



BOX 1447, OAK BLUFFS, MASSACHUSETTS, 02557, 508-693-3453
FAX 508-693-7894 INFO@MVCOMMISSION.ORG WWW.MVCOMMISSION.ORG

Minutes of the Commission Meeting Held on August 25, 2005

In the Olde Stone Building
33 New York Avenue, Oak Bluffs, MA

IN ATTENDANCE

Commissioners: (P = Present; A = Appointed; E = Elected)

- | | |
|---|--------------------------------------|
| P James Athearn (E – Edgartown) | P Ned Orleans (A – Tisbury) |
| P John Best (E – Tisbury) | P Megan Ottens-Sargent (E –Aquinnah) |
| P John Breckenridge (A – Oak Bluffs) | - Deborah Pigeon (E – Oak Bluffs) |
| P Christina Brown (E - Edgartown) | P Jim Powell (A – West Tisbury) |
| P Carlene Condon (A – Edgartown) | P Doug Sederholm (E – Chilmark) |
| P Mimi Davisson (E – Oak Bluffs) | P Linda Sibley (E – West Tisbury) |
| P Martin Crane (A – Governor Appointee) | P Paul Strauss (County Comm. Rep.) |
| P Chris Murphy (A – Chilmark) | - Andrew Woodruff (E – West Tisbury) |
| - Katherine Newman (A –Aquinnah) | |

Staff: Mark London (Executive Director), Bill Veno (Senior Planner), Paul Foley (DRI Coordinator), Christine Flynn (Affordable Housing & Economic Planner), Bill Wilcox (Water), Srinivas Sattoor (Traffic)

1. MARTHA'S VINEYARD HOSPITAL – INFORMAL PRESENTATION

Presenters: Mark Rowland, Partner in Charge, Dan Kress, project architect, and Paul Bass from Thomas, Miller & Partners, architects of the new hospital; Ken Chisholm, MV Hospital

1.1 Existing Site

Mark Rowland outlined the existing site plan.

- Buildings include the pre-1929 house, the 1929 building, the 1972 building, and Windemere, built in 1993.
- The hospital owns land in front of the facility bordering Hospital Road and two houses on Windemere Road.
- The site extends back to Lagoon Pond and out to Eastville.
- The building has an existing septic plant.

1.2 Hospital Location

Mark Rowland addressed the question of how the decision was made to stay on the existing site:

- He said discussions were held with architects, the hospital Board and key donors, and the decision was made to rebuild on the existing site.

- The Board made the decision to stay on the existing site in the spring of 2004. There is no report that outlines the decision-making process.
- Initially, Thomas, Miller & Partners company was retained to do a master plan, to gather information and to help the hospital make decisions on what they might do to go forward.
- The Hospital Board went out of its way to make sure they considered at least two alternatives: replacement on site and replacement at another site. His company prepared programs and block diagrams for the two options. Alternatives and costs were discussed in a Hospital Board meeting; the decision ultimately was made that the fiscally responsible decision was to stay on the current site.
- Thomas Miller was then asked to complete the master plan based on that decision.
- The most compelling document shows a \$29 million difference between using the current site and building versus building a new hospital and nursing home on a new site.
- The Board concluded that it was unlikely to be able to raise \$62 million and felt that it was important to act quickly because the existing hospital building is literally on “life support”. His professional opinion is that something must be done very soon.

Jim Athearn asked if analysis was done of wetlands, flood zone, access and proximity to population and were those analyses brought into the decision. He asked whether there was a conclusion that another site would be desirable but wasn't affordable. **Mark Rowland** responded that other analyses were done but the conclusion was that it would be difficult to find a site and to raise the money for a new building and nursing home.

Mimi Davisson asked if there had been an analysis of life cycle costs of the building and related infrastructure. **Mark Rowland** said that this analysis has not been performed.

Chris Murphy said he thought that Oak Bluffs had offered land for a hospital facility. He commented that the nursing home should be able to stand on its own and he asked why other independent nursing homes have not gone under.

Mark Rowland explained that Windemere does not stand on its own; Windemere and the hospital are “joined at the hip”. Diagnostic costs, utilities, kitchen facilities, and overhead costs are shared. He believed that the hospital moving without the nursing home would be the financial death of the nursing home because of the burden of infrastructure costs.

Paul Strauss asked about the acreage of the present facility and whether the proposed building substantially increases the size of the facility. **Mark Rowland** responded that the present facility is approximately 12 acres. The footprint of the proposed building will utilize a bit more of the site, with an increase in total square footage.

