2020 PROJECT PROPOSAL CHECKLIST

2021-23 Biennium Four-year Higher Education Scoring Process

INSTITUTION	CAMPUS LOCATION
360 - University of Washington	UWMC Northwest Hospital - Seattle
PROJECT TITLE	**FPMT UNIQUE FACILITY ID # (OR NA)**
Behavioral Health Teaching Facility (40000038)	N/A
PROJECT CATEGORY	**PROJECT SUBCATEGORY**
Growth	Major
PROPOSAL IS	
New or Updated Proposal (for scoring)	Resubmitted Proposal (retain prior score)
☒ New proposal ☐ Resubmittal to be scored (more than 2 biennia old or significantly changed)	☐ Resubmittal from 2017-19 biennium ☐ Resubmittal from 2019-21 biennium
CONTACT	**PHONE NUMBER**
Jean Hushebeck	206-616-3795

PROPOSAL CONTENT

- ☒ Project Proposal Checklist: this form; one for each proposal
- ☒ Project Proposal Form: Specific to category/subcategory (10-page limit)
- ☒ Appendices: templates, forms, exhibits and supporting/supplemental documentation for scoring.

INSTITUTIONAL PRIORITY

- ☒ Institutional Priority Form. Sent separately (not in this packet) to: Darrell Jennings.

Check the corresponding boxes below if the proposed project meets the minimum threshold or if the item listed is provided in the proposal submittal.

MINIMUM THRESHOLDS

- ☒ Project is not an exclusive enterprise function such as a bookstore, dormitory or contract food service.
- ☒ Project meets LEED Silver Standard requirements.
- ☒ Institution has a greenhouse gas emissions reduction policy in place in accordance with RCW 70.235.070 and vehicle emissions reduction policy in place per RCW 47.01.440 or RCW 43.160.020 as applicable.
- ☒ Design proposals: A complete predesign study was submitted to OFM by July 1, 2020.
  A predesign study was completed as part of the initial $33.25M in project funding received during the 19-21 biennium. The completed predesign was provided to OFM in February 2020.
- ☒ Growth proposals: Based on solid enrollment projections and is more cost-effectively providing enrollment access than alternatives such as university centers and distance learning.
- ☐ Renovation proposals: Project should cost between 60 – 80% of current replacement value and extend the useful life of the facility by at least 25 years.
- ☐ Acquisition proposals: Land acquisition is not related to a current facility funding request.
- ☐ Infrastructure proposals: Project is not a facility repair project.

2020 PROJECT PROPOSAL CHECKLIST

2021-23 Biennium Four-year Higher Education Scoring Process

☐ Stand-alone, infrastructure and acquisition proposals: is a single project requesting funds for one biennium.

REQUIRED APPENDICES

☒ Capital Project Report CBS 002 **APPENDIX A**

☒ Project cost estimate:

- CBS 003 for projects between $2 million and $5 million
- Excel C-100 for projects greater than $5 million **APPENDIX B**

☒ Degree Totals and Targets template to indicate the number of Bachelors, High Demand and Advanced degrees expected to be awarded in 2021. (Required for Overarching Criteria scoring criteria for Major Growth, Renovation, Replacement and Research proposals). **APPENDIX C**

☒ Availability of Space/Campus Utilization template for the campus where the project is located. (Required for all categories/subcategories except Infrastructure and Acquisition proposals). **APPENDIX D**

☒ Assignable Square Feet template to indicate program-related space allocation. (Required for Growth, Renovation and Replacement proposals, all categories/subcategories). **APPENDIX E**

OPTIONAL APPENDICES

Attach supplemental and supporting project documentation, *limit to materials directly related to and needed for the evaluation criteria*, such as:

☐ Degree and enrollment growth projections

☐ Selected excerpts from institutional plans

☐ Data on instructional and/or research space utilization

☐ Additional documentation for selected cost comparables (acquisition)

☐ Selected materials on facility conditions

☐ Selected materials on code compliance

☐ Tables supporting calculation of program space allocations, weighted average facility age, etc.

☐ Evidence of consistency of proposed research projects with state, regional, or local economic development plans

☐ Evidence of availability of non-state matching funds

☐ Selected documentation of prior facility failures, high cost maintenance, and/or system unreliability for infrastructure projects

☐ Documentation of professional assessment of costs for land acquisition, land cleanup, and infrastructure projects

☐ Selected documentation of engineering studies, site survey and recommendations, or opinion letters for infrastructure and land cleanup projects

☒ Other: (1) BHTF Operational Report **APPENDIX F**, (2) BHTF Predesign (Preferred Alternative Excerpt **APPENDIX G**)

I certify that the above checked items indicate either that the proposed project meets the minimum thresholds or the corresponding items have been included in this submittal.

Name: Jean Hushebeck Title: Facilities - Director of Finance

Signature: Jean Hushebeck Date: 8-20-20

INSTITUTION	CAMPUS
University of Washington	UWMC Northwest Hospital - Seattle
PROJECT TITLE	
Behavioral Health Teaching Facility (CBS 40000038)	

SUMMARY NARRATIVE

- Problem statement (short description of the project – the needs and the benefits)
- History of the project or facility
- University programs addressed or encompassed by the project

The Washington State Legislature passed House Bill 1593 in April 2019, partnering with UW Medicine to establish a Behavioral Health Teaching Facility (BHTF) to increase behavioral health services across the state. The siting and design for the new facility accounts for local community needs and resources in close coordination with existing local, regional and state resources. Due to the critical need for additional behavioral health services, thoughtful expediency to open the facility is required.

The state allocated $33.25 million during the 19-21 legislative session to fund the predesign (completed in February 2020), and initiate the design and initial enabling projects of the new teaching facility. A total of $224.5 million has been earmarked for the completion of the project.

Project Goals

1. ***Integrate: Innovative and comprehensive care, offered in a healing environment, to help patients with behavioral health recovery and treatment.***
2. ***Heal: Alternative to existing long-term (90/180-day) civil commitment beds at Western State Hospital.***
3. ***Educate: Training site for the next generation of health and behavioral health care providers for WA State.***
4. ***Innovate: Support the first of its kind 24/7 365 day a year tele-psych program.***
5. ***Safeguard: Ensure safe environment for patients, providers, staff, trainees and visitors.***
6. ***Sustain: Project design to incorporate required infrastructure upgrades & connectivity for hospital's essential services.***
7. ***Honor: Preserve and evolve campus vision, including how patients and visitors experience the campus.***
8. ***Welcome: Provide a welcoming and healing environment that will raise public awareness about the importance of behavioral health and its impact to the health of all our families and our communities.***

OVERARCHING SCORING CRITERIA

1. Integral to achieving statewide policy goals

Provide degree targets, and describe how the project promotes improvement on 2018-19 degree production totals in the OFM Statewide Public Four-Year Dashboard. Include the degree totals and targets template in an appendix.

A. Indicate the number of bachelor's degrees awarded at the close of the 2018-19 academic year, and the number targeted for 2021.

This facility is not involved in undergraduate education.

B. Indicate the number of bachelor's degrees awarded in high-demand fields at the close of the 2018-19 academic year, and the number targeted for 2021.

This facility is not involved in undergraduate education.

C. Indicate the number of advanced degrees awarded at the close of the 2018-19 academic year, and the number targeted for 2021.

There are in excess of 250 medical students per class at the UW School of Medicine. For many of these students, the BHTF will serve as a 3rd or 4th year rotation site for inpatient and consultation-liaison psychiatry. Graduate and post-graduate trainees from the Psychiatry Residency Training Program, the Neurology Residency Training Program, and the Doctor of Nursing Practice Program require the kind of clinical rotations that the BHTF will provide.

2. Integral to campus/facilities master plan

A. Describe the proposed project's relationship and relative importance to the institution's most recent campus/facilities master plan or other applicable strategic plan.

The completed predesign phase explored the site and building massing in reference to the Northwest Hospital Final Adopted Master Plan (Major Institution Master Plan - MIMP) and the final hearing examiner recommendation located in the Ordinance Resolution 115914 dated November 4, 1991. The final proposed Master Plan focuses on exhibits and discussion on the development of campus plan Option C.

The development entitlement with the MIMP has enough square footage capacity remaining for the BHTF. The MIMP allowed for an additional 306,509 square feet above the amount of square footage existing at the time of adoption. Therefore, any demolition of square footage is allowed to be replaced. To date, approximately 140,903 square feet has been constructed and approximately 17,169 square feet demolished, for a remaining capacity of 182,775 square feet. Adding the proposed demolition of D-Wing (approximately 35,211) would provide for an approximately 217,986 square feet of development capacity.

The City of Seattle's Major Institutions Land Use Code applies to several large health care and educational institutions in the Seattle area. It establishes use restrictions, growth boundaries, as well as height restrictions. It regulates development by the major institution within 2,500 feet of the institution's overlay district boundary. The institution must comply with the underlying zoning standards or prepare a master plan which establishes new standards or prepare a master plan which establishes new standards tailored to the needs of the institution and the surrounding community.

B. Does the project follow the sequencing laid out in the master plan (if applicable)? If not, explain why it is being requested now.

Yes. The BHTF follows the development sequencing defined in the Northwest Hospital Final Adopted Master Plan referenced above.

3. Integral to institution's academic programs plan

Describe the proposed project's relationship and relative importance to the institution's most recent academic programs plan. Must the project be initiated soon in order to:

A. Meet academic certification requirements?

Yes. The UW School of Medicine requires additional rotation sites for students from the School of Medicine, School of Nursing, School of Social Work, the Department of Psychology, and the Department of Rehabilitation Medicine. Similarly, graduate and post-graduate trainees from the Psychiatry Residency Training Program, the Neurology Residency Training Program, and the Doctor of Nursing Practice Program require the kind of clinical rotations that the BHTF will provide.

B. Permit enrollment growth and/or specific quality improvements in current programs?

Yes. The BHTF will house the administrative and teaching spaces for the Psychiatry Residency Training Program, which will improve recruitment and retention of local medical school graduates who will deliver care in Washington State. Similarly, the improved training opportunities will help recruit psychiatry residency graduates to the existing Geriatric Psychiatry Fellowship, Consultation-Liaison Psychiatry Fellowship, Psychology Internship Program, and Perinatal Psychiatry Fellowship.

C. Permit initiation of new programs?

Yes. Options that are being considered, pending evaluation of funding and feasibility, include a new Neuropsychiatry Fellowship, Psychiatry Doctor of Nursing Practice Residency Program, and Neuromodulation Fellowship. All three of these would leverage the novel, state-of-the-art inpatient and outpatient resources that will be housed in the BHTF.

GENERAL CATEGORY SCORING CRITERIA

1. Describe how the project promotes access for underserved regions and place-bound adults through distance learning and/or university centers

A. Is distance learning or a university center a large and significant component of the total project scope? If yes, to what degree of percentage?

Yes. While the bulk of the clinical care and education that this facility will provide will be in-person, the BHTF will have an embedded telepsychiatry facility that will support educational and clinical programs for providers and patients in rural and underserved areas of Washington State, as well as vulnerable populations that currently have little or no such access.

B. Is the project likely to enroll a significant number of students who are place-bound or residents of underserved regions?

Yes. The focus of the BHTF will be on at-the-bedside teaching. However, medical students from across the state that participate in the UW Medicine's one-of-a kind, multi-state medical education program (WWAMI) will rotate through this facility.

2. Enrollment growth

A. Identify the number of additional full-time equivalent (FTE) state-supported students the project is expected to enable the institution to serve when the space is fully occupied. Describe the method by which the number of additional FTEs who can be accommodated by the proposed space has been calculated, and provide and explain the enrollment analysis indicating probable student demand and enrollment from project completion to full occupancy.

The goal of this project is to support the clinical care of patients requiring long-term civil commitment, short term psychiatric hospitalization, and treatment of comorbid medical and psychiatric issues. It will not create FTE student slots, but will support the largest psychiatry residency in the country. Moreover, we expect nursing, social work, occupational therapy, and physical therapy training programs to us the BHTF as a site of training.

B. Using the OFM Statewide Public Four-Year Dashboard, identify how many of the additional FTE enrollments are expected to be in high-demand fields and the particular fields in which such growth is expected to occur.

Washington State has a severe shortage of behavioral health providers. Goals of this facility include recruitment and retention of providers and trainees in the existing training programs that seed our state.

3. Availability of space/utilization on campus

Describe the institution's plan for improving space utilization and how the project will impact the following:

A. The utilization of classroom space

The BHTF will be located at UWMC Northwest Hospital and does not affect the utilization of classroom space. The focus of the BHTF will be on at-the-bedside teaching.

B. The utilization of class laboratory space

The BHTF will be located at UWMC Northwest Hospital and does not affect the utilization of classroom space. The focus of the BHTF will be on at-the-bedside teaching.

4. Efficiency of space allocation

A. For each major function in the proposed facility (classroom, instructional labs, offices), identify whether space allocations will be consistent with Facility Evaluation and Planning Guide (FEPG) assignable square feet standards. To the extent any proposed allocations exceed FEPG standards, explain the alternative standard that has been used, and why. See Chapter 4 of the scoring process instructions for an example. Include supporting information in an appendix.

The FEPG does not provide space standards for Health Care Facilities, but rather references the Postsecondary Education Facilities Inventory and Classification Manual (July 1992). The aforementioned document does not provide space standards, but rather more detailed definitions.

The University continually evaluates ways to maximize space utilization in all of our facilities.

B. Identify the following on form CBS002:
   1. Usable square feet (USF) in the proposed facility

      126,000 USF

   2. Gross square feet (GSF)

      210,000 GSF

   3. Building efficiency (USF divided GSF)

      60%

5. Reasonableness of cost

Provide as much detailed cost information as possible, including baseline comparison of costs per square foot (SF) with the cost data provided in Chapter 5 of the scoring process instructions and a completed OFM C-100 form. Also, describe the construction methodology that will be used for the proposed project.

The Project Costs Standards included in Chapter 5 of the Guidelines and Submittal Instructions for 2021-23 Biennium Projects does not include benchmarks for Health Care or Hospital facilities. However, the escalated MACC cost per GSF of $580 compares favorably with the Research Labs "Expected Cost" of $589 per GSF ($545 X 1.0811 (August 2022)).

Similarly, Section 8 of the recent OFM Higher Education Facility Study (April 2020) indicates an "expected" MACC range of $409 - $681 per GSF for Research Labs. The BHTF estimated MACC falls well within that range (see Table 8.3.2 below).

Table 8.3.2
Summary of Data

Program Types	Number of Data Points	Weighted Average	Median	Mean	Standard Deviation	Expected Construction Cost Range (MACC)
Classroom	31	$410	$396	$405	$100	$305 - $505
Instructional Labs	34	$396	$378	$397	$99	$298 - $497
Research Labs	8	$528	$562	$545	$136	$409 - $681
Administration	38	$410	$418	$406	$96	$310 - $503
Libraries	5	$335	$312	$340	$65	$275 - $405
Athletic Program	3	$418	$361	$385	$82	$304 - $467
Assembly, Exhibit and Meeting Room Program	8	$427	$432	$428	$69	$360 - $497

If applicable, provide Life Cycle Cost Analysis results demonstrating significant projected savings for selected system alternates (Uniformat Level II) over 50 years, in terms of net present savings.

TEMPLATES REQUIRED IN APPENDIX FOR SCORING

- Degree totals and targets
- Availability of space/campus utilization
- Program-related space allocation

APPENDIX - A

OFM

360 - University of Washington
Capital Project Request
2021-23 Biennium

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Version: 01 21-23 Capital Request DRAFT

Report Number: CBS002
Date Run: 8/20/2020 4:54PM

Project Number: **40000038**
Project Title: **Behavioral Health Teaching Facility**

Description

Starting Fiscal Year: 2020
Project Class: Program
Agency Priority: 5

Project Summary

The University of Washington requests $191,250,000 of funding in the 21-23 biennium for the construction of the Behavioral Health Teaching Facility. The state allocated $33.25 million during the 19-21 legislative session to fund the predesign (completed in February 2020), and initiate the design and initial enabling projects of the new teaching facility. A total of $224.5 million has been earmarked for the completion of the project.

Project Description

The Washington State Legislature passed House Bill 1593 in April 2019, partnering with UW Medicine to establish a Behavioral Health Teaching Facility (BHTF) to increase behavioral health services across the state. The siting and design for the new facility accounts for local community needs and resources in close coordination with existing local, regional and state resources. Due to the critical need for additional behavioral health services, thoughtful expediency to open the facility is required.

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Project Goals:

1. **Integrate**: Innovative and comprehensive care, offered in a healing environment, to help patients with behavioral health recovery and treatment.
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5. **Safeguard**: Ensure safe environment for patients, providers, staff, trainees and visitors.
6. **Sustain**: Project design to incorporate required infrastructure upgrades & connectivity for hospital's essential services.
7. **Honor**: Preserve and evolve campus vision, including how patients and visitors experience the campus.
8. **Welcome**: Provide a welcoming and healing environment that will raise public awareness about the importance of behavioral health and its impact to the health of all our families and our communities.

Location

City: Seattle **County:** King **Legislative District:** 043

Project Type

New Facilities/Additions (Major Projects)

New Facility: No

Funding

Acct Code	Account Title	Estimated Total	Expenditures Prior Biennium	Current Biennium	2021-23 Fiscal Period Reapprops	2021-23 Fiscal Period New Approps
057-1	State Bldg Constr-State	224,500,000		33,250,000		191,250,000
	Total	**224,500,000**	**0**	**33,250,000**	**0**	**191,250,000**

OFM

360 - University of Washington
Capital Project Request
2021-23 Biennium

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Version: 01 21-23 Capital Request DRAFT

Report Number: CBS002
Date Run: 8/20/2020 4:54PM

Project Number: **40000038**
Project Title: **Behavioral Health Teaching Facility**

Funding

	Future Fiscal Periods			
	2023-25	**2025-27**	**2027-29**	**2029-31**
057-1 State Bldg Constr-State				
Total	**0**	**0**	**0**	**0**

Schedule and Statistics

	Start Date	**End Date**
Predesign	05/01/2019	01/01/2020
Design	1/1/2020	8/1/2021
Construction	7/1/2021	8/1/2023

	Total
Gross Square Feet:	210,000
Usable Square Feet:	126,000
Efficiency:	60.0%
Escalated MACC Cost per Sq. Ft.:	601
Construction Type:	Hospitals
Is this a remodel?	No
A/E Fee Class:	A
A/E Fee Percentage:	5.98%

Cost Summary

		Escalated Cost	**% of Project**
Acquisition Costs Total		**0**	**0.0%**
Consultant Services			
Pre-Schematic Design Services		375,750	0.2%
Construction Documents		5,242,310	2.3%
Extra Services		9,611,615	4.3%
Other Services		2,863,494	1.3%
Design Services Contingency		295,572	0.1%
Consultant Services Total		**18,388,740**	**8.2%**
Maximum Allowable Construction Cost(MACC)	**126,208,095**		
Site work		0	0.0%
Related Project Costs		0	0.0%
Facility Construction		126,208,095	56.2%
GCCM Risk Contingency		8,722,340	3.9%
GCCM or Design Build Costs		21,635,439	9.6%
Construction Contingencies		6,310,405	2.8%
Non Taxable Items		0	0.0%

OFM

360 - University of Washington
Capital Project Request
2021-23 Biennium

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Version: 01 21-23 Capital Request DRAFT

Report Number: CBS002
Date Run: 8/20/2020 4:54PM

Project Number: **40000038**
Project Title: **Behavioral Health Teaching Facility**

Cost Summary

	Escalated Cost	% of Project
Construction Contracts		
Sales Tax	16,450,504	7.3%
Construction Contracts Total	**179,326,782**	**79.9%**
Equipment		
Equipment	14,899,950	6.6%
Non Taxable Items	0	0.0%
Sales Tax	1,504,895	0.7%
Equipment Total	**16,404,844**	**7.3%**
Art Work Total	**608,691**	**0.3%**
Other Costs Total	**3,400,388**	**1.5%**
Project Management Total	**6,370,550**	**2.8%**
Grand Total Escalated Costs	**224,499,995**	
Rounded Grand Total Escalated Costs	**224,500,000**	

