman Trail. For this reason, the bulk of the building would be largely hidden when viewed from the western single-family zone. To the south, the residential tower would be 25' taller than the proposed Hartmann development. To the north, the narrow end of the building would be partially obscured by the fall in grade and by plantings to obscure views from adjacent multifamily development. The building would be located adjacent to Sand Point Way NE to reinforce the street enclosure and the transit services and active street frontage uses planned by the hospital.

See Figure 38, Oblique View of Proposed Hospital Campus and Hartmann Development.

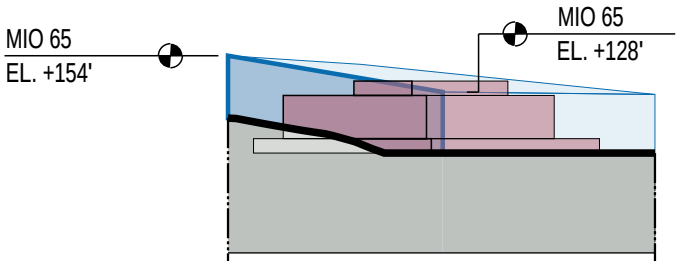
FIGURE 40: PROPOSED
BUILDING ELEVATIONS - HARTMANN



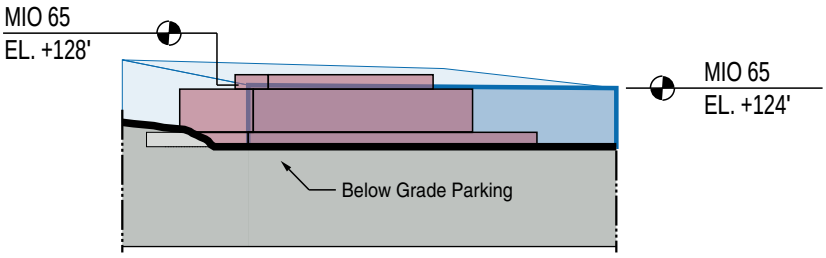
NORTH ELEVATION (LOOKING SOUTH)



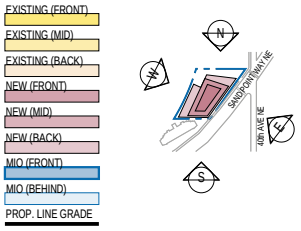
WEST ELEVATION (LOOKING EAST)

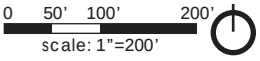


SOUTH ELEVATION (LOOKING NORTH)



EAST ELEVATION (LOOKING WEST)





4. OPEN SPACE, LANDSCAPE AND SCREENING

a) Existing Open Space, Landscape and Screening

EXISTING HOSPITAL CAMPUS

Children's open-space system includes plazas, roof gardens, gardens, play areas and roadways.

Plazas

Plazas are located at the front of each building entry. Building entries for patients, materials arrivals or staff have characters that are appropriate to the use. The main entry plazas for inpatient arrivals are the Giraffe Entrance of the Janet Sinegal Patient Care Building and the Whale Entrance of the Melinda French Gates Ambulatory Care Building from the Whale Garage. Currently, the Emergency Department is a primary entry that is set back from Penny Drive and not readily visible from surrounding public streets.

Gardens

There are more than 2,000 different plant varieties within the gardens on campus. There are several garden types:

Courtyards, such as that built between the Whale Garage and the Melinda French Gates Ambulatory Care Building at the fourth floor, provide enclosed gardens.

Garden edges provide vertical plantings to buffer the neighbors from the building facilities along designated edges of the campus.

A roof garden is provided on a portion of the Whale Garage top level — as a part of the Melinda French Gates Ambulatory Care Building entry plaza — with raised planters and garden ornaments.

Another garden is provided on the first floor of the Janet Sinegal Patient Care Building (Giraffe Zone), an outdoor space adjacent to hospital services and public areas of the hospital.

A sculpture garden is located along the south face of the Melinda French Gates Ambulatory Care Building.

Pocket gardens are located throughout the campus, where land can be made into terraces, providing restful places for patients, visitors, caregivers and neighbors to congregate.

Play Areas

Children's has two outdoor play areas on campus available to patients. They are located on the southwest corner of the campus at El. 118'.

Roadways

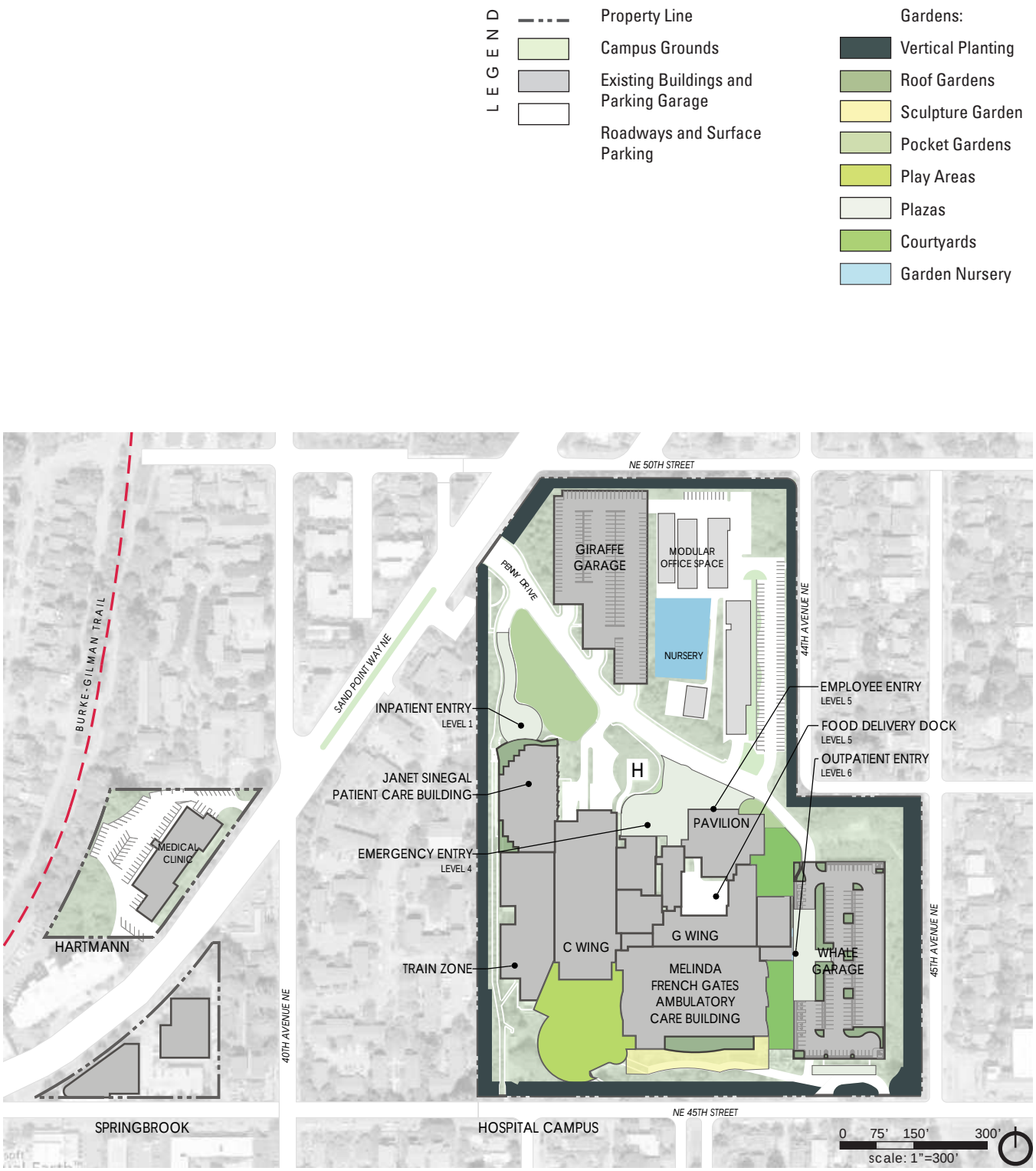
Penny Drive is a roadway that is flanked by foundation plantings and pocket gardens. The plantings serve a dual purpose for vehicles and pedestrians in defining the roadway edge and providing a refuge from traffic for pedestrians.

EXISTING HARTMANN

The Hartmann building is developed with a surface parking lot and foundation plantings. Due to the steep slope, access to the Burke-Gilman Trail is limited. The slope leading up to the trail has been developed as a green space, with canopy and understory plantings. Due to the slope, it is unusable as a garden space.

See Figure 41, Existing Open Space, Landscape and Screening.

FIGURE 41: EXISTING
OPEN SPACE, LANDSCAPE AND SCREENING



b) Proposed Open Space, Landscape and Screening

PROPOSED HOSPITAL CAMPUS

The system of existing plazas, gardens, courtyards and pathways would connect buildings with the surrounding public spaces around the campus.

Plazas

Plazas would be expanded at the Giraffe inpatient entry (Janet Sinegal Patient Care Building), the Pavilion entry, and the existing Whale outpatient building entry. A fourth plaza would be developed along 40th Avenue NE for the Emergency Department.

Gardens

The garden edge surrounds the campus and would be designed to minimize the visual presence of the hospital while marking entries to the campus and its associated gardens. The quality of the existing landscape screen along the south, east and north edges of the campus would be continued.

Garden spaces similar to those that now exist on campus would be programmed for activities and organized in concert with interior building functions to promote restorative spaces on campus, which may be used by the neighborhood.

Roof gardens visible to patient rooms would be placed on the lower roofs. These would also provide outdoor space for patients, visitors and staff. The upper roofs would have eco-roof opportunities around mechanical penthouses.

Frontages

Development on the Laurelon Terrace portion of the hospital campus would include landscaping suitable to the pedestrian/transit-friendly active street frontage environment envisioned on Sand Point Way NE and 40th Avenue NE.

Play Areas

Children's would relocate the Children's play area to rooftop gardens above new buildings on the Laurelon Terrace property.

Roadways

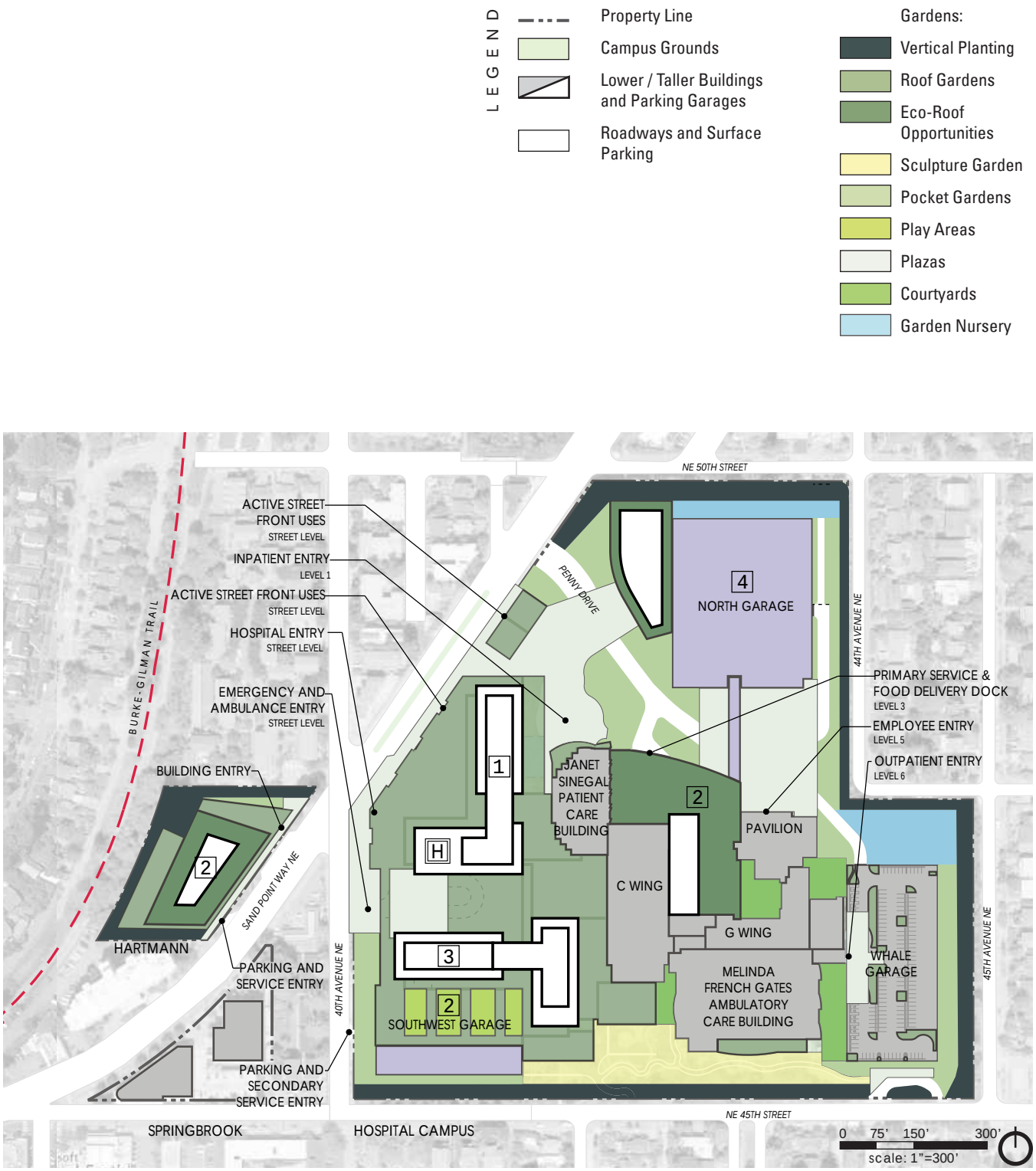
Penny Drive is a roadway that is flanked by foundation plantings and pocket gardens. The plantings serve a dual purpose for vehicles and pedestrians in defining the roadway edge and providing a refuge from traffic for pedestrians.

HARTMANN

Hartmann would be improved with a pedestrian connection between Sand Point Way NE and the Burke-Gilman Trail. Along this pathway's length would be plazas, gardens and a preserved grove of Sequoias. Rooftop gardens along the west and north building edges would be proposed. Opportunities for eco-roofs would be viable around mechanical equipment penthouses on the roof.

See Figure 42, Proposed Open Space, Landscape and Screening.

FIGURE 42: PROPOSED
OPEN SPACE, LANDSCAPE AND SCREENING



c) Public and Private Roadways and Parking

i. Existing Public and Private Roadways and Parking

HOSPITAL CAMPUS

Sand Point Way NE is the primary arterial serving Children's. The hospital campus entry is at the signalized intersection of Sand Point Way NE and Penny Drive. Most vehicle trips related to hospital operations use this access point to Penny Drive.

The second access point to the campus is a driveway from NE 45th Street near the southeast corner of the campus. This is a secured access point that is not available to the public. Service vehicles can enter the Whale Garage via a secured gate. In addition, an apron at this location allows Metro buses to lay over on Children's property. This entrance also provides access to a utility lane on the south side of the Melinda French Gates Ambulatory Care Building.

Penny Drive distributes vehicles to all parking areas, entry points and loading docks. The roadway has two through-lanes with a two-way center turn lane and 10-mph speed limit. At-grade crosswalks are located along Penny Drive, connecting the parking and campus facilities areas to the north with the primary hospital areas to the south. Most deliveries are handled at two separate loading docks, one for general receiving and one specifically for food deliveries. Neither loading dock is configured to allow larger trucks to turn around. Therefore, most delivery and service vehicles must back in from Penny Drive.

The existing Giraffe Garage provides 728 parking spaces for patients, visitors, staff and physicians. The garage has four levels, which are not currently interconnected with ramps between floors; direct access to each level is via separate garage entrances off Penny Drive. The Giraffe Garage is located on Penny Drive across from the hospital. ADA-accessible parking is located at the Janet Sinegal Patient Care Building entry plaza. The existing three-level Whale Garage serves the main entrance of the Melinda French Gates Ambulatory Care Building and provides direct access to ADA-accessible parking. Automobile access to the Whale Garage is primarily from Penny Drive, although a secured service access is located off NE 45th Street. One hundred and twenty-six surface parking spaces provide parking for the Emergency Department, patient/family motor homes and other visitors. The number of surface parking spaces has been reduced due to interim modular office units and landscape maintenance operations. Children's currently provides 1,462 parking spaces on campus.

Shuttles provide access to Children's off-campus parking as well as off-campus work locations, and operate from 5:30 a.m. to 9 p.m., Monday through Friday. During peak commuting hours, two shuttles serve each lot; during off-peak commuting hours, a single shuttle serves each lot. On campus, the Children's shuttle drops off shuttle riders at the Giraffe Entrance. Frequent weekday shuttle service is provided to off-campus parking locations. Shuttles also serve interfacility transportation needs between Children's main campus and other Children's facilities in Seattle. This service reduces traffic and parking congestion. Guest services transportation is provided to patients and families via a separate fleet of ADA-equipped vehicles.

The hospital campus is served by Metro Transit routes #25 and #75. The #75 serves the main entrance of the campus on Sand Point Way NE. Sheltered bus stops are located in both the northbound and southbound directions, and an ADA-accessible ramp system provides access from Sand Point Way NE to the Giraffe Entrance. The #25 serves the secondary access point of the campus, along NE 45th Street. A single, sheltered bus stop on Children's property serves both incoming and outgoing trips. A covered, ADA-accessible walkway through the Whale Garage provides access to the Whale Entrance.

HARTMANN

The Hartmann building is located on Sand Point Way NE, south of the main Penny Drive campus access, near 40th Avenue NE. Traffic flows one way from an entrance at the north end of the property (opposite 40th Avenue NE) to an exit at the south end of the property. Neither access point is signalized. A two-way center turn lane facilitates traffic to and from Sand Point Way NE. Eighty parking spaces are provided for patients, staff and physicians in a surface lot.

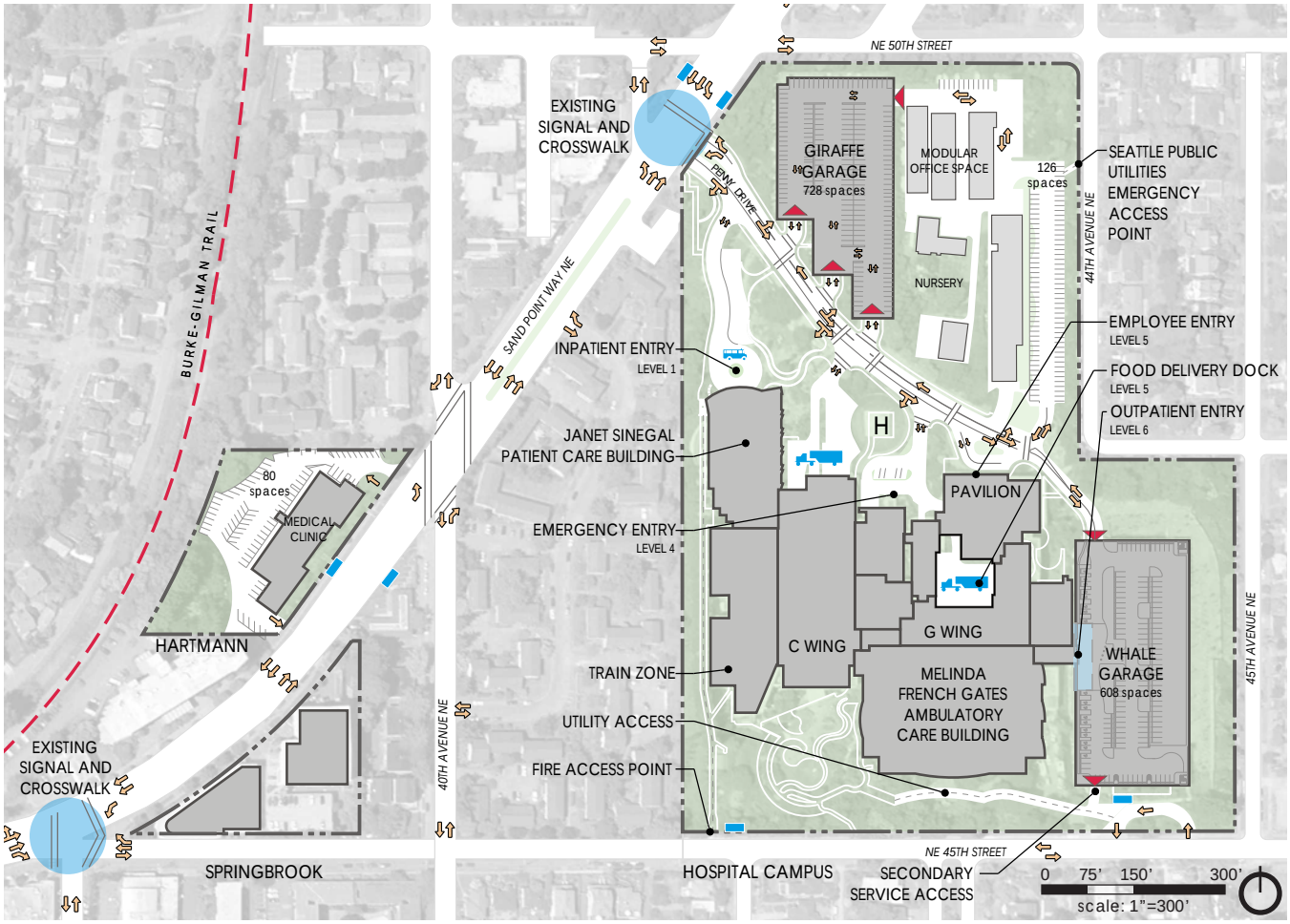
Metro Transit route #75 serves the Hartmann building via Sand Point Way NE. An unsheltered southbound bus stop is located directly in front of the building. In the northbound direction, an unsheltered bus stop is located across Sand Point Way NE.

FIGURE 43: EXISTING
TRANSPORTATION AND PARKING

See Figure 43, Existing Transportation and Parking.

OFF CAMPUS

Access for vehicles to the hospital campus is via the signalized intersection of Sand Point Way NE and Penny Drive. It is served by left-turn lanes without dedicated signal phases for left turns from any approach. The next nearest signalized intersection is located to the south, at Sand Point Way NE and NE 45th Street. Other important intersections providing neighborhood accessibility to Sand Point Way NE are not signalized, including 40th Avenue NE and NE 50th Street.



ii. Proposed Public and Private Roadways and Parking

HOSPITAL CAMPUS

Penny Drive would be improved to accommodate more vehicle stacking capacity and safe non-vehicle crossings along its length. The loading dock access would be expanded for consolidated service truck movements. In addition, two new ADA crossings would be provided. One would be located at the intersection of Penny Drive and Helen Lane (access drive leading to the Giraffe inpatient entry), and the other crossing would be located between the North Garage and the Pavilion. The secure access to the Whale Garage and service drive, within the south setback and connected to NE 45th Street near the southeast corner of the campus, would remain.

New hospital vehicle access points would be provided to distribute peak period traffic movements from campus onto streets fronting the hospital campus. Two new access points would be located on 40th Avenue NE. Including Penny Drive, a total of three access points would be maintained closer to Sand Point Way NE and away from single-family residential areas. This would afford improved efficiency and utilization of existing and proposed signals along Sand Point Way NE.

In addition to the 608-space existing Whale Garage, new parking structures are proposed. A new North Garage with 1,167 parking spaces would be built on the northeast corner of the campus. The parking levels in the new garage would align with floors of a redeveloped and expanded Giraffe Garage, which would be connected by an internal ramp and circulation system. In addition to the North Garage, a new Southwest Garage would be built on the Laurelon Terrace site with 1,100 parking spaces. The total amount of parking on the hospital campus and Hartmann would be 3,100 spaces.

The existing service and loading areas would be expanded. Also, shuttle arrivals would be increased at an improved Giraffe Entrance plaza. Existing access driveways from Penny Drive would be modified to accommodate improved pedestrian crossings and roadway geometry.

Public transit would continue to serve the hospital campus from Sand Point Way NE and NE 45th Street.

HARTMANN

A total of 225 parking spaces would be provided below the proposed building. A single access point toward the south end of the building frontage along Sand Point Way NE would be used for parking access and service access.

OFF-CAMPUS

A number of local traffic improvements have been identified, which would facilitate campus access and, in many cases, contribute to improved neighborhood accessibility to Sand Point Way NE. These improvements would include, but may not be limited to:

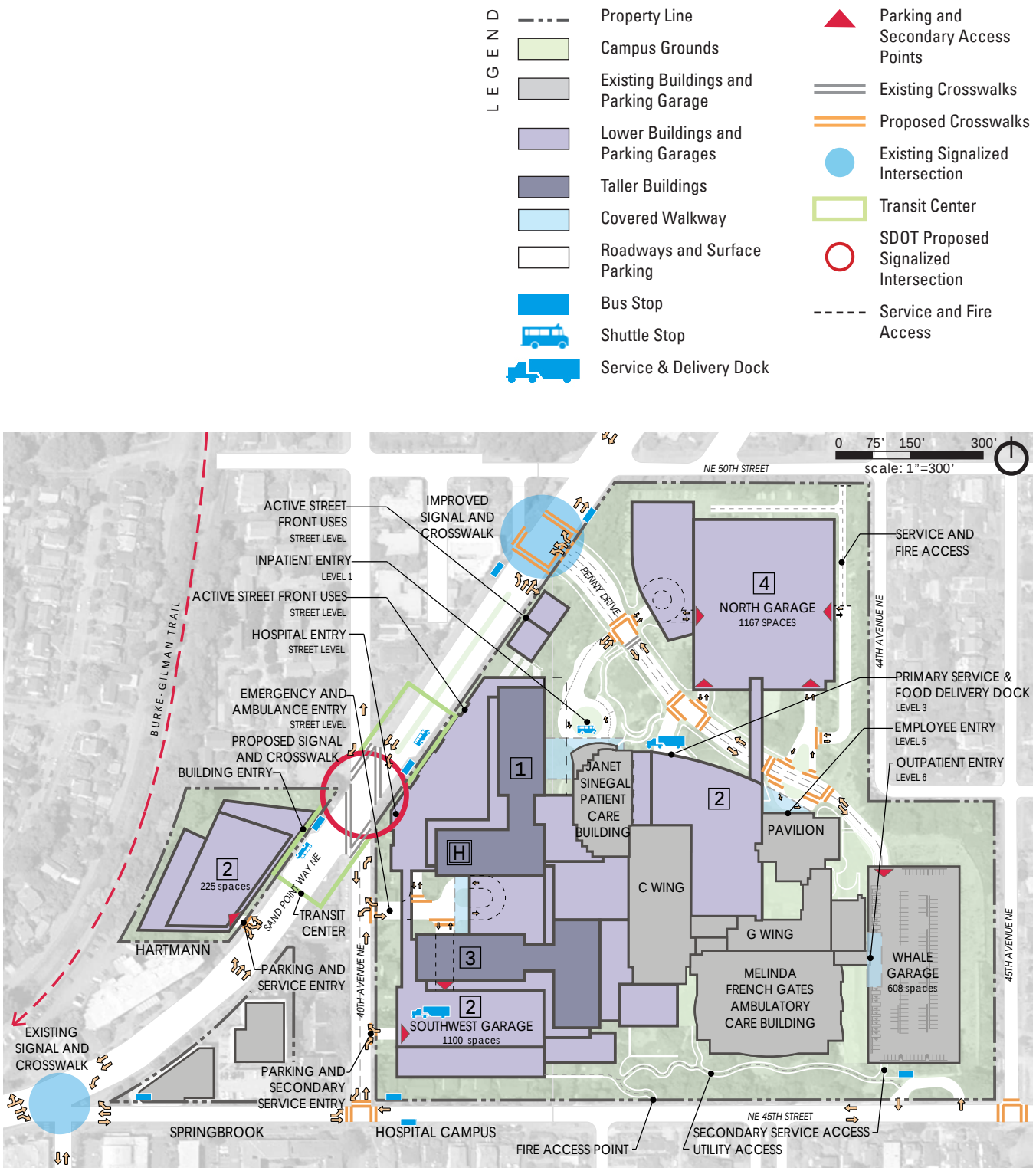
- Sand Point Way NE/Penny Drive. Realignment of the Penny Drive intersection with Sand Point Way NE to the north and add left-turn traffic signal phasing to enhance the safety of turns to and from the hospital campus.
- Sand Point Way NE/NE 40th Street. The City of Seattle has a plan to install a signal at the intersection to enhance vehicular and pedestrian accessibility to Sand Point Way NE and the Burke-Gilman Trail.

The specific configuration of these improvements would be subject to further study and ultimately review and approval of the Seattle Department of Transportation (SDOT) and Washington State Department of Transportation (WSDOT).

As part of its Comprehensive Transportation Plan and as necessary to mitigate future transportation impacts, Children's intends to identify 100 to 200 out-of-area, off-site parking spaces. It is expected that every 100 cars parked at out-of-area facilities would result in a 5 percent reduction in traffic impacts surrounding the hospital. See discussion in Comprehensive Transportation Management Plan, Part V.

See Figure 44, Proposed Transportation and Parking.

FIGURE 44: PROPOSED
TRANSPORTATION AND PARKING



E. MAJOR INSTITUTION OVERLAY HEIGHT DISTRICTS

1. EXISTING MAJOR INSTITUTION OVERLAY HEIGHTS

Children's campus now includes four height districts: MIO 37' around the periphery of the campus, MIO 50' along the south to form a transition to the MIO 70' and MIO 90' in the southeast. The higher MIOs are centered at the core and southern parts of the campus and transition down to a lower height at the campus edges. The site generally slopes downward from east to west and from north to south. The existing buildings are approximately 20' from the northern property edge, 40' to 75' from the eastern property edge of the campus and also 40' on the west side of campus at the base of the slope. On the southern and southwestern edges, buildings are 75' from the property line. All of the setbacks are heavily landscaped to create a screen between the campus and surrounding neighborhood. Landscaping around the campus also provides open space and sidewalks as public amenities.

In addition to the height limits shown in Figure 45, from the Seattle Land Use Code, the Seattle City Council further conditioned the heights of two buildings on the campus: the Janet Sinegal Patient Care Building and portions of the Melinda French Gates Ambulatory Care Building. The Janet Sinegal Patient Care Building is located in the MIO 90' area of the campus and was limited in height to 74', with an additional 15' allowed for mechanical equipment (a total of 89' with mechanical). The Melinda French Gates Ambulatory Care Building is located in an MIO 70' district, and portions of this building were limited in height to 54.5'.

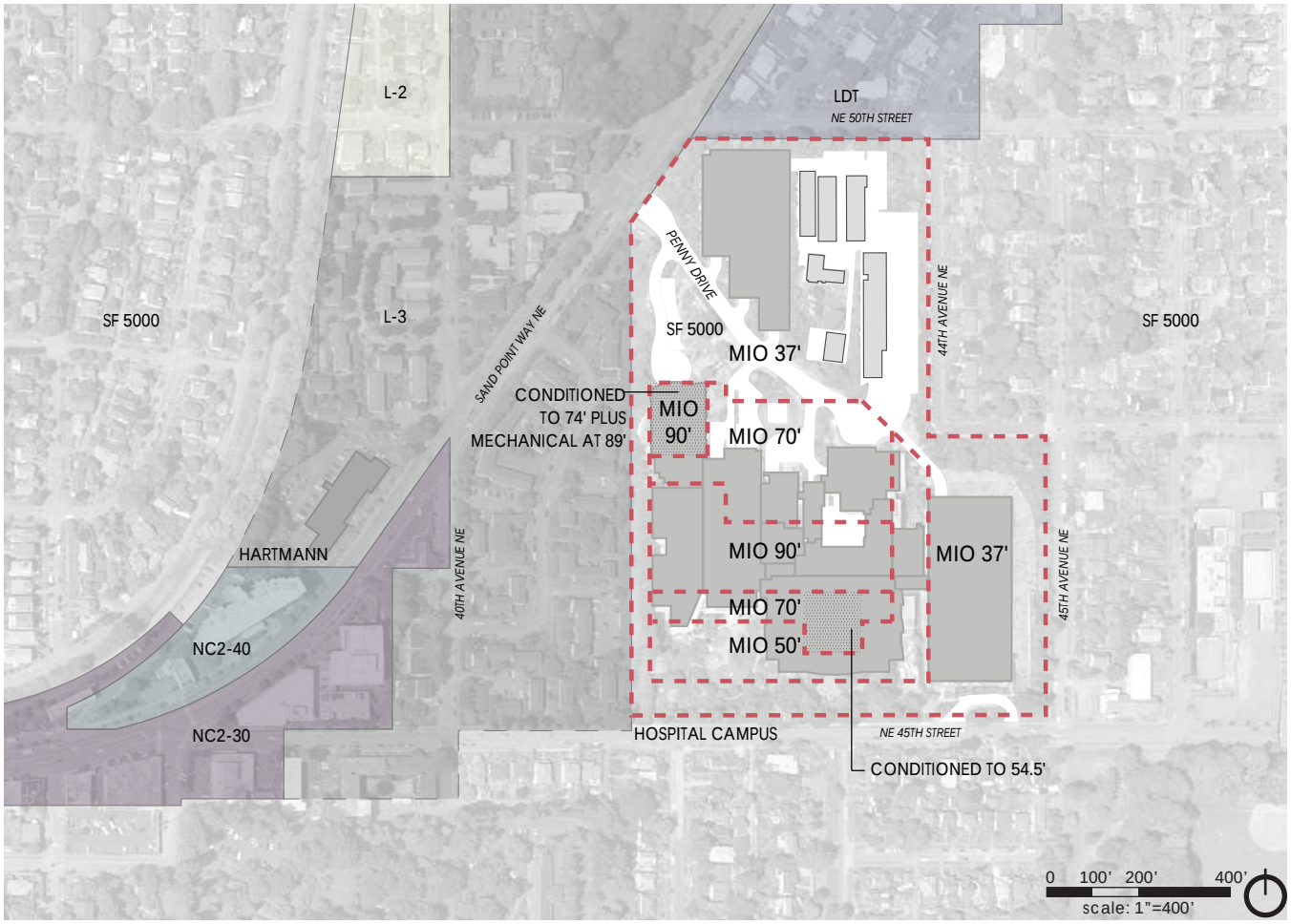
FIGURE 45: EXISTING
ZONING AND MAJOR INSTITUTION OVERLAY

STATISTICS

ZONING	
SF 5000	Single-family Residential 30' height limit
LDT	Low-rise Duplex/Triplex 25' height limit
L-3	Multifamily Residential, Low-rise 3 30' height limit
L-2	Multifamily Residential, Low-rise 2 25' height limit
NC2-30	Neighborhood Commercial 2 30' height limit
NC2-40	Neighborhood Commercial 2 40' height limit

LEGEND

- MIO Height District Boundary
- Roadways and Surface Parking
- Buildings



2. PROPOSED MAJOR INSTITUTION OVERLAY HEIGHTS

Five changes from what was approved in the previous Major Institution Master Plan are proposed to the MIO districts for the existing campus in the proposed Master Plan:

1. On the north, setbacks would increase from 20' to 40' and 75'. East setbacks, now 40' and 75', are proposed as all 75'. The existing south setback of 75' would be retained on the existing campus, and a new setback of 40' would be added on the south side of Laurelon Terrace. In the setbacks, no above-grade structures would be allowed.
2. On the existing campus, the existing MIO 37' district to the northwest would be changed to MIO 65'. An MIO 37' district would be maintained on the northeast, over the Whale Garage, on the southeast corner and on the south edge of the hospital campus.
3. On the north edge of the existing hospital, a small portion of the existing MIO 37' district and a portion of the existing MIO 70' district along Penny Drive would be changed to MIO 90'. This proposal also affects the area currently conditioned to 74' plus 15' for mechanical.
4. On the south edge of the existing hospital, a portion of the existing MIO 50' and MIO 70' districts would be changed to MIO 90'.
5. It is proposed that the approximately 40'-wide area now bordering Laurelon Terrace increase from MIO 37' to MIO 160', as it would no longer be a perimeter buffer and the change would match the proposed MIO for Laurelon Terrace.

Other proposed MIO heights for the expanded campus areas include:

6. Laurelon Terrace would be brought into the MIO boundary with an MIO 160' transitioning to the south with MIO 50' and then MIO 37'. This would be an increase over the current L-3 Zone heights. Building heights would be limited to 140' within height district MIO 160', not including screened mechanical equipment or penthouses.
7. It is proposed that development on Sand Point Way NE and 40th Avenue NE be placed adjacent to the street to foster an environment conducive to transit and shuttle use by the community and Children's visitors and staff.
8. The MIO boundary would be expanded to include the Hartmann property across Sand Point Way NE and west of Children's hospital campus, with an MIO 65'.

Laurelon Terrace would be included as an MIO expansion area in the proposed Master Plan in response to a request from the Department of Planning and Development to consider the potential of expanding the campus boundary. Children's and Laurelon Terrace have negotiated the major terms for a sale of the Laurelon Terrace property to Children's, which is dependent on the approval of the Major Institution Master Plan.

Located across Sand Point Way NE and directly west of the expanded Laurelon Terrace portion of the campus, the Hartmann site meets the criteria for MIO district expansion. The proposed MIO expansion to include the Hartmann site was selected for the following reasons:

- Children's boundary expansion opportunities are constrained by existing housing that surrounds the hospital.
- The Hartmann site, located on the west side of Sand Point Way NE, is zoned L-3 and has been used since 1957 for office and medical clinic uses. The redevelopment of this site would not cause the loss of housing nor be a change from the existing use.
- The Hartmann site faces onto Sand Point Way NE and is adjacent to property zoned NC2-40. The proposed uses for the Hartmann site (clinic and offices) would be similar to the uses allowed in the NC2 zone.
- The site is bounded on the east by Sand Point Way NE and on the west by the Burke-Gilman Trail.
- The proposed height of 65' is substantially less than the height of the adjacent, nonconforming, multifamily building on the south and comparable to the heights on the north.

See Figure 46, Proposed Zoning and Major Institution Overlay.