Christina Brown asked for an explanation of the chart comparing the cost of the two options.

Mark Rowland detailed the costs for each rebuilding on the current site and on a new site:

- Current site:
 - the cost per square foot - \$355
 - construction costs in 2005 dollars for the building - \$31.7
 - renovation, site work & demolition costs - \$3.4 million
 - other costs: fixed equipment, furniture, consultants, contingency - \$8.9 million
 - Total - \$42 million total
- New site:

- additional site work costs, including access road - \$2.5 million
- construction costs for complete new hospital building - \$42.5 million
- nursing home (80 beds) - \$11.2 million
- other costs - \$14.9 million
- Total Project - \$71 million
- Gain on sale of land - \$9 million
- Total - \$62.1 million
- Quite a few factors drive up the costs including the need for duplication, so patients can be moved from one facility to another without interruption of care.

Martin Crane said that Windemere is a long-term chronic care facility, not an acute care facility. **Mark Rowland** explained that nursing home residents use hospital facilities and would have to be transported if the hospital moved; there are some unique challenges at Windemere that make it an expensive facility to run.

Ken Chisholm, the administrator at Windemere, said Windemere and the hospital are a shared facility.

- Occupational and physical therapy and recreation therapy are shared.
- The sewer treatment plant costs are shared.
- Windemere spends \$50,000 a year to send laundry to the mainland.
- Medicare reimbursement is made as if Windemere is in a rural area.
- Dietary costs are shared.
- The system they have works well and it allows 81 Islanders to stay on the island.

There was a discussion of other possible uses for the hospital building if the hospital moved but Windemere stayed.

- **Megan Ottens-Sargent** noted that Windemere needs aspects of the hospital and the hospital building needs rehabilitation. She asked if the hospital were to move, could the existing building house anything that could complement Windemere?
- **Mark Rowland** said Windemere is also an institutional occupancy so the construction code is just as strict. The building has to be steel and concrete; the wood-roofed structure is the problem so if the hospital building were to be simply renovated, it couldn't be part of the hospital or nursing home.
- **Ken Chisholm** said one wing of Windemere was closed for nursing home use and is used as the Surgeon's Wing, which the hospital rents from Windemere; there weren't other uses for the wing.

Ned Orleans asked if there were a written report that outlines the facts and issues the decision makers focused on and would help him evaluate the decision. **Mark Rowland** said his firm hasn't been commissioned to produce a report.

Linda Sibley thinks it might be best to move the whole thing. She noted that if Windemere were left behind, the hospital might save \$11 million, but there would be no income from the sale of the old site.

1.3 Project Design

Mark Rowland explained that his firm proceeded on the assumption that the Hospital is not moving. They are beginning the schematic design and design development.

- The Hospital Board has made the decision to move forward on this site, but nothing else is cast in stone.
- Planners asked how they would keep the existing hospital in operation and build something new on the site in a manner so that health care can be delivered safely and effectively.
- The front wing of the 1929 building would be demolished and some elements of the 1972 building would be built around.
- The proposed building would face Beach Road. Hospital Road would be moved slightly. The Emergency Room would be moved to the front of the new building with key departments adjacent to the ER.
- The design tries to take into account several issues that he understands are important to the Commission:
 - the way the building fits in with the character of the community,
 - sensitivity to the environment,
 - implementation of the building process,
 - landscape design,
 - exterior lighting,
 - sensitivity to neighbors,
 - traffic,
 - wastewater.

Mark Rowland outlined the findings of the traffic study, which has been delivered to the Commission for analysis.

- The proposed rebuilding will not produce a major impact over the current situation.
- The proposal will not cause a huge number of additional visits.
- The number of visits will grow with increases in population.
- The bike path route will continue to be routed through Hospital property.
- Oak Bluffs may want to consider updating the intersection.

Mark Rowland outlined a number of other topics.

- Sewer: The hospital is in the process of signing a contract to place the hospital on the Oak Bluffs sewer system. The system has sufficient capacity to handle the hospital.
- Building Materials: The existing materials have not aged well. For the proposed rebuilding they are considering some masonry and cement based materials.
- Character: The character of the building will blend with Windemere with gable roofs and details to match Windemere.
- Environment: The Hospital Board has made the decision to make it a green building, either as a LED building or a "green" hospital.
- Landscape: They have hired a local landscape architect and will use local plants and materials.
- Wetlands: They are considering their road options to deal with wetlands.

