

Institutional Master Plan Amendment

Boston Children's Hospital



Submitted to:
Boston Redevelopment Authority
One City Hall Square
Boston, Massachusetts 02201

Submitted by:
Boston Children's Hospital
300 Longwood Avenue
Boston, Massachusetts 02115

Prepared by:
Epsilon Associates, Inc.
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Maynard, Massachusetts 01754

In Association with:
Bard, Rao + Athanas Consulting Engineers, LLC
Elkus Manfredi Architects
Goulston & Storrs
Haley & Aldrich, Inc.
McNamara/Salvia, Inc.
Redgate Real Estate Advisors, LLC
Shepley Bulfinch
Turner Construction
Vanasse Hangen Brustlin

June 2013

Epsilon
ASSOCIATES INC.

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BOSTON CHILDREN'S HOSPITAL

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Chapter 1.0

Introduction/ Overview

1.0 INTRODUCTION/OVERVIEW

1.1 Introduction

The Children's Hospital Corporation and its affiliated entities¹ known collectively as Boston Children's Hospital (Children's or BCH or the Hospital) is the nation's premier pediatric medical center and has a commitment to being a worldwide leader in the advancement of children's health. Boston Children's Hospital is the #1 ranked pediatric hospital nationwide according to the 2012-13 edition of Best Children's Hospitals by U.S. News & World Report. Children's is ranked in the top four of every evaluated specialty. Since the magazine began ranking hospitals over 20 years ago, Children's has continuously been ranked as one of the top pediatric hospitals in the country.

Founded in 1869 as a 20-bed hospital for children, Children's has grown significantly and has a legacy of firsts that have improved the practice of pediatric care across the world. Children's is a 395-bed² comprehensive center for pediatric and adolescent health care guided by the values of excellence, sensitivity, leadership, and community. These core attributes run throughout the Hospital's four interwoven missions: providing the best clinical care to children, researching new cures for diseases, training the next generation of pediatric caregivers, and improving the health and well being of children with a special emphasis on making Boston a better place for families to live, work, and play.

Boston Children's Hospital is located in Boston (with satellite facilities in Waltham, Lexington, Weymouth and Peabody), with most of the campus located in the Longwood Medical and Academic Area (LMA). Figure 1-1 shows Children's Core Campus in the LMA. Section 1.4.4 of the IMPNF/PNF included an updated list of Existing Facilities and Leased Space.

Children's continuing growth in patient volume and employment, as well as a focus on high-level tertiary and quaternary care, have exacerbated constraints that already exist on Children's campus, including the need for single-bed rooms, administration and support space, space for families, parking, a consistent and regular supply of electricity and heat, and improved circulation throughout its campus. In order for Boston Children's Hospital to continue delivering the award winning care, research and teaching on which it has built its reputation and address its growth in patients and employees, it is imperative that Children's increases its clinical care space on its Core Campus, as well as increases its office and administrative space both on and off campus.

¹ Affiliated entities include The Children's Medical Center Corporation, Fenmore Realty Corporation, Longwood Research Institute, Inc., 333 Limited Partnership, CHB Properties, Inc. and Longwood Corporation.

² 384 beds are located in Boston and 11 beds are located at Children's facility in Waltham, Massachusetts.



Boston Children's Hospital

In addition to the existing physical constraints, the financial side of health care continues to be a challenge for the Hospital and its patients. Boston Children's Hospital continues to make a concerted effort to provide exceptional care to its growing patient population and provide the most up-to-date medical technologies and methods, while managing costs. Like its partners in state and federal government, Children's strongly believes that reducing unnecessary use of services throughout its system will have the highest impact in cost reduction. Therefore, Children's is working collaboratively with its primary care partners to develop care protocols, patient education materials, and accessible subspecialty consultative guidance (i.e., in advance of making a referral) to better manage patient care and reduce unnecessary referrals. Boston Children's Hospital also continues to actively pursue redesigns of its systems of operations and infrastructure consistent with its objectives of improving quality care while reducing costs, and its mission of driving innovation in pediatric care delivery.

To help address these objectives and constraints, Children's proposes three Projects to be added to its Institutional Master Plan (IMP) (collectively, the 2013 IMP Amendment Projects).

1. The new Boston Children's Clinical Building (BCCB) with approximately 445,000³ square feet (sf) (approximately 403,000 sf net new) will include clinical and clinical support spaces on the Core Campus as well as green and gathering spaces. The BCCB will be connected to the existing buildings on the Core Campus on its lower outpatient, support and surgical levels. In addition, the BCCB will connect an upper clinical floor (floor 9) with Main South over the Farley/Bader Pavilion.

The BCCB will include sub-basement space which will be able to accommodate primary facilities of the several utility plant options under consideration. These options, which include combined heat and power (CHP) units for increased efficiency, range in size from a stand-alone utility plant that would serve only the BCCB to larger facilities that, working in conjunction with utility facilities on adjoining institutional campuses, would serve the Children's Core Campus as well as the campuses of other institutions. Children's is also considering an intermediate option that would serve only the Core Campus. Children's will continue to consider and evaluate these and other options and alternatives as its planning evolves. These options are discussed in greater detail in the Draft Project Impact Report/Draft Environmental Impact Report (DPIR/DEIR) filed by Children's with the Boston Redevelopment Authority (BRA) simultaneously with the filing of this Institutional Master Plan Amendment.

³ All references to "sf" for Boston buildings have been calculated in accordance with the definition of "Floor Area, Gross" under Article 2A of the Boston Zoning Code.

2. The Patient and Family Parking Garage Addition will add a new level of parking containing 86 new spaces (76 net new spaces due to the elimination of 10 spaces in connection with the BCCB) to the existing garage.
3. An office building at 819 Beacon Street will include approximately 212,430 sf of office space, ground floor retail space and approximately 496 parking spaces within a new garage (including 249 replacement spaces and 247 net new spaces, of which 158 spaces will support the office space within 819 Beacon Street and of which 89 spaces will be available to support the needs of Children's employees working in the LMA). The 819 Beacon Street Project is located in the Audubon Circle neighborhood.

Figure 1-2 shows the locations of the proposed Projects. The BCCB and the Patient and Family Parking Garage are in the existing "I" Overlay District. The 819 Beacon Street Project is proposed to be added to the "I" Overlay District by map amendment.

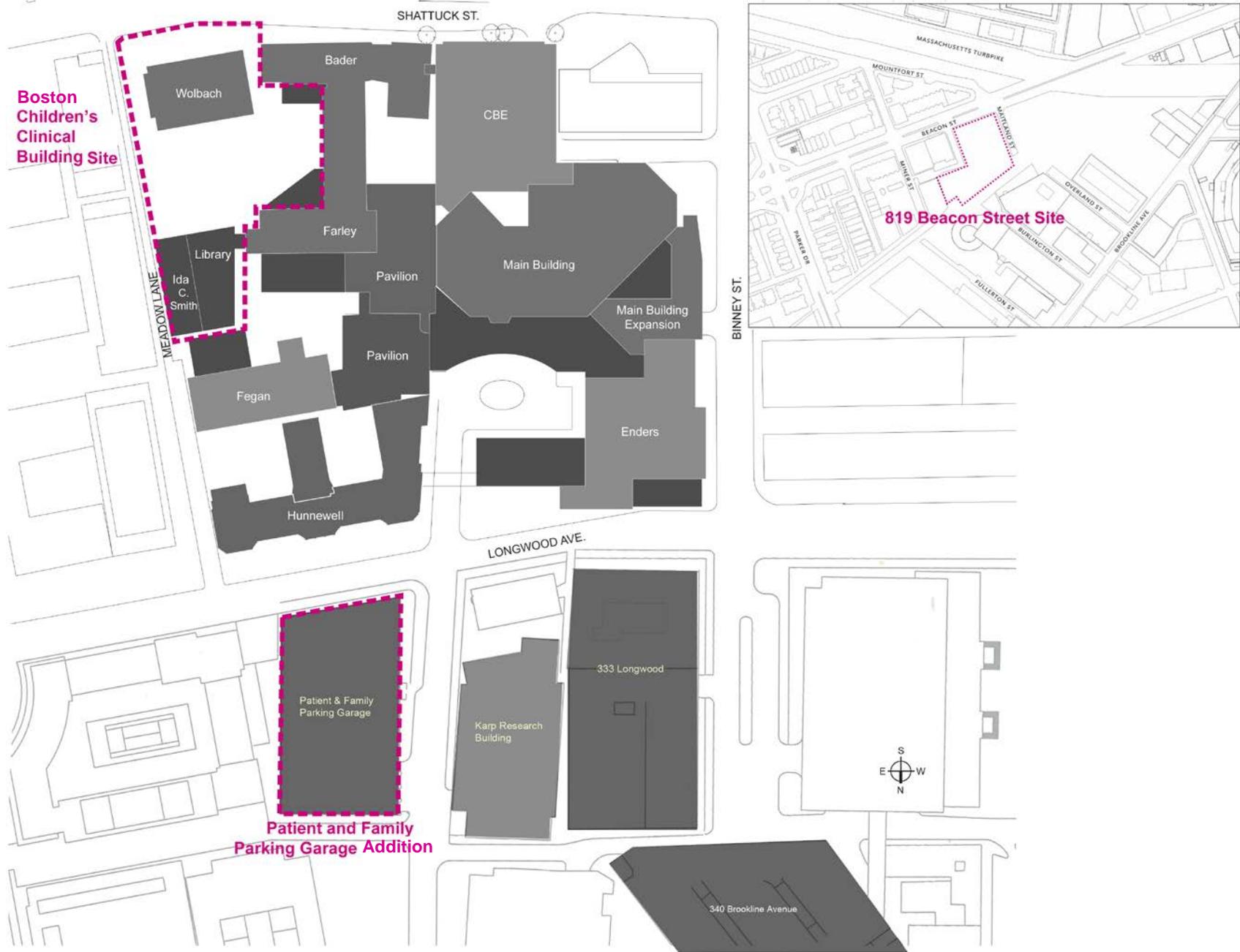
Children's also continues to undertake on-going campus improvement and maintenance projects, including the Main Lobby renovation and Main Entrance improvements described in Section 2.5, and general operational improvements to circulation across Children's campus. Since the Core Campus is bisected by Longwood Avenue, Children's has identified and is assessing potential opportunities to improve at grade traffic and pedestrian circulation at the Longwood Avenue/Blackfan Circle intersection. MASCO and Children's also continue to explore expansion of an elevated pedestrian pathway network throughout the LMA in the interests of LMA-wide efficiency and safety, including across Longwood Avenue, which would allow for valet operations at the Patient and Family Parking Garage.

The 2013 IMP Amendment Projects being proposed by Children's will be approved by virtue of an IMP Amendment in accordance with Article 80D of the Code, Large Project Review in accordance with Article 80B of the Code (with respect to the BCCB and 819 Beacon Street Project) and Small Project Review in accordance with Article 80E of the Code (with respect to the Patient and Family Parking Garage Addition).

1.2 History of IMP Process to Date

The Boston Redevelopment Authority Board approved the Children's IMP and a Map Amendment creating the "I" District in April 2008 (the 2008 IMP). The Boston Zoning Commission approved the 2008 IMP and Map Amendment No. 491 creating the "I" District on May 28, 2008, which were approved by the Mayor on May 29, 2008. The term of the 2008 IMP was 10 years, from 2008 to 2018, and included one project, the Main Building Vertical Addition.

Upon subsequent internal review by Children's, the approved Main Building Vertical Addition was deemed infeasible due to construction constraints associated with cost efficiency and the inability to meet the demand for patient care during the construction



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Figure 1-2
Projects' Sites

process. However, due to the need for space that would have been provided by the Main Building Vertical Addition, on April 29, 2009 Children's submitted an Institutional Master Plan Notification Form/Notice of Project Change (the 2009 IMPNF/NPC) for the Main Building Expansion on Binney Street to replace the approved Main Building Vertical Addition. The BRA approved the 2010 IMP Amendment and a proposed Map Amendment expanding the "I" District to include a portion of Binney Street and the building at 333 Longwood Avenue in February 2010 (the 2010 IMP Amendment.) The 2010 IMP Amendment and Map Amendment No. 581 were approved by the Boston Zoning Commission on March 24, 2010, and subsequently approved by the Mayor on March 30, 2010. The 2010 IMP Amendment included one new project, the Main Building Expansion on Binney Street.

On October 12, 2012, Children's submitted an Institutional Master Plan Notification Form/Project Notification Form (IMPNF/PNF) to further amend the 2008 IMP, as amended by the 2010 IMP Amendment, by adding three new Projects (the 2013 IMP Amendment Projects) and to initiate review of these Projects under Articles 80B, 80D and 80E.

Upon approval of this 2013 IMP Amendment filing in accordance with Article 80D of the Code as well as a proposed map amendment to include 819 Beacon Street within the "I" Overlay District, Children's will establish the relevant zoning approvals to authorize the development of the 2013 IMP Amendment Projects.

Upon approval of the 2013 IMP Amendment, the term of the IMP will be extended to 2023.

1.3 Mission and Objectives

1.3.1 *Mission*

As described previously, Children's vision is to advance pediatric care worldwide. The Hospital's four interwoven missions are: providing the best clinical care to children, researching new cures for diseases, training the next generation of pediatric caregivers, and improving the health and well being of children with a special emphasis on making Boston a better place for families to live, work, and play.