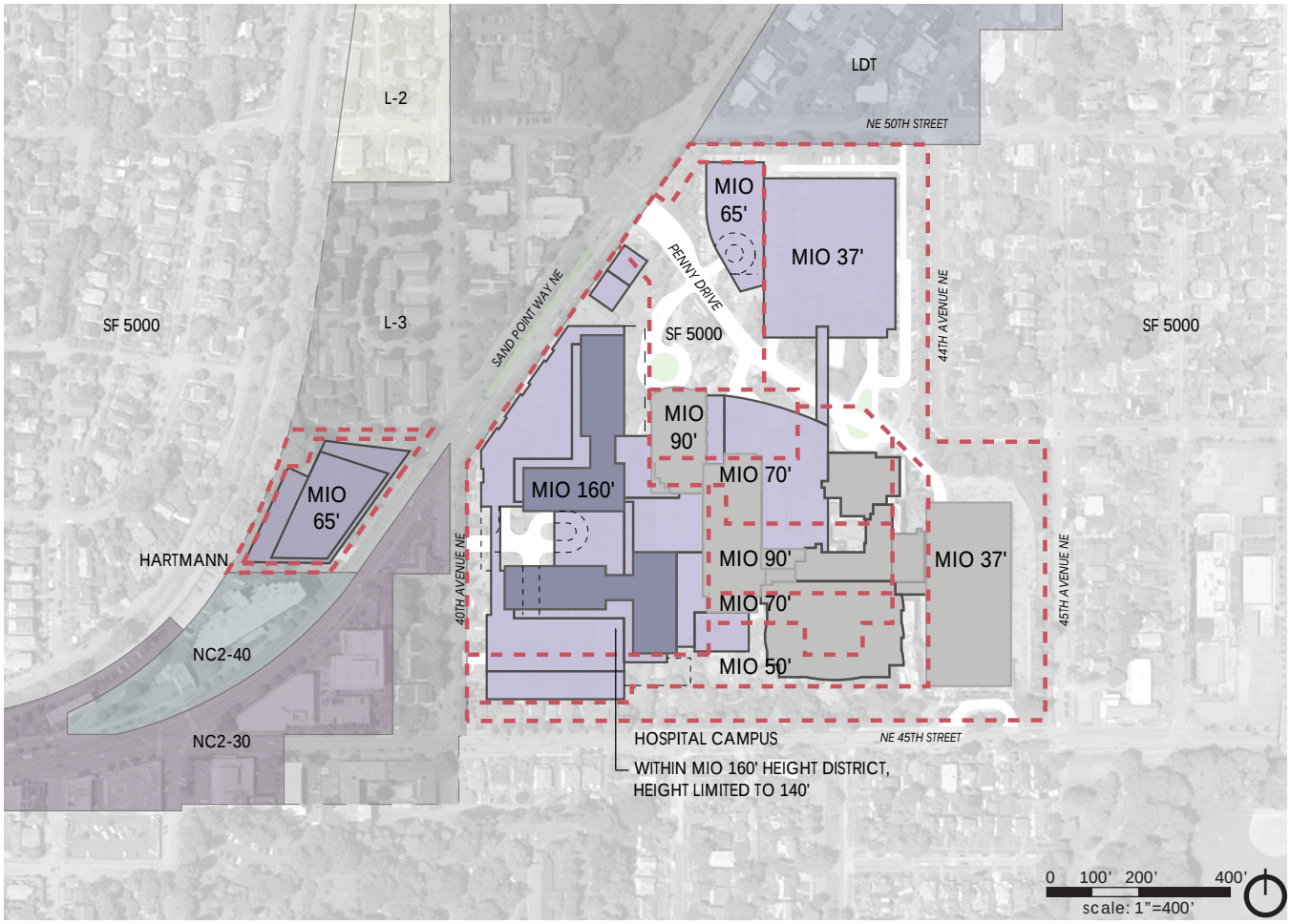
FIGURE 46: PROPOSED
ZONING AND MAJOR INSTITUTION OVERLAY

STATISTICS

ZONING	
SF 5000	Single-family Residential 30' height limit
LDT	Low-rise Duplex/Triplex 25' height limit
L-3	Multifamily Residential, Low-rise 3 30' height limit
L-2	Multifamily Residential, Low-rise 2 25' height limit
NC2-30	Neighborhood Commercial 2 30' height limit
NC2-40	Neighborhood Commercial 2 40' height limit

LEGEND

- MIO Height District Boundary
- Roadways and Surface Parking
- Lower Buildings
- Taller Buildings



F. DESCRIPTION OF PHASED CAMPUS DEVELOPMENT

Seattle Children's intends to phase the construction of facilities improvements to its campus over the next 20 years. Overarching goals of the phasing plan are to meet the hospital's growth needs predictably while minimizing development impacts to existing facilities and surrounding neighborhoods.

Phasing Sequence

Children's anticipated four phases of development are illustrated in Figure 47 and would include the following projects:

(1) Bed Unit North

(2) Ambulatory Expansion, Hartmann and Southwest Garage

(3) Bed Unit South

(4) North Garage and Office Building

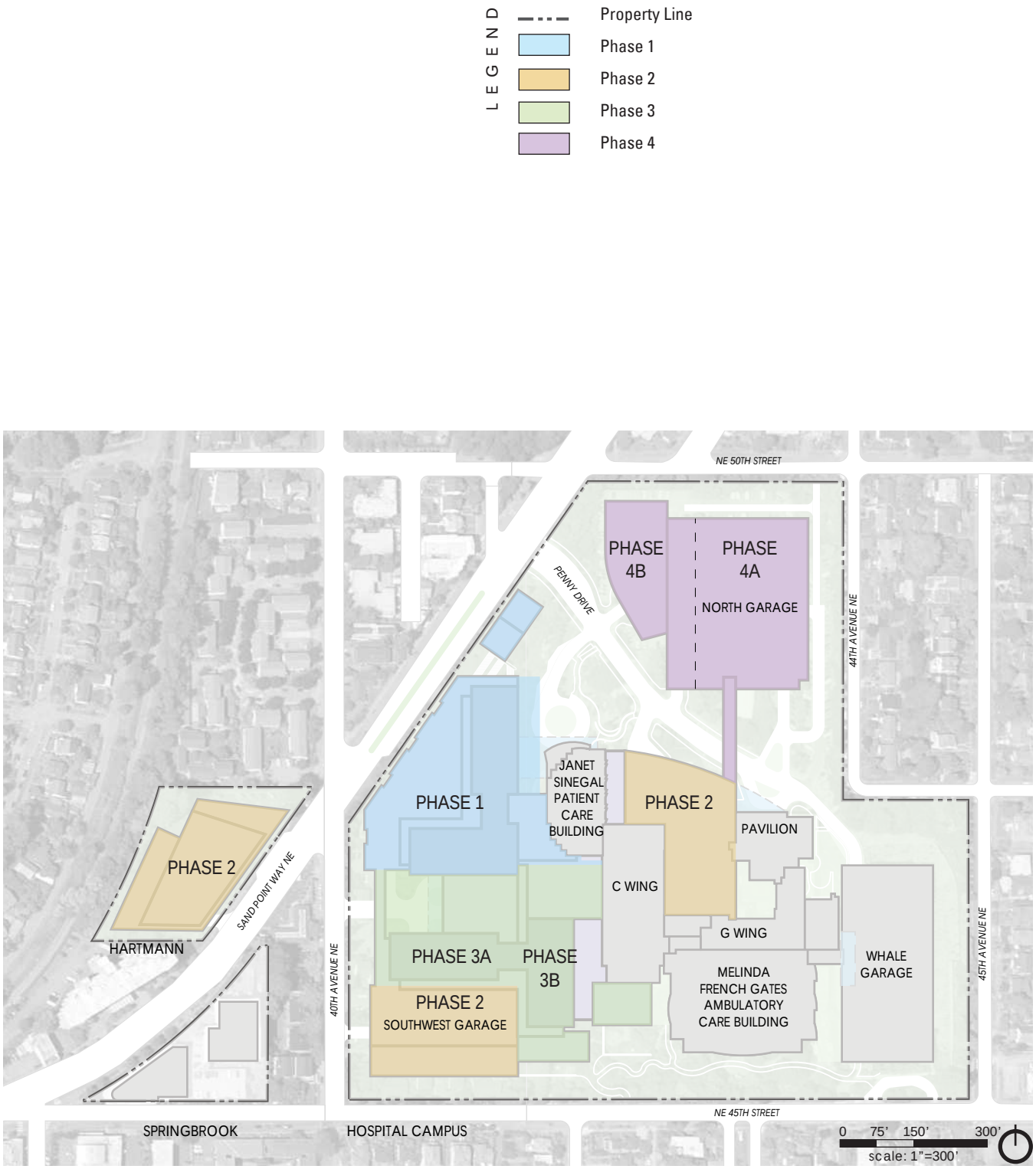
The proposed periods for construction of each phase, together with the estimated square footage of new construction, square footage of demolition of existing campus facilities, added parking spaces and total cumulative parking spaces and square footage of development, are shown in the following table:

Table 1. Proposed Master Plan Phasing

	Phase 1	Phase 2	Phase 3A & 3B	Phase 4
Construction Timeline*	1st Qtr 2010 - 4th Qtr 2012	4th Qtr 2013 - 4th Qtr 2016	(3A) 2nd Qtr 2017 - 4th Qtr 2019 (3B) 1st Qtr 2022 - 4th Qtr 2024	2nd Qtr 2025 - 4th Qtr 2027
Building Square Footage	592,000 GSF	327,000 GSF (150,000 at Hartmann)	592,000 GSF	190,000 GSF
Existing Campus Demolition Square Footage	0 GSF	65,000 GSF (D Wing 47,000) (F Wing 18,000)	136,000 GSF (Train 3B)	0 GSF
Parking Spaces Added	300 surface stalls on campus	1,100 spaces Southwest Garage + 225 spaces at Hartmann	0 spaces	1,167 spaces North Garage expansion
Total Parking Spaces (cumulative)	1,842 spaces	2,787 spaces	2,787 spaces	3,100 spaces
Total Campus Square Footage (cumulative)	1,492,000 GSF	1,754,000 GSF	2,210,000 GSF	2,400,000 GSF

* Demolition, excavation, shoring and building exterior envelope construction comprises 60 percent to 70 percent of the construction timeline duration for each phase.

FIGURE 47: PROPOSED PHASING



Phase 1 Proposed Development

Children's plans to build Phase 1 between the first quarter of 2010 and the fourth quarter of 2012. Phase 1 would include the construction of a new Emergency Department, new Diagnostic and Testing facilities, adding new patient rooms to meet Children's projected initial bed needs, and the relocation of the existing helistop to the top of the new building to facilitate access to the new Emergency Department.

Children's has projected the following total bed needs, all in single-bed rooms:

- Year 2012 336 beds
- Year 2017 408 beds
- Year 2019 460 beds

Children's currently has 197 rooms, with 53 rooms holding two beds each, to provide the current supply of 250 beds. These double-bed units would be converted to single-bed units. Other existing bed units would require updating to new bed standards which would mean a loss in total number of existing beds. The new construction would require demolition of some existing patient bed rooms in order to provide connections between the new and old bed units. These changes would leave Children's with 144 single-bed rooms.

There are two key considerations that go into determining how many beds are located on a floor. The first is that every patient room must be located on an exterior wall in order to have a window (which is a Department of Health requirement). The second is that patient bed units are designed in clusters of 24, 36 or 48 beds in order to maintain the appropriate ratio and access between staff and patients. Children's has proposed using the 48-bed clusters to gain maximum efficiency on each floor in terms of use of staff and access to equipment, and to keep the number of needed floors as low as possible. A 48-bed cluster would require a floor plate of approximately 45,800 square feet.

As described above, Children's would need an additional 264 new beds by 2017 (total needed beds of 408 less supply of 144). At 48 beds-per-floor, this would require 5.5 floors of new construction for the bed units alone.

In order to achieve the needed 408 beds by 2017, Children's has proposed the following construction in Phase 1:

5.5 stories of beds at 48 beds per floor (264 beds)	=	258,800 SF
1 story for Emergency Department	=	93,527 SF
2 stories of Diagnostic and Testing	=	176,343 SF
1 story of Mechanical	=	49,400 SF
Mechanical Penthouse	=	14,000 SF
Total Phase 1 SF for 9.5 stories	=	592,070 SF
Typical floor to floor height of 15'	=	142.5'

Children's has proposed limiting the height of the Phase 1 building to 140 feet exclusive of mechanical penthouse.

Monitoring and Agency Oversight of Phased Development

Children's would be required to provide the following status reports and engage in further environmental and project review for each phase of its proposed development:

- MIMP Annual Status Report shall be submitted to Department of Planning and Development (DPD) and Standing Advisory Committee (SAC) each year.
- Project-based SEPA review for each phase of construction.
- 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 SAC.
- DPD Master Use Permitting (MUP) public notification and comment. Each major phase of construction would require a Type II MUP that is subject to extensive posting and publishing of notice, with opportunity for written comment. Prior to submitting any MUP application, Children's would review any proposed major construction project with the SAC for purposes of discussing the nature of the project, its proposed location and design.
- Transportation Management Plan Annual Report shall be submitted to Seattle's Department of Transportation.
- Commute Trip Reduction Annual Report shall be submitted to King County Metro.
- Commute Trip Reduction biannual survey to evaluate compliance with city- and state-mandated trip reduction targets.

Content of Monitoring Reports

Children's annual status report to the DPD Director and the Standing Advisory Committee shall provide the following:

- Status of current and proposed construction projects
- Status of applications to the DOH for Certificates of Need
- Status of all land and property acquisition, ownership and leasing outside the MIO but within 2,500 feet of the MIO district boundary
- Status of compliance with TMP goals and mitigation requirements
- Proposed contingencies for mitigating unanticipated problems or worsened conditions attributable to institution's development

MIMP Conditions for MUP Approvals

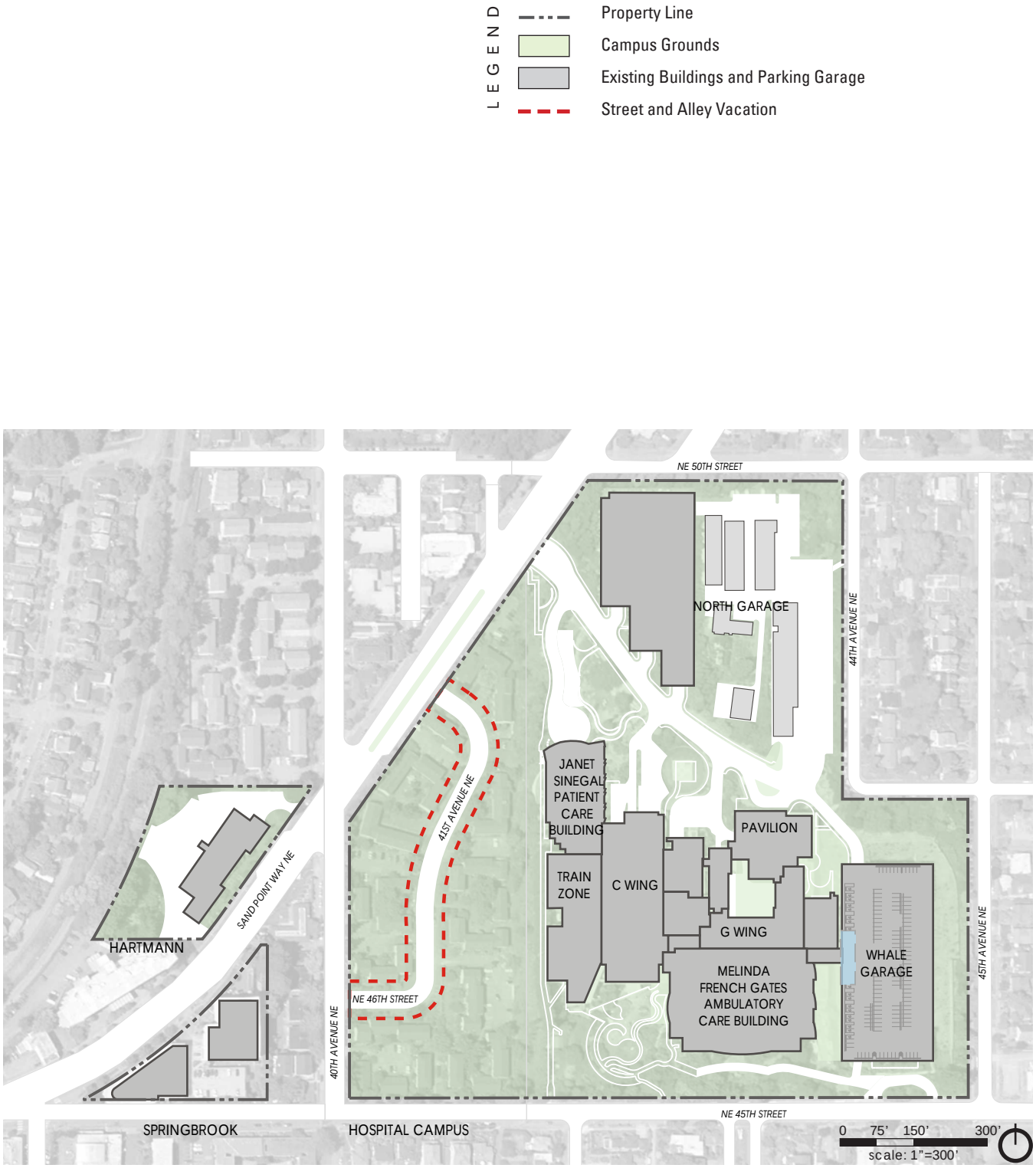
- Future projects developed under MIMP would be subject to SEPA review and shall be reviewed to define project-level environmental impacts, such as construction impacts, operation noise, traffic, parking, etc. and require mitigation as necessary.
- Previously undisclosed project-specific impacts may require specialized consultant studies and environmental addenda.
- Prior to approval of the MUP for the 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 approval of the MUP for the Phase 1 development, Children's will demonstrate compliance with the City of Seattle's policy for replacement of all 136 units of existing housing on the Laurelon Terrace site.

G. PLANNED STREET OR ALLEY VACATIONS

A vacation of the internal streets on the Laurelon Terrace site — 41st Avenue NE and NE 46th Street — would be necessary in order to use this property for major institutional development. Children's would ask that the City Council consider this vacation request in tandem with Children's proposed Master Plan.

See Figure 48, Proposed Street and Alley Vacation.

FIGURE 48: PROPOSED
STREET AND ALLEY VACATIONS



H. PLANNED AND POTENTIAL DEVELOPMENT

Children's has designated its Phase 1 Bed Unit North and Emergency Department facilities that straddle the Laurelon Terrace property and existing campus property as a planned physical development. Phases 2, 3 and 4 are designated as potential physical development.

See Figure 47, Proposed Phasing.

I. CONSISTENCY WITH THE PURPOSE AND INTENT OF MAJOR INSTITUTION CODE, REZONE CRITERIA AND MIO DESIGNATION CRITERIA

Children's has considered the consistency of the proposed Master Plan with the purposes and intent of SMC 23.69.002 (the Major Institution Code), the rezone criteria in SMC 23.34.008 and the boundary and height criteria for MIO Districts in SMC 23.34.124. This analysis is summarized in Appendices E, F and G of this Master Plan.

J. DECENTRALIZATION

Children's strategy is to decentralize its facilities and services wherever possible, providing pediatric specialty care at clinics throughout the region. This brings outpatient services to patients closer to where they live and reduces the number of outpatient-related vehicle trips to and from the hospital campus.

Children's currently operates regional clinics in Bellevue, Everett, Federal Way and Olympia; outreach clinics in Yakima, Wenatchee and Kennewick, Washington; and sites in Alaska and Montana. By the end of 2008, Children's is expected to complete the acquisition of 6.6 acres near downtown Bellevue for a new outpatient facility, expected to open in 2010. Similar facilities are planned for Snohomish and South King counties. A regional clinic in the Tri-Cities area opened in May 2008.

Research functions have already been consolidated away from the hospital campus. Children's purchased new research facilities and land in the Denny Triangle area of downtown Seattle with the expectation that it will develop 1.5 million gsf of research space.

As Children's continues its decentralization plan over the coming years, the percentage of vehicle trips to and from the existing hospital campus related to outpatient care will be reduced. This will enable facilities, transportation access and parking to be prioritized for inpatient care and related clinical support services.

Growth in Children's outpatient services, locally and in the wider region, as well as future research advances, is likely to result in increased demand for inpatient services at the hospital campus.

K. CONSISTENCY OF MASTER PLAN WITH APPLICABLE SEATTLE COMPREHENSIVE PLAN POLICIES

Children's has considered the consistency of its Master Plan with the following applicable goals and policies of the City's adopted Comprehensive Plan:

- Major Institution Goals and Policies
- Major Institution Uses
- Major Institution Development Standards
- Transportation
- Major Institution Parking
- Major Institution Residential Structures
- Housing
- Master Plans
- Human Development
- Health Care
- Coordination & Joint Planning
- Environment
- Economic Development

A summary of this analysis is contained in Appendix D of this Master Plan.

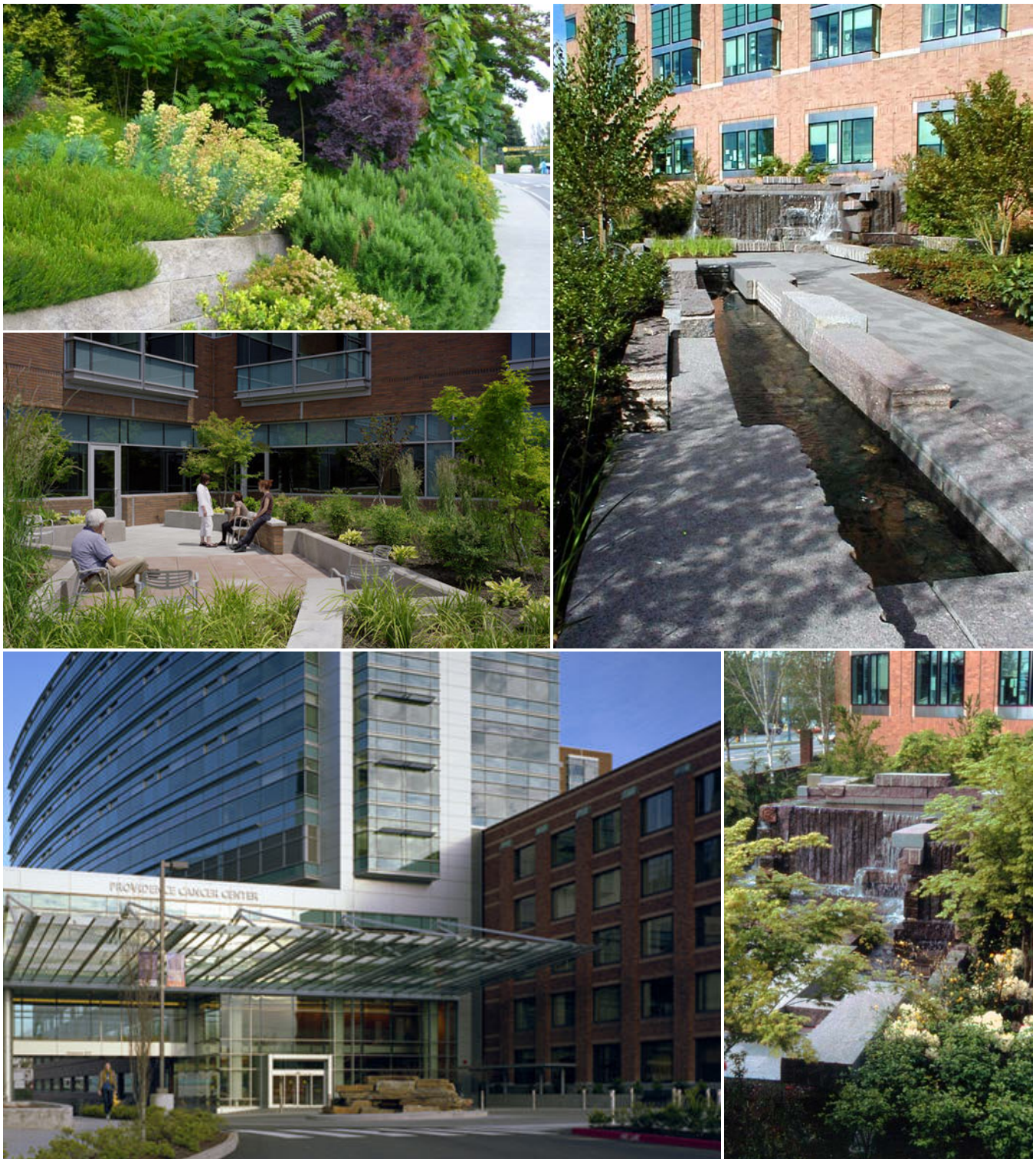
L. PURPOSE AND PUBLIC BENEFIT

As noted in the Executive Summary on page 7, Children's mission is that we believe all children have unique needs and should grow up without illness or injury. With the support of the community and through our spirit of inquiry, we will prevent, treat and eliminate pediatric disease. We provide an immeasurable public benefit to the City of Seattle, region and state of Washington by providing access to unique pediatric specialty care. To meet this commitment, we provided $65.4 million of uncompensated care in 2007.

Also see statement summarizing the consistency of Children's Master Plan with Comprehensive Plan goals and policies relating to Transportation, Housing, Human Development, Health Care, Coordination & Joint Planning, Economic Development and other elements in Appendix D of this Master Plan.

M. DURATION OF MASTER PLAN

Children's Master Plan, once approved by the City Council, would remain in place until the allowed developable square footage is constructed.



74 *Figure 49 Examples of Well-Designed and Executed Development Principles*

IV. DEVELOPMENT STANDARDS

Seattle Children's proposes development standards to govern physical development within the MIO boundaries. As a supplement to the proposed development standards, Children's proposes Design Guidelines to direct qualitative architectural and engineered design. These qualitative guidelines would direct design within the limits of the development standards to achieve the character envisioned for the campus.

The development standards and design guidelines are based on design principles identified during community meetings, Citizens Advisory Committee deliberations and Children's facility Master Plan programming.

A. DEVELOPMENT PRINCIPLES

The development standards and design guidelines proposed in this Master Plan are based on the following design principles:

- Consolidate the footprint of the hospital to maximize the amount of open space around the campus.
- Set back higher buildings to the center of the campus and away from single-family residential areas.
- Build lower buildings at the perimeter that compliment the architecture of and provide transition to the adjacent neighborhood.
- Connect neighborhood pedestrian circulation to Children's campus while accommodating patient and family requirements for privacy and security.
- Provide amenities (e.g., bike storage, showers) that make commuting to Children's by means other than SOV the preferred choice of transportation.
- Enhance portions of the campus garden edge with desirable and usable places, benefiting patient care, caregivers and the surrounding neighborhood.
- Minimize exhaust, light and noise resulting from hospital operations.

B. SUSTAINABILITY AND ENVIRONMENTAL STEWARDSHIP

Seattle Children's believes that green buildings are healthier environments for their occupants, and building green is integral to the core mission of providing top-quality health care. Children's received the 2008 Governor's Award for Sustainable Practices. Children's demonstrates its continuing commitment to environmental stewardship through its successful Transportation Management Plan, its improvements to the environmental quality on campus, reduced energy use and conservation of natural resources. The hospital reduces the vehicle trips of patients and caregivers to and from the hospital by providing services at clinics throughout the region, bringing care closer to the communities where its patients live. Children's aggressive, Diamond-award–winning Commute Trip Reduction program minimizes the number of single-occupant vehicle trips by its staff.

Through thoughtful, sustainable facility master planning, Children's future development will consider habitat, energy and water, which are essential to community design and reduce demand on the local infrastructure. These choices will contribute to a sustainable urban campus and, by extension, positively affect the community around it.

Children's is committed to following the principles and strategies in the Green Guide for Health Care™. This program describes the best-practice methods for hospital facility design, construction, facilities management and operations. Children's will use the Green Guide for Health Care™ during development of its Master Plan facilities. As a member of the Green Guide for Health Care's Executive Committee, Children's staff continues to review and help shape this national assessment tool. The U.S. Green Building Council's LEED for Health Care is currently under development and will build on and complement the Green Guide for Health Care™. Both provide a helpful framework for assessing success of ongoing greening efforts on Children's campus.

1. HOSPITAL CAMPUS GROUNDS AND FACILITIES

The existing campus has significant areas of impervious surfaces. To the extent feasible, future development of hospital grounds and facilities will be designed to protect existing tree canopy and landscaping; reduce impervious surfaces; and control, filter and reduce storm water runoff.

Large amounts of plantings shade some of the impervious areas and contribute to cooler areas on the campus. Vertical plantings on the perimeter of the campus are located to minimize views of the buildings and the light leaking off of the site into the surrounding neighborhood. This screen shields the hospital and, therefore, may minimize noise in the neighborhood associated with the hospital's operations.

Improvements to pedestrian pathways and linkages through and around the campus, as well as enhanced transportation management techniques, will support Children's Comprehensive Transportation Program to minimize trips to the site and reduce the carbon footprint, with improved access to transit and other modes of transportation consistent with the Seattle Comprehensive Plan policies and goals (see Appendix D).

To reduce the ecological footprint in the design of future hospital facilities, Children's will, at each phase of campus project development, consider specific sustainable design strategies and operational goals related to overall building performance, including energy use; greenhouse gas emissions; trip reduction and transportation choices; waste and recycling, potable water, impervious surface; and on-site storm water management.

2. SUSTAINABILITY GOALS FOR FACILITIES DESIGN, CONSTRUCTION AND OPERATIONS FOR NEW DEVELOPMENT

Children's will make meaningful performance efficiencies in the following areas as they relate to new development for facilities design, construction and operations:

- Adopt 2030 Challenge reduction in Green House Gas Emissions for new construction.
- Reduce BTU per square foot energy use of new building area over existing.
- Generate renewable energy on-site.
- Supply building's energy use purchased from off-site renewable green power sources.
- Use Green Roof Coverage.
- Purchase wood products used from certified sustainable forests.
- Increase the number of employees using alternatives to driving to work alone.
- Continue efforts to support visitors to use alternative transportation, e.g., transit, walking, shuttles, etc.
- Reduce construction waste; maintain high levels of demolition reuse and/or recycling.
- Employ operational recycling, solid waste diversion.
- Reduce potable water usage.
- Use locally sourced building materials.
- Purchase environmentally preferred, low V.O.C. products.

To monitor Children's projects, baseline measurements will be taken to allow for accurate comparison as the project progresses. These goals are aspirational and are not all presently achievable with today's technology. As the technology improves and becomes cost efficiently available, Children's will provide leadership in implementing its goals.

3. CHILDREN'S LEADS THE COMMUNITY IN CORPORATE ENVIRONMENTAL STEWARDSHIP

In addition, Children's is a member of the Mayor's Seattle Climate Partnership and will continue to advocate for reducing global greenhouse gas emissions with local and regional partners, as well as provide leadership in transportation alternatives and best management practices for lean-based sustainable measures consistent with heath care delivery and healthy environments.

C. EXISTING AND PROPOSED UNDERLYING ZONING

The existing underlying zoning for Children's campus is Single Family 5000 (SF 5000) for the existing portion of the campus and Multi-Family Residential Lowrise 3 (L-3) for the Laurelon Terrace and Hartmann properties. In the 1994 Master Plan, MIOs of 37', 50', 70' and 90' were established on the existing campus. See Figure 45, Existing Zoning and Major Institution Overlay. The proposed Master Plan would supersede the requirements of the underlying zone development standards.

D. PROPOSED DEVELOPMENT STANDARDS

1. STRUCTURE SETBACKS

The above-ground structure setback standards would coincide with the depth of garden edges and street frontage edges.

The setbacks are measured from the existing property lines. For the portions of the campus east of Sand Point Way NE, a setback of 40 feet is proposed starting at the property line corner of 40th Avenue NE and NE 45th Street and extending east along NE 45th Street to the west property line of Children's existing campus; at that point, the 40-foot setback would transition into the existing 75-foot setback extending east along NE 45th Street to 45th Avenue NE; then extending north along 45th Avenue NE to NE 47th Street; then west along NE 47th Street to 44th Avenue NE; at this corner, the existing 40-foot setback would be increased to 75 feet as it extends north along 44th Avenue NE to NE 50th Street; then it would extend west along NE 50th Street approximately 2/3 of the distance between 44th Avenue NE and Sand Point Way NE; at this point, the existing 20-foot setback would transition to a 40-foot setback as it extends west to Sand Point Way NE and then turns south along Sand Point Way NE to Penny Drive.

Along street frontage edges, structures would be located at a minimum setback of 10 feet along Sand Point Way NE from Penny Drive south to 40th Avenue NE. A minimum structure setback of 20 feet is proposed along 40th Avenue NE. The proposed setbacks would enable widened sidewalks with street trees and other pedestrian amenities.

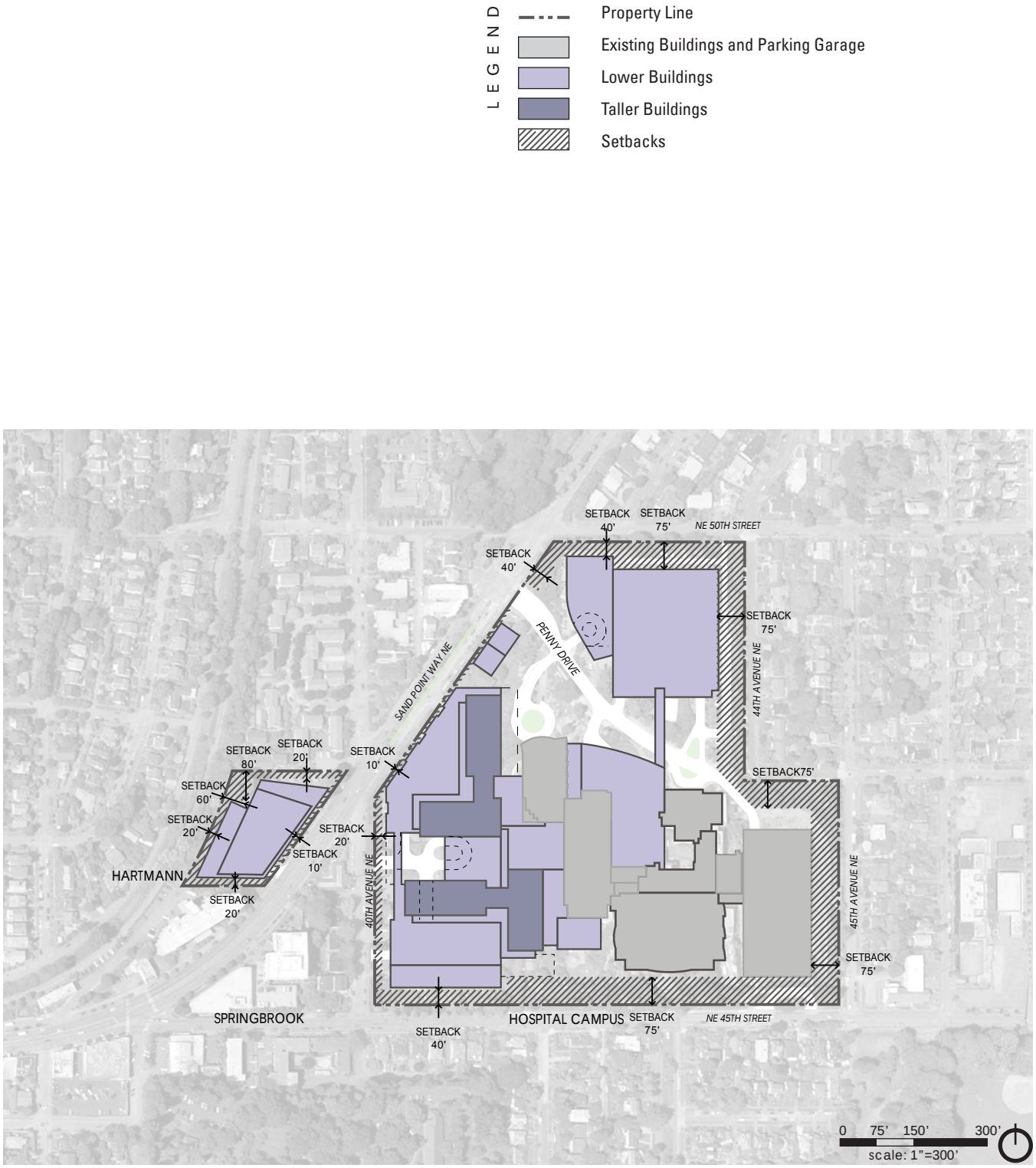
Below-grade structures would be allowed within setbacks in the garden edges and street frontage edges. Below-grade structure setbacks from the property lines would be zero.

For Hartmann, there would be a 10-foot setback along Sand Point Way NE, 20 feet along the south, west and north property lines; at the northwest corner, however, the setbacks would be expanded to 60 and 80 feet, as shown in Figure 50, in order to preserve the Sequoia grove at that location. Below-grade structure setbacks from the property lines would be zero.

Any development standards for structure setbacks otherwise applicable in the SF or L-3 zones would be superseded.

See Figure 50, Proposed Structure Setbacks.

FIGURE 50: PROPOSED
STRUCTURE SETBACKS



2. EXISTING AND PROPOSED MODIFICATIONS TO HEIGHT

The Children's campus now includes four height districts: MIO 37' around the periphery of the campus, MIO 50' along the south to form a transition to the MIO 70' and MIO 90' in the southeast. The higher MIOs are centered at the core and southern parts of the campus and transition down to a lower height at the campus edges. The site generally slopes downward from east to west and from north to south. The existing buildings are approximately 20' from the northern property edge, 40' to 75' from the eastern property edge of the campus and also 40' on the west side of campus at the base of the slope. On the southern and southwestern edges, buildings are 75' from the property line. All of the setbacks are heavily landscaped to create a screen between the campus and surrounding neighborhood. Landscaping around the campus also provides open space and sidewalks as public amenities.

In addition to the height limits shown in Figure 45, the Seattle City Council further conditioned the heights of two buildings on the campus in the 1994 Master Plan: the Janet Sinegal Patient Care Building and portions of the Melinda French Gates Ambulatory Care Building. The Janet Sinegal Patient Care Building is located in the MIO 90' area of the campus and was limited in height to 74', with an additional 15' allowed for mechanical equipment (a total of 89' with mechanical). The Melinda French Gates Ambulatory Care Building is located in an MIO 70' district. Portions of this building were limited in height to 54.5'.

The boundary of the MIO districts would be expanded in the proposed Master Plan to include the Laurelon Terrace and Hartmann properties. An MIO 160' district would be added to the existing MIO height districts on campus. For Hartmann, an MIO 65' district is proposed. Mechanical equipment may extend up to 15 feet above the MIO height limit if it is screened and covers no more than 40 percent of the roof area. See Table 2 for a comparison of existing and proposed heights.

