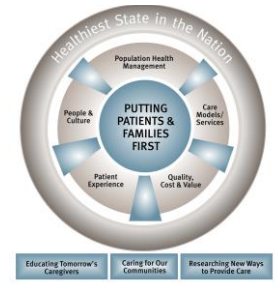


## Neighborhood Meeting Minutes

March 21, 2017, 6:00pm – 7:30pm

Maine Medical Center

Dana Center Auditorium



## Minutes

An informal meet and greet in the lobby of the Dana Center took place prior to the commencement of the 6pm meeting.

1. **Welcome and introductions** – Jeff Sanders COO welcomed the neighborhood attendees to the meeting and set forth the agenda for the evening. Zack Barowitz and Tim McNamara, two Neighborhood Representatives in attendance, were acknowledged.
2. **MMC Updates** – Jeff Sanders updated the neighbors on the progress of the Master Facility Plan. Last week MMC recently filed its Certificate of Need with the state regulatory authority. It is the expectation that the state's review of the application will take +/- 9 months.

MMC has been working closely with the City through the new IOZ and IDP process. The current plan is to submit MMC's IDP to the City towards the end of April. In working through the process, MMC continues to work on its Transportation Demand Management (TDM) strategies, which will be outlined in the IDP. It also continues to work on its parking demand and supply numbers which VHB will share with you. MMC has recognized that its need for parking, and parking locations, is of primary interest in this process. MMC has been listening to the neighborhoods' thoughts on parking locations and the concerns that have been raised over the height of the Gilman Block garage. As a result, MMC is undertaking an analysis of potential alternative locations for parking structure(s). While the Gilman Block continues to be a viable option, and no one location is mutually exclusive, MMC is exploring other potential locations, in particular the South Lot and 222 St. John Street (East Brown Cow). MMC has further work to complete before understanding the viability of these other sites.

MMC has hired Turner Construction to work on pre-construction activities, such as cost estimation services. Turner may be engaged for the whole project and that will be determined over the next several months.

Following the City's approval of its IDP MMC will then proceed to the site plan approval phase of the project.

3. **City Update-** Jean Fraser, Senior Planning, City of Portland, updated the neighbors on the IOZ process. The City has been developing an umbrella Institutional Zoning ordinance which is designed to promote flexibility for institutional growth and transparency of communications with neighborhoods. The IOZ has been through four Planning Board workshops. The Ordinance text will be presented to the Planning Board public hearing on March 28, at 4:30 pm.

4. **VHB Presentation-** Sean Manning from the national parking and traffic consultant group, VHB, has been hired by MMC to assist with parking demand and TDM. The questions he asked include: how does MMC function with parking today and how it should address growth; how does MMC's existing TDM work and what measures could be successfully implemented to achieve a sustainable multi-modal solution for staff to get to the hospital (i.e. use of other modes than driving / parking).

Mr. Manning presented an outline of the data collected to date and the conclusions reached regarding parking demand and supply at MMC, both today and 5 years from now. The presentation was lengthy with the following highlights:

A) due to the nature of healthcare the majority of patients will drive to the hospital. This is true even in cities where there exists a robust public transit system. TDM principles do not easily apply to increasingly sicker patients coming to the hospital. In addition, MMC's patients, being a tertiary hospital, are coming from a large catchment area and are driving to the Hospital. How can MMC provide a parking system for patients, which results in a quality experience for the patient? Patient parking today is undersized and the data collected indicates, subject to additional refinement, an additional 200-250 spaces will be needed at the end of 5 years. This estimate has withstood a peer review assessment performed by VHB.

B) In areas where there is a substandard public transit system, it is not unusual to see a high percentage of staff also driving to work. VHB estimate about 91% of MMC staff currently drive to work. Given its knowledge and experience dealing with healthcare entities, and the demands of such workplaces, this was not a surprising number to VHB. C) Currently MMC does not provide enough parking for staff. VHB is refining the numbers but it is estimated that MMC will need to provide an additional 500-600 spaces for staff to accommodate the demand in 5 years' time. These estimates have undergone a peer review with other healthcare entities in the northeast/Midwest and the numbers are in line with other similarly situated healthcare entities.

D) Mr. Manning noted basic concepts in TDM that are being studied presently to determine what methods will achieve the highest results for MMC. There is a desire by the hospital to have sustainable multi-modal transportation alternatives to vehicles. Mr. Manning cautioned that MMC can move the needle on the number of employees using TDM but, that based upon his experience nationally, expectations need to be reasonable as to the number of employees who will choose to alter behavior in the short term.