Operating Impacts

No Operating Impact

Capital Project Request

2021-23 Biennium

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Parameter	Entered As	Interpreted As
Biennium	2021-23	2021-23
Agency	360	360
Version	01-A	01-A
Project Classification	*	All Project Classifications
Capital Project Number	40000038	40000038
Sort Order	Project Priority	Priority
Include Page Numbers	Y	Yes
For Word or Excel	N	N
User Group	Agency Budget	Agency Budget
User Id	*	All User Ids

APPENDIX - B

STATE OF WASHINGTON AGENCY / INSTITUTION PROJECT COST SUMMARY		Form C-100 Rev 11/15/2018
Agency	University of Washington	
Project Name	Behavioral Health Teaching Facility	
Project Number	206927 (40000038)	

Contact Information		
Name	Jean Hushebeck	
Phone Number	206-616-3759	
Email	jhush@uw.edu	

Statistics			Override	Calculated
Gross Square Feet	210,000	MACC per Square Foot		$525
Usable Square Feet	126,000	Escalated MACC per Square Foot		$580
Space Efficiency	60.0%	A/E Fee Class		A
Construction Type	A - Hospitals	A/E Fee Percentage		6.08%
Remodel	No			
Additional Project Details				
Alternative Public Works Project	Yes	Inflation Rate		3.12%
Art Requirement Applies*	Yes	Contingency Rate		5.00%
Higher Ed Institution	Yes	Sales Tax Rate %		10.10%
Project Administered By	Agency	Location Used for Tax Rate		Seattle
Schedule				
Predesign Start	May-19	Predesign End		January-20
Design Start	January-20	Design End		August-21
Construction Start	July-21	Construction End		August-23
Base Month	May-19	Construction Duration (months)		25

* Art requirements applies for all projects over $200,000, this value will autopopulate based on total Project Value

Green cells must be filled in by user

Project Cost Estimate			
Total Project	$204,430,916	Total Project Escalated	$224,500,000
		Rounded Escalated Total	$224,500,000

STATE OF WASHINGTON AGENCY / INSTITUTION PROJECT COST SUMMARY		Form C-100 Rev 11/15/2018
Agency	University of Washington	
Project Name	Behavioral Health Teaching Facility	
Project Number	206927 (40000038)	

Cost Estimate Summary

A. Consultant Services			
Pre Design Services	$375,000		
Basic Services	$224,590		
Extra Services	$750,000		
Other Services	$1,062,500		
Design Services Contingency	$120,605		
Design - Build Project Definition Consulting Costs	$0		
Design - Build Consulting Costs	$14,995,000		
Consultant Services Subtotal	**$17,527,695**	**Consultant Services Subtotal Escalated**	**$18,388,742**

B. Construction			
Maximum Allowable Construction Cost (MACC)	$110,300,000	Maximum Allowable Construction Cost (MACC) Escalated	$121,738,110
Other Contracts	$4,050,000	Other Contracts Escalated	$4,469,985
GC/CM Items	$0	GC/CM Items Escalated	$0
Design-Build Contractor Costs	$26,883,900	Design-Build Contractor Costs Escalated	$29,671,760
Management Reserve	$0	Management Reserve Escalated	$0
Construction Contingencies	$4,963,500	Construction Contingencies Escalated	$5,478,215
Sales Tax	$16,280,432	Sales Tax Escalated	$17,968,713
Construction Subtotal	**$162,477,832**	**Construction Subtotal Escalated**	**$179,326,784**

C. Equipment & Furnishings			
Equipment	$1,000,000		
Furnishings	$12,500,000		
Sales Tax	$1,363,500		
Equipment Subtotal	**$14,863,500**	**Equipment & Furnishings Subtotal Escalated**	**$16,404,845**

D. Project Management			
CPD Management	$3,565,995		
Other Management	$2,206,000		
Other Costs	$0		
Project Administration Subtotal	**$5,771,995**	**Project Management Subtotal Escalated**	**$6,370,551**

E. Other Costs			
Artwork	$608,691		
Other Costs	$1,045,965		
In-Plant Services	$500,000		
Utilities/Temporary Facilities	$100,000		
Permits	$1,103,000		
Builders Risk Insurance	$432,238		
Other Costs Subtotal	**$3,789,894**	**Other Costs Subtotal Escalated**	**$4,009,079**

**Blue Italics indicates a Percentage or Amount override was used*

Project Cost Estimate			
Total Project	**$204,430,916**	Total Project Escalated	**$224,500,000**

STATE OF WASHINGTON AGENCY / INSTITUTION PROJECT COST SUMMARY		Form C-100 Rev 11/15/2018
Agency	University of Washington	
Project Name	Behavioral Health Teaching Facility	
Project Number	206927 (40000038)	
	Rounded Escalated Total	**$224,500,000**

Cost Estimate Details

Override Specific Escalation Factors

	Default	Override
☐ Escalated to Design Start	1.0208	
☐ Escalated to Mid-Design	1.046	
☐ Escalated to Const Start	1.0689	
☐ Escalated to Mid-Const.	1.1037	
☐ Enable Override Escalated Cost Entry		

Budget Type *Original - New* ☑ Verified

Display of Rates from Summary Page

	Default	Override
☐ *A/E Fee Percentage*	6.08%	
☐ *Inflation Rate*	3.12%	
Contingency Rate	5.00%	*N/A*
Sales Tax Rate	10.10%	*N/A*
☐ *Const Duration (months)*	25	

A. Consultant Services

	Item	Adjusted Base Amount (B)	Override Amount / % / Factor	Calculated Field Override	Using Default Calculations/Values: % / Factor	Base Amount	Escalated Base Amount	Adjusted Escalated Cost (C)	Notes (E)
	1) Pre Design Services								
10-31-01	Programming/Site Analysis	250,000				*$250,000*	*$255,200*	250,000	Predesign Architect
10-31-02	Environmental Analysis	125,000				*$125,000*	*$127,600*	125,000	EIS Consultant
10-31-03	Best Review							-	
10-31-04	Functional Programming							-	
10-31-05	Site Programming							-	
10-31-06	Technical Programming							-	
10-31-07	Program Site Survey							-	
10-31-08	Program Estimates							-	
10-31-09	Program Schedule							-	
	Sub TOTAL	**$375,000**	**1**	***Override Factor***	***1.0208***	***$375,000***	***$382,800***	**$375,000**	Escalated to Design Start
									Escalated to Design Start
	2) Basic Services								
10-32-01	A/E Basic Services-Design (SD, DD and CD)/Bid	159,459	*159,459*	*Amount*	*6.08%/71%*	*$5,049,456*	*$5,281,731*	166,794	Design for enabling - master term architect -
	Basic Design Services			***Default Factor***	***1.046***		*Escalated to Mid-Design*		Escalated to Mid-Design
10-33-01	A/E Basic Services-Construction/Closeout	65,131	*65,131*	*Amount*	*6.08%/29%*	*$2,062,454*	*$2,276,330*	71,885	CA for enabling - master term architect
	Construction/Closeout			***Default Factor***	***1.1037***		*Escalated to Mid-Const*		Escalated to Mid-Const.
	Sub TOTAL	**$224,590**				***$7,111,910***	***$7,558,061***	**$238,679**	
	3) Extra Services								
10-32-03	Acoustical Consultant							-	
10-32-04	Bid Alternatives							-	
10-32-05	Civil Consultant							-	
10-32-06	Communications Consultant	30,000				*$30,000*	*$31,380*	31,380	Community Relations
10-32-07	Constructability Review Participation							-	
10-32-08	Constructability Review/Plan Check							-	
10-32-09	Consultant Selection Cost							-	
10-32-10	Design - Code Plan Check							-	
10-32-11	Design - Program Changes							-	
10-32-12	Document Reproduction							-	
10-32-13	Door Hardware Consultant							-	
10-32-14	Electronic / Audio Visual Consultant							-	
10-32-15	Elevator Consultant							-	
10-32-16	Sustainability / LEED	25,000				*$25,000*	*$26,150*	26,150	O Brien
10-32-17	GC/CM Selection Review	20,000				*$20,000*	*$20,920*	20,920	Contractor Selection Honeorium 10K each
10-32-18	Geotechnical Investigation	225,000				*$225,000*	*$235,350*	235,350	
10-32-19	Graphics							-	
10-32-20	Hazardous Materials Consultant	125,000				*$125,000*	*$130,750*	130,750	
10-32-21	Hospital / Laboratory Consultant							-	
10-32-22	Indoor Air Quality Consultant							-	
10-32-23	Interior Design / Furnishing Consultant							-	
10-32-24	Kitchen Consultant							-	
10-32-25	Landscape Consultant							-	
10-32-26	Other A/E Services							-	
10-32-27	Quality Control Consultant							-	
10-32-28	Permit Expeditor	25,000				*$25,000*	*$26,150*	26,150	
10-32-29	Renderings, Presentations, and Models							-	
10-32-30	Security / Fire Alarm Consultant							-	
10-32-31	Site Survey	125,000				*$125,000*	*$130,750*	130,750	
10-32-32	Specialty Consultants	100,000				*$100,000*	*$104,600*	104,600	Audits
10-32-33	Thermal Scans							-	
10-32-34	Transportation Consultant	75,000				*$75,000*	*$78,450*	78,450	EIS Subconsultant
10-32-35	Travel and Per Diem							-	
10-32-36	Value Engineering Study							-	
10-32-37	VE Participation and Implementation							-	
10-32-38	Voice and Data Consultant							-	
10-32-39	Electrical / Lighting Design Consultant							-	
10-32-40	Mechanical Consultant							-	
10-32-41	Structural Consultant							-	
10-32-42	Construction Phasing / Early Bid Packages							-	
10-32-43	Partnering							-	
10-32-44	Equipment Coordination & Design							-	
	Sub TOTAL	**$750,000**		***Default Factor***	***1.046***	***$750,000***	***$784,500***	**$784,500**	Escalated to Mid-Design
									Escalated to Mid-Design
	4) Other Services								
10-33-00	Other Services (Budget Summary Rollup)		DO NOT USE					-	
10-33-03	A/E Reimbursables	2,500				*$2,500*	*$2,759*	2,759	Enabling
10-33-04	As-Builts	100,000				*$100,000*	*$110,370*	110,370	Broadduss
10-33-05	Commissioning and Training	300,000				*$300,000*	*$331,110*	331,110	
10-33-06	Construction Support							-	
10-33-07	Cost / Scheduling Consultant							-	
10-33-08	Environmental Mitigation Services	80,000				*$80,000*	*$88,296*	88,296	Envrinomental soils
10-33-09	HVAC Balancing							-	
10-33-10	Move Coordination	100,000				*$100,000*	*$110,370*	110,370	Enabling
10-33-11	Other Consultant Services							-	
10-33-12	Legal & DRB	30,000				*$30,000*	*$33,111*	33,111	Landuse attorney
10-33-13	Testing	350,000				*$350,000*	*$386,295*	386,295	Special inspections
10-33-14	Transition Services	100,000				*$100,000*	*$110,370*	110,370	McKinstry PMP
10-33-99	Sales Tax Other Services							-	
	Sub TOTAL	**$1,062,500**		***Default Factor***	***1.1037***	***$1,062,500***	***$1,172,681***	**$1,172,681**	Escalated to Mid-Const.
									Escalated to Mid-Const
	5) Design Services Contingency								
10-34-00	Design Contingency (Budget Summary Rollup)	-	DO NOT USE					-	
10-34-01	Change Order Design Allowance	-	-	*Amount*	*6.08%/75%*	*$253,997*	*$280,336*	-	Enabling
10-34-02	Design Services Contingency	120,605		*Use Default*	*5.00%*	*$464,970*	*$513,188*	133,111	Enabling
	Sub TOTAL	**$120,605**		***Default Factor***	***1.1037***	***$718,967***	***$793,524***	**$133,111**	Escalated to Mid-Const.
									Escalated to Mid-Const
	6) Design - Build Project Definition Consulting Costs								
10-46-10	Programming/Site Analysis							-	
10-46-11	Environmental Analysis							-	
10-46-12	Best Review							-	

10-46-13	Functional Programming						-	
10-46-14	Site Programming						-	
10-46-15	Technical Programming						-	
10-46-16	Program Estimates						-	
10-46-17	Program Schedule						-	
	Sub TOTAL	**$0**		***Default Factor***	***1.0208***	***$0***	***$0***	**$0** Escalated to Design Start
								Escalated to Design Start
	7) Design - Build Consulting Costs							
10-46-20	A/E Basic Design Services, Or						-	
10-46-21	Architect	7,000,000				*$7,000,000*	*$7,322,000*	7,322,000
10-46-22	Structural Consultant	1,200,000				*$1,200,000*	*$1,255,200*	1,255,200
10-46-23	Mechanical Consultant	1,900,000				*$1,900,000*	*$1,987,400*	1,987,400
10-46-24	Electrical Consultant	2,000,000				*$2,000,000*	*$2,092,000*	2,092,000
10-46-25	Civil Consultant	290,000				*$290,000*	*$303,340*	303,340
10-46-26	Landscape Consultant	700,000				*$700,000*	*$732,200*	732,200
10-46-27	Shoring Consulting							-
10-46-28	Acoustical Consultant	30,000				*$30,000*	*$31,380*	31,380
10-46-29	Bid Alternatives							-
10-46-30	Communications Consultant							-
10-46-31	Constructability Consultant							-
10-46-32	Design - Code Plan Check	50,000				*$50,000*	*$52,300*	52,300
10-46-33	Design - Program Changes							-
10-46-34	Document Reproduction							-
10-46-35	Door Hardware Consultant	50,000				*$50,000*	*$52,300*	52,300
10-46-36	Electronic / Audio Visual Consultant							-
10-46-37	Sustainability Consultant							-
10-46-38	Geotechnical Investigation							-
10-46-39	Graphics Consultant	250,000				*$250,000*	*$261,500*	261,500
10-46-40	Hazardous Materials Consultant							-
10-46-41	Hospital / Laboratory Consultant	200,000				*$200,000*	*$209,200*	209,200
10-46-42	Indoor Air Quality Consultant							-
10-46-43	Interior Design / Furnishing Consultant							-
10-46-44	Kitchen Consultant	150,000				*$150,000*	*$156,900*	156,900
10-46-45	Other A/E Services	225,000				*$225,000*	*$235,350*	235,350
10-46-46	Quality Control Consultant							-
10-46-47	Permit Expeditor							-
10-46-48	Renderings, Presentations, and Models							-
10-46-49	Security / Fire Alarm Consultant							-
10-46-50	Site Survey							-
10-46-51	Specialty Consultants							-
10-46-52	Thermal Scans							-
10-46-53	Transportation Consultant							-
10-46-54	Travel and Per Diem							-
10-46-55	Value Engineering Study							-
10-46-56	VE Participation and Implementation							-
10-46-57	Voice and Data Consultant							-
10-46-58	Lighting Design Consultant							-
10-46-59	Construction Phasing / Early Bid Packages							-
10-46-60	Partnering							-
10-46-61	Equipment Coordination & Design							-
10-46-62	A/E Reimbursables	50,000				*$50,000*	*$52,300*	52,300 Architect Honorarium through builder (20K each)
10-46-63	As-Builts							-
10-46-64	Commissioning and Training							-
10-46-65	Construction Support	900,000				*$900,000*	*$941,400*	941,400 Builder
10-46-66	Cost / Scheduling Consultant							-
10-46-67	Environmental Mitigation Services							-
10-46-68	Move Coordination Consultant							-
10-46-69	Other Consultant Services							-
10-46-70	Legal & DRB							-
10-46-71	Testing							-
	Sub TOTAL	**$14,995,000**		***Default Factor***	***1.046***	***$14,995,000***	***$15,684,770***	**$15,684,770** Escalated to Mid-Design
								Escalated to Mid-Design
	CONSULTANT SERVICES TOTAL	**$17,527,695**		***Escalated Cost Total***		***$25,013,377***	***$26,376,336***	***$18,388,742***

B. Construction Contracts

	Item	Adjusted Base Amount	Override Amount / % / Factor	Calculated Field Override	Using Default Calculations/Values: % / Factor	Using Default Calculations/Values: Base Amount	Using Default Calculations/Values: Escalated Base Amount	Adjusted Escalated Cost	Notes
	1) Prime Contract								
10-41-01	G10 - Site Preparation							-	
10-41-02	G20 - Site Improvements							-	
10-41-03	G30 - Site Mechanical Utilities							-	
10-41-04	G40 - Site HVAC Utilities							-	
10-41-05	G50 - Electrical Utilities							-	
10-41-06	G60 - Other Site Construction							-	
		Site Preparation		***Default Factor***	***1.0689***		*Escalated to Const Start*		Escalated to Const Start
10-41-07	General Conditions							-	
10-41-08	Estimating Contingency							-	
10-41-09	Other Site Conditions							-	
10-42-01	Off Site Improvements							-	
10-42-02	City Utilities Relocation							-	
10-42-03	Parking Mitigation							-	
10-42-04	Stormwater Retention/Detention							-	
10-42-05	Wetland Mitigation							-	
10-42-06	Hazardous Materials Remediation							-	
		Related Costs		***Default Factor***	***1.0689***		*Escalated to Const Start*		Escalated to Const Start
10-43-01	A10 - Foundations							-	
10-43-02	A20 - Basement Construction							-	
10-43-03	B10 - Superstructure							-	
10-43-04	B20 - Exterior Closure							-	
10-43-05	B30 - Roofing							-	
10-43-06	C10 - Interior Construction							-	
10-43-07	C20 - Stairs							-	
10-43-08	C30 - Interior Finishes							-	
10-43-09	D10 - Conveying Systems							-	
10-43-10	D20 - Plumbing Systems							-	
10-43-11	D30 - HVAC Systems							-	
10-43-12	D40 - Fire Protection Systems							-	
10-43-13	D50 - Electrical Systems							-	
10-43-14	F10 - Special Construction							-	
10-43-15	F20 - Selective Demolition							-	
10-43-16	General Conditions	5,300,000				*$5,300,000*	*$5,849,610*	5,849,610	DB Tax and Insurance
10-43-17	Estimating Contingency / Market Conditions	-		*Amount*	*1.50%*	*$1,654,500*	*$1,826,072*	-	
10-43-18	Complete Facilities	105,000,000				*$105,000,000*	*$115,888,500*	115,888,500	Enabling projects
		Facility Construction		***Default Factor***	***1.1037***		*Escalated to Mid-Const*		Escalated to Mid-Const.
	Sub TOTAL	**$110,300,000**				***$111,954,500***	***$123,564,182***	**$121,738,110**	

