

**CITY OF BOISE**  
PLANNING & ZONING COMMISSION MEETING

MINUTES • February 9, 2015

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City Hall – Council Chambers

6:00PM

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FINAL

**COMMISSION MEMBERS PRESENT**

- ☒ Stephen Bradbury, Chair
- ☒ Rich Demarest, Vice-Chair
- ☒ Milt Gillespie
- ☒ Douglas Gibson
- ☒ Chris Danley
- ☒ Steve Miller
- ☒ Rick Just
- ☐ Angel Dimeo – Student Commissioner

**PDS MEMBERS PRESENT**

Scott Spjute, Hal Simmons, Cody Riddle, Meagan Curtis, and Amanda Schaus (Legal).

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**I. REGUAR AGENDA**

**[CPA14-00004](#) / St. Luke's Health System / St. Luke's Master Plan**

REQUEST TO ADOPT AN UPDATE TO THE ST. LUKE'S MASTER PLAN AND REFERENCE THE NEW MASTER PLAN IN THE COMPREHENSIVE PLAN. A COPY OF THE MASTER PLAN AND SUPPORTING DOCUMENTS IS AVAILABLE ON THE CITY'S WEBSITE AT THE FOLLOWING LOCATION: <http://pds.cityofboise.org/planning/st-lukes-master-plan/>

**Chairman Bradbury** – Good evening, ladies and gentlemen. We're going to get started here. This is the Boise City Planning and Zoning Commission. I typically have a little bit longer spiel about all the different things that this commission does, but since we only have one item on our agenda tonight I'm just going to talk about that. We have the one item which is say an amendment to the Boise City Comprehensive Plan. This body acts as a recommending body to the City Council. So what we're going to do tonight is we're going to take testimony starting with the staff, and then we'll hear from the applicant. Then we'll hear from a representative of the registered neighborhood association which is the East End Neighborhood Association.

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Is there someone here tonight from the East End Neighborhood Association who was going to testify? Maybe they just haven't gotten into the room yet. Assuming that they're here then we'll hear from the Neighborhood Association, and then we'll hear from members of the public. Each member of the public is entitled to three minutes to testify. And I'll start with the sign-up sheet that I have here in front of me which is very long. If you didn't get a chance to get your name on the sign-up sheet, we'll give you an opportunity to testify anyway.

And with that, we'll get started. We'll hear from the staff first. I do—before we go to staff though, are there any disclosures from any of the commissioners tonight?

**Commissioner Gillespie** – Mr. Chairman?

**Chairman Bradbury** – Commissioner Gillespie.

**Chairman Bradbury** – I need to disclose that on January 26 I attended an open house at St. Luke's to discuss the master plan from about 5:00 to 7:00 in the evening. And while I was there I spoke with Theresa McLeod, Betsy Roberts, Gary from Hummel Architects and Bob Bennett just about the plan and the details.

**Chairman Bradbury** – All right, any other disclosures? Commissioner Gillespie, do you think that it's going to have a – interfere with your ability to render an impartial decision tonight?

**Commissioner Gillespie** – No.

**Chairman Bradbury** – All right. Thank you. Anything else? All right, hearing none, we'll hear from staff. And that'd be Hal.

**Commissioner Miller** – Mr. Chairman.

**Chairman Bradbury** – I'm sorry, Hal. Sorry, Commissioner Miller.

**Commissioner Miller** – I just want to also make a disclosure. My wife is a doctor and rents – her practice group rents a facility that is within the master plan area owned by St. Luke's. I talked with Council about this and it was agreed upon that it was not a conflict director apparent, so I will be participating in those deliberations.

**Chairman Bradbury** – All right. Thank you. Anything else from any of the commissioners? All right. Now we'll go to staff. Thank you.

**Hal Simmons** – Mr. Chairman, commissioners, good evening. Before we start, Steve Lord just informed me that he's going to represent the East End Neighborhood Association in their presentation.

**Chairman Bradbury** – Okay. Okay.

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**Hal Simmons** – Mr. Chairman, commissioners, the process that we're in tonight really began in the late 1980s, early 1990s when St. Luke's prepared and adopted their first master plan which is still in effect today. Over the last 25 years, they have built out that master plan and they approached us probably three years ago to tell us that and to let us know that they had plans to proceed with additional towers and possibly some street vacations.

We formed a team at Boise City and ACHD and set up a series of meetings with St. Luke's to talk through the process and reached some agreement as to how we would go about getting our arms wrapped around this big project and try to understand how to guide the project in the best way that it would be successful.

Essentially, we came up with the idea of a master plan, a new master plan that will be much more comprehensive than the last one, and that would assess all the potential impacts of the project, maybe assess alternatives and that would allow us to look at the big picture and really understand how to mitigate the impacts and avoid the whole issue of what comes first, the land use or the street improvements. So that's where we started down the path to where we are today with a new master plan.

We also talked about a public involvement program being required, with St. Luke's to run that program and we talked again about an alternative analysis that would be part of preparing the master plan and potentially an element within the plan itself. St. Luke's was a willing participant in all those meetings and they agreed to that process.

More details about the process that we agreed on was that first of all no street vacation request could be made prior to master plan approval. So they agreed to work through this lengthy process over several years before they would ever come to ACHD and ask to vacate a street. The master plan was to be adopted by reference into the Boise Comprehensive Plan and essentially become a part of the comp plan. We asked for and they agreed to an extended 90-day review period. And then, finally, ACHD, the P&Z and the Council were all to hold public hearings on the master plan.

The idea was that ACHD would have the first public hearing because would be a detailed traffic analysis as part of the plan. P&Z would then hear it. Potentially, ACHD would come back and have the second hearing and take action on the master plan. And then the City Council would get it last.

If the approved master plan supports any street closures, then the Council through adoption of their master plan would consent to vacate those streets, and then ACHD would have a final public hearing just strictly on the issue of street vacation. As I'll talk about later, there've been a few changes or some minor changes to that process, but we're still pretty much on track with that whole chain that we identified.

So where we are now, the first 45-day review period expired December 1<sup>st</sup> of 2014. That resulted in a lot of citizen comments that we forwarded on to St. Luke's. They prepared a second draft, started a second 45-day review period and that has taken us up to the public hearing process right now. ACHD did hold a public

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hearing on January 28. They accepted the traffic impact study and the conclusions of the study; that is their staff accepted those findings. However, the Commission themselves chose not to act on the master plan.

Basically, what happened was over the last several months, there was a change in make-up of the Commission and the new commissioners did not agree with the process that we had outlined years ago. So they will not be holding any further public hearings at this point. They're waiting for the City to make a decision. And then if the City decides to approve the master plan that includes the street vacation, then they would still hold the public hearing they were going to hold anyway to consider that vacation. That would be the very last thing that ever happens. So the P&Z hearing tonight is to make your recommendation to the City Council, and if you act on it tonight, we would expect the Council to hold a public hearing in March or April.

As we got into reviewing the plan that they submitted, we first looked to see what policy plans were in effect for this area. We found that Blueprint Boise, the comprehensive plan, obviously applied. The East End Neighborhood Plan is of record, and the downtown plan. So we took a look at each of those. Blueprint Boise was adopted in 2011. It is the comprehensive plan. It's a very comprehensive and thorough document. It has up-to-date goals and policies and is the plan we relied on most heavily for assessing the consistency of the St. Luke's master plan. Within Blueprint Boise are a wide range of policies including economic development, street connectivity, pedestrian facilities, neighborhood protection, historic preservation and design review. The comp plan also includes a section of specific policies for the North End and the East End. St. Luke's falls within the North End/East End planning area and there are very detailed policies in there, some of which refer specifically to St. Lukes.

First of all, St. Luke's is in the east end neighborhood and is covered by the EENA Neighborhood Plan. Within that plan, there are a number of policies on neighborhood compatibility, pedestrian access across Avenue B and interaction with the neighborhood on large planning issues, such as this process with St. Luke's. We found that essentially all those are covered in Blueprint Boise. We also note that the East End Neighborhood Plan while still in effect, is a little dated. It was adopted in 1988 and was last updated in 1999. There have been new ideas that have come about through the comp plan; not inconsistent, but I would say the Blueprint Boise plan has augmented dramatically the East End Neighborhood Plan.

Downtown Boise Plan, this is also somewhat dated. It goes back to 1992; focuses on issues like street connectivity, transit, pedestrian facilities, parking garages, and it talked a lot about high density on the St. Luke's campus that would then transition past the campus boundary into the lower density neighborhoods on the perimeter. St. Luke's is technically outside the downtown planning area but is on the edge of the downtown and it's very closely connected and related to the downtown area. Again, we found that the downtown issues are well-covered in Blueprint Boise.

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As we reviewed the plans, we found some basic values that we wanted to sort of measure the master plan by. These are for the primary ideas. First of all, to recognize the value of St. Luke's to the economic health of the city as well as the physical health of the city's residents and to work cooperatively with them on future facility planning. There are policies to that effect. Look at the larger setting beyond St. Luke's. So don't just think about the St. Luke's campus but think about the larger context that it fits into, and what the future land uses might be around the campus. Involve the neighborhood and the stakeholders in the planning process. Many policies on street connectivity; Many policies on pedestrian and bicycle facilities and policies on historic preservation.

I'm not going to spend a lot of time describing the master plan itself. The St. Luke's team is here and they can do that. But within the master plan is a section on land use, and it talks about some very specific facility improvements that will be constructed over the next 10 or 15 years if the plan is approved; primarily to expand the office tower to the north over Jefferson St. which would require the vacation of Jefferson; relocate the central plant one block west; construct a new parking garage on State and 1<sup>st</sup>; construct offices over 1<sup>st</sup>, attaching the parking garage to the new tower with the new entrance to the hospital; construct a new shipping and receiving facility; construct a new office south of Main and construct a new children's hospital east of Avenue B with the sky bridge which has already been approved but not constructed. There's a map in the plan. I don't think I'll go through this map. I think if you've had a chance to review the plan you'll understand that primarily the tower sits in the middle of this map and the new facilities kind of spin out around the perimeter of the tower.

The other part of the master plan and the most significant from our standpoint tonight are the mitigation elements. Obviously, an expansion of this scope and with the potential for vacation of streets has a lot of impacts that have to be mitigated. Most of the impacts did have to do with traffic and with bicycle and pedestrian facilities. So the master plan worked through a number of proposed mitigation measures including to construct a cycle track and a dual use sidewalk along the west side of Avenue B that would route up to State Street and down to Idaho and on Main Street to the south, that would make up for the loss of Jefferson and route cyclists and pedestrians in a safe and quick manner around the perimeter.

Second item was to connect the cycle track to new bike lanes on Main, Idaho and State. Within the roadway plan itself were plans to improve six intersections with new turn lanes, primarily left turn lanes, dedicated dual left turn lanes to the south on State Street. There are also plans to add two new traffic signals.

I'll talk a little bit about a larger planning effort that we did that involved some roundabouts outside the campus boundaries. So their mitigation plan includes and illustrates one of those roundabouts at Reserve. And then there is some significance to the historic issues and they have some plans for relocation of some historic homes within their campus boundaries as mitigation for removal of those homes.

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This is a graphic that just shows with the dashed lines, the bicycle facilities. I'll just point out the cycle track real quickly. This is the cycle track from Jefferson down to Idaho and a dual use sidewalk from Jefferson around to State Street. So that's the sort of the fundamental element of their bicycle system. And then they're proposing bike lanes on Idaho and Main as well as new lanes on Avenue B and up on to State Street and Fort Street.

This is out of the master plan as well. This is the Roadway Improvement Plan and you can see the improvements primarily layout along State Street with another new traffic signal and left turn lanes; come around the corner to the south there are some turning restrictions and additional lanes on Avenue B; A new signal on Main Street, a roundabout at Reserve associated with the Fort Boise Study and some other improvements to medians and pavement throughout the area. So this is a combination of impacts that St. Luke's is directly attributable for and other larger issues that the city came up with through our process which I'll talk about later.

So ultimately, we had to formulate some recommendations based on our analysis of the plan and the policies, and this is what we came up with. What we found was that the plan was thorough. They had made an honest effort at mitigation and yet we felt that they had not yet solved impacts associated with loss of connectivity and loss of Jefferson St. So our specific recommendations are to restore. Basically, we're suggesting a tradeoff. If Jefferson is to be closed, then Bannock which had been previously closed needs to be modified and brought back into the network in some form.

So we're suggesting that Bannock be restored as a transportation facility, either as a dedicated bike lane through the corridor or even so far as a very slow travel road similar to maybe the Basque Block or 8<sup>th</sup> Street North of Main, to function in a way that cars can find their way through very slowly. There's enough right of way to do that. There are impacts with hospital uses that might have to be relocated to make that happen.

We're suggesting that a bike lane be striped on Bannock down to Avenue B with a pedestrian signal, or I should say east to Avenue B, with a pedestrian signal for crossing there. We were concerned about movement from Main St. from cyclists on eastbound on Main St. and how they would get across and up to Jefferson on the cycle track. And we have a suggestion that they stripe a bike lane from Bannock down to Idaho and I'll show you that in a minute in a picture. We didn't like the idea that the dual-use sidewalk north of Jefferson is attached to the curb, and we thought that should be detached to provide the same level of comfort that the southern cycle track has. We believe that although they show the roundabouts on Reserve or the roundabout at Reserve and Avenue B, it's not clear how pedestrians and cyclists would get through that roundabout or across it. So we're thinking some more detail work that needs to be done at either end of the roundabout. And then lastly, this is a big deal, the idea to of entering into a three-party agreement for accelerated design and funding and construction of virtually all of the roadway improvements that are called for in this plan, some of which go far beyond what St. Luke's minimal obligations would be.

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This is the map of the staff recommendations. So this is Bannock Street across here. This is where it's basically a green space, so we're recommending that some form of transportation corridor be opened up through here. This is the bike lane we're suggesting that come down through the parking lot and service drive from Bannock down to Idaho Street and across Idaho to Main Street. The idea in that if you're eastbound on Main you can come down on a bike lane, catch this, come across, catch the pedestrian signal, get up onto the bike lane here and then catch the—either cross at the pedestrian signal or take the cycle track up to Jefferson and come across on Jefferson.

This is a roundabout. That has been proposed at Fort Boise and we're suggesting a further study of the crossings at either side of that. And then the separated—it's not shown on here but the attached dual-use sidewalk around this corner here we believe should be detached.

Okay, the Development Agreement Proposal, this is something that came up through our department's discussions with ACHD and St. Luke's. There are several parts to it. Number one, ACHD would agree to accelerate design for the intersection of Avenue B, Warm Springs, Idaho, and Main; and their CIP is currently way out there. They can agree with St. Luke's assistance to move that up and do the design now and potentially construct it much sooner in timeframe. St. Luke's would be responsible to fund full improvements of many of the other intersections including the roundabout potentially through a reimbursement agreement that over time then they would be paid back for their investment and their costs. But the bottom line would be that the neighborhood would get all those improvements early rather than late.

And the City then is a major land owner at the corner of Reserve and Fort Street with the ball fields, and we can reconfigure those fields to the extent needed to facilitate construction of the roundabout. And we really believe that the roundabout will do an awful lot to restore traffic flow and functionality to that part of the neighborhood. The intent again is to address long-term transportation needs upfront in the short term.

I mentioned the Fort Boise concept plan, this was something the city initiated concurrently with the St. Luke's study. Again, there was policy guidance to try to look at the larger area. We assembled a committee of stakeholders, primarily landowners in the Fort Boise area because that's where we thought the major opportunity existed. But we looked at the surrounding area as well. We assessed opportunities for transportation and connectivity, bike and pedestrian facilities, land use, recreation, open space and urban form. We created a series of maps and graphics and a set of policy statements regarding those facilities and we got essentially some acceptance from the stakeholders and others that reviewed it. It was a fairly successful process. We have not proposed it for adoption at this time. We have used it more along the lines of an information tool that could inform the preparation of the St. Luke's master plan and our analysis of it. St. Luke's has in fact incorporated some of those elements into their master plan that's before you tonight, most notably the roundabout and the cycle track concept.

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This is just one of the maps that's in the Fort Boise plan, and I'll just show you that it's a land-use map combined with transportation. And what it shows is the extension of the grid street system up into the Fort Boise area. And this is significant because it really continues the downtown past St. Luke's, and it provides an alternative road network for folks coming out of the east Foothills and the East End to potentially turn-up into Military Reserve and come down through this grid network. It extends 3<sup>rd</sup> Street all the through Julia Davis Park up into Fort Boise as a specially designed street for bikes and pedestrians as well as vehicles, and it gives a straight connection that gets you past the St. Luke's campus if you're going in that direction.

It also shows roundabouts at all the key intersections. ACHD and the St. Luke's team did some analysis of these roundabouts and not all of them probably work. However, the master plan did incorporate the one at Reserve in their illustrations as well as the one up here on Robbins Road. Incidentally, you'll see we made no assumptions about road network through the St. Luke's Campus as part of this effort. We left that as an undecided issue and we are simply trying to look at the larger area.

So that's just an overview of the process and our specific recommendations. There are several possible actions that you can take tonight. You probably need to take one of these three. Number one, approve the master plan as requested by St. Luke's. Again, as outlined in our staff report, we're concerned about consistency with some of our policies about connectivity and bike and pedestrian facilities. We think there are some changes that might make sense. So alternative two would be to approve the master plan with specific changes recommended by PDS; potentially things you hear from the audience tonight or come up with yourselves as well through your deliberations, primarily Bannock Street improvements, development agreement elements related to accelerated street improvements and construction of some of the Fort Boise plan intersections.

We think that with those improvements, at least, we can, in our analysis, find consistency with the connectivity policies of the comprehensive plan. And then the third option would be to deny the master plan. You'll need to find that it is not in compliance with comp plan policies.

Whichever one of these three you choose will continue on to the City Council. They'll hold a new public hearing and they will make the final determination. And again, if they approve a master plan that includes the vacation of Jefferson or any other street that would then allow St. Luke's to go forward to ACHD with the final hearing request for vacation of the street at that body.

You'll see in our conditions we have statements about timing that we really want these improvements designed and constructed prior to any vacation request however, they could request to vacate but they would have to have their plans approved and—let me back up. They can't construct the street until all the mitigation is in place.

So with that, I'm going to conclude my presentation. These are, again, our six points that we're asking that you consider in your deliberation tonight. And I'm prepared to answer questions if you have any at this time.



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**Chairman Bradbury** – Thank you, Hal. We'll hear from the applicant and then we'll come back for questions. Is the applicant prepared? I assume somebody showed up from St. Luke's tonight.

**Chris Roth** – [Inaudible 0:23:09] correctly.

**Chairman Bradbury** – So under the code you're allowed 30 minutes and time is yours.

**Chris Roth** – Thank you very much, Mr. Chairman, commissioners. My name is Chris Roth, I'm the Chief Operating Officer for St. Luke's Health System. Thank you for the opportunity to present today. I'd also like to recognize and thank the staff for the support, not only the city staff but ACHD as well. I want to review a brief agenda for you and then turn sometime over to our team. I'm going to offer a few introductory comments here in a moment. Then I'm joined with – by Cy Gearhard Scott Larkin who are going to speak to the planning efforts, Cy's a nurse and she's also our Chief Nursing Officer at St. Luke's. Scott's with Architectural Nexus, one of our key partners in this project. And then Theresa McLeod will follow, then Betsy Roberts from CH2M HILL and I'll offer some closing comments and stand for any questions at that time.

We are pleased to submit our master plan to the City of Boise which will guide our planning efforts for not only the next several years but the next several decades. The map that you see in front of you shows our master plan at a high level. Everything in blue indicates future facilities that are included in the master plan. A little bit of history about St. Luke's, we're founded in 1902. We have a long and rich history in this community. We're actually founded in Boise and we're—our mission is to care for those people that are in our community and improve their health.

The Boise Campus is the oldest facility within the health system. It's the center of our health system for providing critical care and emergency services. The Boise Campus is home to Idaho's only children's hospital, our children's hospital school and the state's only comprehensive children specialty center. It's the center for Mountain States Tumor Institute, our region's most comprehensive cancer center. It houses the largest maternity service in the State of Idaho and it's the center of tertiary services for the St. Luke's Health System that include robotic surgery, bone marrow transplant and open-heart surgery.

Our population is growing. It is aging and healthcare is certainly changing. We have a need to upgrade, modernize and expand our facilities on the Boise Campus. Today we're completely out of medical office space and we are in need of additional beds. The chart on the left here that you can't read it but the red signifies—happens to be the month of January, anywhere in red shows where we are at critical space, out of space, or overcapacity in our critical care units. So these are med-surg critical care units, ICU, telemetry and these are important because our master plan helps address those and mitigates those long term. The point is we're out of space and we're going to need a plan going forward to make sure that we can care for patients going forward into the future.

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The plan that you're going to see has been developed through years of work. We've engaged local, regional and national experts to help inform this plan in terms of design, planning, where the future of healthcare is going and how to best provide for our patients. St. Luke's is a treasure in this community. We're fortunate to have outstanding medical staff in this city, both at St. Alphonsus and St. Luke's. The Boise Hospital in particular, we're very proud. This past year we were ranked as the top 5 percent of all hospitals in the country in terms clinical quality and outcomes. There are more than 5,000 hospitals in the United States. St. Luke's Regional Medical Center was selected as the top-100 hospital for the past seven-plus years in a row. St. Luke's Regional Medical Center has had a top-50 cardiac program in the nation. And in addition, we are proud to be a magnet organization which is the gold standard for nursing culture and nursing excellence. We're proud of this asset that we have, but most importantly the plan that you're going to see allows us to maintain the tradition of quality that we've had for years, and be positioned to provide for healthcare in our community for the years to come. So with that I'm going to go ahead and turn it over to Ms. Gearhard.

**Cy Gearhard** – Thank you, Chris, and commissioners and members of the community. My name is Cy Gearhard. I'm a registered nurse and have worked at St. Luke's for over 30 years. So I've had the pleasure of actually practicing as a registered nurse at St. Luke's, and currently now represent our nurses and our clinicians, and certainly the thoughts of our physicians as we come forward and present to you the solution that we feel will move us into the future to be able to care for our community in the way that we need to.