The 2008 IMP identified Children's mission relative to patient care, teaching and research. These focus areas are summarized below:

- ◆ **Patient Care** – Boston Children's Hospital offers a complete range of health care services for children from birth through 21 years of age. In addition, when medical circumstances require long-term follow-up care, the Hospital often treats adult patients as well. The Hospital's clinical staff represents more than 30 pediatric specialty services and 228 specialized clinical programs. Children's is the largest provider of health care to the children of Massachusetts. Children's provided approximately \$45 million in free care and unreimbursed Medicaid in 2011.

Increasingly, the focus of the Core Campus is on high-level tertiary and quaternary care. Over the past decade, Children's has made a strategic decision to develop and expand the Children's Hospital Network in collaboration with leading community hospitals for those patients whose needs may not be as complex. This network provides convenient access to pediatric medical care and the expertise of Children's specialists in fourteen locations throughout eastern Massachusetts. The strategy was developed to both provide high quality care to patients where they live and to make more space available at the Core Campus to treat patients with specialized care requirements.

- ◆ **Teaching** - Home to the largest, most comprehensive pediatric medical and surgical training program in the United States, Boston Children's Hospital attracts approximately 475 residents (research/clinical) and Fellows from around the world each year. Children's also supervises 200 – 250 medical students in clinical pediatric rotations every year. The Hospital has worked to integrate advocacy education and to encourage local community outreach among its medical residents.
- ◆ **Research** – Boston Children's Hospital is also home to the world's largest pediatric research enterprise based at a pediatric hospital. Within the John F. Enders Pediatric Research Laboratories (named for the 1954 Nobel Prize recipient who cultured the polio and measles viruses at Children's) and Karp Family Research Laboratories, as well as six floors of basic research in the Center for Life Sciences Boston (CLSB), are 1,100 principal investigators, research fellows, post-doctoral students, medical students and laboratory technicians searching for answers to some of the most perplexing childhood, as well as adult, illnesses and diseases. The Hospital's leased space at CLSB includes approximately 167,181 sf devoted to neuroscience, genetics, otolaryngology, genomics, endocrine, immunology and obesity programs.
- ◆ **Community** – Boston Children's Hospital is dedicated to enhancing the health and well-being of children and families in the local neighborhoods through robust community benefits programs and partnerships.

Boston Children's Hospital is the leading provider of health care to low-income and uninsured children in Massachusetts. For thousands of patients and families in this region, there literally is often nowhere else to turn for the kind of care Children's provides. The Hospital is committed to treating all pediatric patients from Massachusetts regardless of their ability to pay.

Children's is the safety net provider for the children of Boston. More than half of all Boston children hospitalized come to Children's; nearly one-third of the Hospital's outpatients come from Boston and immediately neighboring towns. Beyond the provision of care, a major institutional priority for Children's is ensuring that care is available to patients regardless of their ability to pay and ensuring that needed care is accessible.

1.3.2 Values

Children's is guided by the following values:

- ◆ **Excellence:** Children's is committed to achieving and maintaining a standard of excellence in the provision of patient care and all related services; in its support services and systems; in the quality of work in research laboratories; and in education programs. Children's consistently strives to make the patient experience, in particular, a model of quality care through advanced treatment, compassionate support, and full family participation and communication.
- ◆ **Sensitivity:** Children's believes that sensitivity means a compassionate awareness of the stress experienced by families of ill and injured children with an understanding of the impact it can have upon the emotions and behavior of the child and families. Children's strives both to anticipate and respond to issues arising from complex personal and family situations, and provide the support that can contribute to the best possible outcome for the child and family. Children's also believes that sensitivity means a recognition of and respect for the diverse backgrounds of both the patients and families Children's serves and the employees throughout the Hospital.
- ◆ **Leadership:** As an academic medical center devoted to the practice of pediatrics, Children's fosters an environment of innovation and discovery, with individual and team contributions to advancing pediatrics in all areas of Children's mission: patient care, research, teaching and community service.

The 2013 IMP Amendment Projects, including new clinical space and office space, increased parking, and improved circulation will afford the Hospital the space it needs to further its mission of providing the best clinical care, research, training and improving the health and well being of children.

1.3.3 Research Milestones

Children's has been a leader in child health for more than 130 years. Section 1.2 of the 2008 IMP and Section 1.4.2 of the 2009 IMPNF/NPC outlined Children's historic milestones in patient care and research. With more than \$200 million of annual funding and 800,000 square feet of state-of-the-art laboratory space, Children's is the world's largest and most active research enterprise based at a pediatric hospital. Recent research milestones include:

- ◆ **New potential treatments for Duchenne muscular dystrophy.** A study in zebrafish found that a number of existing drugs may help restore muscle in this devastating disease. The results have led to a partnership with Pfizer to develop the most promising compounds as treatments.

- ◆ **Gene therapy for “bubble boy” disease.** Children’s is leading a trial in X-linked Severe Combined Immunodeficiency (SCID-X1), and gene-therapy trials for several other diseases are in the pipeline.
- ◆ **New diagnostics for autism.** Children’s developed and now offers a new genetic test for children thought to have autism. Called chromosomal microarray, it detects more abnormalities than other genetic tests that have long been the standard of care. Another research team is developing electroencephalograms (EEGs) as an inexpensive way to identify a child’s risk for autism as early as six months of age based on differences in brain wave patterns.
- ◆ **Taming milk allergies.** Children’s has piloted a successful treatment to desensitize milk-allergic patients by increasing their exposure to milk in tandem with the allergy drug Zolair.
- ◆ **A long-acting anesthetic from algae successfully blocks pain.** Children’s has teamed with a Chilean team to test a surgical anesthetic that blocks pain for as long as 2-4 days, avoiding the need to use opioid analgesics, which cause side effects and delay recovery.
- ◆ **Quick test identifies vision loss in children as young as 2.** Children’s ophthalmologists have developed and are field-testing a simple, seconds-long test with a handheld scanning device that may enable pediatricians to identify “lazy eye” during the preschool years when it is most treatable.
- ◆ **A personalized approach to childhood brain tumors.** Medulloblastomas are the most common malignant brain tumors of childhood, with an overall mortality of 40 to 50 percent. They are hard to treat because they vary so much from child to child. In the largest genomic study of human medulloblastomas to date, Children’s researchers have identified six subtypes with distinct molecular “fingerprints” that are starting to guide individualized treatment in the clinic.
- ◆ **Cured sickle cell disease in mice by turning up production of the fetal form of hemoglobin.** Researchers at Children’s have found that turning off a single gene called BCL11A can correct sickle cell disease in mice. This gene may be the key to treating other anemias and blood disorders as well, such as beta thalassemia.
- ◆ **New approach corrects diabetes in mice, without insulin.** Diabetes can result from either a deficiency of insulin (type 1 or insulin-dependent diabetes) or decreased sensitivity to insulin (type 2 diabetes). Researchers at Children’s have discovered a mechanism for normalizing blood sugar that does not involve insulin and could offer a new therapeutic approach to both kinds of diabetes.

- ◆ **Development of nanotechnology approaches to heart attack and heart failure.** Children's and MIT are collaborating to use nanotechnology to engineer better cardiac patches and nanoparticles that could possibly help strengthen weakened heart tissue after a heart attack.
- ◆ **Fine-tuning the flu vaccine for broader, longer-lasting protection.** New research from Children's suggests that immune systems might be able to be trained to look past the flu virus's annual attempts to render vaccines from previous years obsolete, by designing vaccines that mimic features of the influenza virus's entry point into human cells.
- ◆ **Explanation of why flu exacerbates asthma, suggesting a new way to protect asthmatic children when they get flu and other viral infections.** When children with asthma get the flu, they often land in the hospital gasping for air. Researchers at Children's have found a previously unknown biological pathway explaining why influenza induces asthma attacks.
- ◆ **Standardized Clinical Assessment and Management Plan (SCAMPs) – bringing the cost of care down through data.** The cost of health care needs to come down. That is why pediatric cardiologists at Children's came up with SCAMPs—algorithms that guide physicians in managing each patient's care and exploring clinical questions. These questions, and all plausible patient outcomes, are identified in advance and built into the SCAMP, allowing data collection to be focused around them, supported by nimble, dedicated software. SCAMPs are now being adopted throughout the Hospital.

1.4 Updated Children's Facilities Needs

Children's has a number of facility needs to address the trends described above. The proposed 2013 IMP Amendment Projects (described further in Chapter 2) will meet many of these needs, as described below.

1.4.1 *Boston Children's Clinical Building*

Children's seeks to improve the patient and family experience, while also improving its ability to provide the best quality care to its patients. Specific needs addressed by the BCCB include:

- ◆ **Improved Rooms** – Even with the opening of Main South in June 2005 and the associated shifts of inpatient services in the Main Building and the construction of the Main Building Expansion at Binney Street, Children's still has a need for additional single-bed patient rooms to be converted from two-bed rooms into single-bed rooms. Single-bed rooms have a significant beneficial impact on infection control. In addition, some existing rooms require updating and/or increased size to address Americans with Disabilities Act (ADA) requirements.

- ◆ **Sufficient Space For Families** – While Children’s currently provides a wide array of support spaces for families—the Children’s library, Center for Families, laundry, dormitory space for ICU patient families, the Chapel—the Hospital recognizes that with patient acuity levels rising now and in the future, there will be a need to provide even more quiet and contemplative spaces that allow seriously ill patients and their families a respite from the rigors of intensive or extended medical treatment, including indoor and outdoor green and gathering spaces that may be used during all seasons of the year.
- ◆ **Neonatal Intensive Care Unit (NICU) on the Core Campus** – The existing NICU was opened in 1988 and is in need of an update to accommodate new state-of-the-art equipment. The current layout of the NICU is predominantly an open bay configuration that limits patient and family privacy. A new NICU located on the Core Campus with private rooms will provide a more private space for families, more space for state-of-the-art equipment, and better lighting and sound attenuation for the patient population. Children’s is eager to update its NICU and incorporate the many advances resulting from research done on NICU environments into a new state-of-the-art NICU. Although a specific location for the NICU has not been determined, the BCCB will allow for the construction of the NICU elsewhere on the Core Campus.

The proposed BCCB will meet or alleviate the needs described above, including new single-bed patient rooms to allow for existing two-bed rooms to be converted to single-bed rooms, new and expanded surgery support, space for uses such as radiology and surgery, green and gathering spaces (such as roof gardens, indoor and outdoor gardens, play space, as well as contemplative quiet spaces) for patients and families, and additional space to implement Centers of Excellence. The construction of the BCCB will also help to provide space elsewhere on the Core Campus for a new NICU.

The BCCB will be integrated into existing buildings on the Core Campus through a connection on its lower clinical and support levels, providing convenient access and circulation for patients, families and employees. In addition, the BCCB will connect an upper clinical floor (floor 9) with Main South over the Farley Bader Pavilion. The BCCB will be an expansion of the interconnected buildings at the Core Campus; patients and families will enter the Hospital at the Main Entrance and access the BCCB using circulation paths through existing buildings.

1.4.2 Central Utility Plant

It is crucial for the care of patients and ongoing operation of the Hospital to have a consistent and regular supply of electricity and heat. A CUP with a CHP unit would allow Children’s to decrease its dependence on other facilities for its electricity and heat needs and is consistent with efforts to reduce greenhouse gas emissions. A CHP option could present a very economical and environmentally responsible solution.

In connection with the construction and operation of the BCCB, and in view of concerns about the costs and consequences of fossil-fuel consumption, Children's is considering and evaluating several cogeneration options whose primary facilities will be located in the sub-basement of the BCCB. In connection with the construction of the BCCB, Children's will install a stand-alone central utility plant that will provide the BCCB with one hundred percent (100%) of its thermal and chilled water needs and a portion of its electrical needs while continuing to receive the balance of its electrical needs from the grid. In addition, Children's is considering several other options for the long-term energy needs of its Core Campus that range in size from a stand-alone central utility plant that would provide 100% of Children's thermal and chilled water needs of the Core Campus, as well as a significant amount of its electrical needs, to a larger facility that, working in conjunction with utility facilities on adjoining institutional campuses, would serve the entirety of the Core Campus as well as the campuses of other institutions. In either of these larger-scale options, the sub-basements of the BCCB would house the majority of the equipment needed for such systems. All of the options include combined heat and power units for increased efficiency. Children's will continue to evaluate these and other options and alternatives as its planning for its campus evolves.

1.4.3 Parking - Patient and Family Parking Garage Addition and 819 Beacon Street

Parking for families and patients at the Core Campus continues to be a challenge. Children's offers its patients, visitors, physicians, and employees a multitude of options for parking. Children's currently controls approximately 3,542 off-street parking spaces either by ownership or through leases from other institutions or organizations—approximately 2,400 are located within the LMA. Of the 3,542 spaces, 1,047 spaces are available for public use by Children's patients and visitors and are located on the Core Campus and 2,495 are employee parking spaces, approximately 1,353 of which are located on the Core Campus or in close proximity to the Core Campus within the LMA. Children's on-campus parking ratio is approximately 1.03 spaces of spaces located within the LMA per 1,000 gross square feet of floor area for its facilities in the LMA.

The Patient and Family Parking Garage consistently fills to capacity on weekdays, and Children's takes proactive measures to screen vehicles entering the garage to ensure they are affiliated with the Hospital. Vehicles which cannot find parking at the Patient and Family Parking Garage often rely on valet services at the Main Entrance which, in turn, creates a congested situation at the Main Entrance and more vehicle traffic. Employee parking in the LMA and the limited parking options outside of the LMA also have an impact on the availability of parking for patients and families.

