



January 6, 2020

Harrison R. Bane, President
Steward St. Elizabeth's Medical Center of Boston
280 Washington Street,
Brighton, MA 02135

Stephen W. Van Ness, Vice President – Planning & Design
Steward Health Care Corporate Real Estate
2 Copley Place, Suite 101
Boston, MA 02116

Re: Scoping Determination
St. Elizabeth's Medical Center Parking Garage

Dear Mr. Bane and Mr. Van Ness:

Please find enclosed a Scoping Determination in association with the proposed St. Elizabeth's Medical Center Parking Garage in the Brighton neighborhood of Boston. This Scoping Determination describes information required by the Boston Redevelopment Authority d/b/a the Boston Planning & Development Agency ("BPDA") in response to the Expanded Project Notification Form, which was submitted under Article 80B of the Boston Zoning Code on September 6, 2019. Additional information may be required during the course of review of this proposal.

Should you have any questions regarding this Scoping Determination or the review process, please feel free to contact me at (617) 918 - 4212.

Sincerely,

A handwritten signature in blue ink, appearing to read "Aisling Kerr".

Aisling Kerr
Project Manager

CC: Jonathan Greeley, BPDA
Michael Christopher, BPDA
Lauren Shurtleff, BPDA
St. Elizabeth's Medical Center Task Force

BOSTON PLANNING & DEVELOPMENT AGENCY

SCOPING DETERMINATION
ST. ELIZABETH'S MEDICAL CENTER PARKING GARAGE

SUBMISSION REQUIREMENTS
FOR DRAFT PROJECT IMPACT REPORT (DPIR)

PROPOSED PROJECT: ST. ELIZABETH'S MEDICAL CENTER PARKING GARAGE

PROJECT SITE: THE PROJECT SITE IS COMPRISED OF APPROXIMATELY 42,450 SQUARE FEET OF LAND, AND IS BOUNDED BY WASHINGTON STREET ON THE SOUTHEAST, THE ST. ELIZABETH'S MEDICAL CENTER CAMPUS TO THE NORTH, AND THE ST. GABRIEL'S MONASTERY SITE TO THE SOUTHWEST.

PROPONENT: STEWARD ST. ELIZABETH'S MEDICAL CENTER OF BOSTON
253 WASHINGTON STREET, BRIGHTON, MA 02135

DATE: JANUARY 6, 2020

The Boston Redevelopment Authority d/b/a Boston Planning & Development Agency ("BPDA") is issuing this Scoping Determination pursuant to Section 80B-5 of the Boston Zoning Code ("Code"), in response to an Expanded Project Notification Form ("PNF") which Steward St. Elizabeth's Medical Center of Boston filed for the proposed St. Elizabeth's Medical Center Parking Garage project on September 6, 2019. The PNF submission initiated a public comment period with a closing date of October 8, 2019, which was later extended until October 25, 2019. Comments received since then have subsequently been added as well. The Proponent's submission of a PNF was preceded by the submission of a Letter of Intent ("LOI"), which was filed with the BPDA on November 20, 2018.

A Task Force, comprised of representatives from areas surrounding the SEMC Medical Campus, assists the BPDA with review of the SEMC Institutional Master Plan ("IMP") and any resulting projects. The Task Force includes the following community members:

Daniel J. Daly
Elizabeth M. Flaherty
Joanne Powers
John J. Bligh
Maura K. Ferguson

Millie H. McLaughlin
Rosie Hanlon
Victoria Alicia Lopez

Pursuant to Section 80B-5.3 of the Code, a Scoping Session was held on October 21, 2019 with the City's public agencies, where the proposal was reviewed and discussed. The PNF, upon receipt by the BPDA, was shared with the City's public agencies pursuant to Section 80A-2 of the Code. All Task Force members were also notified of and invited to attend the Scoping Session.

As part of the Article 80 Large Project review of the project, the BPDA hosted a Task Force Meeting on October 2, 2019 and a Public Meeting on October 15, 2019, both of which were held at the St. Elizabeth's Medical Center. Both meetings were advertised on the BPDA's website and email notification was sent to all subscribers of the BPDA's Brighton and Allston neighborhood updates, while local elected officials and their staff also received notification via email. Further, the Public Meeting was also advertised in the local newspapers, the Allston Brighton TAB and the Boston Bulletin.

Written comments in response to the PNF received by the BPDA from agencies of the City of Boston and elected officials are included in **Appendix A**. Comments from the public are included in **Appendix B**. All comments must be answered in their entirety. The DPIR should include complete responses to all comments included in **Appendices A and B** within the framework of the criteria outlined in the Scoping Determination.

Appendix A includes comments from agencies of the City of Boston, specifically:

- BPDA Planning
- BPDA Urban Design
- BPDA Transportation & Infrastructure Planning
- Boston Transportation Department
- Interagency Green Building Committee

Appendix B includes comments from the public.

The Scoping Determination requests information that the BPDA requires for its review of the Proposed Project in connection with Article 80 of the Code, Development Review and Approval, and other applicable sections of the Code.

I. PROJECT DESCRIPTION

The Proposed Project is contemplated to meet the changing SEMC parking needs, enhance open space, and improve access to the SEMC Medical Campus. The primary programmatic design goal of the Proposed Project is to provide sufficient new parking supply to offset the

loss of existing parking supply that will occur during the SEMC Medical Campus redevelopment and a slight increase in parking demand resulting from the redevelopment program, as described in the separate IMPNF.

This program includes the demolition of SEMC's existing Garage A, the removal of the surface lot parking, and overall reduction of off-site parking use. Completion of the Proposed Project is necessary prior to beginning the other SEMC Medical Campus redevelopment projects to provide the on-site parking necessary to sustain SEMC operations. The Proposed Project's design intent is to respond to the natural topography of the Project Site and moderate the scale between the existing SEMC buildings and the neighborhood across Washington Street.

The parking structure will be comprised of structural precast tees, columns, and spandrels. The façades at the north, west, and south are largely covered with varying color and size aluminum rod screening. New amenities at the Project Site will include sidewalk paving, street trees, seating areas, tree groves, and seasonal plantings located west of the Project along Washington Street. The SEMC parking garage is designed to include the following uses and features:

- 6 story structured above-grade parking;
- Approximately 610 vehicle parking spaces, including 13 accessible spaces;
- Secure and covered bicycle parking;
- Approximately 215,400 sf Gross Floor Area; and
- Approximately 51'-6" feet high above average grade plane.

The current design proposes a 11'-4" floor to floor height on the first two levels and all levels above that will be 10'-6" floor to floor. The exact floor to floor height may be slightly modified to obtain garage openness allowing for natural ventilation. The City of Boston requires 0.5 secure/covered bicycle parking spaces be provided per 1,000 square feet of occupied development. The Proponent will work with the BPDA and the Boston Transportation Department (BTD) to develop the appropriate bicycle parking ratios and identify optimal parking locations. SEMC will accommodate bicycle parking in the overall SEMC Medical Campus master plan in the most convenient locations for cyclists.

II. PREAMBLE

The Proposed Project is being reviewed pursuant to Article 80, Development Review and Approval, which sets forth a comprehensive procedure for project review of the following components: transportation, environmental protection, urban design, historic resources, infrastructure systems, site plan, tidelands, and Development Impact Project, if any. The Proponent is required to prepare and submit to the BPDA a Draft Project Impact Report ("DPIR") that meets the requirements of the Scoping Determination by detailing the Proposed Project's impacts and proposed measures to mitigate, limit or minimize such

impacts. The DPIR shall contain the information necessary to meet the specifications of Section 80B-3 (Scope of Large Project Review; Content of Reports) and Section 80B-4 (Standards for Large Project Review Approval), as required by the Scoping Determination.

After submitting the DPIR, the Proponent shall publish notice of such submittal as required by Section 80A-2. A Preliminary Adequacy Determination ("PAD") shall indicate the additional steps, if any, necessary for the Proponent to satisfy the requirements of the Scoping Determination. Public comments, including the comments of public agencies, shall be transmitted in writing to the BPDA no later than fifteen (15) days prior to the date by which the BPDA must issue its PAD. If the BPDA determines that the DPIR adequately describes the Proposed Project's impacts and, if appropriate, proposed measures to mitigate, limit or minimize such impacts, the PAD will announce such a determination and that the requirements of further review are waived pursuant to Section 80B-5.4(c) (iv). Section 80B-6 requires the Director of the BPDA to issue a Certification of Compliance indicating the successful completion of the Article 80 development review requirements before the Commissioner of Inspectional Services can issue any building permit for the Proposed Project.

III. REVIEW/SUBMISSION REQUIREMENTS

In addition to full-size scale drawings, eight (8) copies of a bound booklet and an electronic copy (PDF format) containing all submission materials reduced to size 8-1/2" x 11", except where otherwise specified, are required. The electronic copy should be submitted to the BPDA via the following website: <https://developer.bostonplans.org/> The booklet should be printed on both sides of the page. In addition, an adequate number of copies must be available for community review. A copy of this Scoping Determination should be included in the booklet for reference.

A. GENERAL INFORMATION

1. Applicant/Proponent Information
 - a. Development Team
 - a.) Names
 - b.) Proponent (including description of development entity and type of corporation, and the principals thereof)
 - c.) Attorney
 - d.) Project consultants and architects
 - e.) Business address, telephone number, facsimile number and e-mail, where available for each
 - f.) Designated contact for each
 - b. Legal Information
 - a.) Legal judgments or actions pending concerning the Proposed Project

- b.) History of tax arrears on property owned in Boston by Applicant
- c.) Evidence of site control over Project Site, including current ownership and purchase options, if any, for all parcels in the Proposed Project, all restrictive covenants and contractual restrictions affecting the Proponent's right or ability to accomplish the Proposed Project, and the nature of the agreements for securing parcels not owned by the Applicant.
- d.) Nature and extent of any and all public easements into, through, or surrounding the site.

2. Project Site

- a. An area map identifying the location of the Proposed Project
- b. Description of metes and bounds of Project Site or certified survey of the Project Site
- c. Current zoning

3. Project Description and Alternatives

- a. The DPIR shall contain a full description of the Proposed Project and its components, including, its size, physical characteristics, development schedule, costs, and proposed uses. This section of the DPIR shall also present analysis of the development context of the Proposed Project. Appropriate site and building plans to illustrate clearly the Proposed Project shall be required.
- b. A description of alternatives to the Proposed Project that were considered shall be presented and primary differences among the alternatives, particularly as they may affect environmental and traffic/transportation conditions, shall be discussed.

4. Public Benefits

- a. Anticipated employment levels including the following:
 - (1) Estimated number of construction jobs
 - (2) Estimated number of permanent jobs
- b. Current and/or future activities and program which benefit adjacent neighborhoods of Boston and the city at large, such as, child care programs, scholarships, internships, elderly services, education and job training programs, etc.
- c. Other public benefits, if any, to be provided.

5. Community Process

- a. A list of meetings held and proposed with interested parties, including public agencies, abutters, and business and community groups.

- b. Names and addresses of project area owners, abutters, and any community or business groups which, in the opinion of the applicant, may be substantially interested in or affected by the Proposed Project.

B. REGULATORY CONTROLS AND PERMITS

An updated listing of all anticipated permits or approvals required from other municipal, state or federal agencies, including a proposed application schedule shall be included in the DPIR.

A statement on the applicability of the Massachusetts Environmental Policy Act (MEPA) should be provided. If the Proposed Project is subject to MEPA, all required documentation should be provided to the BPDA, including, but not limited to, a copy of the Environmental Notification Form, decisions of the secretary of Environmental Affairs, and the proposed schedule for coordination with BPDA procedure.

C. PUBLIC NOTICE

The Proponent will be responsible for preparing and publishing in one or more newspapers of general circulation in the City of Boston a Public Notice of the submission of the DPIR to the BPDA as required by Section 80A-2. This Public Notice shall be published within five (5) days after the receipt of the DPIR by the BPDA. Therefore, public comments shall be transmitted to the BPDA within seventy five (75) days of the publication of this Public Notice.