Chris Murphy asked if access to Windemere would still be through the front door of the hospital. **Mark Rowland** said that there would a direct corridor from the front of the Hospital

to Windemere. The residents of Windemere would have a dedicated road that wouldn't go through the parking lot. It could also be used for ambulances. Beach Road, Eastville Avenue and Windemere Road would connect for internal use.

Chris Murphy asked how the hospital would deal with cars that are already on site and the cars that will be part of the construction process. **Mark Rowland** explained that the Hospital is considering adjacent land for additional parking and that options do exist during construction with some staff moving off-site temporarily.

John Best asked about the entrance to the hospital. **Mark Rowland** clarified that the entrance curb cut will be kept the same, but the road will be made perpendicular rather than have a slight curve as it does currently. He said that the exact position of the road would depend on the flood zone and wetlands locations.

John Best questioned the floodzone and wetlands. **Mark Rowland** said there is a engineered survey and the wetlands were surveyed.

John Breckenridge said the parking area might be in the wetlands and in the 100-year flood zone. **Mark Rowland** responded that the parking plan is a preliminary suggestion. **Paul Strauss** said Commission members might challenge the information about the floodplain. **Mark Rowland** said they would be on the phone tomorrow with the surveyors.

John Breckenridge asked about parking, moving the Emergency Room, and plans for future expansion. **Mark Rowland** said the current plan is based on the wetlands survey information, which has led them to believe that they can locate parking in front without being in the flood zone or wetlands. They are discussing demolishing wings 5 & 6 and relocating the building and locating parking there.

Linda Sibley said the Commission is not fond of great swaths of parking along a scenic road.

John Breckenridge asked about future expansion of the rebuilt hospital. **Mark Rowland** explained that the building is designed to be expanded, perhaps 5-10 years down the road.

Jim Powell asked about the layout. **Mark Rowland** the new building will be 2-story with a basement.

John Best said some strong consideration might be considered for a parking garage. **Mark London** suggested a 2-story garage could be partly underground and would eliminate taking up green space with parking.

John Breckenridge asked about the location of the helipad and commented that housing and environment are issues with large Coast Guard helicopters. He asked whether the Hospital had considered any options. **Mark Rowland** said the proposal is to keep the helipad in the same place. He explained that as the building starts to change, the site of the helipad might change. He noted that ideally, the helipad should be in its own "island", away from property lines and neighbors. He said that placing the helipad on the roof might cause more problems antithetical to other Commission values.

Mark London said bike path through the hospital area has been incomplete; this rebuilding gives the hospital the opportunity to create the missing link. **Mark Rowland** explained that the hospital will keep/establish a dedicated bike path system.

Mark Rowland outlined other aspects of the plan.

- The plan revises the existing organization of the building.
- The proposed organization locates the much expanded Emergency Room, Imaging and Surgery close to each other.
- The site will be a "Plane Tree" facility that will be patient-centered and family-centered focused on healing.
- The building will be more conducive to families and patients; resources will be available to families. Charts will be open to family members, which impacts the design of the building.
- He described the second floor plan; the layout will be efficient with dedicated space for families.
- The lower level includes space for mechanical equipment.

There was a discussion of the basement.

- **Mark London** asked whether there are water table issues on the lower level, and, if not, would it not be very cost effective to increase the size of the basement to house facilities that don't need to be on the upper floors.
- **Mark Rowland** explained that they are not going below the level of current basements. He said they are not planning a full basement because of the excavation costs and the significant grade drop-off.
- **Dan Kress** explained construction costs for expanding the basement are \$450 a square foot.

Dan Kress explained that another aspect of cost savings for staying on site is that the existing buildings that are not re-built can be rental office space for doctors and generate income for the hospital.

Mark Rowland explained that with respect to exterior materials, designers are looking at a combination of masonry – brick or stone – and a wood composition product for siding with boards that resemble wood and last 30 to 50 years. They are attempting to minimize massing and keep the building low. **Dan Kress** will bring a sample of the composition product when they come back.

Megan Ottens-Sargent asked whether designers provided Commissioners with an overlay of old and new. **Mark Rowland** said that it is on the proposed site plan; they could do that for the building and road plan as well.

Megan Ottens-Sargent asked whether they considered creating an entrance off of Eastville Avenue. **Mark Rowland** explained that his original inclination was to make that area a 4-way intersection, but the community said no. **Jim Powell** said he would like representatives to revisit the 4-way stop proposal. **Mark Rowland** said changing the entrance to Eastville has some financial and construction schedule considerations.