	Maximum Allowable Construction Cost								
	MACC Sub TOTAL	**$110,300,000**				***$111,954,500***	***$123,564,182***	**$121,738,110**	
	2) Other Contracts								
10-44-00	Other Contracts (Budget Summary Rollup Line)	-	DO NOT USE					-	
10-44-01	Telecommunications Cable Plant							-	
10-44-02	Other Contracts	3,650,000				*$3,650,000*	*$4,028,505*	4,028,505	Enabling
10-44-03	Hazardous Materials Removal / Disposal							-	
10-44-04	Moving Costs	400,000				*$400,000*	*$441,480*	441,480	
	Sub TOTAL	**$4,050,000**		***Default Factor***	***1.1037***	***$4,050,000***	***$4,469,985***	**$4,469,985**	Escalated to Mid-Const.
									Escalated to Mid-Const.
	3) GC/CM Items								
10-45-01	GC/CM Risk Contingency							-	
10-46-01	Preconstruction Services							-	
10-46-02	GC/CM Fee							-	
10-46-03	Specified General Conditions							-	
10-46-04	Negotiated Support Services							-	
10-46-05	Other GC/CM or Design-Build Costs							-	
	Sub TOTAL	**$0**		***Default Factor***	***1.1037***	***$0***	***$0***	**$0**	Escalated to Mid-Const.
									Escalated to Mid-Const.
	4) Design-Build Contractor Costs								
10-46-80	Project Definition Phase							-	
10-46-81	Design-Build General Conditions	4,800,000				*$4,800,000*	*$5,297,760*	5,297,760	within complete facilities - ~~assume 4% fee DB, K/R within design fees TBD~~
10-46-82	Design-Build Fee	10,900,000				*$10,900,000*	*$12,030,330*	12,030,330	
10-46-83	Design-Build Project Contingency	8,200,000				*$8,200,000*	*$9,050,340*	9,050,340	
10-46-84	Incentive Compensation	2,983,900	2.00%	*Percentage*		*$2,983,900*	*$3,293,330*	3,293,330	
	Sub TOTAL	**$26,883,900**		***Default Factor***	***1.1037***	***$26,883,900***	***$29,671,760***	**$29,671,760**	Escalated to Mid-Const.
									Escalated to Mid-Const.
	5) Management Reserve								
10-47-01	Management Reserve							-	
	Sub TOTAL	**$0**	**1**	***Override Factor***	***1.1037***	***$0***	***$0***	**$0**	Escalated to Mid-Const.
									Escalated to Mid-Const.
	6) Construction Contingency								
10-47-02	Allowance for Change Orders	4,963,500	*4.50%*	*Percentage*	*5.00%*	*$5,597,725*	*$6,178,209*	5,478,215	
	Sub TOTAL	**$4,963,500**		***Default Factor***	***1.1037***	***$5,597,725***	***$6,178,209***	**$5,478,215**	Escalated to Mid-Const.
									Escalated to Mid-Const.
	7) Other Contingency								
10-47-03	Scope Changes							-	
10-47-04	Other Contingency 1							-	
10-47-05	Other Contingency 2							-	
10-48-01	Construction Retainage							-	
	Sub TOTAL	**$0**		***Default Factor***	***1.1037***	***$0***	***$0***	**$0**	Escalated to Mid-Const.
									Escalated to Mid-Const.
	8) Sales Tax								
10-49-99	Sales Tax on Construction	16,280,432		*Use Default*	*10.10%*	*$16,511,594*	*$18,223,846*	17,968,713	
	Sub TOTAL	**$16,280,432**		***Default Factor***	***1.1037***	***$16,511,594***	***$18,223,846***	**$17,968,713**	Escalated to Mid-Const.
									Escalated to Mid-Const.
	CONSTRUCTION CONTRACTS TOTAL	**$162,477,832**		***Escalated Cost Total***		***$164,997,719***	***$182,107,982***	***$179,326,784***	

C. Equipment & Furnishings

	Item	Adjusted Base Amount	Override Amount / % / Factor	Calculated Field Override	Using Default Calculations/Values: % / Factor	Base Amount	Escalated Base Amount	Adjusted Escalated Cost	Notes
	1) Equipment								
10-51-01	E10 - Equipment	1,000,000				*$1,000,000*	*$1,103,700*	1,103,700	
	Sub TOTAL	**$1,000,000**		***Default Factor***	***1.1037***	***$1,000,000***	***$1,103,700***	**$1,103,700**	Escalated to Mid-Const.
									Escalated to Mid-Const.
	2) Furnishings								
10-52-01	E10 - Movable Equipment	12,500,000				*$12,500,000*	*$13,796,250*	13,796,250	
10-53-00	E20 - Furnishings (Budget Summary Rollup Line)	-	DO NOT USE					-	
10-53-01	E20 - Furnishings							-	
10-54-01	Special Construction							-	
	Sub TOTAL	**$12,500,000**		***Default Factor***	***1.1037***	***$12,500,000***	***$13,796,250***	**$13,796,250**	Escalated to Mid-Const.
									Escalated to Mid-Const.
	3) Sales Tax								
10-59-99	Sales Tax on Equipment	1,363,500		*Use Default*	*10.10%*	*$1,363,500*	*$1,504,895*	1,504,895	
	Sub TOTAL	**$1,363,500**		***Default Factor***	***1.1037***	***$1,363,500***	***$1,504,895***	**$1,504,895**	Escalated to Mid-Const.
									Escalated to Mid-Const.
	EQUIPMENT TOTAL	**$14,863,500**		***Escalated Cost Total***		***$14,863,500***	***$16,404,845***	**$16,404,845**	

D. Project Management

	Item	Adjusted Base Amount	Override Amount / % / Factor	Calculated Field Override	Using Default Calculations/Values: % / Factor	Base Amount	Escalated Base Amount	Adjusted Escalated Cost	Notes
	1) CPD Management								
10-71-01	CPD Project Management	3,565,995		*Use Default*	*1.97%*	*$3,759,226*	*$4,149,058*	3,935,789	
	Sub TOTAL	**$3,565,995**		***Default Factor***	***1.1037***	***$3,759,226***	***$4,149,058***	**$3,935,789**	Escalated to Mid-Const.
									Escalated to Mid-Const.
	2) Other Management								
10-71-02	Preactive Project Management							-	
10-72-01	Project Management Consultant							-	
10-72-02	Construction Management Allowance	2,206,000		*Use Default*	*2.00%*	*$2,239,090*	*$2,471,284*	2,434,762	Enabling
	Sub TOTAL	**$2,206,000**		***Default Factor***	***1.1037***	***$2,239,090***	***$2,471,284***	**$2,434,762**	Escalated to Mid-Const.
									Escalated to Mid-Const.
	3) Other Costs								
10-73-01	Other PM Costs							-	
	Sub TOTAL	**$0**		***Default Factor***	***1.1037***	***$0***	***$0***	**$0**	Escalated to Mid-Const.
									Escalated to Mid-Const.
	PROJECT MANAGEMENT TOTAL	**$5,771,995**		***Escalated Cost Total***		***$5,998,316***	***$6,620,341***	**$6,370,551**	

E. Other Costs

	Item	Adjusted Base Amount	Override Amount / % / Factor	Calculated Field Override	Using Default Calculations/Values: % / Factor	Base Amount	Escalated Base Amount	Adjusted Escalated Cost	Notes
	1) Artwork								
10-61-01	Project Artwork	608,691		*Use Default*	*0.50%*	*$617,821*	*$617,821*	608,691	
10-61-02	Other Artwork							-	
	Sub TOTAL	**$608,691**		***Default Factor***	***1***	***$617,821***	***$617,821***	**$608,691**	NA
									NA
	2) Other Costs								

10-44-05	Document Reproduction Taxable						-	EIS
10-81-00	Other Costs (Budget Summary Rollup)	-	DO NOT USE				-	
10-81-01	Advertising	5,000			*$5,000*	*$5,345*	5,345	Builder + EIS Publication
10-81-02	Utility Connection Fees	400,000			*$400,000*	*$427,560*	427,560	
10-81-03	EH&S Support	100,000			*$100,000*	*$106,890*	106,890	
10-81-04	Financing Costs						-	
10-81-07	Security & Traffic Control	140,000			*$140,000*	*$149,646*	149,646	
10-81-10	Other Permits						-	
10-81-11	open code (type in description)						-	
10-81-12	open code (type in description)						-	
10-81-14	Connectivity / UW-IT	400,000			*$400,000*	*$427,560*	427,560	Enabling + BHTH Design
10-81-15	Other Costs	965			*$965*	*$1,031*	1,031	
	Sub TOTAL	**$1,045,965**	***Default Factor***	***1.0689***	***$1,045,965***	***$1,118,032***	**$1,118,032**	Escalated to Const Start
								Escalated to Const Start
	3) In-Plant Services							
10-81-05	In-Plant Services (incl. UW Campus Engineering)	400,000			*$400,000*	*$427,560*	427,560	
10-81-05	In-Plant Services (incl. UW Facilities Services)	100,000			*$100,000*	*$106,890*	106,890	Shops Support
	Sub TOTAL	**$500,000**	***Default Factor***	***1.0689***	***$500,000***	***$534,450***	**$534,450**	Escalated to Const Start
								Escalated to Const Start
	4) Utilities/Temporary Facilities							
10-81-06	Utilities / Temporary Facilities	100,000			*$100,000*	*$106,890*	106,890	Enabling
	Sub TOTAL	**$100,000**	***Default Factor***	***1.0689***	***$100,000***	***$106,890***	**$106,890**	Escalated to Const Start
								Escalated to Const Start
	5) Permits							
10-81-08	Master Use Permit						-	
10-81-09	Building Permit	1,103,000	*Use Default*	*1.00%*	*$1,119,545*	*$1,196,682*	1,178,997	
	Sub TOTAL	**$1,103,000**	***Default Factor***	***1.0689***	***$1,119,545***	***$1,196,682***	**$1,178,997**	Escalated to Const Start
								Escalated to Const Start
	6) Builders Risk Insurance							
10-81-13	Builders Risk	432,238	*Use Default*	*0.02%*	*$440,821*	*$471,193*	462,019	Enabling
	Sub TOTAL	**$432,238**	***Default Factor***	***1.0689***	***$440,821***	***$471,193***	**$462,019**	Escalated to Const Start
								Escalated to Const Start
	OTHER COSTS TOTAL	**$3,789,894**	***Escalated Cost Total***		***$3,824,152***	***$4,045,068***	**$4,009,079**	
	PROJECT GRAND TOTAL	**$204,430,916**	***TOTAL PROJECT ESCALATED***		***$214,697,063***	***$235,554,573***	**$224,500,000**	

Green cells must be filled in by user
Yellow cells are calculated Costcode Items using Default Amount and Percentage
Blue cells are calculated Costcode Items with Amount or Percentage Overridden (Manual Input)

APPENDIX - C

Degree Totals and Targets Template

Required for Overarching Criteria for Major Growth, Renovation, Replacement and Research Proposals

Institution:	University of Washington
Campus location:	UWMC Northwest Hospital - Seattle
Project name:	Behavioral Health Teaching Facility

	Increase in bachelor's degrees awarded	Increase in bachelor's degrees awarded in high-demand fields	Increase in advanced degrees awarded
2018-19 Statewide Public Four-Year Dashboard (a)	8,308	4,040	5,557
Number of degrees targeted in 2021 (b)	8,779	4,599	6,056
2018-19 totals/2021 target (a/b)	94.6%	87.8%	91.8%
Score:	**1.00**	**1.00**	**1.00**

Comments:

Targets for years 20-21 were estimated at : 2.8% for bachelors, 6.7% for bachelors in high demand and 4.4% for advanced degrees.

As mentioned in the proposal from....there are in excess of 250 medical students per class at the UW School of Medicine. For many of these students, the BHTF will serve as a 3rd or 4th year rotation site for inpatient and consultation-liaison psychiatry.

APPENDIX - D

Availability of Space/Campus Utilization Template

2020 Four-year Higher Education Scoring Process

Required for all categories except Infrastructure and Acquisition.

Project Name:	Behavioral Health Teaching Facility
Institution:	University of Washington
Campus Location:	UWMC Northwest Hospital - Seattle

Identify the average number of hours per week each (a) classroom seat and (b) classroom lab is expected to be utilized in Fall 2018 on the porposed porject's campus. Please fill in the green shaded cells for the **campus** where the project is located.

(a) General University Classroom Utilization			**(b) General University Lab Utilization**	
Fall 2019 Weekly Contact Hours	516,214		Fall 2019 Weekly Contact Hours	92,814
Multiply by % FTE Increase Budgeted			Multiply by % FTE Increase Budgeted	
Expected Fall 2020 Contact Hours	516,214		Expected Fall 2020 Contact Hours	92,814
Expected Fall 2020 Classroom Seats	20,518		Expected Fall 2020 Class Lab Seats	5,098
Expected Hours per Week Utilization	**25.2**		**Expected Hours per Week Utilization**	**18.2**
HECB GUC Utilization Standard	22.0		HECB GUL Utilization Standard	16.0
Differrence in Utilization Standard	14%		Differrence in Utilization Standard	14%

If the campus does not meet the 22 hours per classroom seat and/or the 16 hours per class lab HECB utilization standards, describe any institutional plans for achieving that level of utilization.

APPENDIX - E

Program Related Space Allocation Template

Assignable Square Feet

Required for all Growth, Renovation and Replacement proposals.

Institution: University of Washington

Campus location: UWMC Northwest Hospital - Seattle

Project name: Behavioral Health Teaching Facility

Input the assignable square feet for the proposed project under the applicable space types below:

Type of Space	Points	Assignable Square Feet	Percentage of total	Score [Points x Percentage]
Instructional space (classroom, laboratories)*	10	96,407	76.51	7.65
Research space	2	-	0.00	0.00
Office space	4	11,078	8.79	0.35
Library and study collaborative space	10	-	0.00	0.00
Other non-residential space	8	1,304	1.03	0.08
Support and physical plant space	6	17,211	13.66	0.82
Total		**126,000**	**100.0**	**8.91**

*Patient care/teaching hospital training

APPENDIX - F

University of Washington

Behavioral Health Teaching Facility

Operational Report

November 27, 2019

Prepared For : Washington State Office of Financial Management
Prepared By : UW Office of Capital Planning & Development
In Cooperation with : Ankrom Moisan Architects

Table of Contents

Introduction

Section 1: Pre-Design Overview & Siting

Section 2: Inpatient Treatment

Section 3: Telepsychiatry

Section 4: Training

Section 5: Integrated Workforce Development Programs

Section 6: UW Suicide Prevention Effort

Summary

Introduction

The University of Washington Medical Center (UWMC) and the UW Facilities, Project Delivery and Asset Management, have established a project working team to facilitate the Pre-Design phase and programming effort for the UW Behavioral Health Teaching Facility (BHTF). This working team consists of project management from UWMC, UW Facilities, as well as Ankrom Moisan Architects.

As part of the Pre-Design Phase the project team has conducted four Clinical User Workshops to begin to define the operational program and space requirements for the UW BHTF. In addition to the four clinical workshops, a series of Pre-Design interviews have been conducted with various support services that are integral in the ongoing operations of health care environments. The details that follow are an outline of the operational program which has been defined to date.

Program Summary

The Washington State Legislature passed House Bill 1593 in April 2019, partnering with UW Medicine to establish a Behavioral Health Teaching Facility to increase behavioral health services across the state. The siting and design for the new facility is to account for local community needs and resources in close coordination with existing local, regional and state resources. Due to the critical need for additional behavioral health services, thoughtful expediency to open the facility is required.

The state has allocated $33.25 million to initiate the design and building of the new teaching facility during the current legislative biennium. It has earmarked a total of $224.5 million for the completion of the project over the next four years.

Section 1: Pre-Design Overview & Siting

Pre-Design Phase Overview

The Pre-Design Phase for the UW BHTF will extend from June 2019 – January 2020. The scope of work to be completed during this phase includes Project Site Selection, Development of Project Program, Initial Operational Planning, Project Benchmark Pricing and Enabling Project Definition. At the time of this operational report the Project Working Team is mid-way through the development of these tasks.

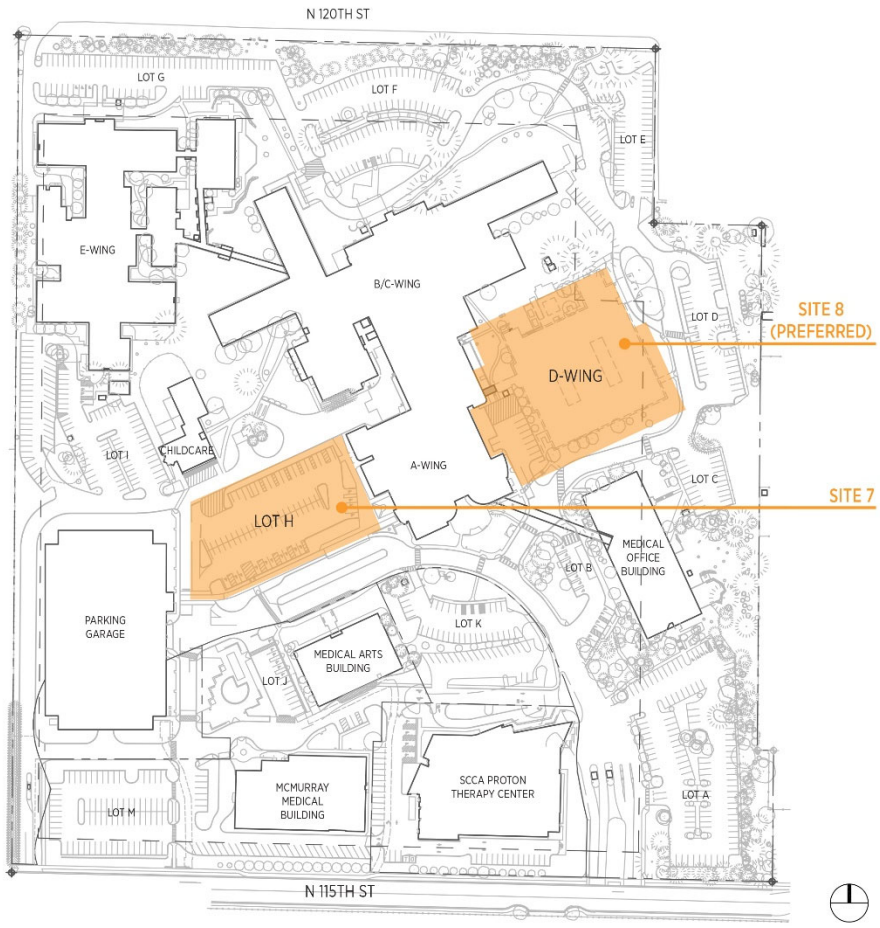
Project Goals

The Project Executive Committee has defined the following project goals to guide the development of this project and program.

- Innovative and comprehensive care, offered in a healing environment, to help patients with behavioral health recovery.
- Alternative to existing long-term (90/180-day) civil commitment beds at Western State Hospital.
- Training site for the next generation of health and behavioral health care providers for WA State.
- Support the first of its kind 24/7/365-day-a-year telepsychiatry program.
- Ensure safe environment for patients, providers, staff, trainees and visitors.
- Project design to incorporate required infrastructure upgrades

- Project design to incorporate connectivity for hospital's essential services.
- Preservation of campus vision, including how patients and visitors experience the campus.

UWMC - Northwest Campus Master Plan & Site Selection



Campuses Considered

The University of Washington provides medical service at three hospitals in the region: Harborview Medical Center, UW Medical Center – Montlake Campus, and UW Medical Center - Northwest Campus.

The campus of Harborview Medical Center was considered and rejected due to the desire to geographically diversify mental health services in the region. Harborview serves central and south King County. Harborview currently has the largest number of inpatient psychiatric treatment beds for psychiatry treatment in the state. Plans for a Behavioral Health Institute are being developed for this location.

The UW Medical Center - Montlake Campus was considered and rejected because the ability to build the facility in the desired timeline could not be achieved due to the number and complexity of enabling

projects required to relocate existing facilities and programs. In addition, the focus of services at this facility is high-end tertiary and quaternary, acute, medical/ surgical care.

UW Medical Center - Northwest Campus met the project purpose and need with existing behavioral health experience and support in place~~,~~ including building site options. Many alternative site options within the campus were considered and two were chosen for in-depth study: Site 7 (currently Lot H) and Site 8 (currently D-Wing). After using the evaluation criteria below, Site 8 (D-Wing) has been chosen as the preferred alternative.

Site Evaluation Criteria

1. Ability to Support Program: Must meet minimum programmatic requirements.
2. Patient Privacy: More is better.
3. Proximity: Greatest ease of movement for patients, staff and faculty is better. Direct access to existing medical tower is required.
4. Expansion Potential: Preserving future expansion potential.
5. Neighborhood Sensitivity/ Stewardship: Less impact better.
6. Impact to Existing Site Mobility and Parking: Less is better.
7. Connection to Utilities: Efficiency is better.
8. Security: More is better.
9. Enabling Projects/ Existing Uses: Less is better.
10. Construction Impact: Less is better.
11. Constructability: More efficient is better.

Community Needs & Engagement

There is broad consensus about a substantial need for additional capacity to serve individuals with severe and persistent behavioral health conditions in Seattle, King County, and the entire State. UW Medicine already has a substantial commitment to serving this population, and UW School of Medicine faculty staff over 160 inpatient psychiatry beds at UW Medicine hospitals (UWMC – Montlake Campus, Harborview, and UWMC – Northwest Campus), as well as at affiliated hospitals such as the Puget Sound VA Healthcare System and Seattle Children's Hospital. Over the past few years and particularly in the past year, UW Medicine Psychiatry leadership, faculty and staff have been engaged in extensive consultation with community partners and members about the best way to meet additional needs for inpatient psychiatric care in our region.