Following publication of the Public Notice, the Proponent shall submit to the BPDA a copy of the published Public Notice together with the date of publication.

APPENDIX A
COMMENTS FROM AGENCIES OF THE CITY OF BOSTON

Planning & Urban Design

BPDA Planning, BPDA Urban Design, and Boston Civic Design Commission

Steward St. Elizabeth's Medical Center (Steward) proposes an Institutional Master Plan (IMP) update along with a series of projects including a new parking garage, demolition of the Quinn Building, demolition of Parking Garage A, upgrades to the Center for Biomedical Research Building, new drop-off from Nevins Street, and a future Ambulatory Clinical Building. The IMPNF and PNF were filed on August 20, 2019. BPDA staff appreciate the meetings we have had to this point with the proponent and look forward to continuing this dialogue as the projects develop. Comments are offered on the IMP and on the proposed projects. An IMP is a useful vehicle for understanding an institution's long term goals and aspirations. It is also an opportunity to address issues that may benefit from longer term thinking and from outside input. Two topics that have come up in this context are the future of Steward parking and connections across the campus from Washington to Nevins/Warren Streets.

I. Planning

The site is currently located in the St. Elizabeth's Hospital Institutional Subdistrict (IS). The IS area was part of the St. Elizabeth's Hospital Medical Center Institutional Master Plan.

Issues, some grouped by themes, are listed below, starting with the general:

- This update to the St. Elizabeth's Hospital Institutional Master Plan should include a Parking Management Plan with future growth recommendations.
- Regarding the site design, the permeability and access to and from the adjacent neighborhood should be clear and inviting for pedestrians.

Consideration of the Allston-Brighton Mobility Study:

Through the Allston-Brighton (A-B) Mobility Study, the BPDA has identified the Washington Street corridor between Cambridge Street and the Brookline border as one among many locations for transportation improvements. While the A-B Mobility Study recommendations are still preliminary, at this point it is being recommended that a two-way cycle track be added along this segment of Washington Street (with appropriate transitions between two way cycle track and other bikeway types at appropriate locations); and, that bicycle signals, directional islands, green crossings, and two-stage queue boxes be incorporated into the design. We would like the proponent to submit a conceptual plan for the aforementioned improvements in the next project filing for the extent of this corridor and in coordination with the City. Further, as mitigation for the project, the Proponent shall commence full design and construction of these improvements after receiving building permits for construction.

II. Urban Design

The primary urban design issues in the IMP are the relation of the Steward campus to the surrounding existing and developing neighborhood. Through subsequent filings, the

Proponent should address the lack of permeability of the campus, showing how future changes, like the new entry court, may be used to help break down the superblock that Steward exists in. Permeability may be achieved through cooperation with neighboring properties and a system of signage.

In this phase, the very large proposed parking garage along Washington Street is a significant change in scale along this corridor and has potential traffic impacts that need further study. Considerable attention has gone into the development of the landscape in front of the proposed garage and along Washington Street. Clearly, improving the very hard edge of the campus and creating a better pedestrian edge on a very busy street is key to the continued improvement of this area. However, landscape alone cannot address the issues of such a large building in this context. The Proponent should work to address the fundamental issues of why such a large structure is proposed.

Parking

A significant increase in onsite parking is proposed without the specific data and other backup to support such a large increase. The Proponent should submit data with greater clarity on parking utilization today (by user, time of day, capacities, duration, turnover, etc.) How can more robust Traffic Demand Management {TDM} measures reduce the number of parking spaces needed (and subsequent traffic impacts)? The Proponent should look at ways to decrease the size of the proposed parking garage including relocating some parking to a future phase on the Parking Garage site. The Proponent should also consider retaining nearby off-site parking (for example the Elks lot) as a way to allow for future decreased need in parking.

We reserve the right to add additional comments and concerns during the course of the process of combined BPDA and BCDC review, which may affect the responses detailed in DPIR. The following urban design materials for the Proposed Project's schematic design must be submitted for the DPIR:

- Written description of program elements and space allocation for each element.
- Detailed site plan with topography, circulation both pedestrian and vehicular, existing and proposed buildings, and all open space.
- Detailed landscape plan, illustrating existing and proposed trees, (including planned tree removals), and topography. Note the caliper of trees to be removed and provide a plan for increasing tree canopy on the site.
- Elevations, sections and 3D views illustrating the relationships of the proposed structures to the neighborhood on all sides. Sections should extend at least one block past the Steward site.
- Project phasing diagrams
- Integrate systems like photovoltaic systems into the renderings.
- Eye-level perspectives showing the proposal from outside the campus including views from the neighborhood including:
 - The intersection of Washington Street and Monastery Road;

- 200' from Washington Street down Snow, Shannon, and Shepard Streets; and
- Cambridge and Washington Street Intersection.

III. Boston Civic Design Commission (BCDC)

Excerpt from the approved minutes for October 1, 2019

The final project presentation of the evening was for the St. Elizabeth's IMPNF and garage proposal in the Brighton neighborhood. Executive Director Elizabeth Stifel presented one slide on current staff concerns, which focus primarily on issues of height, massing, and design.

Steve Van Ness, VP Planning & Design of StewardHealth Care: Provided an overview of master plan. Parking Garage A is nearing the end of its life and it is not feasible to repair. The IMP proposes a new parking garage on the vacant site along Washington Street.

Brandon Schrenker, Walker Consultants: *We propose a two bay parking structure. We are bringing the grade down one level to embed the garage in the hill. Landscape design includes an accessible path along the slope of Washington Street with seating areas and plantings. Washington Street in this location is wide (so cars are going fast). There is an existing retaining wall along the 35' hill. We're creating a secondary space between the back of the public sidewalk and the parking garage to improve the pedestrian condition.*

Mikyong Kim: *You're spending a long time explaining the complexity of the grading on site. The presentation would really benefit from a physical model.*

David Hacin: *We are not crazy about new parking garages or parking in general. I think the removal of the other parking garage can help enhance the image and drop off for the hospital which is a huge plus. This feels like a parking diagram that is dropped onto a site where the landscape design is trying to make this fit as best as possible into the site left around it. The placement of the garage seems like it's creating an awkward relationship to the new opening on the site when the existing parking garage is removed. I'm not comfortable with the condition of the garage facade in scale and height along Washington Street.*

Andrea Leers: *There is topography on the immediate site but also the insertion of this project into a surrounding residential context. We need a diagram of the site circulation: where people arrive from, where they are dropped off, and how people get into the main body of the building. This needs to either go farther into the ground by several levels or be less tall. Fundamentally, it is too long of a wall along Washington Street. I want to see views and a model that give us a sense of what this is like next to all of the houses.*

William Rawn: *I think this parking garage needs to see the most creative solutions you can deploy to minimize the scale. I would like to see some examples of garages that step down*

a hill or are embedded into the hill. You also need to deal with the design moves along the elevation of the garage.

Kirk Sykes: Look at Washington Street in the broader context, including where it crosses with other streets. We need to understand how this fits in.

Andrea Leers: It feels like you decided how many spaces you needed, laid them out, dropped them onto the site, and then thought about everything else. You need to think about the circulation and what it means for the comfort of your families and patients. We encourage you to take a big step back and look creatively at other ways to achieve a lot of parking on a steep slope next to a small-scale neighborhood. There is a lot of work to be done before you return to the Commission. The project will continue in Design Committee.

Environmental

City of Boston Interagency Green Building Committee

The Boston Interagency Green Building Committee (IGBC) has reviewed the Institutional Master Plan Notification Form (IMPNF) submitted in conjunction with this project for compliance with Boston Zoning Article 37 Green Buildings.

Due to this project being a parking structure, LEED certification is not available. The PNF indicates that the project will use the Green Building Certification Institute's Parksmart rating system as an alternative. The project commits to pursuing Parksmart Bronze as the certification level. The IGBC accepts the rating system selection. The project team is encouraged to demonstrate leadership in sustainability with a Parksmart Silver certification level or better.

In support of the City of Boston's Resiliency and GHG emissions reduction goals including Carbon Neutral Boston 2050 the IGBC requests that the project pursue installing renewable energy generating photovoltaic panels on the project's roof. Such a system may assist the project achieving as much as 12 points under the Parksmart Certification Measure C16 – Renewable Energy Generation. Please provide the IGBC a solar study for this project detailing potential solar yields, costs, energy cost savings, and payback period.

Infrastructure

BPDA Infrastructure Planning: Smart Utilities Policy

The Smart Utilities Policy promotes integrated upfront infrastructure planning, which allows for better coordination with City agencies. The following items should be addressed in order to better inform the conversation and help meet Boston's strategic planning goals:

1. Green Infrastructure

- There are some discrepancies between what was indicated on the Smart Utilities Checklist and the utility lateral diagram. Please clarify where the impervious area is on the site, as well as the total amount of retention the Proponent is planning for.
 - Please provide a diagram indicating where Green Infrastructure will be located and indicate the capacity associated with each installation (See Checklist Part 4).
2. Smart Street Lights
- Please provide a Smart Street Lights diagram (See Checklist Parts 6 and 7) which indicates the following:
 - The main electricity loop that will power the lights and where the connection between this loop and the electricity in the right of way will occur.
 - "Shadow" conduits running next to the main electricity loop, with capacity for the additional electricity and fiber to comply with Smart Streetlight capability; and hand holes for access to these conduits.
 - Where these conduits would connect in the future to electricity and fiber in the right of way.
3. Utility Site Plan
- To assist in strategic infrastructure planning, Smart Utilities is looking at proposed utility connections early in the planning process and coordinating with City agencies to identify potential conflicts before plans evolve too far. To enable this, please provide a diagram indicating where proposed utility infrastructure laterals will be located, showing how utilities will be extended into each building from the right of way. This includes: water, sewer, drainage, electric, gas and telecom. (See Checklist Part 7)
 - As discussed during the Scoping session, the Proponent consider incorporating pulling the utilities for the proposed clinical building during construction of the parking garage to minimize road openings and include this in the diagram requested above.

Transportation

BPDA Transportation & Infrastructure Planning and the Boston Transportation Department

Transportation and site access will be critical factors to the future success of this project and the neighborhood as a whole. The City's transportation policy is guided by Go Boston 2030. Go Boston, launched in 2017, lays out the City's planning and policy objectives for transportation, including mode share objectives, mobility goals, and specific projects. Additionally, to understand the neighborhood-specific transportation impact of development projects, the BPDA began the Allston/Brighton Mobility Study in 2018 to assess the impact of development in Allston/Brighton. Thus, when evaluating this project, BPDA and BTD staff will use the goals of Go Boston 2030 and early findings of the Allston/Brighton Mobility Study to inform this project review.

Key transportation findings in review of the PNF include:

- The Proponent should carefully consider the mode share goals of Go Boston 2030 to help guide site access, parking supply, and Transportation Demand Management (TDM) strategies. These goals should explicitly referenced in the modeling, site design, and mitigation efforts.
- The Proponent should further examine enhancements to pedestrian realm at the site to ensure pedestrian safety, accessibility, and quality public realm.
- The Proponent should investigate strategies for improving bike access to the site. This should include a separated bicycle facility on Washington Street, inclusion of an off-street BlueBikes Station on the Proponent's site in the vicinity of Warren or Nevins Streets, and easily accessible bike parking for employees and visitors.
- The Proponent should investigate transit improvements to mitigate traffic impacts of this project. As noted in the PNF, there is a significant increase in traffic delay at the Washington Street/Cambridge Street intersection; a strategy should be developed to ensure fast and efficient service on the Route 65 bus. Additionally, the Proponent should commit joining the emerging Allston/Brighton Shuttle network to ensure residents have access to transportation services at Boston Landing Station.
- Additional details on these key issues are as follows. The Proponent should continue to work closely with the City of Boston (City) agencies to determine the most appropriate transportation strategy for the site.

Modeling Methodology & Analysis

In order to present a clear understanding of travel in the project's vicinity, modeling analysis should discuss and model non-traffic transportation. In order to appropriately discuss all mode share goals such as in Go Boston 2030, additional analysis should be done for pedestrians, bicyclists, and transit in the project area.