Any development standards for structure height otherwise applicable in the SF or L-3 zones would be superseded.

Table 2. Modifications to the Underlying Zoning Heights

PROPERTY	EXISTING MASTER PLAN	PROPOSED MASTER PLAN
Children's Campus – North of Penny Drive	SF 5000 with MIO of 37'	SF 5000 with MIO of 37' and 65'
Children's Campus – South of Penny Drive	SF 5000 with MIO of 37', 50', 70' and 90'	SF 5000 with MIO of 37', 50', 70' and 90' on the east, MIO of 50', 70', 90' and 160' (140') on the west
Laurelon Terrace	L-3 Zoning	L-3 with MIO of 37', 50' and 160' (140')
Hartmann	L-3 Zoning; continuation of existing non-conforming use	L-3 with MIO of 65'

3. LOT COVERAGE

The maximum lot coverage standard for the entire MIO district, including Hartmann, would be 51 percent. The maximum lot coverage standard would be calculated against the entire campus rather than against individual project sites. The existing campus-wide lot coverage is approximately 35 percent. See Table 3. Lot coverage is defined as that portion of a lot occupied by the principal structure and its accessory structures expressed as a percentage of the total lot area. Above-grade hand railings, sound- and view-blocking fences, surface parking, streets and sidewalks would not be considered structures for the purposes of lot coverage. Below-grade portions of buildings would not be counted as lot coverage. Any development standards for lot coverage otherwise applicable in the SF or L-3 zones would be superseded.

4. LANDSCAPING

Garden edges and street frontage edges are proposed to be landscaped and maintained to improve the visual quality of the streetscape, to buffer the visual impact of buildings and parking lots, to connect diverse architecture and land uses, and to promote attractive roadways and accommodate community activities around the campus. No above-grade buildings would be permitted in the setbacks; below-grade buildings, sidewalks, curb cuts and driveways, signs, fire hydrants, mailboxes, telephone poles, light poles and similar items may be permitted in the setbacks. Existing parking spaces within the garden edge may remain only until the proposed North Garage parking structure was available for occupancy. Existing paved roadways through and within the garden edge may remain in their present locations. Large, mature trees would be retained where possible.

The width of the garden edges and street frontage edges are described under "Structure Setbacks." On the north, the garden edge would increase from 20' to 40' and 75' in width. The east garden edge, now 40' and 75', are all proposed as 75' in width. The existing south garden edge of 75' would be retained on the existing campus, and a new garden edge of 40' would be added on the south side of Laurelon Terrace. See Figure 51, Proposed Landscaping, and Table 3.

On the Hartmann property, landscaping would be done within the "Structure Setbacks" described previously, a total of approximately 19,000 square feet. This would include the plazas and gardens along the pathway connecting to the Burke-Gilman Trail and the Sequoia grove in the northwest corner of the site.

Any development standards for landscaping otherwise applicable in the SF or L-3 zones would be superseded.

FIGURE 51: PROPOSED LANDSCAPING

5. PERCENTAGE OF MIO DISTRICT TO REMAIN IN OPEN SPACE

The proposed open-space standard for the entire MIO district, including Hartmann, would be 41 percent. The existing campus open space is 45 percent (see Table 3). Open space is defined as land and/or water area with its surface predominately open to the sky or predominately undeveloped, which is set aside to serve the purpose of providing park and recreation opportunities, conserving valuable natural resources and structuring urban development and form. The proposed open space would consist of plazas, gardens, courtyards and pathways to connect the campus with the surrounding public spaces and neighborhoods. Rooftop gardens and plazas that are accessible to the public would count as useable open space. Parking areas and driveways are not considered usable open spaces.

Any development standards for percentage of land to be retained as open space otherwise applicable in the SF or L-3 zones would be superseded.

E. HEIGHT AND SCALE TRANSITION

Transition in height and scale would be accomplished through the pattern of MIO district heights and other key design elements of the Master Plan. The greatest MIO heights would be located toward the center of the campus away from the single-family neighborhoods. On the north, east and south, the heights would transition down to the very generous setbacks that constitute the garden edges of the campus, where no above-grade buildings would be allowed. Along the active street frontage edges of Sand Point Way NE and 40th Avenue NE, the taller buildings would be terraced in order to reduce the visual bulk and height of the proposed buildings while maintaining low building frontage to allow transit-oriented hospital and neighborhood uses near the sidewalk. In addition, buildings in the MIO 160' height district anywhere on the campus would be limited to no more than 140 feet.

The proposed Hartmann property development would be a transition in height and scale between the eight-story condominium tower on the south and the two-story low-rise housing complex on the north. The condominium tower is 85 feet above the at-grade elevation at the southwest corner of the Hartmann property. The proposed Hartmann building would be in the 65' MIO district 25 feet lower in height than the condominium tower, and approximately 35 feet taller than the low-rise housing complex to the north. There is a 30-foot elevation difference between the Hartmann property and the Burke-Gilman Trail. The proposed Hartmann building would be approximately 30 feet higher than the Burke-Gilman Trail and approximately the same height, maybe slightly lower, than the single-family residential area to the west due to the rise of the grade to the west of the trail.

Any development standards for height and scale transition otherwise applicable in the SF or L-3 zones would be superseded.

See Figures 38 and 39 as well as Table 3.

F. WIDTH AND DEPTH LIMITS

The Master Plan would allow for unlimited widths and depths of buildings. Along Sand Point Way NE and 40th Avenue NE, however, the effects of building bulk would be reduced by the following measures:

- Modulating the ground-level building façade (using NC-type standards)
- Limiting the pedestal building height above grade to four stories
- Stepping back the building façade above four stories
- A single above-grade building is proposed for Hartmann and it would be located with the "Structure Setbacks" described previously

Any development standards for width and depth of buildings otherwise applicable in the SF or L-3 zones would be superseded by those proposed in the Master Plan.

G. SETBACKS BETWEEN STRUCTURES

No setbacks between structures would be required along interior campus property lines or along public right-of-ways or along the boundary of the MIO district for either the portions of the campus east of Sand Point Way NE or the Hartmann property. Instead of mandating specific setbacks and separation between structures, Children's has chosen in its Master Plan to emphasize perimeter setbacks. Children's would preserve and, in some cases, enhance the width of the landscaped perimeter setbacks on the north, east and south of the campus. Setbacks between structures, however, would remain an option, with future project design to create building separation, open spaces, gardens and play areas. Any development standard for setbacks between structures otherwise applicable in the SF or L-3 zones would be superseded.

H. PRESERVATION OF HISTORIC STRUCTURES

There are no structures designated on federal, state or local registers within the proposed MIO district.

I. VIEW CORRIDORS

The proposed Master Plan proposes no specific view corridors, but the Plan has taken into consideration views from public spaces, rights-of-ways and adjacent properties, and has minimized the view impacts of its proposed development by a) moving the bulk of the facilities from the high ground on the existing campus to the lower-elevation Laurelon Terrace site, b) reducing the applicable MIO height from the originally proposed MIO 240' to MIO 160' and limiting building height exclusive of rooftop mechanical screening and equipment to 140' within MIO 160' district boundaries, c) retaining generous buffers on the north, east and south edges of the existing campus and in some places increasing them, d) moving the tallest buildings to the west and away from the single-family neighborhood, e) committing to a fully designed streetscape on Sand Point Way NE and 40th Avenue NE, and f) committing to Phase 1 buildings on the Laurelon Terrace site that would be below the height limits allowed by the MIO 160' district and by stepping back the faces of those buildings for each incremental increase in height. Any development standards for view corridors otherwise applicable in the SF or L-3 zones (there are believed to be none) would be superseded.

J. PEDESTRIAN CIRCULATION

Streetscape and pedestrian amenity improvements would be provided around and across the campus. Improvements within the public right-of-way would conform to pedestrian and bike goals for residential areas around the garden edges of the campus and to goals for mixed-use commercial areas along the street frontage edges of the campus. Across the campus, pedestrian pathways would be a minimum of 4' wide and coordinate with the open spaces for the campus, with needed lighting and plantings, and conform to SMC 23.53.006, Pedestrian Access and Circulation. Any development standards for pedestrian circulation otherwise applicable in the SF or L-3 zones (there are believed to be none) would be superseded.

K. DENSITY/FAR

The density allowed in the Master Plan, as defined by the total maximum developable gross floor area for the expanded MIO district, would be 2.4 million square feet (excluding mechanical floor space, interstitial space, below-grade space, parking and circulation areas). This would be the equivalent of a maximum floor area ratio (FAR) for the entire MIO district, including Hartmann, of 1.9. The existing campus FAR is approximately 0.9 and on the Hartmann property 0.2. The FAR is intended to be applied campus-wide and not to specific project sites. Any standards for density and FAR otherwise applicable in the SF or L-3 zones would be superseded. See Table 3.

L. LIGHT AND GLARE

The existing Master Plan standards for light and glare would continue to be in effect in the proposed Master Plan. Those standards are as follows (see Table 3):

- Exterior lighting shall be shielded and directed away from adjacent properties.
- Interior lighting in parking garages shall be shielded to minimize nighttime glare on adjacent properties.
- Screening of vehicle lights from driveways to adjacent single-family properties and from parking areas to adjacent properties.

Any development standards for light and glare otherwise applicable in the SF or L-3 zones would be superseded.

M. DESIGN GUIDELINES

Children's proposes design guidelines to achieve the desired character envisioned along building frontages and buffers within the MIO district. The design guidelines would affect the architecture and general appearance of the campus, serving to measure and qualify sequential improvements (over the life of the Master Plan) through the Standing Advisory Committee.

The campus would be designed to balance clinical, patient, building infrastructure, traffic, parking and neighborhood goals. Many land use, transportation and environmental issues would be considered so as to enhance the experience of hospital campus users and those in the surrounding neighborhood. For the purpose of achieving this aspiration, future development design would use the following guidelines:

1. The physical appearance of the hospital campus, to the extent practicable, should fit in with the materials, colors and textures of the neighborhood.

2. Sand Point Way NE should be improved and developed as the front door of the medical campus.

3. Sand Point Way NE should be enhanced with an active street front in support of transit use. The street front program may include hospital functions open to and/or visible from the street (lobbies, waiting areas, conference spaces and food service) and sales and service uses serving the hospital and neighborhood.

4. Buildings within the Major Institution Overlay boundary should be related to one another to form a continuous and cohesive environment.

5. Development within the Major Institution Overlay boundary should respond, to the extent practicable, to the scale and character of adjacent neighborhood areas.

6. Circulation on the hospital campus should provide clear and orderly access to and through the campus.

7. The hospital campus should be coordinated with and respond, to the extent practicable, to the local neighborhood structure.

8. Healing landscape environments in support of patient recovery should be developed within the hospital campus.

9. Some hospital campus gardens, courtyards and plazas should be accessible to the neighborhood and be an extension of the neighborhood open-space system.

Table 3. Development Standards Comparison

	L3 ZONE	SF 5000	EXISTING MASTER PLAN	PROPOSED MASTER PLAN
STRUCTURE HEIGHT				
Campus	Max 30'	Max 30', plus additional height of 1 foot for ea. 6% of slope on sloped lots	MIO'S 37', 50', 70', 90'	MIO'S 37', 50', 65', 70', 90', 160'(140')
Hartmann	Max 30'			MIO 65'
EXEMPTION FOR CAMPUS & HARTMANN				
Mechanical Equipment	May extend 10' above max height; may cover 20% of roof if screened	May extend 10' above max height; may cover 20% of roof if screened	May extend 15' above max height; may cover 25% of roof if screened	May extend 15' above max height; may cover 40% of roof if screened
LOT COVERAGE [1]				
Campus	50% Max (town houses) 45% Max (all other structures)	35%	35%	51%
Hartmann	50% Max (town houses) 45% Max (all other structures)		NA	55%
STRUCTURE SETBACKS [2]				
Campus	5' to 15' (front) 15' to 25' (rear) 8' (side)	20' (front) 25' (rear) 10' (side)	75' along NE 45th St, 45th Ave NE & NE 47th St; 40' along 45th Ave NE, Sand Point Way NE from NE 50th St to Penny Drive; 20' along NE 50th St.	10' along Sand Point Way NE from Penny Drive to 40th Ave NE, and 20' along 40th Ave NE to NE 45th St; 75' along NE 45th St, 45th Ave NE, NE 47th St, 44th Ave NE, and east 2/3 of NE 50th St; 40' along west 1/3 of NE 50th St and Sand Point Way NE to Penny Drive.
Hartmann	5' to 15' (front) 15' to 25' (rear) 8' (side)		NA	10' minimum along Sand Point Way NE; 20' along the south, west and north property lines, at the northwest corner the setbacks will be adjusted to 60' and 80' as shown in Figure 50 to preserve the Sequoia grove at that location.
SETBACKS BETWEEN STRUCTURES				
Campus	Average Setback Between Facing Facades 40' to 151' or more in length are 10' to 40'; Minimum Setback is 10'	NA	NA	No setbacks between structures would be required along interior campus property lines, public right-of-ways, or along the boundary of the MIO district.
Hartmann	Average Setback Between Facing Facades 40' to 151' or more in length are 10' to 40'; Minimum Setback is 10'		NA	No setbacks between structures would be required along interior campus property lines, public right-of-ways, or along the boundary of the MIO district.

	L3 ZONE	SF 5000	EXISTING MASTER PLAN	PROPOSED MASTER PLAN
LANDSCAPING				
Campus	Min area = 3' x length of all property lines = 7,869 SF	NA	75' along NE 45th St, 45th Ave NE & NE 47th St; 40' along 45th Ave NE, Sand Point Way NE from NE 50th St to Penny Drive; 20' along NE 50th St. = 208,941 SF	75' along NE 45th St from Children's east property line, 45th Ave NE, NE 47th St, 44th Ave NE, and east 2/3 of NE 50th St; 40' along NE 45th St from 40th Ave NE to Children's east property line with Laurelon Terrace; 40' along west 1/3 of NE 50th St and Sand Point Way NE to Penny Drive. = 216, 755 SF
Hartmann	Min area = 3' x length of all property lines = 3,777 SF			Area of proposed landscaping 19,000 SF
OPEN SPACE [3, 4, 5]				
Campus	Min 25% of lot area; Max 1/3 of required open space can be roof gardens if required open space area increased to 30% of lot area	NA	9.7 Acres or 45% of lot area	12.27 acres or 41% of lot area
Hartmann	Min 25% of lot area; Max 1/3 of required open space can be roof gardens if required open space area increased to 30% of lot area		NA	0.62 acres or 35% of lot area
FAR (Floor Area Ratio) [6]				
Campus	NA	NA	0.9	1.9
Hartmann	NA		0.2	1.9
HEIGHT & SCALE TRANSITION				
Campus	NA	NA	Transition in height and scale would be accomplished through the pattern of MIO district heights.	Transition in height and scale would be accomplished through tie pattern of MIO district heights and other key design elements of the Master Plan.
Hartmann	NA		NA	MIO 65' is less than the 85' height of the tower to the south and more than the 30' height of the residences to the north.

	L3 ZONE	SF 5000	EXISTING MASTER PLAN	PROPOSED MASTER PLAN
WIDTH & DEPTH LIMITS				
Campus	Maximum Building Width without Modulation: 30 feet; or 40 feet with a principal entrance facing a street; Max Building Width with Modulation: Apartments and ground-related housing (except townhouses), 75 feet; Max Building Depth: Apartments and ground-related housing including townhouses, 65% depth of lot.	NA	NA	Unlimited dimensional limits, modulating the ground-level building façade, limiting the pedestal building height above grade to four stories, stepping back the building façade above four stories.
Hartmann	Maximum Building Width without Modulation: 30 feet; or 40 feet with a principal entrance facing a street; Max Building Width with Modulation: Apartments and ground-related housing (except townhouses), 75 feet; Max Building Depth: Apartments and ground-related housing including townhouses, 65% depth of lot.		NA	Unlimited dimensional limits; single above-grade building is proposed for Hartmann and it would be located with the "Structure Setbacks' described previously.
LIGHT & GLARE				
EXTERIOR				
Campus	Exterior lighting shall be shielded and directed away from adjacent properties	Exterior lighting shall be shielded and directed away from adjacent properties	Exterior lighting shall be shielded and directed away from adjacent properties	Exterior lighting shall be shielded and directed away from adjacent properties
Hartmann	Exterior lighting shall be shielded and directed away from adjacent properties		NA	Exterior lighting shall be shielded and directed away from adjacent properties
INTERIOR				
Campus	Interior lighting in parking garages shall be shielded to minimize nighttime glare on adjacent properties	Interior lighting in parking garages shall be shielded to minimize nighttime glare on adjacent properties	Interior lighting in parking garages shall be shielded to minimize nighttime glare on adjacent properties	Interior lighting in parking garages shall be shielded to minimize nighttime glare on adjacent properties
Hartmann	Interior lighting in parking garages shall be shielded to minimize nighttime glare on adjacent properties		NA	Interior lighting in parking garages shall be shielded to minimize nighttime glare on adjacent properties
Vehicle Lights				
Campus	To prevent vehicle lights from affecting adjacent properties, driveways and parking areas for more than (2) vehicles shall be screened from adjacent properties by a fence or wall between five (5) feet and six (6) feet in height, or solid evergreen hedge or landscaped berm at least five (5) feet in height.	NA	Screening of vehicle lights from driveways and parking areas to adjacent properties	Screening of vehicle lights from driveways to adjacent single-family and from parking areas to adjacent properties

	L3 ZONE	SF 5000	EXISTING MASTER PLAN	PROPOSED MASTER PLAN
Hartmann	To prevent vehicle lights from affecting adjacent properties, driveways and parking areas for more than (2) vehicles shall be screened from adjacent properties by a fence or wall between five (5) feet and six (6) feet in height, or solid evergreen hedge or landscaped berm at least five (5) feet in height.		NA	Screening of vehicle lights from driveways to adjacent single-family and from parking areas to adjacent properties

Definitions

1. "Lot coverage" means that portion of a lot occupied by the principal structure and its accessory structures are expressed as a percentage of the total lot area.

2. "Setbacks" means the required distances between every structure and the lot lines of the lot on which it is located.

3. "Open space" means land and/or water area with its surface predominately open to the sky or predominantly undeveloped, which is set aside to serve the purposes of providing park and recreation opportunities, conserving valuable natural resources and structuring urban development and form. "Open space" includes "landscaped open space" and "usable open space."

4. "Open space, landscaped" means exterior space, at ground level, predominantly open to public view and used for the planting of trees, shrubs, ground cover and other vegetation.

5. "Open space, usable" means an open space that is of appropriate size, shape, location and topographic sitting so that it provides landscaping, pedestrian access or opportunity for outdoor recreational activity. Parking areas and driveways are not usable open spaces.

6. "FAR" means a ratio expressing the relationship between the amount of gross floor area permitted in a structure and the area of the lot on which the structure is located.

N. APPLICABLE DEVELOPMENT STANDARDS

The development standards described in Parts III and IV of the Master Plan would supersede the use and development standards currently found in the following portions of the Seattle Municipal Code (SMC): SMC Chapter 23.44 (Residential Single-Family), including but not limited to SMC 23.44.006 through .017, 23.44.018, and 23.44.022; SMC Chapter 23.45 (Multi-family), including but not limited to SMC 23.45.004 and .006 through .018, and SMC 23.45.090 through .102. and SMC 23.45.116 through .126; SMC Chapter 23.55 (Signs); and, except as to the Sequoia tree grove on Hartmann, SMC Chapter 25.11 (Tree Protection).

Children's Master Plan would meet the parking and transportation requirements for major institutions in SMC 23.54.016. Allowance for parking quantity exceptions and parking covenants would be determined by the DPD Director as part of the applicable Transportation Management Plan.

Figure 52 Montage of Images Describing Planned Transportation Improvements

V. COMPREHENSIVE TRANSPORTATION MANAGEMENT PLAN

A. COMPREHENSIVE TRANSPORTATION PLAN

Children's has long been recognized as a leader in Transportation Demand Management (TDM), receiving awards from the Governor's office, King County and the U.S. Environmental Protection Agency for its excellent commuter benefits and achievements in vehicle trip reduction. The hospital's programs to reduce drive-alone commuting and vehicle trips to the campus have resulted in a drive-alone rate of only 38 percent among daytime employees, down from 73 percent in 1995 as measured by a state-administered Commute Trip Reduction survey. This accomplishment is significant both for a hospital and for an employer located in a neighborhood with limited public transit service.

With the input of the Citizens Advisory Committee, SDOT and DPD, Children's has developed a Comprehensive Transportation Plan (CTP) to focus on sustainable transportation programs. The CTP includes a Transportation Management Plan (TMP) to mitigate vehicle traffic related to MIMP expansion by shifting even more employees and visitors from single-occupancy vehicles (SOV) to bicycling, walking, shuttle and transit. In addition, the CTP goes above and beyond the traditional TMP elements by including a substantial investment in transportation infrastructure improvements outside the hospital campus.

The Transportation Management Plan (TMP) enhancements described in this document, consisting of enhanced shuttle, bicycle and incentive programs, are expected to further reduce the percent of employees driving alone to work, leading to an SOV mode split of 30 percent or lower among daytime employees at MIMP build-out. For comparison, this meets or exceeds the 2020 goal of 70 percent non-SOV travel set for the University District Urban Village in the City of Seattle's Comprehensive Plan (see Appendix J for a complete discussion of the TMP enhancements and the methodology used to calculate the proposed TMP's SOV and vehicle trip reduction benefits).

The first three elements of the hospital's CTP represent major enhancements in programs that are operated within Children's as part of this highly successful TMP. The balance of the CTP consists of five new elements that go well beyond the measures usually associated with a transportation management plan.

Elements 1-3: Enhanced Transportation Management Plan

Children's proposed enhanced policies and programming for its TMP include expanding its Transportation Demand Management incentives and extending Children's shuttle system to offer new commute alternatives. These TMP enhancements will achieve a 30 percent SOV mode split or lower among existing and future employees, as measured under applicable TMP requirements. Modeling indicates that the enhanced TMP and its associated SOV mode split is expected to result in a 36 percent reduction in net new PM peak-hour vehicle trips, reducing what would otherwise be additional peak-hour vehicle traffic generated by the MIMP expansion. The level of additional investment in shuttles and other elements of the TMP is a significant commitment and represents additional costs on the order of several million dollars annually, in addition to capital expenditures.

The three enhanced Transportation Management Plan elements are:

1) **A robust shuttle-to-transit system linking Children's to regional transit hubs**

Children's expanded shuttle system is designed to increase the number of employees who use transit by providing frequent and convenient service between Children's and regional transit hubs, including the Downtown Transit Tunnel and 3rd Avenue corridor, Campus Parkway in the University District, the Montlake Flyover stop at SR-520, and park-and-ride locations in south Snohomish County during later phases of development.

Expected outcome: 19 percent reduction in net new PM peak-hour vehicle trips by 2028

2) Innovative bicycle programs

Children's is pioneering a number of creative programs to increase the use of bicycles for commute and mid-day trips, such as:

- Company Bikes, which offers free use of a bicycle to employees who commit to cycling at least two days per week
- Flexbikes, a shared-bicycle program that allows users to check out electric-assist bicycles for one-way travel to the 70th / Sand Point Way administrative building on the University of Washington Medical Center (UWMC)

Expected outcome: Increase in the percentage of employees who commute by bicycle from 6 percent (2007) to 10 percent by 2028

3) Increased financial rewards for employees who commute without driving alone

Children's rewards employees who use alternative forms of transportation with monthly financial bonuses. The amounts of these incentives will be increased, parking fees will rise and Children's will also continue to provide many other programs, such as free transit passes, fully subsidized vanpools, guaranteed taxi rides home in the case of emergency and others.

Expected outcome: 17 percent reduction in net new PM peak-hour vehicle trips in 2028

Elements 4-8: Above and beyond a typical TMP

The additional five elements of the Comprehensive Transportation Plan are above and beyond what is typically included in a Transportation Management Plan. These additional elements would provide community benefits, improve northeast Seattle's transportation network and provide even further reductions in transportation impacts related to the hospital's expansion. These elements are:

4) Campus design and near-site improvements to encourage alternative transportation

Through careful arrangement of design elements, such as pedestrian access, bicycle facilities, transit centers and the buildings themselves, Children's will create a campus that supports the convenience and attractiveness of alternative transportation modes. This campus design will blend with the surrounding neighborhood and include adjacent improvements on Sand Point Way NE and 40th Avenue NE to support vehicle and pedestrian movement near the campus, both for Children's transportation and for the benefit of the surrounding neighborhood.

Expected outcome: A more attractive, safe and pleasant development that encourages walking, bicycling and transit use

5) Intelligent Transportation Systems (ITS) for NE 45th Street / Montlake Boulevard / Sand Point Way NE

Children's will contribute up to $500,000 to directly fund Intelligent Transportation System (ITS) projects in the corridor most likely to be impacted by the hospital's expansion: Montlake Boulevard through Sand Point Way NE to the hospital. By applying smart signals that adapt to traffic conditions, ITS enhancements will optimize the performance of key intersections and produce substantial reductions in vehicle delay and travel time within the corridor. For example, when ITS improvements were installed at Greenwood Avenue N and Holman Road NW in Seattle, the result was a 30 percent reduction in vehicle delay and a 15 percent reduction in travel time.

Expected outcome: 5 to 10 percent reduction in delay and travel time

6) Contributions to capital projects that will improve the Northeast Seattle transportation network

The City of Seattle has identified a comprehensive list of projects intended to improve the movement of people and goods as well as increase safety in the area impacted by Children's. These projects emerged from a number of planning efforts conducted by the City, including the University Area Transportation Study, the University Area Transportation Action Strategy, the Bicycle Master Plan and the Sand Point Way Pedestrian Plan. Children's will contribute a proportionate share of the cost of the projects on this list based upon the amount of traffic related to Children's, in an amount up to $1.4 million.

Expected outcome: Currently unfunded improvements in the Northeast Seattle transportation network will receive substantial financial support

7) Investments in walkable and bikeable Northeast Seattle.

Children's will contribute up to $2 million to a Bicycle + Pedestrian Fund that will be used to build capital projects — in some cases above and beyond those found in existing plans — that improve pedestrian and cyclist access, mobility and safety for Children's employees, visitors and members of the surrounding community. Projects listed in the Bicycle Master Plan that have a connection to Children's and are currently unfunded will receive first priority. Children's will work with the City and communities surrounding the hospital to identify improvements that will create wide-ranging community benefits, particularly those that promise to increase the numbers of families and children who feel safe and comfortable bicycling and walking in northeast neighborhoods. These projects should also lead to even further increases in the numbers of Children's employees who arrive at work on foot or by bicycle.

Expected outcome: Significant reductions in vehicle/bicycle crashes, and greater numbers of cyclists and pedestrians in the area

8) Out-of-area parking

Children's intends to identify 100 to 200 out-of-area, off-site parking spaces per phase of development as part of its CTP and as necessary to mitigate future transportation impacts. As a first step, Children's and Sound Transit have signed a Memorandum of Understanding committing both organizations to investigate options to create capacity for Children's employees at regional park-and-ride facilities.

Expected outcome: Every 100 cars parked in off-site, out-of-area facilities will result in a 5 percent reduction in traffic impacts surrounding the hospital

Children's is committed being a leader in sustainable transportation programs. Through the CTP, the hospital will mitigate vehicle traffic related to MIMP expansion by shifting even more employees and visitors from single-occupant vehicles (SOV) to biking, walking, shuttle and transit. The CTP will allow Children's to:

- Achieve a 30 percent SOV rate, matching the 2020 mode share goal set by the City of Seattle comprehensive plan for the University District
- Reduce the number of parking spaces needed on campus by 500
- Reduce vehicle miles traveled, and thus reduce the resulting greenhouse gas emissions that would otherwise be generated with no further mitigation measures beyond Children's 2007 TMP.

For more detailed information on Children's Comprehensive Transportation Plan, please refer to Appendix J.

Tables 4, 5 and 6 describe the enhancements proposed for Children's Transportation Management Plan. Plan elements will be monitored and adjusted, as necessary and appropriate, to optimize the outcome in the most cost-effective manner. Table 7 compares the standard Transportation Management Plan elements typically required of developers by the City of Seattle with the elements of Children's existing TMP and the proposed TMP included as part of this Master Plan.

Table 4. 2007 Shuttle Service and Proposed Enhancements

2007 Program	Proposed Enhancements
Seven routes connect Children's facilities and off-campus parking	Create shuttle routes to regional transit hubs
Shuttle fleet of 12 vehicles, equipped to carry bicycles	**Green Line launched in June 2008:** Route to 3rd Avenue/Westlake Station
	Purple Line planned for launch in January 2009
	Route to University District NE 45th Street and Campus Parkway hubs
	Route to SR 520/Montlake Blvd Station
	Route to Future UW light rail station at Husky Stadium
	Route to south Snohomish County

Table 5. 2007 TDM Programs and Proposed Enhancements

Element	2007 Program	Proposed Enhancement
Incentives for Alternate Commutes	Up to $50 per month in Commuter Bonus for not driving to work alone	Increase incentive to $65 per month
	Internal rideshare matching	Same
	Reserved parking for vanpools	Increase number of stalls for vanpools
	Vanpool bonus ·Driver $250/quarter ·Backup driver ·Bookkeepers	Same
	Free FlexPass for employees	Same; expand to non-employee staff
	Showers and lockers for cyclists and walkers	Expand number of showers and lockers
	Towel service	Same
	120 bicycle parking spaces	600 bicycle parking spaces
	Subsidized tune-ups	Same
	New bicycle incentives	·Implement Flexbike program in cooperation with the University of Washington ·Assign a Children's-owned bicycle to employees who commit to cycling ·Institute a $100 per year gear bonus for bike commuters
	Umbrellas, reflective lights provided annually	Same
	New walking incentives	$100 per year gear bonus for walking commuters
	Guaranteed Ride Home — up to eight emergency taxi trips per year; maximum 60 miles per trip	Same
	Zipcars — three cars on-site. Free membership and free miles for business use	Same

Table 6. 2007 Parking Management Policies and Proposed Enhancements

Element	2007 Program	Proposed Enhancement
Parking Cost	$50 per month paid parking on-campus and off-campus	Increase to $65 per month Review annually to establish rate that encourages non-SOV modes
	Patients, families, carpools and vanpools park on campus for free, as do medical residents, students, fellows, volunteers, community physicians, trustees, board members and vendors	Eliminate free parking with introduction of pay-per-use. Charge patients and families for parking, with the potential for validation or Medicaid vouchers for families.
Street Parking Enforcement	Parking on neighborhood street forbidden and enforced by Children's patrol. Disciplinary action for infraction.	Expand

Table 7. Required Elements of Transportation Management Plan in Existing and Proposed TMP

Program Element	Existing TMP	Proposed TMP
Transportation Coordinator	Required and provided	Same
Promotions	Required and provided	Same
Commuter Information Center	Required and provided	Same
Tenant Participation	Not included	Same
Ridematch Program	Required and provided	Same
Site and Access Improvements	Required and provided	Provides additional pedestrian and bicycle access
Height and Turning Clearances for Vanpools	Required and provided in limited areas	New garage to accommodate vanpool access to designated vanpool parking
Carpool/Vanpool Parking	Required and provided	Same
Bicycle Parking	Required and provided	Provides additional bike parking
Shower/Lockers	Required and provided	Provides more showers and lockers for bike riders
Pedestrian/Bicycle Links	Not included	Provides link to Burke-Gilman Trail and to near-site transit stops
Transportation Management Associations	Not included	Same
Parking Fees	Required and provided	Review annually to establish rate that encourages non-SOV modes
Non-SOV Subsidy	Required and provided	Review annually to establish rate that encourages non-SOV modes
Unbundling of Parking Charges	Not included	Same – not included
Flexible Work Schedule	Accommodates where applicable	Accommodates where applicable
Subscription Bus Service	Not included	Same – not included
Shuttle Service	Required and provided	Review annually to serve facilities and reduce SOVs
Telecommuting	Accommodates where applicable	Accommodates where applicable
Reduced SOV Parking	Parking supply is less than code allowable	Parking supply will be less than code allowable
Fleetpools	Not included	Same – not included
Car-Sharing Programs	Zipcar on site	Zipcar on site
Guaranteed Ride Home Program	Required and provided	Same
Multifamily Requirements	Not applicable	Same – not applicable
Off-Site Mitigation	Not included	Provides pedestrian and vehicular mobility improvements in key corridors
Residential Parking Zones	Not included	Same – not included
Annual Program Reports	Required and provided	Same
Biannual Surveys	Required and provided	Same

B. EXISTING TRANSPORTATION SYSTEM

1. VEHICULAR ACCESS AND PARKING

This section describes vehicular transportation associated with Children's existing transportation system. Pedestrian and other nonmotorized transportation facilities are described in the following section.

HOSPITAL CAMPUS ACCESS

Sand Point Way NE is the primary arterial serving Children's. The hospital campus entry is at the signalized intersection of Sand Point Way NE and Penny Drive. Most vehicle trips related to hospital operations use this access point to Penny Drive.

The second access point to the campus is a driveway from NE 45th Street near the southeast corner of the campus. This is a secured access point that is not available to the public. Service vehicles can enter the Whale Garage via a secured gate. In addition, an apron at this location allows Metro buses to lay over on Children's property. This entrance also provides access to a fire lane on the south side of the Melinda French Gates Ambulatory Care Building.

Traffic

Penny Drive distributes vehicles to all parking areas, entry points and loading docks. The roadway has two through-lanes with a two-way center turn lane and 10-mph speed limit. At-grade crosswalks are located along Penny Drive, connecting the parking and campus facilities areas to the north with the primary hospital areas to the south.

Parking

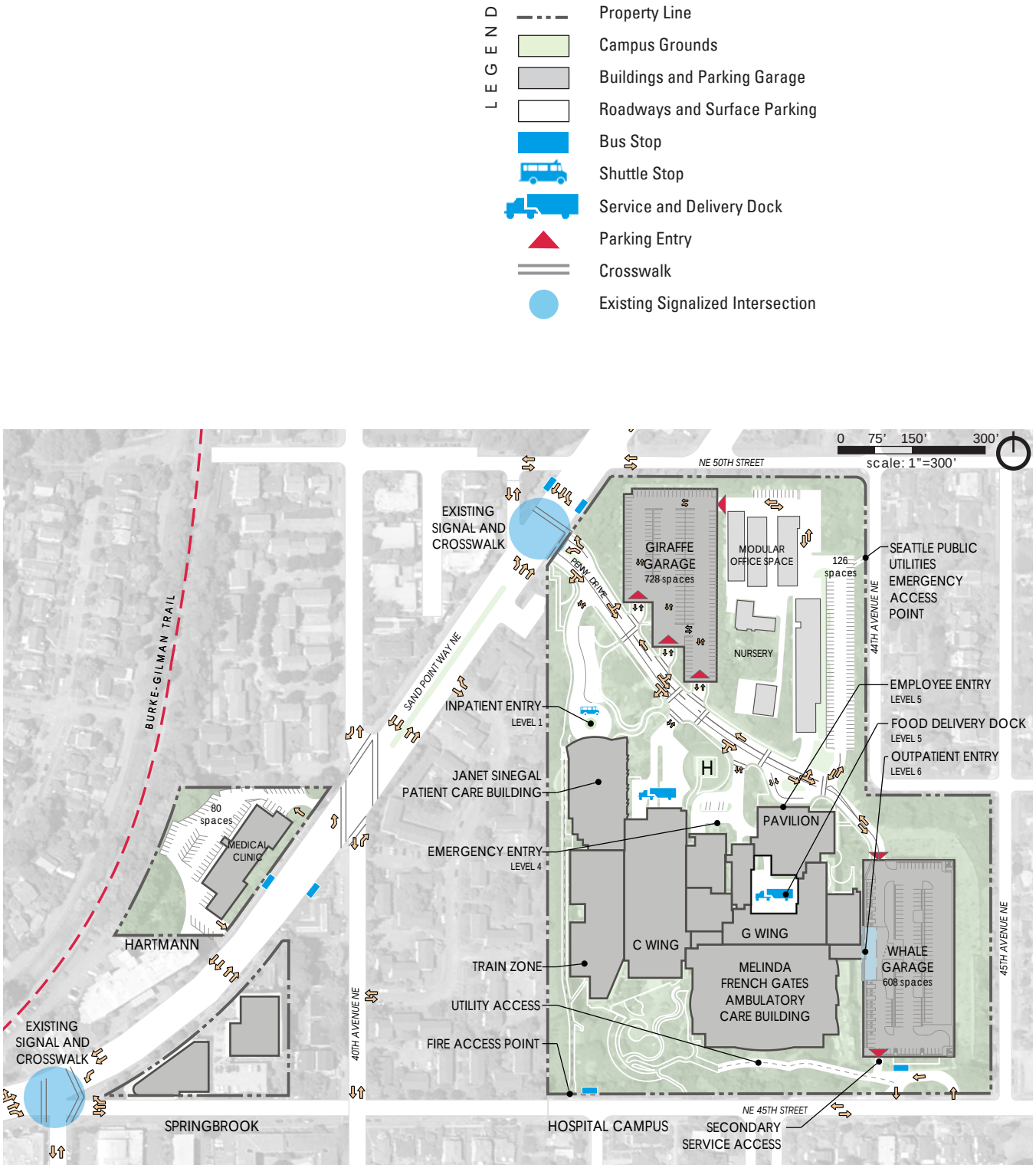
Children's currently provides 1,462 parking spaces on campus.

The existing Giraffe Garage provides parking for patients, visitors, staff and physicians. The garage has four levels, which are not currently interconnected with ramps between floors; direct access to each level is via separate garage entrances off Penny Drive. The Giraffe Garage is located on Penny Drive across from the hospital. ADA-accessible parking is located at the Janet Sinegal Patient Care Building entry plaza.

The existing three-level Whale Garage serves the main entrance of the Melinda French Gates Ambulatory Care Building and provides direct access to ADA-accessible parking. Automobile access to the Whale Garage is primarily from Penny Drive, although a secured service access is located off NE 45th Street.

Parking for the Emergency Department is provided by 126 surface parking spaces, which also accommodate patient/family motor homes and other visitors. The number of surface parking spaces has been reduced due to interim modular office units and landscape maintenance operations.