UWMC – Northwest Campus is considered a Major Institution in the City of Seattle land use code. Per the code UWMC – Northwest Campus supports a Standing Advisory Committee that meets regularly and is made up of members of the surrounding community. The purpose of this committee is to be advisory to the campus master plan development and implementation. The committee shall be briefed on the legislature's decision and will continue to meet through the initiation, design and construction of the BHTF. A public outreach plan is being developed to outline key messages and identify surrounding community interest groups and individuals to reach out to and discuss the project.

Section 2: Inpatient Treatment

The intent driving the inpatient bed mix in this project is to serve a range of patient acuities and to provide a transitional model of care across the Behavioral Health continuum for the local community served by the UWMC system. As directed by house bill, HB 1593, the bed count mix for the UW BHTF is as follows:

- (50) 90/180 Day Civil Commitment Beds
- (32) Geriatric/ (18) Voluntary Adult Psychiatry Beds (50 total beds to replace and expand 27 geriatric psychiatry beds and 16 voluntary adult psychiatry beds)
- (50) Acute Care Medical/ Surgical Beds that have the capacity to serve individuals who have both behavioral health and medical/ surgical illnesses *(These are to be designed as med/surg but with every effort to prioritize behavioral health patients and provide for their safety, comfort, and care.)*

Progressive Care Model

The intent of the UW BHTF is to create an environment in which individuals suffering from exacerbations of behavioral health disorders can be stabilized and recover sufficiently so that they can be successfully reintegrated into the community. The treatment approach and clinical programming used to achieve this goal focus on skill building and improving functioning. There will be a focus across the care continuum in order to support patients in their transition back into the communities and providing the services needed to continue their treatment. For some patients, hospitalization in the region where they live will mean better access to family and community supports than would be possible were they hospitalized elsewhere in the state or county.

Step Down Units

The Clinical working group has defined the need to group inpatients by acuity level and potentially transition patients from one unit to another as their treatment progresses and their clinical conditions improve. This transitional care approach can be used to assess a patient's progress and test their ability to cope and function with more independence as they recover. In addition to unit acuity there will also be a mix of single patient and dual-occupancy patient rooms. The intent of the dual-occupancy rooms is to test the ability of patients to share living space. This is of importance for patients who will be transitioning to Group Homes where they may be sharing rooms. This will allow the care teams to help these patients develop skills to function in these environments prior to discharge and therefore reducing the number of readmits who are challenged to cope in this environment.

Treatment Model Overview

The inpatient treatment program will utilize a Treatment Mall Model of care. Beyond the treatment spaces provided on unit, a centralized 'treatment mall' will be provided with a variety of therapy spaces that allow for a range of services from physical activity to group meetings to rehabilitation services. As patients improve, they will be increasingly able to make use of centralized / off-unit treatment facilities in the 'Treatment Mall'.

Interventional Therapies such as Electroconvulsive Therapy and Transcranial Magnetic Stimulation (TMS) are anticipated as part of the inpatient treatment program. The UW BHTF will include a Treatment Suite of physical space to support these treatments, with room for growth and flexibility to include new therapies as this area of patient care evolves over the next decade. Ideally, these services will also be provided to patients as they are discharged to continue in outpatient treatment. Further research is required from the project team on the ability to utilize the same space for inpatient and outpatient treatment.

Rehabilitation and Occupational Therapy are important components to this transitional care model. As patients evolve in their therapy, the intent is to work with them to develop the skills needed to reintegrate into their communities. Programs and treatment spaces will be provided to work with patients directly on developing these skills in groups as well as one-on-one.

Section 3: Telepsychiatry

In an effort to provide support for psychiatric care, consultation and teaching across the region, telepsychiatry services will play a critical role in the UW BHTF program. Space will be provided for a variety of group sizes to participate in telepsychiatric care. In addition, conference rooms will be equipped with video conference capabilities to accommodate multi-disciplinary teams, as well as trainees learning how to provide telepsychiatry. This space will allow delivery of the first of its kind, 24/7, 365 days-a-year, telepsychiatry consultation program that was recently funded by the Washington State Legislature. This program will serve as an on-demand resource for primary care providers, community hospitals, emergency departments, and county / municipal correctional facilities throughout Washington State. When not in use for patient care, the technology-equipped rooms can also be used to deliver continuing medical education programming to providers around Washington State.

Section 4: Training

The following are the goals for the training & teaching programs:

- Educate trainees from a wide variety of health professionals to prepare a high-quality behavioral workforce for Washington state.
- Promote interdisciplinary learning and collaboration.

Between all disciplines, it is anticipated that the UW BHTF will serve approximately 75-100 trainees at any given time. These trainees include, but are not limited to:

- Medical Students
- Psychiatry Residents
- Psychology Residents and Practicum Student
- Addiction Psychiatry, Geriatric Psychiatry, and Consultation-Liaison Psychiatry Fellows
- Nurse Practitioner (NP) Students and Residents
- Physician Assistant (PA) Students and Residents
- Pharmacy Students
- Social Work Students

- Occupational Therapy Students
- Nursing Students
- Undergraduate Students pursuing certificate programs in psychotherapy and psychosocial interventions

The UW BHTF will provide clinical rotations for medical students, psychiatry residents, psychology resident, psychology practicum students, and a consultation-liaison psychiatry fellow. The UW BHTF will also provide additional psychiatry rotation slots for UW medical students and new training opportunities for the other groups of trainees listed above.

Clinical education: Teams of up to 10-12 specialists and trainees will provide direct clinical care working and seeing patients together in treatment support spaces and inpatient interviews rooms. Three to four care teams will be required per 25 bed unit depending on the complexity of the patient population. In addition to on unit care, interdisciplinary workrooms will be provided and designed in a manner to promote interaction through the physical environment. These centrally located workrooms will provide opportunity for interprofessional cross-care team integration, heads down work, and conference/ teaching support space.

Didactic/classroom education: In addition to the workspaces identified above, larger conferencing spaces (accommodating up to 90 people at a time) will be provided either in the UW BHTF or elsewhere on campus to allow for large group didactic training and any breakout teaching functions that may be required.

Central shared space: The UW BHTF will provide shared space to support trainees in all educational programs, satisfying program accreditation requirements.

Section 5: Integrated Workforce Development Programs

Through the model outlined above (see Section 4), trainees will be well-prepared to provide evidence-based, integrated, interprofessional behavioral health care across Washington State. Further workforce development goals for this facility include:

- Attract and retain psychiatrists and other behavioral health care professionals to Washington State
- Provide training and a clinical service in telepsychiatry consultation to rural and underserved communities across the state
- Serve as a resource for physicians and primary care providers with an interest in behavioral health.

The UW BHTF aims to be a state-of-the-art facility modeling evidence-based and effective clinical care, high-quality education, patient safety, leadership, innovative programs, a sense of community, and a sense of mission. As such, the UW BHTF will attract qualified trainees and will inspire these trainees to work across Washington State once their training is complete. The UW BHTF will provide rewarding jobs attracting excellent and dedicated psychiatrists and other mental health providers. Through the

telepsychiatry consultation program, these providers will also have an opportunity to be a resource to rural and underserved communities across the state, and to prepare trainees as telepsychiatry consultants. The UW BHTF will serve as a magnet facility for community providers around Washington State. As mentioned, a 24/7 telepsychiatry consultation program will be housed within the BHTF. Community providers in Washington State will come to associate the UW BHTF as a source of up-to-date education on behavioral health issues. Providing active resources, consultation, and continuing education for community providers will hopefully keep those providers practicing in their current communities, rather than departing for states with more support.

Section 6: UW Suicide Prevention Effort

As outlined in HB 1593, UW Medicine is working with Jennifer Stuber, Director of Forefront Suicide Prevention on faculty in the UW School of Social Work, to further develop the University of Washington's Forefront Suicide Prevention into an interdisciplinary Center of Excellence in Suicide Prevention, Research and Treatment. The Center will serve the state in providing technical assistance for suicide prevention in schools, higher education, workplaces and community-based settings, and coordinate/collaborate with other suicide prevention and treatment research efforts of the University of Washington and UW Medicine.

Suicide is both a preventable outcome and a major public health issue. The effect of a suicide on family members, friends, and clinical providers is long-lasting and profound. Rates of suicide are higher among those who are non-Hispanic American Indian/Alaska Native, middle-aged adults, and veterans and other military personal and show great geographic variation. Sexual minority youth (i.e., those who identify as lesbian, gay, bisexual, transgender, or queer) show higher rates of thoughts about suicide and suicide attempts and the rate of suicide in Washington State is higher than the national average. Additionally:

According to the Centers for Disease Control and Prevention, in 2017:

- Suicide was the tenth leading cause of death overall in the United States, claiming the lives of over 47,000 people.
- Suicide was the second leading cause of death among individuals between the ages of 10 and 34, and the fourth leading cause of death among individuals between the ages of 35 and 54.
- There were more than twice as many suicides (47,173) in the United States as there were homicides (19,510).
- Suicide accounts for nearly 4 out of 5 firearm fatalities

We see this as an opportunity to advance suicide prevention, treatment and research efforts in Washington State and to become the central coordinating body to advance this effort in Washington State. There are opportunities presented by the creation of this Center of Excellence to advance recommendations in the 2018 Suicide Care Report and Recommendations by the Bree Collaborative and to inform and advance the Washington State Suicide Prevention Plan and to promote mental health.

Given the nature of this work and the continuum of behavioral health service areas under development throughout UW Medicine, the Center of Excellence in Suicide Prevention will be included as a program

of the Harborview Behavioral Health Institute. This will allow for the creation of dedicated space for program expansion and place the efforts further “upstream” where we can work to prevent suicide and assure integration of suicide prevention across the health care delivery and public system.

Summary

The UW BHTF is on track to meet the requirements and goals outlined by HB1593. In this early phase this bill has been used as the guide to develop the planning and operational function of the facility. It is the intent of The University to provide a community-based service to treat a range of behavioral health acuity in a supportive and treatment-based facility while working to train the next generation of care providers for the region. Additional details in project specific development will be provided to the Office of Financial Management on February 1, 2020.

APPENDIX - G

04 PREFERRED ALTERNATIVE: SITE 8

SITE ANALYSIS/ MASTER PLAN CONSISTENCY

PROGRAM

MASSING SCHEMES & PROGRAM

PARKING STUDY

CODES AND REGULATIONS

ENABLING PROJECTS

PROJECT MANAGEMENT & DELIVERY METHOD

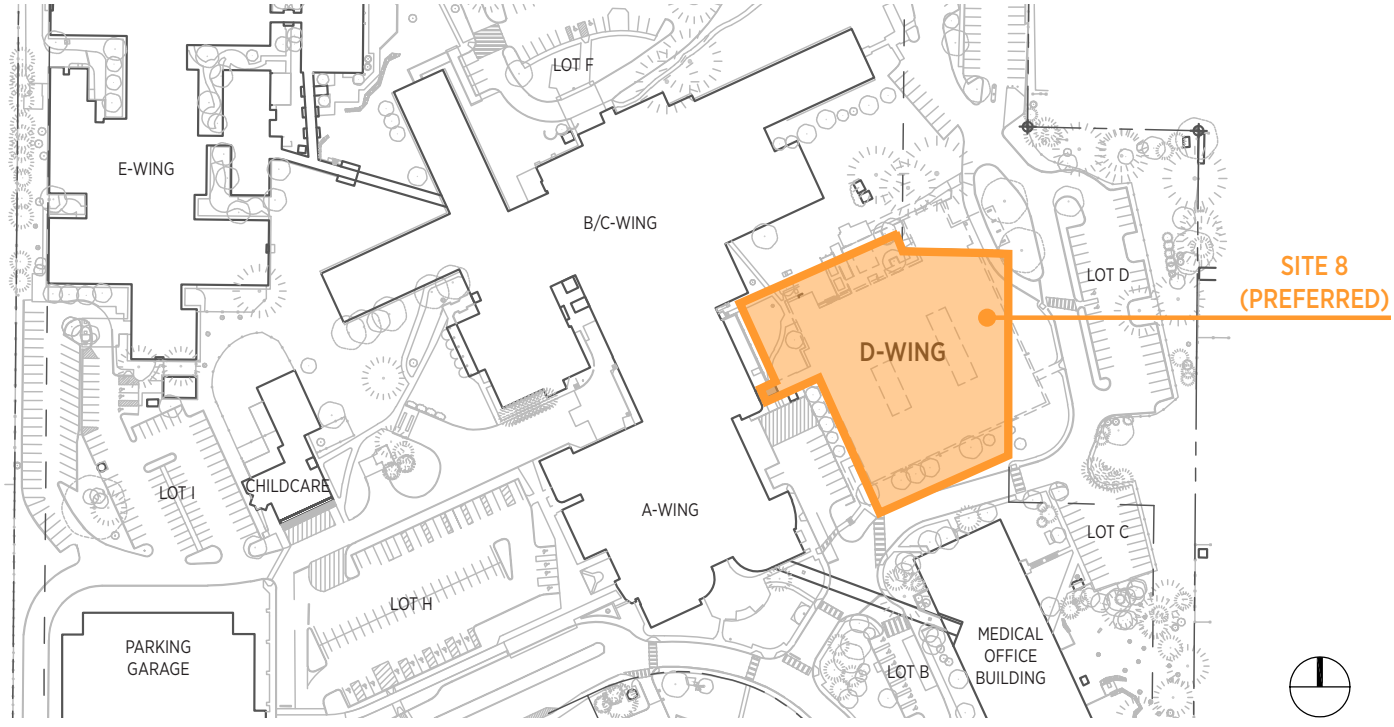
SCHEDULE

04 PREFERRED ALTERNATIVE - SITE 8

SITE ANALYSIS

The following factors led to the selection of Site 8 as the preferred site on the UWMC - Northwest Campus:

1. Access to nature. The NE sector of the UWMC - Northwest Campus has some of the tallest trees on campus, allowing the building as it rises up to feel closest to nature in this corner.
2. Adjacency to large areas of ground floor outdoor spaces. The location at the East edge of the campus gives the building access to multiple existing open spaces and many mature, large trees.
3. Proximity to Emergency Department. Given the patient population, the location adjacent to the Emergency Department allows for secure and private transfers/ drop-off at the West side of the building.
4. Patient privacy. The residential border along the East side of the campus ensures no further hospital development will occur past this building.
5. Greater ability to distribute behavioral health wings across site. While the site is constricted, the other sites available to this new facility provided fewer opportunities to achieve a desired behavioral health building configuration.



SITE ANALYSIS
RESTRICTIONS AND SETBACKS

GENERAL SITE RESTRICTIONS

- Primary vehicular circulation along South and East sides of site
- E.D. entry and vehicle access on West side of site
- Possible conflict at connection to A-Wing at below-grade boiler/chiller access pit

REGULATORY RESTRICTIONS

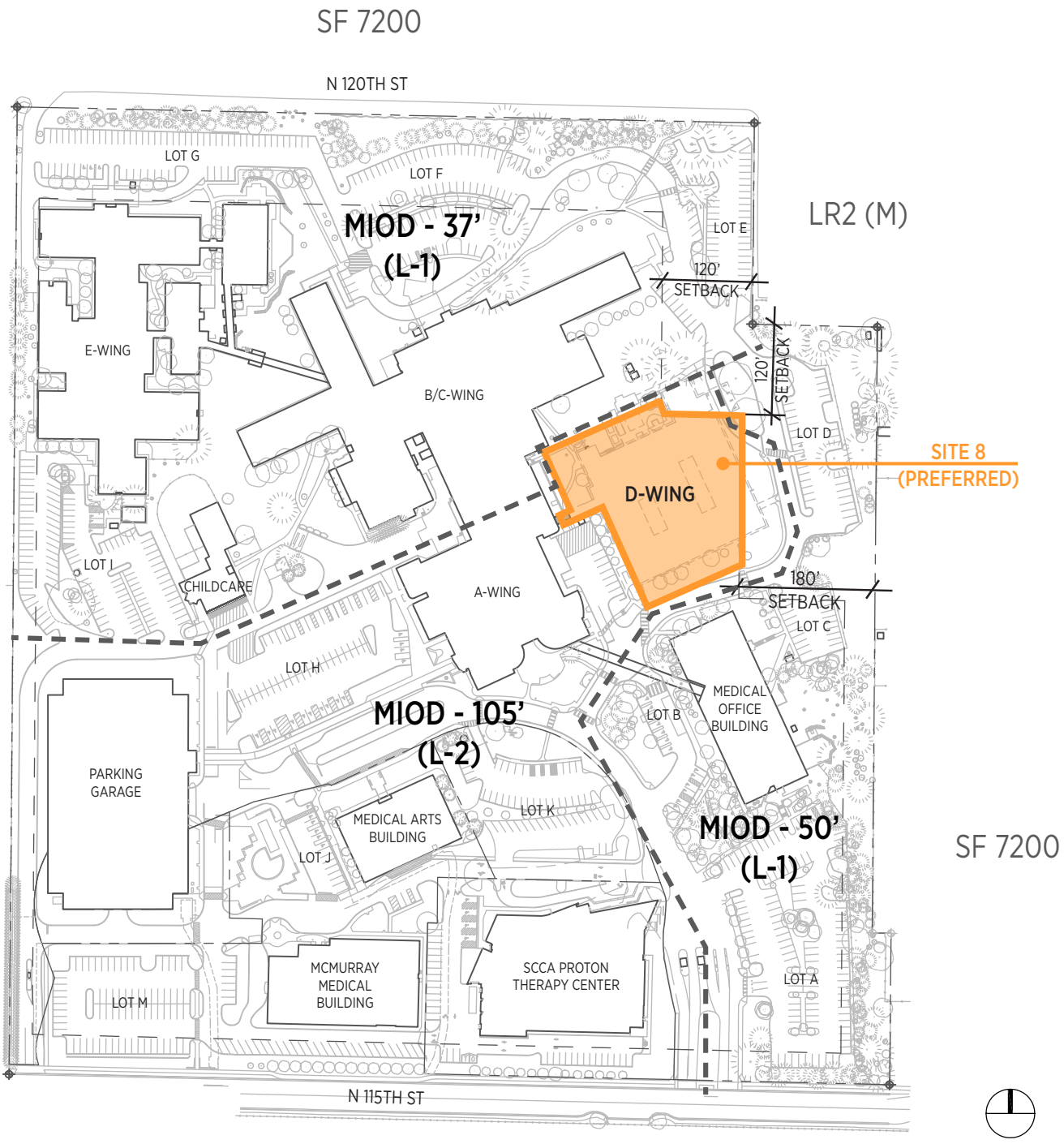
- Site 8 located within the MIOD - 105' height zone
- Site 8 restricted by bordering height zones MIOD - 37' to the North and MIOD - 50' to the South & East
- Master Plan East setback from single family zone: 180'
- Master Plan Northeast corner LR2 setback: 120'
- All restrictions not listed in Master Plan default to the underlying zoning of the site: L-2/L-1 (LR2 in current zoning code)

CHARGEABLE SQUARE FOOTAGE

- SMC 23.69.035.B.5 Any increase in gross floor area below grade is considered an exempt change to the Master Plan.
- SMC 23.45.510.D As an allowance for mechanical equipment, in any structure more than 85' in height, 3.5% of the gross floor area (that is not otherwise exempt under this subsection) is exempt.