A good discussion resulted from questions raised by the neighbors in attendance including: creating barriers to unfettered access to parking MMC parking garages; the lack of general success of automated parking; probing the basis for peer review comparisons; the need for robust public transit by City and state entities in order to spur a change in commuter behavior; the use of incentives and disincentives in a TDM plan; the need to accurately and clearly explain the parking demand and supply numbers is crucial.

**Q:** Interim parking spaces? **Sean:** The new employee parking garage portion of the project is an important one to address and plan for first because that must be constructed first in order to remove the existing garage, which then would allow construction to begin on the largest part of our project: the Congress street building that will house the new procedure rooms and patient

rooms.

**Q:** Where do the staff parking demand numbers come from? **Sean:** The demand numbers are peak accumulation number from weekday use. In the world of parking design for healthcare facilities, we take away all the days that are not representative of a typical day (summers, holiday weeks, Mondays and Fridays year round). We pick representative time of the year Jan-Feb-March, Sept-Oct, and conduct studies on a representative Tue, Wed or Thursday. We want to make sure the demand analysis is representative. This is peak typical weekday demand that happens 100 times a year. If there was a specific time during one day of the week that was most representative of peak demand it would probably be a Wednesday at 11:30am.

**Q:** Would that number be totally different if it was taken at 11pm. **Sean:** Yes, activity at the hospital is much lower at that time – fewer employees, fewer visitors, no vendors, etc. The patient number could be about half and staff might be half and even lower.

**Q:** Will there be more incentives on TDM before the next phase of parking development? **Sean:** The numbers presented have not factored in positive TDM impacts. However even the most effective TDM plan will only impact a limited number of employees. Any TDM at MMC could positively change parking demand, but it would not likely be 100s of people. Although we would be very happy with that and I think the neighbors would too, it has been shown in numerous projects we have worked on there is a limited segment of the total employee population that would respond positively to a TDM no matter if it is based on incentives, penalties or a balance of both. It's our job to come up with a strong TDM program that will influence that target segment.

**Q:** What is the capacity of the current parking garage which will be eliminated? **Sean:** Capacity is 1200.

**Q:** Have you looked at property elsewhere in the City or outside of the City (i.e. in Westbrook, etc.) to build a parking garage? **Jeff:** Right now 222 St. John Street and the South Lot are the areas being evaluated. We are looking at other areas with a heavy concentration of employees that may present opportunity for shuttle service/car pool/ etc. However we have heard from employees that they prefer to park close to work due to the unpredictable nature of their work shifts; many employees shorten or extend their shift to accommodate patient demand. There is also a safety aspect as many, many employees come to or leave work in the dark and they are also required to come to work despite inclement weather. Employees also need predictability.

**Q:** Does the calculation of parking spaces currently available include the surface lot at East Brown Cow? **Sean:** Yes. Currently we have many employees who park in this lot and shuttle to the medical center.

**Q:** Would you update your slide to identify the locations of existing parking serving MMC? **Sean:** Yes, we can do that.

**Q:** Are you looking at what other institutions are doing for TDM and how MMC compares to that? **Sean:** Yes and it varies widely. The more urban the environment, the less parking provided because parking is incredibly expensive. In Boston, if you don't validate as a patient, parking in a hospital garage for 8 hours will cost you \$50. Also, Longwood Medical Area in Boston has a Consortium called MASCO that manages TDM for many organizations. They own and operate 50 shuttle buses. At Washington University in St Louis, people park for free. You couldn't charge for parking because no one would pay as parking is typically abundant in that community. Maine has the same issue - the market doesn't call for charging for parking because in most cases people don't need to pay to park. However MMC is located in an urban environment and on a tight footprint on a large hill. Under these circumstances and in a vacuum, people would normally be asked to pay for parking and they would expect to have to pay for parking. However

most Mainers aren't used to paying for parking so that creates a natural challenge for us as we develop our institutional TDM. Overall TDMs are very unique to the institutional context.

**Q:** Is MMC a forerunner in TDM? **Sean:** In 2005-6 the City required a TDM plan at MMC. No one else in the City had implemented a TDM at that time. The second and third-largest employers in the City behind MMC (the City of Portland and UNUM) do not have TDM plans. So in that regard, yes. VHB is now evaluating the MMC program and looking to take it to the next level. Again there are some challenges for MMC and revisions to its TDM but we think there is an opportunity to develop a program that can viably serve a segment of MMC employees. The key will be to craft the right program and for us to have appropriate expectations with regard to how much change we can practically achieve given MMC's unique context and employee transportation needs.