FIGURE 53: EXISTING
TRANSPORTATION AND PARKING



Shuttles

Shuttles provide access to Children's off-campus parking as well as off-campus work locations, and operate from 5:30 a.m. to 9 p.m., Monday through Friday. During peak commuting hours, two shuttles serve each lot; during off-peak commuting hours, a single shuttle serves each lot. On campus, the Children's shuttle drops off shuttle riders at the Giraffe Entrance.

Frequent weekday shuttle service is provided to off-campus parking locations. Shuttles also serve inter-facility transportation needs between Children's main campus and other Children's facilities in Seattle. The service reduces traffic and parking congestion. A third shuttle runs every hour to Children's research facility in downtown Seattle. The Seattle Cancer Care Alliance (SCCA) shuttle runs every 40 minutes to the University of Washington, where it connects to service to the SCCA in South Lake Union. Guest services transportation is provided to patients and families via a separate fleet of ADA-equipped vehicles.

Transit

The hospital campus is served by Metro Transit routes #25 and #75. In anticipation of Children's proposed new Master Plan expansion, Children's partnered with Metro to have both routes enhanced in fall 2007 in an effort to reduce single-occupant vehicle use to the hospital. This $250,000-per-year investment provides service at least every 30 minutes on route #75 throughout the entire service time span, enhancing service greatly during shift-change times. The #75 serves the main entrance of the campus on Sand Point Way NE. Sheltered bus stops are located in both the northbound and southbound directions, and an ADA-accessible ramp system provides access from Sand Point Way NE to the Giraffe Entrance.

The #25 serves the secondary access point of the campus along NE 45th Street. A single, sheltered bus stop on Children's property serves both incoming and outgoing trips. A covered, ADA-accessible walkway through the Whale Garage provides access to the Whale Entrance.

Deliveries and Service Traffic

Most deliveries are handled at two separate loading docks, one for general receiving and one specifically for food deliveries. Neither loading dock is configured to allow larger trucks to turn around. Therefore, most delivery and service vehicles must back in from Penny Drive.

HARTMANN

The Hartmann building is located on Sand Point Way NE, south of the main Penny Drive campus access, near 40th Avenue NE. Traffic flows one way from an entrance at the north end of the property (opposite 40th Avenue NE) to an exit at the south end of the property. Neither access point is signalized. A two-way center turn lane facilitates traffic to and from Sand Point Way NE. Eighty parking spaces are provided for patients, staff and physicians in a surface lot.

While the Hartmann building is bound on the north by the Burke-Gilman Trail, there is currently no direct access from the trail to the Hartmann property.

Metro Transit route #75 serves the Hartmann building via Sand Point Way NE. An unsheltered southbound bus stop is located directly in front of the building. In the northbound direction, an unsheltered bus stop is located across Sand Point Way NE.

See Figure 53, Existing Transportation and Parking.

C. NONMOTORIZED CONNECTIONS

1. EXISTING NONMOTORIZED CONNECTIONS

HOSPITAL CAMPUS

Pedestrians and bicyclists access the campus primarily on Penny Drive. Due to the steep slope along the length of Penny Drive, there is only one ADA pedestrian connection between a public street and a designated building entry. This is located along the west side of Penny Drive starting at Sand Point Way NE.

A pedestrian pathway crosses the campus from NE 45th Street to Sand Point Way NE. Other pedestrian access points along the eastern perimeter lead to parking lots and do not follow contiguous pathways to Penny Drive or to a main building entry.

Pedestrian Access

The primary pedestrian entrance is from Sand Point Way NE. A ramp provides an ADA-accessible route from Sand Point Way NE to the Giraffe Entrance for pedestrians. On Penny Drive, the pedestrian facilities include sidewalks on both sides and six crosswalks connecting the main building, with parking facilities and offices located in modular buildings north of Penny Drive. Pedestrian flow on Penny Drive is intersected by several driveways leading into parking areas, entrances and loading docks. Again, due to the steep slope, most crosswalks on Penny Drive are not ADA-compliant.

There are three pedestrian access points off NE 45th Street. The primary pedestrian access point is at the bus stop and layover area, which provides access to the Whale Entrance, sculpture garden and a courtyard. Another is via a secured gate into the outdoor play area. The third is the pathway described previously, which connects NE 45th Street with a stairwell to the Giraffe Entrance. None of these are ADA-compliant routes.

Bicycle Access

The primary bicycle entrance is from Sand Point Way NE via Penny Drive. Bicyclists can access covered, secured bicycle parking in each level of the Giraffe Garage, or open bicycle racks at nearly every entrance of the hospital. Bicycles also access the campus via a secured gate on NE 45th Street, behind which is a long-term bicycle storage area. Cyclists have access to showers and lockers in the Melinda French Gates Ambulatory Care Building as well as the modular buildings north of Penny Drive.

OFF-CAMPUS

There are no sidewalks on the east side of Sand Point Way NE between NE 50th Street and 47th Avenue NE. There are also no sidewalks in either direction along NE 50th Street between 41st Avenue NE and 40th Avenue NE. The Hartmann property frontage, including the bus zone for route #75, does not have sidewalks.

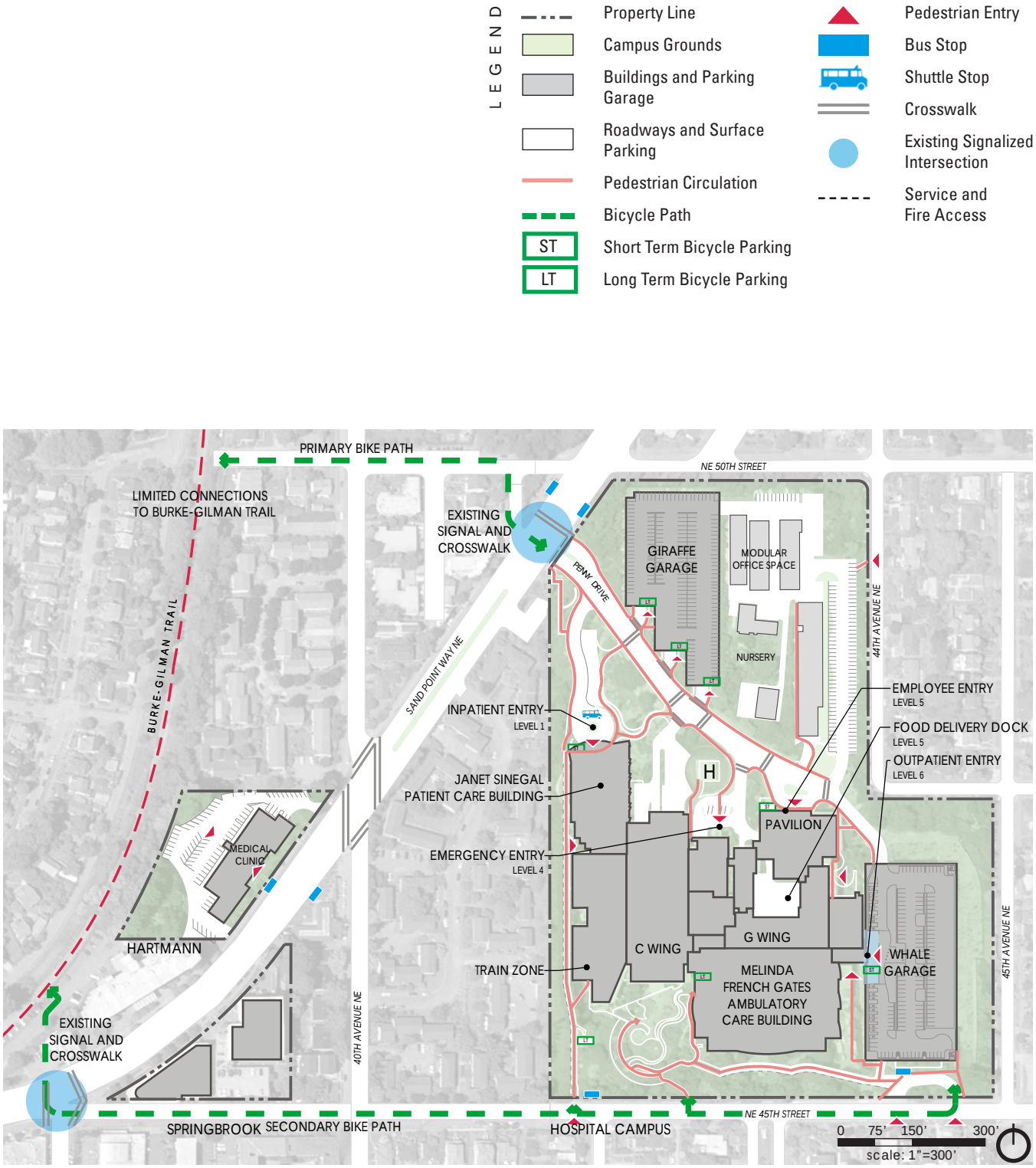
The Burke-Gilman Trail is located two blocks west of Children's campus. The trail access point closest to the hospital campus is a short trail spur that leads to a dead-end portion of NE 50th Street. There is no marked bicycle route between this access point and Sand Point Way NE. Due to the slope of 40th Avenue NE and parked cars in violation of the 30-foot restriction from the corner of NE 50th Street, cyclists crossing 40th Avenue NE have limited visibility to traffic in both directions. Cyclists must then cross two lanes of traffic on Sand Point Way NE to reach the left turn lane into Penny Drive. As an alternative, some cyclists ride down 41st Avenue NE and use the crosswalk to cross Sand Point Way NE. There is no curb cut to help cyclists transition from the street at 41st Avenue to the sidewalk and wait for the light.

HARTMANN

The Hartmann site is accessible to pedestrians via stairs from Sand Point Way NE. The ADA-accessible entrance to the building is from a drop-off area located in the parking lot on the northwest side of the building. Currently, there is no connection between the Burke-Gilman Trail and the Hartmann building.

See Figure 54, Existing Nonmotorized Connections.

FIGURE 54: EXISTING
NONMOTORIZED CONNECTIONS



D. PROPOSED VEHICULAR ACCESS AND PARKING

PARKING

Traffic generated by 600 pediatric beds at Children's would require 3,600 parking spaces. The Comprehensive Transportation Plan would reduce that demand by 500 spaces, leaving a parking need of 3,100 spaces. The proposed Master Plan parking would provide 2,875 spaces on-campus and 225 spaces at Hartmann.

Children's intends to identify 100 to 200 out-of-area, off-site parking spaces per phase of development as part of its Comprehensive Transportation Plan and as necessary to mitigate future impacts. This plan could further reduce the amount of parking needed on campus and result in significantly reduced impacts on the transportation system near campus. Every 100 parking spaces located off-site and out of the area would reduce impacts near campus by 5 percent. For more information on the off-site parking plan and its impacts, see Appendix J and the Environmental Impact Statement.

The full on-campus parking demand alternative calls for a new 1,167-space North Garage, which would be built on the northeast corner of the property. The parking levels of the proposed garage would align with floors of the current Giraffe Garage, which would be connected by an internal ramp and circulation system. Another 1,100 spaces would be located in a new Southwest Garage. A total of 225 spaces would be located at the Hartmann site.

PROPOSED HOSPITAL CAMPUS ACCESS

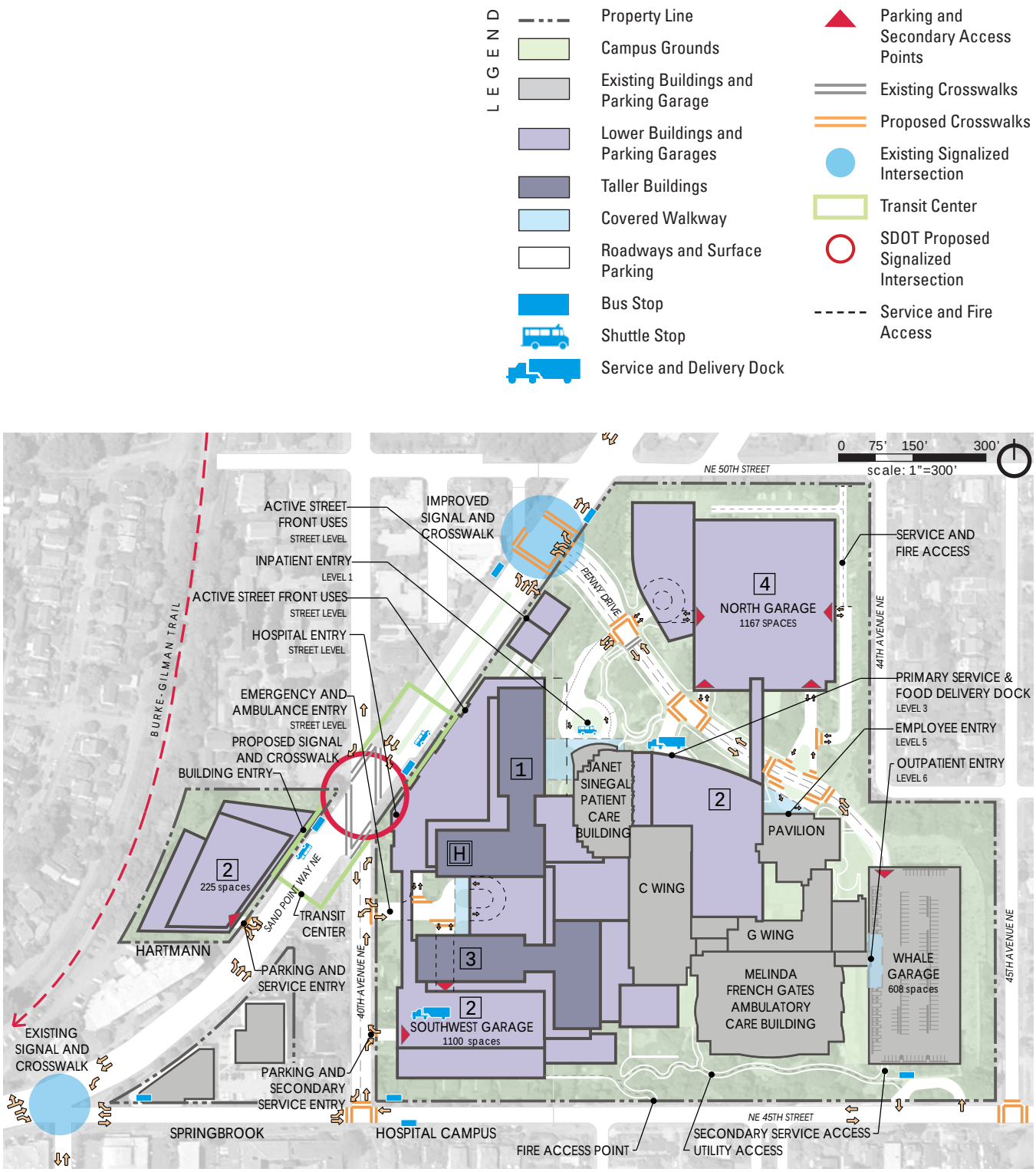
The proposed Master Plan would eliminate the need for additional vehicular entrances on NE 45th Street and NE 50th Street. Instead, two entrances would be located on 40th Avenue NE to serve the Emergency Department and the Southwest Garage.

New signals or improvements to existing intersections would be made to distribute peak demands from Children's while also enhancing safety and access for bicycles and pedestrians. The City of Seattle has a plan to install a traffic signal at Sand Point Way NE at 40th Avenue NE, Penny Drive. Limited emergency access is proposed for NE 50th Street.

The Hartmann property would be served by a single vehicular entrance where the south entrance is now located. Full turning movements would be allowed at this entrance.

See Figure 55, Proposed Transportation and Parking.

FIGURE 55: PROPOSED
TRANSPORTATION AND PARKING



E. PROPOSED NONMOTORIZED AND TRANSIT ACCESS AND CONNECTIONS

Making nonmotorized transportation safe, attractive and time-competitive with SOV travel is a guiding principle of the Children's Transportation Plan. Nonmotorized solutions include clear, safe pedestrian routes from nearby neighborhoods, transit and shuttle stops, end-of-trip amenities such as bicycle racks and showers for cyclists and walkers, and safe and intuitive connections between buildings and parking garages.

The proposed Master Plan would provide pedestrians and bicyclists with a "front door" on 40th Avenue NE and Sand Point Way NE and would eliminate the hill climb on Penny Drive. A signalized intersection with a pedestrian-only phase in the new signal proposed by the City at 40th Avenue NE and Sandpoint Way NE could provide a safe and convenient way to cross Sand Point Way NE. The Hartmann property would have a connection to the Burke-Gilman Trail that flows into the new Sand Point Way NE pedestrian crossing at 40th Avenue NE. The crosswalk and level access to campus would greatly increase the convenience to pedestrians and cyclists as well as provide an ADA entrance near the transit drop-off. Neighbors would benefit from a safe connection across the high volume of traffic on Sand Point Way NE.

The Master Plan would provide enhanced crossings of the campus through a system of gardens, courtyards and plazas. The pedestrian pathways through the campus could connect other park and garden spaces in the community.

Public Transit and Shuttle Buses

The Master Plan would allow for the development of a high-quality transit center on both sides of Sand Point Way NE at 40th Avenue NE, in front of the hospital and the Hartmann property. Currently, there are no shelters at the transit stops in this location and the crossing is extremely dangerous, forcing some transit riders to dart across four lanes of traffic to reach their destination.

The transit center would bring benefit to the surrounding community as well as provide easy access for commuters and visitors to the hospital's "front door" on 40th Avenue NE and Sand Point Way NE. The transit center would be served by a safe and attractive covered waiting area for both public transit and shuttles.

Four to six bays, two to three on each side of Sand Point Way NE, would create a welcoming and dry location for neighborhood commuters and Children's staff to catch transit and shuttles. Coordination with Metro would occur to design the transit stops.

HOSPITAL CAMPUS

Access between the proposed North Garage and the hospital would be consolidated at two locations, where Helen Lane is realigned, and at the new clinical entry in front of the Pavilion. ADA-compliant crossings of Penny Drive would be made at these locations. The pedestrian movements at these crossings would be safer, as there would be fewer crossings and they would be better coordinated with planned vehicle movements. Elevated walkways and tunnels may also be developed.

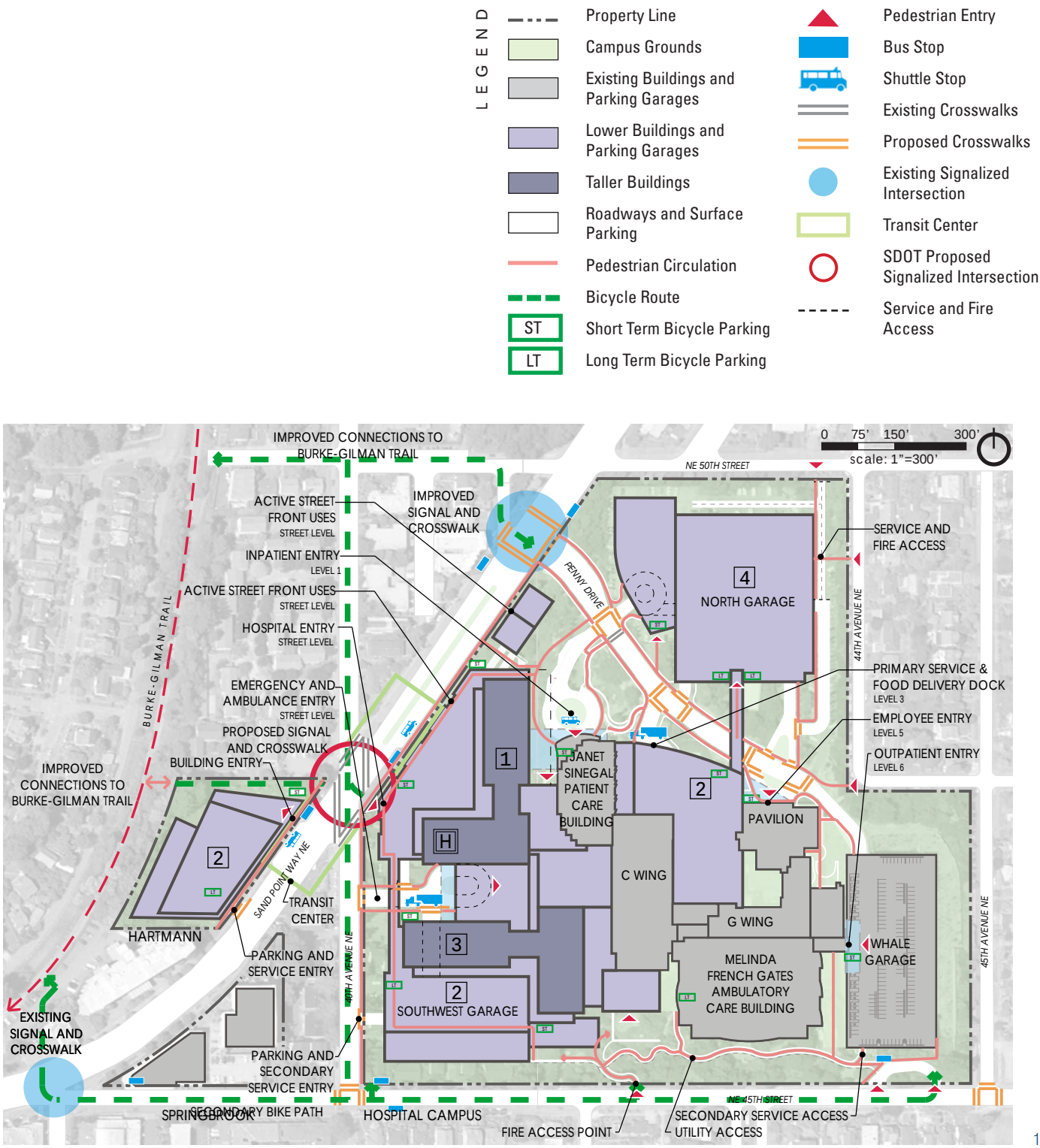
On the west side of the existing hospital campus, a pedestrian path would be retained between the development on Laurelon Terrace and that on the hospital campus at a new elevation of EL. 92. This would provide access across the middle of the campus in the north-south direction. It would distribute visitors to the rooftop gardens built atop buildings on Laurelon Terrace.

The pedestrian system could connect across the proposed signalized intersections along Sand Point Way NE, through the campus and up toward 45th Avenue NE, 47th Avenue NE and 50th Avenue NE.

Two vehicle access and egress locations on campus would allow vehicles to be distributed more evenly on and around the campus, reducing congestion and vehicle conflicts with pedestrians, bikes and pedestrian access to transit service. The two new vehicular access points are proposed for 40th Avenue NE.

Pedestrian pathways would be designed to make it easier for neighbors to access and, where appropriate, to cross

FIGURE 56: PROPOSED
NONMOTORIZED CONNECTIONS



the campus. The design of these facilities would include wayfinding signage. Design of pedestrian and green space areas on campus would include accepted national standards for public safety, such as Crime Prevention Through Environmental Design (CPTED).

The City's planned installation of a signalized intersection along Sand Point Way NE at 40th Avenue NE would add another pedestrian crossing, making Sand Point Way NE easier to cross. This would improve connections to the Burke-Gilman Trail and surrounding neighborhoods.

The addition of bicycle route signs and pavement markings, such as bike lanes or sharrows, would enhance wayfinding between the hospital campus, the Laurelhurst neighborhood and the Burke-Gilman Trail.

The pedestrian focus of the expanded campus area would be along Sand Point Way NE and 40th Avenue NE. On the north side of the campus, a pedestrian path would connect Penny Drive through the Laurelon Terrace property to 40th Avenue NE, along Sand Point Way NE. A new entrance along Sand Point Way NE near 40th Avenue NE would provide convenient access to transit and shuttle users and those using the new parking structure. The proposed Emergency Department would have similar convenience along 40th Avenue NE. Walking and ADA access between this lower campus and the upper campus to the east would be made through interior corridors, stairs and elevators as well as potentially exterior stairs and ramps. The rooftop gardens at the EL. 92 level would allow a pedestrian path around the perimeter of this area of the building. From here, access to public gardens and buildings would occur, connecting Helen Lane to 42nd Avenue NE to the south.

An ADA-accessible pedestrian entrance would be provided at the Hartmann site, located on the north end of the site along Sand Point Way NE. Covered, secured bicycle parking would be located in the proposed parking garage. The proposed building would include locker and shower facilities. The proposed ground-level plaza and garden entrances would be connected to the Burke-Gilman Trail. This would provide a direct bicycle and pedestrian connection between the hospital campus, the Laurelhurst neighborhood and the Burke-Gilman Trail via the City-planned signalized intersection at 40th Avenue NE and Sand Point Way NE.

See Figure 56, Proposed Nonmotorized Connections.

APPENDIX A: LEGAL DESCRIPTIONS

APPENDIX A

LEGAL DESCRIPTION OF CHILDREN'S MASTER PLAN PROPERTY

EXISTING CAMPUS

PARCEL A
THAT PORTION OF THE WEST HALF OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 10, TOWNSHIP 25 NORTH, RANGE 4 EAST, WILLAMETTE MERIDIAN, IN KING COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING ON THE EASTERLY LINE OF SAID SUBDIVISION AT A POINT 658.20 FEET NORTHERLY OF THE SOUTHEAST CORNER THEREOF; THENCE WEST 271.44 FEET, MORE OR LESS TO THE WESTERLY LINE OF BLOCK 1, GWINN'S LAURELHURST MANOR ADDITION, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 41 OF PLATS, PAGE 27, IN KING COUNTY, WASHINGTON; THENCE NORTH 0'26'19" EAST ALONG THE NORTHERLY PRODUCTION OF SAID WESTERLY LINE TO THE SOUTHEASTERLY LINE OF SAND POINT WAY; THENCE NORTHEASTERLY ALONG SAID SOUTHEASTERLY LINE TO THE SOUTHERLY LINE OF NORTHEAST 50TH STREET; THENCE EASTERLY ALONG SAID SOUTHERLY LINE TO THE EASTERLY LINE OF SAID SUBDIVISION; THENCE SOUTHERLY ALONG SAID EASTERLY LINE 630 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.

PARCEL B:
THE WEST 5.00 FEET OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 10, TOWNSHIP 25 NORTH, RANGE 4 EAST, WILLAMETTE MERIDIAN, IN KING COUNTY, WASHINGTON; EXCEPT THE NORTH 30.00 FEET THEREOF; AND EXCEPT THE SOUTH 25 FEET THEREOF.

PARCEL C:
BLOCKS 1, 2, 3, 4, 5 AND 6, GWINN'S LAURELHURST MANOR ADDITION, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 41 OF PLATS, PAGE 27, IN KING COUNTY, WASHINGTON.

PARCEL D:
THOSE PORTIONS OF 42ND AVENUE NORTHEAST, 43RD AVENUE NORTHEAST, 44TH AVENUE NORTHEAST AND NORTHEAST 47TH STREET, VACATED UNDER ORDINANCE NO. 76010 OF THE CITY OF SEATTLE.

LAURELON TERRACE

THAT PORTION OF THE WEST HALF OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 10, TOWNSHIP 25 NORTH, RANGE 4 EAST, W.M., IN KING COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF SAID SUBDIVISION; THENCE NORTH ALONG WEST LINE THEREOF TO ITS INTERSECTION WITH THE SOUTHEASTERLY LINE OF SAND POINT WAY; THENCE NORTH 35°10'24" EAST ALONG SAID SOUTHEASTERLY LINE, TO ITS INTERSECTION WITH THE WEST LINE OF BLOCK 1 OF GWINN'S LAURELHURST MANOR ADDITION, ACCORDING TO THE PLAT RECORDED IN VOLUME 41 OF PLATS, PAGE 27, IN KING COUNTY, WASHINGTON, PRODUCED NORTH; THENCE SOUTH ALONG SAID PRODUCED WEST LINE OF BLOCK 1 AND THE WEST LINE OF SAID BLOCK 1 TO THE SOUTH LINE OF SAID SUBDIVISION; THENCE WEST ALONG SAID SOUTH

LINE TO THE POINT OF BEGINNING; EXCEPT THE SOUTH 30 FEET FOR EAST 45TH STREET; EXCEPT PORTION THEREOF LYING WITHIN 40TH AVENUE NORTHEAST; EXCEPT THAT PORTION THEREOF LYING WITHIN THE ALLEY ADJOINING TO THE WEST LINE OF SAID BLOCK 1, GWINN'S LAURELHURST MANOR ADDITION, ACCORDING TO THE PLAT RECORDED IN VOLUME 41 OF PLATS, PAGE 27, IN KING COUNTY, WASHINGTON. EXCEPT A STRIP OF PARCEL OF LAND 50 FEET IN WIDTH OVER AND ACROSS A PORTION OF THE SOUTHEAST QUARTER OF THAT SOUTHWEST QUARTER OF SECTION 10, TOWNSHIP 25 NORTH, RANGE 4 EAST, W.M., IN KING COUNTY, WASHINGTON, THE CENTERLINE OF WHICH SAID STRIP IS DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF SAID SUBDIVISION; THENCE ON THE WEST LINE THEREOF NORTH 0°25'38" WEST 235.54 FEET; THENCE NORTH 89°34'22" EAST 30 FEET TO THE TRUE POINT OF BEGINNING; THENCE FROM SAID POINT NORTH 89°34'22" EAST 129 FEET TO A POINT OF CURVE TO THE LEFT; THENCE WITH A RADIUS OF 42.50 FEET FOLLOWING THE ARC OF SAID CURVE THROUGH A CENTRAL ANGLE OF 90° FOR A DISTANCE OF 66.76 FEET TO A POINT OF TANGENCY; THENCE ON SAID TANGENT NORTH 0°25'38" WEST 179.85 FEET TO A POINT OF CURVE TO THE RIGHT; THENCE WITH A RADIUS OF 204 FEET FOLLOWING THE ARC OF SAID CURVE IN A NORTHERLY DIRECTION THROUGH A CENTRAL ANGLE OF 27°32'09" FOR A DISTANCE OF 98.04 FEET TO A POINT OF TANGENCY; THENCE ON SAID TANGENT NORTH 27°06'31" EAST 111.02 FEET TO A POINT OF CURVE TO THE LEFT; THENCE WITH A RADIUS OF 330 FEET FOLLOWING THE ARC OF SAID CURVE IN A NORTHERLY DIRECTION THROUGH A CENTRAL ANGLE OF 13°08'00" FOR A DISTANCE OF 75.64 FEET TO A POINT OF COMPOUND CURVE; THENCE WITH A RADIUS OF 98.94 FEET FOLLOWING THE ARC OF SAID CURVE TO THE LEFT IN A NORTHERLY DIRECTION THROUGH A CENTRAL ANGLE OF 69°00'00" FOR A DISTANCE OF 119.15 FEET TO A POINT OF TANGENCY; THENCE ON SAID TANGENT NORTH 55°01'29" WEST 58.75 FEET TO A POINT ON THE SOUTHEASTERLY LINE OF SAND POINT WAY; AND EXCEPT THE WEST 30 FEET OF THE NORTH 368 FEET OF THE SOUTH 398 FEET OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 10, TOWNSHIP 25 NORTH, RANGE 4 EAST, W.M., IN KING COUNTY, WASHINGTON.

HARTMANN

THAT PORTION OF SECTION 10 TOWNSHIP 25 NORTH, RANGE 4 EAST, WILLAMETTE MERIDIAN, IN KING COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

THE SOUTH 309 FEET OF THE NORTH 964.29 FEET OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SAID SECTION 10, LYING EAST OF THE NORTHERN PACIFIC RAILROAD RIGHT-OF-WAY, AND WESTERLY OF THE WESTERLY MARGIN OF SAND POINT WAY AS ESTABLISHED IN KING COUNTY SUPERIOR COURT CAUSE NO. 292659 UNDER ORDINANCE NO. 52478 OF THE CITY OF SEATTLE.

APPENDIX B: CITIZENS ADVISORY COMMITTEE MEMBER LIST

APPENDIX B

CITIZENS ADVISORY COMMITTEE FOR SEATTLE CHILDREN'S MAJOR INSTITUTION MASTER PLAN (MIMP)

(Confirmed by Seattle City Council on July 30, 2007, by Resolution 31002)

Karen Wolf	Ravenna/Bryant Resident / Chair
Catherine Hennings	Laurelhurst Resident / Vice Chair
Kim O. Dales	Laurelhurst Resident
Theresa Doherty	Educational Institutional Representative
Doug Hanafin	Laurelhurst Resident
Shelley D. Hartnett	Hawthorne Hills Resident
Cheryl Kitchin	Laurelhurst Resident
Bob Lucas	View Ridge Resident
Yvette Moy	City-Wide Representative
Myriam Muller	Laurelhurst Resident
Michael S. Omura	Hawthorne Hills Resident / Architect
Wendy Paul	Seattle Children's Non-Management Representative
Dolores Prichard	Laurelhurst Resident
Robert Rosencrantz	Montlake Resident
Dr. Gina Trask	Laurelhurst Resident / Local Business Owner

Alternates:

Dr. Brice Semmens	Ravenna/Bryant Resident
Nicole Van Borkulo	Ravenna/Bryant Resident / Local Business Owner
Mike Wayte	Laurelhurst Resident

Ex-Officio Members:

Steve Sheppard	Department of Neighborhoods, City of Seattle
Scott Ringgold	Department of Planning and Development, City of Seattle
Ruth Benfield	Seattle Children's Hospital

APPENDIX C: COMMUNITY OUTREACH OVERVIEW

APPENDIX C

OVERVIEW OF COMMUNITY OUTREACH ACTIVITIES SINCE SPRING 2007

- Laurelhurst Community Club Board of Trustees (March 2007)
- Children's Standing Advisory Committee for Major Institution Master Plan (March 2007)
- Children's 70th and Sand Point Advisory Committee (April 2007)
- Community-wide meeting in Laurelhurst sponsored by Children's (May 2007)
- View Ridge Community Council Annual Meeting (May 2007)
- Laurelhurst Community Club Annual Meeting (June 2007)
- Community-wide meeting in Laurelhurst sponsored by Children's (June 2007)
- Laurelon Terrace Representatives (September 2007)
- Virginia Mason physicians based at the Hartmann Building (October 2007)
- Two model presentations in Laurelhurst (October 2007)
- Montlake Community Club Board Meeting (December 2007)
- Burke-Gilman Public Development Authority (January 2008)
- Laurelcrest Condo Association Board Meeting (April 2008)
- Odessa Brown Community Clinic Open House (April 2008)
- NE District Council Meeting (June 2008)
- Montlake Community Club (June 2008)
- Children's 70th and Sand Point Advisory Committee (June 2008)
- University District Farmer's Market Q and A (June 2008)
- West Seattle Farmer's Market Q and A (June 2008)
- View Ridge Community Council (June 2008)
- Ravenna/Bryant Community Club (June 2008)
- Four model presentations at Laurelhurst Community Center (June, July and two in October 2008)
- Ravenna/Bryant Focus Groups (August 2008)
- Hawthorne Hills Community Council (September 2008)
- View Ridge Community Council (September 2008)
- Ravenna/Bryant Community Council (September 2008)
- Laurelhurst Board of Trustees (October 2008)
- Model presentation at the NE branch of the Seattle Public Library, Ravenna/Bryant (November 2008)

APPENDIX D: CONSISTENCY WITH CITY POLICIES

APPENDIX D

CONSISTENCY WITH CITY COMPREHENSIVE PLAN GOALS AND POLICIES

Major Institution Goals and Policies	Consistency of Children's Master Plan
Goals	
LUG32 Maximize the public benefits of major institutions, including health care and educational services, while minimizing the adverse impacts associated with development and geographic expansion.	The Master Plan will allow Children's to continue its mission to deliver the highest-quality pediatric health care and team with the UW Medical School to educate the doctors and nurses necessary to provide such care.
LUG33 Recognize the significant economic benefits of major institutions in the city and the region and their contributions to employment growth.	By 2012, the total annual economic benefit produced by Children's for the Puget Sound region is estimated to be $992 million. Total output for construction services in the period 2007 to 2012 is expected to be an additional $913 million. (Carroz Consulting LLC, June 2007)
LUG34 Balance each 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.	Children's Master Plan allows it to grow while maximizing the mitigation measures to protect the livability and vitality of the adjacent neighborhoods.
LUG35 Promote the integration of institutional development with the function and character of surrounding communities in the overall planning for urban centers.	Children's enhancement of the public transit system, the development of pedestrian and bicycle projects in northeast Seattle and the development of a two-way transit center at its entry on Sand Point Way NE will be mutually beneficial to Children's and the surrounding communities.
Policies	
LU180 Designate the campuses of large hospitals, colleges and universities as Major Institutions to recognize that a separate public process is used to define appropriate uses in the areas.	Children's is already designated as a Major Institution.
LU181 Provide for the coordinated growth of major institutions through major institution conceptual master plans and the establishment of major institution overlay zones.	Children's initiated this process by proposing a conceptual Master Plan in July 2007, then in response to input from the Citizens Advisory Committee (CAC), Department of Planning and Development (DPD) and the public, adding and refining alternatives for consideration.
LU182 Establish Major Institution Overlays (MIO) to permit appropriate institutional development within boundaries while minimizing the adverse impacts associated with development and geographic expansion. Balance the public benefits of growth and change for major institutions with the need to maintain the livability and vitality of adjacent neighborhoods. Where appropriate, establish MIO	Children's has operated within a Major Institution Overlay (MIO) since 1994. The proposed Master Plan includes a request to expand the MIO boundaries to cover the Laurelon Terrace and Hartmann properties as a way to reduce the height, bulk, scale and traffic impacts on the adjoining single-family neighborhoods and to focus the hospital's front door on an arterial, Sand Point Way NE. The plan also retains Children's generous buffers between its facilities and the