BCH must continually evaluate its parking supply to ensure that an adequate amount of parking spaces are made available for its growing patient demands. Of the 2,495 employee parking spaces, only 1,353 (or about 54 percent) are located on or in close proximity to the Core Campus within the LMA. The most common solution to maintaining an adequate patient parking supply is to relocate employee parking outside of the LMA, as it is very difficult to secure new parking opportunities within the LMA for employees. The Hospital's

extensive employee transportation demand management program includes a number of strategies aimed at addressing the constrained parking situation, including measures to reduce single-occupancy vehicle trips to the campus with aggressive public transportation subsidies, moving employees to off-campus, remote parking locations that are serviced by shuttles, walking and bicycling initiatives through participation in MASCO's Commuteworks, and other initiatives and incentives. However, even with these measures in place, there is a current deficit of parking spaces to support future BCH patient, visitor and staff demands.

The proposed new level of parking on the Patient and Family Parking Garage will provide additional parking supply near the campus for BCH patients and visitors. The proposed 86 additional parking spaces in the Patient and Family Parking Garage (76 net new spaces due to the elimination of 10 spaces in connection with the BCCB) will provide for much needed patient and visitor parking.

Additional parking spaces at 819 Beacon Street will provide 158 spaces for employees working in that facility, and will increase the number of spaces available to employees working in the LMA by 89 spaces, thus further contributing to BCH's goal of relocating employee parking outside of the LMA, allowing for more spaces in the LMA to be used for patients and visitors. Children's will continue to target BCH employees who come from the north or Storow Drive for parking at this facility since they are already traveling in the area. These employees will then be shuttled to the LMA so that there will be an overall reduction in traffic in the LMA.

1.4.4 *819 Beacon Street*

As Children's clinical needs have grown in recent years, there has been resulting pressure to limit or reduce the administrative space that has historically been located at the Core Campus. To date, Children's has managed its growth through a strategy of relocating non-core administrative functions to locations off of its Core Campus, primarily in leased space.

Three factors are currently converging to make the accommodation of administrative functions an even more pressing issue for the Hospital. First, the proposed BCCB will result in the displacement of approximately 50,000 sf of administrative space currently located at the Core Campus. Second, a number of Children's leases for administrative space in third-party facilities will expire over the next few years. Finally, Children's natural rate of growth in recent years has resulted in an additional administrative space requirement of approximately 19,000 sf annually.

While Children's will likely always require leased space to meet its administrative needs, owned space will enable Children's to manage its administrative space in a rational way by providing the flexibility to make investments in the property, co-locate related functions, develop appropriate space layouts and operate the space consistent with institutional practices.

An important factor in the location of administrative space is its functional relationship to the Core Campus. Although some functions, such as human resources, back office, marketing and other functions that do not need to be near patients and clinicians, do not require a proximate physical relationship to the Core Campus, others, such as clinical research space, have a closer relationship to the day to day operations, and employees need to be available for meetings and other functions that occur at the Core Campus. Through its office space management policies in recent years, the Hospital has been able to decant the functions for which proximity to the Core Campus is less important, leaving at the Core Campus those activities that have a direct relationship to Core Campus functions. Therefore, as the Hospital seeks to further decant, the location of the new administrative space is particularly important as it must facilitate the continued relationship between the administrative and clinical functions.

The 819 Beacon Street building will enable Children's LMA medical facilities to meet increasing clinical needs and to implement Centers for Excellence on its Core Campus by allowing expansion and decanting of some of the Hospital's existing administrative services to 819 Beacon Street. In order to satisfy the administrative office needs in the interim, BCH has recently leased the remaining 16,000 sf of space not currently occupied by BCH at 1295 Boylston Street and approximately 111,000 sf of space at Landmark Center.

1.4.5 *Circulation*

Children's plans to implement operational improvements to circulation across its campus. Since the Core Campus is bisected by Longwood Avenue, improving the safety and comfort of its unique patient and family population crossing Longwood Avenue to access the Main Lobby from the Patient and Family Parking Garage is of critical importance. Children's has identified and is assessing potential opportunities to improve at grade traffic and pedestrian circulation at the Longwood Avenue/Blackfan Circle intersection through strategies of traffic calming, signalization modifications and crosswalk and accessible ramp improvements. MASCO and Children's also continue to explore expansion of an elevated pedestrian pathway network throughout the LMA in the interests of LMA-wide efficiency and safety, including across Longwood Avenue, which would allow for valet operations at the Patient and Family Parking Garage.

1.5 Public Participation

Boston Children's Hospital is committed to an open and inclusive public process. As the IMP Amendment process progresses, Children's will continue to seek input from community representatives, neighbors and stakeholders, as well as public and elected officials.

Children's has met and will continue to meet with community representatives from the following organizations: Audubon Circle Neighborhood Association, Community Alliance of Mission Hill, Fenway Civic Association, Fenway Community Development Corporation,

MASCO, Mission Hill Neighborhood Housing Services, and Sociedad Latina. The BCCB and the Patient and Family Parking Garage Addition as well as the 819 Beacon Street Project were also presented at the LMA Forum.

In addition, BCH has met with or will meet with City of Boston agencies and departments, including the Assessor's Department, Boston Civic Design Commission, Boston Landmarks Commission, Boston Public Health Commission, Boston Redevelopment Authority, Boston Transportation Department, Mayor's Office of Neighborhood Services, and the Office of Jobs and Community Services.

Children's has also met with local City and State elected officials and their staffs, including City Council President Stephen Murphy, City Councilor John Connolly, City Councilor Matt O'Malley, City Councilor Ayanna Pressley, City Councilor Michael Ross, State Representative Gloria Fox, State Representative Michael Moran, State Representative Jeffrey Sanchez, State Representative Martin Walsh, State Senator Sonia Chang-Diaz, and State Senator William Brownsberger.

Children's will continue to meet with the LMA Forum, the Task Force and other interested parties as the review process progresses.

Chapter 2.0

Proposed IMP Projects

2.0 PROPOSED IMP PROJECTS

2.1 Introduction

Children's proposed 2013 IMP Amendment includes three Projects to help meet its needs for more clinical and support space, the consideration of more consistent and reliable electricity and heat, as well as parking. Children's also continues to undertake on-going campus improvement and maintenance projects including the Main Lobby renovation and general operational improvements to circulation across Children's campus. The three Projects are summarized below and described in detail in the Draft Project Impact Report.

2.2 Boston Children's Clinical Building

Due to higher patient acuity, the demand for single-bed patient rooms, the need for critical care capable beds, and improved technology, Children's needs to replace semi-private inpatient beds and expand surgery, clinic, and clinical support spaces. To fulfill these needs, Children's proposes the new BCCB on a portion of the Children's Core Campus with approximately 445,000 sf of space (approximately 403,311 sf of net new space) to be located on the site currently occupied by portions of Bader East and Farley, the Prouty Garden, the Wolbach Building, the Library and the Ida C. Smith building.

The BCCB will provide additional space to convert all the remaining semi-private patient rooms to private rooms and to create potential new rooms—allowing up to 180 beds; to help provide space on the Core Campus for a new Neonatal Intensive Care Unit facility; to right size clinical support space, to provide diagnostic and treatment expansion space for uses such as radiology and surgery; to increase patient-family amenities; and to improve circulation and access. In order to create an integrated campus experience for patients and staff, the BCCB will be connected to existing buildings on the Core Campus on its lower outpatient, support and surgical levels. In addition, the BCCB will connect an upper inpatient floor (Level 9) with Main South over the Farley/Bader Pavilion. The BCCB will be an expansion of the interconnected buildings at the Core Campus; patients and families will enter the Hospital at the Main Entrance and access the BCCB using circulation paths through existing buildings.

The BCCB will provide Children's with the opportunity to, among other things, re-prioritize the use of green and gathering spaces for patients and family members by replacing current green space in the Prouty Garden with a variety of visible and accessible green and gathering spaces that are available during all seasons and to a variety of users. To determine how the Prouty Garden is currently used, Children's conducted an observational survey of use and users in 2012. The survey found that the Prouty Garden was mainly used by staff members (87% of all users), and only minimally by patients and families (13% of all users).

The proposed BCCB will create more patient and family-focused green and gathering spaces by providing more diversity in types and uses. A true healing environment will benefit the user according to his or her own needs. The green and gathering spaces, both exterior and interior, will serve staff, patients and families year-round, bringing light, nature, and places for respite and activity into the clinical environment, even during Boston's winter months. The program and amenities on each green and gathering space have been carefully planned to interact with a diverse population of patients and families. In addition, with the increasing higher acuity patient population, the proposed green and gathering spaces will be designed to accommodate the patient population by providing protected areas that are connected visually to the outdoor open spaces, as well as spaces that can be accessed from patient floors. The green and gathering spaces also act as a wayfinding system for the campus. They highlight public areas and main circulation routes that lead to many destinations on campus. Overall, they will enhance the experience of patients, families and staff visiting the BCCB and the campus.

Central Utilities Plant

In connection with the construction and operation of the BCCB, and in view of concerns about the costs and consequences of fossil-fuel consumption, Children's is considering and evaluating several cogeneration options whose primary facilities will be located in the sub-basement of the BCCB. In connection with the construction of the BCCB, Children's will install a stand-alone central utility plant that will provide the BCCB with one hundred percent (100%) of its thermal and chilled water needs and a portion of its electrical needs while continuing to receive the balance of its electrical needs from the grid. In addition, Children's is considering several other options for the long-term energy needs of its Core Campus that range in size from a stand-alone central utilities plant that would provide 100% of Children's thermal and chilled water needs of the Core Campus, as well as a significant amount of its electrical needs, to a larger facility that, working in conjunction with utility facilities on adjoining institutional campuses, would serve the entirety of the Core Campus as well as the campuses of other institutions. In either of these larger-scale options, the sub-basements of the BCCB would house the majority of the equipment needed for such systems. All of the options include combined heat and power (CHP) units for increased efficiency. Children's will continue to evaluate these and other options and alternatives as its planning for its campus evolves.

2.3 819 Beacon Street

To further its mission of providing the best clinical care to children, and to continue its role as provider of tertiary and quaternary care on its Core Campus, Children's is prioritizing its LMA space for direct patient needs. Children's is proposing to redevelop its property at 819 Beacon Street as a location for office and administrative space that is currently located on Children's Core Campus, is located in nearby leased space or is anticipated to be needed

for average annual growth. Office space at 819 Beacon Street will be located close enough to the Core Campus, however, to foster necessary interaction with the patients and clinicians.

The 819 Beacon Street Project will include approximately 202,950 sf of office space, 9,480 sf of retail space creating an active presence along Beacon Street, and approximately 496 structured parking spaces (199,974 sf) in an eight story structure.

Of the 496 spaces, 158 will support the uses within the 819 Beacon Street Project, 249 will be replacement spaces for the 249 employee spaces currently located on the existing surface lot, and approximately 89 will be additional spaces available to support the needs of Children's employees working on the Core Campus. Although Children's has an extremely robust transportation demand management program, including bicycle and public transit subsidies, the Hospital recognizes that there are those who must drive to work due to work schedules that are not conducive to public transportation schedules or other personal commitments, and it is important to the Hospital to accommodate those professionals.

The garage will be accessed from the lower elevation of the site on Miner and Maitland streets adjacent to the existing CSX right-of-way. There is no parking entry directly from Beacon Street. The garage will be partially contained beneath the office structure and will not be visible along the Beacon Street facade.

The 819 Beacon Street Project will accommodate both the City's multi-use path and the regional circumferential Urban Ring project. Until the Urban Ring is developed (at the location of the CSX right-of-way), the multi-use path will be located primarily on the right of way and partially on the 819 Beacon Street property. When the Urban Ring is implemented, the multi-use path will be moved into a designated colonnade area at the southern edge of the garage. The 819 Beacon Street Project has also been designed to accommodate an additional bus lane on Maitland Street if, and at such time, as the City advances that project.

2.4 Patient and Family Parking Garage Addition

The proposed Children's Patient and Family Parking Garage Addition includes one level with 86 parking spaces (76 net new due to the elimination of 10 parking spaces in connection with the BCCB) on top of the existing garage structure. The exterior of the added level will be closely matched to the existing garage to create a seamless addition.

2.5 Campus Improvement Projects

Although not separately considered projects subject to IMP review under Article 80D, Children's continues to undertake on-going campus improvements.

As part of the 2008 Main Building Vertical Addition, Children's had planned to undertake a series of lobby improvements. With the decision to eliminate the 2008 Main Building Vertical Addition and to substitute the Main Building Expansion at Binney Street, Children's plans for the lobby improvements were also deferred.

However, with the Fegan Elevator project and related "Ambulatory Enhancement" project now underway, including floor by floor upgrades of all outpatient clinics in the Fegan and Farley buildings and a new Ambulatory Lobby (with three new public elevators) connected to the Main Lobby, Children's is now proceeding with the planned renovation of its Main Lobby. The renovation includes re-branding of the lobby with new finishes, furniture and circulation systems. A state of the art, interactive media wall will be installed as the primary visual focus of the lobby. New elevators and stairs will connect the ground floor and the public mezzanine. The first phase of the Main Lobby renovation is expected to be completed in the third quarter of 2014 at the same time as the adjacent ambulatory lobby and new Fegan elevator project. The Main Lobby renovation and the new Fegan elevator project enable the Hospital to reorganize the wayfinding system, and will set the vision for future building projects on the Main Campus south of Longwood Avenue. The Main Entrance renovations include a new sidewalk canopy leading to the new main entrance revolving door. The existing lobby curtain wall enclosure to be renovated to allow for connection between the ambulatory and Main Lobby spaces.