Specifically, the Proponent should utilize a zero percent background growth rate. In the Project Notification Form, the Proponent clearly states the MassDOT data indicates a zero percent growth rate for traffic, yet the proponent uses 0.5 percent growth rate. This is too high and unjustified. It skews the analysis towards single occupancy vehicles. The Proponent should complete traffic evaluation using zero percent growth keeping in line with current data.

Site Access and Design

This section includes comments on parking, site access, and circulation. The City will continue to work with the Proponent to ensure the highest quality public realm and efficient circulation for the project site. The City's goal is to provide efficient and pleasant site access for pedestrians, bicyclists, transit users, and deliveries. Key considerations include:

1. Sidewalks

- There is a wide sidewalk in front of the Site. The Proponent should provide more definition for this space, including cross sections and location of any proposed outdoor cafe seating.
 - Sidewalk-grade crossings should be flush and continuous in front of all garage access points and addition of mountable curbs in key locations around the site. At curb apron, use a maximum of 15 degrees to minimize impact to the pedestrian right-of-way per Complete Streets guidelines.
 - Sidewalks should meet Disabilities Commission standards for Accessibility.
 - Minimize garage entrance and curb cut widths - assume a 20' wide maximum to be consistent with Boston Zoning Code standards and minimize impact on pedestrian realm.
2. Bike Facilities
- The project should maintain the existing BlueBikes station and assume one more will be added through project mitigation.
 - Incorporation of protected bicycle facilities on Washington Street to enable safe travel in this area for people biking.
3. Driveways
- The City believes that the two-way garage onto Washington Street creates poor conditions for pedestrians and bicyclists passing the site. This condition should be mitigated through design elements
 - All sidewalks should be flush and of consistent material across the entire length of the site, including through any driveways, to make pedestrian priority clear to all users of the street. Other pedestrian safety features must be detailed as well; for example, daylighting crosswalks that connect to the project site.
 - Driveway access locations should be carefully considered to minimize conflicts between people biking and driving.
4. Transit Facilities
- Incorporation of the existing northbound MBTA bus stop on Cambridge Street @ Washington Street with an enhanced shelter, real time transit information screen, concrete bus pad, and an MBTA AFC 2 fare machine at the rebuilt bus stop.
5. Site Parking
- The Proponent has planned a 610-car parking garage. The City is in favor of a parking garage development scenario in which only existing satellite spaces are relocated into a garage structure so as to not increase overall parking supply. The City understands there are 371 vehicular parking spaces in satellite parking lots, and this number should not be exceeded in the new garage.
 - Parking spaces should be built to allow for conversion to non-parking uses. The Proponent should outline a plan for enabling conversion process which could include demolition of the garage and replacement with another use.
 - After consulting with the Boston's Disabilities Commission, determine the appropriate number of Accessible spaces available.
6. TNCs

- The internal drop-off/pick-up needs to be carefully considered. It is not clear that the internal TNC drop-off/pick-up will be executed effectively. As of now, it is difficult to get TNCs/taxis to comply with on-street drop-off/pick-up locations, so it might be even more difficult for one internal to a parking structure.
 - The Proponent should find a way to include this as a curbside management technique. It would be beneficial to instead have a pick-up/drop-off zone on Washington Street. This type of zone would require a manager to control the flow of TNCs and other transient vehicles.
7. 25/100 Electric Vehicle Charging Policy
- All new developments that require a TAPA must equip 25% of their total parking spaces to be installed with electric vehicle supply equipment, and the remaining 75% of the total spaces to be EV-Ready. The Proponent should work with BTB's New Mobility team to implement the policy.

Transportation Demand Management

Transportation Demand Management (TDM) is a key policy objective of Go Boston 2030 and the City of Boston. TDM programs provide building residents, employees, and visitors with a menu of transportation choices that help to enhance mobility and reduce automobile trips generated as a part of the project.

The City applauds the proponent's commitment to creating a TDM program for the development. The proponent outlined several steps to improving the transportation network through a TDM system, including on-site car sharing, joining the Allston/Brighton Transportation Management Association (TMA), creating a designated transportation coordinator for the site, providing information on public transit and bike options on transit screens, and on-site bike parking.

Transportation Mitigation

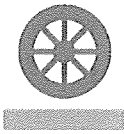
The City is committed to working with the proponent on a comprehensive transportation mitigation package for the project generated impacts. In general, mitigation for this project should be expanded to 1) help realize the mode share goals of Go Boston for Allston/Brighton and 2) mitigate the impact of trips that this project will generate. Specific elements should include:

Given the need to help encourage a mode share shift, the existing Bluebikes station on site should be expanded. If determined with BTB that it should not be expanded, then the Proponent should provide a new Bluebikes station off-site. Further, as mentioned previously, bike facilities in front of the site should be provided to enable access to the new supermarket and for residents of this building and nearby areas.

Existing conditions and amenities of the nearby bus stops should be examined and improved to encourage transit trips where applicable. Improvements can include concrete

pads on the road, improved bus shelters with countdown clocks, and new covered waiting areas with benches.

The Proponent should work with BTD and other City agencies on a long-term strategy for bike, pedestrian, and bus improvements on Washington Street and provide funding to implement key findings in the vicinity of the project site. Washington Street is a corridor identified in Go Boston 2030 as a key bus connector and this mitigation will enable the City to begin understanding what improvements are necessary to facilitate better transit connections.



Vineet Gupta
Director of Policy and Planning
Boston Transportation Department
1 City Hall Square, Room 721
Boston, MA 02201

January 3, 2019

Aisling Kerr, Project Manager
Boston Planning and Development Agency
1 City Hall Square, Room 901
Boston, MA 02201

Re: St. Elizabeth's Medical Center Institutional Master Plan

Dear Aisling,

Thank you for the opportunity to comment on the St. Elizabeth's Medical Center's Institutional Master Plan (IMP) submission. St. Elizabeth's has served generations of Bostonians and we are pleased to offer comments that will help ensure it remains a vital and sustainable part of the Allston/Brighton community.

Transportation and site access are critical to the future success of this project and the neighborhood as a whole. The City's transportation policy is guided by Go Boston 2030, its citywide mobility plan. The Plan specifies mode share goals, a commitment to making the city's streets safe, improving bicycle facilities and bus service reliability. The focus on sustainable modes is further supported by policies to reduce the rate of driving alone through a combination of reduced parking and impactful Transportation Demand Management programs. Additionally, to understand the neighborhood-specific transportation impact of development projects, the BPDA began the Allston/Brighton Mobility Study in 2018. BPDA and BTM review of this project has been informed by Go Boston 2030 and the early findings of the Allston/Brighton Mobility Study.

Summary of Key Transportation Issues

- The Proponent should consider the mode share goals established in Go Boston 2030 to inform their policy goals relative to site access, parking supply, and Transportation Demand Management (TDM) strategies. Any increase in parking supply should be mitigated by extensive TDM programs to reduce single occupancy vehicle trips. These programs should primarily target 9AM -5PM staff. We



understand special consideration needs to be provided for on-call staff, critical medical services, and where appropriate, patients.

- The Proponent should minimize any increases to the 371 satellite parking spaces expected to be consolidated on the site. The Proponent should allocate the additional number of parking spaces into later phases as part of future development, as justified by parking demand.
- Additionally, the Proponent should provide a detailed plan and strategy for disposition of the satellite parking spaces. BTD expects that these satellite lots will no longer be used by the Proponent for vehicular parking.
- The Proponent should examine enhancements to streets and sidewalks at the site to ensure pedestrian safety, accessibility, and quality public realm.
- The Proponent should investigate strategies for improving bike access to the site including a separated bicycle facility on Washington Street, inclusion of an off-street BlueBikes Station, and easily accessible bike parking for employees and visitors.
- The Proponent should investigate transit improvements to mitigate traffic impacts of this project. As noted in the PNF, there is a significant increase in traffic delay at the Washington Street/Cambridge Street intersection.
- A strategy should be developed to ensure fast and efficient service on the Route 65 bus. Additionally, the Proponent should commit joining the emerging Allston/Brighton Shuttle network to ensure residents have access to transportation services at Boston Landing Station.

Details on these key issues are as follows. We look forward to working with the proponent to discuss and determine the most appropriate transportation strategy for the site.

Modeling Methodology & Analysis

In order to appropriately move toward the mode share goals identified in Go Boston 2030, additional analysis should be done for pedestrians, bicyclists, and transit in the project area.

In the Project Notification Form, the Proponent clearly states the MassDOT data indicates a zero percent growth rate for motor vehicle traffic, yet the proponent uses 0.5 percent growth rate. This would skew the analysis towards single occupancy vehicles and not take



into account growth in bicycle and transit trips. We recommend that the Proponent, in keeping with MassDOT data, complete traffic evaluation using a zero percent growth rate for motor vehicle traffic.

Site Access and Design

This section includes comments on parking, site access, and circulation. The City will continue to work with the Proponent to ensure the highest quality public realm and efficient circulation for the project site. The City's goal is to provide efficient and pleasant site access for pedestrians, bicyclists, transit users, and deliveries. Key considerations include:

- Sidewalks
 - There is a wide sidewalk in front of the Site. The Proponent should provide more definition for this space, including cross sections and location of any proposed outdoor seating.
 - Sidewalk-grade motor vehicle crossings should be flush and continuous in front of all garage access points. At the curb apron, use a maximum of 15 degrees to minimize impact to the pedestrian right-of-way per *Complete Streets Design Guidelines for Driveways* (p.36)
 - Sidewalks should meet Disabilities Commission standards for accessibility.
 - Minimize garage entrance and curb cut widths - assume a 20' wide maximum to be consistent with Boston Zoning Code standards and minimize impact on pedestrian realm.
- Bike Facilities
 - The project should maintain the existing BlueBikes station and assume one more will be added through project mitigation on-site in the vicinity of Warren or Nevins Streets.
 - Incorporate a protected bicycle facility on Washington Street to enable safe travel in this area for people biking. BTD's Active Transportation team can provide guidance on and review the design.
- Driveways
 - The City believes that the two-way garage onto Washington Street creates poor conditions for pedestrians and bicyclists passing the site. This condition should be mitigated through design elements.
 - All sidewalks should be flush and of consistent material across the entire length of the site, including through any driveways, to make pedestrian priority clear to all users of the street. Other pedestrian safety features must be detailed as well; for example, "daylighting" crosswalks that connect to the project site.



- Driveway access and design should be carefully considered to minimize conflicts between people biking and driving.
- Transit Facilities
 - Incorporation of the existing northbound MBTA bus stop on Cambridge Street @ Washington Street with an enhanced shelter, real time transit information screen, concrete bus pad, and an MBTA AFC 2 fare machine at the rebuilt bus stop.
 - Additional recommendations to improve Route 65 bus service
- TNCs
 - The internal drop-off/pick-up needs to be carefully considered. It is not clear that the internal TNC drop-off/pick-up will be executed effectively. As of now, it is difficult to get TNCs/taxis to comply with on-street drop-off/pick-up locations, so it might be even more difficult for one internal to a parking structure.
 - The Proponent should find a way to include this as a curbside management technique. It would be beneficial to instead have a pick-up/drop-off zone on Washington Street. This type of zone would require a manager to control the flow of TNCs and other transient vehicles.
- 25/100 Electric Vehicle Charging Policy
 - All new developments that require a TAPA must equip 25% of their total parking spaces to be installed with electric vehicle supply equipment, and the remaining 75% of the total spaces to be EV-Ready. The Proponent should work with BTM's New Mobility team to implement the policy.

Transportation Demand Management

Transportation Demand Management (TDM) programs are key to achieving the mode share goals identified in Go Boston 2030. TDM programs provide building residents, employees, and visitors with a menu of transportation choices that help to enhance mobility and reduce automobile trips generated as a part of the project.

The City applauds the proponent's commitment to creating a TDM program for the development. The proponent outlined several steps to improving the transportation network through a TDM system, including on-site car sharing, joining the Allston/Brighton Transportation Management Association (TMA), creating a designated transportation coordinator for the site, providing information on public transit and bike options on transit screens, and on-site bike parking.