Major Institution Goals and Policies	Consistency of Children's Master Plan
boundaries so that they contribute to the compatibility between major institution areas and less intensive zones.	single-family neighborhood and transitions heights downward from the central portions of the campus to its edges.
LU183 Allow modifications to the underlying zone provisions in order to allow major institutions to thrive while ensuring that impacts of development on the surrounding neighborhood are satisfactorily mitigated.	The Master Plan proposes modifications to the MIO heights as well as to other development standards, such as lot coverage and density.
LU184 Allow all functionally integrated major institution uses within each overlay district, provided the development standards of the underlying zone are met. Permit development standards specifically tailored for the major institution and its surrounding area within the overlay district through a master plan process.	The Master Plan will allow functionally integrated major institution uses on Children's campus, with specific changes of the development standards where necessary.
LU185 Allow modification of use restrictions and parking requirements of the underlying zoning by the overlay to accommodate the changing needs of major institutions, provide flexibility for development and encourage a high-quality environment. Allow modification of the development standards and other requirements of the underlying zoning by an adopted master plan.	The Master Plan will accommodate Children's changing needs in a high-quality, highly mitigated environment.
LU186 Discourage the expansion of established major institution boundaries.	Children's initial Concept Plan (Alternative 2) and the later developed Alternative 3 considered the height, bulk and scale impacts (240' and 160' MIOs) of accommodating the necessary core of hospital facilities on its existing 21-acre campus. These and other existing campus-only alternatives also had the impact of requiring access to the campus from the neighborhood streets. With urging from DPD and the public, Children's responded positively when the Laurelon Terrace owners indicated they were willing to consider a sale of the 6.7-acre Laurelon Terrace site in order to allow Children's to expand. The westward expansion that is accomplished with the proposed Master Plan will require an expansion of Children's MIO boundaries, but it will result in a substantial reduction in what would otherwise be the impacts of developing only on the existing campus. It represents an alternative with "lesser environmental impact." The Hartmann property, already owned by Children's, also allows the opportunity to reduce the impacts within the main campus area and, at the same time, to enhance transit opportunities and access to the Burke-Gilman Trail west of Sand Point Way NE.
LU187 Encourage significant community involvement in the development, monitoring, implementation and amendment of major institution master plans,	There has been significant community involvement in the development of this Master Plan, including the CAC regular meetings and subcommittee meetings, open houses,

Major Institution Goals and Policies	Consistency of Children's Master Plan
including the establishment of citizen's advisory committees containing community and major institution representatives.	meetings by Children's with other organizations and a robust SEPA process that included over 600 public comments on the Draft EIS.
LU188 Encourage Advisory Committee participation throughout the process of revision, amendment and refinement of the master plan proposal.	The Citizen's Advisory Committee has led and actively participated in the revision, amendment and refinement of alternatives.
LU189 Require preparation of either a master plan or a revision to the appropriate existing master plan when a major development is proposed that is part of a major institution, and does not conform with the underlying zoning and is not included in an existing master plan.	Children's has requested approval of a new Master Plan.
LU190 Provide procedures for considering the establishment of new major institutions.	Not applicable. Children's is already a designated major institution.
LU191 Locate new institutions in areas where such activities are compatible with the surrounding land uses and where the impacts associated with existing and future development can be appropriately mitigated.	Not applicable. Children's is already a designated major institution located in an area designated as "major institution."
Uses	
LU192 Define all uses that are functionally integrated with, or substantively related to, the central mission of the major institution or that primarily and directly serve the users of the institution as major institution uses and permit these uses in the Major Institution Overlay district, subject to the provisions of this policy, and in accordance with the development standards of the underlying zoning classifications or adopted master plan.	The existing and proposed Master Plans define all primary and associated uses as major institution uses.
Development Standards	
LU193 Apply the development standards of the underlying zoning classification for height, density, bulk, setbacks, coverage and landscaping for institutions to all major institution development, except for specific standards altered by a master plan.	The underlying zoning standards have been modified by the existing Master Plan, and Children's is requesting modifications of development standards in the proposed Master Plan.
LU194 The need for appropriate transition shall be a primary consideration in determining setbacks.	Children's proposes to maintain the existing perimeter buffers that serve as setbacks on the north, east and south in the existing Master Plan. In addition, Children's proposed MIO heights locate the highest structures away from the single-family neighborhood. On Sand Point Way NE and 40th Avenue NE, where the Phase I facilities are planned, there

Major Institution Goals and Policies	Consistency of Children's Master Plan
	will be an extensively landscaped streetscape as well as step backs in the buildings as the heights increase.
Transportation	
TG3 Promote safe and convenient bicycle and pedestrian access throughout the transportation system.	Children's proposed Comprehensive Transportation Plan commits $2 million toward the completion of planned but unfunded City pedestrian and bicycle projects in NE Seattle. In addition, the enhanced TMP will encourage more employees to walk and bicycle through increased monetary incentives and the enhancement of bike facilities and the development of additional safe crossing ways on and near the campus. Children's is also committed to help families be safe while they walk and ride. In 2007, over 1000 free bike helmets were distributed, including at Children's Health Fair on the hospital campus. Another 200 were sold for low cost at an event at Metropolitan Market, many to families living in the neighborhood surrounding the hospital. Children's also helps lead the Injury Free Coalition for Kids of Seattle and Safe Kids Washington State. Both of these coalitions promote safe biking and safe walking, especially for children going to and from school.
TG7 Protect neighborhood streets from traffic.	The Master Plan will allow Children's to continue accessing the campus from the Sand Point Way NE side of the campus, without the necessity of access from either NE 50th Street or NE 45th Street.
TG9 Provide programs and services to promote transit, bicycling, walking and carpooling to help reduce car use and SOV trips.	Children's Comprehensive Transportation Plan includes an enhanced TMP to reduce employee trips to only 30 percent SOV, while providing additional facilities, on and off the campus, to promote transit, bicycling, shuttles, walking and carpooling.
T17 Provide, support and promote programs and strategies aimed at reducing the number of car trips and miles driven to increase the efficiency of the transportation system.	See Children's Comprehensive Transportation Plan and responses to TG3, TG7, TG9 above.
TG15 Increase walking and bicycling to help achieve City transportation, environmental, community and public health goals.	Children's Comprehensive Transportation Plan is based on the objective of accomplishing these same goals, including the reduction of CO2 emissions and the enhancement of public health.
Parking Standards	
LU195 Establish minimum parking requirements in MIO districts to meet the needs of the major institution and minimize parking demand in the adjacent areas.	With Children's proposed 30 percent SOV split as a result of the enhanced TMP, it will need 3100 campus parking spaces, which is more than the 2,297 minimum spaces required by

Major Institution Goals and Policies	Consistency of Children's Master Plan
Include maximum parking limits to avoid unnecessary traffic in the surrounding areas and to limit the use of single-occupancy vehicles (SOV).	City Code and approximately the same as the 3,102 maximum. As necessary, Children's would reduce its campus parking demand further through use of out-of-area and off-site park-and-pool lots.
LU196 Allow short-term or long-term parking space provisions to be modified as part of a Transportation Management Program (TMP).	The enhanced Transportation Management Program in the new Master Plan addresses this policy.
LU197 Allow an increase to the number of permitted spaces only when an increase is necessary to reduce parking demand on streets in surrounding areas and is compatible with goals to minimize traffic congestion in the area.	Children's parking policy is to prohibit parking on neighborhood streets by any and all hospital employees, patients and visitors.
LU198 Use the TMP to reduce the number of vehicle trips to the major institution, minimize the adverse impacts of traffic on the streets surrounding the institution, minimize demand for parking on nearby streets, especially residential streets, and minimize the adverse impacts of institution-related parking on nearby streets. To meet these objectives, seek to reduce the number of SOVs used by employees and students to reach the campus at peak times.	The enhanced Transportation Management Program will reduce the use of SOVs by its employees to 30 percent.
Residential Structures	
LU199 Encourage the preservation of housing within major institution overlay districts and the surrounding areas. Discourage conversion or demolition of housing within a major institution campus, and allow such action only when necessary for expansion of the institution. Prohibit demolition of structures with non-institutional residential uses for the development of any parking lot or parking structure which could provide non-required parking or be used to reduce a deficit of required parking spaces. Prohibit development by a major institution outside of the MIO district boundaries when it would result in the demolition of structures with residential uses or change of these structures to non-residential uses.	The proposed Master Plan includes expansion of the MIO boundaries to cover the 6.75-acre site currently occupied by the 136-unit Laurelon Terrace condominiums. Children's will meet their housing replacement responsibilities by contributing to the development of 136 or more new units of housing in northeast Seattle per the requirements of SMC 23.34.124.B.7. There is no housing on the Hartmann property. See responses to H3 and H42 below.
Housing	
H42 Encourage and support the development of affordable housing for low-income households in all parts of the City, including areas of high land cost where greater subsidies may be needed.	Children's will meet, and to the extent feasible and cost-effective, exceed housing replacement responsibilities related to Laurelon Terrace. Children's will work with nonprofit housing organizations and the City of Seattle Office of Housing and the Department of Planning and Development to establish a binding agreement for a specific package of replacement housing that addresses the City's policy and program goals for comparable affordable housing

Major Institution Goals and Policies	Consistency of Children's Master Plan
	and contributes to the replacement of at least 136 housing units in NE Seattle. Participation in the development of affordable housing at Sand Point Magnuson will be a component of the agreement.
H3 Take a leadership role in regional efforts to increase affordable housing preservation and production in order to ensure a balanced regional commitment to affordable housing, while also maintaining the City's commitment to affordable housing.	Children's will provide affordable replacement housing in northeast Seattle in an amount that will meet and, to the extent feasible, exceed the 136 units displaced as a result of the expansion of the Children's campus to include the Laurelon Terrace property.
Master Plan	
LU200 Require a master plan for each Major Institution proposing development which could affect the livability of adjacent neighborhoods or has the potential for significant adverse impacts on the surrounding areas. Use the master plan to facilitate a comprehensive review of benefits and impacts of the Major Institution development.	The proposed Master Plan represents the alternative with the least overall adverse impact on the surrounding neighborhoods. The Master Plan process has considered the benefits and impacts of numerous alternatives, covering different locations.
LU201 Use the master plan to: Give clear guidelines and development standards on which the major institutions can rely for long-term planning and development; Provide the neighborhood advance notice of the development plans of the major institution; Allow the City to anticipate and plan for public capital or programmatic actions that will be needed to accommodate development; and Provide the basis for determining appropriate mitigating actions to avoid or reduce adverse impacts from major institution growth.	The proposed Master Plan provides clear development standards, a description of future physical facilities and their intended location, and a comprehensive set of mitigation measures, including mitigation of off-site transportation impacts. In addition, Children's will be contributing its proportionate share to the development of public capital projects to improve pedestrian, bicycle and vehicular movement in the area up to $1.9 million for street improvements and up to $2 million for bicycle and pedestrian improvements.
LU202 The master plan should establish or modify boundaries; provide physical development standards for the overlay district; define the development program for the specified time-period; and describe a transportation management program.	The Master Plan provides all of this information. The Master Plan will remain in effect until all allowed developable square footage is constructed.
LU203 Require City Council review and adoption of the master plan following a cooperative planning process to develop the master plan by the Major Institution, the surrounding community and the City.	The Master Plan process has been conducted cooperatively and will be considered by the CAC, DPD, the Hearing Examiner and ultimately the City Council in accordance with the public review process prescribed in SMC Chapter 23.69.
LU204 In considering rezones, the objective shall be to achieve a better relationship between residential, commercial or industrial uses and the Major Institution uses, and to reduce or eliminate major	The proposed MIO height limits and other changes in development standards are tailored to provide as much compatibility as is practicable with the surrounding uses in

Major Institution Goals and Policies	Consistency of Children's Master Plan
land use conflicts in the area.	the area.
Human Development Goals and Policies	Consistency of Children's Master Plan
Vision Statement The City of Seattle invests in people so that all families and individuals can meet their basic needs, share in our economic prosperity, and participate in building a safe, healthy, educated, just and caring community.	Children's mission statement says that all children have unique needs and should grow up without illness or injury. With the support of the community and through our spirit of inquiry, Children's will prevent, treat and eliminate pediatric disease. Core to Children's mission is advocacy; we advocate for health-care coverage for all children, health and safety programs for children and families and community resources for families who have a child with a lifelong chronic condition. All of our programs are done in partnership with other organizations. For example, together with the University District YMCA, we conduct Strong Kids classes for children dealing with obesity. We co-sponsor an annual bike helmet low-cost sale and custom fitting with Metropolitan Market. Community classes are held at the hospital, providing children and their families with skills to keep their kids healthy and safe. The Center for Diversity and Health Equity partners with University of Washington Minority Students, providing them with opportunities to be exposed to health-care careers at the hospital.
Health Care to Be as Physically and Mentally Fit as Possible	
Goal	
HDG6 Create a healthy environment where community members are able to practice healthy living, are well nourished, and have good access to affordable health care.	Children's has continued to expand its outreach through the development of additional outpatient facilities in the Puget Sound region, Washington and the other states in its service area. This is Children's 100th year of providing medical service to the region. Children's provided $65.4 million in 2007 as uncompensated care. 50.5 percent of our total visits (clinic, day surgery, inpatient and ER) came from King County in 2007. Our advocacy priorities are focused on all kids receiving the benefits of health-care coverage. Numerous community efforts focus on physical fitness and nutrition. For example, through a partnership with Treeswing, jump ropes are distributed at community events throughout the city. Odessa Brown Community Clinic partners with Seattle Parks and Recreation to provide a healthy meals class at community centers. The Children's Obesity Action Team has created educational materials, including cookbooks, for families, with specially tailored versions for Latino and African American families.
Policies	
HD21 Encourage Seattle residents to adopt healthy and active lifestyles to improve their general health and well-being. Provide opportunities for people to participate in fitness and recreational activities and to enjoy available open space.	Children's continuously provides health information resources; classes on parenting, preteens, and special needs and events that highlight child safety, such as car seat fitting, life jacket fitting and low-cost bike helmet sales and fitting. Healthy recreation is safe recreation. In addition to focusing on fitness and nutrition through the Children's Obesity Action

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	Team programs with YMCA, through Odessa Brown Children's Clinic and others, Injury Free Seattle promotes safe activity through safe walking, safe play, safe biking and safe swimming. Recent projects include implementation of a walking school bus at Bailey Gatzert Elementary that significantly increased the number of children walking to school and a new playground at Dearborn Park Elementary in partnership with Seattle Public Schools and the Allstate Foundation. Thanks to a partnership between Children's and Seattle Parks, every life-guarded beach has a life jacket loan program, low-cost life jacket sales are held every spring and summer and family swims are held for culturally diverse communities. Children's took part in the recent "Healthy Parks Healthy You" event sponsored by Seattle Parks and is looking at new opportunities with the city related to nutrition and fitness access and/or classes. Over the last year we also sponsored over 50 fundraising events, many of them focused on nutrition and fitness. Events were put on by organizations such as the Austen Foundation, Treeswing, American Heart Association Heart Walk, Columbia City Walk and the YMCA. Shop Around, open to clients of the Odessa Brown Children's Clinic in the Central Area, is so named because it focuses on the whole, natural foods located along the perimeter of a store — the meats, the dairy products, fruits and vegetables. It is part of Odessa Brown's "Fit 4 You" program that, among other things, identifies overweight patients — or those in danger of becoming so — and educates them and their families about grocery shopping, cooking and nutrition.
HD22 Work toward the reduction of health risks and behaviors leading to chronic and infectious diseases and infant mortality, with particular emphasis on populations disproportionately affected by these conditions.	From the day it opened, Children's has served all children, regardless of race, ethnicity or ability to pay. The strategic plan for our Center for Diversity and Health Equity identified five goals for the institution: • A diverse workforce that reflects the communities we serve • An environment that reflects our values of inclusion • Effective and respectful care compatible with the health beliefs, practices and preferred languages of our patients • Connections with our community through outreach, community services and employee volunteerism • Work/life balance The commitment to overcoming disparities is put into action through advocacy, government affairs, community relations, Family Resource Center, Odessa Brown Community Clinic, community outreach and clinical programs across the hospital. Current efforts include cultural navigators for Somali- and Spanish-speaking families, data tracking to look at disparities in how families perceive their care based on their ethnicity or insurance status and support groups and outreach programs for at-risk children and families. Odessa Brown is a partner in the Northwest Sickle Cell Collaborative,

Major Institution Goals and Policies	Consistency of Children's Master Plan
	which encourages, educates and empowers children to take control of their health and improve their quality of life. By partnering with local health-care providers, the state's newborn screening program, families, schools and communities, the collaborative ensures that all those affected by sickle cell have access to education, resources, counseling and coordinated care.
HD23 Work to reduce environmental threats and hazards to health. Make use of the City's building and fire codes, food licensing and permit processes, and hazardous materials and smoking regulations for fire and life safety protection. Collaborate through joint efforts among City agencies, such as fire, police, and construction and land use to address health and safety issues in a more efficient manner.	The proposed Master Plan includes a "Sustainability" element to address environmental threats and hazards to health in accordance with the City's building, fire and other codes.
HD24 Seek to improve the quality of, and access to, health care, including physical and mental health, emergency medical, and addiction services. Collaborate with community organizations and health providers to advocate for quality health care and broader accessibility to services. Pursue co-location of programs and services, particularly in under-served areas and in urban village areas.	Children's expands access to care both by supporting existing clinics and opening new clinics where patients need services throughout the four primary states in its service area (Washington, Alaska, Montana, and Idaho). Specific Washington state sites include the Odessa Brown Clinic in Seattle, Bellevue, Federal Way, Everett, Olympia and the Tri-Cities. Children's is a member of a number of community organizations and policy and advocacy coalitions, and works with a large network of providers to improve access to quality health care. Odessa Brown Children's Clinic provides culturally sensitive, community-based care to children and families in the Central District. Co-located with other health-care services, including Carolyn Downs Clinic, Odessa Brown provides medical, dental and mental health-care services, tailored to the cultural, emotional and life needs of each family. Odessa Brown also provides primary care services for the Garfield High School Teen Health Clinic. Children's also has community partnerships to bring care closer to home. For example, we co-sponsor the SmileMobile, delivering dental care to children from limited-income families who would otherwise not have access to dental care. For our non-English speaking families, we now have round-the-clock telephone interpretation to assure families and providers can effectively communicate any time of day. Our Speak Up/Hablar program is designed to improve patient care through increased use of interpreter services in the intensive care units. We have a new Guest Services program providing a patient and family shuttle, valet and housing information for families, helping to reduce the stress and logistical challenges of coming to the hospital.

Major Institution Goals and Policies	Consistency of Children's Master Plan
HD25 Work with other jurisdictions, institutions and community organizations to develop a strong continuum of community-based long-term care services.	Children's has a home health-care division that provides services in patients' homes. These services allow Children's to refer patients to care outside the hospital in the home setting when appropriate. We also actively work with teens, families and adult providers, such as the University of Washington, to support effective adolescent transition to adult care. For children with lifelong chronic health conditions, the move from pediatric to adult care can be very difficult. The Nephrology Department hosted a panel discussion to help teen patients with kidney and liver transplant tackle tough issues related to becoming adults. The Heart Center hosted a tour of the heart program at the University of Washington. The Center for Children with Special Needs hosts a Web site, cshcn.org, with numerous resources for families who have a child with special needs, including a new resource called "What Helps You?" This site offers advice from parents in helping to cope with the complexities of having a child with a chronic health condition, including tips on ways to work effectively with schools and health-care systems.
Coordination & Joint Planning of Services	
Goal	
HDG11 Develop a more flexible, comprehensive, coordinated and efficient system of services that addresses whole needs of people, families and communities.	Children's Master Plan will enable it to continue its support of the vast network of public and private pediatric service providers within the states it serves. Children's works directly with the communities and states from which patients come to better understand and develop services appropriate to each distinct population served here. For example, assistance with transportation and other wrap-around services is provided to patients and families that have never been to Seattle Children's, let alone to a major metropolitan area. The Odessa Brown Children's Clinic provides pediatric primary care embracing the medical, dental and mental health needs of families. The new Medically Complex Care unit provides dedicated, specialized care for children with significant, multi-faceted health-care needs, planning carefully for a smooth transition in and out of the hospital. Care coordinators and regional care coordinators serve as a bridge with providers, families and community-based organizations and providers. Department and program value streams look at the needs of patients and families across the continuum. These value streams are driving the improvement efforts of the institution, and all have a focus on coordinated, efficient, comprehensive service delivery.
Policies	
HD44 Encourage cooperative planning, decision-making and funding for health and human service delivery throughout the region. Join with other public and	There are many examples of how Children's fulfills these policies. For example, in conjunction with the University of Washington Department of Psychiatry, Children's is the

Major Institution Goals and Policies	Consistency of Children's Master Plan
private institutions in the region to strive for a stable and adequate funding base for services that support safe and healthy communities.	center of clinical training, research and pediatric mental health care for the four-state region. Children's efforts in training staff and improving access to care have been able to reach more children and families in need. Children's participates in a pilot program to provide telephone mental health consultation services with clinicians in two rural/semi-rural parts of the state where there is minimal access to pediatric mental health providers.
HD45 Promote effective, efficient community-based and community-delivered services using a combination of public, private, community and personal resources.	See response to HD24, HD25, HDG11 and HD44 above.
HD46 Strive to provide better and more coordinated information to people about the availability of services in the community and make use of available and new technologies to improve access to services and information.	Children's now provides information about the availability of services for the pediatric population on its Web site (www.seattlechildrens.org). There is information for families in both print and video formats on a variety of child health and safety issues. Links provide a quick way for families to connect with other community resources who can help them. For example, the Children's Obesity Action Team site provides links to organizations such as the Austen Foundation and Girls on the Run, which provide community-based fitness programs for children and families. Children's Center for Children with Special Needs has developed a number of resource guides for families, including a Summer Camp Guide for Children with Special Needs, Starting Point/Guia Para Padres with information about resources for children with special needs and county-specific resource lists to help locate nearby medical, dental or behavioral services, insurance and financial assistance, public health contacts, and more. As part of the Immunization Action Coalition of Washington, efforts are underway to improve easy access to accurate, credible information about immunization safety and importance.
HD47 Encourage customer-focused services with feedback from those who use them and involvement of consumers in identifying needs and planning for service delivery.	Children's maintains a close relationship with its patients and their families, and receives frequent feedback from them. We provide patients and families with a number of ways to provide feedback, including a dedicated phone number, Efeedback and access to Patient Relations staff. All comments are followed up on and tracked. We distribute a family experience survey to families coming to our inpatient, ambulatory clinics, Emergency Department or surgery center. The survey is offered in four languages, and current efforts include a plan for a phone option. Hospital goals are set according to the feedback we receive through these tools. Children's is grounded in a philosophy of continuous performance improvement; family feedback is an essential element of any improvement effort. Children's Family Advisory Council, Family Feedback Committee and over 100

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	family consultants actively participate at all levels of the organization, working side by side with providers, staff and administrators to plan programs, services and improve the care we provide.
HD48 Encourage connections between services that coordinate, link and integrate public, private and community-based services. Facilitate collaboration of programs through the use of City funding.	See responses to HD24, HD25, HDG11 and HD44 above.
HD49 Encourage consideration of issues like transportation and the need for dependent care in planning for health, human services, employment and recreation programs.	Children's has an extensive Transportation Management Program that will be enhanced with this Master Plan. Day care for the children of employees is provided at Children's 70th and Sand Point Way NE facilities.
Environment Element Goals and Policies	Consistency of Children's Master Plan
Goals	
EG1 Protect and improve the quality and function of the city's air, land, and water resources because of their relationship to human health, wildlife and the region's natural heritage.	A clean physical environment is integral to Seattle Children's core mission of providing top-quality health care for its patients and a healthy environment for its staff and visitors. As part of Children's proposed Master Plan, it would adopt sustainability goals for new facility construction that address greenhouse gas emissions, energy use, development of renewable energy, reductions in SOV transportation, reduction and recycling of construction waste and other measures while implementing sustainability actions on the existing operations.
EG2 Maintain a healthy natural environment as central to Seattle's economic development and as a competitive advantage in attracting and retaining family-wage jobs and workers.	Seattle Children's supports Seattle's and the region's economy through its commitment to maintaining a clean and healthy physical environment for its patients, visitors and employees, and is consistently rated among the top children's hospitals in the nation.
EG3 Use natural systems to maintain and enhance environmental quality by having them perform such functions as cleaning air and water, and controlling storm water runoff.	Children's would comply with all regulatory requirements related to surface water runoff, and a drainage control plan would be prepared per City requirements.
EG7 To control the impact of climate change globally and locally, reduce emissions of carbon dioxide and other climate-changing greenhouse gases in Seattle by 30 percent from 1990 levels by 2024, and by 80 percent from 1990 levels by 2050.	Children's would adopt the 2030 Challenge to reduce greenhouse gas emissions by up to 50 percent to the extent practical technology allows. Children's would continue its membership in Mayor's Seattle Climate Partnership and its leadership role in transportation alternatives to driving alone. Children's has also accepted the challenge to help the City meet its goal of reductions in greenhouse gas emissions through development of new facilities following the principles and strategies in the "Green Guide for Health Care." Children's is a member of the Green Guide for Health

Major Institution Goals and Policies	Consistency of Children's Master Plan
	Care's executive committee.
EG11 Make waste reduction, pollution prevention and recycling integral parts of how City government and others in the city conduct their daily business.	Children's is committed to reducing its construction and operating waste and, where feasible, reusing and recycling such waste.
Policies	
E1 Explore ways for City actions and decisions to have positive effects on the natural environment and human health, and to avoid or offset potential negative effects, including those caused by private projects permitted by the City.	Children's would continue its award-winning environmental practices in the design of new facilities, transportation planning and operations, including local purchasing where feasible, waste stream management, utility efficiency and purchasing with life cycle considerations.
E2 Incorporate the improvement of the natural environment into the City's planning efforts and capital development projects. For instance, plan for transportation systems that control impacts on air quality and climate change, as well as on water pollution and the consumption of fossil fuels.	Children's would contribute to improving the environment by continuing its strong commitment to lowering fossil fuel energy use, water conservation, recycling and reducing single-occupant trips through its innovative Comprehensive Transportation Plan, continued water reduction strategies, utility efficiency efforts and waste-stream management.
E3 Promote sustainable management of public and private open spaces and landscaping, such as by preserving or planting native and naturalized vegetation, removing invasive plants, engaging the community in long-term maintenance activities, and using integrated pest management.	Children's would protect, maintain and enhance its open-space system of courtyards, pocket gardens, roof gardens, green buffers, play areas and pathways, including some 2,000 different plant varieties and trees within the campus grounds and landscaping.
E4 Strive to protect and retain certain trees and groups of trees that enhance Seattle's historical, cultural, environmental and aesthetic character.	Children's would protect, maintain and enhance the existing tree canopy on the hospital's campus, to the extent feasible, through retention and transplantation of healthy mature trees.
E5 Maintain the health of natural habitats on private property through a combination of education, incentives and development standards that recognize and promote sound practices by private land owners.	The naturalistic landscaping, open space and grounds of the campus provide generous urban habitat for birds, and other wildlife, which would be continued. Children's would provide over 12 acres (41 percent) of landscaped and usable open space on the campus.
E6 Create partnerships with organizations in the private sector and engage the community to protect and enhance Seattle's urban ecosystems and habitat.	Seattle Children's would continue to engage the local community and partner with local environmental organizations to advance best practices and environmental stewardship.
E7 Control the impacts of noise, odor, and light, litter, graffiti, junk cars, trash, and refuse in order to protect human health and the livability of the urban environment.	Children's targets ventilation equipment and other utility plant resources with new state-of-the-art equipment to achieve greater energy efficiencies and reduce noise levels. Building design, landscaping and screening would control, reduce or

Major Institution Goals and Policies	Consistency of Children's Master Plan
	eliminate aesthetic impacts of light and glare.
E9.5 Strive to achieve no net loss of tree canopy coverage starting in 2008, and strive to increase tree canopy coverage by 1 percent per year up to a total of 40 percent, to reduce storm runoff, absorb air pollutants, reduce noise, stabilize soil, provide habitat, and mitigate the heat island effect of developed areas.	Children's would provide a landscaping and tree-planting plan to meet City requirements. The small grove of Sequoia trees on the northwest corner of Hartmann site would be preserved. Consistent with current Children's practice, healthy trees will be retained or transplanted whenever feasible.
E 10 Strive to increase the amount of permeable surface and vegetative cover in the city in order to mitigate the heat island effect of developed areas, control storm water flows and reduce pollution.	Children's would continue the low-impact development best practices of using landscaping methods such as bioswales, water features and vegetative covers of surfaces to manage, filter and control surface water, mitigate pollution and heat island effects.
E15 Work with private and public sector partners in seeking to achieve goal EG7 for reducing climate-changing greenhouse gas emissions from private and public sources to control the impacts of global warming on the city's water supply, electrical energy supply, ecosystems, public health, and economy. Work to establish a standard for greenhouse gas emissions for privately owned buildings.	To reduce the ecological footprint of new facilities on campus, Children's would consider sustainable design strategies and operational goals to improve overall building performance, including reducing energy and greenhouse gas emissions, trip reduction and reducing waste and recycling.
E19 Reduce consumption of resources and promote conservation of energy, water and material resources among all sectors of the community, including City government.	Children's would achieve a reduction in its energy use for new construction, a reduction in potable water usage and an increase in its use of locally sourced building materials and preferred, low V.O.C. products.
Economic Development Goals and Policies	Consistency of Children's Master Plan
Goals	
EDG1 Add approximately 84,000 jobs in the city over the 20-year period covered by this Plan, in order to ensure long-term economic security and social equity to all Seattle residents.	In all of its facilities, Children's expects to employ over 5,000 people in health-related jobs by 2012. An additional 2,900 indirect and induced jobs will be created in the Puget Sound region. (Carroz Consulting LLC, June 2007)
EDG2 Recognize that Seattle's high quality of life is one of its competitive advantages and promote economic growth that maintains and enhances this quality of life.	Children's stature as one of the top ten pediatric hospitals in the United States is a community asset that supports economic growth and enhances the quality of life in Seattle and the Puget Sound area. Employers want to locate in communities with first-class health care. Seattle's reputation as a leading force in biotechnology attracts the world's best pediatric physicians and scientists to Children's Research

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	Institute. Last year, during National Disability Employment Awareness Month, Children's was named Large Non-profit Employer of the Year by the Washington State Governor's Committee on Disability Issues and Employment. This award recognizes the success of Project SEARCH, a program committed to recruiting and placing individuals with developmental disabilities in entry-level positions throughout the hospital since 2004. Currently, there are 20 permanent positions and seven student internships filled by Project SEARCH participants. In 2006, Children's was recognized as one of Seattle's 25 Best Places to Work by *Seattle Metropolitan* magazine.
EDG3 Support the Urban Village Strategy by encouraging the growth of jobs in Urban Centers and Hub Urban Villages and by promoting the health of neighborhood commercial districts.	Children's is located a half-mile from the Ravenna portion of the University Community Urban Center. Children's serves as the base for the UW Medical School's Department of Pediatrics. In addition, Children's Comprehensive Transportation Plan represents an innovative plan to encourage and enable an enhancement of transit, pedestrian and bicycle transportation in the University Community Urban Center.
EDG4 Accommodate a broad mix of jobs, while actively seeking a greater proportion of living wage jobs that will have greater benefits to a broad cross-section of the people of the City and region.	At its main campus, Children's employs a broad mix of jobs ranging from medical professionals to food service, maintenance and landscaping crew. Children's jobs start above minimum wage, with benefits for both part- and full-time employees, including health and dental coverage for staff and family members, paid time off, retirement and transportation support and stipends, including free bikes and vanpools serving the city and a multicounty region. We employ over 4,000 people and thousands of contract staff. Children's regularly monitors pay in our local region to ensure that we pay a competitive wage to employees in all jobs.
EDG5 Encourage the growth of key economic sectors that build on Seattle's competitive advantages to provide sustained growth in the future.	Children's benefits the manufacturing, real estate, government, professional, scientific, technical services and other sectors of the regional economy. Also, see response to EDG2 above.
EDG6 Develop a highly trained local work force that effectively competes for meaningful and productive employment, earns a living wage and meets the needs of business.	See response to EDG1 and EDG4 above.
Policies	
ED2 Pursue opportunities for growth and strategic development, where appropriate, in urban centers and hub urban villages, which are planned for the greatest concentrations of jobs and job growth outside of downtown.	See response to EDG3 above.

Major Institution Goals and Policies	Consistency of Children's Master Plan
ED10 Encourage key sectors of Seattle's economy that provide opportunities for long term growth. Criteria for identifying sectors to support include the following: Pay higher-than-average wage levels; Bring new capital into the economy, reflecting multiplier effects other than high wage; Have reasonably good future growth prospects; Involve a cluster of businesses engaging in similar activities; Use quality environmental practices; or Diversify the regional economic base.	Through the hospital, research facilities and outpatient clinics, Children's provides opportunities for long-term growth in the health-care and other sectors of the economy. See EDG5 above. The proposed expansion of facilities will be planned under the Green Guide for Health Care™ program, which is a voluntary program aimed at protecting the health of building occupants, the surrounding community, the global community and conserving natural resources. Energy goals in the Green Guide for Health Care™ include the utilization of on-site and/or off-site renewable energy and energy-efficient equipment. Children's is currently on track to meet the 2008 Green Guide for Health Care™ goal of a 25 percent reduction in total waste, using 2007 as a baseline. As mentioned previously, Children's pays above minimum wage for all positions and regularly monitors pay in the region to assure we are in line with other organizations.
ED12 Seek ways to create a local business environment that promotes the establishment, retention, and expansion of high-technology industries in the city. Where possible, look for opportunities to link these businesses to existing research institutions, hospitals, educational institutions and other technology business.	Children's has recently purchased property in the Denny Triangle area of downtown Seattle for the purpose of joining and expanding the reach of the extensive biomedical research community in South Lake Union, which includes the Fred Hutchison Cancer Research Institute, the Seattle Cancer Care Alliance and the University of Washington.

APPENDIX E: SEATTLE MUNICIPAL CODE 23.34.008 GENERAL REZONE CRITERIA

APPENDIX E

SEATTLE MUNICIPAL CODE GENERAL REZONE CRITERIA

This Appendix reviews the proposed MIO boundaries and height districts in the Master Plan with respect to the "general rezone criteria" in Seattle Municipal Code (SMC) 23.34.008.

SMC 23.34.008 General rezone criteria	Response
A	
To be approved a rezone shall meet the following standards:	
1	
In urban centers and urban villages the zoned capacity for the center or village taken as a whole shall be no less than one hundred twenty-five percent (125%) of the growth targets adopted in the Comprehensive Plan for that center or village.	Not applicable. Children's is designated as a major institution and is located outside of an urban center or village.
2	
For the area within the urban village boundary of hub urban villages and for residential urban villages taken as a whole the zoned capacity shall not be less than the densities established in the Urban Village Element of the Comprehensive Plan.	Not applicable.
B	
Match Between Zone Criteria and Area Characteristics. The most appropriate zone designation shall be that for which the provisions for designation of the zone type and the locational criteria for the specific zone match the characteristics of the area to be rezoned better than any other zone designation.	The proposed Master Plan includes an extension of the Major Institution Overlay (MIO) district to cover the Laurelon Terrace and Hartmann properties, which are zoned L-3. The proposed height districts will transition from a high of 140' buildings to an MIO 50' and MIO 37' on the Laurelon property. Hartmann will have an MIO 65', which is lower than the 85' multifamily residential to the south and higher than the multifamily residential to its immediate north. Children's proposed location of medical uses on and in close proximity to Sand Point Way NE is generally consistent with the other medical service uses on Sand Point as well as the increasing concentration of general commercial uses (on commercial-zoned land) all the way to University Village, which is a short distance to the west.
C	
Zoning History and Precedential Effect. Previous and potential zoning changes both in and around the area proposed for rezone shall be examined.	The underlying zoning for the existing 21.7-acre Children's campus is SF 5000, but Children's has used this property consistently for hospital and related medical uses since it purchased the property in the 1950s. Laurelon Terrace has been used for multifamily residential use for approximately the same period. The original RM zoning for the Hartmann property allowed medical clinics, which have continued on this property since these uses were

SMC 23.34.008 General rezone criteria	Response
	established in 1957.
D	
Neighborhood Plans.	There is no adopted neighborhood plan that covers the area for Children's proposed Master Plan.
1	
For the purposes of this title, the effect of a neighborhood plan, adopted or amended by the City Council after January 1, 1995, shall be as expressly established by the City Council for each such neighborhood plan.	Not applicable.
2	
Council adopted neighborhood plans that apply to the area proposed for rezone shall be taken into consideration.	Not applicable.
3	
Where a neighborhood plan adopted or amended by the City Council after January 1, 1995 establishes policies expressly adopted for the purpose of guiding future rezones, but does not provide for rezones of particular sites or areas, rezones shall be in conformance with the rezone policies of such neighborhood plan.	Not applicable.
4	
If it is intended that rezones of particular sites or areas identified in a Council adopted neighborhood plan are to be required, then the rezones shall be approved simultaneously with the approval of the pertinent parts of the neighborhood plan.	Not applicable.
E	
Zoning Principles. The following zoning principles shall be considered:	
1	
The impact of more intensive zones on less intensive zones or industrial and commercial zones on other zones shall be minimized by the use of transitions or buffers, if possible. A gradual transition between zoning categories, including height limits, is preferred.	Children's Master Plan includes MIO districts which transition the height downward from the center of the campus toward the single-family zoned properties on the north, east and south. On the street frontage at Children's new "front door" on Sand Point Way NE and 40th Avenue NE, there will be an active streetscape and transit stop, with the building faces terraced back from the street as heights increase. The landscaped buffers, mostly 75 feet in width, will continue to provide a transition between the campus and the single-family zoned areas on Children's perimeter.
2	
Physical buffers may provide an effective separation between different uses and intensities of development. The following elements may be considered as buffers:	The largest portion of Children's campus is east of Sand Point Way NE and is entirely separated from the adjoining residential areas by public streets and landscaped buffers

SMC 23.34.008 General rezone criteria	Response
a. Natural features such as topographic breaks, lakes, rivers, streams, ravines and shorelines; b. Freeways, expressways, other major traffic arterials, and railroad tracks; c. Distinct change in street layout and block orientation; d. Open space and greenspaces.	and streetscapes on Children's side of these streets. The Hartmann property is contiguous to the eastern portion of the campus, directly west across Sand Point Way NE. Hartmann borders the Burke-Gilman Trail on the west (a former railroad track), where there is also a substantial topographic break because of the rise in grade to the trail. Parking on Hartmann will be underground, and there will be open spaces and green spaces preserved around the building on the Hartmann site.
3	
Zone Boundaries. a. In establishing boundaries the following elements shall be considered: (1)Physical buffers as described in subsection E2 above; (2)Platted lot lines. b. Boundaries between commercial and residential areas shall generally be established so that commercial uses face each other across the street on which they are located, and face away from adjacent residential areas. An exception may be made when physical buffers can provide a more effective separation between uses.	The major institution medical uses on the eastern portion of Children's campus and Hartmann will face each other across Sand Point Way NE. See also the response in E2 above.
4	
In general, height limits greater than forty (40) feet should be limited to urban villages. Height limits greater than forty (40) feet may be considered outside of urban villages where higher height limits would be consistent with an adopted neighborhood plan, or where the designation would be consistent with the existing built character of the area.	Children's is outside of an urban village, but major institution uses are permitted outside of urban villages through the Major Institution Master Plan process. See Comprehensive Plan Policy UV35, UV39 and LU6, as well as the Major Institution Goals and Policies in LUG32-35 and LU180-204. The tallest buildings in the proposed Master Plan would be at a lower elevation than the tallest buildings on the existing built areas of Children's campus.
F	
Impact Evaluation. The evaluation of a proposed rezone shall consider the possible negative and positive impacts on the area proposed for rezone and its surroundings.	
1	
Factors to be examined include, but are not limited to, the following: a. Housing, particularly low-income housing; b. Public services; c. Environmental factors, such as noise, air and water quality, terrestrial and aquatic flora and fauna, glare, odor, shadows, and energy conservation; d. Pedestrian safety; e. Manufacturing activity; f. Employment activity; g. Character of areas recognized for architectural or historic value; h. Shoreline view, public access and recreation.	Children's proposed Master Plan has been evaluated in a Draft and Final EIS prepared by the City of Seattle. Each of these factors that is applicable to this use and this site has been thoroughly examined and subjected to extensive public and agency comment.
2	
Service Capacities. Development which can reasonably be anticipated based on the proposed development potential shall not exceed the service	See response to F1 above.