The Main Lobby improvements are being implemented as part of general operational improvements to circulation across Children's campus. Since the Core Campus is bisected by Longwood Avenue, Children's has identified and is assessing potential opportunities to improve at grade traffic and pedestrian circulation at the Longwood Avenue/Blackfan Circle intersection. MASCO and Children's also continue to explore expansion of an elevated pedestrian pathway network throughout the LMA in the interests of LMA-wide efficiency and safety, including across Longwood Avenue, which would allow for valet operations at the Patient and Family Parking Garage.

In addition to the foregoing campus improvement projects, Children's has a number of ongoing maintenance and improvement projects in an effort to upgrade finishes and maintain patient care areas. The ambulatory enhancement project will add self check-in kiosks and upgrade the finishes in the outpatient exam rooms, as well as treatment and waiting areas. In addition, finishes in patient tub and shower rooms will be upgraded along with the finishes in inpatient rooms. Finish upgrades for activity rooms and other family resource/lounges on the inpatient units are also planned. Many of the finish upgrades are scheduled to coincide with the completion of the Main Building Expansion. Once the Main Building Expansion opens, there will be a series of backfill renovations as existing programs shift into the new space. Children's also upgrades the spaces in the various research buildings annually.

Chapter 3.0

Consistency with the Longwood Medical and Academic Area Interim
Guidelines

3.0 CONSISTENCY WITH THE LONGWOOD MEDICAL AND ACADEMIC AREA INTERIM GUIDELINES

3.1 Introduction

In 2003, the BRA adopted Interim Guidelines to inform the BRA's considerations while reviewing proposed projects in the LMA pursuant to Article 80 of the Boston Zoning Code. These Interim Guidelines were established to ensure that projects apply good planning principles in the areas of urban design, transportation and workforce development.

This section outlines the BCCB's and Patient and Family Parking Garage Addition's consistency with the Interim Guidelines for Urban Design, Transportation and Workforce Development, and describes the exceptional public benefits that will be provided by Children's in order to earn Project heights that are greater than the base heights specified in the Interim Guidelines.

Since the 819 Beacon Street Project is outside of the LMA, this chapter generally discusses only the BCCB and Patient and Family Parking Garage Addition. The Transportation discussion in Section 3.5, however, also includes 819 Beacon Street since it supports parking in the LMA.

3.2 Urban Design

The Urban Design section of the Interim Guidelines establishes a set of design principles and criteria for projects in the LMA. The Guidelines identify the physical assets of the LMA, outline dimensional objectives, including height zones, setbacks and stepbacks, and describe exceptional public benefits that can be provided by project proponents and institutions in order to achieve building heights greater than the specified base heights, and discuss mix of uses, character, and special study areas.

3.2.1 *Protection of Assets / Shadow Criteria*

The Interim Guidelines establish a principle of protecting the physical assets of the LMA, and include restrictions on new shadows on City of Boston parks. The Interim Guidelines state:

“...no project will be approved if it casts any new shadow for more than one hour on March 21st on the Emerald Necklace, Joslin Park or Evans Way Park. This standard is consistent with the most recent shadow restrictions adopted in the City's Municipal Harbor Plan.”

As shown on the shadow graphics provided in the DPIR/DEIR submitted concurrently with this IMP Amendment, neither the BCCB nor the Patient and Family Parking Garage Addition casts new shadow onto the Emerald Necklace, Joslin Park or Evans Park Way on March 21st. Although new shadow will be created by the BCCB, this new shadow will

generally be cast onto the Children's campus and surrounding streets, with some new shadow being cast onto the Harvard Medical School Quadrangle during the evening hours during some seasons, but not occurring for more than one hour on March 21st. New shadow from the Patient and Family Parking Garage Addition will be limited to the immediately surrounding area, buildings and surrounding streets.

3.2.2 *Height Zones*

BCCB: The LMA Interim Guidelines establish the following height zone for the area where the BCCB is proposed:

- ◆ The third height zone will typically apply to the center of the blocks and will have a base height of 150 feet and a potential maximum height of 205 feet.

The BCCB is consistent with this guideline, on the basis of the exceptional public benefits described below. The BCCB is approximately 145 feet from grade to the top of the highest clinical use, 161 feet from grade to the top of the highest occupiable story (only a 6,000 sf sanctuary), and 175 feet from grade to the top of the mechanical floors (which are more than 1/3 of the roof area).

The BCCB provides the following exceptional public benefits to justify the additional height:

- ◆ **Relocating appropriate uses from the LMA to other parts of the City** – As previously described, three factors are currently converging to make the accommodation of administrative functions an even more pressing issue for the Hospital. First, the proposed BCCB will result in the displacement of approximately 50,000 sf of administrative space currently located at the Core Campus. Second, a number of Children's leases for administrative space in third-party facilities will expire over the next few years. Finally, Children's natural rate of growth in recent years has resulted in an additional administrative space requirement of approximately 19,000 sf annually. To relocate this space outside of the LMA, Children's is proposing to construct a new office building at 819 Beacon Street for administration space that does not need to be within the LMA.
- ◆ **Contributing to and implementing a superior workforce development plan** – As described in Section 3.4 below and in Chapter 5, Children's is committed to implementing a superior workforce development plan, and continually adapting it, as needed, in cooperation with neighbors and the City of Boston. The Hospital's Senior Workforce Development Specialist in the Human Resources department leads a multi-disciplinary team at the Hospital to further develop and advance the Workforce Development Plan at Children's. This includes improved tracking of current activities, as well as exploring new opportunities. One of the Hospital's fundamental workforce development goals is to partner with the community to

prepare Boston residents to explore health careers and to enter the health field. In particular, as the only independent pediatric hospital in Massachusetts, Children's focuses its many partnerships on efforts that provide local youth with exploration experiences in the health care field. Additional information can be found in Section 3.4 below and Chapter 5 of this 2013 IMP Amendment, Section 2.5.4 and Section 4.2 of the 2010 IMP Amendment, and the 2008 IMP.

- ◆ **Exceeding the urban design controls by providing additional open space, greater and more varied public spaces within the building, Green Design that meets Leadership in Energy and Environmental Design (LEED) design standards, and exceptional quality in design and architecture:**

Open Space and Public Spaces within the Building – As described further in the DPIR/DEIR submitted concurrently with this IMP Amendment, the BCCB includes approximately 33,800 sf of accessible green and gathering spaces around and as a part of the building. There is an additional 5,400 sf of green space that is not accessible; 2,400 sf of which provides views of green space and the remainder provides a reduction in impervious surface. The main goal of the new or enhanced 33,800 sf of green spaces is to provide all-season, easily accessible green and gathering spaces for patients, families and staff. The diversity of green spaces, ranging from on-grade gardens, winter garden, sanctuary space and roof gardens, allows a wide range of activity in support of the healing process. The green and gathering spaces also act as a way finding system for the campus. They highlight public areas and main circulation routes that lead to many destinations on campus. Overall, they will enhance and improve the experience of patients, families and staff visiting the BCCB and the campus.

Green Design - Children's is committed to meeting the City's green building standards (Article 37 of the Boston Zoning Code). Energy conservation measures will be an integral part of the BCCB Project. The BCCB will employ energy and water efficient features for mechanical, electrical, architectural and structural systems, assemblies and materials where possible. Mechanical and HVAC systems will be installed to the current industry standards and full cooperation with the local utility providers will be maintained during design and construction. The BCCB will be certifiable under the LEED for Healthcare rating system.

Exceptional Quality in the Design and Architecture - The renowned architectural firm of Shepley Bulfinch Richardson & Abbott has designed the BCCB to provide the maximum space to meet Children's programmatic needs within the available footprint while incorporating exceptional quality in design and architecture. The BCCB features a design concept which integrates a "Vertical Emerald Necklace" into the proposed building and enhances existing green spaces on campus. Connections to nature and the elements of nature support healing for both patients and their

family members, and offer a relaxing environment for staff members. The variety of the planned green and gathering spaces will provide a four season garden, direct access from clinical units, and multiple programmatic usages.

- ◆ The transparency of the building envelope will make visible the roof gardens, internal gardens and common spaces at major visible corners, invigorating views from Francis Street and Longwood Avenue. On Shattuck Street the on-grade green spaces, both internal and external to the building, will contribute to a friendlier pedestrian experience. The transparency of the building at street level and the internal garden, which is visible from the street, will animate the streetscape through views and the quality of lighting.

From an urban design perspective, the height and massing of the BCCB works in concert with the surrounding structures. The BCCB will enhance Children's campus identity by continuing the use of contemporary architectural characteristics with the mainly glass curtain wall construction and a base of metal and precast panel at street level. The use of similar materials at the two most recent Children's projects, Main South Expansion and the Main Building Expansion at 57 Binney Street, maintain this contemporary architectural expression and Children's identity. In addition, the sculptural massing of the building as it reaches its full height will create a light and slender profile.

Patient and Family Parking Garage Addition: The LMA Interim Guidelines establish the following height zones for the area where the Patient and Family Parking Garage is located and in which the Patient and Family Parking Garage Addition is proposed:

- ◆ The first zone is designed to maintain the prevailing character of the existing streetwalls and will be applied along the major streets and any area adjacent to parks and the Fens. The controlling height in this first zone will vary according to the specific location to reinforce the prevailing streetwall height, but will have a potential maximum of 75 feet.
- ◆ The third height zone will typically apply to the center of the blocks and will have a base height of 150 feet and a potential maximum height of 205 feet.

The Patient and Family Parking Garage Addition is a vertical expansion of an existing structure. The portion within the third height zone is consistent with this guideline, and the portion within the first height zone varies from this guideline in only a de minimus respect. The Patient and Family Parking Garage Addition is approximately 79'8" in height from grade as measured under the Boston Zoning Code. The mechanical penthouse roof above this height is less than 1/3 of the area of the roof. The Patient and Family Parking Garage Addition has been designed to appear as if it were part of the original construction of the structure, which will minimize the visual appearance of the addition.

3.2.3 *Setbacks and Stepbacks*

The Interim Guidelines provide the following for setbacks and stepbacks:

- ◆ Setbacks from the curb shall match the most appropriate prevailing setbacks; and
- ◆ “Building mass above the prevailing street wall (potential maximum of 75 feet) must be either 75 feet from the setback line, or, not be visible at street level from the back of the opposite sidewalk.”

BCCB: The BCCB is designed to be interior to the Children’s campus, with access through the Main Entrance. Both Shattuck Street and Meadow Lane are private ways utilized as service ways and not generally utilized by pedestrians. The BCCB matches the most appropriate prevailing setback on Shattuck Street and Meadow Lane. Although the building mass above 75 feet is visible at street level from the back of the opposite sidewalks at Shattuck Street and Meadow Lane, these are private ways utilized as service ways, and therefore, the lack of setback does not have significant visual impact on the LMA’s physical assets.

Patient and Family Parking Garage Addition: The Patient and Family Parking Garage Addition follows the footprint of the existing Patient and Family Parking Garage and has been designed to appear as if it were part of the original construction of the structure. The setback of the vertical addition from the curb matches the existing lower floors. As discussed above in connection with height, there is only a de minimus building mass above 75 feet.

3.2.4 *Mix of Uses*

The LMA Interim Guidelines call for new development to improve the character, security, and vitality of the LMA by increasing the mix of housing, supporting retail, recreation and community facilities. The Interim Guidelines further encourage the use of ground floor retail and other uses that engage the public.

BCCB: The BCCB is located along side streets that have a limited retail environment and limited pedestrian activity, and there is no entrance into the BCCB from these side streets. Entrance into the BCCB will be from the Main Entrance of the Hospital. The current ground floor of the Main Building engages the public through its provision of retail stores and a restaurant.

Patient and Family Parking Garage Addition: The Patient and Family Parking Garage Addition does not create a change of use or additional space on the ground floor

3.2.5 *Character*

The Interim Guidelines state that new projects should “build on and reinforce the distinctive physical, historic, and architectural characteristics of each of the institutions” by addressing simplified wayfinding through enhanced institutional identity created by clear planning and distinctive architecture, improved access and circulation both for patients arriving at the institution and within the institution’s campus, preservation and enhancement of buildings that contribute significantly to the history of the district, and limits on the width and spacing of tall building elements.

- ◆ **Wayfinding through clear institutional identity and distinctive architectural characteristics:** The BCCB will expand and improve Children’s campus identity by continuing the use of contemporary architectural characteristics with the mainly glass curtain wall construction and a base of metal and precast panel at street level. The use of similar materials at the two most recent Children’s projects, Main South Expansion and the Main Building Expansion at 57 Binney Street, maintain this contemporary architectural expression and Children’s identity. Further enhancing the distinctive architecture are the views of the vertical gardens through the exterior façade, invigorating the views from Francis Street and Longwood Avenue, the two major public streets providing views of the building.
- ◆ **Improved access and circulation both to Hospital and within Hospital:** The BCCB will be an expansion of the interconnected buildings at the Core Campus; patients and families will enter the Hospital at the Main Entrance and access the BCCB using circulation paths through existing buildings. The BCCB will be connected to existing buildings on the Core Campus on its lower outpatient, support and surgical levels, providing convenient access and circulation for patients, families and employees. In addition, the BCCB will connect an upper clinical floor (floor 9) with Main South over the Farley/Bader Pavilion. The Main Lobby renovation project, in addition to the BCCB green and gathering spaces, will improve the existing Hospital circulation. The green and gathering spaces located at the terminus of public circulation routes will act as a way finding tool both inside and outside of the BCCB. Children’s shuttle access will be relocated from its current location in Children’s Way to the BCCB in an effort to decongest the Main Entrance by relocating special needs vehicle drop-off and pick-up.
- ◆ **Preservation and enhancement of all buildings that contribute significantly to the history of the LMA:** Children’s is exploring the possibility of developing an interpretive exhibit to commemorate its achievements in the field of pediatric medicine, as well as those of the Harvard School of Public Health, which once occupied the Wolbach Building located on the site of the BCCB. This interpretive exhibit could be installed in a prominent public space in the Main Lobby or in the BCCB.