**Q:** Why can't you charge for parking? **Sean:** It's important to be competitive relative to context. If our TDM plan stated that MMC charges \$200 / month for staff parking - that would be a big problem. Staff would likely look elsewhere for employment in the field. Recruiting would be difficult. This scenario would also create new problems for the community as employees would look for cheaper alternatives in the neighborhood. That would be counter-productive for everyone. The next question is whether charging for parking would change people's travel behavior? VHB's research and experience leads us to believe that it would not. There is a lack of public transit to assist people in travelling to work in a timely and stress-free way. That doesn't mean changes to the non-driving environment, such as public transit, and bike network, wouldn't help. We believe with improvements there it would be easier for employees to find alternative commuting options and also to give our TDM more to work with.

**Q:** Does MMC charge patients to park? **A/ Sean:** - Nothing MMC can do as an incentive or disincentive is likely to change patient driving behavior. That is because MMC patients are older and sicker than national averages so these people typically require convenient, safe and flexible transportation, and driving and parking allows them to have that. **A/ Jeff:** We as an organization decided not to charge for parking as part of the service MMC provides to its patients and their families. It would create additional financial burden for some patient and our mission is to provide affordable, accessible care to those we serve. **Sean:** Even in Boston, patient parking fees are heavily reduced.

**Q:** Tim – What is the rate that MMC charges for staff parking? **A/ Jeff:** Today, it is \$6/mo.

**Q:** Does VHB data capture how long people are parking when they park? **Sean:** No. The technology is not in place to assist with that. Technology is one of the things MMC is working on improving to both better understand its parking dynamic but to also better manage its capacity so we can get more out of fewer spaces.

**Q:** Any thought on underground parking like is used in Montreal/Toronto? **A/ Jeff:** We are evaluating this option as we complete our feasibility study. **Sean:** The necessary blasting creates noise and vibration that is important to consider for both patients, the neighborhood and overall impact on the project. For example, at Brigham & Women's in Boston - the blasting needed to be done in small segments and thus created significant delays in the project. MMC sits on a large hill that is literally a mountain of rock, it would probably be very difficult to do but we don't have a complete picture of this yet. It's a very good question to raise here.

**Q:** Is there any discussion by the City to turn 1hr on street parking to 2hr to alleviate patient parking demand? Is the City of Portland involved in the conversations to look at alternatives, etc. **Sean:** Yes the city is involved and yes we want to look at all of the options to address parking demand. But we don't want to solve MMC's parking challenges by creating new ones for

the neighborhood. I would hope the solution would not rely on surrounding streets to solve MMC's parking. In that vein, we might help ourselves by converting some of the surrounding one-way streets to 2-way. And maybe even get rid of on-street parking. Some of these changes, which would need to be looked at in partnership with the City, could even result in safety improvements in the neighborhood and positively impact traffic flows in the areas.

**Q:** I live on West and Chadwick. The next 2 streets over on Carroll is 2 hrs. parking. When was the last time the City did an assessment up here? I don't see abuse of on street parking by hospital staff. I think it's mostly residents. As you open up the box of ideas, is the City engaged to see that there are things they can do to improve things? **A/Jeff:** I am not sure when the last assessment was conducted but absolutely the City has been engaged.

**Q:** Any plans to put a parking garage on South Lot? **A/Jeff:** It is one of the three options we are evaluating at this time.

**Q:** How many stories? **A/Jeff:** Currently, we are carefully evaluating the Gilman block and now also at 222 St John where we are already leasing spaces from East Brown Cow.

**Q:** I live on Marshall / Hill St. A parking garage on the South Lot would block my sunlight. **A/Jeff:** It's important that we understand all the ways any aspects of our planning could impact our neighbors. Thank you for sharing.

**Q:** Is south lot part of the overlay zone? **A:** Yes. When we started a year ago, we were bound to contract zone. Now the Institutional Overlay Zone that the City is considering would include the South Lot. **Q:** Do you have plans for your building on Marshall Street? **A:** Not at this time.

5. **Conclusion and Adjournment** – Jeff Sanders concluded the meeting. MMC will be sharing this parking information with the City Planning Board on March 28 or at a later meeting. MMC will continue talking with the neighborhood representatives on a monthly basis. It has added Libbytown to the meeting- Zack Barowitz is the neighborhood representative. Please check out MMC's website where we post all info related to the project, all agendas/minutes from neighborhood associate meetings, Planning Board submissions etc are there. As we get more into the project, the focus will be more on construction management and mitigation measures.

Meeting adjourned.