Healthcare is changing and certainly as we go forward with healthcare reform, we're challenged as clinicians in terms of reducing length of stay, improving outcomes and reducing cost. And the pressures on our physicians and nurses to do that really have driven the footprint that we need in terms of taking care of patients. In addition to acute care, Chris spoke to the tertiary care. This is the sickest of the sick in our community. They're having open-heart surgery; our children who are the sickest in the State of Idaho at this facility; our orthoneuro; our oncology patients that are Mountain States Tumor Institute; and our women's services. All of this really drives the agency need and the connectivity that we need to take care of the patients.

You can see on the slide that our campus is aging. It's inadequate now. We know it will be inadequate going forward. And as we move in terms of population health, which is dealing with an aging population, a population that is obese and has chronic conditions, we need to design a healthcare facility that we will be able to take care of the needs of the community for the future. Also, on this slide you'll see that we're moving into an integrated care model and in the following slides I'll explain that a little bit. But the importance of really having the agency of the physician offices, the treatment therapy centers and our acute facilities is really heightened as we go forward. Again, so our clinicians can easily move throughout our facility, can care for the patients more than what has been traditionally expected so that we can get rapid movement and progress patients as they go through the care continuum.

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This slide is the traditional model that you may be most familiar with, a tall building that's a hospital that houses inpatient beds in which there's treatment services that are in the basements or in adjacent buildings. Some of you may have experienced that. As patients, it's not ideal now. It never has been ideal from a clinician standpoint. But certainly, as we move forward, it becomes more and more urgent that we really change that configuration.

In the past also physician offices, it was tolerable to have physician offices that weren't closely aligned with the acute care facility as we weren't driving care as aggressively as we are now. Patients weren't as sick. We didn't have the technology. We didn't need to know the emergent answers that we need now in order to effectively take care of our community. And so, the traditional model doesn't work. And as we move forward to population health, we understand that in order to offer the care that we need to have and get the outcomes that we need, and more importantly, really drive the patient experience that you need, we need to have a model of care in which we really have that intersection between outpatient and inpatient. And as we know, more of our treatments are going to be pushed out patients, so the sickest of the sick will be inpatient.

And also, being very efficient with our resources, so this diagram really shows you the physician offices that are linked to diagnostic treatment services that are also linked to inpatient services; that follows that continuum of care that we're talking about. This care delivery model really propels us to the future in terms of population health and management. This kind of model will deliver the patient experience that we need. It will also drive those clinical outcomes that are really expected of us and our community expects of us. And also as Chris noted, this is what's going to continue to attract the best of the best to the Boise tertiary center. This is what clinicians, physicians, nurses are looking for are efficient environments to take care of patients to get the outcomes that we need to get.

So I'd like to introduce Scott Larkin. Scott is a principal for Nexus Architects and Scott will be talking about the different space options or the different options we really looked at in a very thoughtful way with all of our clinicians to come up with the solution that we are presenting tonight. Scott?

**Scott Larkin** – Thank you, Cy. Chairman, commissioners, I'm Scott Larkin. I'm with Architectural Nexus. I'm a board certified health care architect, that's a recognized certification with the American Institute of Architects. I'm also a healthcare planner and I have 10 years of nursing background in the Navy. And so I have a unique mixture of specialties. As I was brought in by St. Luke's, obviously, the first thing we needed to do was to take a look at and understand the interconnectivity of buildings in the site that would be available to us to be able to place all of these connections that Cy has talked about that are so important for modern healthcare. The diagram that you see before you is describing a difficult connection when we need to go between emergency and trying to get access to interventional care. And while we do that, time is of the essence. If we can't make that connectivity quickly, we literally start losing whether it be brain tissue or other functions in the body. And so time is critical. Going up and down elevators is a big concern, and this was expressed by the nurses and by Cy's group as well as in our national trends.

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So which site makes the most sense? Well, we obviously looked at north, south, east and west. We figured we would look at every possible direction. As we did so, there were a number of criteria that we used to try and evaluate the value of each of these possibilities to see which are possible and which really weren't. You can see a few of those listed up here but the subjects that we put these under were really better care, better health, and lower cost. We recognize that these are the things that patients, families, visitors and the community are looking for, whether that be connectivity, way finding.

As a matter of fact, Modern Healthcare, a very well-known publication for healthcare does a survey every year. And one of the things that they discovered from this survey is the top-five things that patients and visitors are worried about when they come to a hospital and also makes their decision about where they're going to go to receive their care. Wait times, doctors and nurses are at the top of that list, but right along with it is parking, access and the ability to get quickly to the care that they need. And so, as we use those as criteria under the better care piece, under better health, the things that Cy has talked about from a nursing standpoint, and then under lower cost, we want to make sure that we do this in a cost-efficient way, and that we don't put an undue burden on the healthcare system at St. Luke's.

So let's look at these four possibilities. The first that we looked at was an east expansion. If we were to go to the east, there were a couple of concerns that immediately came out based on the criteria I just described. The first is that in order to create the connections between emergency services and some of the new critical care areas, we would have to take a number of vertical and horizontal paths including elevator and long halls. The blue line that you see; the blue line that you see moving across here passes through, in some cases, NICU and telemetry units. So we're actually bringing visitors through operating units past patients. That's a problem. That's a big concern. We certainly want to create separation as much as possibility of visitors and patients who are perhaps in various conditions and receiving care that might need privacy and dignity.

Additionally, we looked at a south expansion and many of the criteria I'm going to talk about applied to a number of these different possible solutions. So expansion to the south, this seemed to be a pretty good one because it gave direct connectivity into the core of facility. However, it instantly created a problem with the front door. The current front door of the facility is located right here with parking right here. In order to construct this building, we would have to take down the main entrance of the hospital, access to all of the primary elevators as well as parking to the front door. This made this option pretty infeasible. But we continued to study it just in case there is a way around that. And additionally, we've got a number of different connections crossing bridges and moving up and over, again, between these critical care areas. And so, there is a lot of concern about how we would expand in this way and not deal with those patient dignity and protection issues.

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We then looked at a west expansion opportunity. Again, some of the same concerns; we've got to pass through some of the oldest portions of the building, the interconnectivity in order to get access to some of the most outlying services which are clinics and physician practices, we would have to pass through some of the most difficult to pass through areas of the hospital, CCUs and ICUs. Another concern here relates particularly to the revitalization of the site. One of the factors we wanted to keep was in the future we don't want to have to come back and close additional roads unless that absolutely necessary. This is where the most likely future expansion of the facility would occur because it's the oldest buildings and there was great concern about the ability to build a building in the center of four existing buildings, just the constructability of that seemed infeasible.

So finally, we jumped to the north expansion and this is the proposal that we've brought forward and really of the three options that were shown there, the only one that met most and in some cases met any of the criteria I've just described. So you can see here, the connectivity is direct. We're able to – by closing Jefferson we're able to connect directly into and connections between emergency and these interventional services, the medical office building has connections along the route that Cy described which is we've got patients coming in to see their doctor. We then have them wanting to receive a test or have their blood drawn and then they may need surgery or something else and we can do that in a continuum of care that provides dignity for the patients by keeping all of our outpatients on the outside edge and all of our inpatients in the center. Now, we still need this entrance, this existing entrance. It's a very important access point. So from the top here is our new entrance. Down here is the existing entrance and this would be our key access for some existing services and inpatient care.

I'll now turn the time over to Theresa.

**Theresa McLeod** – Thank you. Good evening, commissioners. My name is Theresa McLeod. I'm the Director for of Community Relations for St. Luke's. While our experts have been busy conducting their studies to figure out how to advance this plan, it's been my job to reach out to our community to engage them in the plan. I'd like to share with you what we've been doing over the last 18 months. Thank you.

I've been in charge of stakeholder group which has a—made up over 16 organizations including the East End Neighborhood Association, the North End Neighborhood Association, Downtown Boise Neighborhood Association, three city Departments, ACHD, EDA County, the DBA, CCDC, Boise School District and others. We held three stakeholder meetings with these groups and then following those three meetings we've reached to the East End Neighborhood Association Board of Directors. We held three meetings directly with the board to talk about our plan and we did so in preparation of a larger community open house. We hosted that open house in the spring of 2014 while the city required us to send invitations out to approximately 433 immediate addresses. We chose to engage the entire association knowing that some residents may not be connected to their neighborhood association website or their newsletters. So we sent invitations to 3,000 addresses. That was the group that we chose to continue our communication with. We held—after our open house with the East End Neighborhood Association, we held over 20 open house or presentations, continuing

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to invite all of the stakeholders so that they could in turn invite members to their organizations or members of their agencies or their companies.

What we learned? We learned—our community is very concerned about the beautiful sequoia tree, and I'm happy to say that we have the City of Boise Department of Parks and Rec is helping us not only care for the tree and health but helped us relocate it. We also learned, especially from the East End Neighborhood Association how much they were missing services close to home. When you think about the property known as Broadway 111, St. Luke's does not own that property but we did hold a master lease. So when we learned from the East End that they were missing those services that we're moving out, we released that lease a year early and then we shared the neighborhood input with the land owners.

We also learned that, especially from North End and some of our neighbors that they're interested in public art, so we've incorporated public art into our final plan. The Packet Park has also garnered a lot of attention because it can be a community gathering place, much like our pedestrian plaza on Bannock. So we've added that into the plan. We also learned very importantly from five different historic preservation organizations that although we conducted our historic—evaluation of historic significance and none of properties fit into that criteria, our preservationist representative said that there is a term known as “historically important” and that we should pay attention to that even though it wasn't required of us. So we've continued to work with the five different organizations. We have identified several of structures. So not only are we looking at ways that we can preserve historically important structures, our historic preservationist are guiding us that we preserve it with purpose and we also identify receiving lots. So we have agreed with this direction and we're moving forward with our preservationist.

We also learned from our immediate neighbors to the east, the Bannock Arms Apartments, they are—it's an apartment complex for low income seniors. They cross in an unprotected way across Bannock, across Avenue B on Bannock. They do so daily to either seek a nice warm meal in our cafeteria or they're walking group comes over to walk on our sidewalks that are always cleared and lit campus setting. So we have added into our plan a safe crossing specifically with those folks in mind. We also have shared with them some health, our wellness maps so they now can walk knowing how far they're actually walking on our campus.

Lastly, and what we've heard most significantly of course is the mobility and connectivity from our community members. You will hear more about that from our traffic engineer Betsy Roberts. But what I wanted to share with you is we have engaged over 14 cycling organizations and several open houses and workshops. What we've learned is when folks do engage with us, they come up with actually their solutions for mobility. And I'll share just in closing comments made from an East End Neighborhood that is—comments on record. She states, “I evaluated this plan as a cyclist. I do not have a problem with closing Jefferson. I think the cycling path options proposed will improve the safety of cyclists. My concerns are the timeliness of improvements and how they connect with other paths. To speak more detailed connectivity and the outreach that we've had, I'll turn it over to Betsy. Thank you.

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**Betsy Roberts** – Thank you, Theresa. And I'd like to show you now a little bit about where we are historically. I'll start here with the slide on the left or the picture on the left. This is our existing connectivity, our existing street grid. As you can see it's an awkward type of geometry. There is nothing really square about it. It certainly does not fit with the city comprehensive plan, what they call a traditional street grid and block pattern. But this is what we have to start with. So we'd like to move forward with the project. Change is happening and we can either let the change happen to us incrementally, slowly over time or we can take charge of it and we can make something happen. And this is what we'd like to propose to make happen. And this is in conjunction with the City of Boise's Fort Boise concept plan. The roundabouts have come from that idea and they work very well with the situation that we're trying to create here, squaring up the street grid, creating better access and connectivity back into the neighborhoods around into the north and east of the St. Luke's area.

I'd also like to mention that as you look at this, please do remember that our street grid is the backbone of all of our—it carries our vehicles. It's the backbone of our pedestrian and bicycle network as well. And as Mr. Simmons informed you all earlier, the ACHD staff has accepted the technical improvements that we've provided in the traffic impact study. In the mitigation, we've shown that we provide a better level of service than is actually existing out there right now. And on these slides, these two scenes, what I'd like to show you is the existing pedestrian and bicycle network over here in blue is the bicycle facilities. I've kind of lumped them, so some might be a bike lane. Some might be like the multi-use path up here. Some might be a sharrow. The red dash are where the pedestrian crossings are on the intersections. Our proposal significantly improves that, as you can see from all the color. The green lines are what St. Luke's is proposing to do. The yellow is what is already part of ACHD's DBIP but not yet in place and we've recommended getting those incorporated as soon as the rest of the St. Luke's project would go as well. So this is a one-shot deal here.

You can see in the green here in places there are double lines, this means there might be bike lanes on the road as well as a cycle track on the side. And please notice that we do still have four rows of east-west connectivity and Bannock St. has been and is open to pedestrians and bicyclists. I'd like to show you now a little bit of what that looks like. This top, number one here, would be Fort Street. Here is what it could like looking east on Fort Street. What we have done is provide a sidewalk here with a bike lane. Now, we've gotten more information from the city, more information from ACHD, and certainly, we will incorporate the idea to make this a separated sidewalk, so it would look more like the cycle track down here but it would remain as a sidewalk.

Down here on number two, this is Avenue B. Avenue B looking north with the hospital here on the left-hand side. So what we've created is a cycle track separated from the road with a sidewalk on the side for pedestrians. You can't see it but there would be a bike lane over on this side.

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Another comment I'd like to make and share with you is through all the public involvement that we have had, this plan that you see over here is significantly different than the original plan that we started with. There wasn't any kind of cycle track at all. We did add bike lanes, things like that. At one point, the cycle track went a long way around. It became shortened as people said, "No, that's not exactly what we want." We added bike lanes back in when people said—we got the fearless group of cyclists who said, "No, I'm not going to get on a cycle track but I will get on a lane." So we've added lanes. We've tried to accommodate all of the users that are out there.

And I guess in conclusion, I'd like to say on the connectivity that, again, this project affords the community the opportunity to make one large change all at one time. Some of the improvements that we can make are to improve the awkward street geometry, significantly expand intersection safety and crossing opportunities for pedestrians and cyclists, improve vehicular traffic flow and intersection operation, create a more robust pedestrian and bicycle network that serves all populations, provide better, safer transit sites and truly create complete streets, which means ensure safe streets for people of all ages and abilities, balance the needs of different modes and support local land uses, economies, cultures, and natural environments. And now Chris is going to wrap the presentation up.

**Chris Roth** – Thank you. Well, as we've hopefully been able to impress upon you, we are not only excited about this plan and this opportunity, but trying to balance an urban healthcare environment in an urban environment and do so in a way that best integrates with the community and the neighbors and balance all of the parts and pieces is very challenging.

I would just leave you with our commitment and our focus has been on the patient and the families that support them and always will be. All of our decision-making, all of our planning has been in that light, how do we provide the best care for our patients and those that support them and do so in a way that integrates in the best possible way with the community that we all live in. Thank you. I'm happy to answer any questions.

**Chairman Bradbury** – All right, thank you very much. Now is the time for questions of the applicant or staff. Who'd like to start? Commissioner Danley.

**Commissioner Danley** – Mr. Chairman. Okay. So I've got a couple of things I want to talk about. I'm going to talk about one issue and then I'll certainly like to open it up to my fellow commissioners and not hog all the time.

First of all, I'd like to just sort of start by saying thank you to a lot of folks. I think, one, we don't often complement our staff enough. I know that this has been an extremely difficult application. A lot of time has gone into it. And I think that they deserve a lot of credit, so I want to thank them.

Secondly, I want to also thank the St. Luke's team. I know that, again, this has been a very long process. In fact, when we look at some of the dates, you can tell this has gone on for, you know, obviously several years and possibly back into the '90s, as far back as that.



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And then lastly, to the general public who's here this evening and who has participated in the process, it means a lot. As Hal mentioned before, no matter what happens, it's going to go to City Council, so hopefully you can come back again and be a part of that process. So my questions are solely focused on the transportation room, just so that you know. I'm going to guess that you're going to have Ms. Roberts answer some of them—most of them.

So the first question that I would like to ask Ms. Roberts actually is that you just stated in fact that change is happening. Can you elaborate on what you mean by that?

**Betsy Roberts** – Yes. Yes, I can. What I was referring to is that over the 20-year period that we've been looking, there's growth occurring in the area anyway. And so there will be a background of traffic growth that will occur there. Several of these roads, when we talk to ACHD, are collectors which will never come on to the capital improvement program, and so may not be funded, like Reserve Street right now is a level of service F. It won't get any better. This project allows it to get better.

**Commissioner Danley** – So it's safe to say that what you're saying is that traffic has continued to grow and should into the future, and that your improvements will improve things, right? It's kind of redundant.

Okay, so I'm going to start off with—I'm going to focus on Avenue #B. A recent study was done by University of Berkeley. They have a pretty esteemed transportation program, engineering program. And they talked about the ITE Trip Generation Manual. That's pretty much the—so I'm going to use the word bible—of travel forecasting.

They compared – they went back and looked at information and they compared it to the National Household Travel Survey which I know you know what that is. And basically, that's the way for the general public to sort of check what our forecasts are. They call you up. They'll track and ask you to participate so that they can make sure that those forecasts align with what is actually happening.

What they've found was in fact that the ITE Trip Generation Manual has been producing forecasts that are upwards of 55 percent on average higher than what the Household Survey is saying. So in other words, they're forecasting a tremendous number of more trips than are actually occurring in the system, have been doing so for a long, long time.

So with that, you said that change is coming. The traffic count numbers that you have put into the document, going back to Avenue B, for example, from 2009, states that the travel at that point was 23,920. That was about the bottom of the economy tanking, right? So what direction do you think travel would go? Up?

**Betsy Roberts** – We're growing, so yeah.

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**Commissioner Danley** – In fact, it's gone down. It's gone down by 4,000 cars a day, a drop of about 17 percent. In fact, most of the things that have been updated – and this is ACHD's travel – recent most travel updates that you cite and I'll find the page – I think it was on page – here it is, page 115. Fort Street, east of state, 20,933 as of 2011. Now it's 18,800. It's gone down by 2,000. 2<sup>nd</sup> Street, south of State, shows in 2010 about 3,300. That's now at 1,170. It's been halved, 50 percent reduction. So the change that we're talking about, I personally, as you see where I'm going with this—

**Betsy Roberts** – Right.

**Commissioner Danley** – Not a huge believer on the forecast model. I think we need to understand it and use it and think about it, but whether we decide to actually base it as a foundation of decisions is another thing. That's why I want to ask about Avenue B.

So our staff asked that Avenue B be considered for a road diet, a shrinking, a rightsizing from five lanes down to three. However, that was looked at and essentially said it can't work. So that's kind of where I wanted to start. So I would like to—actually, I'm going to ask real quick – I'll come back, but Hal, can you kind of highlight what the thought process on Avenue B was? Why road diet that particular section?

**Hal Simmons** – Mr. Chairman, Commissioner Danley. You know, the idea of a road diet came out of a citizen concept as well as one of our council members who was interested in it. The idea was that Avenue B today is a wide congested road. It's hard to get across. And, you know, we have interest in looking at road diets on other roads in the city and we thought—they thought that Avenue B was worth looking at as a way of narrowing the road and allowing citizens to get – pedestrians to get across it with a shorter distance.

The feeling was that if we're going to be changing distribution of trips on the network anyway, let's go ahead and look at reducing Avenue B, causing it to carry less trips and seeing where those trips go to and how they distribute, and whether or not that would work from a traffic capacity standpoint. So it was something that we asked them to study. And they did study it and they found that, indeed, trips do disperse onto other roads. The biggest concern they had was that even though trips dispersed, the congestion still builds and at the same place that they're trying to get emergency vehicles into their—into the emergency room. So St. Luke's did not like the concept because of the impact on emergency services.

And it became apparent to us from our conversations with ACHD that it probably wasn't going to be an easy sell over there either. So, you know, as far as we're concerned, it's still on the table. But it's probably not something that's going to get a lot of buy-in apart from maybe some neighbors.

**Commissioner Danley** – And to be clear, the congestion that was being forecasted was in 2040, 25 years from now, right?

**Betsy Roberts** – That's correct. We need—we have to go 20 years out and we're using the Compass numbers, so.

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**Commissioner Danley** – Yes, which is my next question. Why not use the ACHD travel model which was created specifically for more local issues such as this because it's more sensitive to the collector and local system as opposed to the Compass model which is much more regional?

**Betsy Roberts** – We used the Compass model but we did use our own traffic counts as well. And I wanted to add in that we have found the same thing, actually, that you have found when we did our own traffic counts in the area to supplement what was going on existing and to kind of baseline the Compass numbers. So we did do that effort, and we used our own model as well in our small area. But we needed to get the input from the surrounding area.

We found that existing numbers were actually lower than what Compass was showing. So we're finding that as well. And to respond to that, what we have done is talked with ACHD and say, along the way, we really do need to have updates and come back and do traffic counts, you know, at various points along the way to make sure that—are we there yet, you know, the signal that we said will be warranted in 2035, well, it's not really there yet, you know, and it's 2035 already, let's not do it then.

So I think we're running on the same wavelength that we need to be logical about this. We don't want to build something ginormous that we're really never going to need. But when we look at road diets and we look at things like that, we're pretty far away from the typical, what is it, 12,000 to 18,000 vehicles per day for a road diet. We're pretty far off of that and I think that's what kind of starts us off on that—this might not be—Av. B might not be the best place to try this.

**Commissioner Danley** – Right. And personally, I don't disagree with you. We're right at 20,000 which is the higher end threshold that was put forth by the Burton and I think it was Lauderway study. However, four years—five actually since 2009 so now we're four, five years down, our trend has gone down.

My question, the remedy that was discussed, it's paint, right? That's what we're talking—we're not talking about any structures. We're talking about changing it from its current configuration using paint. Yes?

**Hal Simmons** – Yes.

**Commissioner Danley** – Okay. So therefore, it can be repainted if we're incorrect?

**Hal Simmons** – Mr. Chairman, Commissioner Danley. That's correct. There were some potential intersection improvements that had to be made as well.