The City is committed to working with the proponent on a comprehensive transportation mitigation package for project generated impacts. Necessary improvements to encourage



walking, bicycling and the use of transit have been mentioned above and include new bike lanes, an additional Bluebikes station, improved bus stops and real-time information, and a redesign of Washington Street, a key corridor identified in Go Boston 2030, as a multi-modal street.

Proposed St. Elizabeth's Garage TDM Requirements

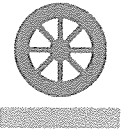
The City of Boston is encouraging new developments to reduce the number of parking spaces. We recognize the critical need to provide parking for doctors and patients at hospitals and other medical institutions and commend the Proponent on consolidating satellite parking on-site. While our policy would be to limit the number of on-site parking spaces in the proposal to the 371 parking spaces in these satellite parking lots we recommend the following if additional parking spaces are preferred by the Proponent.

- Parking spaces should be built to allow for conversion to non-parking uses. The Proponent should outline a plan for enabling conversion process which could include retrofitting the garage to replace it with uses. This flexibility would accommodate future lack of demand for parking which is already being experienced by many developments in Boston.
- After consulting with the Boston's Disabilities Commission, determine the appropriate number of designated accessible parking spaces.

Specific TDM programs focused on reducing employees driving to work are outlined below in relation to garage parking supply

For the first 370 parking spaces implement the following programs:

- Designated Bus / Shuttle / Ride-share pick-up/drop-off areas
- Real-time transit and mobility information within buildings
- Consolidated bicycle parking, showers, and repair facilities for residents and employees
- Meet City of Boston Bicycle parking and shower requirements. The Proponent should work with BTB's Active Transportation team to meet bike parking requirements
- Providing a transit screen at the retail establishments on the site in addition to the commitment for screens in residential lobbies
- Commitment to a BlueBike Station on the site for use by employees, visitors, and the general public
- Commitment to joining and providing financial support for the emerging Allston/Brighton (St. Gabriel's) Shuttle



- Provide a transit subsidy at least 50% or greater for monthly transit passes for employees for as long as the proposed parking structure is in place. Subsidy should be available for both commuter rail passes and monthly CharlieCards
- Charge market rate prices for parking for all non-oncall staff and employees. Pricing may be scaled to employee pay grade, and should be charged daily, not monthly or weekly
- Subsidized bike share membership or other financial incentives for bikers and walkers
- Commitment to reducing residents and employees who drive alone to work. This can be measured through annual surveys
- Assign at least 3 dedicated spaces for carshare on site
- Commit to at least 2 events a year promoting sustainable transportation, such as a Bike to Work Day or step count competition or other hospital wide event

For an additional 100 parking spaces, the Proponent must additionally commit to the following programs:

- Provide a 100% transit subsidy for monthly transit passes for employees. Subsidy should be available for both commuter rail passes and monthly CharlieCards
- Provide a 100% subsidy for bikeshare membership for employees
- Commit to at least 4 events a year promoting sustainable transportation, such as a Bike to Work Day, step count competition, or other hospital-wide event
- Pilot innovative and creative TDM strategies including rewarding employees who consistently use sustainable modes of transportation to work. Rewards can range from paid time off to retail gift cards
- For those who choose to use public transit to work, the Proponent should provide a late night guarantee program in which the Proponent will reimburse employees for a late night ride from taxis or ride hailing apps. The reimbursement shall be offered to employees working late after 9 PM on weekdays
- Provide at least 50% subsidized carshare membership employees
- Assign at least 6 additional dedicated spaces for carshare on site

For any vehicular parking spaces over 500, the Proponent must additionally commit to funding the recommendations of the Allston-Brighton Mobility Study for the Brighton Multimodal Corridor between Chestnut Hill Avenue and Union Square.

These elements will ensure the development has a comprehensive set of transportation options and will help to ease the burden on Allston/Brighton transportation networks. Additionally, TDM measures will be seen as an attractive amenity for employees and enhance neighborhood mobility.



We look forward to meeting with you to discuss our comments for further review of the IMP and the development of a Transportation Access Plan Agreement. Please feel free to reach out to me at vineet.gupta@boston.gov as I will be coordinating BTD's review.

Sincerely,

Vineet Gupta
Director of Policy and Planning



CITY of BOSTON

Martin J. Walsh, Mayor

To: Aisling Kerr, BPDA
From: Zachary Wassmouth, PWD
Date: October 22, 2019
Subject: St. Elizabeth's Medical Center EPNF/IMPNF - Boston Public Works Department Comments

Included here are Boston Public Works Department comments for the St. Elizabeth's Medical Center EPNF/IMPNF.

Site Plan:

The developer must provide an engineer's site plan at an appropriate engineering scale that shows curb functionality on both sides of all streets that abut the property.

Construction Within The Public Right-of-Way (ROW):

All proposed design and construction within the Public ROW shall conform to Boston Public Works Department (PWD) Design Standards (www.boston.gov/departments/public-works/public-works-design-standards). Any non-standard materials (i.e. pavers, landscaping, bike racks, etc.) proposed within the Public ROW will require approval through the Public Improvement Commission (PIC) process and a fully executed License, Maintenance and Indemnification (LM&I) Agreement with the PIC.

Sidewalks:

The developer is responsible for the reconstruction of the sidewalks abutting the project and, wherever possible, to extend the limits to the nearest intersection to encourage and compliment pedestrian improvements and travel along all sidewalks within the ROW within and beyond the project limits. The reconstruction effort also must meet current American's with Disabilities Act (ADA)/ Massachusetts Architectural Access Board (AAB) guidelines, including the installation of new or reconstruction of existing pedestrian ramps at all corners of all intersections abutting the project site if not already constructed to ADA/AAB compliance. Plans showing the extents of the proposed sidewalk improvements associated with this project must be submitted to the Public Works Department (PWD) Engineering Division for review and approval. Changes to any curb geometry will need to be reviewed and approved through the PIC.

The developer is encouraged to contact the City's Disabilities Commission to confirm compliant accessibility within the Public ROW.

Driveway Curb Cuts:

Any proposed driveway curb cuts within the Public ROW will need to be reviewed and approved by the PIC. All existing curb cuts that will no longer be utilized shall be closed.

Discontinuances:

Any and all discontinuances (sub-surface, surface or above surface) within the Public ROW must be processed through the PIC.

Easements:

Any and all easements within the Public ROW associated with this project must be processed through the PIC.

Landscaping:

The developer must seek approval from the Chief Landscape Architect with the Parks and Recreation Department for all landscape elements within the Public ROW. Program must accompany a LM&I with the PIC.



PUBLIC WORKS DEPARTMENT

Boston City Hall • 1 City Hall Sq Rm 714 • Boston MA 02201-2024

CHRIS OSGOOD • Chief of Streets, Transportation, and Sanitation

Phone (617) 635-2854 • Fax (617) 635-7499



Street Lighting:

The current street lighting in the vicinity appears to be wired overhead. This project shall include installing appropriate underground conduit systems for all street lights adjacent to the project site.

The developer must seek approval from the PWD Street Lighting Division, where needed, for all proposed street lighting to be installed by the developer, and must be consistent with the area lighting to provide a consistent urban design. The developer should coordinate with the PWD Street Lighting Division for an assessment of any additional street lighting upgrades that are to be considered in conjunction with this project. All existing metal street light pull box covers within the limits of sidewalk construction to remain shall be replaced with new composite covers per PWD Street Lighting standards. Metal covers should remain for pull box covers in the roadway.

Roadway:

Based on the extent of construction activity, including utility connections and taps, the developer will be responsible for the full restoration of the roadway sections that immediately abut the property and, in some cases, to extend the limits of roadway restoration to the nearest intersection. A plan showing the extents and methods for roadway restoration shall be submitted to the PWD Engineering Division for review and approval.

Project Coordination:

All projects must be entered into the City of Boston Utility Coordination Software (COBUCS) to review for any conflicts with other proposed projects within the Public ROW. The Developer must coordinate with any existing projects within the same limits and receive clearance from PWD before commencing work.

Green Infrastructure:

The Developer shall work with PWD and the Boston Water and Sewer Commission (BWSC) to determine appropriate methods of green infrastructure and/or stormwater management systems within the Public ROW. The ongoing maintenance of such systems shall require an LM&I Agreement with the PIC.

Please note that these are the general standard and somewhat specific PWD requirements. More detailed comments may follow and will be addressed during the PIC review process. If you have any questions, please feel free to contact me at zachary.wassmouth@boston.gov or at 617-635-4953.

Sincerely,

Zachary Wassmouth
Chief Design Engineer
Boston Public Works Department
Engineering Division

CC: Para Jayasinghe, PWD



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CHRIS OSGOOD • Chief of Streets, Transportation, and Sanitation

Phone (617) 635-2854 • Fax (617) 635-7499

MEMORANDUM

TO: Aisling Kerr, Project Manager
FROM: John (Tad) Read, Senior Deputy Director for Transportation & Infrastructure Planning
Manuel Esquivel, Senior Infrastructure & Energy Planning Fellow
Ryan Walker, Smart Utilities Program - Associate
DATE: October 25, 2019
SUBJECT: Saint Elizabeth's Medical Center Parking Garage –
Smart Utilities Comments – PNF

Comments and request for additional information:

Thank you for your Smart Utilities Checklist submission. Below are our comments and requests for additional information. Please update the Checklist using the edit link and/or send any diagrams to manuel.esquivel@boston.gov.

- **Green Infrastructure:**
 - Please provide a diagram indicating where Green Infrastructure will be located and indicate the capacity associated with each installation. (See Checklist Part 4)
- **Smart Street Lights:**
 - Please provide a Smart Street Lights diagram (See Checklist Parts 6 and 7) that indicates the following:
 - The main electricity loop that will power the lights and where the connection between this loop and the electricity in the right of way will occur.
 - "Shadow" conduits running next to the main electricity loop, with capacity for the additional electricity and fiber to comply with Smart Streetlight capability; and hand holes for access to these conduits.
 - Where these conduits would connect in the future to electricity and fiber in the right of way.
- **Smart Utility Standards:**
 - Please provide a diagram indicating where proposed utility infrastructure laterals will be located, showing how utilities will be extended into each building from the right of way. This includes: water, sewer, drainage, electric, gas and telecom. (See Checklist Part 7)
 - As discussed during the Scoping session, we would like for you to consider incorporating pulling the utilities for the proposed clinical building during construction of the parking garage to minimize road openings and include this in the diagram requested above.

If you have any questions regarding these comments or would like to arrange a meeting to discuss the policy please feel free to contact Manuel Esquivel.

Context:

On June 14, 2018 the BPDA Board adopted the [Smart Utilities Policy for Article 80 Development Review](#). The policy (attached) calls for the incorporation of five (5) Smart Utility Technologies (SUTs) into new Article 80 developments. Table 1 describes these five (5) SUTs.

Table 2 summarizes the key provisions and requirements of the policy, including the development project size thresholds that would trigger the incorporation of each SUT.

In general, conversations about and review of the incorporation of the applicable SUTs into new Article 80 developments will be carried out by the BPDA and City staff during every stage (as applicable) of the review and permitting process, including a) prefile stage; b) initial filing; c) Article 80 development review prior to BPDA Board approval; d) prior to filing an application for a Building Permit; and e) prior to filing an application for a Certificate of Occupancy.

In conjunction with the SUTs contemplated in the *Smart Utilities Policy*, the BPDA and City staff will review the installation of SUTs and related infrastructure in right-of-ways in accordance with the *Smart Utility Standards* (“SUS”). The SUS set forth guidelines for planning and integration of SUTs with existing utility infrastructure in existing or new streets, including cross-section, lateral, and intersection diagrams. The *Smart Utility Standards* are intended to serve as guidelines for developers, architects, engineers, and utility providers for planning, designing, and locating utilities.