Jim Athearn asked if there was any provision for acute psychiatric care. **Mark Rowland** said that acute psychiatric care would take place through the emergency department and use of in-patient beds.

John Breckenridge said Oak Bluffs takes its architecture seriously. He encouraged the planners to run design features by Island resources who would be helpful with recommendations for materials and style. **Mark Rowland** said his firm would welcome the opportunity to work with Island resources.

Linda Sibley said she didn't see familiar island elements in the architectural plan; she suggested that as they re-work the plan, they come back with architectural details that look like the Vineyard.

John Best said there was an effort to make Windemere Victorian but the details proved to be high maintenance. He wants a building that functions and is efficient and can stand up architecturally.

Mark London said that not only does it have to be a good design, but it also should be of Martha's Vineyard. He suggested that Mark Rowland's firm consider having an Island architect join the team, to focus particularly on the issue of design integration into the Vineyard character.

Paul Strauss encouraged the designers to move in an energy-efficient direction.

Martin Crane spoke about services and the rebuilding plan as a unique opportunity to define an acute care facility. He asked what constraints the designers would ideally remove. **Mark Rowland** responded.

- It is always harder to work with an existing building, but it is a challenge and an opportunity.
- Budget is always an issue. It is a challenge to build an institutional building on the island. They are looking at building some pieces off-Island and bringing them over on barges. \$42 million would go further off-Island. However, they won't compromise on the design and efficiency of the project.

Paul Strauss said the Dukes County Commission also deals with Island-wide issues. He asked whether it would be productive to talk with the County Commission who might give a different perspective. He said that medical attention on the island is a primary issue for County Commissioners.

Chris Freed suggested that any directive to attempt energy self-sufficiency would be a benefit.

Mark Rowland explained that the Massachusetts hospital guidelines prescribe what sources are available for power; energy must come from utilities with back-up generators.

Harriet Barrow said she couldn't understand why hospital board decided to keep the facility in the same location:

- Traffic is a huge issue; ambulances can't get through traffic; the EMTs weren't consulted.
- The existing building is high maintenance.
- The hospital will have to buy more land to deal with parking during construction.
- The tie-in to Oak Bluffs sewer is millions of dollars.
- She would like to know why the hospital board decided that this was the route to take.

Mimi Davisson asked whether, at a conceptual level, the design would be the same if the decision were made to move the hospital. **Mark Rowland** responded that the design and the approach would be different.

James Kinsella of *The Vineyard Gazette* asked about the discussion between donors and hospital board to site the hospital at its present location. He asked how the fundraising efforts are going. **Mark Rowland** he can't respond to the question about the discussion between the board and donors. **Ken Chisholm** said the hospital has publicly announced that they've raised \$20 million and they have gone beyond that. The feeling is that they will reach \$42 million.

Megan Ottens-Sargent asked whether there is sufficient capacity for sewer tie-in. She asked whether the hospital's tie-in would take capacity away from other enterprises and whether the Commission should look at that.

Chris Murphy said Ken Chisholm does a great job with Windemere and thanked him for his work.

Chris Murphy said the location of the hospital is a huge issue. He said he thought the president of the hospital board should be making the presentation convincing the Commission that this plan makes sense. He said that in 1960 there was a lot of opposition to locating the hospital at that site.

Jim Athearn asked if there was a method for the Commission to make a decision about the site before the process goes too much further.

Ned Orleans said the Commission needs to see an economic analysis before it makes any kind of decision.

Linda Sibley said a letter will be sent to the hospital board with questions; the letter will be reviewed by commissioners before it's sent.

Commissioners took a brief recess.

2. 117 BEACH ROAD – CONCURRENCE REVIEW

Commissioners Present: J. Athearn, J. Best, J. Breckenridge, C. Brown, C. Condon, M. Crane, M. Davisson, C. Murphy, N. Orleans, M. Ottens-Sargent, J. Powell, D. Sederholm, L. Sibley, P. Strauss

Applicant: Carl Sorenson, Owner; Doug Dowling, Agent

Christine Brown reported that LUPC reviewed the application and recommended a concurrence review.

Paul Foley gave the staff report.

- The proposal is to convert the ground floor of the new existing structure in back to commercial on the ground floor. The existing older structure in front is to be demolished.
- The two-story building was built under a residential permit and therefore did not require referral to the Commission.
- The applicant now wants to turn the ground floor into commercial space.
- The new building is mostly in the Waterside Management Area, which is supposed to be restricted to maritime uses. The original building was in the Commercial Management Area.