**Commissioner Danley** – Right. There had to be some tweaks along the edges, I get that, okay. My question, I guess, then would be—of the applicant is, what are your thoughts on this in terms of its merits? And that is, we're at that 20,000 threshold now but we're trending down. In fact, I just read a study today that said that the State of Idaho's per person trip making piqued about 12 years ago, believe it or not, we're driving less. We're biking and we're walking and taking transit more or we're just taking fewer trips for all the zillion reasons.

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So if that number continued to go down in, say two or three years from now and it was at 18,000, 17,000, would it make sense to reexamine that, go forth with that and try it out and, you know, see where the model or any of the updates go later on? Is that possible?

**Betsy Roberts** – I suppose that's possible. I think one concern that we ought to keep in the back of our minds for this area specifically is that this is a health services area. And that is the main access and would remain the main access for the emergency services vehicles. And that's one challenge that we really don't want to mess with. You know, and if we're going to three lanes and if they're all clogged up and that ambulance can't possibly get through, we've got a problem on our hands there. So I think that's something we need to weigh in the background. It's also my understanding that this is being reviewed in more detail now. There should be another consultant onboard to study it in a little bit more depth.

**Commissioner Danley** – So it's inconclusive just yet?

**Betsy Roberts** – I think so. I mean, I think all of us just, from the core, think you go out into the future and typically we do see things – maybe the percentages are dropping but not necessarily the numbers completely. So I don't know that the numbers would actually drop, especially, you know, if we're looking at the city's concept plan and trying to do some more happening in the Armory and more development coming up and around. So there will be more in-fill and development around us. I think it would be very chancy to think that the numbers would actually decrease.

**Commissioner Danley** – And I think my point is we just really don't know, right?

**Betsy Roberts** – It's tough—

**Commissioner Danley** – We have these tools, we glom onto them as hard as we can and, man, we make a ton of decisions based on them. But to say they're accurate and consistent all the time, at least in my opinion, I'm getting into opinions and not questions, so I'll get back to my questions.

One of the things I wanted to clarify was I noticed in the plan – I believe it was on – I think it was page 58, if I can go to it. It was basically the map that shows the recommendations, the improvements that were to be made. There was an asterisk next to the bike lanes on Fort Street. And it said that that was only going to be on the east side. Later in the traffic impact study, it says that bike lanes were going to be on both sides. I'm putting you under the pressure to find that real quick. I'm going to help you out here. See if I can find it quickly. I don't know, this is arranged, right?

**Hal Simmons** – 58 is the master plan, I believe so.

**Betsy Roberts** – Yes. If I could at least show it on—

**Commissioner Danley** – In any case, you don't have to find it. My question is, is it going to be two lanes or one on the east?

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**Betsy Roberts** – Sorry, could you repeat that?

**Commissioner Danley** – Sure.

**Betsy Roberts** – Here we go.

**Commissioner Danley** – Yes, there you go. So, well, it was a different one. It was the map that showed the ACHD recommendations, your recommendations and so forth.

**Betsy Roberts** – Right, but—

**Commissioner Danley** – So I think it was on – I’ll find it whilst I’m talking. But in any case, the question is, is that asterisk again stated that the bike lane on 4<sup>th</sup> St. was going to be on the east side only. And earlier in Hal’s presentation and in the traffic impact study that you guys submitted, it said that they were to be on both sides.

**Betsy Roberts** – Okay. So right—

**Commissioner Danley** – Here it is. Page 59 of our staff report, Hal.

**Betsy Roberts** – So I think you’re talking about this Area 1 right here on Fort St.

**Commissioner Danley** – Yes.

**Betsy Roberts** – And I think we have—that’s been a change that has occurred and I noticed we haven’t gotten it straight through all the different iterations. There’s a multiuse path existing, you know, on the Fort Boise side where the fields are. We’ve talked about —and at one point we did have just a lane on the St. Luke’s side because we thought, well, everybody can use the multiuse path.

Again, talking with some of the commuter cyclists, they’re like, “No, I do not get up there on the multiuse path, I’m not going to.” So ultimately, we have come back down to bike lanes on both sides of Fort going out because that’s really what – that serves all the populations, it serves the ones who want to be on the multiuse and allows the ones that want to be on the bike lanes in the street to be there.

**Commissioner Danley** – Okay. A couple more questions and then I’ll wrap up. Real quickly, you talked about engaging bicycle clubs. That was at 12, 15, whatever it was. Give me your sense, what’s the make-up of those types of clubs, though?

**Betsy Roberts** – Well, it’s been very interesting. And a lot of those are, and I’m sure this is where you’re going, they’re the daily cyclists, they’re the commuters. They are in that group, as you probably all know, the continuum of—closer to the fearless folks, the ones who are out there and going to be in the bike lanes without a problem.

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So it was very good for us to have the—East End had said, can you please do a count on the Saturday market to find out what’s going on there. So I sat on the corner of Jefferson and Avenue B from 9 until 2:00 in the afternoon and caught quite a number of families and talked to them and just said, what do you think about this, et cetera. I did even have, on some of the meetings, some—and usually it was a mom come in and say, “I would not let my, you know, eight-year-old child ride down a bike lane on Avenue B, no way.” So I asked them about, what about a wide sidewalk? You know, “No, not even that.” And then I showed them, “How about this cycle track?” “I can live with that.” So we’re trying to hit all of those groups.

**Commissioner Danley** – Good, good. That’s a good response. Thank you for that. Last question I have, when you go out and you do traffic counts of any sort, what days of the week do you typically find – what are the days that you’d really specifically try to hit?

**Betsy Roberts** – Well, standard is the Tuesday, Wednesday, Thursday, somewhere in there so you’re not hitting the Monday, Friday or the weekends. So that’s generally what we hit and 7 to 9 and 4 to 6 PM.

**Commissioner Danley** – Thank you.

**Chairman Bradbury** – Thank you, Commissioner Danley. Any other questions?

**Commissioner Demarest** – Mr. Chair.

**Chairman Bradbury** – Commissioner Demarest.

**Commissioner Demarest** – I’ve got questions for either the applicant or staff. And one of them is just so we’re clear that the plan that’s proposed is to reopen Bannock. Is that just for bicycle traffic and pedestrian traffic?

**Hal Simmons** – Mr. Chairman, Commissioner Demarest. No, the plan is not to reopen Bannock. Bannock is opened only for pedestrians today.

**Commissioner Demarest** – Correct.

**Hal Simmons** – Bikes can move through very slowly. St. Luke’s is proposing to leave the arrangement as it is. The staff recommendation, on the other hand, is to reconfigure that corridor so that bikes can get through a little quicker and easier.

**Commissioner Demarest** – I should have been clear. That’s what I was asking. That is the staff recommendation –

**Hal Simmons** – Yes.

**Commissioner Demarest** – That’s opened better than it is today for bike traffic, correct?

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**Hal Simmons** – That’s correct. Our recommendation is to reestablish some sort of a transportation corridor through Bannock.

**Commissioner Demarest** – Okay.

**Hal Simmons** – Whether it’s bikes or anything else.

**Commissioner Demarest** – Okay. I’ve got another question for either the applicant or staff. And that is – it’s page 20 in the staff report. It’s under the Recommendations Item 3.0. And let me just quote, it’s a very short paragraph. I need some clarification on this based on what the applicant said. It says, and I quote, “The proposed cycle track would provide for mobility around the eastern perimeter of the hospital but does not restore the level of direct connectivity to adjacent neighborhoods that Jefferson provides today.”

I was under the impression from the staff—excuse me, from the applicant’s testimony that actually the connectivity would be better than it is today. Can we get some clarity on that from either applicant or staff?

**Hal Simmons** – Mr. Chairman, I’ll take the first shot at it. You know, I mean, we’re just looking at the fact that in the staff report that when Jefferson goes away, you have to go around to get back to Jefferson if you want to continue through downtown on that. So it does put you out of direction a little bit.

I think what Betsy was saying was that as part of their plan, they’re looking at reestablishing a bicycle network or establishing a larger bicycle network throughout the area and that by virtue of that larger network, which we agree with, clearly does go a long way towards restoring connectivity. Our point was just simply that the bike track still takes you a little bit out of direction.

**Commissioner Demarest** – Okay, thank you. Mr. Chair, one more question.

**Chairman Bradbury** – Go ahead, Commissioner.

**Commissioner Demarest** – This is for Mr. Simmons. That is, you talked about—or it was discussed—actually, I don’t remember the exact terminology, excuse me, that some of the mitigation that is proposed, it would be expedited. That’s my word, I’m not sure it was in the report. Can you clarify exactly what that means? What is non-expedited mitigation for example?

**Hal Simmons** – Okay. Mr. Chairman, Commissioner Demarest, what we’re getting at is—the whole point of the three-party agreement is to work out a way of moving up improvements in the ACHD CIP and to get the full 20-year improvements constructed in the short-term through the assistance of St. Luke’s and their funding ability.

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The point is, St. Luke's, as part of the mitigation for their hospital, will have to make some rather minor improvements to just mitigate their exact impact. But what they're not dealing with is—and can't be required to deal with—is the larger correction of background traffic volumes and ongoing increases in the area. So we're talking about, through this agreement, analyzing the long-term needs and making those improvements today rather than piece by piece over the next 25 years.

**Commissioner Demarest** – Okay. Mr. Chair, thank you.

**Chairman Bradbury** – All right. Any other questions of the applicant or staff? Who wants to go? Everybody? Maybe we should switch sides for a minute. Commissioner Gibson.

**Commissioner Gibson** – Mr. Chairman. A question for the applicant, specifically for Mr. Larkin. The matrix that you've presented indicating your site selection evaluation process, could you provide a little bit more background on that and specifically if it was based upon any particular standard that would be known within the health industry or if it was criteria that was generated internally at St. Luke's?

**Scott Larkin** – I can speak to that. It's a combination of the two. So some of it is directly generated by the staff at St. Luke's, i.e. acceptable wait times which there are national standards for but, of course, there's also going to be a local standard that they're going to have. We don't want to try and match ourselves to New York City or Chicago. That wouldn't be comparable.

But it is comparable and certainly they're well within the parameters of the national standards. We did a lot of demographic analysis as well as a lot of formulaic analysis. And those are all national standards for connectivity, for access times, for sizes, for volumes of patients that we expect and how many patients given area can actually withstand before we have to expand that. All of that comes from national standards that are recognized within the industry.

As far as the criteria related to patient access, those are recommendations and they come from a number of different sources. Modern Healthcare certainly has those recommendations, as well as our experience working on, you know, 20 different campuses throughout the country. We're seeing some of these same trends.

And then the last part, the actual connectivity of departments would be probably the most critical. And those are recognized by more the health industry than the architectural industry. And in the health industry, and then certainly Cy or others could speak to that, there are minimums that you must exceed in order to receive reimbursement, in order to be seen as a tertiary care versus a critical access hospital. And we certainly need to be able to maintain or exceed those.

**Commissioner Gibson** – Okay. Mr. Chairman, as a follow-up.

**Chairman Bradbury** – Go ahead.



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**Commissioner Gibson** – So was the selection criteria done concurrent with the master planning process? What I’m getting at is, the criteria that you generated, did it lead you to certain avenues of investigation or were those avenues put off until you had your criteria determined?

**Scott Larkin** – It was incremental. We had criteria. That criteria became a little bit dynamic in that we did discover certain things through the discovery process particularly related to demographics that changed some of that criteria. But again, that was per national standards. So we set criteria, we made the best judgment that we could and ultimately only found one acceptable solution that is on the current site.

Now, there were other studies that say, move the facility to another location that are possible, that weren’t disclosed today. However, of the preferred options, this was the only one that was legitimate.

**Commissioner Gibson** – Thank you.

**Chairman Bradbury** – All right, thank you. Commissioner Gillespie.

**Commissioner Gillespie** – No, I’m going to wait for Steve.

**Chairman Bradbury** – Oh. Commissioner Miller. Is that Steve? Who wants to go next?

**Commissioner Miller** – I have a fair number of questions but I’ll try to be quick.

**Chairman Bradbury** – Go ahead, Commissioner Miller.

**Commissioner Miller** – So, Hal, just a quick question. As far as the development agreement, is that something that would come back to us or is this—because it sounds like that’s not finalized at this point.

**Hal Simmons** – Yes, Mr. Chairman, Commissioner Miller. I’m not sure the development agreement will come back to the Commission. It’s clearly on a different timeline. And it’s also not the type of development agreement you normally see which would be related to zoning. This would just be an agreement between three parties that would probably be signed by the Mayor and Council. And I don’t know that it would come back to the P&Z.

**Commissioner Miller** – All right. I just have a couple of questions. As I was trying to read through this, the explanations for where this goes and where the growth goes I found a little bit hard to follow. First of all, let me—I’m looking at least in the packet on page 125, which I don’t know what that is in the actual hard copy, but it appears to me that the full proposed build-out includes the vacation of Jefferson St., a build-out over 1<sup>st</sup> St. which is the outpatient something version, something there, and then several sky bridges, right, one across—a sky bridge across Broadway and then a second sky bridge across Bannock. Is that accurate?

**Hal Simmons** – Yes, that’s accurate.

**Commissioner Miller** – Okay.

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**Chris Roth** – Yes, 1<sup>st</sup> Street's a build-over.

**Commissioner Miller** – Right, okay. It's not a sky bridge?

**Unidentified Speaker** – It's a sky building.

**Commissioner Miller** – It's a sky building. All right. So I guess let me talk first about east. When you build a sky bridge across Broadway, to my mind, that's a, you know, a bulkhead into further development east. And I'm guessing that's probably of concern to some of the hundred or so people here. So I'm wondering if you can talk a little bit about that and what the long-term plans are because right now, the only thing you're showing is one building and I'm frankly thinking that, at least in my mind, you're going to ultimately want to be building something more over there. So if you could just talk about that, I'd appreciate it.

**Chris Roth** – I can start and then ask Mr. Larkin. The short answer is, no, we don't intend to have further facilities and go east. That property has some history relative to where we're going to put the children's specialty center. We acquired that project a couple of years ago. We intend and the design of our master campus is really intended to keep as many services in this area as we are able.

It was referenced earlier that hospital in the center with outpatient medical office buildings surrounding in those rings. So the farthest ring, if you will, is this children's pavilion that would span Broadway. But we do want to keep Avenue B. We do want to keep all those services together.

In fact, it was pointed out in the regeneration plan, if you recall, relative to where we would come back and make future investment the next expansion, if you will, being in this area, the oldest part of the hospital. And we intend to have a regeneration plan of the campus in really a counterclockwise manner and not to go further across Avenue B.

**Commissioner Miller** – Okay. Well, then why build the sky bridge now or why do that?

**Scott Larkin** – So I'm just going to feed off what Chris just stated. But there are a couple of nuances that may answer the question that you're looking for. So, absolutely, the regeneration is an internal inpatient regeneration for highest acuity patients and intensive spaces. And that would occur within this bubble right here.

And so, essentially, the goal is that any patient that is moving on a stretcher, that is moving on a bed occurs within this new superblock, I guess we can call it, of buildings. And so they should never leave that if they're that type of patient. Anything out on the periphery is outpatient services that could be clinics, it could be other specialty services, could be some diagnostic but would not be the treatment component of healthcare.

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And so the idea is we regenerate over time inpatient care services here in the center. And then this and the other functions that you see further to the south are all related to the outpatient services of the building where patients are ambulatory, they can walk between buildings as necessary, they aren't going to be under anesthesia such that they can't self-evacuate buildings and such. Does that sort of answer your question?

So the sky bridge is simply allowing those outpatients access between inpatient services if necessary but particularly staff between those spaces and the outpatient clinics associated with that pavilion.

**Commissioner Miller** – Okay. Let me ask then, following up on that, you talked about going south and why you didn't think that that was an appropriate place to go. It seems that there's this parking garage and as long as you're building sky bridges, you know, why not go across Idaho? There's several blocks there that have almost—well, very little development across them. What's the issue there? You own those buildings, so—and that parking garage is a massive space. And so I'm trying to figure out why south doesn't work.

**Scott Larkin** – Yes. So I'll try and answer this in a short way and if it doesn't cover it, we'll elongate. So the type of services that are going on in this north expansion building that's shown right here, one of those floors is a surgical floor. And surgical services is such an integrated service line which means all of the services provided on that floor connect to each other with a single patient visit. It's not like you're coming to one and a few weeks later you may come to one. You come in, you receive preoperative services, you receive surgical services, you receive postoperative services and then you exit the building. All of that has to be in a continuum of care.

And so as soon as we try and break that continuum of care in order to bridge or go across something, we take away the connectivity both of the staff engagement of those patients and also of the ability for the patient to keep the dignity, I guess, of not being kind of taken out and across and in front of outpatients or visitors. So we're trying to keep them within that spot.

Now, if we went south, the option that we're showing, part of that challenge is we start to run it—because of the size of it, I mean if you look at the size of this building and you look down there, we'd be talking about having to take out the oncology building, the Mountain States Tumor Institute, as well as the parking structure, as well as the new entrance to have a footprint large enough to provide one of the two floors of surgical services that we have.

And again, if we divide that and further subdivide, then we start to run into both inefficiencies, we run into problems with the healthcare piece of that, the nursing piece being able to treat patients in the most timely way. So the real concern is this is such a large footprint and that is a current entrance that needs to maintain operations. And so if we start to expand to the south, we need all of this site, we need to create that same kind of connectivity, we need to relocate some of these services that are already on initial investment and we need to find another place to bring them into the building.

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So suddenly, is Jefferson a new front door during that? How do we get patients back to where elevators and stairs are—essentially we'd have to completely change all of the existing buildings to accomplish that.

**Commissioner Miller** – Okay, I just have to two quick questions and then I'll—

**Chairman Bradbury** – Go ahead, Commissioner Miller.

**Commissioner Miller** – I'll give them the floor. I guess the first question I was—I didn't hear anything about it, I'm just curious as far as the growth of St. Luke's. Is, you know, the WWAMI program is interested in expanding here. There's increasing stuff at the VA. I'm just wondering if there's any—I didn't hear of any consideration and I realize it's somewhat speculative as to what's going to happen with that in terms of a Boise program. But to the extent that there might be growth in that program, was there any consideration given to medical training or the future of that in Boise.

**Chris Roth** – Well, that's a bigger question. But we have medical training programs today through the WWAMI program through partnerships with local universities, Boise State among others, relative to nursing program. Then of course, the medical schools in Washington and Utah for residents and so forth that remains to be seen to what extent Idaho has a more formalized training program for physicians and others.

We are a strong academic health center While we don't have a medical school based with us, one could make an argument that should there be one in this state that St. Luke's could be an obvious partner or participate in that.

I think the important thing is that we're trying to lay out a plan that we think does that to meet our needs that I demonstrated earlier relative to some of our acute patient needs, but also allow room for growth and development into the future in a confined and defined area. The master plan as we've proposed has a blueprint of growth that would occur in as quickly as eight years if we went from start to end. But it could also be decelerated based on a number of factors, funding healthcare and others, 14 different projects within this plan itself.

So the point is, no, we did not specifically analyze, well, what would be the impact on this facility if there were a medical school partnership. But we have the capacity, we have the facilities assuming we have the blueprint to be able to meet that need and partner with local providers to help do that, be it the VA, be it Boise State University, Idaho State University, University of Idaho, whomever.

**Commissioner Miller** – I'll stop there.

**Chairman Bradbury** – All right. Thank you Commissioner Miller. Commissioner Just.

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**Commissioner Just** – Mr. Chairman. Mr. Roth, I hate to replot ground here because I know you've gone over this before, but I think it's important given the concerns that we have on Jefferson St. Your second best solution according to your site evaluation would be the west solution. And it does have the—it does retain Jefferson St. And can you just one more time tell us why that is not such a good solution from your viewpoint?

**Chris Roth** – Yes, I can. A couple of factors. First, this isn't the best slide. But you're talking about our west expansion that goes into this area. And keep in mind that this is our existing facility today. So we're thinking about the future regeneration of the hospital and facilities. In our current environment, this area consists of our Children's Hospital, our Emergency Department and all of our main critical care floors.

So if we put the expansion to the west and another tower and then want to come back and connect those two for the next expansion, it literally cuts the hospital in two if you will. And that's kind of going in the oldest part of the building. You'll notice that from prior slides, some of that was built in 1927 and the 1940s and so on and so forth. So that's certainly an issue.

There are other considerations around, well, what does that mean in terms of potentially moving the entry point to the hospital. Now we've got our emergency services here, but on our new tower, we need critical care and med surg. And so what becomes—where is the access point if we were to build on the west become?

In addition, we currently have a surgery center in the medical office building here and that, you know, if money is no object, we can certainly uproot those. But we'd have to replace another medical office building of which space we currently don't have today, and the surgery center that currently sits on that footprint. So those are just few of the reasons why the west was problematic.

I think it is important to note here our proposal to close Jefferson is not something we approached lightly. We're doing the best we can and I think came up with the right solution to balance, as I said before, an urban hospital healthcare setting in this environment, and do so in a way that meets our collective needs the best we can.

**Commissioner Just** – Mr. Chairman.

**Chairman Bradbury** – Commissioner Just.

**Commissioner Just** – One final question. Mr. Roth, we've talked about around the margins here a little bit. But I don't think we've heard you state how you feel about the staff recommendations here.

**Chris Roth** – Great question. Well, first of all, I'd like to, again, echo my appreciation to the Boise City staff as well as ACHD. This has literally been years in the making and we've been learning a little bit together as we go through this process. We appreciate the thoroughness of the staff recommendations. They've certainly pushed us along the way and asked us to consider and reconsider things. We are supportive of the staff

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recommendations. There are elements that are going to need further dialog and vetting. But we're very appreciative of their recommendations and support those.

**Chairman Bradbury** – Thank you. Commissioner Gillespie. I think it's your turn.

**Commissioner Gillespie** – Thank you. Quick question for Hal first. The old East End Neighborhood Association plan does call out Jefferson specifically, doesn't it? As a street in that they're recognizing the importance of—

**Hal Simmons** – Mr. Chairman. Commissioner Gillespie, yes, Jefferson is a minor arterial, I believe. So it identifies diverting traffic from neighbor local streets to minor arterials. The point is all the streets look the same pretty much from a design standpoint. But it is a designated arterial.