SMC 23.34.008 General rezone criteria	Response
capacities which can reasonably be anticipated in the area, including: a. Street access to the area; b. Street capacity in the area; c. Transit service; d. Parking capacity; e. Utility and sewer capacity; f. Shoreline navigation.	
G	
Changed Circumstances. Evidence of changed circumstances shall be taken into consideration in reviewing proposed rezones, but is not required to demonstrate the appropriateness of a proposed rezone. Consideration of changed circumstances shall be limited to elements or conditions included in the criteria for the relevant zone and/or overlay designations in this chapter.	Children's did not own the Hartmann property at the time of the 1994 Master Plan approval. Until after the commencement of this current Master Plan process, the Laurelon Terrace owners had not asked Children's to consider a termination of that condominium and the purchase of the Laurelon Terrace property. Without the goodwill of the Laurelon Terrace owners and their willingness to offer up an alternative that was better for the affected community, Children's would have been unable to consider what was entitled Alternative 7, then Alternative 7R, and is now the basis for the proposed Master Plan. Since 1994, the entire Sand Point Way NE/NE 45th Street corridor from Children's to Montlake has also become more intensely commercial, including the expanded University Village shopping center.
H	
Overlay Districts. If the area is located in an overlay district, the purpose and boundaries of the overlay district shall be considered.	Neither the Laurelon Terrace nor Hartmann properties are currently in an overlay district.
I	
Critical Areas. If the area is located in or adjacent to a critical area (SMC Chapter 25.09), the effect of the rezone on the critical area shall be considered.	The Burke-Gilman Trail on the west is situated at a higher elevation and separated from the Hartmann property by a steep slope; a portion of this slope is designated as an Environmentally Critical Area, and Children's is committed to employ best construction practices to stabilize the slope.

APPENDIX F: SEATTLE MUNICIPAL CODE 23.34.124 DESIGNATION OF MAJOR INSTITUTION OVERLAY DISTRICTS

APPENDIX F

SEATTLE MUNICIPAL CODE DESIGNATION OF MAJOR INSTITUTION OVERLAY DISTRICTS

This Appendix considers the consistency of Children's proposed Master Plan boundary extensions and height districts with the "Designation of Major Institution Overlay (MIO) districts" in Seattle Municipal Code (SMC) 23.34.124.

SMC 23.34.124 Designation of Major Institution Overlay (MIO) districts.	Response
A	
Public Purpose. The applicant shall submit a statement which documents the reasons the rezone is being requested, including a discussion of the public benefits resulting from the proposed expansion, the way in which the proposed expansion will serve the public purpose mission of the major institution, and the extent to which the proposed expansion may affect the livability of the surrounding neighborhood. Review and comment on the statement shall be requested from the appropriate Advisory Committee as well as relevant state and local regulatory and advisory groups. In considering rezones, the objective shall be to achieve a better relationship between residential or commercial uses and the Major Institution uses, and to reduce or eliminate major land use conflicts in the area.	Children's proposes to expand its current Major Institution Overlay (MIO) boundary to include the Laurelon Terrace and Hartmann properties in order to reduce the intensity of development on the existing 21.7-acre campus. This creates an opportunity to reduce the need for additional building area and height on the existing hospital campus while providing contiguous and adjacent locations for growth to serve the need for pediatric care in the hospital's service area, and helps to disperse related traffic. Maximum building heights with the expanded campus can be kept below the elevation of the tallest buildings now on the existing campus. The use of the Laurelon Terrace and Hartmann properties eliminates the need for vehicle access to the campus from the neighborhood streets of NE 45th Street and NE 50th Street, and provides the opportunity for a two-directional transit center on both sides of Sand Point Way NE to serve Children's and the adjoining neighborhoods.
B	
Boundaries Criteria. The following criteria shall be used in the selection of appropriate boundaries for: 1) new Major Institution Overlay districts; 2) additions to existing MIO districts; and 3) modifications to boundaries of existing MIO districts.	Children's proposes to include the Laurelon Terrace and Hartmann properties as additions to its existing MIO district, establish MIO height districts for such properties and modify the heights for certain portions of its existing MIO districts.
1	
Establishment or modification of boundaries shall take account of the holding capacity of the existing campus and the potential for new development with and without a boundary expansion.	Holding capacity is a function of both the scope of the MIO boundaries and the allowed MIO height districts. Public and DPD input disfavored the height, bulk and scale impacts of MIO 240' or even MIO 160' height districts on the higher-elevation existing campus, as shown, for example, in Alternatives 2 and 3. Alternative 6, which included inpatient facilities north of Penny Drive, again required increased heights on a portion of the campus, which is at a higher elevation and separated such new inpatient facilities from the hospital core. The proposed Master Plan takes advantage of the greater holding capacity that can be achieved by using as a

SMC 23.34.124 Designation of Major Institution Overlay (MIO) districts.	Response
	base property that is at a lower elevation.
2	
Boundaries for an MIO shall correspond with the main, contiguous major institution campus. Properties separated by only a street, alley or other public right-of-way shall be considered contiguous.	The existing hospital campus MIO is adjacent to the Laurelon Terrace property on the west, with no separation by street or alley. Children's expanded hospital campus, which includes the Laurelon Terrace property, is directly east of the Hartmann property, separated only by Sand Point Way NE. Through public amenity improvements, such as signalized pedestrian crossings, new and improved sidewalks on Sand Point Way NE and the two-directional transit center proposed for Sand Point Way NE at this location, the Hartmann property can become a safe and functioning extension of Children's campus.
3	
Boundaries shall provide for contiguous areas which are as compact as possible within the constraints of existing development and property ownership.	The proposed Master Plan provides for contiguous areas which are as compact as possible within the constraints of the existing development and property ownerships. The only separation in the campus would be Sand Point Way NE, which means that the properties in the campus are considered contiguous.
4	
Appropriate provisions of this chapter for the underlying zoning and the surrounding areas shall be considered in the determination of boundaries.	In the proposed Master Plan, consideration has been given to the effects of such boundary extensions on the nearby neighborhoods. The extension of the MIO boundaries to include the Laurelon Terrace and Hartmann properties moves Children's expansion away from single-family zoning on the north, east and south, and toward the more intense L-3 and NC zoning on Sand Point Way NE.
5	
Preferred locations for boundaries shall be streets, alleys or other public rights-of-way. Configuration of platted lot lines, size of parcels, block orientation and street layout shall also be considered.	MIO boundaries for the proposed Master Plan are consistent with these criteria. The campus east of Sand Point Way NE would be an island, surrounded by public streets on all sides with no public streets passing through this portion of the campus. The Hartmann portion of the campus fronts on Sand Point Way NE with the public Burke-Gilman trail on its western boundary.
6	
Selection of boundaries should emphasize physical features that create natural edges such as topographic changes, shorelines, freeways, arterials, changes in street layout and block orientation, and large public facilities, land areas or open spaces, or green spaces.	The MIO boundaries for the proposed Master Plan are entirely public streets for the portions of the campus east of Sand Point Way NE. In order to buffer and further delineate the transition from residential to major institutional uses, Children's will retain and increase in some cases the width of its landscaped buffers. The

SMC 23.34.124 Designation of Major Institution Overlay (MIO) districts.	Response
	Hartmann property has a topographic grade change between it and the Burke-Gilman trail; Children's will also preserve the Sequoias on Hartmann and accomplish separation from its residential neighbors through the orientation of the proposed building at this site, underground parking, open space and landscaping.
7	
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.	The existing 136 units of Laurelon Terrace condominium housing would have to be demolished in order to allow major institutional uses on this site pursuant to the proposed Master Plan. Children's is committed to meeting the City's replacement housing requirements and will meet, and to the extent feasible and cost-effective, exceed its housing replacement responsibilities related to Laurelon Terrace by providing for 136 or more new housing units in northeast Seattle. In addition, Children's is paying a premium price to the owners of the Laurelon Terrace units in order to allow them to find or build their own replacement housing.
8	
Expansion of boundaries generally shall not be justified by the need for development of professional office uses.	The Hartmann property would be used for Children's medical services and facilities. The Laurelon Terrace property would be used for inpatient bed wings, the relocation of the Emergency Department and other medical facilities.
9	
The establishment or expansion of boundaries shall be in conformance with the provisions of SMC Section 23.69.024, Major Institution designation.	The expansion of the boundaries would be in conformance with the provisions of SMC 23.69.024, which, in turn, incorporate the purpose and intent of SMC 23.69.002 (see Appendix G) and the rezone criteria in SMC 23.34.124 (see this Appendix).
C	
Height Criteria. The following criteria shall be used in the selection of appropriate height designations for: 1) proposed new Major Institution Overlay districts; 2) proposed additions to existing MIO districts; and 3) proposed modifications to height limits within existing MIO districts;	
1	
Increases to height limits may be considered where it is desirable to limit MIO district boundary by expansion.	MIO height limits of 160' are required for portions of the existing campus and portions of the Laurelon Terrace property in order to accommodate Children's expected growth. However, actual building heights in the MIO 160' height districts will be limited to 140' (exclusive of mechanical and penthouse features). The MIO height limits of MIO 37', 50', 65', 70' and 90' will largely be maintained on the existing campus. Laurelon Terrace will

SMC 23.34.124 Designation of Major Institution Overlay (MIO) districts.	Response
	have additional lower height limits of MIO 37' and 50'. Hartmann would have an MIO 65'.
2	
Height limits at the district boundary shall be compatible with those in the adjacent areas.	The proposed MIO height increases are the minimum needed to accommodate Children's growth and, at the boundaries, are compatible with adjacent areas. In addition, there are 75-foot wide landscaped buffers around most of the north, east and south portions of the campus where no buildings are allowed at any height. In other areas, the buffer widths are less but these are also "no building" areas.
3	
Transitional height limits shall be provided wherever feasible when the maximum permitted height within the overlay district is significantly higher than permitted in areas adjoining the major institution campus.	Children's proposes an MIO 37', 50' and 160' on the Laurelon Terrace property. Due to the lower elevation of the Laurelon Terrace property, the 160' height corresponds with the elevation of the MIO 90' on the existing hospital campus. However, buildings constructed in the MIO 160' districts will not be higher than 140' (exclusive of mechanical and penthouse features). The heights transition down to MIO 50', then to MIO 37' along the southern boundary of Laurelon Terrace adjacent to the residential housing on NE 45th Street. The Hartmann property will have an MIO 65' district, which will enable development there to transition from the taller multifamily residential building south of Hartmann to the lower multifamily structures on the north.
4	
Height limits should generally not be lower than existing development to avoid creating non-conforming structures.	The proposed height limits will not create non-conforming structures on the existing campus.
5	
Obstruction of public scenic or landmark views to, from or across a major institution campus should be avoided where possible.	There will be no obstruction of public scenic or landmark views to, from or across Children's campus.
D	
In addition to the general rezone criteria contained in Section 23.34.008, the comments of the Major Institution Master Plan Advisory Committee for the major institution requesting the rezone shall also be considered.	The proposed Master Plan has been refined in response to comments received from the CAC. See Master Plan: "Neighborhood Context" on page 17.

APPENDIX G: SEATTLE MUNICIPAL CODE 23.69.002 PURPOSE AND INTENT

APPENDIX G

SEATTLE MUNICPAL CODE PURPOSE AND INTENT

This Appendix considers the consistency of Children's proposed Master Plan boundary extensions and height districts with the "Purpose and Intent" in Seattle Municipal Code (SMC) 23.69.002.

SMC 23.69.002 Purpose and intent.	Response
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;	Each alternative considered by Children's in this Master Plan process was framed to meet the expected demand for growth in pediatric care at this location. The proposed Master Plan represents the alternative with the least overall impact on the surrounding community.
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;	The public benefit derived from the fulfillment of Children's mission to provide the best pediatric specialty care to the citizens of Seattle, Washington, and the region is enormous. The proposed Master Plan achieves the intended balance by minimizing the impacts of such growth on the community. The Master Plan will maintain the height of the tallest buildings at an elevation that is less than the elevation of the tallest buildings on the existing site; avoid the need for access to the campus through neighborhood streets; move the bulk of the expansion toward the Sand Point Way NE arterial and implement an aggressive Transportation Mitigation Plan that includes pedestrian, bicycle and transit improvements that will benefit the adjacent neighborhoods.
C	
Encourage the concentration of Major Institution development on existing campuses, or alternatively, the decentralization of such uses to locations more than two thousand five hundred (2,500) feet from campus boundaries;	Since the adoption of the 1994 Master Plan, Children's has decentralized its services wherever possible through its establishment of regional clinics and a research center in the Denny Triangle area of downtown Seattle. The proposed Master Plan, although expanding Children's current MIO boundaries, moves the bulk of the expansion facilities in the direction of the Sand Point Way NE arterial and away from the single-family zoned residential areas that surround its existing campus. It is not practical, economic or at all desirable from the standpoint of pediatric health to scatter its core tertiary care inpatient and outpatient facilities to remote locations. See Master Plan, "Decentralization" on page 72.
D	
Provide for the coordinated growth of major institutions through major institution conceptual master plans and the establishment of major	In July 2007, Children's submitted a Concept Master Plan for the future development on its campus. This was followed by a

SMC 23.69.002 Purpose and intent.	Response
institutions overlay zones;	Preliminary Draft Master Plan in the fall of 2007 that proposed three alternatives with revised MIO zones. The Draft Master Plan submitted in January 2008 refined the proposed alternatives based on public and DPD comments. The proposed Master Plan is the culmination of the public process that has occurred to date. See "The Major Institution Master Plan (MIMP)" on page 9, "Alternatives Considered" on pages 20 to 23, "Proposed Master Plan" on page 24, and Table 1 "Modifications to the Underlying Zoning Heights" on page 81.
E	
Discourage the expansion of established major institution boundaries;	The proposed expansion of Children's MIO boundaries to include the Laurelon Terrace and Hartmann properties will reduce the impacts in terms of bulk and scale, traffic, and other elements of the environment that would otherwise have occurred if all future growth were concentrated on the existing 21.7-acre campus. The expansion of the campus to Laurelon Terrace and Hartmann represents an alternative with lesser environmental impact.
F	
Encourage significant community involvement in the development, monitoring, implementation and amendment of major institution master plans, including the establishment of citizen's advisory committees containing community and major institution representatives;	There has been significant community involvement in the development of this Master Plan, including the extensive series of regular and subcommittee meetings by the Citizens Advisory Committee and a robust EIS process that included more than 600 agency and public comments on the Draft. See Master Plan: "Neighborhood Context" on page 17.
G	
Locate new institutions in areas where such activities are compatible with the surrounding land uses and where the impacts associated with existing and future development can be appropriately mitigated;	Not applicable, as this is an existing institution with an approved MIMP.
H	
Accommodate the changing needs of major institutions, provide flexibility for development and encourage a high quality environment through modifications of use restrictions and parking requirements of the underlying zoning;	The Master Plan's Development Program and Development Standards provide for the changing needs of this institution over the life of the Master Plan. The Master Plan contains measures over and above what is required to be contained in a Master Plan in order to provide for a high-quality environment, including policies on environmental stewardship, housing, design guidelines and an aggressive Transportation Mitigation Plan that is intended to reduce the need for vehicle parking on Children's campus.
I	
Make the need for appropriate transition primary considerations in determining setbacks. Also setbacks may be appropriate to achieve proper scale, building modulation, or view corridors;	In the proposed Master Plan, the height of the proposed development transitions from the tallest development at the core of Children's campus down to less intense development adjacent to the single-family residential zone. A significant

SMC 23.69.002 Purpose and intent.	Response
	landscape buffer exists between the existing campus and the single-family zone. This buffer is continued and, in some areas, its depth is proposed to be increased. See Master Plan, "Structure Setbacks" on pages 78 to 79.
J	
Allow an increase to the number of permitted parking spaces only when it is 1) necessary to reduce parking demand on streets in surrounding areas, and 2) compatible with goals to minimize traffic congestion in the area;	Through its enhanced Transportation Management Plan, Children's will be able to reduce its parking demand from 3,600 spaces to 3,100 spaces. With the identification and implementation of other off-site park and ride lots, Children's may further reduce on-site parking demand in subsequent phases of development.
K	
Use the TMP to reduce the number of vehicle trips to the major institution, minimize the adverse impacts of traffic on the streets surrounding the institution, minimize demand for parking on nearby streets, especially residential streets, and minimize the adverse impacts of institution-related parking on nearby streets. To meet these objectives, seek to reduce the number of SOVs used by employees and students at peak time and destined for the campus;	Children's is a regional leader among employers and institutions with Commute Trip Reduction (CTR) and Transportation Management Plan (TMP) programs. Fewer than 38 percent of affected day-shift staff drive alone to work. With this Master Plan, Children's will enhance its TMP to reduce the SOV rate for its daytime employees to 30 percent.
L	
Through the master plan: 1) give clear guidelines and development standards on which the major institutions can rely for long-term planning and development; 2) provide the neighborhood advance notice of the development plans of the major institution; 3) allow the city to anticipate and plan for public capital or programmatic actions that will be needed to accommodate development; and 4) provide the basis for determining appropriate mitigating actions to avoid or reduce adverse impacts from major institution growth; and	Children's Master Plan provides clear development standards for its future development; provides a phasing plan for such development; includes contributions to needed public capital improvements in the area for transit, HOV, pedestrian and bicycle facilities and contains other mitigation measures tailored to address the impacts of its expansion.
M	
Encourage the preservation, restoration and reuse of designated historic buildings.	Not applicable, as there are no designated historic structures on Children's campus or the Hartmann and Laurelon Terrace properties.

APPENDIX H: SOUND TRANSIT LETTER OF INTENT

Children's
Hospital & Regional Medical Center

Letter of Intent
between
Children's Hospital and Regional Medical Center
and the Central Puget Sound Regional Transit Authority

Children's Hospital and Regional Medical Center is a nonprofit corporation in Washington exempt from federal income tax under Section 501(c)(3) of the Code, and fulfills its charitable health care mission in part through the operation of an acute care children's hospital and other children's health services in Seattle, Washington.

The Central Puget Sound Regional Transit Authority (Sound Transit) is a duly organized regional transit authority and has all the powers necessary to implement a high capacity transportation system. Sound Transit has implemented a regional transit system consisting of ST Express bus, Sounder commuter rail, Tacoma Link light rail and the capital infrastructure that supports these services. In mid 2009, Central Link light rail will offer service from downtown Seattle to Tukwila, followed by service to SeaTac Airport in December 2009.

Purpose
The purpose of this Letter of Intent is to document our mutual interest in discussing and identifying short-term and long-term partnerships designed to encourage alternative transportation uses.

General Approach
Sound Transit and Children's Hospital and Regional Medical Center will work together to:

(a) Identify future service enhancements such as Sound Transit buses or facilities that link to Children's expanded shuttle service.
(b) Identify potential private-public partnerships which will allow Children's to access current or future park and ride lots owned and operated by Sound Transit.
(c) Participate in regional forums or workshops where we advance regional transportation alternatives.

Both parties also recognize the need to hold coordinated discussions with other local and regional transit agencies related to service enhancements and other transit related arrangements.

Agency Representatives
Sound Transit and Children's Hospital and Regional Medical Center will each identify a single point of contact for carrying out this Letter of Intent.

Conclusion
Sound Transit and Children's Hospital and Regional Medical Center recognize the importance of our collaboration in ensuring effective transportation options that enhance regional mobility. We recognize that potential service or capital project partnerships will be subject to approval by the Sound Transit Board and the Children's Hospital and Regional Medical Center Board of Trustees.

Thomas N. Hansen — 3.26.09

Children's Hospital and Regional Medical Center
Thomas N. Hansen, MD, Chief Executive Officer

Date

Joni Earl — 3-26-08

Sound Transit
Joni Earl, Chief Executive Officer

Date

APPENDIX I: COMMUNITY TRANSIT LETTER OF INTENT

communitytransit
smile & ride

7100 Hardeson Road
Everett, WA 98203-5834

www.communitytransit.org
425/348-7100 ph
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Joyce Eleanor
Chief Executive Officer

Letter of Intent Between
Seattle Children's Hospital and Community Transit

Seattle Children's Hospital is a nonprofit corporation in Washington exempt from federal income tax under Section 501(c) (3) of the Code, and fulfills its charitable health care mission in part through operation of an acute care children's hospital and other children's health services in Seattle, Washington.

Community Transit is a Public Transportation Benefit Area incorporated in 1976 under RCW 36.57 A. It operates 33 local bus routes, 31 commuter routes and DART paratransit service throughout Snohomish County. Community Transit also offers carpool matching, one of the nation's largest vanpool programs and offers travel training to disabled and senior citizens

Purpose

The purpose of this Letter of Intent is to document our mutual interest in exploring short-term and long-term partnerships designed to encourage alternative transportation and a "think transit first" lifestyle.

General Approach

Community Transit and Seattle Children's Hospital will work together to:

1. Where possible, coordinate connections between Seattle Children's shuttle service and Community Transit's bus service.
2. Explore potential private-public partnerships
3. Research transit efficient locations for future Seattle Children's facilities within Snohomish County
4. Explore targeted TDM programs to help employees access Community Transit services without driving

Both parties also recognize the need to participate in regional forums and hold coordinated discussions with other local and regional transit agencies and jurisdictions related to service enhancements and other transit related arrangements.

Conclusion

Community Transit and Seattle Children's Hospital recognize the importance of our collaboration in ensuring effective transportation options that enhance regional mobility. We recognize that potential service or capital project partnerships will be subject to approval by the Community Transit Board and the Seattle Children's Hospital Board of Trustees.

Seattle Children's Hospital
Thomas N. Hansen, MD, Chief Executive Officer

10/16/08
Date

Community Transit
Joyce Eleanor, Chief Executive Officer

10/14/08
Date

APPENDIX J: RECOMMENDED COMPREHENSIVE TRANSPORTATION PLAN

Nelson\Nygaard
consulting associates

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(206) 357-7521
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M E M O R A N D U M

To: Paulo Nunes-Ueno, Seattle Children's (Children's)

From: Tom Brennan, Andrea Broaddus, Maggie McGehee, and Manuel Soto: Nelson\Nygaard
Peter Valk, TMS

Date: October 20, 2008

Subject: Proposed Comprehensive Transportation Plan in Support of the 2008 MIMP

Introduction

This memorandum expands upon and amends the memorandum dated March 28, 2008 as presented in Appendix T-9 to the Children's Hospital and Regional Medical Center (now Seattle Children's) Draft Environmental Impact Statement (DEIS) for its Major Institution Master Plan (MIMP). The following document outlines the revised Comprehensive Transportation Plan (CTP) that Children's proposes as part of its anticipated MIMP. Children's would implement the proposed CTP upon MIMP approval.

This CTP is based on Nelson\Nygaard's recommendations and analysis, which are documented in Appendix A to this memorandum. Improvements and refinements to the plan as recommended in the March 28, 2008 memo were made in consultation with the Citizen's Advisory Committee, the City of Seattle Departments of Planning and Development (DPD) and Transportation (SDOT), and in response to comments made by the general public during the review period of the Major Institution Master Plan.

This proposed CTP supports Children's transportation goals, which focus institutional planning and investments to minimize Children's impacts on the transportation network and the environment, while at the same time making the most of precious healthcare dollars by limiting construction of expensive, new parking facilities. Children's transportation goals are to:

- Further reduce the percent of commute trips made by single-occupant vehicle (SOV)
- Further reduce AM and PM peak hour vehicle travel
- Reduce the need to build parking on campus or in nearby facilities within the area that would be affected by MIMP-related vehicle trips, and
- Support Children's continued leadership in delivering innovative transportation solutions in the context of climate change.

This CTP would represent a substantial investment in sustainable transportation programs and infrastructure beyond the hospital campus. The CTP is comprised of eight additive elements that reduce congestion and other negative transportation impacts related to the hospital's growth by making transit, walking, and biking not simply convenient choices, but rather the preferred way to travel to Children's.

Comprehensive Transportation Plan elements

Children's has long been recognized as a leader in Transportation Demand Management (TDM), receiving awards from the Governor's office, King County, and the U.S. Environmental Protection Agency for its excellent commuter benefits and achievements in vehicle trip reduction. The hospital's programs to reduce drive-alone commuting and vehicle trips to the campus have resulted in a drive-alone rate of only 38% among daytime employees in 2006, down from 73% in 1995. This accomplishment is significant both for a hospital and for an employer located in a neighborhood with limited public transit service.

With the input of the Citizens Advisory Committee, SDOT, and DPD, Children's has developed a Comprehensive Transportation Plan (CTP) to focus on sustainable transportation programs. The first three elements of the proposed CTP represent major enhancements in programs that are operated within Children's as part of its highly successful Transportation Management Plan (TMP). This enhanced TMP would mitigate vehicle traffic related to MIMP expansion by shifting even more employees and visitors from single-occupancy vehicles (SOV) to bicycling, walking, shuttle, and transit. In addition, the proposed CTP goes above and beyond the traditional TMP components by including five new elements that go well beyond the measures usually associated with a transportation management plan, including a substantial investment in transportation infrastructure improvements outside the hospital campus.

This enhanced TMP would lead to an **SOV mode split of 30% or lower among daytime employees** at MIMP build out.[1] For comparison, this would meet or exceed the 2020 goal of 70% non-SOV travel set for the University District Urban Village in the City of Seattle's Comprehensive Plan (*see Appendix A to this memorandum for a complete discussion of the TMP enhancements and the methodology used to calculate the proposed TMP's SOV and vehicle trip reduction benefits).*

Elements 1-3: Enhanced Transportation Management Plan[2]

Children's proposed enhanced policies and programming for its TMP include expanding its Transportation Demand Management incentives and extending Children's shuttle system to offer new commute alternatives. These TMP enhancements would achieve a 30% SOV mode split or lower among existing and future employees, as measured under applicable TMP requirements. Modeling indicates that the enhanced TMP and its associated SOV mode split is expected to result in a 36% reduction in net new PM peak hour vehicle trips, reducing what would otherwise be additional peak hour vehicle traffic generated by the MIMP expansion. The level of additional investment in shuttles and other elements of the TMP is a significant commitment, and would represent additional costs on the order of several million dollars annually, in addition to capital expenditures. The three enhanced Transportation Management Plan elements are:

1) A robust shuttle-to-transit system linking Children's to regional transit hubs. Children's expanded shuttle system is designed to increase the number of employees who use transit by providing frequent and convenient service between Children's and regional transit hubs. Children's has already initiated a shuttle route to the Downtown Transit Tunnel and 3rd Avenue corridor, and plans a new route to Campus Parkway in the University District in 2009. If the MIMP is approved, Children's would additionally run shuttle routes to the Montlake Flyover stop at SR-520, the future LINK light rail station at Husky Stadium, and park and ride locations in south Snohomish County during later phases of development.

Expected outcome: 19 percent reduction in net new PM peak hour vehicle trips by 2028.

[1] As measured by Washington State Commute Trip Reduction (CTR) law reporting requirements.
[2] For a complete description of the proposed Enhanced TMP, see Appendix A to this memo.

2) Innovative bicycle programs. Children's is pioneering a number of creative programs to increase the use of bicycles for commute and mid-day trips, such as:

> *Company Bikes,* which offers free use of a bicycle to employees who commit to cycling at least two days per week, and
>
> *Flexbikes,* a shared-bicycle program which allows users to check out electric-assist bicycles for one-way travel to the 70th / Sand Point Way administrative building on the University of Washington Medical Center (UWMC).

Expected outcome: Increase in the percentage of employees who commute by bicycle from 6% (2007) to 10% by 2028

3) Increased financial rewards for employees who commute without driving alone. Children's rewards employees who use alternative forms of transportation with monthly financial bonuses. The amounts of these incentives would be increased, parking fees would rise, and Children's would also continue to provide many other programs such as free transit passes, fully subsidized vanpools, guaranteed taxi rides home in the case of emergency, and others.

Expected outcome: 17 percent reduction in net new PM peak hour vehicle trips in 2028, for a total 30-40% reduction in net new PM peak hour vehicle trips combined with Element 1.

Elements 4-8: Above and beyond a typical TMP

The additional five elements of the Comprehensive Transportation Plan would go above and beyond what is typically included in a Transportation Management Plan. These additional elements would provide community benefits, improve Northeast Seattle's transportation network, and provide even further reductions in transportation impacts related to the hospital's expansion. These elements are:

4) Campus design and near-site improvements to encourage alternative transportation. Through careful arrangement of design elements such as pedestrian access, bicycle facilities, transit centers, and the buildings themselves, Children's would create a campus that supports the convenience and attractiveness of alternative transportation modes. This campus design would blend with the surrounding neighborhood and include adjacent improvements on Sand Point Way NE and 40th Avenue NE, to support vehicle and pedestrian movement near the campus both for Children's transportation and for the benefit of the surrounding neighborhood.

Expected outcome: A more attractive, safe, and pleasant development that encourages walking, bicycling, and transit use**.**

5) Intelligent Transportation Systems (ITS) for NE 45th Street / Montlake Boulevard / Sand Point Way NE. Children's would contribute up to $500,000 to directly fund Intelligent Transportation System (ITS) projects in the corridor most likely to be impacted by the hospital's expansion: Montlake Boulevard through Sand Point Way NE to the hospital. By applying smart signals that adapt to traffic conditions, ITS enhancements would optimize the performance of key intersections and produce substantial reductions in vehicle delay and travel time within the corridor. For example, when ITS improvements were installed at Greenwood Avenue N and Holman Road NW in Seattle, the result was a 30 percent reduction in vehicle delay and a 15 percent reduction in travel time.

Expected outcome: 5-10 percent reduction in delay and travel time.

6) Contributions to capital projects that would improve the Northeast Seattle transportation network. The City of Seattle has identified a comprehensive list of projects intended to improve the movement of people and goods as well as increase safety in the area impacted by Children's traffic. These projects emerged from a number of planning efforts conducted by the City, including the University Area Transportation Study, the University Area Transportation Action Strategy, the Bicycle Master Plan and the Sand Point Way Pedestrian Plan. Children's would contribute a proportionate share of the cost of the projects on this list based upon the amount of traffic related to Children's, in an amount up to $1.4 Million.

> ***Expected outcome:*** Currently unfunded improvements in the Northeast Seattle transportation network would receive substantial financial support.

7) Investments in Walkable + Bikeable Northeast Seattle. Children's would contribute up to $2 Million to a Bicycle + Pedestrian Fund that would be used to build capital projects – in some cases above and beyond those found in existing plans – that improve pedestrian and cyclist access, mobility, and safety for Children's employees, visitors, and members of the surrounding community. Projects listed in the Bicycle Master Plan that have a connection to Children's and are currently unfunded would receive first priority. Children's would work with the City and communities surrounding the hospital to identify improvements that would create wide-ranging community benefits, particularly those that promise to increase the numbers of families and children who feel safe and comfortable bicycling and walking in northeast neighborhoods. These projects should also lead to even further increases in the numbers of Children's employees who arrive at work on foot or by bicycle.

> ***Expected outcome:*** Significant reductions in vehicle/bicycle crashes, and greater numbers of cyclists and pedestrians in the area.

8) Out-of-area parking. If the MIMP is approved, Children's intends to identify 100 to 200 out of area, off-site parking spaces per each phase of development as part of its CTP and as necessary to mitigate future transportation impacts. As a first step, Children's and Sound Transit have signed a Memorandum of Understanding committing both organizations to investigate options to create capacity for Children's employees at regional park and ride facilities.

> ***Expected outcome:*** Every 100 cars parked in off-site, out-of-area facilities would result in a 5% reduction in traffic impacts surrounding the hospital**.**

Children's is committed to develop sustainable transportation programs in conjunction with its MIMP construction. Through the CTP, the hospital would mitigate vehicle traffic related to expansion by shifting even more employees and visitors from single occupant vehicle (SOV) to biking, walking, shuttle and transit. The CTP would allow Children's to:

- Achieve a 30% SOV rate, matching the 2020 mode share goal set by the City of Seattle comprehensive plan for the University District
- Reduce the number of parking spaces needed on campus by 500, and
- Reduce vehicle miles traveled, and thus reduce the resulting green house gas emissions that would otherwise be generated with no further mitigation measures beyond Children's 2007 TMP.

Element I. Robust shuttle-to-transit system

Significant investment would be made in the operation of new shuttles from major transit hubs that connect riders directly to the campus. Shuttle routes would meet regional transit service at Westlake Station and 3rd Avenue downtown (*launched in April 2008*), the University District (*scheduled to launch in 2009*), the Montlake/SR 520 flyover stop, and the future light rail station at Husky Stadium. Another route would provide connections from south Snohomish County during peak commute times.

Table 1 summarizes Children's shuttle program as of 2007, and presents the enhancements that Children's would implement in conjunction with the MIMP. This enhanced Shuttle service, along with Elements 2 and 3 of the CTP, would together meet Children's TMP goals referenced above (i.e., pioneering innovative climate change solutions and further reducing SOV rates, vehicle trips, and parking demand). Expanding Children's existing shuttle routes to connect with regional transit services effectively extends the reach and convenience of the public transit system and allows more employees and other visitors to choose alternate modes to reach campus. (*See Appendix A to this memorandum for a detailed description of the Shuttle program, strategy development for the entire TMP, and expected effectiveness*.)

Table 1. 2007 Shuttle Service and Proposed Enhancements

2007 Program	Proposed Enhancements
• 6 routes offer free rides between the main campus and parking lots, other Children's facilities, and affiliated institutions, Mon-Fri • Shuttle fleet of 12 vehicles, equipped to carry bicycles • 2 routes connect the hospital campus with nearby off-campus parking lots: every 7-10 minutes, runs 5:30AM-9PM • 1 route between the 70th/Sand Point Way administrative building and main campus: every 15 minutes, 6AM-6:30PM • 1 route connecting the Magnuson Park lot and 70th/Sand Point Way building: every 10 minutes, 6AM-10AM, 3PM-7PM • 1 route between Children's main campus and Metropolitan Park West offices in downtown Seattle: every 30 minutes during peak, 20 minutes off-peak, 6AM-8PM • 1 route between Children's Hospital Research Institute Building 1 University of Washington Medical Center (UWMC), and Children's main campus: every hour, 8AM-5PM • Fred Hutchinson provides one route from the Seattle Cancer Care Alliance to UWMC and Children's: every 40 minutes, 7AM-7PM	• Initiate additional Transit Shuttle routes to public transit hubs • Increase shuttle fleet as needed to support service enhancements • *Launched in June 2008:* Route to 3rd Avenue/Westlake Station every 15 minutes (absorbing Metropolitan Park West route and 70th/Sand Point Way to hospital route) • *Planned for launch in 2009:* Route to University District NE 45th St and Campus Parkway hubs, every 10 minutes during peaks, every 15 minutes off-peak • Route to SR 520/Montlake Blvd. Station every 10 minutes during peaks, every 15 minutes off-peak • Route to Future UW light rail station at Husky Stadium, every 10 minutes during peaks, every 15 minutes off-peak • Route to south Snohomish County every 30 minutes, only during peaks

Element II. Innovative bicycle programs

Building on its history as an innovator in transportation management, Children's is piloting novel bicycle programs to bolster the number and proportion of its employees who commute by this physically active, non-polluting transportation mode. Children's campus provides the free use of showers, lockers, secure bicycle parking, and subsidized tune-ups for all employees. Lockers are currently available on a first-come, first-served basis to those who bike or walk to work or who exercise mid-day and utilize the shower and changing facilities.

On July 17, 2008, Children's launched its **Company Bikes** program. Under Company Bikes, Children's invites employees to pledge to bicycle to work at least two days every week, year-round. After completing two bike commuting courses offered by Children's Commuter Services staff, these pledged employees are provided with a bicycle free of charge from the hospital, for their use as long as they continue bike commuting twice a week. The Company Bikes program enjoyed an enormously positive start, assigning 30 bicycles within the first two days of its launch and committing all 100 bicycles for the 2008 program by September. Commuter Services has 27 bicycle commuting courses scheduled through November 2008. 100 more Company Bikes bicycles are planned for purchase and distribution in 2009.

Scheduled to launch in the first quarter of 2009, the **Flexbikes** bike-sharing program would house 20 bicycles on the hospital campus that employees can rent during the day, with the first half hour free. The bicycles would have an electric-assist motor that can be turned on to help climb hills. Children's program would link with a system of 40 Flexbikes to be housed on the University of Washington campus. Flexbikes would reduce the number of midday vehicle trips between the Hospital and nearby facilities such as the 70th and Sand Point administrative offices and the University of Washington Medical Center. In addition, the provision of bikes for mid-day trips would help employees who may not be ready or able to bicycle to campus to try biking for errands and meetings, reducing motorized vehicle trips during the day.