In order to facilitate the review of integration of the SUTs and the SUS, the BPDA and the Smart Utilities Steering Committee has put together a *Smart Utilities Checklist* that can be filled out and updated during the review process. Please fill out the parts of the *Checklist* that apply to your project. Make sure to review this *template* first, before submitting the *Smart Utilities Checklist*.

After submission, you will receive:

1. A confirmation email with a PDF of your completed checklist. Please include a copy of this document with your next filing with the BPDA.
2. A separate email with a link to update your initial submission. Please use ONLY this link for updating the Checklist associated with a specific project.

Note: Any documents submitted via email to Manuel.Esquivel@Boston.gov will not be attached to the PDF form generated after submission, but are available upon request.

The *Smart Utilities Policy for Article 80 Development Review*, the *Smart Utility Standards*, the *Smart Utilities Checklist*, and further information regarding the *Boston Smart Utilities Vision* project are available on the project's website: <http://www.bostonplans.org/smart-utilities>.

Manuel Esquivel, BPDA Senior Infrastructure and Energy Planning Fellow, will soon follow up to schedule a meeting with the proponent to discuss the *Smart Utilities Policy*. For any questions, you can contact Manuel Esquivel at manuel.esquivel@boston.gov or 617.918.4382.

Table 1 - Summary description of 5 Smart Utility Technologies (SUTs) included in the *Smart Utilities Policy for Article 80 Development Review*

Smart Utility Technology (SUTs)	Summary Description
District Energy Microgrid	Energy system for clusters of buildings. Produces electricity on development site and uses excess “heat” to serve heating/cooling needs. By combining these two energy loads, the energy efficiency of fuel consumed is increased. The system normally operates connected to main electric utility grid, but can disconnect (“island”) during power outages and continue providing electric/heating/cooling needs to end-users.
Green Infrastructure	Infrastructure that allows rainwater to percolate into the ground. Can prevent storm runoff and excessive diversion of stormwater into the water and sewer system.
Adaptive Signal Technology	Smart traffic signals and sensors that communicate with each other to make multimodal travel safer and more efficient.
Smart Street Lights	Traditional light poles that are equipped with smart sensors, wifi, cameras, etc. for health, equity, safety, traffic management, and other benefits.
Telecom Utilidor	An underground duct bank used to consolidate the wires and fiber optics installed for cable, internet, and other telecom services. Access to the duct bank is available through manholes. Significantly reduces the need for street openings to install telecom services.

Table 2 - Summary of size threshold and other specifications for the 5 SUTs advanced in the *Smart Utilities Policy for Article 80 Development Review* (Note: This table is only for informational purposes. Please refer to the complete *Smart Utilities Policy for Article 80 Development Review* to review the details.)

	Article 80 Size Threshold	Other specifications
District Energy Microgrid	>1.5 million SF	Feasibility Assessment; if feasible, then Master Plan & District Energy Microgrid-Ready design
Green Infrastructure	>100,000 SF	Install to retain 1.25" rainfall on impervious areas (Increase from 1" currently required by BWSC)
Adaptive Signal Technology	All projects requiring signal installation or improvements	Install AST & related components into the traffic signal system network

Smart Street Lights	All Projects requiring street light installation or improvements	Install additional electrical connection & fiber optics at pole
Telecom Utilidor	>1.5 million SF of development, or >0.5 miles of roadway	Install Telecom Utilidor



Martin J. Walsh
Mayor

Article 37 Interagency Green Building Committee

November 6, 2019

Harrison R. Bane
Steward St Elizabeth's Medical Center of Boston
280 Washington St
Boston, MA

Re: 253 Washington Street, St Elizabeth's Hospital - Garage Addition - Article 37 Green Building – Comment Letter

Dear Harrison R. Bane,

The Boston Interagency Green Building Committee (IGBC) has reviewed the Institutional Master Plan Notification Form (IMP NF) submitted in conjunction with this project for compliance with Boston Zoning Article 37 Green Buildings.

Due to this project being a parking structure, LEED certification is not available. The PNF indicates that the project will use the Green building Certification Institute's Parksmart rating system as an alternative. The project commits to pursuing Parksmart Bronze as the certification level. The IGBC accepts the rating system selection.

The project team is encouraged to demonstrate leadership in sustainability with a Parksmart Silver certification level or better. Additionally, the IGBC requests that project team contact utility and state DOE representatives as soon as possible and to maximize utility and state-funding for energy efficiency and clean/renewable energy support of the project.

Greenhouse Gas Emissions

In support of the City of Boston's Resiliency and GHG emissions reduction goals including Carbon Neutral Boston 2050 the IGBC requests that the project pursue installing renewable energy generating photovoltaic panels on the project's roof. Such a system may assist the project achieving as much as 12 points under the Parksmart Certification Measure C16 – Renewable Energy Generation. Please provide the IGBC a solar study for this project detailing potential solar yields, costs, energy cost savings, and payback period.

Please follow up within three weeks (of the date of this letter) with your BPDA Project Manager in responding to IGBC comments and the provision of the requested information and items.

Article 37 Interagency Green Building Committee

Please let me know if you have any questions or if I can be of any assistance.

Sincerely,

Benjamin Silverman, LEED AP: BD+C
On behalf of the Interagency Green Building Committee

Cc: Aisling Kerr, BPDA

APPENDIX B
PUBLIC COMMENTS

**Boston Water and
Sewer Commission**



980 Harrison Avenue
Boston, MA 02119-2540
617-989-7000

October 23, 2019

Ms. Aisling Kerr, Project Manager
Boston Planning & Development Agency
One City Hall Square, 9 Floor
Boston, MA. 02210

Re: St. Elizabeth's Medical Center Parking Garage, Brighton
Project Notification Form/Institutional Master Plan Notification Form

Dear Ms. Kerr:

The Boston Water and Sewer Commission (Commission) has reviewed the Project Notification Form/Institutional Master Plan Notification Form (PNF/IMPNF) for the proposed project located at 253 Washington Street in the Brighton neighborhood of Boston. This letter provides the Commission's comments on the PNF/IMPNF.

The Project Site is approximately 42,450 sf and is bounded by Washington Street on the southeast, the SEMC Medical Campus on the north, and the St. Gabriel's Monastery site on the southwest, which is currently being redeveloped for residential use. The Project Site currently contains a paved surface parking lot and an undeveloped area that slopes downward from a high point on the SEMC Medical Campus at St. Joseph's Hall and the William F. Connell Pavilion, an emergency facility, to Washington Street. The proponent, Steward St. Elizabeth's Medical Center of Boston, is proposing an approximately 215,400 sf six-floor precast concrete parking garage structure that accommodates approximately 610 parking spaces, 13 of which will be handicap accessible.

For water service, the Commission owns and maintains a 12-inch DICL water main that was installed in 1989 in Washington street.

For sewer and drain service, the Commission maintains a 15-inch sanitary sewer in Washington Street. The site is served by a 15-inch and 20-inch storm drain in Washington Street.

Though both water and sanitary services will be provided for the proposed garage, the project will not include any bathrooms or facilities which will contribute to the water and sanitary sewer systems. There will be minimum to no average daily water consumption. The existing hydrant flow data is approximately 1,736 gallons per minute (gpm). A maximum sanitary discharge rate is based on the 11-year storm event and assumes during said storm the building will discharge approximately 343 gpm.



General

1. Prior to the initial phase of the site plan development, Steward St. Elizabeth's Medical Center of Boston, should meet with the Commission's Design and Engineering Customer Services Departments to review water main, sewer and storm drainage system availability and potential upgrades that could impact the development.
2. Prior to demolition of the building, all water, sewer and storm drain connections to the buildings must be cut and capped at the main pipe in accordance with the Commission's requirements. The proponent must complete a Cut and Cap General Services Application, available from the Commission.
3. All new or relocated water mains, sewers and storm drains must be designed and constructed at Steward St. Elizabeth's Medical Center of Boston's, expense. They must be designed and constructed in conformance with the Commission's design standards, Water Distribution System and Sewer Use regulations, and Requirements for Site Plans. The site plan should include the locations of new, relocated and existing water mains, sewers and drains which serve the site, proposed service connections, water meter locations, as well as back flow prevention devices in the facilities that will require inspection. A General Service Application must also be submitted to the Commission with the site plan.
4. The proponent estimates that daily sewage will be less than DEP's 15,000 gpd threshold. However, the proponent should be aware that if during the site plan permitting process it becomes apparent that wastewater flows will be 15,000 gpd or more, the Commission will invoke the requirement that the project participate in the 4 to 1 program.

The proponent should also note that the 4 to 1 requirement must be addressed 90 days before the activation of the water service.

5. The design of the project should comply with the City of Boston's Complete Streets Initiative, which requires incorporation of "green infrastructure" into street designs. Green infrastructure includes greenscapes, such as trees, shrubs, grasses and other landscape plantings, as well as rain gardens and vegetative swales, infiltration basins, and paving materials and permeable surfaces. The proponent must develop a maintenance plan for the proposed green infrastructure. For more information on the Complete Streets Initiative see the City's website at <http://bostonconwleteststreets.org/>
1. Steward St. Elizabeth's Medical Center of Boston is advised that the Commission will not allow buildings to be constructed over any of its water lines. Also, any plans to build over Commission sewer facilities are subject to review and approval by the Commission. The project must be designed so that access, including vehicular access, to the



Commission's water and sewer lines for the purpose of operation and maintenance is not inhibited.

6. It is Steward St. Elizabeth's Medical Center of Boston's responsibility to evaluate the capacity of the water, sewer and storm drain systems serving the project site to determine if the systems are adequate to meet future project demands. With the site plan, Steward St. Elizabeth's Medical Center of Boston must include a detailed capacity analysis for the water, sewer and storm drain systems serving the project site, as well as an analysis of the impacts the proposed project will have on the Commission's water, sewer and storm drainage systems.

Water

1. Steward St. Elizabeth's Medical Center of Boston must provide separate estimates of peak and continuous maximum water demand for residential, commercial, industrial, irrigation of landscaped areas, and airconditioning make-up water for the project with the site plan. Estimates should be based on full-site build-out of the proposed project. Steward St. Elizabeth's Medical Center of Boston should also provide the methodology used to estimate water demand for the proposed project.
2. Steward St. Elizabeth's Medical Center of Boston should explore opportunities for implementing water conservation measures in addition to those required by the State Plumbing Code. In particular, Steward St. Elizabeth's Medical Center of Boston should consider outdoor landscaping which requires minimal use of water to maintain. If Steward St. Elizabeth's Medical Center of Boston plans to install in-ground sprinkler systems, the Commission recommends that timers, soil moisture indicators and rainfall sensors be installed. The use of sensor-operated faucets and toilets in common areas of buildings should be considered.
3. Steward St. Elizabeth's Medical Center of Boston is required to obtain a Hydrant Permit for use of any hydrant during the construction phase of this project. The water used from the hydrant must be metered. Steward St. Elizabeth's Medical Center of Boston should contact the Commission's Meter Department for information on and to obtain a Hydrant Permit.
4. The Commission is utilizing a Fixed Radio Meter Reading System to obtain water meter readings. For new water meters, the Commission will provide a Meter Transmitter Unit (MTU) and connect the device to the meter. For information regarding the installation of MTUs, 1-IFLW should contact the Commission's Meter Department.



Sewage/Drainage

1. A Total Maximum Daily Load (TMDL) for Nutrients has been established for the Lower Charles River Watershed by the Massachusetts Department of Environmental Protection (MassDEP). To achieve the reductions in Phosphorus loading required by the TMDL, phosphorus concentrations in the lower Charles River from Boston must be reduced by 64%. To accomplish the necessary reductions in phosphorus, the Commission is requiring developers in the lower Charles River watershed to infiltrate stormwater discharging from impervious areas in compliance with MassDEP. Steward St. Elizabeth's Medical Center of Boston will be required to submit with the site plan a phosphorus reduction plan for the proposed development. Steward St. Elizabeth's Medical Center of Boston must fully investigate methods for retaining stormwater on-site before the Commission will consider a request to discharge stormwater to the Commission's system. The site plan should indicate how storm drainage from roof drains will be handled and the feasibility of retaining their stormwater discharge on-site. Under no circumstances will stormwater be allowed to discharge to a sanitary sewer.