**Commissioner Gillespie** – Right. And if we looked across all of the neighborhood plans in the comp plan, would you say roughly 5 percent of the roads might be called out specifically as important in the plans? I mean out of all the—it's kind of unusual to have a road specifically mentioned.

**Hal Simmons** – It is unusual, yes.

**Commissioner Gillespie** – Each plan has four or five of them. And we tend to respect those.

**Hal Simmons** – Every neighborhood has a road that's important to them, I agree. And roads like—if you look through all the neighborhood plans, you'll see road Vista and Harrison Boulevard and things like that cited.

**Commissioner Gillespie** – Right. Mr. Chairman, second question. Hal, in your staff report, you mentioned a public easement through Bannock. I think at some point, we're talking about a 10-foot easement. I can't remember. What does St. Luke's think about the idea of granting a public easement through Bannock? Have they agreed to that?

**Hal Simmons** – Mr. Chairman, Commissioner Gillespie, we've not really spoken with them about an easement. You know, our concern is just St. Luke's today lets the public through there. We just think if it's going to be a long-term—there ought to be a long-term commitment. And an easement is a way to guarantee that. We've not set a dimension on it. And we've not really had any further conversations with them on it. We're just throwing that out there as suggestion.

**Commissioner Gillespie** – If we accepted your second proposal which would approve your recommendations, would you object to us adding to those recommendations that this is conditional on that easement going through?

**Hal Simmons** – No, sir, we're not objecting.

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**Commissioner Gillespie** – Okay. I have a couple of questions for Mr. Larkin. On the alternatives analysis. So this is really the crunchy part of this meeting, right? It's what's the different between the west and the north? And is that difference sufficient to offset the loss of public good coming from the vacation of Jefferson. So we basically have to answer the question tonight, we gave up Jefferson and we got fill in the blank.

So how would you in one sentence concisely finish that and fill in the blank? What does the public—what are we getting for giving up what I think is a pretty important street?

**Scott Larkin** – I'm struggling not to do tongue-in-cheek here and give a very simplified answer. You get a hospital, I guess that would be too over simplified.

**Commissioner Gillespie** – We get one in the west solution too. And we already have one. So what do we get? A cheaper hospital, a more—I mean I'm struggling. There's a complete lack of crunchy metrics. There's no numbers. There's no assessment of the wait time. There's no assessment of the dollars. There's no assessment of how much longer is it going to take a patient to move from A to B if they have to go through elevators. We all know there's hospitals all over this country that do that, probably the majority now. I once got lost for two days at the University of Chicago Medical Center looking for the damn Science Library. Some guy had a Snickers, it was—anyway, so how do we answer that question?

**Chris Roth** – You know, I might take a crack at that. And you could probably look it up. But I don't think the University of Chicago Medical Center is a top 100 hospital either.

**Commissioner Gillespie** – No the signage is terrible.

**Chris Roth** – My comments, my earlier comments about being here for the community and really being a nationally renowned healthcare organization in Boise. And that's not me saying that. That's every external validation that's out there looking at publicly available data. The west option relative to patient care in connecting emergency services on one end with critical care services on the other, children's hospital on one end, critical care services on the other end—and by the way, where do we put surgery, we won't be able to maintain the type of level of high quality care, patient care that we have in the past.

I said before, we're looking at everything out of a lens of providing patient care. What's going to be the best and most effective way to do that? The west option will prevent us from being able to do that in an effective way.

**Scott Larkin** – If I could comment for a minute as well, being very serious about this. The experience of going to a hospital is different than any other experience. And I think any of you that have been there, and I think most of you probably have, whether it's for yourself or for a loved one, is different. There's a lot of the anxiety associated with that. There are a lot of things going on and concerns that people have as they approach a medical facility. And the ability to reduce that through way finding that is properly done, through

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great access that is properly done and then ultimately that confidence that comes from caregivers having the best available service for you is what reduces that anxiety.

And certainly, St. Luke's provides great care now. And I know you recognized that. But they also need to be able to provide great care for a growing population and we have an opportunity right now to improve that to actually improve access through a dual access model coming in from the two sides to improve the relationships between emergency services and intervention radiology to literally save lives through the opportunity to catch something before they move from one side of the facility to another and we lose them.

And putting on my healthcare hat now instead of my architecture hat, I would say that this is an important decision that you're making, not just because of it being a vein and that there's vehicle traffic and there's circulation here, but because this is about families needing to make decisions in a very difficult time and the access is crucial. And so if you wanted my heartfelt reasoning, it's because this is better. This north expansion is better in every way. It literally connects the things it needs to connect. And there is pounds and pounds of data as was mentioned by Chris that confirms that.

**Commissioner Gillespie** – Mr. Chairman.

**Chairman Bradbury** – Commissioner Gillespie.

**Commissioner Gillespie** – Another question. So we identified this area where all the old buildings are as the next, what did you call it, Next phase of expansion, the next generation. Why not just do that now and start expanding into that area now since I presume there's a fairly large building footprint between the 1927 building and the I think it's the 1991 main tower? Why not get into that area now as opposed to after we already rollover the north side?

**Scott Larkin** – Great question. And I'll try and address that in two ways. The first is, so this is the existing—newest portion of the hospital, over here, to the east. The oldest portions of the hospital are over here to the west. The services that we need to connect to are over here. And so the only way we could do this, and I call it the empty chair model, is if we don't have an empty chair whereby we can move certain services into one service, and then take down another service over time.

So yes, you could theoretically build this building in order to move services in there, in order to tear this building down, in order to move them back here and then tear that down. But of course, that doesn't make sense, if we just built it, why wouldn't we occupy it and do it right versus occupy a temporary location in order to relocate services so we can tear down the empty chair. Chairman?

**Chairman Bradbury** – Commissioner Gillespie.

**Commissioner Gillespie** – Do all of the services in these older buildings, there's a bunch of them, right? One, two, three, four, there's about seven. And they're all different sizes, some of them have open courtyards, right, and—are all of those critical care or real patient-focus floors that need to connect to the



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1995 and 1987 building? So there's no admin units in there? There's no cafeterias, there's nothing that you, you know, through a little creative movement, you couldn't clear those empty spaces within that space? Does that question make sense?

**Scott Larkin** – Yes. Do you want to me to speak to it? Yes, there are some of those services in there, absolutely. Perhaps, you've been in the administration area that's in the lowest level or the first floor of the oldest building. So there definitely are some of those services.

However, the buildings that we're talking about here, that is that building right there, includes all of the buildings through about the center and up to this east tower, are the oldest buildings. And they include the cardiac care unit, the CVORs, cardiac ORs; some of our recovery services, some women services, labor, delivery, recovery, C-section rooms; there's interventional radiology in there. These are high intensity, actually some of the most intense healthcare spaces.

**Commissioner Gillespie** – But they're not floor connected to the 1995 tower, right?

**Scott Larkin** – They are.

**Commissioner Gillespie** – They're connecting through big corridors or they're connected all the way up and down?

**Scott Larkin** – They are connected at every floor between these buildings right here. So the first through the fourth floor and down into the basement interconnects all of those different services. And they are then also connected into the newest buildings out to the most recent east annex building.

**Commissioner Gillespie** – That's the 2001 building.

**Scott Larkin** – Correct.

**Chairman Bradbury** – Additional questions, Commissioner Gillespie?

**Commissioner Gillespie** – I'm good. Thank you. Thank you.

**Chairman Bradbury** – Right. Miss or go back to anybody? This is the time. Our process makes it awkward to ask questions later. Although it's a little—sometimes a little tedious, we kind of do need to try to get through all the questions that we can. So I'm going to circle back and see—Commissioner Danley, it looks like you're ready to roll on.

**Commissioner Danley** – Ready to roll.

**Chairman Bradbury** – You're leaning forward into the mic.

**Commissioner Danley** – Body language.

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**Chairman Bradbury** – Go ahead.

**Commissioner Danley** – Ms. Roberts, I hate to call you back up. But I'm guessing Ms. McLeod doesn't want to answer transportation questions. I'm going to be referencing page 54 of the staff reports just so—if you care to follow along, you're welcome to do that, just so you know what I'm kind of talking from.

So okay, I'm going to turn my attention to now to Jefferson. And specifically, the big parts of what I think a lot of the concern that we've heard in the testimony, the written testimony thus far, and I'm sure of what you've had heard from the community has to do with the bicycle and the pedestrian realm, not to suggest that anything else is less significant. But clearly, the blocking of Jefferson is a significant issue.

So I'm going to go back to what I've mentioned before. And that is this sort of notion that we're going to use traffic projections and forecasts for decisions. In the last instance, I mentioned that we use these projections to determine whether or not to shrink down Avenue B. We certainly are using them to add turn lanes, right, to make a street wider, to talk about roundabouts and so forth.

So my question is on page 54, we have two graphics that talk about and show bicycle and pedestrian counts. Where are those forecasts?

**Betsy Roberts** – I don't have page numbers in the staff report, so I'm struggling a little bit. I'm assuming—

**Commissioner Danley** – The maps that shows the – the map show the traffic counts that bicycles and pedestrian counts was, one, figure 1 for what it's worth, and then figure 2 shows bicycle volume. And there's a CH2M Hill counts from 2013, the Pline counts from September 54—and so forth. So my question is this, why no forecasts of bicycle and pedestrian users within the system?

**Betsy Roberts** – Well, we felt like—I guess I'll just start with, without even looking at it, we had—what we were trying to do was get an understanding of bicycles and pedestrians with respect to, you know, the numbers of vehicles that were traveling along the area as well. And understanding, we don't know for sure—we're hoping that the trends and the percentage of pedestrians and cyclists will increase compared to vehicles as you've said. It's difficult to do that. So we've kind of just kept the understanding.

I guess for one way of putting is not required in the traffic impact study. That's not a great answer, I realize that. But I feel like what we try to do was address what seems to be a pretty significant improvement to the pedestrian and bicycle network as it is. As far as volumes, what we're looking at there, I think if you tripled or even quadrupled the volumes that we've seen out there, what we have could work.

Specifically, on the Jefferson intersection with Avenue B, that is somewhere where we saw—and we've gone back and looked at, you know, the Seattle and Portland in some of their green boxes and things like that. And some of the improvements we're looking at are green box situations, where we do know, there are—and I saw the cyclists stacking up between 7 and 9 in the morning, so that we need to give them enough space to do that. And I think that would be coming in the final design as we put this all together. Yes, we

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want to do green box. Now, how big do we have to do that green box? As far as lanes go, bike lanes, having them should be significant enough, I mean should be adequate for the volumes that, like I said, even if we double, triple, quadruple.

**Commissioner Danley** – But the existing volumes of bicycles specifically and pedestrians. In other words, we're making changes to the build environment.

**Betsy Roberts** – Right.

**Commissioner Danley** – That are in some cases are permanent, based on traffic counts today, not the 2040 versus vehicular decisions that we're completely making on forecasts to 2040. So that's my—and I guess I don't see that as consistent, is what I'm saying. So let me – let me show you what—

**Betsy Roberts** – Yes, maybe you could help me.

**Commissioner Danley** – Let me deal with what I'm going to get here. We don't have forecasts. We have trends. And I illustrated last time that traffic counts, which is hard data, undeniable data, has actually declined in this area, right? So that shows a trend. Whether the change is in the forecast, that's debatable, but at least we know, at least in the last five years, a negative trend with vehicular.

On this image, in this graphic, we also have trends. We have traffic counts, bicycle counts, specifically. What we have is a 2010 count of 33 am bicyclists and 52 in the pm peak. We have a 2011 count of 68 in the morning, a 2012 of 100 in the afternoon. Another year, 2013, we have 89 in the morning and 121 in the afternoon. In other words, we have growth, right? What kind of growth are we talking about?

Between the year 2010 and 2011, we have 106 percent growth in bicycle traffic going through that intersection. Between 2010 and 2012, we have an average of 92 percent in the pm, okay? Overall, we have a growth on an annualized basis, mind you, of 42 percent increases in the morning and 33 in the afternoon for a four-year period of time.

So if we were to take the same approach as we do with vehicles and forecast out to 2040, right, using this trending growth pattern, what we would show is that in a bicycle trip or numbers would be 1,722 and the evening be 1,650. So one of the questions I guess I would have, do you think that a vehicular intersection trip generation every year, year-over-year of 42 percent is a big deal?

**Betsy Roberts** – Yes.

**Commissioner Danley** – It's significant, right? It's huge. But what about for bicyclists?

**Betsy Roberts** – I'd have to say, I think on bicyclists, when you take counts like that, I mean, you know, if a day is rainy, if a day is—that's kind of challenging to look at just those individual spot ones and compare them. I don't think we would see changes that significant. I get your point that we're growing. I guess I'm

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still not sure what that means to the connectivity and the facilities that we're trying to provide. That picture up there shows a lot more bike facility than what's already there.

**Commissioner Danley** – Agreed.

**Betsy Roberts** – Which is a whole heck of a lot better than what we got. If we have so many people riding down the street, I am sure that we will start making some changes just like we were talking about with the trip counts or the traffic counts as we move along. If the light, the signal is not warranted yet, we're not going to put it in. If all of a sudden we're finding that we so many cyclists on the road, we need to do something different. You know, we're all going to have to come to that.

**Commissioner Danley** – But you can't move a building.

**Betsy Roberts** – You can't move a building. But we're showing—what we're showing is there's ways to go around it. And that's what we're trying to do. And so those would be the facilities that we would, with this project, propose to improve, increase, whatever we need to. We've added a lot more options, so there might be a lot more disbursement to. It's a different situation, so it's kind of hard to know where those are going to disburse within that system.

**Commissioner Danley** – Okay. So a follow-up question. Your point is well taken about when counts are conducted that matters. So I asked you last time about what days of the week matter most for conducting counts. And you said, Tuesday, Wednesday, Thursdays are generally the ideal times, right? So in our—in your traffic impact study, specifically again on page 54, we talked about through movements on the campus. And specifically, it states in there that in essence the impression that we're getting is that it's a pretty minimal through movement. That was based on the count that was conducted on September 28, 2013. Is that accurate? That count was on a Saturday.

**Betsy Roberts** – Okay. It wasn't on a Saturday. So we may have a typo.

**Commissioner Danley** – Every calendar that I've seen says that that date was on a Saturday. And I know that because BSU beat Southern [inaudible 1:52:33]. I'd looked that up myself to find out to make sure of that point. So if there's an error, I'd love to hear it.

**Betsy Roberts** – There is an error. Could you check 2014 because I think it was 2014. I don't have my calendar right there. I apologize. It was not on a Saturday. It was very definitely a weekday event.

**Commissioner Danley** – September 28, 2014 was a Sunday.

**Betsy Roberts** – Okay.

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**Commissioner Danley** – So I don't know what day it was. And that's part of my concern, frankly, right? And I'm just saying is that if it was done on a Saturday, to me that totally explains why there wasn't a through movement at the campus, right?

**Betsy Roberts** – Absolutely.

**Commissioner Danley** – It would stop. Most people—and especially in the morning, they're going to work, commuting by nature as utilitarian, and the bulk number of jobs that commuters are going to are west of the campus. So I guess what I'm getting at is we have a little bit of an issue when it comes to that particular citation. But again, that—but I do say that, you know, you guys went out to your credit, accounted on another Saturday for the folks of the market.

But you had—it was stated in that report that those numbers were similar to the count that was done on the 28. So that could be on a Saturday. My whole point of this is just that if nothing else, we show growth, we have four straight years of increased bicycle growth especially on the Jefferson corridor. And that that growth rate is pretty significant as you agreed. So putting a building along there and disjointing the system has an impact, right? And I know you're not discounting that. You guys are fully aware that that obviously is a big deal. I just want to make sure that these statistics are kind of put on the record. Do you have something else you wanted to add?

**Betsy Roberts** – Well, no, that's one I would like to say, I apologize there is a typo there somewhere. We were definitely not, and I will stake my reputation on it, out there on a Saturday for the through counts.

The other that I would like to say is hopefully there is an increase. There are a lot of St. Luke's employees who ride their bikes. And hopefully, there are more coming in, and I think that's what the through counts were trying to show is a lot of these people are coming in and not as many going through.

There's just not as much information out there and actually physically getting all the bike counts is—you know, we do a lot of it. It's nice with vehicle counts because you can go to ACHD, you can go to COMPASS and there's lots of other sources that you can tag into. For bicycles, you've always got to go do your own and check the ACHD, we checked all those. And the ones that were available were similar to what we had as well. So I get what you're trying to say. I'm not sure where all those increases were coming from, whether it was internal employees, whether it's just more people out there.

**Commissioner Danley** – My point I guess ultimately is that we've got four years worth of counts, and we have trends, then do even a minimal straight line projection into the future, so at least we have an understanding into some semblance of an idea of what we're talking about is possible, right?

And I don't want to—one thing I want to add and I'll be quiet, I promise, I just want to say that, you know, I know CH2M Hill has a stellar, stellar reputation. You guys do work not just in this valley. Internationally, it has been around for a long, long time. I know that. Personally, I know it really well. So I'm not in any way

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trying to cast doubt on the professionalism of the firm or you. Please don't take it as that. I'm simply trying to make sure that we have the most accurate information that we can get to make the decision that is a very significant one to the city and residents. That's all we're trying to do. So appreciate you're being open and frank.

**Betsy Roberts** – That sounds good. Thank you. And I think one thing we could potentially do very quickly is to check with St. Luke's and see what their trends are because they keep counts of how people are riding year-over-year too and just see that that might be a fast way to grab some information, say they've seen a 25 percent increase, so okay now, we know attribute it that much to the St. Luke's employees and staff. And the rest then we see as a trend that others are using.

**Commissioner Danley** – Perfect. Thank you.

**Betsy Roberts** – Thank you.

**Chairman Bradbury** – All right. Any other questions to the applicant or staff? And to the right of me.

**Commissioner Miller** – Mr. Chair.

**Chairman Bradbury** – Commissioner Miller.

**Commissioner Miller** – Sorry, I just have two quick questions. One, Hal, I'm looking through the staff report. I'm trying to find if there's a succinct place where the recommendations are listed. And maybe I have the wrong page. But I have not been able to find it. But there's 500 and some pages, so –

**Male** – It's in your staff report, right?

**Hal Simmons** – Yes, it would be on page 19 of the staff report at the bottom, 3.0 Summary and Recommendations.

**Commissioner Miller** – Okay. Hold on. Give me a second. I saw that, but I want –

**Hal Simmons** – I don't have it bullet pointed like we did in the slide. Maybe that makes it harder to find.

**Commissioner Miller** – Okay. I just want to make sure that those are the recommendations that—in that section 3.0. That's the PDS recommendation.

**Hal Simmons** – Yes.

**Commissioner Miller** – Okay.

**Commissioner Gillespie** – Except for the 10-foot easement, which is there but not on the slide.

**Hal Simmons** – Yes. The easement is in the staff report recommendations. That's correct.

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**Commissioner Miller** – Mr. Chair.

**Chairman Bradbury** – Commissioner Miller.

**Commissioner Miller** – Just one last question. I know we've been over this a thousand times, but I just want to make sure I understand it. So there are other places in this built-out where you seem willing to accept the idea of building over a road, but still maintaining the road. So why not on Jefferson Street? In other words, you're proposing to do it on 1<sup>st</sup> Street. You're opposing to do a sky bridge on Broadway. I mean I guess one other way of asking that is, well, why shouldn't we just close 1<sup>st</sup> St. and close Broadway? I mean I'm being facetious, right? But why is Jefferson different? Why do you need to close Jefferson when you don't need to close 1<sup>st</sup> Street?

**Scott Larkin** – Yes, I can speak to that pretty quickly. It's the type of care that is occurring in that building, the main – let me go back to the graphic here. There we go. In this portion of the building that interconnects into this building, that is the key, versus what occurs here over the top of 1<sup>st</sup> St. which is clinics and outpatient care. While it's important, it's not urgent. You come to see your physician and you can obviously move back and forth, go up an elevator. No concerns there. You're ambulatory. Versus the care that's occurring here is the type that we showed—actually, if I can jump back a couple of slides here. It will be easiest to show with this graphic.

That one. So in this graphic, the idea that emergency care going into interventional care would go up and over literally seconds means the seconds between losing additional brain cells and brain matter, and so it's that type of connection that we're talking about and surgical connections that we're talking about versus the other connections are not that type of connection.

**Female** – That [inaudible 02:00:26].

**Commissioner Miller** – So that would—just so I understand that. You're saying that there are currently uses on that first floor because we're only talking about the first floor really here, right? I mean because if you were going to do—you're basically looking at on First Street really losing just that first floor flow through, right, because if this was on the second floor you wouldn't have that little bump.

**Scott Larkin** – So that is correct although the number of floors that you're talking about isn't quite correct. We couldn't run a street through a single story of distance. You can't get the vehicles through. We would need to go at least a couple of stories and we also have interconnectivity below grade. This is actually a sub-basement, first floor, second floor, third floor, fourth floor, and fifth floor interconnectivity over the road. So it's not really just a single department. It's every department that connects.

Now it is true that you could create a tunneling effect that would only impact a few of those floors, the G-level floor and the first floor. However, the challenge that we run into there is every one of our floors needs to stay contiguous. Otherwise, we run into ramping issues which moving patients on ramps is a challenge. Certainly can be done if we're talking about like six-inches to a foot which may have one of those in this building. Can't be done if you're trying to change a three or four or five-foot difference. And so the current

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location of the back street Jefferson from the current or—yeah, the current first floor level, it actually would impact multiple floors in order to bring that through.

So, yes, it's true that you could still connect some of the highest levels but we wouldn't be able to connect some of the most critical levels including this emergency to interventional radiology floor.

**Commissioner Miller** – And what floor is that on?

**Scott Larkin** – That is the first floor.

**Commissioner Miller** – So I'm looking on page 19 which appears to be the conceptual drawing. I'm just trying to understand because you know that most of the people here are here to talk about Jefferson Street. So I think we need to—just so everybody else understands, according to the procedures the people believe we need to abide by that I'm not totally sure of. We have to ask all of our questions before you guys get to testify.

**Male** – I have issue as well.

**Commissioner Miller** – So that, you're then arguing—or you're telling us is two—is multiple floors? So they're on page 19?