In order to support the projected 10% of employees cycling to work by 2028, Children's is planning for showers, lockers, and bike parking to accommodate 600 cyclists. The hospital is considering a locker-assignment system to ensure consistency and predictability for locker users.

Element III. Increased financial rewards for employees who commute without driving alone

Children's employees receive substantial financial and convenience incentives to choose non-drive alone commute modes. In conjunction with the MIMP, as part of the Comprehensive Transportation Plan, Children's proposes to greatly enhance its 2007 incentives programs to provide substantial economic motivation, supportive benefits, and ample information and guidance to encourage employees to get to work by transit or shuttle, carpool or vanpool, or by bicycle or on foot.

Children's would make the following enhancements to employee incentives:

Table 2. 2007 Incentive Programs and Proposed Enhancements

Element	2007 Program	Proposed Enhancement
Financial Incentives for Alternate Commutes	Children's employees and CUMG physicians can earn up to $50 per month in Commuter Bonus	Medical residents, fellows, and students also eligible for the monthly bonus; maximum incentive increased to $65 per month, matching parking fees
	Additional quarterly bonuses for vanpool drivers, backup drivers, and bookkeepers	Same
	FlexPass for all Children's and CUMG employees; PugetPass for others upon request	FlexPass for medical residents & fellows; UPASS subsidized for students (out of pocket portion)
	Free bicycle tune-ups, umbrellas, and reflective lights provided annually.	Institute a $100 per year gear bonus for commuters who walk or bike to work
Parking costs	Children's employees, CUMG Physicians, Pace temps, travelers, UW employees, and contractors who drive alone to work charged $50 per month for parking. Children's tracks University of Washington parking fee increases and raises hospital parking fees concurrently.	Raise on-campus SOV parking charge to $65 per month, with ongoing increases still made in step with University of Washington parking fee changes. Add medical residents, students and fellows to employees charged for monthly parking, similar to UW policies.
	Patients, families, carpools and vanpools park on campus for free, as do: medical residents, students, fellows, volunteers, community physicians, trustees, board members and vendors	Eliminate free parking with introduction of pay-per-use. Charge patients and families for parking, with the potential for validation or Medicaid vouchers for families. Institute parking charges for carpoolers to create a market incentive for carpoolers to increase the occupancy of their cars and the frequency with which they share the ride to work.
Carpool and Vanpool	Carpool groups managed internally by Children's Transportation staff. No incentives for formation, but $65/month bonus for full time carpooling and free parking. Therefore, carpoolers get enhanced utility from sharing the ride.	Children's would invest in technology that facilitates carpool matching by commuters themselves, including real-time matching. Children's would transition to a single carpool formation bonus and institute parking charges for carpoolers. These changes would create market incentives for carpoolers to maximize the number of rides they share and to increase the occupancy of their cars.
Supportive programs	Guaranteed Ride Home and carsharing memberships provided to employees. Shuttles are equipped to carry bicycles.	Continue proportional investment in GRH and Zipcar as employee populations grow.

Element IV. Campus design and near-site improvements to encourage alternate transportation

Research shows that the choice to drive, take transit or use human powered modes is influenced as much by the quality of the built environment along the way as by the availability transportation choices. For example, a well-designed campus portal located near transit, or deliberate placement of bicycle facilities near entrances, help to reduce any real or perceived penalty associated with the use of transit or non-motorized travel modes.

Making non-motorized transportation safe, attractive, and time-competitive with SOV travel is a guiding principle of the CTP. Children's has integrated pedestrian- and cyclist-supportive infrastructure into every design decision during the MIMP planning process, both within the campus and at access points, crossings, and pedestrian environments along the hospital's perimeter. Such detailed design efforts would support the effectiveness of all other Children's transportation programs, and make non-drive-alone travel modes feasible and appealing for all groups of people who come to campus, including clinical and administrative staff, medical students and community physicians, and volunteers and visitors.

On-Campus Capital Improvements

Children's is working with its architect to ensure that the campus would be designed to make walking, biking, and transit the best ways to commute to work. New on-site facilities would serve increasing numbers of shuttle and transit passengers, bike commuters, and pedestrians. Careful attention is being paid to walking and cycling connections between shuttle and bus stops, campus access points, and main buildings. Regardless of initial travel mode, visitors would navigate the campus by foot or using a mobility aid such as a wheelchair or walker when traveling from the parking garages, transit stops, bicycle cages, or between different buildings; safe, convenient, and clearly-marked on-site pedestrian facilities are necessary for all hospital visitors. Tables 3 and 4 describe facilities on Children's existing site and proposed enhancements that would be included in the MIMP design:

Table 3. 2007 On-Campus Shuttle/Transit Facilities and Proposed Enhancements

Travel Mode	2007 Facilities	Proposed Enhancements
Shuttle	Shuttles drop passengers off at the turn-around platform in front of the Giraffe Building	Enhanced shuttle service would require 4-6 bus bays for efficient drop off/pick up and vehicle turn around. Build a high-quality hub to serve Children's shuttles and public transit (*see "Proposed combined enhancement" below*)
	Passengers dropped off adjacent to hospital building	Support pedestrian circulation with clear, separated infrastructure between shuttle bays and hospital buildings
	Shuttles stored overnight at National Archives on Sand Point Way NE	Dedicate 18,000 sf. (on or off campus) for fleet storage, maintenance and operator facilities
King County Metro Transit riders	Route 75: Arriving passengers must walk up a steep hill on Penny Drive from the bus stops on Sand Point Way NE to buildings. Bus stops are covered adjacent to the hospital campus. However, stops near the Hartmann facility are unsheltered, and there is no signalized crossing to help passengers safely navigate the four lanes of traffic.	Create a pedestrian-oriented building entrance directly adjacent to the Route 75 stops (*see "Proposed combined enhancement" below*)

	Route 25: Passengers arrive in a protected turn-around but must walk through the Whale parking garage, or find a hidden stairway leading through a garden plaza, to reach the hospital	Enhance signage directing passengers to the path through the garden plaza. If possible after negotiations with King County Metro, co-locate the stops for routes 25 and 75.
Proposed combined enhancement: Transit/Shuttle Hub Depending on which MIMP alternative is chosen, Children's would work with King County Metro and SDOT to create a shared location where routes 75, 25, and Children's shuttles all stop. Under Alternative 7R, this hub would be located on both sides of Sand Point Way NE at 40th Avenue NE, in front of the hospital and the Hartmann property. The Transit/Shuttle Hub would be designed as a true gateway arrival point for the campus, with attractive and comfortable amenities such as seating, lighting, and weather protection. This would enable passengers to walk to and wait at a single stop and have the option of using any of these transportation services. As the hospital site exists today, passengers must choose a single option ahead of time – either one of the two Metro routes or a shuttle – because stops for each are located at different places around campus. Co-locating a Transit/Shuttle Hub would encourage more people to choose these modes to travel to and from the hospital by creating more travel options and greater arrival frequencies at one dedicated, safe, and appealing waiting area.		

Table 4. 2007 On-Campus Pedestrian/Bike Facilities and Proposed Enhancements

Travel Mode	2007 Facilities	Proposed Enhancements
Bicycle	Secure bicycle parking for 120 bicycles provided inside bike cages in parking garages, at building entrances, and uncovered locations.	Add enough bicycle parking to accommodate 600 cyclists. Focus bike parking in locations that create easy access to the desired destinations in the campus. Create dedicated central location for Flexbikes *(see Element II "Innovative bicycle programs" and Appendix A for details)*
	End-of-trip amenities, such as shower and locker facilities, provided free of charge.	Add shower/locker facilities to accommodate the demand generated by 600 cyclists per day as well as those traveling to campus on foot.
Pedestrian	Main campus access point at Penny and Sand Point Way NE is oriented to vehicles. Building entrances are located uphill and far from this main access point as well as all other bike/pedestrian access points.	Build a "front door" to the hospital campus and directly into the main hospital building on 40th Avenue NE and Sand Point Way NE, eliminating the hill climb on Penny Drive. Build ADA-compliant crossings on Penny between garages and buildings.
	Paved paths lead through campus, but it is difficult to discern where you are and where you should head while on foot outside of the hospital buildings.	Incorporate consideration of pedestrian flow as a fundamental element of all MIMP design work. Build clear, safe, and intuitive pedestrian circulation routes from nearby neighborhoods, transit and shuttle stops, and between buildings and parking garages. Use a system of gardens, courtyards, and plazas to create a beautiful pedestrian space. Utilize accepted national standards for public safety, such as Crime Prevention Through Environmental Design (CPTED). Develop a comprehensive wayfinding system for on foot circulation both to and within the campus, in support of all other elements of the CTP.
	Pedestrian crossings on Penny Drive are marked with crosswalks, signage, and flashing signal lights.	Carefully design all campus vehicle routes to safely serve people on foot as primary users
Proposed combined enhancement: Redesign Penny Drive Existing Penny Drive has narrow sidewalks, two lanes and center turn lane that pedestrians must cross, and no designated bike space. In addition to building a comprehensive system of dedicated pedestrian and cyclist circulation routes through campus, Children's would revamp Penny Drive and any new campus streets to create obvious places for pedestrians and cyclists, so that drivers are naturally aware of and yield to these travelers.		

Near-site improvements

This same attention is being applied to non-motorized safety and mobility treatments at existing and newly created major street crossings, where vehicles, pedestrians, transit riders, and cyclists meet. Children's will participate in improving intersections such as at Sand Point Way NE and Penny Drive and at Sand Point Way NE and NE 40th Street. Proposed near-site treatments are outlined in Table 5:

Table 5. 2007 Near-site Facilities and Proposed Enhancements

Travel Mode	2007 Facilities	Proposed Enhancements
King County Metro Transit riders	Route 75: In order to move between stops and the hospital buildings or Hartmann building, riders must cross five lanes of traffic on Sand Point Way NE.	Work with SDOT and WSDOT to suggest intersection designs at Sand Point Way NE at 40th Avenue NE that create priority for safe pedestrian crossings while balancing vehicle circulation requirements.
	Route 25: The dedicated turn-around on NE 45th Street allows for protected loading/off-loading westbound. Passengers cross NE 45th Street at unmarked crosswalks for eastbound stops.	From the turn-around, enhance signage directing passengers to the path through the garden plaza or Whale Garage. Consider marking crosswalks across NE 45th Street to the hospital.
Intersections on Sand Point Way NE	The intersection with Penny Drive is controlled by a traffic signal but requires pedestrians to push a button to request a "walk" phase. Crossing Sand Point Way NE here or at NE 50th Street requires navigating 4 lanes of traffic plus a center turn lane.	Improve the Penny Drive intersection to enhance safety and access for bicycles and pedestrians. If an alternative were chosen that includes a campus access point at NE 50th St, a signal and intersection improvements would be needed at NE 50th St.
	The 40th Ave NE intersection is uncontrolled. People run across Sand Point Way NE at this location, darting across five lanes of traffic between bus stops, Hartmann, and commercial destinations on the south side of Sand Point Way NE	It is currently in City plans to install a traffic signal at this intersection. It would be desirable to work with SDOT and WSDOT to encourage a design that integrates with the planned campus entrance and enhances pedestrian crossing safety.
Near-site pedestrian and cycling environment	Perimeter pedestrian entrances to the campus exist on 44th Avenue NE and on NE 45th Street close to 40th Ave NE, but are obscured by wooded areas.	Make the perimeter entrances off of 44th Avenue NE and NE 45th Street (including the bus pull-out) more obvious and inviting through wayfinding or design elements. Create additional pedestrian/ bicycle-only perimeter access points.
	The Burke-Gilman Trail runs north of the campus but does not extend to Sand Point Way NE. Connections between the trail and the hospital and Hartmann Building are unclear.	Create clear connection to the hospital from the trail using intersection enhancements and wayfinding. At Hartmann, build a trail connection that flows into the new crossing at 40th Ave NE to be implemented by SDOT. The crosswalk and level access to campus would greatly increase the convenience to pedestrians and cyclists as well as provide an ADA entrance near the transit drop-off.
	Main campus buildings are set far back from the roadway. The Hartmann Building is surrounded by a parking lot, discontinuous sidewalks, and a blank wall fronting Sand Point Way NE.	Create "Great Streets" along hospital-fronted roads, including Sand Point Way NE and 40th Ave NE Bring hospital buildings to the street, provide wide sidewalks and landscaped buffers, and install human-scale amenities such as lighting, seating, and weather protection. Consider adding retail on the first floor. If Hartmann is developed, enliven the street frontage on Sand Point so that pedestrians have a welcoming human-scale environment.

Element V. Intelligent Transportation Systems (ITS) for Sand Point Way and Montlake Boulevard

Above and beyond the trip reduction Children's would achieve through its enhanced TMP, the hospital is pledging capital dollars toward projects that would improve operations for all traffic on one of the most congested corridors impacted by the hospital's expansion. Children's would make a direct contribution of up to $500,000 to build Intelligent Transportation Systems (ITS) improvements through the corridor from Montlake Boulevard / NE 45th Street to Sand Point Way NE / NE 50th Street. These ITS projects will benefit all road users (not just Children's-generated traffic) by dynamically improving vehicle flow and travel times in response to changing traffic conditions. This contribution would implement and extend the ITS improvements identified by the City of Seattle in the University Area Transportation Action Strategy (UATAS).

ITS projects employ technology to optimize signal coordination and signal timing utilizing traffic cameras and variable message signs. ITS projects can be built quickly and do not require significant construction, so implementing such projects would result in minimal traffic disruption on affected corridors and is expected to provide the best results per dollar spent in terms of improving traffic flow. Beyond improving peak hour traffic conditions, ITS projects improve corridor travel at all times of the day and on weekends. Children's would fund these ITS projects from Montlake Boulevard through Sand Point Way NE to the hospital, up to $500,000. The contribution would be used to:

- Install a detection system that measures congestion along southbound Montlake Boulevard, linked to smart traffic control devices that adapt to traffic conditions,
- Install variable message signs to give real-time traffic information to drivers, including travel time estimates, updates on collisions and other traffic conditions, and even to implement variable speed limits throughout the day in order to keep traffic flowing as smoothly as possible,
- Optimize signal coordination and timing to move vehicles most efficiently and optimize intersection performance,
- Upgrade signal controllers as needed to allow signals to be interconnected, and/or
- Install traffic cameras as identified by the City of Seattle.

Practice-based research indicates that ITS enhancements achieve between 10-45% improvement in functional street capacity. For example, at Greenwood Avenue N and Holman Road NW in Seattle, an ITS implementation has led to a measured 30% reduction in vehicle delay and a 15% reduction in travel time. While it is inappropriate to model such improvements when dealing with long range forecasts, **achieving functional street capacity improvements even on the low end of the 10-45% range would represent a level of improvement that meets or exceeds the identified impact of Children's added traffic in those areas where ITS projects were implemented.**

Element VI. Contributions to capital projects that would improve the Northeast Seattle transportation network

Children's would contribute funds toward a pro rata share of projects designed to improve person- and vehicle-movement capacity, travel time, and safety through the area impacted by Children's traffic. The contribution amount is based on Children's pro rata share of its potential impact on the transportation system as applied to the cost of a comprehensive list of City projects in these corridors, and is proportionate to the amount of traffic related to Children's that would impact each project. The pro rata methodology used to calculate Children's contribution is consistent with the methods employed by the City of Seattle to calculate pro rata contributions toward transportation infrastructure improvements in other neighborhoods, including South Lake Union and Northgate. In conjunction with Children's MIMP, this methodology was applied to known impacts and project costs, and Children's contribution should be considered as an impact fee, agreed upon as part of project approval and later used by the City to fund projects as appropriate. Based on current estimates, Children's pro rata contribution would total up to $1.4 Million, or approximately $3,955 per new bed added over the course of MIMP construction.

Identifying a Comprehensive List of Projects

Children's worked with the Seattle Department of Transportation (SDOT) to identify a comprehensive list of potential capital improvement projects that would improve operations on corridors most impacted by Children's development: NE 45th Street, Montlake Boulevard, and Sand Point Way NE. Sources for the comprehensive list of projects include:

- **University Area Transportation Action Strategy (UATAS)**. HOV, bike and pedestrian, and capacity and flow projects that would improve the targeted corridors
- **Sand Point Way Pedestrian Study (SPW Ped Study)**. Projects within a one mile radius not otherwise funded or included in the Bicycle + Pedestrian Fund project list (*see Element VII "Investments in Walkable + Bikeable Northeast Seattle*").
- **Draft Environmental Impact Statement for the Children's MIMP (DEIS)**. Projects identified from the UATAS, by Children's, and by the City that were included in the DEIS, excluding those projects that the City requested be removed from consideration due to project cancellation, and including new projects requested by SDOT.
- **Bicycle Master Plan (BMP)**. Projects on the prioritized BMP project list falling within Children's impacted corridors, or creating connections to other identified bike/pedestrian projects or to broader bike/pedestrian networks, as per the goals cited in Element VII "Investments in Walkable + Bikeable Northeast Seattle." Projects included on the comprehensive list were specifically requested for consideration by SDOT Bicycle Program staff.

Projects included on the comprehensive list meet one or more of the following selection criteria:

- Tailored to achieving greater vehicle or person travel capacity, safety, and improved travel time through the corridors
- Have a direct nexus to mitigating the impact of Children's MIMP on traffic
- Support City of Seattle and sub-area transportation goals, including the Mayor's initiative to make Seattle the most walkable and bikeable city in the country
- Support HOV and non-motorized modes promoted through Children's TMP

- Deemed a feasible and cost effective solution, but not already funded and scheduled for construction
- Provide benefit to the widest range of people within the community, including Children's employees, patients, and visitors.

Table 6 presents a potential comprehensive list of projects. Most of these appear in existing plans approved by the public. The list is not definitive, and no projects are guaranteed implementation.

Table 6. Comprehensive List of Projects for Pro Rata Consideration

UATAS projects	
NE 45th St corridor	Add westbound Business Access and Transit-only (BAT) lane
15th Ave / NE 45th St	Extend left-turn lane pocket, modify signal to move more buses
Ravenna Ave NE / NE 55th St corridor	Reconfigure to provide curbs, gutters, sidewalks; delineate corners for safety
NE 45th and Burke-Gilman Trail (BGT)	Construct a ped/bike connection between BGT and NE 45th St
Montlake, NE Pacific Place to 25th Ave NE *	Extend HOV lane from NE Pacific Place to 25th Ave NE
36th Ave NE / BGT	Connect BGT with ramp from 36th Ave NE at NE 45th St
NE 47th St / BGT at University Village	Create new pedestrian connections on 47th, realign 25th Ave intersections
Montlake Blvd E / E Hamlin St	Extend northbound left/U-turn lane to reduce congestion
NE 45th St, 18th-22nd Ave NE	Widen sidewalks, install landscaped pedestrian refuge islands
Montlake Blvd NE / NE Shelby St *	Narrow intersection, add bike lanes, widen sidewalk
NE 50th St / 30th Ave to 35th Ave NE	Complete sidewalk south of roadway; install traffic calming devices
Montlake Blvd / NE 45th St corridors	Install variable message signs for real-time traffic information
Montlake Blvd E / E Shelby St	Modify traffic island, add a bike lane
Projects identified in the DEIS process	
Montlake Blvd / NE 45th St to Sand Point Way NE / NE 50th St (ITS to Children's door)	Provide signal coordination and ITS improvements, including cameras, interconnect, signal timing improvements, etc. (*see element V "ITS")*
Montlake Blvd (ITS extended to SR 520)	Additional ITS along Montlake (Roanoke to NE 45th)
NE 45th St (ITS extended to I-5)	Additional ITS along NE 45th Street (I-5 to Montlake)
40th Ave NE / NE 55th St	Install traffic signal
40th Ave NE / NE 65th St	Install traffic signal
Sand Point Way NE / NE 50th St	Install traffic signal
NE 45th St / 40th Ave NE left-turn lane	Install left-turn lane within existing ROW on eastbound NE 45th Street
Extend Montlake HOV *	Extend SB HOV land from 25th Ave NE to the Five Corners intersection
"Sand Point Way Pedestrian Study" projects	
Sand Point Way NE / 40th Ave NE	Install new signal and crosswalks
Sand Point Way NE, NE 50th St – 47th Ave NE	Install pedestrian-only signal when warranted
Sand Point Way NE, Princeton – 50th Ave	Construct sidewalk or walkway on north side
Sand Point Way NE, NE 58th or NE 60th St	Monitor for potential crosswalk in the future
Sand Point Way NE, NE 65th – NE 70th St	Construct sidewalk or walkway on west side
Bicycle Master Plan projects	
20th Ave NE, NE 45th St to Ravenna Blvd	Sharrows, two sides
Ravenna Pl NE, NE 55th St to 25th Ave NE	Sharrows, two sides
20th Ave NE, NE 65th St to NE 86th St	Sharrows, two sides
35th Ave NE, NE Blakely St to NE 65th St	Sharrows, two sides
NE 65th St, Ravenna to Magnuson Park	Bike lane one side, Sharrow other (partial), Sharrows two sides (partial)
NE 77th St and Sand Point Way NE	Signalize as part of east-west route

* *Note:* Projects marked with an asterisk are included for pro rata calculation purposes here, though the specific projects are in question and subject to change as a result of SR 520 planning outcomes.

Due to uncertainty surrounding SR 520, it is impossible to accurately determine Children's future impacts on the Montlake corridor or appropriate mitigation. However, information from the UATAS, the

Sand Point Way Pedestrian Study, and the DEIS provide the best available understanding of future conditions and what future capital projects might include. This provides a basis for Montlake corridor projects included in the universe of projects to which Children's would contribute a pro rata share.

Calculating Children's Contribution

Children's and the City agreed upon using the City's established methodology for calculating a pro rata share of the overall cost of this comprehensive list of projects. This calculation is based on MIMP-generated traffic's estimated contribution to total traffic at MIMP build out, assuming all programs in the proposed TMP are implemented. The methodology is based on:

- Existing total PM peak hour vehicle trips from all sources, as measured in 2007 through each corridor,
- Estimated total PM peak hour vehicle trips from all sources, at MIMP build out through each corridor, and
- Children's net new PM peak hour vehicle trips expected in 2030 compared to 2007 through each corridor if the MIMP is built out. This is the net new trips expected with the proposed TMP mitigation in place.

Pro Rata contribution rate for each project based on Total Traffic:

Children's net new PM peak hour vehicle trips in 2030, divided by
the 2030 total PM peak hour vehicle trips expected from all sources.

For projects that would improve conditions for transit, bicycling, or walking, the pro rata contribution rate is further multiplied by a percentage based on the ratio of net new PM peak hour Children's trips expected to be made by those modes compared to in vehicles.

These pro rata contribution rates were then applied to the total cost of each project in the comprehensive list of projects, to achieve a pro rata contribution amount for each. The sum of each of these individual pro rata contribution amounts equates to Children's total pro rata contribution toward Northeast Seattle transportation network enhancements. Based on current estimates, Children's pro rata contribution would total up to $1.4 Million.

Project Prioritization and Implementation

Children's contribution was calculated by determining partial shares of many projects. It is anticipated that actual implementation would be determined by SDOT, and would be directed at funding high priority projects in the affected sub areas. The City should not be restricted to projects appearing on the comprehensive list if other higher-priority, as-yet-unplanned improvements are identified; however, there should be a relationship between any project funded and the identified transportation impacts of Children's development. Again, Children's pro rata contribution should be viewed as a one time fee for its impacts and is intended to also satisfy the institution's obligation for its share of any projects identified at a future date. Any amount of monies from Children's contribution could be applied to any individual project up to and including full funding, but Children's would not be required to make additional contributions once the hospital's pro rata contribution has been spent. Children's contribution may be phased to match the pace of MIMP development.

Element VII. Investments in Walkable + Bikeable Northeast Seattle

Children's TMP is centered on the premise of promoting transportation options that support environmental, community, and public health. Walking and biking are the most healthful forms of transportation, and Children's seeks to aggressively increase its numbers of walking and bicycling commuters through innovative on-campus programming (*as described under Elements II and III "Innovative bicycle programs" and "Increased financial rewards"*) as well as innovative off-site infrastructure improvements.

Although Children's is expected to achieve its reduction goals for vehicle trips, employee SOV rates, and parking demand entirely through the enhanced Transportation Management Plan detailed in Elements I – III, Children's proposes to also pay $2 Million for bicycle and pedestrian projects in Northeast Seattle. Children's would invest these Bicycle + Pedestrian fund monies over the timeframe of the MIMP. This Fund would implement key capital projects for pedestrian and cyclist connectivity and safety in neighborhoods and corridors leading to campus. The Bicycle + Pedestrian Fund would be applied to projects that:

- Improve safety for pedestrian and bicyclist access to campus for employees, visitors, and neighbors, particularly for people walking to and from transit stops and regional trails
- Create safe and pleasant routes in the neighborhoods where 24% of Children's employees live, within approximately three miles of campus
- Improve connections between residential streets and the Burke-Gilman Trail, particularly the safety of people crossing at intersections, and
- Add additional value by funding projects above and beyond those fully funded through existing City plans.

This fund would directly support the hospital's goal of enabling the most healthful, least impactful transportation modes while protecting the safety of all travelers. This investment would be intended to improve facilities and public health for both Children's visitors and the broader Northeast Seattle community.

Children's would work with the City, neighborhood residents, and pedestrian and bicycle advocates to identify potential improvements. The following represent potential categories of improvements that would guide the investment in bicycle/pedestrian infrastructure projects that Children's would consider funding:

- **Bicycle Master Plan priority projects.** A portion of the Bicycle + Pedestrian Fund would be allocated to projects listed in the Bicycle Master Plan that are currently unfunded and create a direct connection within Children's impact area. Examples of this category of projects include adding sharrows or bike lanes along significant sections of 20th Avenue NE, Ravenna Place, 20th Avenue NE, 35th Avenue NE, and NE 65th Street.
- **Connections between the hospital campus and larger bicycle/pedestrian networks.** A portion of the Bicycle + Pedestrian Fund would be dedicated to projects that improve safety, wayfinding, and connectivity between Children's and regional non-motorized transportation facilities such as the Burke-Gilman Trail.
- **Bicycle Boulevards.** Children's proposes that some of its funding would be devoted to the development of bicycle boulevards in Northeast Seattle, which would create wide-

ranging community benefits, particularly in increasing the numbers of families and children who feel safe and comfortable walking and bicycling in Northeast Seattle. Investing in bicycle boulevards is consistent with the core mission of the hospital, to enhance children's safety and welfare. In addition, it is consistent with the goal of enhancing travel options for cycling and walking to and from Children's, as well as from and within surrounding neighborhoods. Specific routes would be planned in collaboration with City staff, community members and bicycle advocacy organizations such as Cascade Bicycle Club.

These projects would be further screened based on general feasibility, cost effectiveness, and overall community benefit and approval. Children's would dedicate approximately 30% of the financial investments to project design, planning and public consultation costs.

Bicycle Master Plan Priority Projects

Children's would commit a portion of the Bicycle + Pedestrian Fund toward Bicycle Master Plan (BMP) projects that:

- Appear on SDOT's BMP project prioritization list
- Contribute to creating bicycle connections to Children's campus
- Were requested by SDOT Bicycle staff for inclusion in the pro rata list
- Are not already funded and scheduled for construction, and
- Fall within Children's impact area as studied in the DEIS (roughly bounded by I-5, NE 75th Street, and Roanoke St and Lake Washington)

Examples of candidate projects include:

Table 7. Prioritized Bicycle Master Plan Projects for Bicycle + Pedestrian Fund

Bicycle Master Plan projects	
20th Ave NE, NE 45th St to Ravenna Blvd	Sharrows, two sides
Ravenna Pl NE, NE 55th St to 25th Ave NE	Sharrows, two sides
20th Ave NE, NE 65th St to NE 86th St	Sharrows, two sides
35th Ave NE, NE Blakely St to NE 65th St	Sharrows, two sides
NE 65th St, Ravenna to Magnuson Park	Bike lane one side, Sharrow other (partial), Sharrows two sides (partial)

Connections from Campus to Larger Bike/Ped Networks

Examples of potential projects that would create connections from Children's campus to the regional Burke-Gilman Trail or to existing pedestrian networks appear in Table 8. These projects would improve conditions both for those walking, biking, and taking transit to Children's, as well as improving walking and cycling conditions for all neighborhood residents and visitors to the Northeast Seattle community. .

Table 8. Potential Projects Linking Children's to Bicycle/Pedestrian Networks

From Campus entrance at Penny Drive to Burke-Gilman Trail and sidewalks
Install clear wayfinding signs to and from campus and Sand Point Way NE to the Burke-Gilman Trail
Build sidewalk, west side on 41st Ave NE from Sand Point Way NE to NE 50th St (175')
Build sidewalk, both sides on NE 50th St from 40th Ave NE to Sand Point Way NE (connect to existing sidewalk on north side of the street extending from Sand Point Way NE to just west of 41st Ave NE) (475')
Build sidewalk, south side on Sand Point Way NE from NE 50th St to 47th Ave NE (1,800')

Bicycle Boulevards

Children's proposes to devote some of the Bicycle + Pedestrian Fund to create bicycle boulevards in Northeast Seattle. Wide-ranging community benefits have been associated with bicycle boulevards, including significant reductions in vehicle/bicycle accidents, increased property values, traffic calming, and greater numbers of women and children bicycling. There is a clear nexus between creating safer routes for bicyclists and working toward the principal mission of the hospital: to improve the health and safety of children.

In addition, twenty-four percent of Children's employees live within three miles of campus. This represents a great opportunity for bike commute mode shift even for novice cyclists. All Northeast Seattle community members, their children, and visitors would benefit from bicycle boulevards that improve safety and confidence for cyclists and calm traffic speeds on residential streets. Bicycle boulevard routes would be planned in collaboration with SDOT staff.

Further, Children's would be interested in seeking foundation support for a public health research project to test the efficacy of bicycle boulevards as a strategy for improving public health, by supporting increased physical activity and reducing crashes and injuries. This research would be valuable to other Seattle neighborhoods as well as communities nationwide in determining when, where, and how to most effectively implement bicycle boulevards.

Element VIII. Out-of-area parking

Children's existing parking policies are designed to manage demand for available parking supply and ensure no spill-over parking into surrounding neighborhoods. Children's proposed enhanced parking policies as part of the CTP are designed to go even further in removing vehicle trips from the most congested corridors.

Table 9. 2007 Parking Management Policies and Proposed Enhancements

Element	2007 Program	Enhancement
Parking management	Children's employees who drive alone to work assigned to on-campus or off-campus parking lots based on seniority and position. Medical residents and fellows park on campus. On-site employee parking lots are regulated by gates and accessed only by employee ID cards.	Parking assignments made on the basis of home address (*begun in March 2008*). Day-shift medical residents and fellows would be added to those who can be assigned off-campus. The hospital would pursue additional opportunities for off-site and out-of-area parking.
	Children's monitors speed limits, directs traffic, and enforces parking policies through a parking officer and security staff. Parking on neighborhood streets is forbidden, as strictly enforced by regular patrols who check license plates and issue warnings and tickets. Children's takes disciplinary actions for any employee found parking in the neighborhood, up to and including termination.	Children's would invest in technology to allow pay-per-use charges, control access to visitor lots, and more tightly manage on-campus parking supply. This would allow Children's to refocus FTE currently assigned to on-campus monitoring to patrol neighborhood streets for parking violations.

In addition to these policies detailed above, Children's would explore new off-site and out-of-area remote parking lots as a further method to bolster trip reduction. Requiring employees to park in off-site parking encourages the use of alternate modes to get to work (including Children's shuttles). Leasing or even constructing off-site parking may also be cheaper than constructing on-site structures, saving money and land that can be devoted to Children's primary mission of providing critical healthcare services.

Transpo's analyses indicate that for every 100 spaces reduced on-site (and located out-of-area), an approximately five to ten percent reduction in locally-generated traffic could occur.

Currently, 29% of the hospital's parking supply is leased at off-site lots, at the Church/Archives shared lot, Magnuson Park, and the E1 lot at Husky Stadium. In March 2008, Children's began assigning employees to off-campus lots on the basis of home address. This geographic parking assignment will be key to ongoing parking management strategies at Children's. For example, employees who live south of campus and would have to drive past the Husky Stadium E1 lot from their homes in order to reach the hospital will be assigned to park in the E1 lot. Employees then ride a dedicated shuttle route to complete their commute trip to the hospital. This program helps reduce the net number of vehicles proceeding further on Montlake and NE 45th Street and through Five Corners to reach Children's.

As detailed in Appendix A to this memorandum, Children's is forecasted to have a maximum parking demand for 3,100 spots at MIMP build-out if all proposed TMP enhancements are put in place. By ordinance, Children's is required to prove within its master plan that it will be able to accommodate all future parking demand. To demonstrate due diligence, Children's developed plans that show how the entire demand for 3,100 stalls can be accommodated on campus, if needed. At a minimum, Children's will be required to build at least 2,200 on-site parking spaces in order to meet ordinance requirements.

Securing off-site parking clearly supports the goal to reduce on-site parking, and it is Children's intent to pursue off-site parking wherever possible. Children's would:

- Identify 100 to 200 out of area, off-site parking spaces per each phase of development as part of its Comprehensive Transportation Plan and as necessary to mitigate future transportation impacts. It is expected that every 100 cars parked at out of area facilities would result in a five to ten percent reduction in traffic impacts surrounding the hospital. As a first step, Children's and Sound Transit have signed at Memorandum of Understanding committing both organizations to investigate options to create capacity for Children's employees at regional park and ride facilities. Children's would continue to pursue similar collaboration opportunities with Community and Pierce Transit.
- Pursue parking opportunities off-site both within and outside of the study area, including additional small-lot partnerships within Northeast Seattle (i.e., church parking lots). Children's would build on its positive relationships and parking agreements with the University of Washington and the City of Seattle to find further off-site locations and new partners.
- Expand shuttle service as needed in conjunction with new off-site parking locations, to bring employees between the lots and the hospital.

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APPENDIX A. Proposed Enhancements to Children's Transportation Management Plan in Support of the 2008 MIMP

Appendix A. Contents

TMP Purpose[3]

Seattle Children's (Children's) has long been recognized as a leader in Transportation Demand Management (TDM), receiving awards from the Governor's office, King County, and the U.S. Environmental Protection Agency for its excellent commuter benefits and achievements in reducing vehicle trips. The hospital's programs and incentives are targeted to reduce single-occupant vehicle commuting to the campus, and have successfully resulted in a drive-alone rate of only 38% among daytime employees in 2006. This accomplishment is significant both for a hospital and for an employer located in a neighborhood with limited public transit service.

Children's achieves significant commute trip reduction through its current Transportation Management Plan (TMP). This Appendix describes Children's proposed enhancements to its existing TMP that would allow the hospital to achieve the following goals:

- Further reduce the percent of commute trips made by single-occupant vehicle (SOV)
- Further reduce PM peak hour vehicle travel
- Reduce the need to build parking on campus or in nearby facilities within the area that would be affected by MIMP-related vehicle trips
- Support Children's continued leadership in delivering innovative transportation solutions in the context of climate change.

This TMP was developed as part of the Major Institution Master Plan (MIMP) process, through which Children's is proposing to expand its main campus in northeast Seattle. With the input of the Citizens Advisory Committee, SDOT, and DPD, Children's has developed a Comprehensive Transportation Plan (CTP) to focus on sustainable transportation programs. The enhanced TMP described in this appendix forms the basis of the CTP, designed to mitigate vehicle traffic related to MIMP expansion by shifting even more employees and visitors from single-occupancy vehicles (SOV) to bicycling, walking, shuttle, and transit.

The planned expansion would better serve the growing, complex healthcare needs of children in the four-state service region. The Preliminary Draft MIMP alternatives included 1.5 million additional square footage, growth to 500-600 beds, up to 3,600 parking stalls (with 3,000 on-site), and two or three new access points to the main campus.

Children's is responding to City and neighborhood concerns regarding additional traffic to the campus in conjunction with MIMP approval. The major transportation issues, as identified in the DEIS, comments to the DEIS, and by the Citizens' Advisory Committee (CAC), focused on increased congestion and delay at intersections in the surrounding transportation network, such as NE 45th Street and the Montlake corridor. Neighbors have also expressed concerns for pedestrian safety stemming from increased vehicle volumes and additional egress and ingress points from the campus.

Expanding Children's existing successful TMP would demonstrate a commitment to reduce potential traffic impacts generated by increasing populations of employees and patients through MIMP build out in 2028. This memorandum Appendix describes Children's proposed enhancements to its existing TMP and outlines how these mitigation strategies would reduce new vehicle trips to the main campus. In preparing this TMP with Children's, the consultant team: a) relied on the EPA COMMUTER Model (v2.0), a widely accepted model developed for the United States Environmental Protection Agency for

[3] *Also see Introduction to this memorandum*

assessing TDM strategy impacts, and b) prepared shuttle routes that connect with regional transit hubs and effectively extend the reach and convenience of the public transit system. Full analysis of the elements presented in the section "TMP Components" using the COMMUTER Model is presented in the final section of this appendix, "Effectiveness: SOV Rates, Vehicle Trips, and Parking Demand."

Measurement

The consultant team identified the above four TMP goals against which to evaluate different strategy packages. Pursuing these goals also contributes to ameliorating the major traffic impacts described in the DEIS. In conjunction with MIMP build out, Children's would commit to continuing its historically effective TMP and adopt additional programs to reduce its future contribution to area traffic.

The Transpo Group (i.e., Transpo), the firm that is analyzing the proposed MIMP's effects on the transportation system as part of the Environmental Impact Statement (EIS) process, previously forecasted Children's contribution to daily vehicle trips at MIMP build out if no additional mitigation measures were put in place. Transpo identified 720 PM peak hour vehicle trips today, and that 1,410 PM peak hour vehicle trips could be expected in 2028 with development associated with the proposed MIMP if no additional TMP measures were taken. The unmitigated forecast is 690 net new PM peak hour vehicle trips at MIMP build out.

Transpo's Trip Generation Model for unmitigated conditions assumes that the proportion of people arriving by SOV and by other transportation modes would remain constant while the total number of people grows. Children's proposed enhanced TMP mitigation strategies seek to shift the mode split so that greater proportions of people would arrive by shuttle and transit, carpool and vanpool, and bicycle and on foot rather than by driving alone, in order to reduce vehicle trips even while person trips increase.