In conjunction with the Site Plan and the General Service Application Steward St. Elizabeth's Medical Center of Boston will be required to submit a Stormwater Pollution Prevention Plan. The plan must:

- Identify best management practices for controlling erosion and for preventing the discharge of sediment and contaminated groundwater or stormwater runoff to the Commission's drainage system when the construction is underway.
 - Include a site map which shows, at a minimum, existing drainage patterns and areas used for storage or treatment of contaminated soils, groundwater or stormwater, and the location of major control or treatment structures to be utilized during construction.
 - Provide a stormwater management plan in compliance with the DEP standards mentioned above. The plan should include a description of the measures to control pollutants after construction is completed.
2. Developers of projects involving disturbances of land of one acre or more will be required to obtain an NPDES General Permit for Construction from the Environmental Protection Agency and the Massachusetts Department of Environmental Protection. Steward St. Elizabeth's Medical Center of Boston is responsible for determining if such a permit is required and for obtaining the permit. If such a permit is required, it is required that a copy of the permit and any pollution prevention plan prepared pursuant to the permit be provided to the Commission's Engineering Services Department, prior to the commencement of construction. The pollution prevention plan submitted pursuant to a NPDES Permit may be submitted in place of the pollution prevention plan required by



the Commission provided the Plan addresses the same components identified in item 1 above.

3. The Commission encourages Steward St. Elizabeth's Medical Center of Boston to explore additional opportunities for protecting stormwater quality on site by minimizing sanding and the use of deicing chemicals, pesticides, and fertilizers.
4. The discharge of dewatering drainage to a sanitary sewer is prohibited by the Commission. Steward St. Elizabeth's Medical Center of Boston is advised that the discharge of any dewatering drainage to the storm drainage system requires a Drainage Discharge Permit from the Commission. If the dewatering drainage is contaminated with petroleum products, I-IFLW will be required to obtain a Remediation General Permit from the Environmental Protection Agency (EPA) for the discharge.
5. Steward St. Elizabeth's Medical Center of Boston must fully investigate methods for retaining stormwater on-site before the Commission will consider a request to discharge stormwater to the Commission's system. The site plan should indicate how storm drainage from roof drains will be handled and the feasibility of retaining their stormwater discharge on-site. All projects at or above 100,000 square feet of floor area are to retain, on site, a volume of runoff equal to 1.25 inches of rainfall times the impervious area. Under no circumstances will stormwater be allowed to discharge to a sanitary sewer.
6. The Massachusetts Department of Environmental Protection (MassDEP) established Stormwater Management Standards. The standards address water quality, water quantity and recharge. In addition to Commission standards, Steward St. Elizabeth's Medical Center of Boston will be required to meet MassDEP Stormwater Management Standards.
7. The Commission requests that Steward St. Elizabeth's Medical Center of Boston install a permanent casting stating "Don't Dump: Drains to Charles River" next to any catch basin created or modified as part of this project. Steward St. Elizabeth's Medical Center of Boston should contact the Commission's Operations Division for information regarding the purchase of the castings.
1. Sanitary sewage must be kept separate from stormwater and separate sanitary sewer and storm drain service connections must be provided. The Commission requires that existing stormwater and sanitary sewer service connections, which are to be re-used by the proposed project, be dye tested to confirm they are connected to the appropriate system.
8. The enclosed floors of a parking garage must drain through oil separators into the sewer system in accordance with the Commission's Sewer Use Regulations. The Commission's Requirements for Site Plans, available by contacting the Engineering Services Department, include requirements for separators.



Thank you for the opportunity to comment on this project.

Yours Truly,

John P. Sullivan, P.E.
Chief Engineer

JPS/fd

cc: Harrison R. Bane, Steward St. Elizabeth's Medical Center of Boston
M. Zlody, BED via e-mail
M. Connally via e-mail
C. McGuire, BWSC via e-mail
P. Larocque, BWSC via e-mail

St. Elizabeth's Medical Center Parking Garage Public Comments via website form.xlsx

Date	First Name	Last Name	Organization	Opinion	Comments
10/25/2019	Anna	Hohler	SEMC	Support	The new SEMC parking garage will help to streamline local traffic, provide patients with parking optimization, and improve the access of the community to the hospital services. This parking expansion, part of a greater SEMC improvement project, will increase services and care that SEMC will be able to provide to the community.
10/24/2019	Tina	Ok	St Elizabeth's Medical Center	Support	I work at St Elizabeth's. At least once a week, patients will ask me where they can park. For some patients, it is very unaccommodating. They are ill and here to see a doctor; it is a struggle already to walk up the hill and now they have to make a trek because they parked on the street. I think healthcare should be easier to access. Patients should not have to jump through hoops in order to seek the care they need.
10/24/2019	Darrell	Boling	St Elizabeth's Medical Center	Support	Highly support this project, parking is a becoming an issue for our patients and visitors
10/24/2019	Ellen	MacInnis		Oppose	We are in need of a new garage at St. Elizabeth's because the company sold our parking lot to raise \$21 million which the parent company took as profit. None of that money stayed in our community. It was all used for the purchase of corporate properties elsewhere. Here at St. Elizabeth's we struggle to provide safe patient care in the face of chronic understaffing due the the hospital's failure to hire sufficient staff, a lack of basic supplies because the hospital fails to pay its vendors and unsafe working conditions due to an understaffed security force. This multi million dollar corporation relies on the public resources of the City of Boston's Police Department to protect patients and staff rather than hire enough security officers to monitor and secure private property. I object to the proposed expansion unless and until Steward abides by its commitment to provide safe care to all of our patients and a safe place to work for all of our employees. This house must be set in order before it can permitted to expand. Sincerely, Ellen MacInnis
10/24/2019	Isabel	Morais	St. Elizabeth's Medical Center	Support	My name is Dr. Isabel Morais. I am the Chair of Obstetrics and Gynecology at St. Elizabeth's Medical Center. I want to express my support of St. Elizabeth's expansion plans. I joined the medical staff at St. Elizabeth's when I left Beth Israel several years ago to come here and lead the Obstetrics and Gynecology department. I came to St. Elizabeth's because I saw the transformation happening, the investments being made, the unwavering commitment Steward had to rebuild this hospital and provide great care to the community, and I wanted to be a part of that. There's been over \$1.1 million dollars invested in our level III Neonatal Intensive Care Unit (NICU), one of only a handful of units in Boston that provides the most advanced care and technology for premature and critically ill newborns which is staffed 24 hours a day, seven days a week by MassGeneral for Children physicians. Because of Steward's investment in robotic-assisted surgical technology, we've recruited a team of extremely skilled surgeons and can offer women the option of minimally invasive surgery with the state-of-the-art da Vinci® Surgical System. This technology enables surgeons to perform even the most complex and delicate procedures through very small incisions which can have shorter recovery time, and less pain and scarring for patients. These are just some of the ways our patients benefit from the many investments that Steward has made in St. Elizabeth's and that is why I support St. Elizabeth's expansion plans. Thank you.
10/24/2019	Mary	Duffy	RN	Oppose	Dear Ms. Kerr, I have lived in Brighton all my life, 60 something years. I was born at St. Elizabeth's, where I am currently a Registered Nurse, in the OR, SEMC. I have deep concerns about Steward investing \$85 million dollars into new construction without providing the staff that St. Elizabeth's need to care for the current patients we have. The parking garage is not as important as patient safety. I have waited this long for a new garage, I can wait longer and lived with the impact of the traffic. I can't wait any more for staff to get safe patient care. I speak for myself, my husband, Joseph, and my son Michael. Sincerely, Mary Duffy, RN

St. Elizabeth's Medical Center Parking Garage Public Comments via website form.xlsx

10/23/2019	Alan	Hackford	Steward Medical Group	Support	I wish to express my strong support for the proposed expansion of St. Elizabeth's campus. As a surgeon who has been caring for patients at St. Elizabeth's for the past 16 years, there is no doubt in my mind that, over the last decade, the quality and the complexity of the care provided at SEMC has moved to a much higher level - certainly, in large part, because of the investments that Steward has made in the campus and in the medical staff. I can attest that both the medical staff and patients have benefited from the investments made in this hospital. Ten years ago, the future of St. Elizabeth's did not look promising. When Steward acquired the Caritas network of hospitals, St. Elizabeth's was in serious financial jeopardy and was unable to invest in its aging physical plant and its staff. To see the hospital thriving once again, expanding the services it provides, making improvements in the infrastructure to better serve our patients, is quite rewarding. Starting with the new Emergency Department that opened a decade ago, St. Elizabeth's has improved the efficiency, privacy and comfort of the care provided. The many investments in technologies have allowed us to quickly diagnose and treat patients more effectively. The new, state-of-the-art ICU allowed us the ability to care for patients with more advanced medical needs, allowing them to stay in their own community, close to friends and family. The new operating rooms and the many investments in the latest equipment have allowed us to recruit top surgeons from Mass. General and other academic medical centers and provide a level of high quality, affordable, accessible care here in Brighton that surpasses what is typically available in a community hospital. A strong St. Elizabeth's helps improve the health and wellbeing of the communities we serve while creating jobs for local residents. I hope that you will support the hospital's plans for continuous improvement. Sincerely, Alan (Andy) Hackford, MD
10/23/2019	Rita	Marrocchio	St Elizabeth Hospital	Support	As a long time resident of Allston/Brighton I am in approval of the parking garage and the expansion of SEMC. With the increasing traffic coming to Brighton due to the all of the condo's being built we need more medical and medical care. That being said we need to control the traffic to be safe for our children and elderly and I feel the parking garage fits those needs Sincerely, Rita Marrocchio
10/23/2019	Georgann	Bruski	Steward Health Care	Support	My name is Georgann Bruski and I would like to express my strong support for St. Elizabeth's proposed expansion plans. I left Beth Israel to come to Steward more than 10 years ago and I have seen firsthand the investments that Steward has made in St. Elizabeth's over the past decade and how the community has benefitted from this. St. Elizabeth's was on the verge of bankruptcy when Steward took over but with tens of millions of dollars in technology, infrastructure, and staffing, St. Elizabeth's has reached a new level of care and that is invaluable to the community. For example, we've gone from doing 200 open heart surgeries a year to now doing over 750. We've delivered on the promise to bring world-class, affordable and accessible care to the community. We've invested almost \$1.2million in our NICU. We've bought new CT scanners and MRI equipment. We've recruited some of the best surgeons and created many jobs for local residents. To see where the hospital is now, continuing to grow and better serve our patients, is so incredible. It is important that St. Elizabeth's continue to expand to better serve the community. Thank you.
10/23/2019	Shah	Hossain	St. Elizabeth's Medical Center	Support	It is essential for proper functioning of this hospital that this projects gets the support of the agency. This is the only way parking for hospital staff can be relocated from miles off site and decrease the woes of all commuters who provide care to this hospital.