**Scott Larkin** – Correct. Can you see that there are three floors to the left on the diagram?

**Commissioner Miller** – I'm just—yeah. Okay. All right. And have those uses always been there in those locations?

**Scott Larkin** – Yes. The emergency services that's being shown there, surgery, all of those are existing services.

**Commissioner Miller** – How long have they been there?

**Chris Roth** – Well I think we've always had emergency services on the first floor. They predate my tenure. I'm sorry.

**Male** – I just have a quick question. If you could use a smaller type then I couldn't read it at all.

**Cy Gearhard** – Yeah. That connection, the emergency room needs to be in an accessible place for the paramedics, ambulance services, access on first floor. That's just key to effective access of patients and effective triage of patients. So the emergency room on the first floor is key and then that connection as Scott and Chris were talking about between the current tower that's existing and this new tower is very relevant to our ability to really consolidate care in those two towers and then provide that connection for patients to go from one tower to the other.

**Chairman Bradbury** – All right. Any additional questions, Commission Miller, Demarest, Gillespie, Just, Gibson, Danley? All right. Thank you for bearing with us in asking these questions. One of the things I think might be worth pointing out to you all as you've sat through this somewhat tedious process is that you all



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have been working on this for a couple of years and we've now had a couple of weeks to try to catch up with you. And so, it can be a bit of a challenge. So thank you very much. We'll—oh, Hal.

**Hal Simmons** – Excuse Mr. Chairman, point of order here. Not order I guess. Just some housekeeping. I neglected to mention we had six new letters that came in from Friday through today, and I just wanted to get on record that we have distributed the [inaudible 02:05:44] tonight a letter from the board of Ada County Commissioners dated February 6th, Deanna Smith dated February 6th, Regina Wilkin dated February 9th, Peter Angleton on the 9th, Daniel Herd and Don Plum via Teresa McCloud on the 9th, and Leslie Halverson on the 9th.

**Chairman Bradbury** – All right. Those additional materials will be added to our record. And before we move on to the next speakers which would be the East End Neighborhood Association who [inaudible 02:06:14] these over here, we're going to take a five-minute break and then we'll try to get straight into the public testimony. Everybody get a chance to stretch your legs a bit.

Started again in the hopes that we can all get home some time while it's still Monday, while it's still dark. We'll try to get going again. Let everybody have just a second or two to find seats and—I will. Thank you. All right. We'll next hear from the registered neighborhood association which in this case is the East End Neighborhood Association. Mr. Lord, I understand you're going to be speaking on behalf of the Association, is that correct?

**Steve Lord** – That's correct, Mr. Chairman. Thank you very much.

**Chairman Bradbury** – You're permitted. Like the applicant you're permitted 30 minutes for you presentation.

**Steve Lord** – Thank you. I don't think it will take that long but I appreciate the extra time.

**Chairman Bradbury** – I'm happy to hear that. The time is yours.

**Steve Lord** – I think that's always the better way to start a presentation. I appreciate the time but I don't need to take it. Members of the Planning and Zoning Commission, my name is Steve Lord. My business office address is 409 West Jefferson Boise, Idaho 83702. The East End Neighborhood Association also very much appreciates the outreach from St. Luke's and all the work that staff has done. And notwithstanding that outreach and notwithstanding the considerable amount of time that everyone has put in on this, we still have some very considerable disagreements most markedly the closure of Jefferson Street.

EENA does not—the East End Neighborhood Association which we call it EENA for short, E-E-N-A, does not oppose the St. Luke's expansion but in fact EENA supports the St. Luke's expansion so long as it doesn't require the closure of East Jefferson. To go back to council—Commission member's Gillespie's comment, yes, indeed, East End Neighborhood plan does specifically call out Jefferson Street as a critical thoroughfare. Why is that? Well, it's the only way in and out of the neighborhood on the northwest corner of the East End two points west that doesn't require turning movement.

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That's important. It's important for bikes. It's important for pedestrians. It's important for any future transit. If we ever had a trolley system again in East Boise like we had 70, 80, 90, 100 years ago, that's one of the connection points that it would need to run through. That in fact is where it run before all the trolley tracks were torn out in the late 30s. Your staff report talks around the closure as if any of the alternatives in the staff report are really alternatives, and I'd suggest to you, unfortunately, that much like the plan itself if you were to—if we had the slide from St. Luke's still up there, if you see how people have to wind their way around the proposed building expansion that covers Jefferson Street, that concentrates all the bike and pedestrian traffic on State Street.

That doesn't really make any sense because State Street is already overburdened. Again, Bannock Street, and using Bannock Street as an another through way once you get west of Avenue B doesn't work terribly well either. And the reason for that is Bannock Street unfortunately terminates as you're heading east at Pioneer Cemetery. It's not a through street to the rest of the neighborhood. The only real through streets on the western edge of the neighborhood are Reserve, Jefferson, and Warm Springs and you're taking away one of those three critical through ways for the neighborhood.

Again, we recognized that it doesn't have the kind of car counts that Idaho Street, Main Street, Warm Springs, Avenue B, and State Street all have but it's an important neighborhood level and neighborhood scale through way in and out of the western side of the East End Neighborhood. With respect to those proposals if you want—if you were to try to reach option 2, you're being asked to vote on a plan that hasn't been proposed to you yet or hasn't been designed yet. As a land use planning lawyer, I have concerns about that because I have concerns about the adoption of a plan that no one else has had a chance to make comments about because it hasn't yet been designed.

We don't know if that plan would ever come back before the planning and zoning commission and we don't know frankly if it's going to be a plan that's designed after approval either by this commission or by the city council. I think that's a good reason to say no or at least not yet to St. Luke's. The mitigation on Jefferson that's proposed in both the application and the staff report simply fails as mitigation. It doesn't do the job. In fact, if you want to look very carefully, I'd recommend that you look at pages 24 through 29 of the staff report.

Principle Number 4 of the Blueprint Boise is for connected community. Goal CC2 says create an interconnected network of complete streets that serves all modes of transportation. We've heard a lot about bikes and pedestrians tonight and one of my neighbors just recently said, "Please, don't omit buses, taxis, other forms of transportation that need to get in and out of the East End just as well as bikes and pedestrians." With respect to Commissioner Danley's comment about why we were seeing a trend upwards in bikes and a trend downwards in cars, I think they actually have a correlation. The more people are walking and biking, the fewer of them are driving.

Now, it may not be a direct correlation but I think there's something to it, and as more people move to the East End who want to take advantage of the fact that the East End is the only neighborhood in town that has both foothills and river access and greenbelt access, they are a very bike intensive demographic. Very much so—probably more so than in any other neighborhood in Boise, and Boise's got a good reputation for being bicycle friendly. I was surprised at how bicycle friendly it is. My youngest son recently went to college at the University of Kentucky and was surprised to how hostile the university campus was to bicycles and it

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doesn't surprise me considering the humidity down there. But Boise turns out to be an extremely bike-friendly community and unfortunately closing Jefferson is not a bike-friendly move at all. It's not bike friendly for class A riders, and it's not bike friendly for mom and dad when they're taking their kids to the market on Saturday or Sunday.

In any event, the reason I mentioned connected community goal too is because you have to find that this complies with most of the portions of Blueprint Boise that are cited in the staff report, and this is one where it doesn't comply. There hasn't been a serious exploration of opportunities to improve connectivity without widening existing streets. You saw the proposal from the traffic engineer from St. Luke's and what does that propose? It proposes in essence a widening of State Street to add the cycle track and extra sidewalk space. Again, it contravenes the policy of Blueprint Boise.

Again, we had a lot of talk about just cars, just bikes, just pedestrians and mostly the focus on Jefferson was bikes and pedestrians but it's important to remember that Jefferson is identified in the East End neighborhood plan as a critical street not just for its current purpose but for its future potential as well and that includes transit light rail and other potentials. Goal CC7 is to enhance pedestrian connectivity and comfort. I can tell you having had my home on the south side of Warm Springs and my office on the north side of Warm Springs for the last 20 years, that State Street in no way, even if you have a cycle track that's separated from the traffic lane, in no way is that an environment that lends to bicycle or pedestrian comfort.

It's a very busy, very congested, very car intensive. If you're riding your bike on State Street you're basically sucking exhaust. Not true on Jefferson which has a much lower traffic count. That's why it so much friendlier of a street and that's why it's identified at least in part in our neighborhood plan. Again, designing for pedestrian comfort is a part of your comprehensive plan. It's in CC7.1 and CC7.2. Your comprehensive plan also calls for a mix of uses and it says develop a vibrant mix of uses in downtown which encourage office, retail, 24-hour activities, residential hotel, convention and medical facilities, cultural, civic and educational and entertainment uses.

One of the things that I pointed out to you in my letter is nothing in the St. Luke's plan provides for any use except a hospital use. And for better and for worse, even a hospital not every aspect of every part of the hospital works 24 hours a day. One of the things that we were very hopeful in the neighborhood to see was an actual plan for how St. Luke's would intend to repurpose the 111 Broadway strip which is on the Northwest corner of Broadway and Warm Springs. We were saddened to see that instead of doing what they told us they were going to do, which is to use it as the empty chair space while they were in construction, they just allowed all of the current leases to expire and then put it—and then apparently walked away from their long-term lease only to allow whoever the current owner is to put it on the market for sale.

Nothing has been done with that corner notwithstanding that St. Luke's had the opportunity to do it, to actually make that, again, a neighborhood-friendly, neighborhood-scaled commercial corner. And nothing in the campus master plan by the way invites the neighborhood in for any purpose other than medical care. And I think if you were to go to other larger medical campus communities, you would find that there is a pod or a storefront or something, some place on the campus that in fact is an invitation to the community, not just the basement cafeteria but other kinds of functions there as well.

In short, this master plan doesn't do much to integrate itself into the neighborhood. It's a single purpose facility and that's it. It's a medical facility. It's not a cultural facility. It's not a retail facility. It doesn't provide

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any professional services aside from medical professional services. So it doesn't meet with the mix of uses requirement in the Blueprint Boise. With respect to criteria DT-C1.5 bicycle network it doesn't comply with that criteria and it doesn't comply with DT-61.6 which is to create a network of safe attractive pedestrian routes in and to downtown to encourage walking as a transportation mode.

And again, forcing people off of Jefferson Street and on to Bannock simply as a discouragement to bicyclists and pedestrians. It doesn't increase comfort. It's just discouragement because now you have to go a block out of your way before you actually get into the downtown area where you want to be. Again, until the staff's recommendations are actually drafted as plans and put up for public comment not merely concepts, I don't think they allow you to act on what Hal proposed as your possible alternative too which is to approve based on the conditions made in the staff recommendations.

I think one of the commissioners mentioned that on Hal's recommendations and I think it's starting on page 20. It says the proposed cycle track will provide mobility around the eastern perimeter of the hospital but does not restore the level of direct connectivity to the adjacent neighborhood that Jefferson provides today. I pointed out to you, and many of you have pointed out to you—in your own discussions and through your own questions, that that's an important part of the East End neighborhood. And I just want to recommend to you that you either approve it with the condition that Jefferson not be closed, or you do something else. And I'd like to talk a little bit about the outreach between the East End Neighborhood and St. Luke's.

One of the things I want to make a comment about is that it certainly was not neighborhood's idea to get them to vacate the 111 Broadway space. We didn't want to see them do that at all. We wanted to help—see them help us repurpose it rather than just abandoning it once all the tenants had been essentially evicted through non-renewal of their leases. It's a dead zone now and who knows how long it will take to repopulate that with viable businesses. The businesses that had to leave because their leases were terminated spent years trying to develop businesses at that location and they all basically don't have a chance to go back there anymore.

It's going to take 10 or 15 years for that thing to repopulate without some kind of subsidy from St. Luke's. I know a little bit about what it takes to subsidize retail operations in a large environment because I'm the attorney for the Tamarack Resort and I know that if you don't subsidize those kinds of things, they just won't appear in that kind of an environment. That's a distress block now and without some kind of subsidy, it's not going to become a viable block in the near future.

Again, the official statement, the official position of the East End Neighborhood Association is that any plan even if it's just a modification of the comprehensive plan to modify the St. Luke's urban campus plan with a sub plan modifying the comprehensive plan that calls for the closure of East Jefferson should be denied. One other comment that I'd like to make to follow up with Commissioner Gillespie's comment about getting [crunchy 02:21:04]. We asked for them to provide us with the information that would allow us to get [crunchy 02:21:09] with them because there are a lot of people on the East End Neighborhood's board who are pretty expert at land use planning, reading architectural blue prints and things of that nature.

And the response was we aren't going to show you that. We're going to go with the closure of Jefferson and we'll let you comment on that but we're not going to show you what any of the alternative planning schematics look like and we're not going to let you get in deep into the weeds with us either. I was really disappointed when they had that face-to-face conversation with Chris Roth just about a year ago because I

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think we probably could have come up with an alternative that would not have involved turning out 450 people in the neighborhood who signed petitions opposing the closure of East Jefferson. For those reasons I think it would be very appropriate for the commission to deny the application.

And if anybody has any questions, I'd be happy to answer them.

**Chairman Bradbury** – Thank you, Mr. Lord. Questions for Mr. Lord.

**Steve Lord** – Thank you very much.

**Chairman Bradbury** – Thank you very much. All right. So now, we're going to go to public testimony. As I said at the beginning, each person who comes up to testify will have 3 minutes. You'll see that there is a big screen over there that will show you how much time that you have left. I'm going to start at the beginning of the list and we're going to work our way all the way through it once we get to the list. If there's anybody here who wants to testify and hasn't, we'll give you that opportunity. When we do get to that point where people are testifying whose names are not on the list, there should be a little small white tablet there on the podium for you to fill out your name and other contact information, and that will help us to keep track of you. And I'll try to remind you as we go along.

All right. First name on the list. Thank you. There's a good example. First name on the list is Ivy Nelson.

**Ivy Nelson** – Do I come up here?

**Chairman Bradbury** – Yes, please. Come up to the microphone.

**Ivy Nelson** – Okay.

**Chairman Bradbury** – And when you get here, just tell us your name and address and then you'll have your 3 minutes to testify.

**Ivy Nelson** – Ivy Nelson, Baker City Oregon, 2510 Court Avenue.

**Chairman Bradbury** – Thank you. Go ahead.

**Ivy Nelson** – I drove down here especially today. I was born in Idaho and haven't lived here for many years. I have watched downtown Boise revitalize. It's beautiful, it's wonderful, wonderful, excuse me, neighborhoods here. And I see an area and I've heard there is going to be houses tore down or houses moved. Nobody can tell me how it's impacting the people, the homeowners in these beautiful homes, and then I find out that there is a big chance that the Bishop Foote House will be torn down or moved.

I really disapprove of that. That has been a huge help to not just the community here but to Baker, Burns, Wallowa the last time we were down here. I've had a husband that had two huge bouts of cancer, and when we were at the Bishop Foote last time, there was a lady from Wallowa trying to take care of her grown daughter in the hospital and she was staying there. Beautiful home, very welcoming and it disturbs me to see this beautiful end of Boise being changed in a huge way. And I have not heard a lot of how is it going to impact the people that live around here.

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I've heard about bicycle clubs and groups but I haven't heard about how it's going to impact the locals that live down here and it—excuse me, it concerns me and I've said probably—oh, gee, I have more time but I'm done and I need to drive home.

**Chairman Bradbury** – Thank you for coming tonight. Next name on the list is Carol Fountain.

**Carol Fountain** – My name is Carol Fountain. I live at 906 East McKinley Street here in Boise which is in the East End. It's about 8 or 10 blocks from St. Luke's. I am a registered nurse and I have spent many years at St. Luke's. I retired after 35 years of service. I worked with [inaudible 02:25:43] many years ago and I do have one comment to Commission Miller. No, at one time the emergency room was on the ground floor which at that time was called the basement, but that was a whole—that was 50 years ago so that's a whole different way of treating emergency care patients.

Anyway, one of the things that I want to mention is that Jefferson is the way that I get downtown, and I go downtown at least once a week and many times two and three and four times a week to eat and drink, shop, meet friends, et cetera, and if you close off Jefferson Street without creating another easy way to get downtown, I'm going to the bench which is an economic impact on those businesses downtown. I'm not going downtown to eat and drink and meet my friends. So that's one of the things that I think, and I really support St. Luke's in their expansion plans but we've got to have a way to get downtown from that East End.

So one of the things that you need to think about then is not just pedestrians, not just bicyclists, but autos. At my age, if I road bicycle down those streets, I would get killed because of the traffic, I don't—I am a little older and my reflexes aren't as fast. But one of the things you have to do is allow traffic to get to downtown. So thank you.

**Chairman Bradbury** – Thank you. Sheldon Bluestein.

**Sheldon Bluestein** – Hello. I'm Sheldon Bluestein of 680 Troutner Way and I've lived in Boise since 1972 and in Foothills East since 1991 and I've never needed to testify before. I'm a first time testifier. So I wanted to say that last Sunday, my wife and I were down on Jefferson. We had signs, we had petitions, we watched people go by and talk to them. As we were wrapping things up, a lady came down Jefferson on her bike with a child strapped to her chest and a big smile on her face and she rode right through the stretch of Jefferson that St. Luke's wants to close. And I've tried to be analytical about that but at that moment I got emotional. Let's not close that street.

I studied the St. Luke's master plan. I've seen the logic behind their desire to go to the north. I just believe in a project of this magnitude that there's got to be a way to do what they want to do to make them happy and keep our connectivity from the East End. I have five points. Somehow, I might just have a PowerPoint. Is it coming? Oh, you double clicked. I won't go to the big one. Let's see.

Looking at the picture of the hospital, my first point is, St. Luke's insists in their master plan on page 19 that they must have 4 or 500 feet of solid building across where Jefferson is now. And yet, they've got this little narrow connection, Sky Bridge, across Avenue B in their proposal. If they can make such a narrow connection to—from one building to the other, why do they have to have 4 to 500 feet across Jefferson? Can't we shrink that down? And if we shrink that down—oh come on baby.

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This is their architect's drawing of what an underpass at street grade would look like 4 or 500 feet long, I call it "The Black Hole." And if we don't go 4 or 500 feet, maybe we go 50 or 100 feet to give them access. Maybe they can stay a grade and they can go under the tunnel idea that their architects spoke of. That'd gives us our connectivity and it gives them ground level access from emergency over to their radiology department in the new building. And that orange arrow that's over here, that's really where the ground level, the floor level is of their emergency. They're above grade.

You've got space to work with there to make something that's usable to go underneath.

**Meagan Curtis** – Time.

**Sheldon Bluestein** – Okay. Thank you.

**Chairman Bradbury** – If you want to wrap up, if you can give us just a real quick—I don't want to invite you to stand. I know you're a first timer you just admitted that. But I do want to give you the opportunity to wrap up if you'd like to.

**Sheldon Bluestein** – I just wanted to say the Bannock Street stretch, the so-called shared space in their plan, you've got emergency room access to the north of it and you've got all this parking access to the south of it at both ends. You got people who are frantic to reach the emergency room and having difficulty finding parking. I just can't see that as a viable bicycle route. It just—no matter how well planned it is, it's not a good idea. Thank you.

**Chairman Bradbury** – Thank you. Jessica Pazdan. Jessica. There you are. Did I get your name somewhat close?

**Jessica Pazdan** – Yeah. Close.

**Chairman Bradbury** – All right.

**Jessica Pazdan** – Jessica Pazdan. I'm a first timer as well so—

**Chairman Bradbury** – All right. So the lesson to learn from Mr. Bluestein is that 3 minutes goes fast.

**Jessica Pazdan** – Yeah. I don't think I need it all—or I'll be close. Jessica Pasdan. I live at 2376 Roanoke Drive which is in the Foothills just above the East End. So I am here tonight to voice my opposition to St. Luke's proposed plan to close Jefferson Street. Jefferson Street is well used by my family. My husband uses this route to bike or drive to his job downtown. We bike or drive Jefferson Street when visiting downtown restaurants, businesses, and attending events.

Biking with traffic can be scary enough and I would never feel comfortable hauling my children in their bike trailer down Idaho Street and if Bannock is an option, now, maybe that might help but I don't know if that is going to happen. This loss of connectivity with the city core will have a negative impact on businesses because people will go elsewhere. I also feel strongly that the closure of Jefferson Street puts a huge burden on the remaining roadways in the area. The traffic traveling on Warm Springs, Idaho Fort and State Street is already congested enough especially during events and rush hour.

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With a population that will only continue to grow, I can't see how closing a public street could be an option. I do want to elaborate, I didn't write this down but something that wasn't talked about so much and we've been focusing on this area is as I see people filter down out of the Foothills onto Jefferson, especially during rush hour, they will be deterred by the fact that this street is close or they may have to go through the roundabout, the increased traffic in the area due to the hospital. Those start to filter down through the neighborhoods that connect Jefferson to Warm Springs. The neighborhood is similar to the north end.

The streets are oftentimes packed with a lot of cars parked on them, narrow in some cases. There's a lot of children, people on bikes. I for my—for one, know that I get anxiety if I don't take Jefferson. I feel like I have to look a lot to make sure that I don't hit somebody and I think that that is something that should be considered as well outside of this area we've been talking about. So in closing, I would like to note that I'm not completely against St. Luke's and their expansion. Growth happens but it needs to be smart growth. I would hope that St. Luke's is able to alter their plans so that the people of Boise can continue to experience the great quality of life that we have here. Thank you.

**Chairman Bradbury** – Thank you. Allen Humble.

**Allen Humble** – Another first timer. I live at 1373 West Martin which is in the south Boise area so I'm not a Foothills guy and I—when I come downtown, I walk. I don't bike so I'm really not all that concerned about the street closures or anything. What I'm interested in is as to why St. Luke's with all of its metrics about its operational excellence hasn't given you any metrics about taking this not—north, south, east or west of the main campus, but you've got a huge meridian campus out there.

I used to survey for the joint commission and I've probably been in front of 1500 hospitals in this country maybe more in 20 years. Many of them that are landlocked are in New York City or New Jersey or Chicago or LA or Atlanta and they don't have but a choice to expand in place because they serve a million people within a square mile of where they live. That's not the case here. This children's hospital is a referral hospital and Mr. Danley, you made an interesting comment which may or may not belie what's going on but this is gentrifying and the kids who put their—the parents who put their kids in this hospital aren't necessarily coming from here. They're coming west valley. That's where the growth is.