SITE ANALYSIS

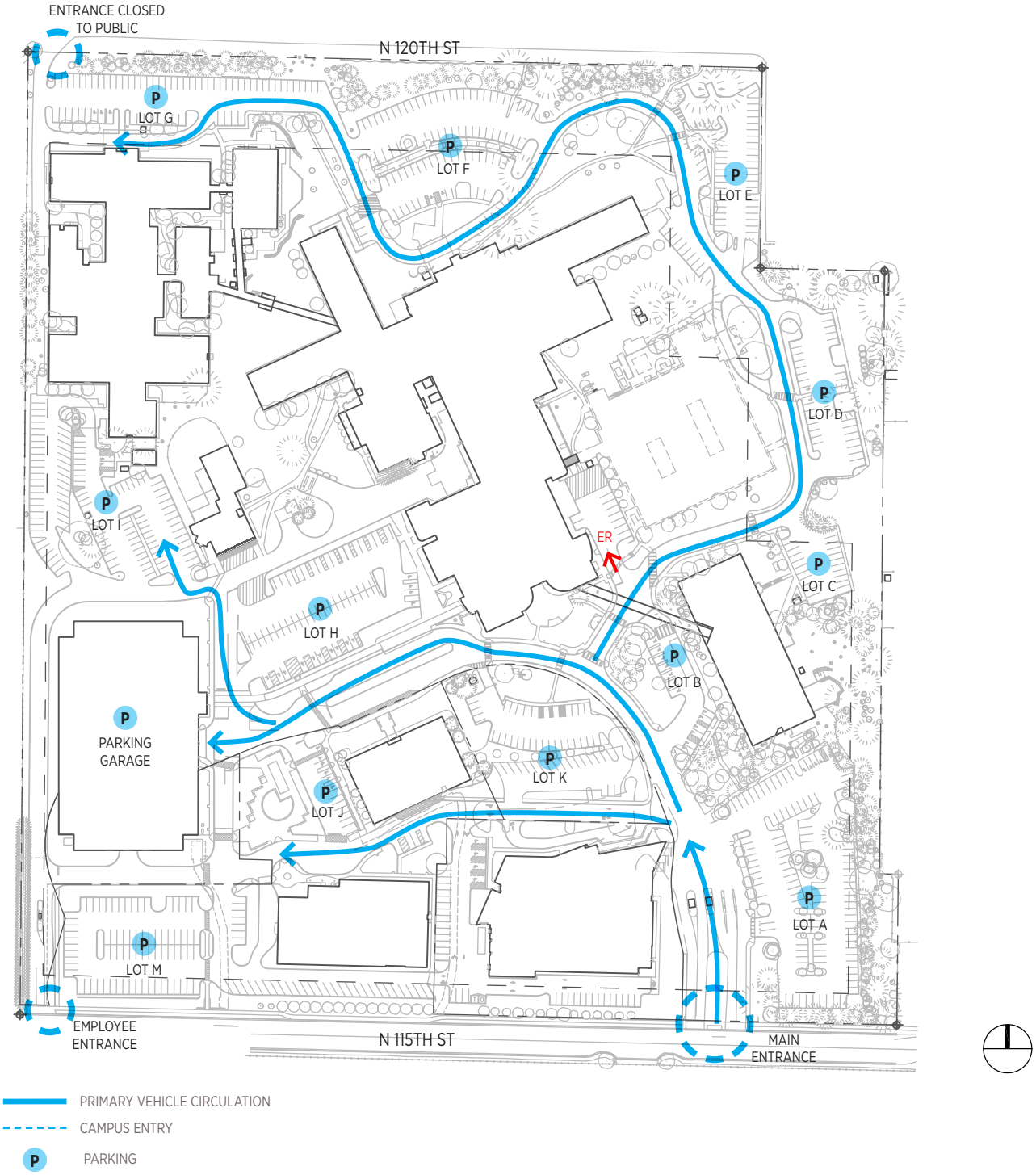
RESTRICTIONS AND SETBACKS



SITE ANALYSIS

VEHICULAR SITE CIRCULATION (CURRENT & FINAL STATE)

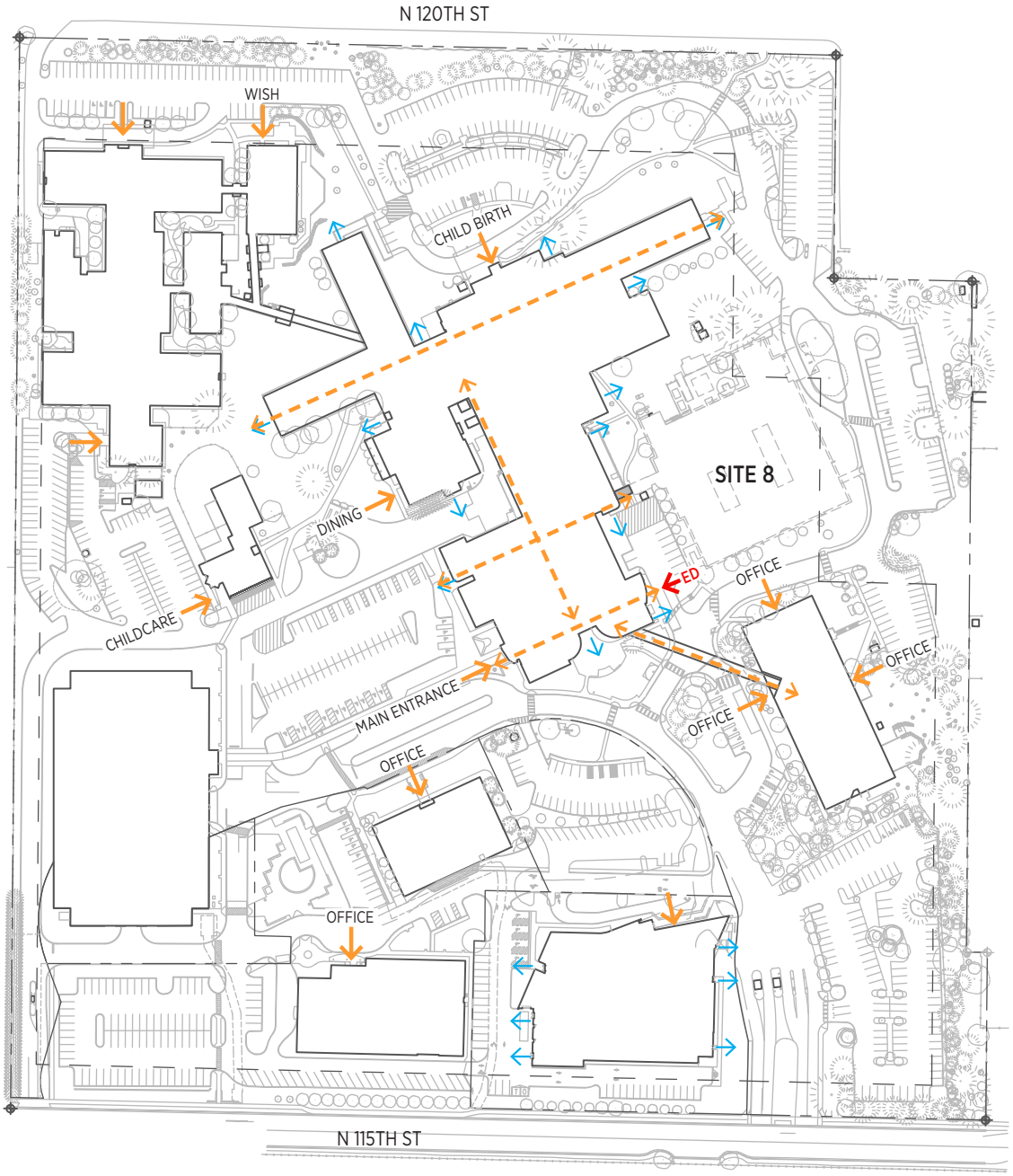
- Main hospital vehicle circulation path wraps East side of the D-Wing site. Only access to B/C and G-Wing
- Main parking garage located along West side of site
- Note construction vehicle height restrictions in Construction Logistics Plans located in appendix
- Looking at construction access and lay-down options that consider: efficient construction, hospital access and operations, neighborhood traffic/noise concerns, and safety for all.



SITE ANALYSIS

PEDESTRIAN ENTRIES

- Significant East-West circulation connections across A/B-Wings
- Main Emergency Department entrance at Southwest end of Site 8



EXIT

ENTRANCE

CIRCULATION

SITE ANALYSIS

EXCEPTIONAL TREES

- Per the survey and arborist report, a number of exceptional trees were identified.
- Every effort will be made to preserve the exceptional trees on site.
- So long as no exceptional trees are removed, there are significant advantages to the permitting process with SDCI.

* All exceptional trees to be verified with survey and final arborist report

MASTER PLAN CONSISTENCY

The Predesign phase has explored the site and building massing in reference to the Northwest Hospital Final Adopted Master Plan (Major Institution Master Plan - MIMP) and the final hearing examiner recommendation located in the Ordinance Resolution 115914 dated November 4, 1991. The final proposed Master Plan focuses on exhibits and discussion on the development of campus plan Option C.

The development entitlement with the MIMP has enough square footage capacity remaining for the BHTF. The MIMP allowed for an additional 306,509 square feet above the amount of square footage existing at the time of adoption. Therefore, any demolition of square footage is allowed to be replaced. To date, approximately 140,903 square feet has been constructed and approximately 17,169 square feet demolished, for a remaining capacity of 182,775 square feet. Adding the proposed demolition of D-Wing (approximately 35,211) would provide for an approximately 217,986 square feet of development capacity.

The City of Seattle's Major Institutions Land Use Code applies to several large health care and educational institutions in the Seattle area. It establishes use restrictions, growth boundaries, as well as height restrictions. It regulates development by the major institution within 2500 feet of the institution's overlay district boundary. An institution must comply with the underlying zoning standards or prepare a master plan which establishes new standards or prepare a master plan which establishes new standards tailored to the needs of the institution and the surrounding community. (Excerpt from NW Master Plan, Pg. 24)

MASTER PLAN GOALS

- To give top priority to redevelopment and/or expansion of departments and services which are in substandard space or rapidly outgrowing their current space.

- To preserve the feeling of openness, greenery and beauty which has been associated with Northwest Hospital while permitting needed development to accommodate the expected growth.

- To integrate closely related activities, paying special attention to the sequential flow of services, to achieve maximum functional efficiencies and effectiveness.

- To create distinctive, user-friendly, campus zoning, with separation of inpatient and outpatient activities connected by a campus-wide pedestrian circulation pathway.

- To create campus vehicle circulation patterns which encourage greater use of major arterials south and west of the campus.

- To develop a facility plan which is sensitive to the residential nature of the surrounding community.

- To develop facilities which are expandable, convertible and versatile in order to accommodate a continually growing and changing service mix.

MASTER PLAN CONSISTENCY

FACILITY ZONES

"To develop facilities which are expandable, convertible and versatile in order to accommodate a continually growing and changing service mix."

In order to best meet the concept goals for future growth, it is proposed that the Northwest Hospital campus be divided into five major facility zones, exhibit 8 illustrates these zones

MD Offices - The south campus area off North 115th street will be devoted to private physician office buildings.

Acute Inpatient - The geographic center of the campus will be devoted to acute, inpatient care services.

Specialty/Outpatient - The semicircle to the north of the geographic center will be devoted to specialty services including obstetrics, cancer and orthopedics with special emphasis on outpatient services.

Long Term Care/ Rehabilitation - The northwest corner of the campus will be dedicated to long-term and rehabilitative care services and will retain the most park-like and residential surroundings.

Parking/ Circulation - The major parking and circulation zone including two major parking garages will be maintained close to North 115th Street to promote easy ingress and egress.
MIMP pg. 20

LANDSCAPE CONCEPTS

The master plan identifies five major landscaping/ pedestrian circulation concept elements:

Greenbelt/ Pedestrian Path - Establishment of a greenbelt/ pedestrian path along the South side of North 120th including closure of the West entrance of the Center for Medical Rehabilitation, adjacent to Stendall Place.

Pedestrian Campus Zone - A more defined hospital front entrance on North 115th Street with wider sidewalks leading to a well-defined pedestrian circulation system within the hospital grounds.

Streetscape - A structured public streetscape on North 115th to promote safety and to facilitate easy transition to campus pedestrian pathways.

Buffers - Improved buffer landscaping adjacent to residential and cemetery areas tailored to specific needs.

Native Tree Preservation Zone - Preservation of mature native trees will be given a high priority, particularly adjacent to residential areas.

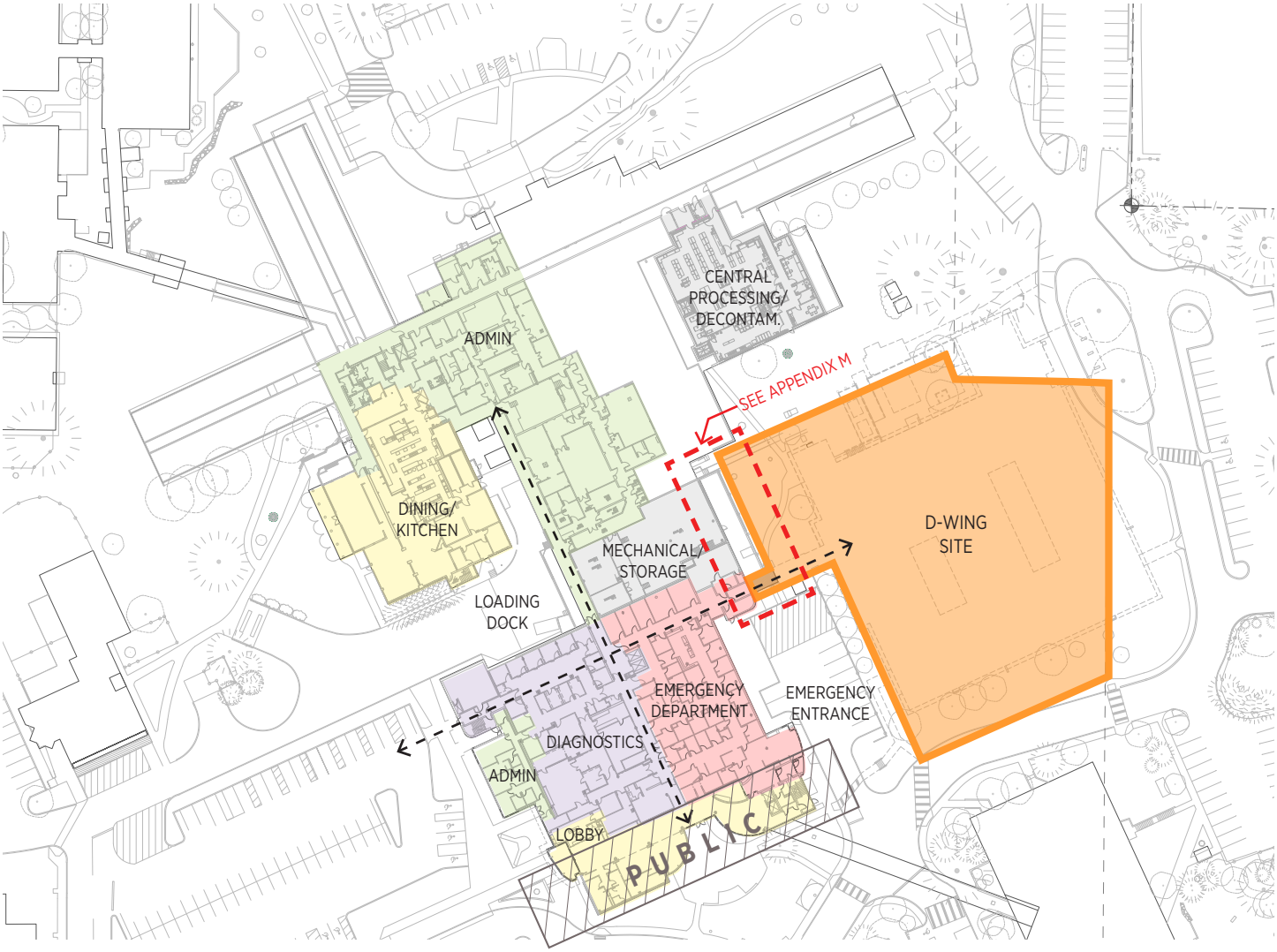
MASTER PLAN CONSISTENCY

FACILITY ZONES

SITE ANALYSIS

EXISTING ADJACENCIES

- Emergency Department direct connection
- Desired separate east-west circulation connection with loading dock
- Visual connection between current public face of existing hospital tower and SW corner ground level of new BHTF tower
- Challenge at connection to A-Wing: Boiler and chiller rooms access required at ground level along NE wall of A-Wing. See Appendix M.

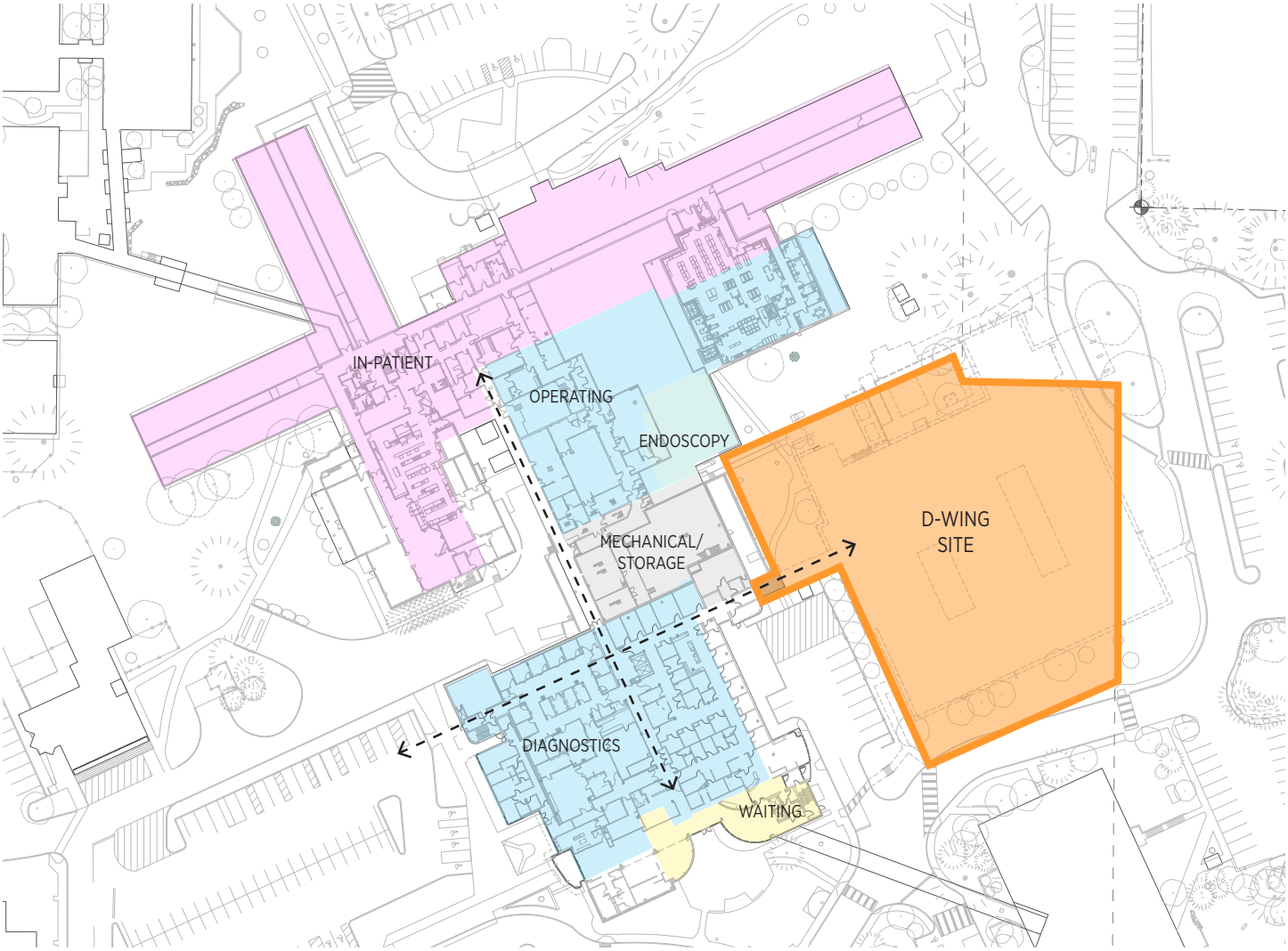


LEVEL 1 EXISTING PLAN

SITE ANALYSIS

EXISTING ADJACENCIES

- East-West corridor connection at L2 possible to allow grade access to boiler and chiller rooms
- Challenge at connection to A-Wing: Boiler and chiller rooms access required at ground level along NE wall of A-Wing. Connection may need to be at L2.