- The new building is 3,168 square feet plus a large attic/storage/loft on the third floor. The applicant is proposing two units of 630 square feet of commercial space on the ground floor.
- The parking is in front of the building and access has been changed to one curb cut. Waterside Management District zoning requires that no more than 10% of the lot should be covered by parking, loading, etc. The proposed area is greater than that.
- The proposed building will be connected to town water and sewer. The property has been allocated flow equivalent to two bedrooms and two offices.
- The applicant's mother will live in the upstairs. They had thought the downstairs would be studio apartments, but wanted to change the downstairs to commercial space.
- The proposal was referred based on the DRI trigger of 3.301b: a commercial addition of more than 1,000 square feet or more. However, since the applicant claims that it was always his intention to demolish the building in front, it is being considered under 3.301e: change of use or increase in intensity of use.

Christina Brown moved and it was duly seconded that 117 Beach Road is a Development of Regional Impact. A voice vote was taken. In favor: 14. Opposed: 0. Abstentions: 0. The motion passed.

A public hearing will be scheduled.

2. OTHER

2.1 Housing Bank Legislation

Linda Sibley reported that Commissioners have a letter from the Housing Bank Coalition asking for feedback on the draft of housing bank legislation.

Mark London said that the Housing Bank Coalition is holding a public meeting and would like to know particularly if there are questions and concerns about the wording of the legislation.

2.2 Corey Kupersmith Affordable Housing Trust

Linda Sibley reminded Commissioners that part of the Preserve at the Southern Woodlands project was the formation of the Corey Kupersmith Affordable Housing Trust, which calls for a trustee appointed by the Commission.

Mark London explained that the function of the Trust is to disburse funds forthcoming from the development and sales within the development.

Linda Sibley explained that the Trust is made up of 3 trustees: one each appointed by Oak Bluffs, the Commission and Corey Kupersmith. Oak Bluffs appointed Michael Dutton.

Paul Strauss suggested Oak Bluffs' Community Development Coordinator Terry Appenzeller.

Linda Sibley suggested appointing a representative of a group that might be applying for money could be awkward.

Linda Sibley appointed Carlene Condon through December 2006.

3. MARTHA'S VINEYARD HOTEL: DRI 335M-3 – WRITTEN DECISION

Commissioners Present: J. Best, J. Breckenridge, C. Brown, M. Crane (ineligible to vote on item), M. Davisson, C. Murphy, N. Orleans, J. Powell (ineligible to vote on item), D. Sederholm, L. Sibley, P. Strauss

Mimi Davisson moved and it was duly seconded that Page 4, lines 144-147, be amended to read:

“With respect to scenic values, the Commission notes that the proposed building was not designed by an architect and would have been of a different style than the existing buildings” . . . eliminating the second sentence.

A voice vote was taken: In favor: 9. Opposed: 0. Abstentions: 2. The motion passed.

Christina Brown moved and it was duly seconded that Page 6, lines 232-237, be amended to read:

“The Commission notes that the proposed hotel is within a residential district and not permitted as of right and would have required a special permit from the Planning Board” . . . eliminating the second sentence.

A voice vote was taken: In favor: 9. Opposed: 0. Abstentions: 2. The motion passed.

Mark London said that the decision should reflect the Commissioners’ discussion of the benefits and detriments of the proposed plan.

Christina Brown pointed out that the Commissioners talked about not seeing a final architectural plan. The fact that the preliminary plan didn’t meet code wasn’t necessarily a reason for denial.

John Best said that in this case, a final plan that met code would have required a very different plan and that was one of the reasons for denial.

Chris Murphy said the Commission needs to be clear that more complete plans would not lead to approval.

Mimi Davisson noted that the LUPC recommended denying the proposal on the basis of no commercial expansion in this location.

Linda Sibley polled Commissioners, the majority of which did not want to include additional language.

Doug Sederholm proposed a correction to Line 111:

“bed-and-breakfast”

and an amendment to Line 164:

“low-income housing would partially offset”.

A voice vote was taken. In favor: 7. Opposed: 0. Abstentions: 3. The motion passed.

Doug Sederholm moved and it was duly seconded to approve the written decision as amended. A roll call vote was taken. In favor: J. Best, C. Brown, M.

**Davisson, C. Murphy, N. Orleans, D. Sederholm, L. Sibley, P. Strauss. Opposed:
None. Abstentions: M. Crane, J. Powell.**

The meeting adjourned at 10:25p.m.

Linda B. Sibley
Chairman

12/15/05
Date

Nathaniel J. Stearns
Clerk-Treasurer

12/15/05
Date