It's a mystery to me why you'd build a mega structure that's good for maybe 20 years when you could potentially locate to a 40, 60, 80, 100 acre site and there are a lot of hospitals that are doing this nationally, whether it's to a hospital you already own and build that campus up or not, but it does seem apparent to me that that's what might be available to them, and yet none of their schemes have anyone talk to you about siting it there or anywhere else where you can acquire a much larger campus. Then, you don't have to worry about any of this stuff.

And then, when we're all gone in 30 years, they wouldn't have to scratch their heads and say, "Why did they do that?" So I guess, I'd leave you with that. The other thing is there—physicians are powerful motivators for hospital administrators because they control the admissions and they control the revenue, and it wouldn't take but a handful of powerfully motivated doctors whose offices are located nearby, like an orthopedic surgeon—and I've had great care at St. Luke's—but this is a guy who is an extraordinarily productive orthopedic surgeon that's worth millions and millions of dollars. And if he and another 20 or 30 docs who are going to use this new place decide that they like the convenience of being here as opposed to anywhere else for any other reason, you're probably not going to know about it, but they will strongly motivate the interest



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of the hospital to do what they're doing. And I suspect that that also is going on. That's not unique to St. Luke's. Any questions?

**Chairman Bradbury** – Thank you, Mr. Humble.

**Allen Humble** – Thank you.

**Chairman Bradbury** – Eric Kingston.

**Erik Kingston** – Hi. My name is Erik Kingston. I live at 1010 East Jefferson. I'm a senior in training. I use healthcare services and I probably will use more as the years go by. Thanks for the opportunity to comment. Again, like everybody else, I want to really thank Hal and staff. They're doing a phenomenal job. I'd also like to thank—acknowledge the folks from St. Luke's. They're all really professional people. I've enjoyed talking to them over the last year. They do a great job. I respect their professions. I respect what they do.

I have a different perspective on the Jefferson closure. This is really an asymmetrical dynamic here. I mean St. Luke's has a budget and capacity to hire a full time team of these professionals to work on all these different things. At the same time, taxpayers and residents who are most affected by this project, we have to take time away from our families and our jobs to comb through these documents, understand how this development is going to impact us and look at the impacts on transit and biking and pedestrian traffic and that kind of thing.

We make the time because Boise's important and we feel like citizens—Boise does best when the citizens are engaged so we're willing to take that extra time. So for the record, I'm opposed to any move that results in the taking of public ride away on Jefferson. We've all heard St. Luke's present their development plans which include reorienting their main hospital entrance along with the 1200 space parking structure, we've got that right, to face the intersection of Fort and State Street. Main corridor connecting East End residents to our neighbors in the north end to the Boise Coop and connecting our children to North Junior High and Boise High.

Someone else tried to close off a big chunk of State and Jefferson at one point to create a—not just a super block but a super duper block and that was Dirk Kempthorne. Everybody said no at that point. It wasn't a good idea then. I don't think it's a good idea now. That's my opinion.

We've heard St. Luke's describe how closing Jefferson is in their best interest although they describe evaluating multiple build options. To my knowledge this discussion happened before any public process I'm aware of. Since the first open house I attended in early 2014, St. Luke's has presented like two options for the expansion. Build or no build, all or nothing. Either they get Jefferson or they will invest somewhere else. I respect the staff and the master planning team but as someone on the receiving end of that message, it's not the mark of a healthy relationship.

While I don't doubt that street closures and the preferred option for St. Luke's I have yet to meet an East End resident myself that supports this option. Some of us did, as Sheldon mentioned, several of us spent some time this weekend interviewing folks traveling through the corridor and we've got some video clips from them that Hal suggested I load on the computer here. So everyone knows that the shortest distance between

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two points is a straight line. The shortest distance between East End residents and our favorite places to shop, eat and drink is Jefferson Street.

Jefferson means access and access means business. I just want to remind the folks from the chamber and the folks in the DBA of that point. We represent a pretty potent customer block for the downtown businesses association ...

**Meagan Curtis** – Time.

**Erik Kingston** – ... and we also represent a lot of tax base for the city of Boise and Ada County. So if you'd like to see the videos, I can play them now. They're loaded on a laptop. They're short.

**Chairman Bradbury** – Your time is expired and we need—and we've got quite a few people that—

**Erik Kingston** – All right. I respect that—

**Chairman Bradbury** – If you want us—can you submit them to us digitally, electronically somehow?

**Erik Kingston** – They're loaded on the laptop and I've got them on a thumb drive.

**Chairman Bradbury** – All right, why don't we—

**Erik Kingston** – We will be happy to do that.

**Chairman Bradbury** – Why don't we take them electronically and we can get a look at them.

**Erik Kingston** – All right. Thanks.

**Chairman Bradbury** – Thank you. At least they'll be part of the record. All right. Mary Watson.

**Mary Watson** – Good evening. I'm Mary Watson. I live at 917 East Washington Street, Boise 83712. Mr. Chairman and Commissioners, approval of the St. Luke's master plan as presented with the closure of Jefferson Street will directly impact my and my neighbor's day-to-day activities, and so much has been discussed tonight about bicycles and pedestrians that I want to tell you how I use Jefferson with my car. When I'm driving to my job down—in downtown Boise, I use Jefferson Street almost exclusively. When I'm driving to dinner downtown or to the grocery store or to anywhere west of where I live, Jefferson Street is incredibly efficient.

I can completely bypass the mess that is State Street and can route around the five spoke madness that's Warm Springs and Broadway. Everyone agrees that the area as a whole is congested and I don't believe we are adequately examining the other expansion options that St. Luke's says it examined and discarded. In staff's findings for approval, it is noted that the transportation system around St. Luke's has continued to deteriorate and its staff then asserts that St. Luke's is proposing appropriate mitigation for those deficiencies.

Enhanced bike lanes do not provide an adequate alternative or sufficient remediation to the loss of street connectivity because car traffic cannot disperse onto a bike lane. Closing Jefferson does not support the Blueprint Boise goal of an interconnected network of complete streets that serve all modes of transportation nor does it support a network that interconnects and distributes all forms of traffic to multiple streets.

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Jefferson provides a safe, signaled intersection for cars, bikes and pedestrians to cross traffic on Avenue B and then provides low use lanes that now actually have sharrows all the way through to the downtown.

I do not agree with the assertion that this area has awkward street geometry. The beauty of Jefferson Street's contribution to the grid system is that it connects the very heart of the East End to the downtown and beyond all the way to the Whitewater Park. These are the values encouraged by Blueprint Boise. I urge you to reject this master plan amendment and reject any amendment that seeks to close Jefferson Street between 1st Street and Avenue B. And I do appreciate and thank you for your thoughtful consideration of this issue tonight.

**Chairman Bradbury** – Thank you. Trent Hill.

**Trent Hill** – Mr. Chairman, Commissioners, you may have a whole room full of first timers this evening and I'm another, so. As a citizen, I've benefitted directly from St. Luke's at a time when it was of greatest need. I live at 2391 Parkside Drive and it's a five-minute drive for me. And I've been a customer of the MSTI Organization for the last five years for a daughter of mine so I've a vested interest in seeing St. Luke's expand.

I'll also say that the Jefferson is a real challenge in closing Jefferson, and there's one alternative or one mitigation I haven't yet heard this evening that might be a sufficient amendment to Mr. Simon's plan at least worth consideration for ACHD. If you've ever driven the stretch from exiting the East End and moving west particularly if you're driving onto Eagle, if you work in Eagle, Jefferson is really your best option. And the reason why it comes down to traffic lights synchronization. So the traffic lights on Jefferson are well synchronized to get you down to 17th Street much quicker than you can make it with State. I called ACHD three years ago and asked them why that was and why we couldn't get better light synchronization on State Street and they reasonably answered that they're trying to get traffic into town in the morning.

And so the lights are synchronized on State coming the other way. That means that you have at least two to three light cycles to get through getting from 3rd Street down to 17th Street on State. And if you could get ACHD to change the light synchronization just so that the green lights come on at the same time not necessarily optimizing for outflow from East End, you might have an alternative that helps mitigate some of the issues with getting traffic out of the East End. Thank you.

**Chairman Bradbury** – Thank you and by the way, you did just fine. Ray Stark.

**Ray Stark** – Good evening, Mr. Chairman and members of the Commission. My name is Ray Stark with the Boise Chamber of Commerce at 250 South 5th Street 83702. The Boise Chamber of Commerce supports the master plan for the St. Luke's Health Systems Boise facility on the east side of downtown. This significant project is a major economic development investment in the City of Boise at the historic location of these hospital's roots. The Chamber understands the master plan will serve as an outline for the future development and be periodically updated and revisited every three to five years depending upon the need and the activity.

The master plan is illustrative of a full build-out but individual buildings will be phased and scaled back based on changing conditions and market need. The healthcare industry is one of the growing sectors of our regional economy and will be for years to come. The St. Luke's Boise expansion project will include enhanced facilities with incorporation of the latest technology resulting in the recruitment of top tier medical

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professionals that will benefit not only our city and our state. The Boise Chamber urges the Plan and Zoning Commission to approve the master plan. Thank you very much this evening.

**Chairman Bradbury** – Thank you, Mr. Stark. Mark Marring.

**Mark Mering** – Hi. I'm Mark Mering. I live at 2075 Lamar Court a couple of blocks off of Warm Springs over by the old penitentiary. I've lived there pretty well. This year will be 18 years. Family of five. We have used bicycles extensively. Jefferson is our major route going to downtown. Three children that rode their bicycles to Boise High School for many years. My oldest son, one of his badge of honor was that he rode his bicycle every day for the entire three years he went, and he always went down Jefferson.

Having ridden to downtown into St. Luke's and the YMCA and other areas, the other alternatives don't seemed that practical. I go to meetings at St. Luke's and unless Bannock is expanded as was referenced earlier, it's not right now a real viable option especially if you increase the amount of traffic going through there. I wasn't going to include this as part of my discussion, but I am a physician. I am not employed or have privileges at any of the major medical centers here in Boise, but I do work in emergency care. I work in critical care and when Mr. Larkin brought up the point, he implied that unless we use this sort of plan that they have that patient outcomes may be affected adversely, and I'm skeptical that there's any data that show that that exists.

He may be able to me that but having worked in emergency and critical care areas in rural, urban and suburban areas, I'm doubtful that would happen. I just want to reference because Steve Lord referenced these two areas of the Blueprint Boise but I think it's just worth reading two short sentences that it says, "Part of the Blueprint Boise is to expand bicycle facilities and amenities to encourage the use of bicycles for transportation and recreation." And I think that would be adversely affected by closing of Jefferson Street and also it says, "To encourage walking as a transportation mode and as an enjoyable part of the downtown experience."

Lastly, Mayor Bieter, and I believe it's under Boise City website, says he wants to make Boise the most livable city in the United States, and I think closing Jefferson Street would move the arrow in the wrong direction. Thank you.

**Chairman Bradbury** – Thank you. Deanna Smith.

**Deanna Smith** – Good evening Commissioners. I want to just highlight four key reasons the proposed master plan is not the best option for Boise. The permanent loss of connectivity and continued erosion—

**Chairman Bradbury** – Deanna, sorry for interrupting but—

**Deanna Smith** – Oh I'm sorry. Deanna Smith 1208 East Jefferson Street, Boise.

**Chairman Bradbury** – Thank you. You're such an old pro, I figured you'd just do it.

**Deanna Smith** – Sorry. I just jumped over it. And the continued erosion of the network grid, creation of a suburban campus and urban environment, incompatibility with Blueprint Boise, and the lack of adequate community engagement in the development of this plan. You've heard much about the value of Jefferson and connectivity so all I will add to that is that I would like the record corrected around DBIP. In fact, Jefferson

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is identified today in the adopted DBIP plan with bike lanes to become and east-west core connected all the way through to Whitewater Boulevard.

There has been conversation and general agreement that those bike lanes could be removed and that Jefferson, it make sense for it to become identified as a shared road. But if you look at the maps that's been presented to you, Jefferson's non-existent in that network and it is considered a part of the network today in the adopted plan. So I just wanted to get that corrected.

The current campus core is a super block including previous vacated street blocks. We should help this approach now. Best practices today recognize the negative impacts of super blocks in suburban campuses on future growth and redevelopment in downtowns. If in 20 to 30 years delivering quality healthcare is no longer well served by large regional centers—a possibility St. Luke's itself has acknowledged—a super block suburban campus would likely wait years for redevelopment, straining the vitality and success and of surrounding properties and neighborhoods.

This really is your task is to look that far out with this decision today. So Blueprint Boise and the old Boise master plan guide against such development. We really don't know, one of you said that earlier, to allow St. Luke's to continue expanding as a suburban campus of super blocks in this location conflicts with Blueprint Boise's vision of sustainability, economic vibrancy and a livable community. The challenge of expanding a regional medical center in this location and the significant change this could mean for Blueprint Boise in the surrounding area requires deeper engagement of the community in its development not just review and response.

The City and St. Luke's should work with the community to develop a plan that retains the remaining network grid, utilizes acreage they currently own with increased density and vertical growth and continue to use these historic structures in the surrounding neighborhood for various surfaces as they do so well today. The plan describes for alternatives with limited detail but the option before us as the public—

**Meagan Curtis** – Time.

**Deanna Smith** – - was selected prior to public engagement with a no-build as the only other alternative. I urge you to request the city undertake completion of the Fort Boise Master Plan that incorporates plan for St. Luke's expansion and deny this particular plan before you this evening. I also have petitions with about 450 signatures from the East—actually from all over the city.

**Chairman Bradbury** – Bring them up and we'll take them and mark them as an exhibit. Thank you, Deanna. All right. Next name on the list is Bob Shaver.

**Bob Shaver** – First timer myself and a lot of what I had to say has already been said, so maybe I can keep it brief. I ride a bike—I live at 1515 Shenandoah which is in the East End. I come down Shaw Mountain Road. I ride my bike to work every day. I go downtown get the mail, get some coffee, go over my office over by Albertsons on State and 16th. I come down Shaw Mountain Road, I jog over, and I go through on Jefferson every day.

I haven't driven my car to work in seven years which means nothing except it gives me a little bit of data point to say something about the increasing bike traffic. I used to be the only cyclist—cycling in the winter.

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It's not the case anymore. There's a lot of cyclist who cycle all winter. And then on a summer day, as I go through the intersection at Jefferson, if I'm lucky I—it takes 20 seconds to get through there. If I'm not lucky, it might take four minutes but during that time I see two or three or four bikes every time especially if the weather is better.

So I think the cycle traffic is increasing and I would—if you look at the map here, you can see how essential Jefferson is for people living in the East Boise to get to downtown. It's real direct. For a cyclist the Bannock Street thing is just not workable because, not only are there pedestrians on that sidewalk they are crossing from one building to another and they're not looking around for bicycles. They are—they're talking, they have their minds on other things, they're talking with family members, they're on walkers and canes, they're not the kind of pedestrians that you want to mingle with cyclists. That route is just—it can't be a cycling route.

I don't want to be dumped on State Street because it's a busy street and I probably have to change lanes to get over. I want to drop down to Banner and continue downtown to Banner which means going through a bunch of stop signs. The St. Luke's map that showed where the bike lanes are failed to show that Jefferson is a bike lane. It's not signed as a bike lane but it's a de facto bike lane. And if you go down Jefferson, drop over to Bannock, you've got a nice low traffic way to downtown, which I use every day, two times a day and weekends going down to the market. So I hope you don't close Bannock. Thank you.

**Chairman Bradbury** – Thank you. Dana, is it [Pori 02:57:11]?

**Daria Pori** – It's actually Daria Pori.

**Chairman Bradbury** – All right. Thank you. Why don't you pull that down? There you go.

**Daria Pori** – 2418 Roanoke Drive in the East End.

**Chairman Bradbury** – All right. Thank you.

**Daria Pori** – Many other people have spoken already and have been—have said things more eloquently than I will and I am traditionally a very brief speaker, so I will not be long. I would just like to say that I think that St. Luke's is asking the East End to make a large sacrifice by giving up the connectivity of the grid and cutting off our access to downtown. I commute on Jefferson multiple times a week and I also go downtown quite frequently on Jefferson. It is a very convenient way to go downtown.

It is a direct route to the downtown corridor and I hope that you will not approve this plan to vacate Jefferson. I think it is a vital connection for our end of town to the downtown corridor. Thank you.

**Chairman Bradbury** – Thank you and I apologize for mispronouncing your name. Looks like Mary Hamerly. How did I do with yours?

**Mary Hamerly** – Just perfect.

**Chairman Bradbury** – I don't do that very often.

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**Mary Hamerly** —I'm Mary Hamerly. I live at 680 Troutner Way in the East End. I've lived in the east Foothills for nearly 24 years and I've enjoyed using Jefferson Street on a regular basis to get downtown and to points west. I really appreciate having St. Luke's Hospital nearby, and they've served me in many ways over the years. I do not at all oppose their expansion although I must say I have questioned the location as this gentlemen over here so well put it earlier this evening because of the big space available on the west side of town in Eagle Area.

But anyway, I do oppose their proposal to closing Jefferson Street. Jefferson Street is a safe and direct route to downtown. I not only drive on Jefferson, but I ride my scooter and bicycles on this route. Fort, State and Idaho Streets are very busy and are not suitable alternatives, and Jefferson Street is a very important part of the grid. In reference to the staff recommendation about opening Bannock Street up between 1st and Avenue B, opening the pedestrian mall up, I've spent some time on and off walking around that pedestrians mall because I'd attend meetings at the Anderson Center and there are always people walking back and forth as just described on the East End of that area. There are cars coming in to park in the parking lot, or cars circling in and out of the emergency area entrance or the front entrance of the hospital. And I would never ride a bike in that area. It's just too disorganized. There's too many people going in different directions.

Closing Jefferson Street would also increase the congestion on Avenue B and at the intersection of 4th, Idaho and Warm Springs. Even on non-rush hours adding in the events at Dona Larsen Park, the Botanic Garden and even BSU would create more gridlock along that corridor. Closing Jefferson would not improve traffic and would significantly decrease safety.

A cycle track and dual use sidewalks on Avenue B, I believe would reduce the amount of space for vehicles and would cause more congestion. Boise has a reputation as a people and family friendly community. I spoke with a young couple recently who were en route downtown via Jefferson Street. They said that they moved to Boise because of neighborhoods like this and where they could easily access downtown. They said they use Jefferson Street all the time and for them, it symbolizes a really special quality that Boise has.

To me closing Jefferson Street between 1st Street and Avenue B would be like taking a little piece out of the heart of what makes Boise, Boise. Thank you.

**Chairman Bradbury** – Thank you. Skip Means.

**Skip Means** – Thank you for this opportunity Commissioners to testify. My name is Skip Means. 703 Troutner Way 83712. Like everyone else tonight, I'll keep my statements as brief as possible here. But I also oppose the adoption of this plan into the comprehensive—the Boise comprehensive plan. I think it—in the stage that it's in right now from what we can see and we've all experienced here this evening it may just look, it may give it some tacit approval going forward that this—that the community maybe agrees with this and I heard that the statements in reference to the outreach, to the community and we know that that happened.

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I don't know if it happened as extensively as it needed to be. It appears from what I've seen here this evening that it has not and that input from the community has not been taken seriously or people haven't been engaged seriously at that level to look at these plans. So I would like others request that you not approve this, and I think that's—we need to keep our community engaged and connected and vibrant. And if we put—take this street out and put a large building there, we're going to effectively wall off the whole East End in my opinion and again, I don't think we have the capacity to route and mitigate traffic and pedestrian and walking traffic effectively enough to make it a good move for our city. So thank you very much.

**Chairman Bradbury** – Thank you. Malcolm [Copple 03:03:44]].

**Malcolm Copple** – Good evening. My name is Malcolm Copple. My address is 4401 Morris Hill Road, Boise. So I live up on the Bench but I'm actually here tonight on behalf of my Aunt Becky Dwyer. She owns some property located at Idaho and 1st which is within the master plan. And her concerns are the traffic changes. She's not against the expanding of St. Luke's, maybe not necessarily against the closing of Jefferson, but at this point, there's not enough information she feels to make a decision regarding this.

Her other concern is that the city is going to possibly take St. Luke's position on this expansion and she's one of the few private property owners left within this master plan and the concern is that it's going to substantially affect her properties in that area if St. Luke's plan is taken wholesale. So generally, we would agree with the East End Neighborhood's position on this though and that there's not enough information as of today to make decision based on the master plan. Thank you.

**Chairman Bradbury** – Thank you. Dan Everhart.

**Dan Everhart** – Thank you, Mr. Chair, Commissioners. My name is Dan Everhart. I live at 200 North 3rd Street here in Boise. That makes me by the way a direct neighbor of St. Luke's. I live at the Imperial Plaza and I also happen to be the partner of someone who's an employee of St. Luke's. I have lots of ties here. But I'm here as the Chair of the Advocacy Commission for Preservation Idaho, and I was able to lead a consortium of different organizations including the State Historic Preservation Office, the National Trust for Historic Preservation, The Idaho Heritage Trust, The Boise Department of Arts and History.

In a conversation with the hospital and their representatives regarding historic resources within the vicinity of the master plan, I must say that they were quite receptive to our overtures and were very quick to meet with us and discuss our concerns regarding the potential for impacts to historic resources within their district. But I don't need to remind you that there is no zoning for historic preservation in this master plan area. There are no historic districts, so we went to the hospital more as supplicants asking for their participation in what we believe to be an important issue.

I will say that they were receptive as I said before and they in fact amended their plan, the first draft of their plan in response to some of our comments after our initial meeting. But I would like to note that there are at least four national register eligible if not listed properties within the boundaries of their proposal. Those include the Bishop Foote House that was mentioned earlier as well as the Domingo Aldecoa House which was already been moved at least once by St. Luke's. They also border three national register listed districts on three different angles of their campus. All of which—none of which I should say are included as Boise's locally zoned historic districts.



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Now, I think it goes without saying that alternatives to this plan that have been considered or have been considered and dismissed by the hospital would definitely result in fewer casualties to the historic fabric of the city but the preservation community will continue to work with St. Luke's and their staff on this issue and hope to achieve some suitable solutions to what may very well be impacts, significant impacts.