St. Elizabeth's Medical Center Parking Garage Public Comments via website form.xlsx

10/23/2019	David	Mangan	St. Elizabeth's Medical Center	Support	I would like to share my support for the planned redevelopments plans at St. Elizabeth's Medical Center. I am a Pharmacist at the Medical Center and a resident of Natick, Ma. I have no equity stake in the company or its assets. The business needs aside, the community needs and deserves these improvements. Parking at St. Elizabeth's Medical Center is inadequate for the community. On a routine basis the parking garage for patients is at or near capacity. This problem causes a ripple effect of some routine employee parking out into offsite lots and into neighborhoods. It is not within Brighton's character to have shuttle buses for hospital operations be routine. There is no way around that there will be a garage going up on the hill, and concern about the appearance of a citadel rising from the ground is natural. I would suggest that the value of open space in front of the hospital for patients, families and the community is more valuable to the community than the unusable open space on a hill. A hill that is difficult to envision a use for other than a retail/residential structure that would provide less of a community use than parking for patients/family. The appearance and size is something that the community will need to make a decision on. The envelope work that is needed on the Clinical Research Building seems like a no-brainer. The building exterior looks beaten up and doesn't fit in. It is also worth noting that as an individual who has seen presentations about the facilities redevelopment over my 3 years with the Hospital, the need has genuinely been framed as facility improvements needed to serve the community. The improvements proposed have resonated with the employees as being sorely needed. None seem frivolous or wasteful. I am active in my local town government. If presented this scenario in my own town/neighborhood, I would vote for favorable action. Sincerely, David Mangan
10/23/2019	Ann	Sweeney	St Elizabeth's Medical Center	Support	I am writing to support the plan for a new parking garage at St Elizabeth's. It's absolutely essential for the hospital to have adequate parking for our patients, visitors as well as staff. Optimizing the facility at St Elizabeth's will also enhance patient access and care. The Brighton community and businesses will absolutely benefit from enhancing the parking and hospital facilities at St Elizabeth's. Please support the St Elizabeth's Master Plan. Thank you, Yours sincerely, Ann Sweeney, MD
10/23/2019	Paul	Smith	Steward Health Care	Support	As an employee of St. Elizabeth's and part of the leadership team at St. E's, I obviously have a vested interest and significant bias in supporting this project. That said, I wanted to mention how important this is to our patients and staff. With the growth of organization, we are ready to invest in enhancing the parking options for all of our stakeholders. This will improve the day to day operations here at the hospital for our patients and staff significantly. Thank you for your consideration.
10/23/2019	Bertrand	Jaber	St Elizabeth's Medical Center	Support	My name is Bertrand Jaber, and I am a nephrologist and the Chair of the Department of Medicine at St. Elizabeth's Medical Center. On behalf of St. Elizabeth's and the physician members of the Department of Medicine, and I am in full support of the hospital's expansion plans, namely the new parking garage to accommodate the growing needs of our staff, physicians, patients and visitors. I joined the medical staff of St. Elizabeth's in 1997 and I have witnessed the incredible turnaround that our hospital has made since becoming part of Steward Health Care. The significant investments that have been made over the past ten years, including the new emergency department, the new intensive care unit, the operating room upgrades, and new technology and staff, have allowed St. Elizabeth's to recruit outstanding physicians, grow our medical staff, and provide a new level of care to the community, truly world-class care right here in Brighton. It has been a remarkable journey from where St. Elizabeth's was 10 years ago to where the hospital is today and how it is poised for the future. The Brighton community needs a strong community hospital that provides convenient access to advanced, high-quality care that is traditionally found only at academic medical centers that deliver more expensive care. These short-term investments in renovations at St. Elizabeth's truly represent long-term investments in the community, which I hope the Brighton community will support. Sincerely, Bertrand Jaber, MD

St. Elizabeth's Medical Center Parking Garage Public Comments via website form.xlsx

10/23/2019	Peter	Papadimitriou	Pella Insurance Agency	Support	St. Elizabeth's is a mainstay of Brighton and is incredibly important to the community and its continued growth. For the employees of St. Elizabeth's, who work tirelessly to ensure the health and wellness of the surrounding community, to have to park and walk long distances is truly ridiculous. They deserve a space close to the hospital to park. Additionally, patients will benefit from the additional parking.
10/23/2019	Nick	Tsaniklides		Support	Beautiful parking garage and nice new open green spaces!
10/23/2019	Demetri	Tsaniklides		Support	I am in support. I see no issues with the plans to build.
10/23/2019	Demetri	Tsaniklides Jr.		Support	I support this project
10/23/2019	matt	verhamme		Support	I support this project
10/23/2019	Monica	Tsaniklides		Support	Brighton needs as many parking spots as it can get!
10/22/2019	Loretta	Cedrone	Brighton Allston Community Coalition	Oppose	St. Elizabeth's Hospital neglected for a long period of time to submit a master plan. When the community met with them regarding their parking needs they submitted false information regarding their parking needs and spaces available. All of this was going on as the community was dealing with the development of the St. Gabriel property. I attended many meetings regarding St. Elizabeth and the CCF proposals for the development of the property purchased from St. Elizabeth. Perhaps if St. Elizabeth had not neglected the submission of a master plan when it was due and the city had followed up on their lack of submission, they might have reserved some of the property they sold for a parking garage. Now the community has to respond to this proposal when we have 3 new developments (CCF, Avalon, Synagogue) pouring traffic onto Washington St making it untenable for residents to deal with the traffic implications as well as to access Washington Street. I do not think this neighborhood should have to assume this level of traffic and congestion resulting from poor planning on the part of the hospital and the city of Boston. I am TOTALLY opposed to this proposal and ask that the city planning authorities and St. Elizabeth go back to the drawing board and give some respect to this deluged neighborhood. The neighborhood did its part and St. Elizabeth and the city of Boston must now do tasks that both have long neglected.
10/9/2019	Anna	Leslie	Allston Brighton Health Collaborative	Neutral	On behalf of the Transportation Committee of the Allston Brighton Health Collaborative (ABHC), I submit the following comments: The Transportation Committee is composed of community organizations and residents who recognize that transportation is a strong indicator and essential component of community health. We advocate to improve equity, access, and safety of all mobility modes in Allston and Brighton. Since 2016, this committee has worked closely with residents and stakeholders to address barriers to safe, reliable and accessible mobility and has become a leading neighborhood-wide voice on multi-modal transportation interests. Increased development in Allston and Brighton is straining the neighborhood's existing infrastructure and public transit opportunities. Meanwhile the neighborhood has unique and diverse transportation needs that include the highest percentage of cyclists per total vehicles of any neighborhood in the city, according to City of Boston 2017 counts; and two of the MBTA's 15 total key priority bus routes. Developers are increasingly relying on the existing functionality of our transportation infrastructure without investing in its upkeep or growth; by building near public transit, developers can claim their housing is "transit-oriented" without contributing to its improvement. Developers are increasingly funding transportation mitigations that solely benefit their future residents or their immediate geographic area. Allston and Brighton do not exist in isolation and neither do transportation systems. The health and success of our neighborhoods depends on integrated and connected systems that provide safe, equitable, and accessible transportation to all people. We respectfully submit this list of recommendations to the Task Force to be considered as part of a developer's Transportation Demand Management Plan and as mitigations due to development:

St. Elizabeth's Medical Center Parking Garage Public Comments via website form.xlsx

					<p>1. Developer must first be required to work with the MBTA to improve the public transportation network before entertaining the creation or funding of an independent shuttle service. Transit improvements include things such as bus lanes, bus shelters, signal replacement to allow for transit signal priority, etc. There are seven MBTA bus stops within the project area and four specifically in the area of the proposed parking garage. (Two of these routes - the 57, 65, and 66 - all see more than 6,000 daily boardings.) To encourage other modes of transportation and mitigate impacts of development and growth, the Developer must be required to provide new bus shelters for each stop in the study area. These shelters must include seating, real-time displays, garbage disposal and bicycle parking. 2. Developer be required to partner with Boston Bikes to assess the need of at least one additional Bluebikes bike-sharing station anywhere in Allston or Brighton. 3. For any additional developments occurring near the development, developer be required to meet with those projects to assess their collective impact, needs, and mitigations. 4. The current proposal mentions bicycle parking but does not specify location or number. The Developer should be required to provide covered and secured spots and charging capabilities for bicycles and micro-mobility devices (eg. e-scooters, e-bikes) and should specify the number of spots in advance of approval. 5. The current proposal mentions carshare parking but does not specify location or number. The Developer should be required to contract with and provide space for car-sharing vehicles (e.g. Zipcar) and specify the number and location in advance of approval. 6. The current proposal mentions EV charging stations but but does not specify location or number. The Developer should be required to provide the number and location electric vehicle charging stations before approval. 7. The proposal mentions encouraging other modes of transportation but does not specify any strategies or metrics for achieving that outcome. In addition to the above, SEMC should be required to provide discounts or free monthly MBTA passes and Bluebikes yearly passes to any interested staff member. 8. Developer be required to partner with Boston Public Works to fund repavement of Washington and Cambridge Sts. In addition, the Allston Brighton Health Collaborative recommends that the Task Force increase its membership to include a representative of a neighborhood health institution. The Task Force should reflect the fact that SEMC is, first and foremost, a healthcare institution and task force membership should more accurately reflect those interests and the impacts of a healthcare institution. Thank you for considering these recommendations and adding them to the project's mitigation strategy in order to improve transportation equity and public health in Allston and Brighton.</p>
9/22/2019	Nancy	Griik	Ms.	Oppose	<p>It is way to late for this comment. The project is already under construction. Am I missing something here? For the record, I think this parking garage is a blight on this residential street. St. Elizabeth's should not have been allowed to sell the existing garage, that was away from the streetscape, to the St. Gabriel's developers. There is no buffer for the neighborhood; no trees and no set back. This will spew automobile fumes directly into the neighborhood.</p>
9/9/2019	Paula	Dewar		Oppose	<p>As a life long resident on Washington Street in Brighton, I am opposed to the garage on Washington St for St. Elizabeth's hospital. Washington St is very congested both with vehicle traffic and cars parked all along the street. Many times I can not exit my driveway due to cars parked close to the curb blocking the line of sight. The construction from 151 to 201 Washington St has been very disruptive to my well being as it has created a large amount of dirt, noise from construction vehicles all day and night and increased traffic from Construction workers. This proposed garage adjacent to the current construction project would create the same problems. Cars are using the side streets to cut through and avoid the lights on a daily basis. I live at the corner of Nantasket Ave which is a private way....the only cars that should be coming through here are residents..that is definitely not the case! Also, I do not believe Washington St can handle an entrance or exit from this garage with an additional 600 cars! Please consider the residents in this neighborhood when making decisions that affect our quality of life.</p>



St Elizabeth Medical center project

cathy munro [REDACTED]
To: aisling.kerr@boston.gov

Sun, Oct 20, 2019 at 12:27 PM

To whom it may concern:

My Name is Catherine Munro, I am a RN working at St. E's for 44 years, I have seen a lot over these years but in the last 5-6 years it seems to be worse. I was at both meetings on the 2nd and the 15th. I did speak at the meeting on the 2nd, I was the last person speaking.

My issues that were brought up at that time was how every department in the hospital is short staffed, we don't have the supplies that are needed to take care of the patients and how they are hiring new nurses with no experience. but it is just not nurses, it is every department, non experienced personnel.

What I failed to mention was the comings and goings of senior management. Since 2015, we have had 6 CNO's, 3-4 Presidents, I don't know how many CFO's too many to count, the Heads of Departments, in every department in the hospital, most of them were hired in the last 6 months, if they have been here for a year they are very lucky. The longest length of stay is 18 months. In my department the Maternal Child Health Department, there have been 10 Directors, nurse managers or assistant nurse managers with little experience. The last nurse manager stay was 6 weeks, if that. They are not treated well by their superiors or Cooperative.

There is no consistency or stability in this hospital except for the nurses. They are the only ones that are consistent and stable in their jobs. The only reason for that is the MNA, if we did not have the MNA, I would not be in this position to write you, I would of been let go along time ago.

Nurses are not opposing this huge endeavor because we are asking for a pay raise. We are opposing this project, because we are and have been asking for many years to be staffed adequately to take care of our patients efficiently and safely. The important word here is adequately. We are asking for the equipment and supplies to take care of our patients, appropriately. We do not want to hear that supplies are in credit hold, we want the equipment. What does credit hold mean anyways????

We want consistent and stable management so we are not having the same conversations every year or 18 months, that gets us no where.

I do know that there is a need for a new garage, but when I hear that people have been injured in garage B and nothing is going to be done until after the new garage is built, that concerns me. What do we do when something seriously happens in garage B. and they have to close it, that could be a big problem
What we are asking is for Steward St. E's to fix the inside before the outside.

Thank you very much for your time and allowing us to be included in this huge endeavor.
Cathy



St E Garage -unacceptable in current form

Eileen Houben <[REDACTED]>
To: aisling.kerr@boston.gov

Fri, Oct 25, 2019 at 5:01 PM

Dear Aisling,

I was unable to attend the meeting as it was during a Jewish holiday.