Children's is legally obliged to monitor its TMP plan under state, county, and city Commute Trip Reduction (CTR) requirements. This monitoring is conducted via employee travel behavior surveys. By law, Children's must administer the CTR survey bi-annually in order to gauge SOV rates and TMP effectiveness. These surveys have shown a remarkable reduction in Children's daytime employee SOV travel from 73% in 1993, to 54% in 2001, and to 38% in 2006.

Children's would commit to achieving a **30% SOV mode split goal among these daytime employees at MIMP build out**. For comparison, this would meet the 30% SOV goal set for the University District Urban Village in the City of Seattle's Comprehensive Plan.

Children's ongoing commitment to implementing the enhanced TMP and achieving desired transportation results would include:

- Continued bi-annual employee State CTR surveys, administered by King County
- Continued measurements as required in the signed TMP agreement with the City, and
- Monitoring according to the standard procedures based on the Department of Planning and Development Director Rule 9-99, which applies to major institutions and requires an annual report that includes an update on Children's mode splits.

TMP Components

Children's delivers a TMP that has achieved considerable success in reducing SOV travel to its campus. Children's Shuttle routes and array of incentives and benefits for alternate commuters are models of innovative transportation solutions both for reducing a worksite's contribution to local and regional traffic, and in the context of global climate change. Children's would work to shift an even greater percentage of drive-alone trips to carpools, vanpools, transit, bicycle, and walking in order to reduce the transportation impacts of MIMP build out.

This section describes each component of Children's existing TMP (as of 2007) along with enhancements proposed as part of the modeled strategy package. Under no element would Children's reduce its current programming. Instead, the Transit Shuttle service and enhanced TDM elements proposed below would build on Children's already notable successes.

1. Children's Shuttle

Children's Shuttle programs cannot be modeled by the EPA COMMUTER Model, but the enhanced services are part of Children's proposed and analyzed vehicle trip and SOV rate reduction goals. In 2007, Children's operated six shuttle routes to provide access to off-site employee parking lots and connections between the hospital, administrative buildings, research facilities, and affiliated institutions. Shuttle counts conducted in October 2007 found approximately 500 riders per day. Riding the shuttle is free, and all routes operate Monday through Friday. Children's 2007 shuttle program consisted of:

- Shuttle fleet of 12 vehicles, equipped to carry bicycles
- 2 routes connect the hospital campus with nearby off-campus parking lots: every 7-10 minutes, runs 5:30AM-9PM
- Added in 2008: 1 route between the Husky Stadium E1 lot and Children's main campus
- 1 route between the 70th/Sand Point Way administrative building and main campus: every 15 minutes, 6AM-6:30PM
- 1 route connecting the Magnuson Park lot and 70th/Sand Point Way building: every 10 minutes, 6AM-10AM, 3PM-7PM
- 1 route between Children's main campus and Metropolitan Park West offices in downtown Seattle: every 30 minutes during peak commute periods, every 20 minutes off-peak, 6AM-8PM
- 1 route between Children's Building 1, University of Washington Medical Center (UWMC), and Children's main campus: every hour, 8AM-5PM
- Fred Hutchinson provides one route from the Seattle Cancer Care Alliance to UWMC and Children's: every 40 minutes, 7AM-7PM

Proposed Shuttle enhancements:

Children's would expand its existing shuttle service to extend the reach and convenience of the regional public transit system. Children's would do this by introducing a "last mile" Transit Shuttle program, a collection of routes that connect the campus to major transit hubs. Public transit riders can take regional buses and eventually light rail to one of these hubs, and then transfer onto a shuttle to continue directly to the Children's campus. New Transit Shuttle routes would meet riders at the following hubs:

Table 10. Transit Shuttle Routes and Frequencies

Transit hub connections	Service Description
University District hub *(planned for launch 2009)*	Every 10 minutes during peaks; every 15 minutes off-peak
SR 520/Montlake Blvd. Station	Every 10 minutes during peaks; every 15 minutes off-peak
Future UW light rail station at Husky Stadium	Every 10 minutes during peaks; every 15 minutes off-peak
Westlake Center / 3rd Avenue and Downtown Transit Tunnel (*launched June 2008*)[1]	Every 15 minutes, all day
South Snohomish County	Every 30 minutes, only during commute peaks

1. Westlake Center / 3rd Avenue shuttle (the Green Line) combines the 2007 Metropolitan Park West and Children's to 70th/Sand Point Way shuttle routes, adding a stop at Building 1 and a brand new stop downtown at the Westlake Center Transit Tunnel entrance and proximate to the 3rd Avenue transit corridor.

This enhanced shuttle strategy package does not include any further investments in regional public transit beyond the current Transit Now improvements to King County Metro routes 25 and 75. Under this Transit Now partnership, Children's funds 63 additional weekly trips on these two routes that serve the hospital, especially concentrated during shift changes.

Children's would plan its Transit Shuttles as a dynamic system, responding to changes in the transportation network, transit service, and employee housing patterns. Children's is building on its existing partnership with King County Metro as the hospital goes forward with shuttle planning and Metro considers service changes to the area. In addition, Children's has secured a letter of intent with Sound Transit to identify long-term partnerships designed to encourage the use of alternate transportation. These partnerships may include:

- Identifying future service enhancements, such as Sound Transit buses and facilities, that link to Children's expanded shuttle services
- Identifying potential private-public partnerships which would allow Children's to access current or future park and ride lots owned and operated by Sound Transit (*see Element VIII of the CTP regarding "Out-of-area parking"*), or
- Participate in regional forums or workshops where Children's would help to advance regional transportation alternatives.

Children's is continuing to pursue similar collaboration opportunities with Community Transit and Pierce Transit, as appropriate based on concentrations of employee home addresses.

2. Commuter Services

Children's funds a full-time staff in Commuter Services to support its TMP. Commuter Services offers the following programs:

- Meets with new employees on their first day of work to provide personalized commuting assistance, including transit route plans and potential car and vanpool partners

- Follows up with support and advice year-round to help staff and visitors identify transportation options
- Distributes information and marketing materials and plans events that promote and reward transportation alternatives to driving alone.
- Materials are distributed via brochures, transportation bulletin boards, a weekly in-house newsletter, email broadcasts, and an annual transportation fair. Commuter Services also maintains a comprehensive internal website and up-to-date print resources.

Children's Commuter Services staff develop innovative social marketing programs to promote the use and benefits of alternate transportation modes, including environmental, social, and public health benefits. For example, Children's is piloting a social marketing program in partnership with King County Metro in Fall 2008. This program, called "In Motion," reaches out to 4,000 hospital staff and 8,000 households in Northeast Seattle, encouraging participants to drive less and use alternative transportation. The program features proven social marketing elements, including incentives, a pledge to drive two fewer days each week, and supporting information regarding alternative travel modes.

Proposed Commuter Services staffing enhancements:

Children's added three new hires in Spring 2008, including Leads for Vanpool Programs, Bicycle Programs, and Transit Programs. One of these Leads filled a previously temporary position. In Summer 2008, Children's also added a Shuttle and Parking Manager. In total:

- Children's would increase Commuter Services staff between 50% and 80% to administer, promote, and monitor this level of commitment to expanded TDM and shuttle programs.
- Children's would continue to pursue innovative social marketing elements and programs to promote walking, biking, carpooling, and taking transit.

3. Parking Pricing

As of 2007, Children's assigned employees to on-campus or off-campus lots according to seniority, shift, and position. Children's Shuttles connect employees from the off-campus Magnuson Park and Church and Archives Lots, as well as the Husky Stadium E1 lot. Parking management and cost policies as of 2007 include:

- Children's employees, Children's University Medical Group (CUMG) physicians, travelers, Pace temps, UW employees, and contractors who drive alone to campus paid $50 per month to park (through 2007).
- Children's monitors parking fees at the University of Washington to gauge increases in market rates for parking, and the hospital raises its rates concurrently with UW rate increases.
- Patients and their visitors park free of charge, as do volunteers, community physicians, board members and trustees, vendors, medical residents, students, and fellows.
- On-campus employee parking lots are regulated by gates and accessed by ID cards.
- Carpools and vanpools park on campus in reserved spots at no charge.
- Students are required to park at an off-site lot.
- Children's monitors speed limits, directs traffic, and enforces parking policies through a parking officer and security staff.

- Employees are prohibited from parking on local neighborhood streets.
- Children's offers valet patient parking between 7:00 AM and 3:30 PM and between 5:00 PM and 11:00 PM on weekdays in order to use the existing parking supply as efficiently as possible and reduce the number of on-site spaces required.

Parking pricing enhancements proposed by Children's:

- Charging no less than $65 per month for on-campus SOV parking (implemented in May 2008, a 30% increase from 2007). These fees would be adjusted to what is appropriate for the market, as suggested by UW parking rate increases. However, the EPA COMMUTER Model results suggest that a rate of $65 would be sufficient to achieve the targeted SOV rates and vehicle trip reduction (*see the section "Effectiveness: SOV Rates, Vehicle Trips, and Parking Demand" in this Appendix for details on the modeling process*).
- Investing in technology (for example, enhancing the gates currently used to regulate on-campus employee parking lots) to control access to visitor lots, allow pay-per-use charges as well as monthly fees, enforce carpool and vanpool occupancy, and more tightly manage on-campus parking supply. This technology would allow Children's to refocus FTE currently assigned to enforce and monitor on campus parking lots, to instead increase the number of parking enforcement personnel assigned to patrol neighborhood streets for parking violations.
- Similar to UW policies, students, medical residents, and fellows who currently park for free would be required to pay the monthly parking fee as paid by Children's and CUMG employees. Day-shift medical residents and fellows would be added to those who can be assigned to off-campus lots.
- Free parking would be eliminated. This would be supported by per-use-charges enabled through the new parking management technology. Children's may consider offering parking validation, reduced fees, or Medicaid parking vouchers to patients' families.

The above parking management measures were the only measures modeled using the EPA COMMUTER Model. The COMMUTER Model can only analyze parking policies that relate to pricing. **The Model results indicate that the above parking management policies, in combination with the other modeled TMP elements, would achieve Children's targeted trip reduction and SOV rate reduction goals with no further parking changes.**

For further parking management programs proposed by Children's beyond those modeled by the COMMUTER Model, see sub-section 6 below "Additional Above-and-Beyond Trip Reduction Strategies."

4. Incentives for Not Driving Alone

In 2007, Children's employees and CUMG physicians could earn up to $50 per month in Commuter Bonus incentives, depending on how many days per week they don't drive to the campus by themselves. Other 2007 incentives for those who choose non-drive alone commutes included:

Carpool:

- Free, reserved parking on campus (204 spaces for carpools and vanpools)

Vanpool:

- 100% subsidized vanpool fare

- $250 additional bonus per quarter for vanpool drivers, $75 for backup drivers, and $50 for bookkeepers
- Free, reserved parking on campus
- Internal rideshare matching

Transit:

- FlexPass - annual, unlimited transit pass purchased for all Children's permanent employees and CUMG physicians
- PugetPass - monthly transit pass provided upon request to contractors, consultants, Pace temps, and University of Washington staff
- Partnership with King County Metro "Transit Now" to fund 63 additional roundtrips per week on Routes 25 and 75, to provide for higher frequency during shift changes

Bicycle:

- Showers and lockers free of charge
- Approximately 120 total covered and secured bicycle parking spaces, located in each parking garage and at employee entrances
- Subsidized annual bicycle tune-up, on-site

Walk:

- Umbrellas and reflective safety lights provided on an annual basis

Motorcycle:

- Free, covered parking for this more efficient, less-polluting mode

Proposed Incentives enhancements:

In addition to continuing the above programs:

- Children's would invest in technology that facilitates carpool matching by commuters themselves, including real-time matching. Children's would transition to a single carpool formation bonus and institute parking charges for carpoolers. These changes would create market incentives for carpoolers to maximize the number of rides they share and to increase the occupancy of their cars.
- Children's would increase the Commuter Bonus award up to an amount equal to the cost of parking (at least $65 per month). This bonus would be extended to students, medical residents, and fellows in addition to the Children's employees and CUMG physicians who are already eligible.
- Medical residents and fellows would also begin receiving FlexPass, and Children's would purchase each student's portion of a University of Washington UPASS (currently $45 per quarter).
- 24% of Children's employees live within a three mile walking and biking distance of the main campus. Children's would offer cyclists and pedestrians an additional $100 award once a year for equipment, such as bikes, shoes, or clothing, to further reward non-motorized commutes.

5. Alternative Work Schedules

Approximately 2% of Children's staff whose work schedules begin between 6:00 AM and 9:00 AM telecommute. Though the consultant team has not modeled expansion of this program, telework and compressed work weeks represent the quickest, least expensive way to remove a commuter from the road. Employees need not telecommute every day; even one day a week at home provides a trip reduction benefit. Compressed work weeks, such as working 10 hours a day, 4 days per week, 9 hours a day for 9 days over two workweeks, or even the common Children's work schedules consisting of 12 hours a day, 3 days per week, are also potential options for reducing commute trips. The consultant team will work with Children's to further explore employee categories, work tasks, and accountability systems that could allow the hospital to expand these scheduling options.

Proposed Alternative Work Schedule enhancements:

No new alternative work schedule or telework programs are included in the modeled package.

6. Additional Above-and-beyond Trip Reduction Strategies

Children's offers several trip reduction programs – and is evaluating further strategies for the future – that are not included in the modeled TMP package described in sub-sections 1 through 5 above. The strategies described below cannot be modeled using the EPA Commuter Model, and therefore weren't included in the consultant team's analyses of Children's ability to reach targeted trip and SOV rate reductions. The programs described here in sub-section 6 are therefore not necessary to meet the mitigation goals modeled as a result of the other TMP enhancements outlined in Appendix A. Rather, if implemented, these strategies would result in *greater* trip reduction than is modeled in this study.

Parking Management

Above and beyond the modeled parking pricing policies outlined in sub-section 3., and to pursue trip reduction greater than that analyzed in this memorandum and the DEIS, Children's is also proposing the following parking management measures:

- Instituting parking charges for carpools in order to create market incentives for carpoolers to maximize the number of rides they share and increase the occupancy of their cars.
- Partnering with the University of Washington on an agreement that allows Children's staff as employees of an affiliated institution to use the University of Washington's E1 parking lot (implemented in March 2008).
- Reassigning employees to off-campus parking lots based on the direction from which they travel to campus, in order to reduce distances traveled and potentially remove vehicles from the most congested corridors impacted by Children's (implemented in March 2008).
- Identifying between 100 to 200 off-site and out-of-area parking spaces per phase of development as necessary to mitigate future transportation impacts.

Children's has begun assigning employees to off-campus leased parking space on the basis of their home address. For example, employees who live south of campus and would have to drive past the E1 lot from their homes in order to reach the hospital are assigned to park in that lot. Employees ride a dedicated shuttle route to complete their commute trip to the hospital. This program reduces the net number of vehicles proceeding further on Montlake and through Five Corners to reach Children's.

This geographic parking assignment will be a key part of future ongoing parking strategies at Children's. The hospital intends to identify 100-200 off-site and new out-of-area parking spaces per phase of development, as necessary to mitigate future transportation impacts. It is expected that every 100 cars parked at out of area facilities would result in a five to ten percent reduction in traffic impacts surrounding the hospital. This out-of-area parking approach comprises element VIII of the Comprehensive Transportation Plan.

AGAIN: This program was not modeled as part of the TMP package analyzed using the COMMUTER Model, and could further decrease SOV mode split beyond what is predicted by the consultant team.

Innovative Bicycle Programs

The innovative bicycle programs comprising Element II of Children's Comprehensive Transportation Plan were not modeled using the COMMUTER Model, but will serve to bolster and support those employees shifting to bicycling for their commute.

Building on its history as an innovator in transportation management, Children's is piloting novel bicycle programs to bolster the number and proportion of its employees who commute by this physically active, non-polluting transportation mode.

On July 17, 2008, Children's launched its **Company Bikes** program. Under Company Bikes, Children's invites employees to pledge to bicycle to work at least two days every week, year-round. After completing two bike commuting courses offered by Children's Commuter Services staff, these pledged employees are provided with a bicycle free of charge from the hospital, for their use as long as they continue bike commuting twice a week. The Company Bikes program enjoyed an enormously positive start, assigning 30 bicycles within the first two days of the program and committing all 100 bicycles for 2008 by September. Commuter Services has 27 bicycle commuting courses scheduled through November 2008. 100 more Company Bikes bicycles are planned for purchase and distribution in 2009.

Scheduled to launch in the first quarter of 2009, the **Flexbikes** bike-sharing program will house 20 bicycles on the hospital campus that employees can rent during the day, with the first half hour free. The bicycles will have an electric-assist motor that can be turned on to help climb hills. The provision of bikes for mid-day trips will help employees who may not be ready or able to bicycle to campus to try biking for errands and meetings, reducing motorized vehicle trips during the day. Children's program will link with a system of 40 Flexbikes to be housed on the University of Washington campus.

In order to support the projected 10% of employees cycling to work by 2028, Children's is planning for showers, lockers, and bike parking to accommodate 600 cyclists. The hospital is considering a locker-assignment system to ensure consistency and predictability for locker users.

AGAIN: These programs were not modeled as part of the TMP package analyzed using the COMMUTER Model, and could further increase non-SOV mode split beyond what is predicted by the consultant team.

Supportive Transportation Benefits

Children's will continue to fund on-site Zipcars, employee Zipcar membership, and the Guaranteed Ride Home program that subsidizes emergency taxi rides home for alternative commuters in the event of personal or family illness or unscheduled overtime. Children's will also continue to equip its shuttles to carry bicycles, so employees have more options for traveling, including combining bicycling with

shuttles to complete trips. The COMMUTER Model used to evaluate proposed TDM program impacts does not assume any mode shift resulting directly from these benefits, as they are too integrated and dependent on other programs being in place. Nevertheless, these benefits bolster the opportunity for campus visitors to leave personal cars at home.

No new supportive transportation benefits are included in the modeled package.

Neighborhood Transportation Programs

Children's offers various transportation programs and benefits to the neighborhood at large. The hospital sponsors annual Bike to Work Day commuter stations, serving over 700 bicycle commuters in 2007 and over 1,000 in 2008. The Zipcars that Children's funds add to the fleet of cars available for the entire community of Zipcar members. The addition of 63 new daily roundtrips on King County Metro routes 25 and 75 provide enhanced mobility to all riders along those routes. Near the research campus in South Lake Union, Children's participated in a streetscape pedestrian safety audit, sponsored by Feet First, King County Metro, and Vulcan. These and other potential neighborhood programs benefit the entire community and expose more people to transportation alternatives, though it is difficult to predict with certainty what effect these activities have on trip reduction and traffic.

Children's will continue working with King County Metro to pursue the opportunity to offer neighborhood residents free access to use the Children's shuttle system. Bringing passengers onto the shuttles who are not affiliated with Children's will require detailed analysis and approval from Metro to extend the shuttle service to the general public. If Children's acquires this approval, the hospital will publish the shuttle schedules and routes for distribution to neighborhood residents.

In addition, Children's agrees to fund the formation of a Residential Parking Zone (RPZ), should the neighborhood(s) determine that one is desirable. However, Children's has been successful in effectively limiting the impact of employee parking through its employee parking policies and follow-up enforcement. Children's has continued to express a high priority intention to provide a high quality experience for its patients and their families and visitors, and will continue to manage on-site parking to assure that patients and visitors always have a space to park upon arrival.

Patient Transportation

Children's TMP efforts primarily focus on employee groups who make up about 65 percent of the total population traveling to the hospital. As detailed in the following "Evaluation" section, Children's expects to achieve all of its proposed vehicle trip and SOV rate reduction within those employee groups, even if all other populations' trips remain unmitigated. By comparison, patients and families comprise only 17 percent of all traveling to campus, and their trips do not concentrate during the most congested peak-period commute times of day. Even with this comparatively small portion of trips, Children's works to communicate about and enable patient transportation alternatives through its Guest Services department.

In February 2007, Children's initiated a shuttle service for patient families with one vehicle and driver. The fleet has grown to four vehicles and drivers making 200 trips per month. The patient and family shuttle is offered free of charge and is available to all families who come to Children's. 92% of all trips occur on weekdays, with 93% between the hours of 6:00 AM and 8:00 PM. Between October 2007 through July 2008, the patient and family shuttle made 2,431 runs. 41% of these runs connected the hospital to Sea-Tac Airport, 31% to the Ronald McDonald House, and 8% to hotels. The initial philosophy behind the patient and family shuttle was to make the experience of arriving to Children's less overwhelming for families coming from out of town, offering connecting shuttle trips from the airport, train and bus stations, and ferry terminals.

The patient shuttle service decreases the number of vehicles entering Children's campus by enabling families to leave their cars at home. The average length of a hospital stay at Children's is five days. When a family arrives on campus without bringing a car, it has a cumulative effect, ensuring that they will take alternative modes of transportation the entire time they are at the hospital. Key features of patient and family transportation services include:

- When possible, Children's groups patient family shuttle runs in order for multiple families to ride together.
- Children's also encourages families to stay at hotels that offer shuttles, and is currently working on a walking map of the area with Feet First, a organization that promotes walking. This map will include the health benefits of walking as well as how to use walking as a form of meditation.
- In the month of April 2007, Hopelink, a transportation broker for DSHS, provided over 900 individual trips to Children's for families on DSHS. Hopelink currently does not group multiple families into single trips. Children's is working to house a Hopelink transportation coordinator on site at the hospital, partnering in order to group multiple DSHS families into single trips. This partnership will improve the Hopelink service, decrease the number of single family trips, and increase the number of families utilizing the bus system.
- In June 2007, Children's began transporting children to the Hutch School Monday-Friday. The Hutch School is located on the SCCA campus and is for siblings of patients who are here for long term care. At the end of the 2007-2008 school year, the bus was at capacity.
- In January 2008, Children's changed the shuttle run to the Ronald McDonald House from a scheduled bi-hourly service to one that is by reservation only. Fliers encourage families to walk between the two facilities. This change resulted in a decrease of runs from 200 per month to an average of 68 per month.
- Children's surveyed patient families and found that they prefer having all of their clinic appointments scheduled on the same day. Children's has purchased a new integrated scheduling software system to help achieve that goal (when medically appropriate). This new software will impact every clinical area of the hospital, and will enhance interdepartmental communication and the ability to collaborate. This in turn will decrease the number of trips families will need to make in order to receive care at Children's.
- Children's also provides valet patient parking between 7:00 AM and 3:30 PM, and between 5:00 PM and 11:00 PM on weekdays, in order to use the existing parking supply as efficiently as possible and reduce the number of on-site spaces required.

Proposed Patient Transportation enhancements:

Children's would implement pay-per-use parking fees (as outlined in sub- 3 above regarding "Parking Pricing"), with the option for providing parking validation or Medicaid vouchers for patients. Children's would also expand the distribution of information to patients about non-SOV travel options to the hospital, including the shuttle to transit system and public transportation.

Resource Impact

As of 2007, Children's spent millions of dollars annually to plan, implement, and monitor its excellent TDM and shuttle programs. The proposed TMP would require substantial increased financial investment in program operations, staffing, and enhanced monitoring and enforcement of parking policies, as well as capital funding for facilities as described in Element IV of the CTP (*see main body of the memorandum, above)*. The consultant team estimates that the hospital would need to substantially increase its annual financial commitment in order to implement these programs.

Effectiveness: SOV Rates, Vehicle Trips, and Parking Demand

The consultant team evaluated TMP strategy packages for expected reductions in SOV rates as measured under CTR requirements. In order to analyze associated reductions in vehicle trips and parking demand, the consultant team focused its attention on those trips made during the PM peak hour. Trips made in the middle of the afternoon or the night, when there are few cars on the road, have less potential for adding to overall delay than trips made during the morning and evening peak commute times. In its Trip Generation Model, Transpo forecasted Children's unmitigated vehicle trips at MIMP build out during the most congested hour of both the AM and PM peak. In order to achieve a substantive reduction of the otherwise unmitigated impacts described in the Preliminary DEIS, Children's should seek to reduce net new vehicle trips in peak periods, when traffic volumes are highest and intersection performance on Sand Point Way NE and in other impacted corridors is poorest. For analysis purposes, the consultant team chose the PM peak hour in addition to SOV rates as the standard of measurement for the TMP's effects, also because there are more patient trips during this period than in the AM, making it more challenging to mitigate vehicle travel.

EPA COMMUTER Model

The consultant team used the U.S. Environmental Protection Agency COMMUTER Model (v2.0) to predict future SOV rate and trip reduction achievements of the above-described TMP enhancements. The COMMUTER Model was created for use by government agencies and individual employers to model the effectiveness of various Transportation Demand Management and Transportation Control Measure strategies. TDM programs targeted with the COMMUTER Model include financial incentives (Commuter Bonus, transit fare), parking charges, and employer support programs (ridematching, Commuter Services staff time, etc). The COMMUTER Model analyzes financial and time savings as the core primary motivators of transportation choice, while supporting elements are offered primarily to meet increased demands on the employer's TDM programs.

The COMMUTER Model uses inputs of current and future population figures, existing mode splits and TDM incentives, and packages of TMP strategy and policy changes to forecast the mode split effects of the proposed programs. This is a logit mode-choice "pivot point" model, and environmental background characteristics that influence travel behavior – such as transit availability and land use patterns – are reflected in the starting mode splits. COMMUTER Model mode choice models have been developed for cities and regions nationwide, including the Puget Sound region. These mode choice coefficients reflect the willingness of people in the area to change travel modes in response to changing incentives or travel conditions. The values of these mode choice coefficients are based on travel models currently used by regional transportation planning agencies. The COMMUTER Model's forecasted future mode splits can be used to calculate future travel behavior and trip reduction, including daily trips, vehicle trips in the PM peak hour, and peak period parking demand.

The consultant team modeled the TDM enhancements outlined in sub-sections 2-5 under "TMP Components" above, assuming that full TDM offerings continue to apply to Children's employees and CUMG physicians, and that full benefits (including transit fare, parking management policies, and Commuter Bonus payments) are extended to medical residents, fellows, and students. These are the only groups included in the model. Other opportunities for trip reduction may exist in patient and non-employee populations, but non-employee travel cannot be modeled by the COMMUTER Model, and such reductions are not estimated here.

The COMMUTER Model results plus forecasted Transit Shuttle ridership combine to create an expected 36% reduction in predicted net new PM peak hour vehicle trips. The full reduction is expected to be achieved within the four populations evaluated using the COMMUTER Model:

- Children's daytime employees
- Children's non-daytime employees (including exempt & call, and evening and night shifts);
- CUMG physicians, and
- Medical residents, students, and fellows

For analyses of COMMUTER Model groups that combine several Trip Generation Model groups (i.e., Children's non-day and Residents/Students/Fellows), weighted averages were calculated for baseline modesplits and number traveling during PM peak hour, based on sub-group modesplits and numbers of people from the Trip Generation Model.

Among the total PM peak hour vehicle trips generated by these four groups in 2007, Children's daytime employees make the majority of the trips (74%, compared to 21% from non-day Children's employees, and 2% and 3% from CUMG physicians and students/residents/fellows, respectively). Correspondingly, the most absolute trip reduction is expected to be achieved among those daytime employees. Fortuitously, daytime employees tend to have the most regular work hours and set commuting schedules that make it more likely for them to travel during daylight (attractive to people on foot and on bicycle) and at times of peak public transit and Children's shuttle service, supporting a full range of commute alternatives.

The COMMUTER Model is set up to predict mode shift as a result of parking pricing, fiscal incentives for using an alternate mode, or TDM programs, but not changes in travel behavior that would occur as the result of new shuttle or transit service except with respect to reduced waiting or in-vehicle travel times. Expected Transit Shuttle ridership had to be calculated off model, and accounted for in the final analysis combined with COMMUTER Model outputs (*see "Transit Shuttle Calculations," below*).

Methodology

Base numbers were input into the COMMUTER Model, drawn from Transpo's Trip Generation Model data for current (2007) mode splits, current population, and expected 2028 population. The COMMUTER Model forecasts the following changes in mode splits from the unmitigated (2007) conditions solely as a result of the TDM strategies outlined above under "TMP Components":

Table 11. Percent mode splits with enhanced TDM strategies (not including Shuttle)

Modesplits (in percent %)	Children's Day-shift		Children's Non-day shift		CUMG Physicians		Students, Medical residents, & Fellows	
	Unmitigated	w/TDM	Unmitigated	w/TDM	Unmitigated	w/TDM	Unmitigated	w/TDM
SOV	38	30	63	58	66	60	73	53
Carpool	21	20	11	12	3	4	8	14
Vanpool	9	9	0	0	0	0	0	0
Transit	10	17	10	13	10	13	6	13
Bike	6	8	5	6	6	8	4	9
Walk	5	6	4	5	5	6	2	4
Other	11	10	7	6	10	9	7	7

The new mode splits achieved by TDM programs alone predict an SOV rate of 30% among Children's daytime employees in 2028. When the mode splits for each modeled group are input into the Trip Generation Model for future population, the calculations generate the following PM peak hour vehicle trips on motorized modes in 2028:

Table 12. PM peak hour vehicle trips expected in 2028 as a result of enhanced TDM strategies (not including Transit Shuttles)

	Number of PM peak hour vehicle trips by mode			Total (rounded)
	SOV	Carpool	Vanpool	
Children's Day-shift	389	113	19	520
Children's Non-day	212	19	-	230
CUMG	24	1	-	25
Students/ Residents/ Fellows	32	4	-	35
Total PM peak hour vehicle trips from all groups (rounded):				810

Without this TDM mitigation, the Trip Generation Model predicted 930 PM peak hour vehicle trips among these four modeled groups in 2028, representing 690 net new PM peak hour vehicle trips compared to today. The COMMUTER Model mode shift predicted based on TDM programs alone thus reduce 120 PM peak hour vehicle trips (930 – 810 = 120), representing a 17% reduction in net new vehicle trips in the PM peak hour at MIMP build out (120/690 = 17%).

Transit Shuttle Calculations

Shuttle ridership estimates then had to be accounted for in order to forecast the total reduction in SOV rates and in net new PM peak hour vehicle trips expected in 2028. Before running the model, the consultant team calculated the vehicle trip reduction that could be expected as a result of the enhanced Transit Shuttle service plan by calculating ridership and converting these person trips to vehicle trips. Shuttle patronage was based on projections of employee home locations, presence and quality of connecting public transit services, and the level of programmed shuttle service (headways). These estimates predict a peak hour Transit Shuttle ridership of 225 persons.

To calculate the Transit Shuttles' effect on mode split, the consultant team assumed that these 225 riders shift proportionally from each of the modeling groups, and, within each group, from among SOV, carpool, vanpool, and transit riders. We exclude bike and walk commuters from this shift, assuming that no one who lives close enough to the hospital to bicycle or walk to work will switch to taking transit to an out-of-area hub and transferring to a shuttle.

As with PM peak hour vehicle trips, the population of daytime Children's employees comprises the vast majority of all modeled persons; as a result, proportionally, most Transit Shuttle riders are expected to come from this group. Also among the four modeled populations, there is a higher proportion of individuals commuting today via SOV than by any other motorized mode. The 225 peak hour shuttle riders were not removed evenly from the groups (i.e., 225 / 4 = 56 riders taken from each of the four modeling groups, and then within the modeling groups 14 riders taken from each of the motorized modes). Rather, assuming that new shuttle passengers shift to shuttle proportionally from each motorized mode results in a greater reduction in SOV trips compared to trips by other modes.

These sub-proportions were calculated based on the baseline (2007) mode splits and relative numbers of PM peak hour person trips within each group, drawn from the Trip Generation Model. Existing mode split numbers were used to calculate the number of persons and vehicle trips shifted to Transit Shuttle from each mode to make up 225 peak hour riders. This allowed us to adjust the COMMUTER Model's mode split outputs to account for person and then vehicle trips shifted to shuttle, which results in the following PM peak hour vehicle trips including both the TDM effects combined with Transit Shuttle:

Table 13. PM peak hour vehicle trips expected in 2028 as a result of enhanced TDM strategies (COMMUTER model) and Transit Shuttles (forecasted ridership)

	Number of PM peak hour vehicle trips by mode			Total (rounded to nearest 10)
	SOV	Carpool	Vanpool	
Children's Day-shift	308	93	16	420
Children's Non-day	178	16	-	190
CUMG	20	1	-	20
Students/ Residents/ Fellows	26	3	-	30
			Total from all groups:	660

The Table below summarizes the net new PM peak hour vehicle trips expected from each model group, using the proposed TDM strategy and Transit Shuttle ridership to account for the effects of the complete TMP. These estimates include new PM peak hour vehicle trips generated by 2028 carpools, vanpools, and SOV vehicles, and net new trips from Transit Shuttle vehicles are added at the end.

Table 14. PM peak hour vehicle trips from modeled and non-modeled population groups, under full TMP mitigation (TDM strategies + Transit Shuttles)

PM Peak hour vehicle trips in 2028	Modeled mitigated populations				All non-modeled groups* *(unmitigated)*	Overall Total *(rounded to nearest 10)*
	CHRMC Day-shift	CHRMC Non-day	CUMG	Students, Residents, & Fellows		
Without mitigation (Trip Generation Model: unmitigated)	631	220	27	49	476	1,410
With TDM programs	521	231	25	36	476	1,290
Subtotal Reduced	110	-11	2	13	0	120
With TDM and Transit Shuttle	417	194	20	29	476	1,140
Total Reduced	214	26	7	20	0	270
					Net new PM peak hour vehicle trips created by Transit Shuttles:	20
					Overall net new PM peak hour vehicle trips including Transit Shuttles:	1,160
					Overall net new PM peak hour vehicle trips reduced:	250

*** Note**: Again, the COMMUTER Model cannot model non-employee travel. In order to ensure conservative estimates, no trip reduction is predicted from any Trip Generation Model group not modeled with the COMMUTER Model. This includes patient and family trips, volunteers, and consultants. Therefore, in the above table, the full 476 net new PM peak hour vehicle trips predicted from these groups in the Trip Generation Model for 2028 with no mitigation are assumed to hold steady with both TDM and Transit Shuttle mitigation. Programs targeted to patient or other non-employee trips could result in further reductions. The new Transit Shuttles will make 36 in and out trips during the PM peak hour; because the Green Line absorbs the former 6 trips during the PM peak hour from Met Park West, and 12 trips between Children's and 70th/Sand Point Way, net new shuttle trips is only 18 (rounded to 20 above).

20 net new PM peak hour vehicle trips are to be expected from the new Transit Shuttles, accounting for the existing shuttle routes absorbed by the new Transit Shuttle to downtown Seattle's Westlake Center / 3rd Avenue hub (*launched June 2008*). This results in a **net reduction of 250 net new PM**

peak hour vehicle trips (270–20 = ~250). The Trip Generation Model predicts 690 net new PM peak hour vehicle trips from all groups in 2028 if there is no mitigation and no mode shifts from baseline (2007) behaviors. Thus, the COMMUTER Model and Transit Shuttle ridership forecasts predict that the proposed TMP (TDM + shuttles) would achieve at least **30% reduction in net new PM peak hour vehicle trips** (250/690 = ~36%).

The proposed enhanced TMP programs are targeted only at the populations modeled using COMMUTER Model: Children's day- and non-day shift employees, CUMG physicians, and medical residents, students, and fellows. In the above calculations, all of the predicted mode shift and reduced PM peak hour vehicle trips are expected to occur among these groups only. This reduction, then, would be achieved even if vehicle trips from all other groups in the Trip Generation Model – including patients, consultants, and volunteers – increased as predicted under unmitigated conditions.

Results: Summary of SOV and Vehicle Trip Reduction

As shown in Table 11 above, the COMMUTER Model mode splits forecasted based on TDM programs alone would deliver a 30% SOV mode split among daytime Children's employees. Additional mode shift away from SOV should be expected due to use of the Transit Shuttles.

Final net new PM peak hour vehicle trips in 2028 calculated using these mode splits suggest that ***Implementing the proposed TMP could be expected to result in a 36% reduction in net new PM peak hour vehicle trips in 2028.*** Table 15 outlines the net new PM peak hour vehicle trips expected with and without enhanced TMP programs. All of these vehicle trip and SOV mode split estimates include expected net new vehicle trips generated by shuttle, carpool, vanpool, and SOV vehicles in 2028, from all population groups. These calculated reductions are achieved entirely within Children's day- and non-daytime employees, CUMG physicians, and medical residents, students, and fellows. Other opportunities for additional trip reduction may exist in other population groups, such as patients, contract and temporary employees, and volunteers.

Table 15. Net new PM peak hour vehicle trips in 2028 with and without enhanced TMP mitigation

Without additional mitigation	690
With expanded TDM programs	570
Subtotal Reduced	120
Percent Reduced	17%
With TDM and Transit Shuttle	420
Total Reduced	270
Net reduced with 20 net new Shuttle vehicle trips added back in	250
Percent Reduced	36%

Results: Parking Demand

SOV mode split reductions and vehicle trip reductions resulting from Children's proposed TMP package would also reduce the amount of parking needed. Rather than the 3,600 stalls that Transpo forecasted would be necessary at MIMP build out without further mitigation, Children's would need only 3,100, a reduction of 500 parking spaces. Parking may be accommodated on campus, or in leased stalls in off-campus parking lots. Under this mitigation package, Children's would need a total supply of 3,100 total stalls on and/or off campus.

Table 16. Future Peak Parking Demand at MIMP Buildout

Peak Parking Demand in 2028	Without mitigation	With TDM programs	With TDM and Transit Shuttle
Children's Employees - Day Shift	830	690	510
Children's Employees - Non-day	635	610	550
CUMG Physicians	270	250	240
Students, Medical residents, & Fellows	290	200	190
Other employees[1]	555	550	560
Patients (in- and out-)	890	890	890
Total:	3,470	3,190	2,940
Effective demand (+ 5% for circulation):	3,600	3,350	3,100

1. "Other employees" include EE Off-site Children's Employees, Pace temps, construction, consultants, community physicians, vendors, and volunteers. All numbers are rounded to the nearest 5.

Children's intends to pursue off-site parking opportunities when possible, and will continue to utilize geographic parking assignment plus shuttles to intercept vehicle trips that would otherwise enter the most congested impact area (*see Element VIII of the CTP)*. Regardless, the enhanced TMP with expanded TDM + Transit Shuttle services alone would achieve the targeted 500 parking space demand reduction, as well as the 30% SOV rate and 30% reduction in net new PM peak hour vehicle trips as described in this memorandum.

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