LEVEL 2 EXISTING PLAN

SPACE PROGRAM

(SEE FULL PROGRAM IN APPENDIX)

The Predesign phase included a Zoning Coaching meeting with the City of Seattle in January 2020, the specifics of these findings can be found in the meeting minutes in the appendix as well as Site Analysis on pg. 26. The program was completed in December of 2019 and therefore does not reflect the changes in chargeable square footage within the building.

FULL PROGRAM

	150 Bed Hospital				
Program	**NSF**	**Multiplier**	**Total DGSF**	**DGSF/ Bed**	**Comments**
Patient Units - Mentally Ill					
Adult Long-Term Civil Inpatient Unit (2 @ 25-beds)	23,102	1.55	35,808	716	
Geriatric Psychiatry Inpatient Unit (2 @ 16-Beds)	22,608	1.55	35,042	1,095	
Acute Psychiatry Inpatient Unit (1 @ 18-Beds)	10,794	1.55	16,731	929	
Medical Surgical Inpatient Unit (2 @ 25-Beds)	26,334	1.55	40,818	816	
Sub-Total	**82,838**		**128,399**	**856**	aggregated
Outpatient					
IOP Program	0	1.40	0	0	
Baseline Outpatient Clinic	0	1.40	0	0	
Telepsychiatry	1,524	1.40	2,134	21	
Neuro-modulation	3,554	1.40	4,976	50	
Research	0	1.40	0	0	
Shared Resources	600	1.40	840	8	
Sub-Total	**5,678**		**7,949**	**79**	
Patient Therapy and Activity					
Participant and Staff Central Areas	250	1.30	325	3	
Administrative Area	264	1.30	343	3	
Consumer/Volunteer/Outreach	250	1.30	325	3	
Occupational/Vocational Therapy	1,207	1.30	1,569	16	
Adult Education	0	1.30	0	0	
Recreational Therapy	2,494	1.30	3,242	32	
Psychology Testing/Therapy	0	1.30	0	0	
Chapel	0	1.30	0	0	
Canteen/Shop	0	1.30	0	0	
Barber	260	1.30	338	3	
Sub-Total	**4,725**		**6,143**	**61**	
Clinical Ancillaries					
Assessment Center/Admissions	1,370	1.35	1,850	18	
On Call Suite	640	1.35	864	9	
Medical/Dental Clinic	0	1.35	0	0	
Lab/Phlebotomy	225	1.35	304	3	
Pharmacy	2,084	1.30	2,709	27	
Sub-Total	**4,319**		**5,726**	**57**	
Dietary					
Kitchen/Support	8,140	1.15	9,361	94	
Cafeteria	4,120	1.15	4,738	47	
Office/Staff	624	1.30	811	8	
Sub-Total	**12,884**		**14,910**	**149**	
Administrative and Clinical Staffing Services					
Collegial Clinical Staff and PGME	9,041	1.30	11,753	118	
Admin/Clinical Admin	1,990	1.30	2,587	26	
Accounting/Business Office	0	1.30	0	0	
Human Resources/Payroll	0	1.30	0	0	
Legal Services and Court	180	1.30	234	2	
Sub-Total	**11,211**	**1.30**	**14,574**	**146**	
Lobby and Conferencing					
Main Entry Lobby	1,320	1.25	1,650	17	
Conferencing Facilities	0	1.25	0	0	

SPACE PROGRAM
(SEE FULL PROGRAM IN APPENDIX)

Sub-Total	**1,320**		**1,650**	**17**	
Information Technology & Integration					
Information Technology/MHIS	160	1.30	208	2	
Medical Records	0	1.30	0	0	
Quality Assur'ce/UM/Incid't Reporting	0	1.30	0	0	
Staff Development	0	1.30	0	0	
Switchboard/Telecom Center/Reception	408	1.30	530	5	
Education & Conferencing	0	1.30	0	0	
Shared Support	600	1.30	780	8	
Sub-Total	**1,168**		**1,518**	**15**	
Facilities Management					
Environmental Services	702	1.25	878	9	
Laundry & Linen	160	1.25	200	2	
Physical Plant/Maintenance	250	1.15	288	3	
Materials Management	1,444	1.15	1,661	17	
Security and Fire Safety	808	1.20	970	10	
Transportation (Bldg & Grounds)	0	1.20	0	0	
Sub-Total	**3,364**		**3,995**	**40**	
Total Net SF (NSF)			**127,507**		
Total Depart Gross SF (DGSF)			**184,865**		
Mechanical/Electrical and Connectors	**(x1.135)**		**24,957**		
Building Gross SF on Other Programmed Elements	**(x1.165)**		**30,503**		
Total Building Gross SF (BGSF)			**240,325**		
Number of Patient Beds			**150**		
DGSF/Bed			**1,232**		
BGSF/Bed			**1,602**		

SF/Bed IPU and Adjunctive for Psych	**1,218**	**100 beds**
	1,128	**at 108 beds w/Flex**
	1,027	**average for comparable hospitals in data-set**

Med-Surg Premium	**53,063**
Program without Med-Surg	**187,262**
	240,325

MEP Analysis	
Targeted DGSF	161,538
Target BGSF	210,000
Allocated MEP BGSF as a part of Target	29,742
Allocated DGSF for MEP as a part of target	27,039
Allocated NSF for MEP as a part of the target	24,581

SPACE PROGRAM
ADULT CIVIL INPATIENT UNITS

University of Washington Medicine Behavioral Health Teaching Facility (UW Medicine BHTF)
University of Washington Medical Center – Northwest Campus (UWMC – Northwest Campus)
Proposed Space Program v.5 **Adult Civil Inpatient Units**
December 6, 2019 **12 and 13 Bed Subclusters**

Adult Long Stay Inpatient Units: 25 beds in Two Sub-Clusters

Ref	Program Spaces	No. of Spaces	NSF/ Space	Total NSF	Comments
	Typical Unit - 25 beds				
	Unit Space				
	Cluster A (12 Beds)				
1	Patient Room, Private	6	130	780	
2	Patient Room, Semi-Private	2	180	360	
3	Toilet/Shower, Patient	8	50	400	
4	Patient Room, Private Oversized Flex and HC	1	210	210	Equip one bed for portable (home) hemodialysis machine.
5	Patient Room, Private HC	1	160	160	
6	Toilet/Shower, Patient HC	2	80	160	
7	Activity/Recreation	1	300	300	
8	Porch	0.5	230	115	
9	Visiting/Quiet/Consult Room	1	120	120	
	Subtotal			***2,605***	
	Cluster B (13 Beds)				
10	Patient Room, Private	5	130	650	
11	Patient Room, Semi-Private	3	180	540	
12	Toilet/Shower, Patient	8	50	400	
13	Patient Room, Private Oversized Flex and HC	1	210	210	
14	Patient Room, Private HC	1	160	160	
15	Toilet/Shower, Patient HC	2	80	160	
16	Activity/Recreation	1	325	325	
17	Porch	0.5	230	115	
18	Visiting/Quiet/Consult Room	1	120	120	
	Subtotal			***2,680***	
	Care Admin/Support Cluster				
19	Exam Room	1	130	130	
20	Seclusion/Restraint Room	2	100	200	
21	- Ante Room	1	60	60	
22	- Toilet	1	60	60	
23	Phone Booth	1	6	6	
24	Nursing Station	1	180	180	
25	Charting	1	150	150	
26	Conference and Treatment Planning	1	225	225	
27	PGME Team Workrooms	3	224	672	8 workstations in each plus a central work table
28	Medication Room	1	120	120	
29	Clean Utility	1	120	120	
30	Soiled Utility	1	100	100	
31	Patient Laundry	1	160	160	
32	Storage, Equipment	1	100	100	
33	Storage, Wheelchairs and Stretchers	1	190	190	

SPACE PROGRAM

ADULT CIVIL INPATIENT UNITS (CONT.)

34	Housekeeping	1	180	180	
35	Staff Lounge Facilioty	1	240	240	
36	- Toilet, Staff	2	60	120	
	Subtotal			***3,013***	

Close-In Therapy

	Social/Therapy Cluster				
36	Dining Room	1	400	400	Locate to allow access from both the unit and the neighborhood
37	Food Services Support Area/Nutrition	1	180	180	
38	Toilet, Patient	2	60	120	directly adj to Dining Area
39	Quiet Activity	1	80	80	
40	Group Therapy	1	300	300	seating for 12 - 15, available for rounding in the mornings.
41	Multi-Purpose Room	2	300	600	Also used for rounding in the mornings.
42	Visitors Room/Quiet Lounge	1	120	120	
43	Comfort/Sensory Room	1	100	100	
44	Interview/Consultation Rooms	2	120	240	
45	Storage	1	80	80	
46	Entrance Vestibule	1	0	0	Uses corridor space at entrance to IPU
	Subtotal			***2,220***	

Clinical Team Cluster

47	Office, Manager	1	140	140	
48	Office, Private	2	100	200	may be used by psychiatrists, psychology, others who need confidential environment; some may be set-up with 2 workstations
49	Workstation, Other	6	64	384	2 per office
50	Workstation, Secretarial	1	64	64	may be combined with office equipment below
51	- Unit Mailboxes	1	5	5	incl rear access from secretarial above; locked boxes accessible from corridor (staff & pts)
52	- Equipment/Files/Storage	1	100	100	incl filing allocation for itinerant clinical team members
53	Wrkstns, Rehab, MHW & Hoteling	2	40	80	for use by clinical team members, physicians, students, external agency staff while on-unit; may be grouped into offices with multiple wrkstns
54	Toilet, Staff	1	60	60	
	Subtotal			***1,033***	

Total 25-bed Unit	**11,551**
Department Total Net SF (NSF)	**11,551**
NSF to DGSF Multiplier	**1.55**
Departmental Gross SF (DGSF)	**17,904**

Number of Beds/Unit	**25**
Number of Units	**2**
Total Number of Beds	**50**

TOTAL Net Area	**23,102**
TOTAL Departmental Gross Area	**35,808**

Number of Beds	**50**
DGSF	**35,808**
DGSF/Beds	**716**

46,551	**BGSF**
5,532	**BGSF Saved vs 12-bed Sub-cliusters**
4	**# of IPU's**
22130	**Total BGSF Saved**

SPACE PROGRAM
GERIATRIC INPATIENT UNITS

University of Washington Medicine Behavioral Health Teaching Facility (UW Medicine BHTF)
University of Washington Medical Center – Northwest Campus (UWMC – Northwest Campus)
Proposed Space Program v.5 **Geriatric Inpatient Units**
December 6, 2019

Geriatric Inpatient Units: 16 beds in Two Sub-Clusters

Ref	Program Spaces	No. of	NSF/	Total NSF	Comments
	Typical Unit - 16 beds				
	Unit Space				
	Cluster A (8 Beds)				
1	Patient Room, Private	1	130	130	
2	Patient Room, Semi-Private	1	180	180	
3	Toilet/Shower, Patient	2	50	100	
4	Patient Room, Private Oversized Flex and	1	210	210	Equip one bed for portable (home) hemodialysis machine.
5	Patient Room, Private HC	4	160	640	Equip one bed for oxygen.
6	Toilet/Shower, Patient HC	5	80	400	
7	Activity/Recreation	1	320	320	
8	Porch	0.5	230	115	
9	Visiting/Quiet/Consult Room	1	160	160	
	Subtotal			***2,255***	
	Cluster B (8 Beds)				
10	Patient Room, Private	1	130	130	
11	Patient Room, Semi-Private	1	180	180	
12	Toilet/Shower, Patient	2	50	100	
13	Patient Room, Private Oversized Flex and	1	210	210	
14	Patient Room, Private HC	4	160	640	Equip one bed for oxygen.
15	Toilet/Shower, Patient HC	5	80	400	
16	Activity/Recreation	1	320	320	
17	Porch	0.5	230	115	
18	Visiting/Quiet/Consult Room	1	160	160	
	Subtotal			***2,255***	
	Care Admin/Support Cluster				
19	Exam Room	1	130	130	
20	Seclusion/Restraint Room	1	100	100	
21	- Ante Room	1	60	60	
22	- Toilet	1	60	60	
23	Phone Booth	1	6	6	
24	Nursing Station	1	180	180	
25	Charting	1	150	150	
26	Conference and Treatment Planning	1	225	225	
27	PGME Team Workrooms	2	224	448	
28	Neuro-Psych Testing	1	200	200	
29	Medication Room	1	120	120	
30	Clean Utility	1	120	120	
31	Soiled Utility	1	100	100	
32	Special Bathing/Shower Room	2	204	408	
33	Patient Laundry	1	160	160	
34	Storage, Equipment	1	100	100	
35	Storage: Lifts, Wheelchairs, and	1	190	190	
36	Housekeeping	1	180	180	
37	Staff Lounge Facilioty	1	240	240	
38	- Toilet, Staff	2	60	120	
	Subtotal			***3,297***	
	Close-In Therapy				
	Social/Therapy Cluster				
39	Dining Room	1	480	480	Locate to allow access from both the unit and the neighborhood
40	Food Services Support Area/Nutrition	1	180	180	
41	Toilet, Patient	2	60	120	directly adj to Dining Area
42	Quiet Activity	1	80	80	
43	Group Therapy	1	300	300	seating for 12 - 15, available for rounding in the mornings.
44	Multi-Purpose Room	2	300	600	Also used for rounding in the mornings.
45	Visitors Room/Quiet Lounge	1	120	120	
46	Comfort/Sensory Room	1	100	100	
47	Interview/Consultation Rooms	2	120	240	
48	Storage	1	80	80	
49	Entrance Vestibule	1	0	0	Uses corridor space at entrance to IPU
	Subtotal			***2,300***	
	Clinical Team Cluster				
50	Office, Manager	1	140	140	

SPACE PROGRAM

GERIATRIC INPATIENT UNITS (CONT.)

51	Office, Private	3	100	300	may be used by psychiatrists, psychology, others who need confidential
52	Workstation, Other	7	64	448	2 per office
53	Workstation, Secretarial	1	64	64	may be combined with office equipment below
54	- Unit Mailboxes	1	5	5	incl rear access from secretarial above; locked boxes accessible from corridor
55	- Equipment/Files/Storage	1	100	100	incl filing allocation for itinerant clinical team members
56	Wrkstns, Rehab, MHW & Hoteling	2	40	80	for use by clinical team members, physicians, students, external agency staff
57	Toilet, Staff	1	60	60	
	Subtotal			***1,197***	

Total 25-bed Unit	**11,304**
Department Total Net SF (NSF)	**11,304**
NSF to DGSF Multiplier	**1.55**
Departmental Gross SF (DGSF)	**17,521**

Number of Beds/Unit	**16**
Number of Units	**2**
Total Number of Beds	**32**

TOTAL Net Area	**22,608**
TOTAL Departmental Gross Area	**35,042**

Number of Beds	**32**
DGSF	**35,042**
DGSF/Beds	**1095**

SPACE PROGRAM
ACUTE PSYCHIATRY INPATIENT UNITS

University of Washington Medicine Behavioral Health Teaching Facility (UW Medicine BHTF)
University of Washington Medical Center – Northwest Campus (UWMC – Northwest Campus)
Proposed Space Program v.5 **Acute Psychiatry Inpatient Units**
December 6, 2019

Adult Long Stay Inpatient Units: 18 beds in Two Sub-Clusters

Ref	Program Spaces	No. of Spaces	NSF/ Space	Total NSF	Comments
	Typical Unit - 18 beds				
	Unit Space				
	Cluster A (9 Beds)				
1	Patient Room, Private	7	130	910	
2	Patient Room, Semi-Private	0	180	0	
3	Toilet/Shower, Patient	7	50	350	
4	Patient Room, Private Oversized Flex and HC	1	210	210	Equip one bed for portable (home) hemodialysis machine.
5	Patient Room, Private HC	1	160	160	Equip with suction and oxygen.
6	Toilet/Shower, Patient HC	2	80	160	
7	Activity/Recreation	1	270	270	
8	Porch	0.5	230	115	
9	Visiting/Quiet/Consult Room	1	120	120	
	Subtotal			***2,295***	
	Cluster B (9 Beds)				
10	Patient Room, Private	7	130	910	
11	Patient Room, Semi-Private	0	180	0	
12	Toilet/Shower, Patient	7	50	350	
13	Patient Room, Private Oversized Flex and HC	1	210	210	
14	Patient Room, Private HC	1	160	160	
15	Toilet/Shower, Patient HC	2	80	160	
16	Activity/Recreation	1	270	270	
17	Porch	0.5	230	115	
18	Visiting/Quiet/Consult Room	1	120	120	
	Subtotal			***2,295***	
	Care Admin/Support Cluster				
19	Exam Room	1	130	130	
20	Seclusion/Restraint Room	2	100	200	
21	- Ante Room	1	60	60	
22	- Toilet	1	60	60	
23	Phone Booth	1	6	6	
24	Nursing Station	1	180	180	
25	Charting	1	150	150	
26	Conference and Treatment Planning	1	225	225	
27	PGME Team Workrooms	2	224	448	
28	Medication Room	1	120	120	
29	Clean Utility	1	120	120	
30	Soiled Utility	1	100	100	
31	Patient Laundry	1	160	160	
32	Storage, Equipment	1	100	100	
33	Storage, Wheelchairs and Stretchers	1	190	190	
34	Housekeeping	1	180	180	
35	Staff Lounge Facilioty	1	240	240	
36	- Toilet, Staff	2	60	120	
	Subtotal			***2,789***	

SPACE PROGRAM

ACUTE PSYCHIATRY INPATIENT UNITS (CONT.)