I studied the plans last night, and they have to greatly improve the entry/exit options before this goes any further. In fact, there should be another public meeting during the current stage, and an extended comment period.

A major exit is onto Washington St where we already have gridlock several times a day, and this is **before** St. Gabriel's is finished and **before** the 4 other projects between St E and Bartlett Crescent are constructed &/or approved. This is unacceptable and won't work.

Perhaps the Washington St.entrance/exit can be designed for right turns only in & out, at least between 7am-9pm (that would be a stopgap workaround, which may no longer help after all the Washington corridor construction is finished) And it should NOT be the main garage entrance.

I'm also concerned about the major decrease in greenery on Washington from both St Gabriel's and the garage proposal. It's balanced elsewhere, but NOT on Washington.

There are also evidently serious concerns from employees about the St E plans and building emphasis vs patient and staff safety priorities. Again, the project should not go forward until the medical administration, the development administration, and the staff talk to each other, negotiate, and agree on priorities going forward.

Please forward this to Edward Carmody & Brandon Schrenker.

Thank you,
Eileen Houben
member CoreyHill Neighborhood Associations &
member Cong. KTM 113 Washington St



St. Elizabeth's Proposed Expansion

elmacinnis@aol.com <[REDACTED]>
To: aisling.kerr@boston.gov

Thu, Oct 24, 2019 at 11:59 AM

Ms. Kerr,

Thank you for your invaluable guidance and work with the BPDA on St. Elizabeth's Proposed Expansion plans. I've attached our petition objecting to the proposed expansion in the face of serious, pervasive and ongoing threats to patient safety related to chronic understaffing, lack of supplies and unsafe working conditions.

It is my sincere hope that the BPDA give careful consideration to their decision on an outward expansion in the face of dire internal conditions.

Warmest regards,

Ellen MacInnis, RN
Staff Nurse
St. Elizabeth's Medical Center

 **Expansion Petitions 10.24.19.pdf**
2633K

PLEASE



SIGN

Steward / St. Elizabeth's executives have announced plans for a \$100 million expansion of SEMC. We agree with this statement of the MNA Committee at St. Elizabeth's:

"We oppose this plan. Nurses at St. Elizabeth's all know the executives haven't been staffing the hospital to properly care for the number of patients we have today. There isn't evidence that they will be willing or able to properly staff for an expanded number of patients each day. At the same time, they have been closing services at other Steward hospitals. Why in the world would we do anything but oppose this plan?"

NAME: (PRINT)	SIGNATURE	UNIT	JOB TITLE
HOPE KELLMAN	Hope Kellman	MBU	RN/LACTATION CONSULTANT
Emily Hanan	Emily Hanan	MBU	RN
Phyllis Buckley	Phyllis Buckley	MBU	RN
Megaw Buchanan	Megaw Buchanan	MBU	RN/Lact. Consultant
Katarina Tatten	Katarina Tatten	MBU	RN
Colleen Harris	Colleen Harris	MBU	RN
Julie O'Keefe	Julie O'Keefe	MBU	RN
Christine Connelly	Christine Connelly	MBU	RN
Sharon Brangwyn	Sharon Brangwyn	MBU	RN
Catherine Munro	Catherine Munro	MBU	RN
Cathi Langston	Cathi Langston	MBU	RN



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NAME: (PRINT)	SIGNATURE	UNIT	JOB TITLE
Cassandra Chery	<i>C Chery</i>	ICU	Staff Nurse
Sheryl Burns	<i>Sheryl Burns</i>	ICU	SN
Theresa Trach	<i>Theresa Trach</i>	ICU	RN
Michelle Rose	<i>Michelle Rose</i>	ICU	RN
Ana Bonfim	<i>Ana Bonfim</i>	ICU	RN





Massachusetts
Nurses
Association

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NAME: (PRINT)	SIGNATURE	UNIT	JOB TITLE
Stephanie Hinsvark	<i>[Signature]</i>	Cath Lab	Staff RN
Laura Morrison	<i>[Signature]</i>	ICU	Staff RN
Paul Kelly	<i>[Signature]</i>	ICU	RN
Jessica Henderson	<i>[Signature]</i>	ICU	RN
Susan Goggin	<i>[Signature]</i>	ICU	RN
Victoria Bird	<i>[Signature]</i>	ICU	RN
Mia Mazzaferro	<i>[Signature]</i>	ICU	RN
Ashley Monteiro	<i>[Signature]</i>	ICU	RN
Lisa Adams	<i>[Signature]</i>	ICU	RN
Susan McLean	<i>[Signature]</i>	ICU	RN
Pamela Moy	<i>[Signature]</i>	ICU	RN
Herardine Michel	<i>[Signature]</i>	ICU	RN
Romane Regis	<i>[Signature]</i>	ICU	RN
Linda Le	<i>[Signature]</i>	ICU	RN
Gianna Gatto	<i>[Signature]</i>	ICU	RN
Sophia Karasawas	<i>[Signature]</i>	ICU	RN





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NAME: (PRINT) SIGNATURE UNIT JOB TITLE

Denise Colsky	Denise Colsky	float	Registered Nurse
Isabella Cordeiro	[Signature]	float	Registered Nurse
Meghan Schutz	Meghan Schutz	RN Float	





Massachusetts
Nurses
Association

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NAME: (PRINT)	SIGNATURE	UNIT	JOB TITLE
Lisa Haggie	<i>Lisa Haggie</i>	M6	RN
Cori Henderson	<i>[Signature]</i>	M6	RN
Kimberly Danner	<i>Kimberly Danner</i>	M6	RN
Pascal Palau	<i>Pascal Palau</i>	Float	RN
Nick Spitz	<i>Nick Spitz</i>	M6	RN
Anne Marie Reed	<i>Anne Marie Reed</i>	M6	RN
Sabrina Astar	<i>Sabrina Astar</i>	M6	RN
Linda McSheffrey	<i>Linda McSheffrey</i>	M6	RN
Erin McWeeney	<i>Erin McWeeney</i>	M6	RN
Erika Driscoll	<i>Erika Driscoll</i>	M6	RN
Pragya Shrestha	<i>Pragya Shrestha</i>	M6	RN
Daw Le	<i>Daw Le</i>	M6	RN
Eva Hughes	<i>Eva Hughes</i>	M6	RN
Monica Moschella	<i>Monica Moschella</i>	M6	RN
Susan Ablin	<i>Susan Ablin</i>	M6	RN

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Massachusetts
Nurses
Association

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"We oppose this plan. Nurses at St. Elizabeth's all know the executives haven't been staffing the hospital to properly care for the number of patients we have today. There isn't evidence that they will be willing or able to properly staff for an expanded number of patients each day. At the same time, they have been closing services at other Steward hospitals. Why in the world would we do anything *but* oppose this plan?"

NAME: (PRINT)	SIGNATURE	UNIT	JOB TITLE
Julie Carey	<i>Julie Carey</i>	Secap	RN
Janet Kibicki	<i>Janet Kibicki</i>	Secap	Unit Secretary
Martina Hunt	<i>M Hunt</i>	float	RN
Mary Brosnihan	<i>Mary Brosnihan</i>	Secap	RN
Margalo Peters	<i>M Peters</i>	Secap	RN
Barbara Ullata	<i>Barbara Ullata</i>	SECAP	RN
Edward O'Brien	<i>E O'Brien</i>	SECAP	RN
Emmy Harliss	<i>E Harliss</i>	Floor POOL	RN.
Ashley Greene	<i>Ashley Greene</i>	SECAP	RN
Karen Rider	<i>Karen Rider</i>	SECAP	RN
Nicole Surette	<i>Nicole Surette</i>	Secap	RN
Jeanne JEANNE BIGGART	<i>Jeanne Biggart</i>	SECAP	RN
Lisa Christensen	<i>Lisa Christensen</i>	SECAP	RN



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Kristen Delcakt	<i>Kristen Delcakt</i>	MB	RN
Elena Calvo	<i>Elena Calvo</i>	MB	RN
Mania Perez	<i>Mania Perez</i>	Float	RN
Mania Charbonnier	<i>Mania Charbonnier</i>	MB	RN
Susan Kelly	<i>Susan Kelly</i>	MB	RN
KRISTEN MULCAHY	<i>K. Mulcahy</i>	MB	RN
Heather Foley	<i>Heather Foley</i>	MB	RN
Emily Clifton	<i>Emily A. Clifton</i>	MB	RN
Lauren Meredith	<i>Lauren Meredith</i>	Float	RN
Lauren Yetman	<i>Lauren Yetman</i>	MB	RN
Michelle Grossman	<i>Michelle Grossman</i>	Float	RN
Princesse Telamon	<i>Princesse Telamon</i>	Float	RN
Eileen Shells	<i>Eileen Shells</i>	MB	RN
Cheryl Schmidt	<i>Cheryl Schmidt</i>	MB	RN
Aloua Naluboga	<i>Aloua Naluboga</i>	Float	RN





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Christine Kenney Christine Kenney Pretest RN

Karen Bruno Karen Bruno Pretest RN

Christine Moriarty CMoriarty PAT RN

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Keriaký Karasavas	Keri Karasavas	7E	RN
Tracey Mann	Tracey Mann	7E	RN
Lori Chen	Lori Chen	7E	RN
Jeannie Kamberidis	Jeannie Kamberidis	7E	RNA
Monique Ayala	Monique Ayala	7E	RN
Catherine Archambeault	Catherine Archambeault	7E	RN
Marie Gertha Chery	Marie Gertha Chery	7E	CNA
Cassandra Raymond	Cassandra Raymond	7E	RN
[Signature]	[Signature]	7E	RN
Kara McSweeney	Kara McSweeney	7E	RN
Margaret Doherty	Margaret Doherty	7E	RN
Anderl Lara	Anderl Lara	7E	RN
Marie Clafin	Marie Clafin	7E	RN
Colleen Cuddy	Colleen Cuddy	7E	RN



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Shawna Parry Shawna Parry 7E RN

Amy Ivy Amy Ivy 7E RN

Heather Taczca Heather Taczca 7E East RN

Gerlie Razzini Gerlie Razzini 7-EAST RN

Victoria Henner Victoria Henner 7E RN

William Lee William Lee 7E RN

Hannah Prince Hannah Prince 7E RN

Lindsay Townsend Lindsay Townsend 7E RN

~~Lauren Bonahue~~ Lauren Bonahue 7E RN

Elizabeth McHugh Elizabeth McHugh 7E RN

Sarah Wiedeman Sarah Wiedeman 7E RN

Pamella Surcan Pamella Surcan 7E RN

Michele Beauregard Michele Beauregard 7E RN



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Kim Wheelock	<i>Kim Wheelock</i>	GI	Staff RN
Nancy DiPella	<i>Nancy DiPella</i>	GI	RN
Celeste Padden	<i>Celeste Padden</i>	GI	Staff
Jacqui Dill	<i>Jacqui Dill</i>	GI	RN
Jeanne Kennedy	<i>Jeanne Kennedy</i>	GI	RN
Megan Saly	<i>Megan Saly</i>	GI	RN
Cathy Jones	<i>Cathy Jones</i>	GI	
Lynne Johnston	<i>Lynne Johnston</i>	GI	RN
Core Trayest	<i>Core Trayest</i>	GI	RN

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Andrea Cotter *Ablytt* RN

Mary Bridges *MBridges* 6 West *port*

Diane Santisi *Diane Santisi* RN

Caroline Fahey *C Fahey* RN

LESA MANUSO 6 WEST RN - Would be very interested to learn the plan for staffing (recruitment AND Retention) as well as the plan to make certain we have enough supplies + equipment to care for the patients because we certainly do NOT have what we need right now.

Elizabeth Messina *Elizabeth Messina* 6W RN

Laurie Kelley *Laurie Kelley* 56W RN

KARISSA RAMKISSOON *K Ramkissoon* 6W RN

Barbara MacDonald *Barbara MacDonald* 6W RN

Caitlin Sullivan *Caitlin Sullivan* 6W RN