- ◆ **Limits on width and spacing of tall building elements to minimize negative environmental impacts:** Due in part to the slender profile of the BCCB and its consistency with the height and massing of surrounding buildings, the environmental impacts such as wind, shadow, and daylight have been minimized. The pedestrian level wind conditions in the area are similar with or without the BCCB. The shadow impacts are generally limited to the BCCB Project site and Children’s campus. Although the daylight obstruction values increase with the BCCB, they are similar to other values in the LMA.

3.2.6 Special Study Areas

The Interim Guidelines define the Longwood Avenue Corridor as a special study area. The BCCB is located on Meadow Lane and Shattuck Street and does not fall within any of the special study areas. The Patient and Family Parking Garage is located on Longwood Avenue. However, since it is an addition to an existing structure designed to match the existing structure, the addition does not affect the experience of the Longwood Avenue Corridor.

3.3 Transportation

The Interim Guidelines specify five transportation-related topics that must be addressed by every project in the LMA. These five topics include:

- ◆ Parking Ratios;
- ◆ Transportation Demand Management;
- ◆ Traffic Management;
- ◆ Local Street Network; and
- ◆ System-Wide Transportation Projects.

Under its existing IMP, Children’s continues to engage in efforts to improve local vehicular circulation, reduce congested conditions and improve pedestrian access in and around the LMA. The Project continues and builds upon these efforts, as described below. Although 819 Beacon Street is outside of the LMA as previously mentioned, it is discussed below since the 819 Beacon Street Project will support parking goals in the LMA.

3.3.1 Parking Ratios

Children’s offers its patients, visitors, physicians, and employees a multitude of options for parking. Children’s currently controls approximately 3,542 off-street parking spaces either by ownership or through leases from others—approximately 2,400 are located within the

LMA. Of the 3,542 spaces, 1,047 spaces are available for public use by Children’s patients and visitors, and 2,495 are employee parking spaces, approximately 1,353 of which are located on the Core Campus or in close proximity to the Core Campus within the LMA.

In addition to spaces within the LMA, Children’s uses an additional 1,142 spaces for employees in remote parking facilities outside of the LMA. Off-site spaces that are used by employees require shuttle services to the Core Campus by dedicated Children’s and/or MASCO-operated shuttle services.

Figure 3-5 in the DPIR/DEIR identifies the locations of these parking facilities while Table 3-1 in the DPIR/DEIR provides a summary of existing Children’s parking facilities.

The construction of the BCCB will require taking the existing Wolbach parking lot out of service (10 spaces). Children’s also proposes to construct an additional level to its existing Patient and Family Parking Garage, which will include the addition of 86 new patient parking spaces (or 76 net new spaces to the Main Campus taking into consideration the loss of 10 parking spaces required to support the construction of the BCCB). Further, BCH will allocate up to 89 new parking spaces within its proposed 819 Beacon Street Project to support LMA staff parking needs. New parking spaces at 819 Beacon Street that are intended to support the BCCB will allow Children’s to relocate existing BCH employees who park within the LMA to this new location, providing increased available parking on-site for patients.

At the 819 Beacon Street Project site, the new garage will replace the existing 249 surface parking spaces with a new 496-space structured garage, resulting in 247 net-new parking spaces on-site. Of these net new spaces, 158 will be allocated to supporting employees and visitors of the office and retail space in the 819 Beacon Street Project (at a rate of 0.75 spaces per 1,000 sf). As described previously, the remaining 89 new spaces will support Children’s LMA off-campus parking efforts, allowing BCH to relocate on-campus staff parking to accommodate future patient parking needs. Both Children’s and MASCO operate shuttle services to provide quick, easy connections from the 819 Beacon Street site to the Core Campus.

Within the LMA, Children’s proposes to construct 76 net new parking spaces and 403,311 square feet of new program space (the BCCB). This equates to approximately 0.19 parking spaces per 1,000 square feet of developed space—or at a rate substantially lower than the limit prescribed by the LMA Interim Guidelines. Including the 89 spaces allocated at 819 Beacon Street for the Main Campus, total new parking supporting Children’s LMA campus will be provided at a rate of 0.41 spaces per 1,000 sf of space developed. Upon completion of Children’s proposed Projects, its overall campus parking ratio is expected to decrease from 1.03 to 0.90. Existing and proposed parking ratios for the LMA (Core Campus and Autumn Street) are shown in Table 3-10 of the DPIR/DEIR.

3.3.2 *Transportation Demand Management*

Children’s is committed to continuing to offer a wide array of Transportation Demand Management (TDM) incentives as a means to reduce single occupant driving and increase use of alternative forms of transportation to access the workplace. Children’s actively supports efforts to reduce auto use for employees traveling to the Hospital. Many actions to support this goal are actively employed by the Hospital today, including the following:

- ◆ Employee Transportation Advisor;
- ◆ Membership in the Medical Academic and Scientific Community Organization, Inc.’s MASCO’s CommuteWorks TMA;
- ◆ Full support of MASCO’s other on-going transportation initiatives;
- ◆ 50 percent transit pass subsidy for employees;
- ◆ Carpool assistance and incentives;
- ◆ Emergency ride home;
- ◆ Bicycling/walking incentives and amenities;
- ◆ Location-priced parking (i.e., offering competitive-rate parking on-campus and subsidized parking off-campus);
- ◆ Telecommuting and compressed workweeks, when feasible; and
- ◆ Promotional efforts.

Children’s is committed to maintaining its employee transit subsidy at 50 percent through the term of its IMP. Children’s will also continue to promote and improve its TDM program to benefit its employees and reduce traffic impacts to roadways and parking facilities within the LMA and nearby neighborhoods.

3.3.3 *Traffic Management, Local Street Network and Systemwide Transportation Improvements*

The additional traffic generated by the BCCB will create minimal incremental impact to the surrounding transportation infrastructure. However, to offset these new trips and in continuation of its ongoing efforts to improve transportation in and around the LMA and the Audubon/Fenway/Kenmore area, Children’s is committed to providing transportation improvements and mitigation actions. In the LMA, these actions are intended to be responsive to and exceed the criteria of the Interim Guidelines. Improvements associated with the 819 Beacon Street Project are intended to foster more efficient access in the Audubon/Fenway/Kenmore neighborhoods, as well as to support other important

transportation infrastructure initiatives that are currently being pursued by others, including the City of Boston, Massachusetts Department of Transportation (MassDOT), and the Massachusetts Bay Transportation Authority (MBTA). These improvements are described in greater detail below.

Main Campus/BCCB Project

The following Local Street and Systemwide Transportation actions will be put in place by Children's in connection with the BCCB Project. These actions are also illustrated in Figure 3-1 in the DPIR/DEIR.

- ◆ Children's will renovate its lobby and Main Entrance to allow for more efficient processing of patient and visitor traffic. Drop-off areas will be reconfigured to provide for more efficient loading and unloading, a defined area for chair cars and oversized vehicles will be created, and a dedicated exit path will be put in place for these larger vehicles to Binney Street that does not conflict with exiting patient vehicles towards Longwood Avenue.
- ◆ Inpatient discharges will be accommodated at Children's Way (off of Shattuck Street). These families typically require more time to load their vehicle, in particular for those children that have been infirmed at Children's for an extended period of time. Accommodating these families at Children's Way will help to support more efficient vehicle flow at the Main Entrance.
- ◆ The existing BCH Main Entrance driveway will be widened to provide for a three-lane cross-section. This will allow for two approach lanes exiting towards the Longwood Avenue/Blackfan Circle/BCH Main Entrance intersection (an exclusive left-turn lane and a shared through/right-turn lane). This will help to better manage the queues of exiting traffic.
- ◆ The Longwood Avenue/Blackfan Circle/BCH Main Entrance intersection will be modified into a compliant accessible pedestrian signal (APS) with compliant pedestrian push buttons.
- ◆ The new BCCB loading facilities will be located off of Shattuck Street, and are intended to reduce materials management activities at other BCH locations, in particular the main loading facility near the intersection of Binney Street and Jimmy Fund Way. As currently planned, the BCCB will be served by three loading bays.
- ◆ The capacity of the Patient and Family Parking Garage will be increased by 86 parking spaces to provide an opportunity for more families to self-park directly. The increase will be 76 net new spaces on campus, taking into consideration the elimination of the 10-space Wolbach parking lot.

- ◆ In total, only 165 new parking spaces will be developed to support the future BCCB, including 76 net new spaces within the LMA (as described previously), plus an additional 89 new spaces in the proposed 819 Beacon Street Project. New parking spaces at 819 Beacon Street that are intended to support the BCCB will allow Children's to relocate existing BCH employees who park within the LMA to this new location, providing increased available parking on-site for patients.
- ◆ Children's will reconstruct portions of Shattuck Street and Meadow Lane adjacent to the BCCB site.
- ◆ Children's will increase its bicycle storage capacity on-site at the BCCB to comply with the City of Boston Bicycle Guidelines.
- ◆ Children's will continue to proactively manage its drop-off and valet parking operation at its Main Entrance as a means to reduce traffic activity on area streets, particularly along Longwood Avenue.

819 Beacon Street Project

The following Local Street and Systemwide Transportation actions will be put in place by Children's in connection with its 819 Beacon Street Project. These actions are also illustrated in Figure 4-1 in the DPIR/DEIR:

- ◆ Children's is committed to limiting on-site parking supporting the 819 Beacon Street Project to 0.75 spaces per 1,000 sf of development (158 spaces to support the Project).
- ◆ The remaining 89 new parking spaces are intended to support parking needs on the Core Campus.
- ◆ Children's has worked proactively with MassDOT to develop a roadway plan for Maitland Street that supports the ongoing redesign of Yawkey Station and connection of this dead-end street to Overland Street. These improvements will provide for increased commuter rail use in the area (including the Project), as well as improved vehicle access to the Fenway/Kenmore area.
- ◆ Children's is committed to providing an easement through the 819 Beacon Street Project site to the City of Boston to support the future design and construction of the proposed Multi-Use Path, a shared pedestrian/bicycle corridor connecting the Emerald Necklace to the Fenway MBTA Green Line Station, the redesigned Yawkey Commuter Rail Station and onward to the future Fenway Center project.
- ◆ Children's is committed to providing an easement of land to support the potential future construction of a below-grade tunnel for the MassDOT's Urban Ring project.

- ◆ Children’s is committed to providing an easement of land along Maitland Street to support improved bus access and intersection alignment with Mountfort Street to support the future signalization of this intersection.
- ◆ Children’s will provide bicycle storage capacity on-site to comply with the City of Boston Bicycle Guidelines.

3.4 Workforce Development

The Interim Guidelines require institutions and developers to work with the BRA and the Office of Jobs and Community Services (OJCS) to analyze current needs and future workforce needs, and develop a Workforce Development Plan to address those needs. Information on Boston resident employees is requested as part of the workforce plan.

Boston Children’s Hospital recognizes that one of the most significant ways to provide community support and ensure a diverse workforce is the recruitment and retention of Boston residents as employees. Children’s employs approximately 18,000 people at its facilities throughout greater Boston, including approximately 8,900 employees paid directly from the Hospital and more than 9,100 “associated personnel” who work, study, or volunteer at the Hospital. Approximately 31% of all Hospital personnel are Boston residents.

Children’s takes its roles as an employer and civic leader seriously, and seeks to advance these roles through comprehensive workforce development efforts. One of the Hospital’s fundamental goals in this area is providing community members with opportunities to explore health careers, and as a pediatric hospital, particularly focus on local youth.

3.4.1 Workforce Development Programs Specifically Designed to Meet the Needs of Boston Youth

The Hospital provides a number of job opportunities for Boston high school students through its Community Opportunities Advancement at Children’s Hospital (COACH) program. In the summer of 2012, 59 Boston teenagers were employed in various departments throughout the Hospital. In the Student Career Opportunity Outreach Program (SCOOP), three Boston youth were provided jobs that introduced them to the health care field. In addition to summer jobs, Children’s Human Resources Department also partners with Sociedad Latina, a Mission Hill youth-serving agency, on an after-school partnership with Sociedad’s Health Careers for Youth Program. Last year, three youth participated in this program. The following provides additional details on some of the career-focused programs for youth:

- ◆ The COACH program provides summer employment opportunities to enable youth to explore health careers, to build a pipeline of diverse, qualified professionals for the healthcare field, and to give youth a safe and meaningful way to spend the summer. In addition to hands-on work experience, the program includes a series of

weekly professional development workshops. Topics include goal setting and motivation, communication skills, leadership skills, and public speaking. The interns also attend guest lectures at which current employees from different areas of the Hospital talk to the interns about their position at BCH, their career path, education, and other topics. In 2012, the Hospital invited local colleges to meet with COACH interns and speak about their respective schools—especially healthcare related programs—the universities in general, and the undergraduate application process. These presentations were followed by a fair to allow students to speak with the school representatives.

- ◆ Each year, SCOOP inspires 200-250 high school students to enter nursing through field trips to the Hospital, direct nurse-to-student education, shadowing, career advice, and summer internships. Along the way, SCOOP helps dispel many of the myths about nursing, and offers students hands-on opportunities to work in health care. During the 2012-2013 school year, SCOOP sponsored 10 summer interns and hosted 10 visits. SCOOP nurses have worked with the Madison Park High School and Health Careers Academy. Since 2003, 81 students have participated in SCOOP summer internships, and many of them have remained in health care: 16 are enrolled in nursing programs, three have completed nursing school, and four are current Hospital employees.