Close-In Therapy

	Social/Therapy Cluster				
37	Dining Room	1	450	450	Locate to allow access from both the unit and the neighborhood
37	Food Services Support Area/Nutrition	1	180	180	
37	Toilet, Patient	2	60	120	directly adj to Dining Area
37	Quiet Activity	1	256	256	seating for 12 - 15, available for rounding in the mornings.
37	Group Therapy	2	300	600	Also used for rounding in the mornings.
37	Multi-Purpose Room	1	300	300	
37	Visitors Room/Quiet Lounge	1	120	120	
37	Comfort/Sensory Room	1	100	100	
37	Interview/Consultation Rooms	2	120	240	Use one for Admissions.
37	Storage	1	80	80	
37	Entrance Vestibule	1	0	0	Uses corridor space at entrance to IPU
	Subtotal			***2,446***	

Clinical Team Cluster

38	Office, Manager	1	140	140	
39	Office, Private	2	100	200	may be used by psychiatrists, psychology, others who need confidential environment; some may be set-up with 2 workstations
40	Workstation, Other	4	64	256	2 per office, associate with Team Workrooms
41	Workstation, Secretarial	2	64	128	may be combined with office equipment below
42	- Unit Mailboxes	1	5	5	incl rear access from secretarial above; locked boxes accessible from corridor (staff & pts)
43	- Equipment/Files/Storage	1	100	100	incl filing allocation for itinerant clinical team members
44	Wrkstns, Rehab, MHW & Hoteling	2	40	80	for use by clinical team members, physicians, students, external agency staff while on-unit; may be grouped into offices with multiple wrkstns
45	Toilet, Staff	1	60	60	
	Subtotal			***969***	

Total 25-bed Unit	**10,794**
Department Total Net SF (NSF)	**10,794**
NSF to DGSF Multiplier	**1.55**
Departmental Gross SF (DGSF)	**16,731**

Number of Beds/Unit	**25**
Number of Units	**1**
Total Number of Beds	**25**

TOTAL Net Area	**10,794**
TOTAL Departmental Gross Area	**16,731**

Number of Beds	**25**
DGSF	**16,731**
DGSF/Beds	**669**

SPACE PROGRAM
MED-SURG UNITS

University of Washington Medicine Behavioral Health Teaching Facility (UW Medicine BHTF)
University of Washington Medical Center – Northwest Campus (UWMC – Northwest Campus)
Proposed Space Program v.5 **Medical-Surgical Inpatient Units**
December 6, 2019

Adult Long Stay Inpatient Units: 25 beds in Three Sub-Clusters

Typical Inpatient Unit (14-25 beds)

	Patient Rooms				
1	Patient Room, Single	25	240	6,000	1 Unit - 25 Private Beds, Provide two negative air isolation rooms.
2	Toilet/Shower, Single HC	25	80	2,000	
3	Exam/Treatment Room	0	0	0	Use Private Rooms

	Reception / Public Support				
4	Family Waiting	1	500	500	
5	Consult Room	2	100	200	
6	Wheelchair Storage	1	25	25	
7	Public Toilets	2	80	160	
8	Meditation/Prayer	1	80	80	
9	Private Pumping Room	1	60	60	

	Patient / Unit Support				
10	Charting Alcoves	12	18	216	
11	Team Room	2	300	600	6 Workstations
12	Dictation Room	2	100	200	2 Workstations
13	PGME Team Workroom	1	224	224	
14	Medication Room	2	100	200	
15	Nourishment Room	2	80	160	
16	Clean Workroom	2	120	240	
17	Soiled Workroom	2	120	240	
18	Equipment Storage	1	200	200	
19	Wheelchair/Stretcher Alcove	1	40	40	
20	Respiratory Therapy Storage	1	80	80	
21	IDF Room	1	192	192	
22	Housekeeping	1	50	50	
23	Nurse Station	2	150	300	3 Workstations

	Administrative/ Staff Support				
24	Office - Nurse Manager	1	100	100	
25	Office - Pharmacist	1	100	100	
26	Office - Social Worker	1	100	100	
27	Office - Misc Staff	1	100	100	
28	Conference Room	1	200	200	
29	Staff Lounge	1	200	200	
30	Staff Lockers	1	180	180	
31	Staff Toilets	1	70	70	
32	On Call Room	1	150	150	

Total Net Area (NSF)	**13,167**
NSF to DGSF Multiplier	**1.55**
Departmental Gross Square Feet (DGSF)	**20,409**

NSF for 50 Beds	**26,334**	2 Units
DGSF for 50 Beds	**40,818**	2 Units

Number of Key Rooms	**25**	Per Unit
DGSF	**20,409**	
DGSF/Key Room	**816**	

SPACE PROGRAM
CLINICAL STAFF

University of Washington Medicine Behavioral Health Teaching Facility (UW Medicine BHTF)
University of Washington Medical Center – Northwest Campus (UWMC – Northwest Campus)
Proposed Space Program v.5 **Clinical Staff**
December 6, 2019

REF #	Program Spaces	No. of Spaces	NSF/ Space	Total NSF	Comments
	Clinical Team Central Support Cluster				
1	Workstations, Nurse Manager	0	84	0	on-unit
2	Workstations/Offices, Psychiatrists/Psychol	16	84	1,344	
3	Workstations, Social Workers	0	64	0	on-unit
4	Workstation, Unit Clerk	0	64	0	on-unit
5	Workstations, Residents and Students	4	40	160	balance on-unit
6	Private Telephone Area	1	64	64	
7	Group Telephone/Meeting Area	1	110	110	Seats 4 (Huddle)
	Conference Room (Small)	1	180	180	Arrange conference rooms with movable partitions able to form range of rooms including a 1,400 room capable of seating 90 people.
8	Medium Conference Room A	3	256	768	Arrange conference rooms with movable partitions able to form range of rooms including a 1,400 room capable of seating 90 people.
	Medium Conference Room B	1	375	375	Arrange conference rooms with movable partitions able to form range of rooms including a 1,400 room capable of seating 90 people.
9	Large Conference Room	1	800	800	Arrange conference rooms with movable partitions able to form range of rooms including a 1,400 room capable of seating 90 people.
10	Staff Lounge Facility	2	250	500	
11	- Equipment/Files/Storage	8	160	1,280	incl filing allocation for itinerant clinical team members
12	Wrkstns, Rehab, MHW & Hoteling	0	40	0	
13	Toilet, Staff	4	60	240	
	Subtotal			***5,821***	
	Post Graduate Medical Education				
1	Reception	1	200	200	
2	Trainee Lounge	1	450	450	
3	Trainee Lockers	1	150	150	
4	Staff Offices	16	100	1,600	
5	Workroom	1	300	300	
6	Lactation Room	1	80	80	
7	Large Conference Room	0	1,400	0	See Clinical Team Central Support Cluster for Conferencing
11	- Equipment/Files/Storage	1	160	160	
12	Wrkstns, Rehab, MHW & Hoteling	4	40	160	
13	Toilet, Staff	2	60	120	
	Subtotal			***3,220***	
	Department Total Net SF (NSF)			**9,041**	
	NSF to DGSF Multiplier			**1.30**	
	Departmental Gross SF (DGSF)			**11,753**	

SPACE PROGRAM
PATIENT THERAPY & ACTIVITY

University of Washington Medicine Behavioral Health Teaching Facility (UW Medicine BHTF)
University of Washington Medical Center – Northwest Campus (UWMC – Northwest Campus)
Proposed Space Program v.5 **Patient Therapy and Activity**
December 6, 2019

REF #	Program Spaces	No. of Spaces	NSF/ Space	Total NSF	Comments
	Participant and Staff Central Areas				
01	Arrival Area	0	140	0	Reception Desk
02	Meeting/Training Room	0	250	0	10 - 12 seats; used for orientation and for program activities
03	Washrooms, Patient/Visitor	0	280	0	male & female; shared use with Gym/ Auditorium
04	Lockers, Staff	0	100	0	20 lockers
05	Staff Washrooms	1	60	60	toilet, hand sink, shower; supports entire treatment zone
06	Team Room	1	190	190	6 seats, kitchenette
				250	
	Administrative Area				
07	Office, Manager, Director	1	120	120	
08	Clerical	1	64	64	
09	Files/Supplies/Business Centre	1	80	80	
10	Meeting Room	0	250	0	seating for 10 - 12
	Sub-Total			**264**	
	Consumer/Volunteers/Outreach Area				
13	Group/Training Room	0	250	0	10 - 12 seats
14	Office, Volunteers	1	130	130	
15	Office, Volunteers (Info Spec)	0	100	0	
16	Office, NAMI	1	120	120	
17	Storage, Supplies, Workroom			0	Share workroom with Admin Area above
	Sub-Total			**250**	
	Occupational/Vocational Therapy				
18	Multi-Purpose Room	1	350	350	10 places at tables w/Sink-Storage
19	Ceramics Room	0	350	0	10 places at tables w/Sink-Storage, kiln area
20	- Ceramics Kiln	0	80	0	
21	Arts/Crafts Storage	0	100	0	shelving and cupboards that can be allocated to modalities
22	Crafts Room	0	350	0	10 places at tables w/Sink-Storage
23	ADL-Teaching Kitchen	1	225	225	incl kitchen, food storage and eating area; assume ADL for washer and dryer is on-unit
24	ADL Toilet/Shower	0	60	0	
25	OT/PT Evaluation Room	1	350	350	
26	Storage, Equipment	1	150	150	
27	Therapists Workstations	2	36	72	
28	Records Rooms	0	80	0	Locked; will be re-allocated to another function once all records are electronic
29	Housekeeping	1	60	60	located to support multiple functions in this location of the patient therapy area depending on overall configuration, this room may be combined with second Housekeeping Room noted below
	Sub-Total			**1,207**	
	Adult Education				
30	Classroom/Workroom, Patient	0	400	0	seats 15 ea.
31	Patient/Staff Library	0	750	0	
32	Legal Library	0	500	0	
33	Workstation, Adult Educ'n Inst.	0	80	0	
	Sub-Total			**0**	

SPACE PROGRAM

PATIENT THERAPY & ACTIVITY (CONT.)

REF #	Program Spaces	No. of Spaces	NSF/ Space	Total NSF	Comments
	Recreational Therapy				
34	Gymnasium/Multi-Purpose Room	1	2,200	2,200	
35	- Stage	0	600	0	
36	Storage, Gym Equipment	1	150	150	
37	Auditorium Storage	0	150	0	
38	Auditorium Controls	0	100	0	
39	Music Room	0	300	0	
40	Club House	0	875	0	
41	General Storage	0	200	0	
42	Workstation, Staff	4	36	144	
	Sub-Total			**2,494**	
	Psychology Testing/Therapy				
43	Testing/Counseling Room	0	100	0	
44	Group Therapy	0	360	0	groups of 15 in circle format
45	Observation	0	80	0	supports academic role
46	Office, Chief Psychologist	0			all psychology staff & interns will be housed on IPUs
47	Storage, Materials	0	60	0	
	Sub-Total			**0**	
	Meditation Room				
48	Seating Area	0	625	0	
49	Storage	0	30	0	
50	Office, Chaplain	0	100	0	Individual meetings with 1 - 2 others
	Sub-Total			**0**	
	Canteen/Shop				
51	Vending Area	0	100	0	10 machines, microwave and change
52	Storage, Vendor	0	100	0	
53	Retail/Clothing Shop	0	800	0	Personal items, clothing, etc.
54	- Dressing Room	0	30	0	
55	Postal Service	0	20	0	stamp vending machine
56	Café	0	600	0	co-located with Dietary Services Servery; seating for 20-30 at tables of 2 and 4
57	Office	0	100	0	
58	Storage/Process, Clothing				Included in materials management
59	Bank	0	180	0	
60	Housekeeping	0	60	0	located to support multiple functions in this location of the Central facilities; depending on overall configuration, this room may be combined with other Housekeeping Room noted above
	Sub-Total			**0**	
	Barber				
61	Washing Station	1	60	60	
62	Styling Station	1	60	60	
63	Seating	2	20	40	
64	Workstation/Reception	1	60	60	
65	Washroom	0	50	0	staff, visitor
66	Storage	1	40	40	
	Sub-Total			**260**	
	Department Total Net SF (NSF)			**4,725**	
	NSF to DGSF Multiplier			**1.30**	
	Departmental Gross SF (DGSF)			**6,143**	

DESIGN APPROACH - 3 MASSING SCHEMES

Throughout the Predesign phase, 3 massing schemes have been maintained. All three schemes are based on various layouts of the treatment mall model, each containing pros/cons to the ideal. The schemes were used as a programming workshop tool and select focus groups highlighted the need to explore various design schemes further within their focus.

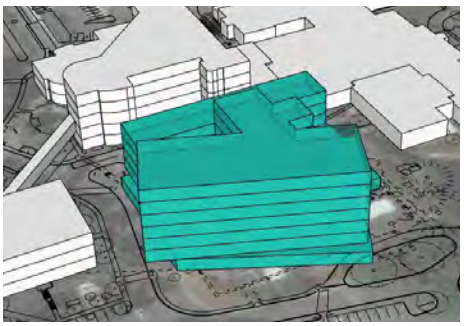
Some massing considerations that were identified in the Predesign Phase:

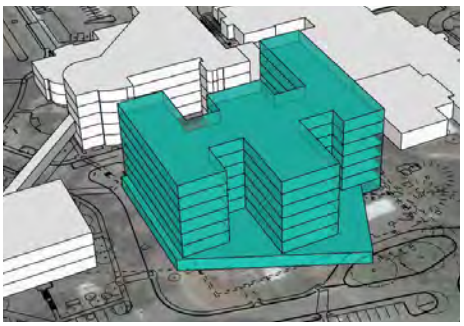
- At the time of the predesign the assumed maximum square footage left within Master Plan was 210,000 sf on Site 8. This has since been adjusted after meetings with the City of Seattle zoning department and taking actual square footages of the D-Wing building. The maximum square footage left is now approximately 213,594 sf. Below-grade square footage is now known to be exempt from the master plan and an allowance of 3.5% of the gross chargeable sf of the building is exempt for mechanical.
- Stacking issues between differently sized behavioral health units and med-surg units
- Layout of ideal 8-bed behavioral health clusters on a constricted site leading to diminishing site lines within the units
- Ability to provide outdoor spaces at each unit/level
- Key adjacencies on-unit for clinical and teaching purposes
- Daylighting into patient rooms while still maintaining privacy from the public areas of the campus
- The pedestrian experience along the main 'public' corridor (south edge)
- A few large program pieces have been left as options in the predesign. These will need to be further explored in the full design phase.

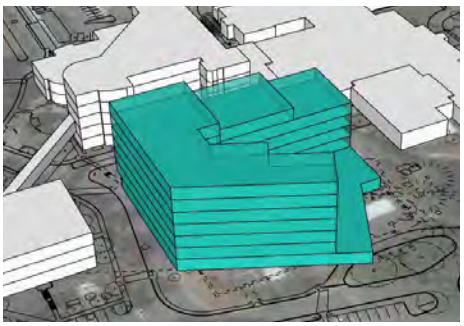
  Dining/Kitchen Schemes:
  A - Existing dining/kitchen remains, new dining/kitchen in new tower for new 150-bed capacity only
  B - Existing dining/kitchen converted to retail dining (grab & go only), new kitchen provided in new BHTF tower to provide food for entire campus
  C - Full new dining/kitchen for entire campus in new BHTF tower

  Pharmacy Schemes:
  A - Existing pharmacy remains, new pharmacy in new BHTF tower for new 150-bed capacity only
  B - Expand existing pharmacy on-campus to serve new 150-bed tower
  C - New UW centralized pharmacy off-campus

  Central Utility Plant:
  A - Build new CUP in the tower to serve only the new SF (tie into existing).
  ** This approach was assumed in Predesign effort
  B - Expand existing CUP to make one centralized CUP to serve entire campus
  C - Build a replacement CUP either in the new tower or somewhere else on campus to serve the entire campus


SCHEME 01


SCHEME 02

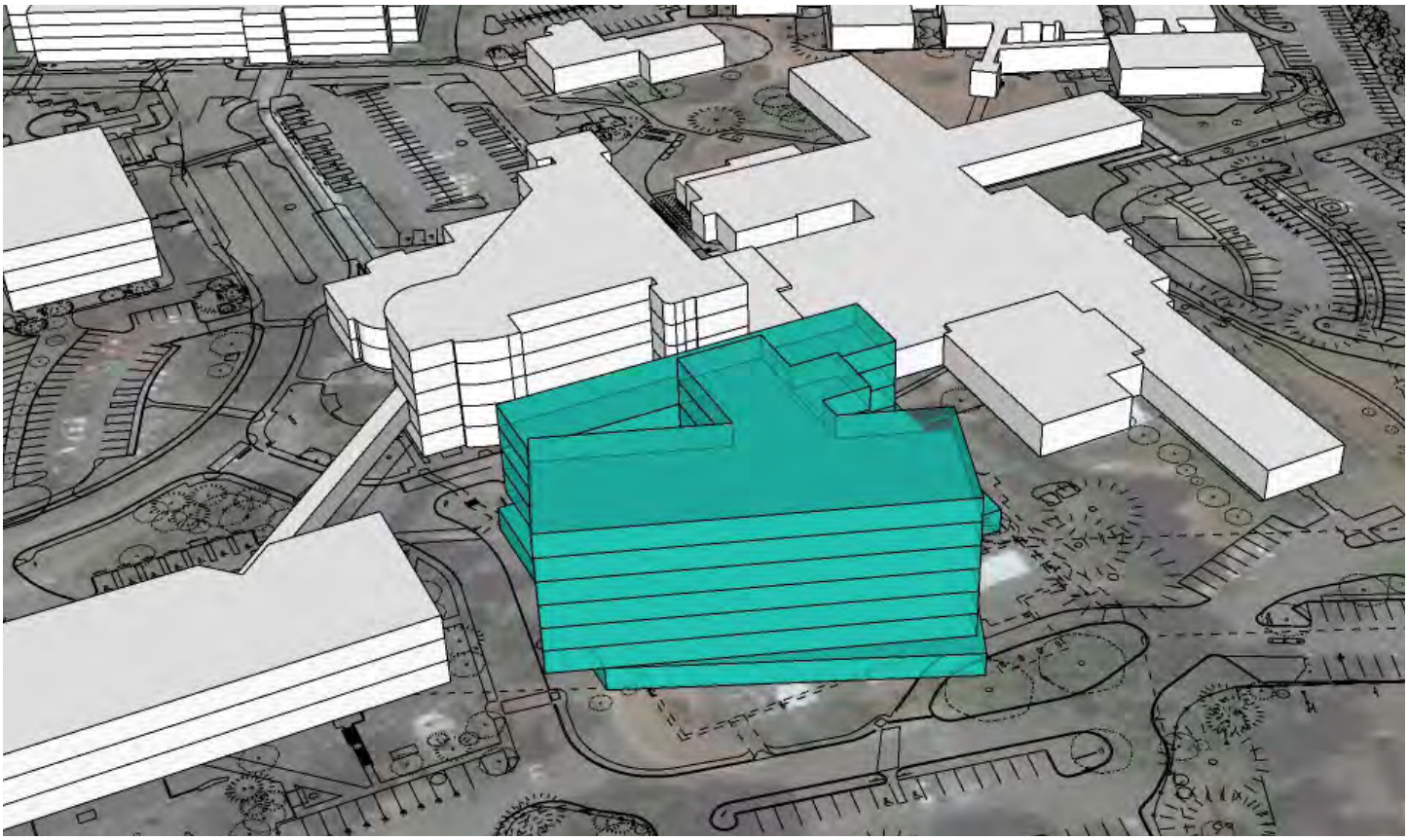

SCHEME 03

04 PREFERRED ALTERNATIVE - SITE 8

MASSING SCHEME 01

KEY FEATURES:

- Dining/Kitchen Scheme A - Existing dining/kitchen remains, new dining/kitchen in new BHTF tower for new 150-bed capacity only
- Pharmacy Scheme A - Existing pharmacy remains, new Pharmacy in new tower for new 150-bed capacity only
- Downtown on courtyard level, adjacency to long-term unit neighborhood
- South facing courtyard



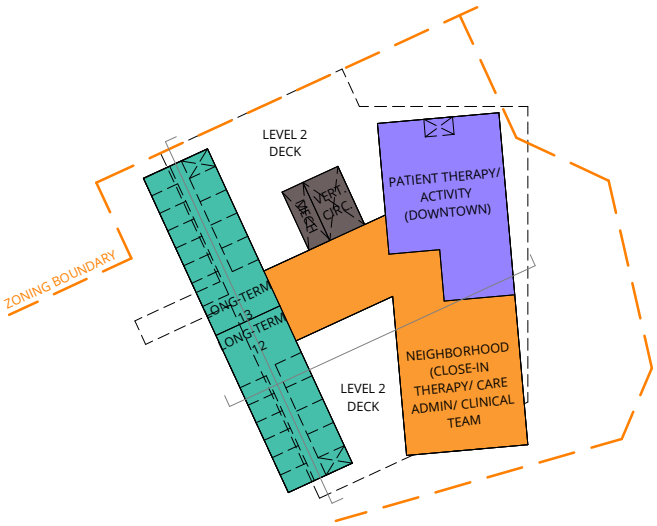
View from East

MASSING SCHEME 01

SITE PLAN

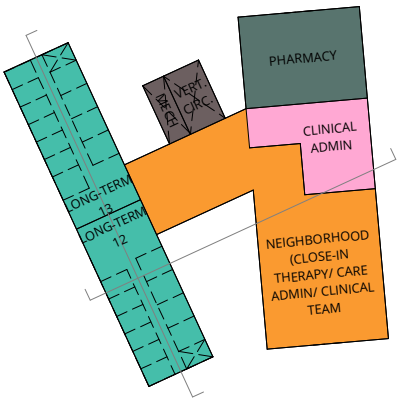
LEVEL 1 - 42,000 SF

MASSING SCHEME 01



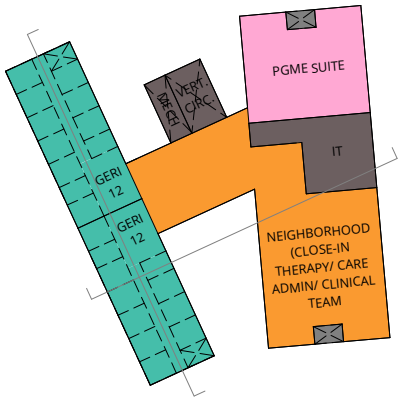
LEVEL 2 30,500 SF

(2) 12/13 Long-term Bed Clusters:	9,535 sf
Close-In Therapy (Neighborhood):	4,005 sf
Care Admin/ Clinical Team:	6,088 sf
PGME Workroom	1212 sf
Patient Therapy/ Activity (Downtown):	7,422 sf
MEP/Flr:	691 sf