I would request, however, the staff has recommended, city staff has recommended this three party agreement and a lot of focus and effort here tonight as you know on traffic issues and closure of streets that kind of thing. But I would request respectfully that the city itself put more effort into engaging in this historic preservation issue. Yes, there are no historic districts, yes, there are limitations to the involvement that the city can have in these matters but the Planning and Zoning staff can take a more active role in facilitating these conversations with the hospital, and I would encourage the city and you, as a Commission to make that request. Thank you.

**Chairman Bradbury** – Thank you. Charles Honsinger.

**Charlie Honsinger** – Mr. Chairman, Commissioners. Thank you for the opportunity to come in today. My name is Charlie Honsinger. I live at 410 Riverview Drive in the East End of Boise. My family and I have used Jefferson for 20 years almost every day for commuting purposes downtown, school, work, we bicycle down it most regularly but we also use our cars and walk down it pretty regularly as well. We oppose the closure of Jefferson, although we don't oppose the expansion of St. Luke's.

But what I'd like to speak to you today about is a specific piece of the Boise Comprehensive Plan, the Boise Blueprint, and that piece is Chapter 4, which is the piece of Boise Blueprint which is specific to the North and East ends. And I believe that the St. Luke's masterplan, specifically closure of Jefferson, is inconsistent with some goals in that piece of the plan. And I'd just like to bring those to your attention. Those portions of the plan are the centers, corridors, and neighborhood goals, and the connectivity goals.

First of all, looking at the centers, corridors, and neighborhood goals, Goal CCN1 states that Boise wishes to ensure future development complements the established character of the east end. The established character of the east end is that of a vibrant, walkable, bikeable, very livable community. And it's conveniently located, too, and connected with downtown. I think that closing Jefferson will negatively impact that convenience, that walkability, that bike-ability, potentially making it a less desirable area.

Goal CCN1.1 states that you are to ensure new development is consistent with adopted neighborhood plans. The city adopted East End Plan does state that Boise City should make every effort to coordinate applications for redevelopment in or adjacent to the east end, including specifically St. Luke's with neighborhood concerns for traffic circulation. So I'd really ask you to take into account the comments you hear tonight.

The connectivity goals, Goal C1.1 states that you are to avoid upgrading local streets and collectors in the East End to higher classifications. The traffic from Jefferson if it's closed is going to have to go somewhere. It may result in a higher classification to other streets such as State Street or Warm Springs/Idaho. And then finally the Goal C2 requires that you ensure future roadway improvements enhance rather than detract from the East End's character, and again I would argue that this detracts from the East End's character.

**Meagan Curtis** – Time.

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**Commissioner** – One other point I'd like to make before I finish is that I was at the ACHD hearing a couple of weeks ago and want to clarify that my understanding of ACHD's determination was they did not approve any traffic related portions of St. Luke's masterplan. Despite the request by St. Luke's that they approve the masterplan with those traffic related suggestions. And thank you very much for your input.

**Commissioner** – Thank you. Darren D'angely.

**Darin DeAngeli**– Good evening Mr Chairman, Commissioners. I'm Darin DeAngeli, I live on Trolley Court. I grew up here in Boise, I work downtown. I actually also live in the East End like many of the folks that just gave testimony. Before I came over here, I looked in my house I counted there's five mammals and seven bicycles. We're outnumbered by bicycles in my own house. Three of those mammals were born at St. Luke's, me and the dog were born elsewhere.

I have to say I really appreciate the comments of the folks before me who mentioned that they got great care at St. Luke's, and I want to start off by saying that that we get great care at St. Luke's. I'm in my 16th year of volunteering for St. Luke's. I think I've been on four boards and four committees and counting. My job at St. Luke's is to help St. Luke's owners, our fellow citizens of our community understand that St. Luke's can't maintain it's fine care for our community without philanthropic support of our community. Why on earth would I do this? For free mind you, no, for a great sweatshirt.

Because St. Luke's is community owned and I think it's an honor to do whatever I can to help our community get the best care possible as close to home as possible. And that's what's most important in my family. We think having a world class health system right down the street, biking distance if you will is the most important thing. We really don't want to go to Meridian or Nampa for our health care. Thank you.

**Chairman Bradbury** – Thank you. Sorry, I'm going to struggle with this one but the first name is Edward, it looks like maybe Cuffin. Is there an Edward? No, no Edward? All right we'll skip that and we'll circle back to it before we finish. Lorna Snowden. Lorna Snowden? We must have hit the witching hour here. Christopher Smith. There we go.

**Christopher Smith**– Yeah, it's past my bedtime too but I'm sure that's true for some of us. My name is Christopher Smith, I live at 1208 East Jefferson and I'm married to Deanna Smith, and she's an old pro at this, but this is the first time I've ever done this, so. I don't know how I've gotten away with it for so long. Anyway I want to focus on Chapter 4 too. It's come up a couple of times. And I sat down and I read it, and there's seven themes in Chapter 4, Chapter 4 addresses citywide policies, seven themes. One of the themes is a connected community.

It lays out some very specific language. I should back up for a minute and state that the introduction to Chapter 2 states that the seven themes carry equal weight and that daily decisions should employ a balanced approach with respect to all these themes. My take-away from that is that connectivity is a very important issue, I mean it made the list. Number 4, a connected community contains the following specific recommendations. Goal CC2 create an interconnected network of complete streets that serve all modes of transportation.

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CC2.1A, develop a street network that interconnects and distributes vehicle, bicycle and pedestrian traffic to multiple streets. Goal CC8, enhanced bicycle in connectivity and comfort. CC8.1B, close gaps in the bicycle network and approve bicycle connectivity. There's a couple of things in Chapter 2 that really jumped out at me. One thing I just mentioned was in the introduction that says that a balanced approach is supposed to be taken toward these seven themes. If you look at the one specifically that addresses connectivity it includes very specific language about distributing traffic, not just vehicle traffic but vehicle pedestrian and bicycle traffic. I don't see how the closure of Jefferson Street accomplishes that goal. In fact this masterplan as proposed by St. Luke's works against this theme and the goals that are designed to implement it. So for that reason alone I think this plan should not be accepted as proposed. Thank you.

**Chairman Bradbury** – Thank you.

**Christopher Smith**– Was that okay?

**Chairman Bradbury** – You did great. So before I go on I'm still struggling to read the last name of Edward but you're of 703 East Jefferson. That ring a bell for anybody? All right, we'll assume that he's gone home. Christa Shrimp. I bet I messed that one up too didn't I, yeah. I could tell by the look on your face, go ahead.

**Christa Stumpf** – Christa Stumpf.

**Chairman Bradbury** – Oh boy, I was way off, I'm sorry.

**Christa Stumpf** – 1417 East Franklin. I have been a home owner in the historic East End since 1998. And before I get into some of my concerns in the mid-2000s we had the opportunity to either stay in our home or move elsewhere in Boise and we chose to remodel our historic home in the East End in a large part because of the proximity and access to downtown as well as the foothills and other amenities there.

I have a couple of concerns, one is the road closure, it's our route to downtown on bikes and in cars. Closing the road I think is a potential economic impact to the home values in the area because of the loss of access to downtown. I also think that the plan doesn't fit in with the scale and the volume of other buildings in the area. So building a mega-facility like other folks have addressed seems to not fit in with the adjacent historic areas, the existing downtown. And then the neighborhood that borders the hospital.

I also am concerned that in this process when comments were submitted in the early drafts while they may have been appended to the plan they weren't necessarily incorporated or considered in much detail. I think that the process could benefit from many of the suggestions made. I also feel like true viable alternatives whether here or in Meridian or other St. Luke's facilities haven't been considered and presented as part of this process.

Finally I heard a little bit more about the roundabout aspects of this plan and I'm actually a fan of roundabouts in other communities. But I haven't seen them work in Boise and I think there have been proposals that have failed in Boise and other communities. So I have a little concern hanging so much of our hat on multiple roundabouts and those working and being viable. And I think that's it. Thank you.

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**Chairman Bradbury** – Thank you. Joe Burgoon. You started to stand up before I even said your name, you must have known you signed up after Christa.

**Jo Burgoon**– I signed up after her and you pronounced my name correctly and 9 out of 10 people don't, so.

**Chairman Bradbury** – Wow.

**Joe Burgoon** – That's good. A victory.

**Chairman Bradbury** – Yeah. I won't be able to sleep tonight, now.

**Joe Burgoon** – I live at 736 North Locust, so I'm right there in the East End and I'm very fortunate to have a lot of very articulate neighbors who have brought up some great points. So I'm just going to highlight the ones that are most important to me. To start with we moved here from Denver a year ago, so I'm a newbie to Boise, but we moved here for a reason. We loved living in a city and the neighborhood right by a city and we loved that Boise was bikeable.

We sold the car before we moved here, we moved here with our gagillion bikes and we love using Jefferson. And we use it when it's nice whether multiple times a day primarily on our bikes. So looking in the future I would love for my son to be able to bike to North and Boise High and I think closing Jefferson would cause some issues with that. I feel like there weren't a great deal of statistics presented to support not using elevators and having to have everything on one level. And also I don't understand what's so wrong with the Meridian campus as a few other people have brought up.

But we chose the East End because of the access to the foothills, the greenbelt and downtown via Jefferson. So I would just strongly encourage you to reject any plans that would close that road. And also I just feel quite confident if push comes to shove that this great team from St. Luke's will come up with a plan to minimally impact patient care and still maintain the great awards and recognition that they've attained in the past by leaving Jefferson open. Thank you.

**Chairman Bradbury** – Thank you. David Thomas.

**David Thomas** – Chairman, Commissioners. Thank you very much. My name is David Thomas, I reside at 917 East Washington Street. I've already submitted a letter in writing to you and most of the points I wanted to make in addition to that have been covered tonight. So I'll just restate one thing and that is I've lived in that neighborhood for 21 years now, in that time I've used Jefferson nearly daily whether or not via bicycle or car or walking all of the above. My children have used that route to get to and from Boise High and North Junior High.

It's been a critical reason that we've stayed in that neighborhood. There has been a number of times in the last 21 years when we've had reason to reevaluate our decision. Want a bigger house maybe you want closets, a yard. There's a lot of amenities that we give up to live in that neighborhood and we weigh those all the time. And that proximity that has been so noted, downtown, the foothills and the river that trifecta can't be found anywhere else, not just in the city. I travel a lot for work, I haven't seen it anywhere.

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I have really not seen any other place that I would rather be located and I've looked and looked and looked, not that I have any reason to move. But when you are travelling you take these things in, there's no place like it, and I would ask you to consider all of the really wonderful and accurate quotes of the Blueprint Boise that have been offered to you tonight and take those into consideration when you're making this decision. Thank you.

**Chairman Bradbury** – Thank you. Right that's the end of the sign up sheet. But if there is anyone here who didn't get a chance to sign up and would like to testify now is your opportunity, just let me know and we'll start. We'll start on this side, this lady here, you, yes you. So you get to lead the parade on filling out the little white slips that are there in front of you. Yeah, okay great.

**Kristen Fiorentino** – Okay. Thank you for staying late Mr. Chairman and commissioners and for all your diligent work. My name is Kristen Fiorentino I live at 1019 East Bannock. I am nervous to be up here I'm a first timer. So here I go. I've lived in the East End for 14 years. I've used East Jefferson exclusively for almost all my driving to get anywhere multiple times a day. Sometimes I think that's all I do is go back and forth. I'm a local small business owner at 203 Fort Street and I'm also a physician.

I think we've got an incredible resource here with St. Luke's. We are so lucky to have such a sophisticated medical community right downtown here in Boise. Having said that I do have some concerns about the plan to close East Jefferson specifically. As far as the overall growth plan I'm a little confused about the growth in downtown Boise when most of the growth in Boise and the extended areas is out west. Over the time I lived in Boise I haven't seen a whole lot of growth in the East End or right around there there's nowhere else to go.

A couple concerns about the campus layout, I understand that we need everything connected, but I wanted to point out to the Commissioners that the trend in medicine is not to have clinic doctors going to the hospital. The trend is actually the opposite. We have dedicated internists in the hospital, we have dedicated surgeons. We have dedicated ICU physicians, they don't go between their offices anymore. Some people are in the hospital or you're in the clinic that is the trend.

My other concern is with the direct connection of the emergency room to the interventional radiology department which I agree is an important thing to be able to transport a patient very quickly. Because as was pointed out moments matter. Having said that I would be very interested to see the data, we love data, about how many patients in the ER require these services, what percentage of patients? Now when we talk about these emergent interventional radiology services that are needed, this is just limited to stroke.

So as we all might conceive there are strokes that come in the ER and there are many other patients that come elsewhere. I mean that have other diagnoses in the ER, like I said I'm nervous. So is it worth it to close off Jefferson Street for stroke patients that are coming from the ER? I don't know. What I can tell you is that someone might have a stroke on the 7th floor and they need to get down there quickly. It's just as critical time-wise to have easy access —

**Meagan Curtis** – Time.

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**Kristen Fiorentino** – to a CAT scan and other services to make this run smoothly. I'm sure there's a better way to do this than to close off the street that allows our children to bike safely downtown. It's the only one left. Thank you.

**Chairman Bradbury** – Thank you. And there's no reason to be nervous, we hardly ever really hurt anybody here. Thank you. All right anybody else, here. We'll go to this lady here.

**Joni Clapsadle**– There's no more paper by the way.

**Chairman Bradbury** – Oh, I think Mr. Honsinger probably grabbed the pad.

**Female** – Oh okay.

**Charles Honsinger** – I'm sorry Mr. Chairman.

**Chairman Bradbury** – That's all right. Thanks for...the whole thing.

**Joni Clapsadle** – So my name is Joni Clapsadle I live at 314 Bruce Avenue which is just right off East Jefferson. I'm an x-ray tech, I've been an x-ray tech for 20 years. I'm also a resident at East End for 20 years. I just wanted to let you know my opinion as far as health care goes. First of all let me go back. Really I don't want them to close down Jefferson Street, it's just like everyone else, it's one that gets used by the neighborhood, the smart people go down Jefferson Street.

The other thing I needed to just talk about and give my opinion of, working in a hospital for 20 years I have seen changes you would not believe as far as technology, as far as hospitals and the ways they change their policies and procedures is a constant change, you always change things in a hospital. Life is a constant change. The thing is as the pendulum swings back and forth, you go from highs to lows and that's what happens. So they have this great grand idea to build this big hospital in an area that they don't have the space for.

But yet just like the guy who worked for joint commission mentioned earlier, you have a huge hospital that you built out in the middle of the Treasure Valley that could be used... and I'm sure they plan on using it. They probably will end up moving some of these facilities that they want to build in the future. I mean it could change so quickly and I can see them easily taking the children's hospital and going, "You know what, let's move this out to Meridian." And then now you have this building that who knows what they'll use it for or if they'll even use it.

That's the thing that is really—I'm concerned about is future because they want to do this thinking these grand ideas but the thing it's always going to change and it's not always going to be up, it's going to go down I guarantee it. And so with the idea that you have a hospital in the middle of nowhere that I've watched them build over the years and prosper, you have space to build stuff there and you should use it, you should utilize it.

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And when you have a lot of people who are against your plan you should really think about the people that are your customers. It's a business, it's non-profit but it's a business, no matter how you look at it it's a business. And so what they need to be doing is thinking about their customers and the East End neighborhood are their customers. Thank you.

**Mr. Chairman**– Thank you. All right next. The gentleman back here. She's got—ma'am, do you have the pad now or did you—

**Joni Clapsadle** – No, I left it up there.

**Chairman Bradbury** – Thank you. Go ahead there.

**Bob Kaiser** – Bob Kaiser 820 East Jefferson Street. I like downtown businesses, so I like the economic impact of St. Luke's. My home is on East Jefferson Street if you go down two miles west we have an office on West Jefferson Street. I travel by bike 20 times a week and we drive or walk another 20 times a week. I really avoid traveling Broadway and Warm Springs it's very busy. I love the botanical garden but the traffic is really a nightmare.

Forcing me to head towards Front Street or Broadway I feel like I'm on Fairview and Eagle Road, it is just a mess as far as traffic with the Whole Foods and everything. And so taking one more artery into town and just having either State Street or Warm Springs that's pretty difficult. So that's it.

**Chairman Bradbury** – Thank you sir. All right, we have a gentleman over here.

**Mike Mooney** – Thank you Mr. Chair, Commissioners. Mike Mooney, 534 Hearthstone here in Boise. I've lived in Boise since 1986, I'm an Idaho resident. I happen to have the good fortune and I consider it an honor to be the chair of the West Treasure Valley St. Luke's board. So I'm probably not totally objective. But I can make a few comments that I think are pertinent to what your decision has to be.

So I've been in the banking industry about 40 years and I've worked with a lot of very large and very small businesses, the businesses that we've heard a lot of talk about up and down the streets and their help to me is very important. I think St. Luke's is a critical part of the economic fibre of Boise and downtown. Very well managed, community owned not for profit which has been mentioned. And the key ingredient I find in most businesses is a clear focus on your objectives and I've really enjoyed my time working with St. Luke and so many of the volunteers who are part of this community.

The decisions always center around the patient, who are our community members, a very much important part of that. And the quality of service delivery which we have talked about tonight. Delivering the mission requires highly efficient and sustainable operations and the plan that I've been involved with for many years as we've talked about it through the board and committee process at St. Luke's allows us to be sustainable and very efficient.

It's an unprecedented time in the healthcare industry and the business model has to change. I continue to be very impressed with the passion and commitment to community health that St. Luke's delivers. We will need to invest significantly in infrastructure in the communities we serve over the next 10 to 20 years. And I think St. Luke's is uniquely positioned to do that and a lot of thought has gone into the masterplan.

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This is not so that St. Luke's can be bigger, it's really driven by the strategic insights of our knowledge of population demand around patient health and community health. So to me the masterplan is pretty compelling, it's compelling because of the reason why and the reason why there's community health. The downtown facility enhancement makes business sense in my mind for all the right reasons. Thank you very much.

**Chairman Bradbury** – Thank you and you'll fill out one of those. All right anybody else like to testify tonight? This gentleman here. Councilman.

**Alan Shealy** – Sure down here. Mr. Chairman, Commissioners, thanks for hearing my testimony. I'm Alan Shealy I live at 2153 Solitude Court in Boise. I wasn't going to come up here and speak, I know that's hard to believe. I just wanted to bring one thing to your attention, it hasn't been talked about a lot. You've heard a lot about the Blueprint Boise. First of all I have nothing against St. Luke's. I was sitting up there in a council meeting a few years ago and a gentleman had a heart attack and passed out on the floor here and he was taken to St. Luke's.

They are a venerable organization they do great work, I have nothing but the highest respect for them. But on the other hand I wanted to bring to your attention and this is probably a point that's not lost on you. But the Blueprint Boise is not just a sheaf of papers, it's a living, breathing document that came to pass not just because of the work of our great staff and the city council at the time. But because of the unceasing and passionate involvement of countless individuals in this city.

Not just the good folks here from the East Neighborhood Association, but people throughout the city, a huge cross section of people, professionals, non professionals, housewives, you name it. They gave their time, they gave their heart, their passion to letting us know what their aspirations were. And those aspirations came down to creating a sense of place, that's the germ of what the Blueprint is all about. And I think it's important to remember that as you go forward and deliberate because a sense of place is what this community is all about. We have hundreds of places in Boise that people want to live, work, congregate, recreate and those are precious, this document is precious. Unfortunately this militates against a sense of place.

Now with all due respect I can't say that St. Luke's is a place that anyone really wants to be other than those that work there, I certainly don't, even though I know most of the professionals there on the emergency room on a first name basis. That having been said it's a wonderful organization, it's a wonderful institution but what they've come up with here is not something that contributes to a sense of place. And in fact I believe militates against that.

So as you go forward and deliberate I would ask you just to remember the amount of effort that we all put into coming up with this document. And that this plan unfortunately in the best of way obviates that and I think undermines it. Closing off of Jefferson is not a good idea. I think perhaps considering some sort of tunnels underneath Jefferson would be a good alternative. There are great technologies that can be brought to bear on that. But thank you for hearing my testimony. I appreciate it.



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**Chairman Bradbury** – Thank you. And you'll fill out one of those sheets for me?

**Alan Shealy** – Right.

**Chairman Bradbury** – Thank you. Anybody else here who'd like to testify tonight? Somebody in the back here?

**Lee Honsinger** – Hi, I'm Lee Murray—I mean, Honsinger. Oh, that was my maiden name. Sorry, I'm nervous too. I live at 410 Riverview Drive.

**Chairman Bradbury** – I'm tempted to ask how long you've been married, but I'm not going to.

**Lee Honsinger** – I can't believe I did that. I'd like to use my three minutes to show the videos that Eric brought, if that's okay.

**Chairman Bradbury** – All right. Go right ahead.

**Lee Honsinger** – Except there's something on there.

**Chairman Bradbury** – You need technical help?

**Lee Honsinger** – I think I do. I hate to say it.

**Chairman Bradbury** – Is there somebody here?

**Lee Honsinger** – I should save the changes.

**Male** – No, don't save.

**Lee Honsinger** – Don't save the changes? Okay, here's the first one.

**[Video Dialogue 03:41:26]**

**Male** – Great.

**Male** – Are you an East End resident?

**Male** – I am, indeed. I live in Foothills East.

**Male** – How do you use Jefferson?

**Male** – I use it probably at least two times a day.

**Male** – Where do you go when you're on Jefferson?

**Male** – Well, I go from Foothills East to work.

**Male** – Oh, okay. Any downtown businesses you really like in particular?

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**Male** – That I like in particular?

**Male** – Yeah.

**Male** – Yeah, 10 Barrel.

**Male** – 10 Barrel. Okay. Do you have a message you'd like to send to the Planning and Zoning Commission?

**Male** – The traffic's bad enough here as it is and by closing that little intersection down there, it's going to make it even worse. So I don't appreciate what they're doing.