3.4.2 Adult Workforce Development Training Programs

Since 2004, the Hospital has also partnered with Year Up, an intensive year-long training program that provides urban young adults with a unique combination of technical and professional skills, college credits, and paid corporate apprenticeships. Children’s has consistently provided paid information technology and technical support internships to over 40 program participants. This partnership has been positive for both organizations, as evidenced by the fact that the Hospital has received a “Year Up Champion Award” and a Hospital employee received a “Year Up Supervisor’s Award.” Furthermore, the Hospital has hired approximately 20 Year Up graduates, either as contract or permanent employees.

The Hospital also maintains partnerships with more than 30 Schools of Nursing, providing nursing students with clinical experiences in a variety of pediatric settings. In cooperation with Boston College and other organizations, the Hospital developed the area’s first master’s level program for pediatric clinical nurse specialists. Nurses at Children’s are particularly active in teaching colleagues and community members. Many of the opportunities for teaching colleagues and community members are based at schools, and include programming for administrators, teachers, students, and school nurses on a wide variety of topics—everything from child development, to allergies in children, to family participation in care. The Hospital provides ongoing educational support to Massachusetts school nurses through regular evening programming and school nurse professional development days. Hospital nurses also offer training in CPR and first aid for community members.

Children’s also seeks to recruit, and then train and promote, local adults who are interested in health careers. Partnerships that foster career growth, both to community residents and Children’s incumbent staff have grown significantly in the past few years with specific efforts focused on being an employer of choice, increasing the diversity of the Hospital’s workforce, and developing career pipelines for areas of shortage or emerging need.

One of the Hospital’s most valued workforce development partnerships has been with the Boston Healthcare Research and Training Institute (Training Institute) and now Healthcare Training Institute (HTI) in collaboration with Jewish Vocational Services (JVS). This ten-year partnership has provided significant opportunities for entry-level workers and neighborhood residents to pursue successful careers in the health care industry. The Hospital currently offers GED, ESOL, Citizenship, Pre-College preparatory programs and the Bridge to College program, and, with HTI, has produced 20 recent incumbent worker graduates with more to follow in the next two years, moving individuals into Nursing and Allied Health professions with higher family sustaining wages. Children’s has also created and completed certification programs in Central Processing and Distribution and a college-level nine-credit certificate program with the Massachusetts College of Pharmacy and Health Sciences (MCPHS) that has produced both wage gains and further academic credentials to prepare participants for an increasingly regulated industry. Tuition advancement, arranged with participating colleges and universities, is provided to these students so that one of their barriers to success is removed—that of financial commitment up front for tuition to attend college. Scholarships have also been continued to support these and other students. More than 60% of the participants in these combined programs are Boston residents.

3.4.3 Recruiting Programs

Community partnerships with the Fenway Community Development Corporation, YMCA International, and YMCA Training, Inc. have successfully facilitated community adult hires into several areas including phlebotomy, ophthalmology, and patient safety and quality. This partnership between Children’s and its neighbors has enjoyed success with these internship models with placement rates of graduates ranging from 66-75%.

3.4.4 Tuition Advancement

Children’s investment in tuition advancement has also been cited and published as a best practice by the National Fund for Workforce Solutions, with the Hospital having received the “Business Leadership Award” by JVS, the “Employer Of The Year, Honorable Mention” by the MA Workforce Solutions Group, and a citation from the Governor’s Office for Englishworks for the Hospital’s long-standing commitment to ESOL programming. The Hospital has been recently awarded another data research grant from the Boston Private Industry Council and SkillWorks.

3.5 Conclusion

The BCCB and Patient and Family Parking Garage Addition are generally consistent with the Interim Guidelines adopted by the BRA for the LMA. The BCCB and Patient and Family Parking Garage Addition Projects fundamentally meet the over-arching purposes and spirit of these guidelines.

Chapter 4.0

Zoning

4.0 ZONING

4.1 IMP Uses

Core Campus: All uses permitted under the 2008 IMP and the 2010 IMP Amendment for the Core Campus as shown on Figure 1-1 are allowed. The 2008 IMP and the 2010 IMP Amendment together approved the following uses in the Core Campus: (1) All Hospital Uses; (2) Any additional uses permitted in the Development Plan for PDA No. 29, as amended; (3) Any additional uses permitted in the Development Plan for PDA No. 61 (Phase 2), as amended; (4) Any additional uses permitted in the Development Plan for PDA No. 16, as affected by Zoning Board of Appeal Decision No. BZC-6897 (1984); including retail store, restaurant, retail catering, professional office, clinic, real estate, insurance or other agency office, office building, research laboratory, parking lot, parking garage and accessory parking; (5) All existing and likely future uses, including retail, restaurant, service, transient residences (such as for families of patients receiving treatment at the Hospital), educational, and general and professional office use. The 2013 IMP Amendment specifically additionally approves High Impact Subuses of ambulatory clinical care facility, power plant and centralized heating or cooling plant in the BCCB and parking facility in the Patient and Family Parking Garage as part of the 2013 IMP Amendment Projects at the Core Campus. In addition, notwithstanding any provisions in this IMP to the contrary, from and after approval of the 2013 IMP Amendment any change of use of the Longwood Research Institute Site at 340 Longwood Avenue from the uses specifically approved in the Development Plan for PDA No. 61 (Phase 2) will be submitted for review under Article 80D as a Proposed Institutional Project and shall be included in an amendment to the IMP.

One and 21-25 Autumn Street: All uses permitted under the 2008 IMP and the 2010 IMP Amendment for One and 21-25 Autumn Street are allowed. The 2008 IMP and the 2010 IMP Amendment approved the following uses at One and 21-25 Autumn Street: office uses (as defined in Section 2A of the Boston Zoning Code) and research and clinic laboratory uses.

819 Beacon Street: The 2013 IMP Amendment specifically approves retail, restaurant, service, educational and general and professional office use. The 2013 IMP Amendment additionally approves the High Impact Subuse of 496 above-grade parking spaces at 819 Beacon Street. The parking spaces are approved for use by employees of Children's, whether employed at 819 Beacon Street or in other Children's facilities, and for use by the public on evenings, weekends and holidays. In addition, prior to commencement of construction of the Project at 819 Beacon Street, the 2013 IMP Amendment approves continued use of that site as an open air parking lot for 249 vehicles as permitted under Zoning Board of Appeal Decision No. BZC-6224 (1983), Decision No. BZC-10.137 (1987), Decision No. BZC-28707 (2008) and Decision No. BZC-31677 (granting approval expiring March 15, 2015) (2012), without the necessity for any further relief or extension by the Board of Appeal.

4.2 IMP Dimensional Requirements

Core Campus: The Core Campus includes the areas formerly included in PDA No. 29, as amended, PDA No. 61, Phase 2, and PDA No. 16. For the purposes of determining FAR under the 2013 IMP Amendment, all FAR Lot Areas for all such PDAs are based on and incorporate the information contained in the Development Plans for such PDAs. To the extent the Development Plans for such PDAs may have included in the FAR Lot Area private ways open to public travel which should have been excluded from the definition of Lot Area under Article 2A, inclusion of such areas as part of the FAR Lot Area was approved in the 2008 IMP and the 2010 IMP Amendment for purposes of determining and approving dimensional requirements under the IMP.

The 2008 IMP and the 2010 IMP Amendment together incorporated the dimensional approvals under the pre-existing Development Plans for PDA No. 29, as amended, for PDA No. 61, Phase 2, and for PDA No. 16, as affected by Zoning Board of Appeal Decision No. BZC-6897 (1984).

Under the Development Plan for PDA No. 29, as amended, the PDA Area was 429,481 sf (which excludes Shattuck Street) and the FAR Lot Area within PDA No. 29 was 414,704 sf (which excludes Shattuck Street and the approximately 14,777 sf portion of Blackfan Circle north of Longwood Avenue but which appears to include Children's Way a/k/a Children's Road and Children's Place a/k/a the Blackfan Street Extension, both south of Longwood Avenue) and was subject to a maximum of 1,698,276 sf¹ of gross floor area (GFA), a maximum building height of 185 feet (the Research Building to the top of the last occupiable floor) and a maximum FAR of 4.1. No front, side or rear yards or parapet setbacks were required, except for a 12 foot parapet setback for the Research Building on the Blackfan Circle side. Under the Development Plan for PDA No. 61, as amended, the PDA Area and the FAR Lot Area within PDA No. 61, Phase 2 was 46,677 sf (which may include portions of an unnamed alley) and was subject to a maximum of 440,000 sf of GFA, a maximum building height of 298 feet and an FAR of approximately 9.43. Other proposed dimensions were approved as referenced in the Development Plans for PDA No. 29, as amended, and PDA No. 61, as amended.

Under the Development Plan for PDA No. 16, the PDA Area within PDA No. 16 was 48,891 sf and the FAR Lot Area within PDA No. 16 was 47,970 sf (consisting of 48,891 sf approved as PDA No. 16 in the Development Plan of which 921 sf has been excluded since it became subject to a sidewalk easement), which was subject to a maximum of 243,504 sf of GFA, consisting of an office building of approximately 98,176 sf and an above grade garage of approximately 145,328 sf of GFA, and an FAR of 5. Other proposed dimensions were approved as referenced in Zoning Board of Appeal Decision

¹ This number assumed the demolition of 57 Binney Street containing approximately 7,000 sf. This building has now been demolished in connection with construction of the Main Building Expansion on Binney Street.

No. BZC-6897 (1984). A front yard reduction to 8 feet was approved, and no side yard, rear yard or rear parapet setback were required. A reduction of the loading requirements to one loading bay also was approved.

2010 IMP Amendment: The 2010 IMP Amendment approved the Main Building Expansion at Binney Street of 79,975 sf (7,000 sf of which was a replacement for the prior 7,000 sf Binney Street building) and construction to a height of approximately 124'8" measured to the top of the last occupiable floor, measured from a base elevation of 37 feet as required under Article 2A of the Code. The 2010 IMP Amendment also contemplated a 1,300 sf Fegan elevator bank addition. In connection with the 2010 IMP Amendment, the Boston Zoning Commission approved Map Amendment No. 581 adding PDA No. 16 (48,891 sf) and an area over the Binney Street sidewalk (6,240 sf) to the IMP Area. As built, the Main Building Expansion at Binney Street is 82,750 sf (7,000 sf of which was a replacement for the prior 7,000 sf Binney Street Building) and the Fegan elevator bank addition is 5,871 sf.

As a result, the IMP Area of the Core Campus is currently 531,289 sf [viz. 429,481 sf + 46,677 sf + 48,891 sf + 6,240 sf], and the FAR Lot Area is currently 509,351 sf [viz. the IMP Area excluding the 14,777 sf portion of Blackfan Street north of Longwood Avenue, the 921 sf area of Longwood Avenue in front of 333 Longwood and the 6,240 sf area of Binney Street].

The GFA of the Core Campus after construction of the Main Building Expansion at Binney Street (with a final GFA of 82,750 net new sf), the Fegan elevator bank addition (with a final GFA of 5,871 net new sf) and the portion of a bridge within PDA No. 29 between the Karp Research Center and the Blackfan Research Center (with a final GFA of 60 net new sf) and taking into account the improvements constructed or to be constructed under PDA No. 29, as amended, PDA No. 61, as amended, Phase 2 (the Longwood Research Institute), and PDA No. 16 or otherwise existing is 2,513,262 sf of GFA, including 42,800 sf of GFA in prior renovation and maintenance projects referenced in the 2009 IMP Amendment.

Accordingly, the FAR within the FAR Lot Area of the Core Campus [viz. within the 509,351 sf FAR Lot Area of the Core Campus IMP Area is currently approximately 5 [viz. 4.93].

2013 IMP Amendment: The Boston Children's Clinical Building is proposed to include the addition of approximately 403,311 net new sf of GFA (after the demolition of approximately 41,689 sf of GFA) of inpatient, outpatient and medical support spaces, reaching a height of approximately 145 feet measured to the top of highest clinical use, 161 feet to the top of the highest occupiable story and 175 feet to the top of the mechanical floors² measured from a base elevation of 38'6" as required under Article 2A of the Code. Since above-grade parking is included as GFA under the Boston Zoning Code, the Patient and Family Parking Garage Addition is proposed to include the addition of approximately 29,370 new sf of

² Mechanical penthouse space which occupies more than 1/3 of the total area of the roof is included in height under Article 2A of the Boston Zoning Code.

GFA of parking facilities, reaching a height of approximately 79'8", measured from a base elevation of approximately 21'4" feet as required under Article 2A of the Code. Finally, Main Lobby improvements will create an additional approximately 1,000 new sf of GFA. In total, the 2013 IMP Projects within the Core Campus will add approximately 433,681 new sf of GFA to the Core Campus. The IMP Area of the Core Campus will be 531,289 sf and the FAR Lot Area will be 509,351 sf [viz. the IMP Area excluding the 14,777 sf portion of Blackfan Street north of Longwood Avenue, the 921 sf area of Longwood Avenue in front of 333 Longwood and the 6,240 sf area of Binney Street].