**Male** – Thank you.

**Male** – That's it?

**Male** – Yes, that's it. Thanks. Have a good day!

**Male** – You, too.

**Male** – Hi. Where are you guys from?

**Female** – East End in Boise.

**Male** – Do you guys use Jefferson?

**Female** – We use it almost daily.

**Male** – How do you travel on Jefferson?

**Female** – Mostly, drive and bike.

**Male** – Okay. Do you have a message you'd like to send to the Planning and Zoning?

**Female** – I do. Jefferson is a very, very safe route for us to get downtown, and we have two little kids, four and six. They ride their bikes or ride in a bike trailer and I feel very comfortable riding down Jefferson because there's not as much traffic. I do not feel comfortable routing around State Street. I will not ride my bike on State Street with my children. Unless you want to close State Street and turn it into a "Bike Only" path, then I might be open to this.

Until then, I'm really, really, really frustrated with this proposal and I don't feel like enough public outreach was done. I only heard about this three or four weeks ago. I'm an East End resident. Nothing was mailed to me about this. I think I should have had a direct mailing, so I think that you should reconsider. Consider the needs of the East End residents as opposed to just the needs of St. Luke's. St. Luke's has other options that can probably be explored.

**Male** – Okay. Thank you.

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**[End of first video 03:43:36]**

**Lee Honsinger** – There’s another one but I don’t see it. Oh, I see it.

**[Video Dialogue 03:43:41]**

**Male** – Hey, there. Where do you live?

**Male** – I’m Tim Kelly. My family and I live in the East End, right over off the [inaudible 03:43:48].

**Male** – Do you use Jefferson?

**Male** – We sure do. It’s the number one connectivity to downtown. It’s walking down to Capital for the lighting of Christmas trees to biking the whole family, the little ones down here for dinner on a Saturday night. Really, it’s my corridor to the city that I bought a house on the edge of.

**Male** – Where’s your favorite place to spend money on downtown Boise?

**Male** – [Inaudible 03:44:13] on 8th Street, and it’s a short distance with nothing in the way. It seems like a long way away if Jefferson is being blocked off by [inaudible 03:44:24]

**Male** – Do you have a message for the Planning and Zoning Commission?

**Male** – I would keep in mind that many of us moved to this city and our particular city because we’re all about pedestrian access and biking everywhere we go, and teaching our kids to do the same. It’s a magical city for that. [Inaudible 03:44:41] But it’s really in East End. The East End is really good for cyclists and their access to the city they plan to neighborhood bike to, and why they built their house in the city. So take that into consideration.

**Male** – All right. Thanks a lot.

**Male** – You're welcome.

**[End of Video 03:44:59]**

**Lee Honsinger** – In closing, I’m all for the expansion of St. Luke’s, but I totally oppose the closure of Jefferson also. I noticed on their map, they’re going to close East Krall also, and there’s also an alley that comes out on to Broadway that—it’s hard to tell if that’s going to be open also. Thank you.

**Chairman Bradbury** – Thank you. Okay. Anyone else like to testify tonight? A lady here.

**Ann Cordum** – Hi, my name is Ann Cordum, and I am a resident at 1316 East Washington in East End. I just want to point out to the commission. I just want everybody to be aware that that entire northeast section of Boise, those children all filter down, not to East Junior High but to North Junior High in Boise High School. I’m sure most people are aware of that but that’s a lot of children and youth that are having to get across Broadway and over to those schools. They’re walking, they’re taking the bus. They are driving, many of them, 15 and 16 years old.

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I had the unfortunate experience last year. My 15-year old son was riding his bike over to North Junior High and he was hit by a car on Fort Street with a head injury. And I don't think that would have been solved by a bike lane, the way this accident happened. So I just hope that we're thinking about the kids. I also am a physician who had the pleasure of working at St. Luke's for over 10 years. And I challenge St. Luke's. I believe they can use the space more wisely.

I was involved as one of the first physicians that the campus out in Meridian—and as beautiful as that campus is, there's a lot of space. It's like a Taj Mahal, especially in the physician office region. So I think we can come up with more creative solutions. I think we can use the parking structure and potential south expansion without closing streets, serve our community, protect our fine reputation of our excellent hospital. I also think if you get too big, you start losing your doctors and nurses and that is the reason that I left St. Luke's. I love St. Luke's but it got too big. So big is not always better.

**Chairman Bradbury** – Thank you. Anyone else? Thanks. All right. This is the last opportunity—not that I want to encourage you to a stampede us or anything. All right. It sounds like we've gotten everybody who wants to testify to testify. What's the pleasure of the commission? Do you folks want to press on through or take a break?

**Commissioner** – We could do the rebuttal.

**Chairman Bradbury** – All right. That sounds like a good idea. Is that all right with everybody? All right. Let's do that. Let's give St. Luke's its rebuttal period under our code. You get a five-minute rebuttal period. I know that's not much, considering the fact that you've just sat through about two hours' worth of testimony.

**Chris Roth** – I'll do my best.

**Chairman Bradbury** – Thank you.

**Chris Roth** – Again, thank you for your time. I thank everybody for the comments. We do appreciate the public process and the opportunity to hear thoughts. So a couple of things. I have a lot of notes here so I'll do my best to get things on for the record. Not in any particular order but first of all, I want to clarify relative to Bannock. We are not supportive of opening Bannock to automobiles. It currently is open for pedestrians and bicycles, and we are supportive of looking at creative ways to minimize those impacts and those conflicts that could reside but as was stated in the earlier testimony, that's a significant area where people, patients, others are outdoor in kind of a mall-like environment outside. And so, I wanted to clarify that.

Relative to Broadway 111, that building had come up a couple of times. Ms. McCloud commented earlier relative to our position of ownership or not ownership. In our discussions particularly with the East End, I just want to clarify this. It was very clear to us that there was concern about the retail space departing from that area. It is correct in that we had plans for that area to utilize for non-retail services moving operations off of St. Luke's campus to prepare for this. Based on that feedback and knowing our core business is not in retail, it is in healthcare, we did elect to turn that building back over so I wanted to clarify that.

I appreciate the comments relative to our commitment around houses that are of this historical significance. St. Luke's has a long tradition of being attentive to that and relocating buildings and services. The Bishop Foote House was mentioned in particular. That's a critical service for our cancer program in particular.

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Patients traveling from afar need that respite care. We're committed to be able to provide that care, and they're currently looking at ways that we can relocate that Bishop Foote House. Frankly, we need more services than that can provide today that I think if—history should be a good indication of what we would do in the future relative to any of those homes and others that are of historical significance.

There was a comment relative to the why not a—if we can do a sky bridge across Avenue B, why not across Jefferson? The simple fact is that Jefferson is the primary linkage to all the in-patient units. It has to be wide. It's not for public access. It's for patient care. So patient care would be provided right on that, if you will, that space above Jefferson. So it's not practical to have a small or narrow sky bridge in that regard.

I want to comment a little bit about healthcare trends and also why not Meridian. I think they go together. I mentioned earlier the work we've done in terms of local, regional, and national planning and expertise. We are very cognizant of the changing environment of healthcare. We are looking at things like what happens in the future when medicine is provided through tele-health. What happens when medicine is provided more in a home environment? What happens—not when it happens but as it's happening today, when orthopedic services are provided in locations outside of a hospital which this plan anticipates, by the way.

What is the future of healthcare and how can we be flexible in our planning? We can no longer afford to build an intensive care unit that we think is going to be there for the next hundred years, because frankly, our current intensive care units today don't meet the need. They need to be flexible. They need to be larger. In 10 or 20 years, they may need to be repurposed for something else. Flexibility is absolutely critical in our plans as is the implementation of technology as we go to implement electronic health records and information in a way—that's given in a way to clinicians and others that we don't even imagine today. Flexibility's actually key. We have our eye on the ball relative to where healthcare is going to the best that we can tell or we can determine it. Nobody has a crystal ball, but flexibility and planning for future healthcare needs is critical.

So now, back to Meridian and Nampa. it was mentioned also earlier—keeping care close to home. We're committed to keeping care close to home. We just opened up a new facility in Fruitland, Idaho for that reason. We have plans to open up a new hospital in Nampa. Our Meridian facility was built with three additional floors that were shelled out, if you will. Those three floors are full. We have plans on the table today. Now, lights are going out. Is that a sign? We have plans today where we are going to invest and continue to expand Meridian. This is not an either/or.

We did ask and answer the question about six years ago: should we move the children's hospital from Boise to Meridian? We would have the distinction of having the smallest free standing children's hospital in the country by doing that. The point is, we're not ready to make that move off the tertiary center from Boise to Meridian. While the rate of growth is higher in Canyon County in the West Treasure Valley, the density still exists in Ada County. We've looked at the demographics. We've looked at the population. We've looked at the ages. We've looked at the growth. We've looked at the doubling of the Medicare age population over the next 10 years. We've looked at the birth rate. We've looked at all of those things as we've come up with our plans.

Finally—I know I'm over time—this is a \$365-million investment. Outside of our investment in electronic health records and all of our sites, this will be the single, largest investment we've ever made in the history of our organization, certainly the most complex project ever. If it were easy, we would already be working on this. If we had 45 to 60 acres in Boise, it would be a different deal. We don't. We're trying to balance

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how do we provide healthcare into the future? How do we ensure that we have the flexibility? But we're not going to compromise patient care. We're not going to build something that's inferior. We need something that is affordable in terms of construction and cost.

There are lots of alternatives and people have a lot of different ideas on how we can do different things with different buildings. We also have to be mindful of the cost. The plan that we've presented—we are hopeful that you will approve. It takes all of that into account and we—again, I would remind this group and the audience that our customer, at the end of the day, are the patients and the families we serve. We also have our neighbors and our business partners and everybody else to be working with and cognizant of. We're trying to balance how do we provide healthcare into the future and also be a part of the community that we have. Thank you very much.

**Chairman Bradbury** – Thank you. I appreciate that. So, that would be the end of our public testimony. What we'll do is take a five-minute break and the Commission will reconvene and we'll see what the Commission wants to do.

----- INTERMISSION -----

All right, let's go ahead and get started again and see what we can do with this thing. So this is a comprehensive plan amendment. We act as a recommending body to the Boise City Council. The hearing's closed and the matter is now before the Commission for deliberation and motion or motion and deliberation. Anybody? Mr. Chairman? Mr. Gillespie?

**COMMISSIONER GILLESPIE MOVED TO RECOMMEND DENIAL OF CPA14-00004 FOR THE REASON THAT IT DOES NOT COMPLY WITH SUBSTANTIAL ELEMENTS OF THE COMPREHENSIVE PLAN.**

**COMMISSIONER GIBSON SECONDED THE MOTION.**

**Commissioner Gillespie** – Mr. Chairman?

**Chairman Bradbury** – Commissioner Gillespie.

**Commissioner Gillespie** – So I just have a couple of quick points to make to my fellow Commissioners. One, I think it would be possible to make a case for the vacation of Jefferson to expand St. Luke's. I think to make that case, you would need to provide an extremely thorough cause-benefit analysis. That would get into the differences in cost and performance of the different alternatives and also take a hard look at what is the real cost of closing Jefferson. That analysis has not been presented yet. I think it's possible that it could be done but it hasn't been done yet.

Against that, I set the clear, public loss of an important street. So for that reason alone, I can't support the plan. I just don't think it's there yet. With respect to the mitigation that Director Simmons I think worked extremely hard on, again, I think it might be possible to mitigate the effect of closing Jefferson. I think a key to that is the Bannock street corridor. But again, I just don't think we're there yet on the mitigation. I don't think we have agreement on all parties as to how to do it. There's discussion of a public easement that I think is not clear that that would be granted. By the way, the Bannock Street is a very complicated problem so if

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you're going to use it for mitigation, we need a lot more detail than what we have now as to how that would really work. That's about all I have to say right now.

**Chairman Bradbury** – All right. Any other discussion on the motion?

**Commissioner Just** – Mr. Chairman?

**Chairman Bradbury** – Commissioner Just.

**Commissioner Just** – I've gone back and forth on this about 16 times tonight. I think it's really a very, very close call. We're already a bisected community. We love the things that bisect our community—the river, Julia Davis, Park, Ann Morrison, Kathryn Albertson, BSU and to some extent, St. Luke's is part of that already. The staff has done a terrific job trying to navigate the closure of Jefferson. I'm convinced that this is the best of the alternatives for St. Luke's. St. Luke's is an important part of our community but it is a part of the community. We've heard tonight from many people, we have legitimate concerns about closing Jefferson, and I have those same concerns. It's a close call for me, but I think connectivity has to trump design issues in this case and I'll be voting for the motion.

**Chairman Bradbury** – Thank you. Any other discussion on the motion?

**Commissioner Demarest** – Mr. Chair?

**Chairman Bradbury** – Sorry, where was that?

**Commissioner Demarest** – Right down here. Demarest.

**Chairman Bradbury** – Commissioner Demarest.

**Commissioner Demarest** – I've gone back and forth as well. I got to say there's a certain agony to this one. I've been on this commission three years. I think this is the hardest decision I've been a part of, personally. It has to do with my absolute love and respect and admiration for all the work that St. Luke's does. I've been a personal beneficiary very recently of that incredible care and work. I've got a historic connection from the church connection which is no longer connected but it was, historically. That means a great deal to me as well. I think that it was summed up in some of our discussion. There's a tension between the greater co-mutual good, the hospital, the service, the whole region and neighborhood identity or as it was called, the sense of place, large East End community or communities that care very much about the quality of life. I heard passionate testimony.

At the end of the day, we look at certain things. I look at the criteria for passing the CPA or a change in the comprehensive plan and amendment. And I want to single out one item. It's item E and I won't even read the whole thing. The amendment will not place an undue burden on transportation and it goes on. It talks about other public facilities. I do think the case has been made by the public that an undue burden is placed on transportation, primarily bicycling and by the closure of Jefferson. I do think there's possibility here for St. Luke's but I think that the great big issue as we all heard and read about in our report is the closure of Jefferson. That's just not going to fly. So for that reason, I will do with a certain heartache support the motion.

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**Chairman Bradbury** – Any other discussion on the motion?

**Commissioner Gibson** – Mr. Chairman?

**Chairman Bradbury** – Commissioner Gibson.

**Commissioner Gibson** – As the seconder of the motion, I wanted to speak just real quickly about a couple of items that I'm concerned about besides the issue of bike lanes, transportation. One of the virtues of a large organization is their ability to plan into the future and from Chris Ross' testimony, he showed areas where they're already at critical levels of service. That was the chart that had red. That sticks with me only in the sense that we shouldn't be at the point where we have to make a decision on whether or not we give up a street or we have a level of service that would make it a national level service type hospital.

I bring that up only in the sense that one of the public testimonies said specifically that we're private individuals. We don't have the depth of Bench, in essence, to pay to have consultants—a consultant for this and a consultant for that. But yet, here we are, having to make a determination on what's more important to us as citizens of Boise. Do we want a road or a street that people use that connects to one part of town or do we want a hospital? There was never any implied—you either give us the road or the hospital but that was basically the trade-off as spoken by Scott Larkin. I don't know whether that was tongue-and-cheek or not but I think dealing with the levity of this determination, I think it's important that everybody understands that the vision of Blueprint Boise is that connectivity and making sure that the residents are served by the process of being engaged and being citizens of the city.

So, that was my primary concern was that those were things that we shouldn't get to this point where we have to make those type of decisions. And then specifically addressing the matrix that was used to make the determination on whether or not we go with a west expansion, a north expansion, or south expansion, I think it would be to the benefit of St. Luke's to provide a look back of their comprehensive plan as a campus and knowing full well that they put a below grade parking structure in a prime piece of land south of Bannock that if you look at it on an area by area basis, is approximately what they would need north if you get rid of the through way. So, I want to know a little bit more information about that. Obviously, that's not going to be forthcoming tonight. But that was part of the information that I used as the basis to second the motion from Commissioner Gillespie. Thank you.

**Chairman Bradbury** – All right. Any other discussion on the motion?

**Commissioner Danley** – Mr. Chairman.

**Chairman Bradbury** – Commissioner Danley.

**Commissioner Danley** – Change is happening. That was something that was said and that's absolutely true. Real quick: the planning industry was born from public health. It was an answer to a problem with communicable diseases. That's now changed. We kind of forgot that. We're now trying to combat chronic diseases, obesity, diabetes, all of the things that you all are experts in. I believe that this exacerbates that problem. We have documented successes that our comprehensive plan and the things that we're trying to do, as well as you, are working.



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Vehicle trips are down. Bicycle and pedestrian trips are up. That's exactly what the goal of Blueprint Boise states. They're pretty unequivocal about that. More specifically, I wanted to talk about some of the things with the comprehensive plan. It does not confer special privilege on a property owner. In my mind, the vacating of Jefferson, especially without much more mitigation, needs that. So I think we've gotten that far. The other part of it, I was going to say, is that one of our considerations is it will not create inconsistencies between the goals. I think that's very clear. I don't think that there's consistency at all. I think that if we kind of do this and we kind of do that, we can kind of see how it sort of makes sense, but ultimately, we fail to live up to that particular item with regard to the comprehensive change.

I want to give you guys though two things that I think would be helpful. We talked a little bit about tunneling. I think tunneling can be done very well. If you've ever been to Denver—and we had somebody here from Denver—they have a light rail system. They've got several tunnels that they braced public art with. One of those is the South Moore station. Look it up. Look and see what they've done. They've done a fantastic job of creating this tunnel, four bicycles and pedestrians, that's vibrant, active, alive. It's not just a hollowed out concrete. It works really well.

The other thing I was going to suggest to you that would I think be helpful, looking south, I fully acknowledge—you guys aren't in the retail sector. You don't own burger stands. I get that. Boston's Children hospital has ground floor retail. That might be an option. That might be there. That's with a 30-second Google search. I'm sure with your expertise, you can find a lot more models where maybe there's some way to kind of have that happen to and be a good neighbor for everybody. Expand south. It fits within. I think the height and massing of what's going on in that part of that corridor a little bit better and so I just want to give you a few things to think about, so as you move forward, maybe that's helpful.

**Chairman Bradbury** – Any other discussion on the motion?

**Commissioner Miller** – Mr. Chair.

**Chairman Bradbury** – Commissioner Miller.

**Commissioner Miller** – Well, I'll pile on. Bob, I'll be quick. First, I just want to say is that when—just some of the things that struck me. I mean, I listened to the comments here tonight. For two hours of testimony against the project, there's tremendous goodwill in this room towards St. Luke's. I think it's also clear that people want to keep St. Luke's in Boise and want to help it expand in this region, in this location. Despite that though, I think that the plan, for all the reasons discussed previously, is not in compliance with the comprehensive plan. And there were several things in particular that I would note going forward that I think people could consider.

The first is, the alternatives analysis in my mind is—I wrote down the words—confusing and conclusory. It is two pages out of a 47-page document. The alternatives analysis is the heart of any planning document. I find it very hard to actually understand exactly why it's the only way. Indeed, I would suggest that you're squandering tremendous goodwill on the community by choosing to pursue the path that you've chosen. But that's your choice. For my particular take on it, I'm going to vote for denial of the comprehensive plan.

**Chairman Bradbury** – Okay. I think everybody has had their say, and I don't always talk about or weigh in on these conversations because I try to act as a neutral—a traffic cop, if you will. But I do think that because

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this is a pretty—obviously, a very important and significant decision that the commission is going to make and as it turns out, my vote is going to be the opposite of what is a very clear majority. I thought maybe I'd explain for just a moment or two and try not to drag this thing out forever.

I'm like Commissioner Just. I struggled with this one a lot. I found myself about every time thinking—I thought about it, having a different view, a different outcome. Tonight, by Commission Just, I probably went back at least—back and forth at least 16 times. I don't know. How many times people testified is about how often I would find myself thinking about the proper way to deal this. Clearly, closing Jefferson is—obviously, it created a great deal of public opposition and we can't simply ignore that or gloss that over.

On the other hand, I think it is critically important that we not only attempt to accommodate a great hospital in this city and as near to the population center as we can get, but I think we need to do everything we can to encourage it. While we probably haven't yet struck the balance that we need to strike between culminating those two goals—the other goal being maintaining the connectivity that is clearly so important in our city—I would not vote to recommend denial.

What I would do instead is I would defer action, as much as I hate to do it and I know that most people don't relish the thought of having additional hearings, but I'm willing to do it so that we can get more detail on staff's proposals, some more in-depth input from the applicant on staff's proposals and see whether or not we can actually make the mitigation efforts that staff is suggesting work. That is a long way of saying I will not support the motion. Is there any other discussion? All right. Hearing that, Meagan, would you please call the roll?

**ROLL CALL VOTE**

**COMMISSIONER GILLESPIE      AYE**

**COMMISSIONER GIBSON      AYE**

**COMMISSIONER DANLEY      AYE**

**COMMISSIONER MILLER      AYE**

**COMMISSIONER JUST      AYE**

**COMMISSIONER BRADBURY      NAY**

**COMMISSIONER DEMAREST      AYE**

**SIX IN FAVOR, ONE OPPOSED, MOTION CARRIES.**

**Chairman Bradbury** – All right. Well, thank you all for coming tonight. I guess we'll all reconvene here in a few weeks in front of the City Council.

**Commissioner** – Mr. Chairman, I think we have some minutes.

**Chairman Bradbury** – Yeah, I think we have some minutes that we need to approve. Somebody... which minutes are they? Sorry, I don't have an agenda.

**CITY OF BOISE**  
PLANNING & ZONING COMMISSION MEETING

MINUTES • February 9, 2015

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City Hall – Council Chambers

6:00PM

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FINAL

**Commissioner** – They're from a long time ago.

**Commissioner Demarest** – Mr. Chair?

**Chairman Bradbury** – Mr. Demarest.

## **II. MEETING MINUTES FOR APPROVAL**

NOVEMBER 10, 2014 PLANNING & ZONING COMMISSION HEARING MEETING MINUTES

**MOTION:           COMMISSIONER DEMAREST MOVED TO APPROVE THE NOVEMBER 10, 2015 MEETING MINUTES.**

**SECONDER:       COMMISSIONER DANLEY**

**ALL IN FAVOR, NONE OPPOSED, MOTION CARRIES.**

## **III. MEETING ADJOURNED**

**(10:25 PM)**

**Approved:**

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**Steve Bradbury, Chairman**

**Boise City Planning & Zoning Commission**

**Date:**