The FAR for the Core Campus after construction of the Children's Clinical Building and the Patient and Family Parking Garage Addition, and taking into account the improvements constructed or to be constructed under the 2008 IMP and the 2010 IMP Amendment (2,946,943 sf of GFA), within the 509,351 sf FAR Lot Area of the Core Campus IMP Area will be approximately 5.8 [viz. 2,513,262 + 433,681 sf divided by 509,351 sf]. All dimensional requirements and any modifications of requirements of the provisions of underlying zoning for the Main Building Expansion at Binney Street, the BCCB and the Patient and Family Parking Garage Addition including, but not limited to, height, yards and parapet setbacks, are approved under this 2013 IMP Amendment as shown on the plans for the Main Building Expansion at Binney Street, the BCCB and the Patient and Family Parking Garage approved or to be approved by the Authority under its design development approval process.

Longwood Research Institute: In recognition of the fact that the commencement of construction of the Longwood Research Institute will depend on market forces, the 2010 IMP Amendment eliminated the requirement that the building permit for the Longwood Research Institute must be applied for not later than ten years following November 21, 2003 (which was the date of issuance of the Adequacy Determination for the Blackfan Research Center). However, notwithstanding any provisions in this IMP to the contrary, from and after approval of the 2013 IMP Amendment, any change in bulk and dimensional matters from the matters approved for the Longwood Research Institute Site at 340 Longwood Avenue in the Development Plan for PDA No. 61 (Phase 2) will be subject to further review under Article 80D, to the extent applicable.

One and 21-25 Autumn Street: The 2008 IMP and the 2009 IMP Amendment approved the existing structures located at One and 21-25 Autumn Street. No new project is proposed at this location at this time.

819 Beacon Street: 819 Beacon Street is proposed to include the addition of approximately 412,404 new sf of GFA of office, retail and parking use (including 496 above-grade parking spaces, of which 249 are replacement spaces and 247 are net new parking spaces), in eight stories reaching a height of approximately 116 feet measured to the top of the last

occupiable floor³ measured from a base elevation of 24 feet as required under Article 2A of the Code. The FAR Lot Area of 819 Beacon Street is 69,892 sf⁴ and the GFA of 819 Beacon Street will be approximately 412,404 sf of GFA. Accordingly, the FAR for 819 Beacon Street will be approximately 5.9.

All dimensional requirements and any required modifications of the provisions under underlying zoning for 819 Beacon Street including, but not limited to, height, yards and parapet setbacks, are approved under this 2013 IMP Amendment as shown on the plans for 819 Beacon Street approved or to be approved by the Authority under its design development approval process.

4.3 IMP Parking and Loading

Core Campus: The 2008 IMP approved parking and loading for the Core Campus taking into account the improvements constructed or to be constructed under PDA No. 29, as amended, and PDA No. 61, Phase 2 (the Longwood Research Institute) or otherwise to be existing as 2,286 parking spaces, nine loading bays, and seven dumpster bays. Parking was subject to variation as leases expired or could not be renewed, are not renewed or replaced. Of these, consistent with PDA No. 61 (the Longwood Research Institute) 18 parking spaces are to be used by BMR-Blackfan, LLC the current owner of Phase 1 of PDA No. 61 (which are replacement spaces for spaces lost in construction). The 2008 IMP also permits the 454 spaces in the 340 Brookline Avenue Garage (formerly known as the BIDMC East Campus Parking Garage), to be used on an interim basis until commencement of construction of the Longwood Research Institute; a portion of such 454 spaces is being leased to BIDMC and Children's leases from BIDMC 198 BIDMC controlled spaces at the Center for Life Sciences Boston (CLSB).

The 2010 IMP Amendment also approved use by the Hospital of one loading bay and 405 parking spaces in the garage at 333 Longwood Avenue. The garage at 333 Longwood contains 490 parking spaces in total. Children's leases the entirety of the parking garage to a third party operator who operates the garage. Currently, up to 61 parking spaces within the garage are committed to use by third parties by way of parking leases (but are available to Children's if not used by such third parties) and the balance of the spaces within the garage are used by Children's. Accordingly, this 2013 IMP Amendment approves use by the Hospital of all 490 parking spaces at 333 Longwood Avenue (consisting of 429 spaces and 61 spaces to the extent not used by third parties).

³ 819 Beacon Street will also include a mechanical penthouse roof above the highest occupiable floor, occupying less than 1/3 of the total roof area of the 819 Beacon Street roof. Such mechanical penthouse is not included in height under Article 2A of the Boston Zoning Code.

⁴ This number assumes the discontinuance of Munson containing 4,727 feet.

This 2013 IMP Amendment also approves the Patient and Family Parking Garage Addition containing 76 net new parking spaces within the Core Campus and three loading bays within the BCCB.

Since the 2010 IMP Amendment, there have been various changes to the parking spaces available to Children's through leases as shown on DPIR/DEIR Table 3-1. Parking will continue to be subject to variation as leases expire and cannot be renewed, are not renewed or are replaced.

819 Beacon Street - This 2013 IMP Amendment approves up to 496 above-grade parking spaces (including 249 replacement spaces and 247 net new parking spaces at 819 Beacon Street. Children's leases the entirety of the parking garage to a third party operator who operates the garage. 158 spaces will support the uses within 819 Beacon Street and 89 spaces will be available to employees in other Children's facilities. The parking spaces also will be available for use by the public on evenings, weekends and holidays. The 819 Beacon Street Project will contain two loading bays.

4.4 Proposed Zoning Controls

At the time of approval of the 2008 IMP, Boston Zoning Map 1 was amended to eliminate the PDA Overlay Districts for PDA No. 29, as amended, PDA No. 61, as amended, (Phase 2 only), and to create an overlay district known as the Children's Hospital Boston Institutional Master Plan Area. Accordingly, the 2008 IMP incorporated by reference the provisions of PDA No. 29, as amended, and PDA No. 61 pertaining to Phase 2, except to the extent modified by the 2008 IMP. In connection with the 2010 IMP Amendment, the Boston Zoning Commission approved Map Amendment No. 581, which amended Boston Zoning Map 1 to eliminate the PDA Overlay District for PDA No. 16, and added the same (48,891 sf) and an area over the Binney Street sidewalk (6,240 sf) to the Children's Hospital Boston Institutional Master Plan Area for the Core Campus. In addition, the 2008 IMP included One and 21-25 Autumn Street within the Children's Hospital Boston Institutional Master Plan Area.

Consistent with this 2013 IMP Amendment Boston Zoning Map 1 will be further amended to include 819 Beacon Street (69,892 sf) within the IMP Area. The resulting IMP Area, which is depicted on Figure 4-1, will encompass all property owned by Children's within Boston Proper. In addition, the name of the IMP Area will be amended from the "Children's Hospital Boston Institutional Master Plan Area" to the "Boston Children's Hospital Institutional Master Plan Area" reflecting a change of name of the Hospital.



Boston Children's Hospital



Figure 4-1
Proposed IMP Area

4.5 Portions of the IMP Area within the Groundwater Conservation Overlay District

Portions of the Core Campus, consisting of the area north of Longwood Avenue (the areas formerly part of PDA No. 16 and PDA No. 61, Phase 2 and the area added to PDA No. 29 by Map Amendment No. 366), but excluding the areas south of Longwood Avenue (viz. the area originally part of PDA No. 29 under Map Amendment No. 212 and One and 21-25 Autumn Street), are located within the Groundwater Conservation Overlay District (GCOD) governed by Article 32 of the Zoning Code⁵. 819 Beacon Street is located outside of the boundaries of the GCOD. Any and all proposed improvements within the IMP Area to which the provisions of Article 32 are applicable⁶ including Projects and other campus improvements that meet the groundwater conservation requirement thresholds set forth in Article 32, will obtain a written determination from the Boston Water and Sewer Commission as to whether said standards are met and will provide a copy of this letter to the BRA and the Boston Groundwater Trust prior to the issuance of a Certificate of Consistency for any proposed improvements in the portions of the IMP Area within the GCOD. Accordingly, Children's will not be required to obtain a conditional use permit from the Board of Appeal for each such proposed improvements.

The BCCB site is located approximately one block south of Longwood Avenue and is not located within the GCOD, and 819 Beacon Street is not located in the GCOD. Accordingly, the Children's Clinical Building and 819 Beacon Street are not subject to the requirements of Article 32. However, Children's will coordinate with the Boston Groundwater Trust as necessary. General good groundwater management practices will be employed during construction operation.

4.6 Effect of Approval of IMP

Pursuant to Article 80D of the Code, upon approval of the IMP by the BRA and its adoption by the Boston Zoning Commission, uses or structures existing or described in the IMP as Proposed Projects, including leased space, will be deemed to be in compliance with the use, dimensional, parking and loading requirements of underlying zoning (including special purpose overlay districts) and may be reconstructed after casualty, notwithstanding any provision of underlying zoning to the contrary and without the requirement of further

⁵ It is unclear where the GCOD boundary is as to Longwood Avenue itself.

⁶ Article 32 is applicable in cases involving, (a) the erection or extension of any structure, where such new structure or extension will occupy more than fifty (50) square feet of lot area; (b) the erection or extension of any structure designed or used for human occupancy or access, mechanical equipment, or laundry or storage facilities, including garage space, if such construction involves the excavation below grade to a depth equal to or below seven (7) feet above Boston City Base (other than where such excavation is necessary for, and to the extent limited to, compliance with the requirements of this article); (c) to Substantially Rehabilitate any structure; or (d) any paving or other surfacing of lot area.

zoning relief. Such approvals shall apply whether such uses or structures are conducted or occupied by Children's or any other entity, whether for-profit or non-profit, and notwithstanding any requirement that any such entity undertake such uses or occupy such structures pursuant to an Institutional Master Plan.

So long as the existing uses or structures and the Proposed Projects are consistent with the provisions of the IMP and the Proposed Projects are subject to the BRA design approval process, the existing uses or structures and the Proposed Projects may be located on multiple contiguous parcels or lots, whether or not any portion of the existing uses or structures or the Proposed Projects on a particular parcel or lot satisfies the provisions of the underlying zoning. Consistent therewith, any yard and setback requirements shall be measured at the exterior property lines of the IMP Area, and shall not apply to any interior lots that may exist or be created within the IMP Area. Height shall be measured to the top of the last occupiable floor and shall not include mechanical floors or penthouses, whether or not such mechanical floor exceeds 1/3 of the roof area. FAR shall be measured separately with respect to the Core Campus of the IMP Area as a whole, One and 21-25 Autumn Street as a whole and 819 Beacon Street as a whole.

4.6.1 Design Review of Proposed Project(s)

Final plans and specifications for the proposed Projects shall be subject to review and approval by the BRA in accordance with its Development Review Guidelines (2006). The final plans and specifications, as approved by the BRA, shall be deemed to be approved under this Institutional Master Plan.

4.6.2 Future Building Renovation and Maintenance Projects

Throughout the term of the IMP, Children's anticipates conducting ongoing building alteration or renovation projects and other campus improvements which may consist of an erection or extension of an Institutional Use but which may be below the thresholds for IMP Review or Large Project Review. So long as each such alteration, project or improvement is below 20,000 sf GFA, such work may be conducted without amendment of the IMP and the permitted FAR under the IMP shall be deemed adjusted accordingly.

Campus improvement projects which result in an increase in GFA shall be subject to review and approval by the BRA in accordance with its Development Review Guidelines (2006). The final plans and specifications, as approved by the BRA, shall be deemed to be approved under this Institutional Master Plan. The height and area of signs on a sign frontage may exceed the limits established by Article 11 of the Boston Zoning Code provided that the design and dimensions for such sign is approved by the BRA.

4.6.3 *Future Leased or Purchased Space*

From time to time during the term of the IMP, Children's may purchase or lease space and parking facilities located outside of the IMP Area. Any such facilities, regardless of whether they exceed IMP exemption thresholds, will not require an amendment to the IMP as long as the use category of the underlying zoning which most closely described the use of such facility is either allowed as of right by the underlying zoning or is allowed by zoning relief obtained by the property owner. This will give Children's the needed flexibility to meet its space and parking needs.

4.6.4 *Future Transfers of Space*

During the term of the IMP, it is also possible that Children's will transfer certain property described in the IMP. In such event, Children's may, by written notice to the BRA, elect to remove such property from the IMP and/or IMP Area, whereupon:

- a) such transferred properties, to the extent that they do not conform to the underlying zoning, shall be deemed to be lawful prior nonconforming uses and structures; and
- b) remaining uses and structures described in the IMP shall be deemed to be lawful prior nonconforming uses and structures to the extent they do not conform to underlying zoning, notwithstanding the creation of a new lot as a result of such transfer.

4.6.5 *Future Reallocation of Certain High Impact Subuses*

From time to time during the term of the IMP, Children's may reallocate Gross Floor Area among the various Hospital Subuses, including all High Impact Subuses. Any such reallocation will not require an amendment to the IMP. This will give Children's the needed flexibility to meet its operational needs. However, notwithstanding any provisions in this IMP to the contrary, any change of use of the Longwood Research Institute Site at 340 Longwood Avenue from the uses specifically approved in the Development Plan for PDA No. 61 (Phase 2) to a High Impact Subuse will constitute a Proposed Institutional Project which shall require an Amendment to the IMP as provided under Article 80D.

Chapter 5.0

Public Benefits

5.0 PUBLIC BENEFITS

5.1 Introduction

Boston Children’s Hospital’s community mission is to enhance the health and well-being of the children and families it serves and to affect systemic change to achieve health improvements for children in Boston and beyond. This section provides a summary of some of the Public Benefits provided by Boston Children’s Hospital. A more detailed description of these efforts can be found in the Office of Child Advocacy’s Annual Report, spotlight in Appendix A or on the Hospital’s website at childrenshospital.org/community.

The neighborhoods of Boston benefit most from Children’s deep commitment to community health. The Hospital invested nearly \$21.5 million in FY11 to support Boston children and families, of which:

- ◆ **Safety Net.** More than \$16.7 million ensured the “safety net” for access to care for Boston children, including free care, unreimbursed costs for children insured by Medicaid, and services that are not readily available elsewhere.
- ◆ **Community Service.** Another \$4.7 million was allocated to programs that address the most pressing health needs of Boston children and families. Children’s focuses its resources and investments in programs that will improve child health in Boston and achieve broader systemic change in the areas of asthma, mental health, obesity and child development.

Investment in Boston Children and Families FY11	
	FY11 actual
Safety Net	\$16.7 M
Community Service	\$4.7 M

In addition to direct expenditures by Children’s in support of Boston children and families, Children’s recognizes that strong partnerships with City agencies and initiatives are critical to addressing health and also non-health issues that have an impact on community health. Thus, the Hospital makes supplementary direct cash contributions or grants to support key City of Boston agencies and initiatives which help to make Boston a healthier place for children and families, in addition to making cash contributions to the City Assessor annually as general revenue. In FY11, Children’s made cash contributions to support the City’s general fund as well as those city agencies and initiatives in which the Hospital has developed deep, lasting partnerships.

Everything Children's does in fulfilling its community mission is based on how it can best utilize its expertise, resources and partnerships to address the most critical health issues families face today. Its mission revolves around keeping Boston children healthy through wellness and prevention efforts, ensuring that children have access to needed health care services and partnering with others to address non-health issues such as violence, workforce development and education. In all these endeavors, Children's seeks out input from its key partners to ensure that the Hospital's priorities are aligned with those of the City of Boston, the Boston Public Health Commission, the Boston Public Schools and other city agencies.

5.2 Safety Net

Children's is the leading provider of health care to low-income and uninsured children in Massachusetts, and is the safety net provider for Boston's children. More than half of all Boston children hospitalized come to Children's, and nearly one-third of Children's outpatients come from Boston and neighboring municipalities. The Hospital's safety net is both financial and programmatic, ensuring that care is available to patients regardless of their ability to pay and that needed care is accessible.

- ◆ It is financial in that the Hospital provides free care, subsidizes care for Medicaid patients, and incurs bad debt for patient families who cannot or do not pay for the care they receive.
- ◆ It is programmatic in that the Hospital offers vital, subsidized services that either are unavailable elsewhere or are available in very limited capacity and support to important components of the City's health care delivery system. Children's is affiliated with 11 Boston community health centers including its own Martha Eliot Health Center, which in total provided primary care and support to an estimated 33,000 Boston children and their families (See Section 5.4 on Community Health Centers).

5.3 Community Service

5.3.1 Supporting Programs to Address Core Health Issues and Achieve Systemic Change

Children's needs assessment process both identifies community health priorities and informs the Hospital to help prioritize and determine the best ways to utilize its resources and partnerships to bring about change. Children's also works to ensure that the Hospital's community health priorities are in alignment with its key partners, the City of Boston and the Boston Public Health Commission (BPHC).

A handful of core health issues remain at the top of the list of both local health needs and areas where there is the greatest community need including asthma, obesity, mental health and child development. These are also areas in which Children's has significant clinical expertise, strong partnerships and the resources to make an impact.

Children's has developed a strategy to improve child health outcomes by investing Hospital financial and human resources in a portfolio of programs addressing these core issues. Following are descriptions of the programs.

Asthma

Since 2005, the **Community Asthma Initiative** (CAI) has helped to improve the health and lives of 800 Boston children with asthma. Through a comprehensive and community-oriented program, CAI provides case-management and home visits, offers education to caregivers and providers, distributes asthma control supplies, connects families to resources, as well as increases access through advocacy. As the data shows, CAI has improved health outcomes for children and proven to be cost-effective. As a result, CAI has evolved into a model that has the potential to reach every child with asthma in Massachusetts. CAI and the Asthma Regional Council developed a business case for its approach to pediatric asthma management. This "Business Case" was instrumental in convincing legislators of the benefits of such an approach and to provide funding for a MassHealth demonstration project that will provide case management to children with asthma. As a result of CAI's success using a nurse case management model, the Boston Public Health Commission invited CAI to participate in the Boston Home Visiting Collaborative to provide guidance in developing standards for home visiting programs. Finally, CAI has received funding to provide technical assistance to Alabama to replicate the CAI model in that state.

In FY11, CAI was able to show that the program reduced the percentage of patients who have had any asthma-related emergency department visits by 81% and any emergency department visits by 62%. In addition, the program was able to show a 41% decrease in the percentage of children who have had any missed school days and a 46% decrease in the percentage of parents/caregivers who have had any missed work days.

Mental Health

Children's Hospital Neighborhood Partnerships (CHNP) is the community mental health program in the Department of Psychiatry at Boston Children's Hospital. Established in 2002, CHNP places Children's clinicians in 15 Boston area schools and five community health centers to provide a comprehensive array of mental health services to children and adolescents where they live and learn. CHNP's goals are to: 1) increase access to mental health services for children in underserved communities; 2) promote children's social-emotional development; 3) build the sustainable mental health capacity of partner schools and community health centers; and 4) achieve high satisfaction with services provided among all key stakeholders. CHNP has proven successful in helping schools develop their

capacity to address the mental health needs of students. It has also evolved into a model that can help schools across the city and state build the internal capacity to proactively address behavioral health issues. CHNP was asked to serve as the main partner for the Boston Public Schools in the development of a district wide behavioral health model that will pilot many of the bill's elements and will serve as a model for school districts across the country.

CHNP has shown that the program can effectively decrease wait times for crisis (immediate intervention by the school-based CHNP team versus approximately 90 minutes of wait time for outside clinicians) and routine clinical services (10 days compared with 42 days in outpatient setting). Nearly 1,800 students in partner schools were provided with prevention and early intervention services. Over 290 teachers participated in professional development workshops, and 756 families participated in parent workshops and community events.

Obesity

Every year, over 900 Boston children are referred by health care center providers to participate in the **Fitness in the City Program** (FIC), Children's community-based approach to address obesity. FIC supports 11 Boston community health centers, including Martha Eliot Health Center, to provide its pediatric patients with case-management support as well as nutrition education and physical activity programs. FIC has demonstrated that it is an effective model to help children reduce or maintain their Body Mass Index and make the behavioral changes needed to maintain a healthier weight. The program also shows potential for building community capacity using a public health approach to achieve systemic change. FIC also believes that its approach will become an important part of pediatric medical homes as the model is an effective way to deliver coordinated, patient centered and culturally competent services to address obesity.

The majority of children (57%) participating in FIC have been able to decrease their Body Mass Index after one year in the program. Children participating in the program also report spending less time watching TV on weekends and decreasing their soda/juice intake after 12 weeks in the program.

Child Development

The Advocating Success for Kids Program (ASK) provides access to needed services for families with children experiencing school-functioning problems and learning delays. ASK focuses on providing services to diverse, urban populations in community-based pediatric practices—Children's Hospital Primary Care Clinic (CHPCC) and three Boston community health centers (CHCs). Not only does ASK provide developmental evaluation and patient advocacy services to families, it does so in a timely way, through a one-stop-shopping model that empowers parents to advocate on behalf of their children within the school

system. Finally, ASK provides an important opportunity to train psychology and developmental medicine fellows about providing community-based, culturally competent care.

Last year, 356 children were served by the ASK Program, which has been able to ensure that 87% of referred patients completed their scheduled appointments at community health centers.

5.3.2 Addressing Social Determinants of Health

“The influence of place on health is related to other major influences on health and life expectancy such as income and education.”¹

Recognizing the link between social issues and health issues, Children’s collaborates with community partners to respond to three of the most pressing social determinants of health facing Boston residents: education level, income, and violence.

Education and Schools

Children’s recognizes that access to a safe and supportive educational environment is vital to a child’s academic success and to ensuring future economic mobility and opportunity. Children’s partners closely with the Boston Public Schools to support and strengthen the system, as a whole as well as to work directly in school settings to reach students and help families overcome barriers that may prevent their children from functioning well in school. Children’s supports programs such as Thrive in 5, Smart from the Start and Countdown to Kindergarten. In addition, the Hospital provides direct services through initiatives such as the Children’s Hospital Neighborhood Partnerships Program and the Advocacy Success for Kids Program. (See Appendix A for more detail.)

Income

Children’s recognizes that one of the most significant ways to address poverty in the local neighborhoods is to provide employment and career development opportunities to local Boston residents. This approach has the double advantage of ensuring a diverse and culturally competent workforce. The Hospital addresses workforce development through a network of strong community partnerships, spanning across a continuum of activities. Partners include Sociedad Latina, the Fenway Community Development Corporation and Jewish Vocational Services. See Section 3.4 for additional discussion of Workforce Development and Training.

¹ Williams, David R. and Marks, James. *Community Development Efforts Offer A Major Opportunity To Advance Americans’ Health*. HealthAffairs. <http://content.healthaffairs.org/content/30/11/2052.full#aff-1#aff-1>

Violence and Violence Prevention

Exposure to violence, both directly and indirectly, has a profound impact on the physical and emotional health of those affected—the effects of which can negatively influence other aspects of their lives, including work and school. Children’s plays a key role in helping Boston children and families cope with the impact of violence in their lives and working with communities to help prevent it, including the Jamaica Plain Violence Intervention and Prevention Collaborative (JPVIP), a partnership with 15 local organizations including the Hospital’s own Martha Eliot Health Center in Jamaica Plain. Additionally, the JPVIP model will be replicated by the Boston Public Health Commission, with Children’s support, at two additional community health centers. (See Appendix A for more detail.)

5.4 Supporting the City’s Infrastructure

Children’s is also committed to, and directs resources to build capacity within the existing infrastructure of care for Boston children and families. This means partnering with and supporting two key community groups—the Boston Public Health Commission (BPHC) and Boston community health centers.

Boston Public Health Commission

Children’s has been a longtime partner with the BPHC, working together on pressing health issues and supporting efforts to help children, adolescents and young adults, including:

- ◆ A Children’s-initiated, first-of-its-kind study to assess the needs of young children in Boston; the study will include phone interviews, a review of public health data on children’s issues and a literature review of program best practices;
- ◆ Participation in the BPHC’s Tobacco-Free Hospital Initiative and Sugar-sweetened Beverage Learning Network, in addition to the formation of an internal Health Hospital Workgroup to analyze and make recommendations for Hospital policies promoting a healthy environment for patients, families, and staff; and
- ◆ Provision of financial support and expertise to the BPHC to support the City’s NeighborCare initiative, an effort encouraging Boston residents to receive primary care at community health centers.

Community Health Centers

Community health centers are key partners in Children’s efforts to 1) build community capacity to deliver high quality pediatric care and services; 2) address critical health needs for children, youth and families; 3) improve quality initiatives within community health centers to track areas such as asthma care, immunization rates, obesity and child development; and 4) improve access and coordination of care through advocacy efforts.

Children's provides financial and programmatic support to 11 Boston community health centers: Bowdoin Street, Brookside, Dimock, Joseph Smith, Roxbury Comprehensive, South Cove, South End, Southern Jamaica Plain, Upham's Corner, Whittier Street and the Hospital's own Martha Eliot.

These health centers provide primary care and support, including medical, dental, and mental health services, to an estimated 33,000 Boston children and their families, particularly the uninsured and underinsured.

Children's support enables these health centers to augment current services or provide new services that are in great demand, yet not always readily available. The health centers are able to reach hundreds of children per year with case management support, nutrition and fitness education, psychiatric and developmental consultation and other services.

5.5 Contributing to the Vibrancy of Boston

Children's feels an important obligation to help improve the City of Boston and is active in a number of local and state civic organizations, including: Boston Alliance for Community Health; Greater Boston Chamber of Commerce; Massachusetts Taxpayers Foundation; Mass Inc.; and A Better City.

5.6 Workforce Development and Training

As previously described, Children's takes its roles as an employer and civic leader seriously and seeks to advance these roles through comprehensive workforce development efforts. One of the Hospital's fundamental goals in this area is providing community members with opportunities to explore health careers, and as a pediatric hospital, particularly focus on local youth. Section 3.4 of the IMP Amendment includes a detailed discussion of Workforce Development and Training.

5.7 Employment

As of 2013, approximately 18,000 people work at Children's and at its facilities throughout greater Boston, which includes more than 9,100 "associated personnel" who work, study, or volunteer at Children's.

Children's has approximately 8,900 employees paid directly from the Hospital, of whom approximately 31% reside in Boston.

The construction of the 2013 IMP Amendment Projects will contribute directly to the local economy by creating approximately 2,200 construction jobs as a result of the Boston Children's Clinical Building and approximately 193 construction jobs for 819 Beacon Street Project. For each Project, a Boston Residents Construction Plan will be submitted in accordance with the Boston Jobs Policy. The Plan will provide that Children's will make -

reasonable good faith efforts to have at least 50 percent of the total construction worker hours be by Boston residents, at least 25 percent of the total construction worker hours be by minorities, and at least 10 percent of the total construction worker hours be by women.

5.8 Voluntary Cash Payments to the City of Boston

In addition to the monetary value of Safety Net and Community Services rendered by Children's as discussed above, Boston Children's Hospital makes cash payments to the City consisting of both cash payments to support specific City programs, as discussed above, and annual voluntary cash payments to the City of Boston Assessing Department for the City's general fund which have been made by Children's since 1994.

5.9 Linkage

In connection with the 2013 IMP Amendment Projects, Boston Children's Hospital will make a housing linkage contribution to the Neighborhood Housing Trust and jobs linkage contribution to the Neighborhood Jobs Trust as applicable for development greater than the 100,000 sf exemption under Article 80.