LEVEL 3 30,500 SF

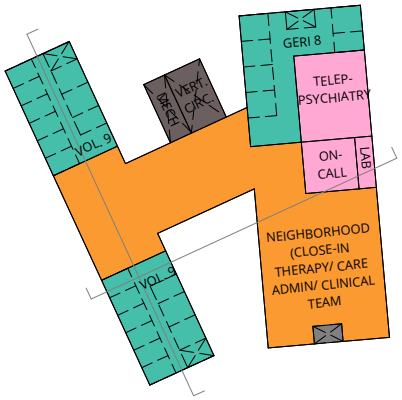
(2) 12/13 Long-term Bed Clusters:	9,535 sf
Close-In Therapy (Neighborhood):	4,005 sf
Care Admin/ Clinical Team:	6,088 sf
PGME Workroom	1212 sf
Clinical Admin:	3,011 sf
MEP/Flr:	961 sf



LEVEL 4 30,500 SF

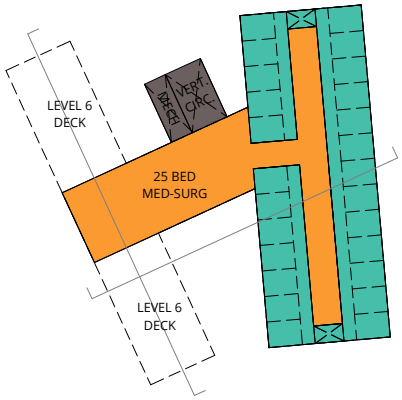
(2) 12 Geri-psych Bed Clusters:	9,535 sf
Close-In Therapy (Neighborhood):	4,005 sf
Care Admin/ Clinical Team:	6,088 sf
PGME Workroom	1212 sf
Telepsychiatry:	2,484 sf
On-Call Suite:	1,006 sf
IT:	1,767 sf
Lab:	354 sf
MEP/Flr:	961 sf

MASSING SCHEME 01



LEVEL 5 30,500 SF

(2) 9 Voluntary Bed Clusters:	9,535 sf
(1) 8 Geri-psych Bed Cluster:	
Close-In Therapy (Neighborhood):	4,005 sf
Care Admin/ Clinical Team:	6,088 sf
PGME Workroom	1212 sf
PGME Suite:	4,873 sf
Med-Surg Admin Support:	2,165 sf
MEP/Flr:	691 sf



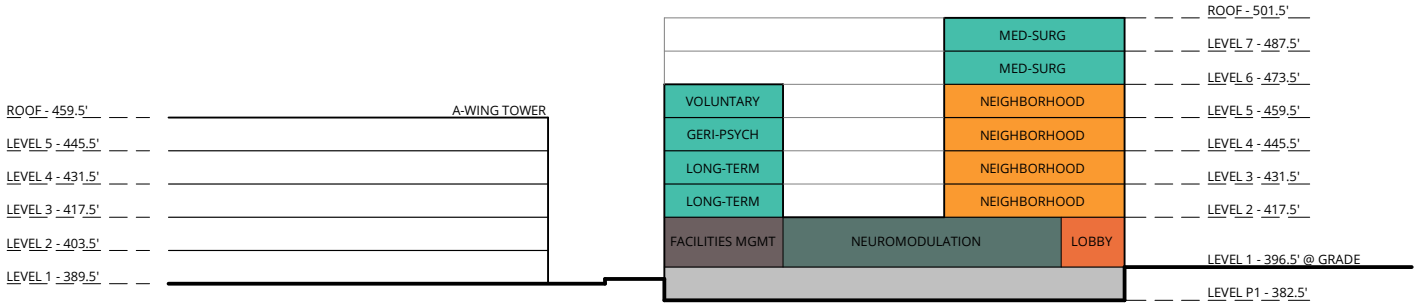
LEVELS 6-7 23,000 SF*

25-Bed Med-Surg:	14,434 sf*
Support:	9,322 sf*
MEP/Flr:	961 sf

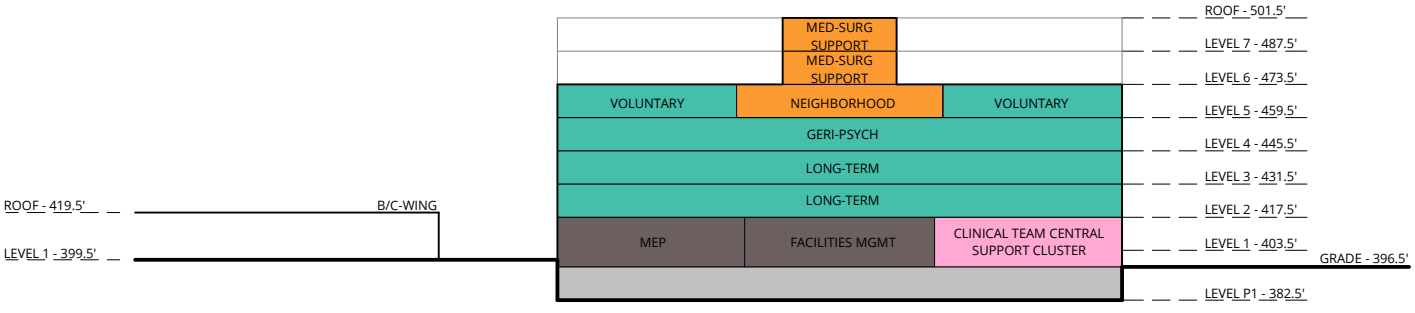
* per/flr

04 PREFERRED ALTERNATIVE - SITE 8

MASSING SCHEME 01



EAST-WEST SECTION



NORTH-SOUTH SECTION

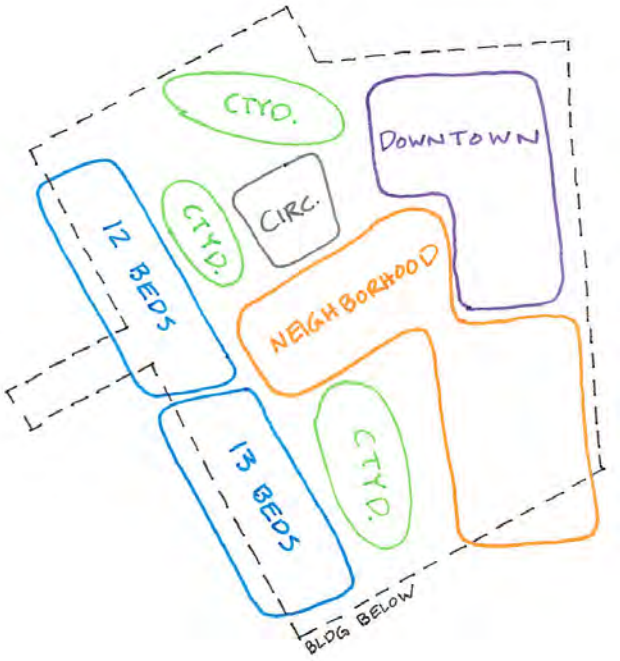
MASSING SCHEME 01

PROS

- Admin/ Clinical spaces adjacent to behavioral health wings
- Clinical Team Support Cluster adjacency for full campus use
- Dining adjacent to ground level outdoor area
- Secluded lobby location
- Neuromodulation at ground level for easy outpatient access
- South facing courtyard at L2

CONS

- Med-surg opposite side from main hospital tower
- Minimal patient outdoor space
- Geri-psych beds are split on floors
- Extra outdoor space at med-surg levels
- Behavioral health inpatient rooms view directly into existing med-surg rooms



04 PREFERRED ALTERNATIVE - SITE 8

MASSING SCHEME 01

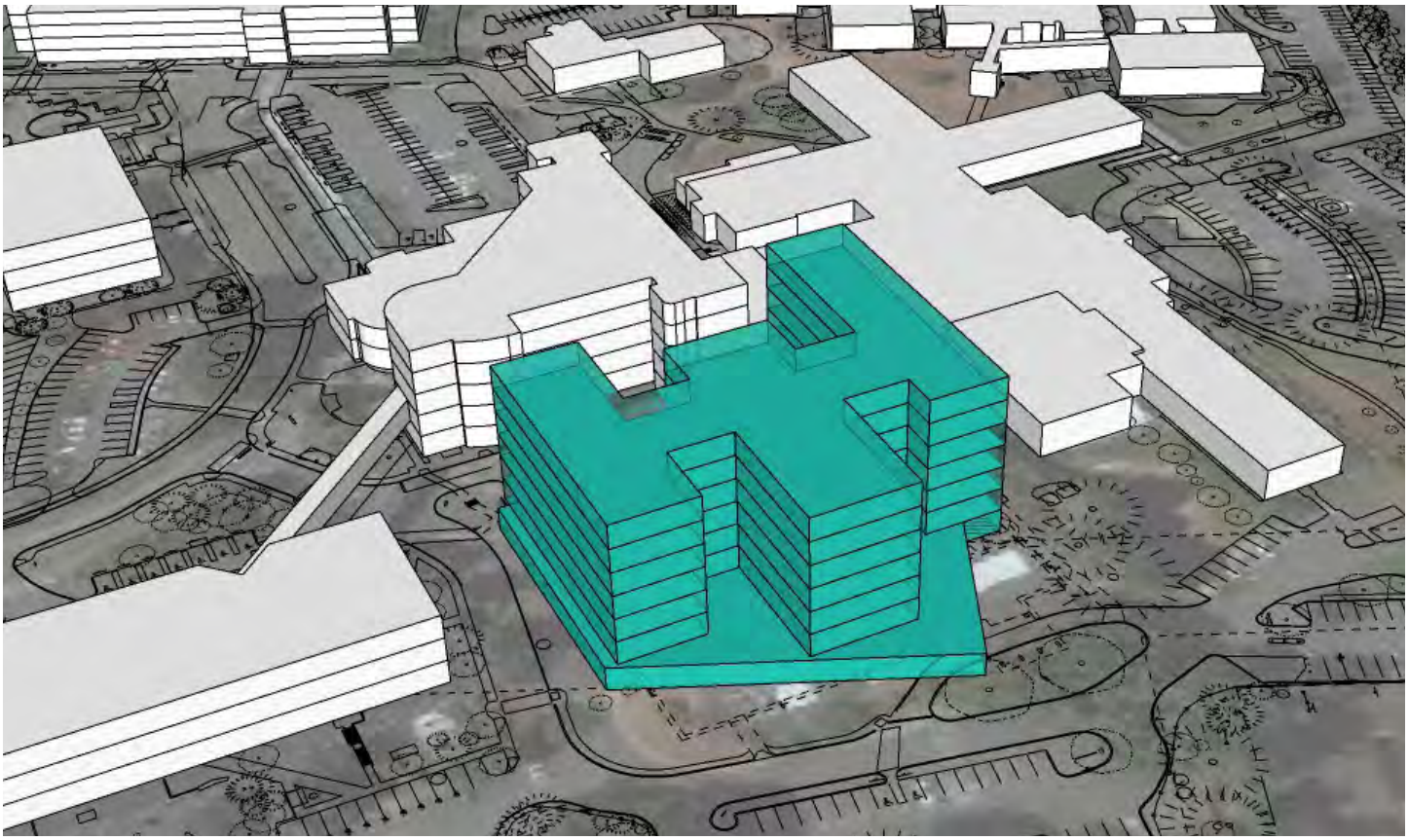
BEHAVIORAL HEALTH BEDS + SUPPORT

Long Term 50 Beds:	19,070 sf
Close-In Therapy (Neighborhood):	8,010 sf
Care Admin/ Clinical Cluster:	14,600 sf
Geri 32 Beds:	16,274 sf
Close-In Therapy (Neighborhood):	4,150 sf
Care Admin/ Clinical Cluster:	8,108 sf
Voluntary 18 Beds:	8,282 sf
Close-In Therapy (Neighborhood):	4,413 sf
Care Admin/ Clinical Cluster:	6,780 sf
MED SURG BEDS + SUPPORT	
50 Beds:	28,867 sf
Support:	18,644 sf
PATIENT THERAPY/ACTIVITY (DOWNTOWN):	7,422 sf
TELEPSYCHIATRY:	2,484 sf
NEUROMODULATION:	6,770 sf
CLINICAL ADMIN:	3,284 sf
CLINICAL TEAM CENTRAL SUPPORT:	8,808 sf
PGME SUITE:	4,873 sf
LOBBY/ADMISSIONS:	4,540 sf
SECURITY:	1,129 sf
ON-CALL:	1,006 sf
DINING:	2,758 sf (150-bed capacity)
KITCHEN:	5,920 sf (150-bed capacity)
PHARMACY:	3,153 sf
IT:	1,767 sf
FACILITIES MGMT:	3,521 sf
MECH/ELEC:	5,759 SF (@ L1) 4,840 SF (691 sf/flr)
BUILDING:	**210,000 SF**
MECH (3.5% of GFA exempt):	7,350 sf
BELOW GRADE (exempt):	TBD
ROOF:	9,680 sf (Mech)
ON/OFF CAMPUS - NOT IN BUILDING:	
INTENSIVE OUTPATIENT PROGRAM	TBD
TOTAL CHARGEABLE BUILDING SF:	**202,650 SF**

MASSING SCHEME 02

KEY FEATURES:

- Dining/Kitchen Scheme B - Existing dining/kitchen converted to retail dining (grab & go only), new kitchen provided in new BHTF tower to provide food for entire campus
- Pharmacy Scheme B - Expand existing Pharmacy on-campus to serve new 150-bed tower
- 8-bed clusters
- Downtown on ground level



04 PREFERRED ALTERNATIVE - SITE 8

MASSING SCHEME 02

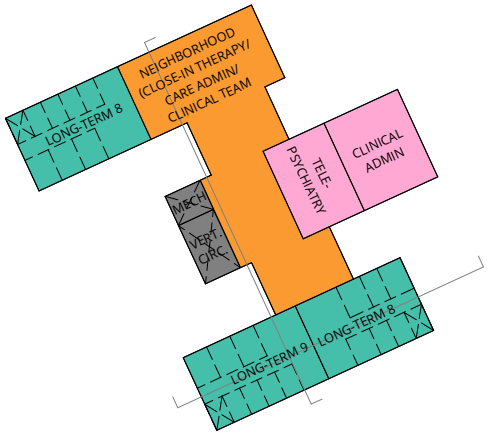
SITE PLAN

LEVEL 1 - 43,000 SF

MASSING SCHEME 02

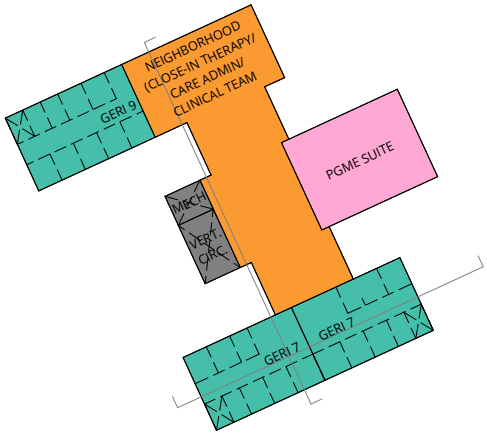
LEVEL 2 29,400 SF

(3) Long-term Bed Clusters (25 Beds):	9,535 sf
Close-In Therapy (Neighborhood):	4,005 sf
Care Admin/ Clinical Team:	6,088 sf
PGME Workroom	1212 sf
Neuromodulation:	5,792 sf
MEP/Flr:	691 sf



LEVEL 3 29,400 SF

(3) Long-term Bed Clusters (25 Beds):	9,535 sf
Close-In Therapy (Neighborhood):	4,005 sf
Care Admin/ Clinical Team:	6,088 sf
PGME Workroom	1212 sf
Clinical Admin:	3,011 sf
Telepsychiatry:	2,484 sf
MEP/Flr:	961 sf

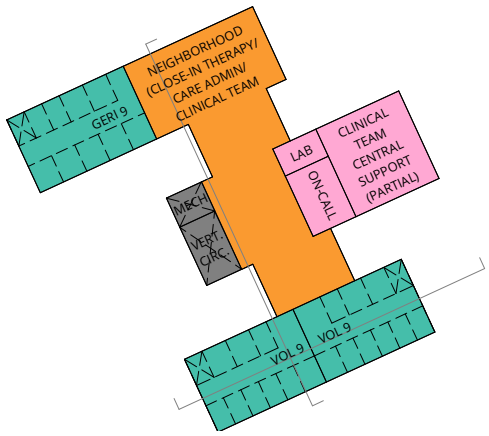


LEVEL 4 29,400 SF

(3) Geri-psych Bed Clusters (23 Beds):	12,206 sf
Close-In Therapy (Neighborhood):	4,150 sf
Care Admin/ Clinical Team:	6,896 sf
PGME Workroom	1212 sf
PGME Suite:	4,873 sf
MEP/Flr:	961 sf

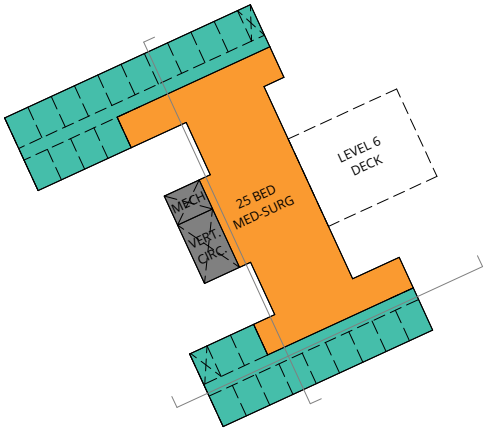
04 PREFERRED ALTERNATIVE - SITE 8

MASSING SCHEME 02



LEVEL 5 29,400 SF

(2) Voluntary Bed Clusters (18 Beds):	8,281 sf
(1) Geri-psych Bed Cluster (8 Beds):	4,069
Close-In Therapy (Neighborhood):	4,413 sf
Care Admin/ Clinical Team:	5,568 sf
PGME Workroom	1212 sf
Clinical Team Central Support (Partial):	3,408 sf
On-Call:	1,006 sf
Lab:	354 sf
MEP/Flr:	691 sf

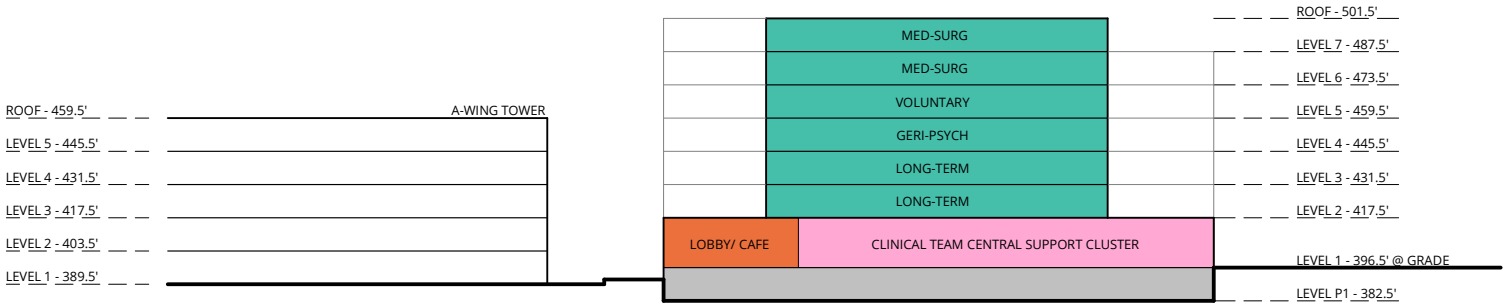


LEVELS 6-7 24,600 SF*

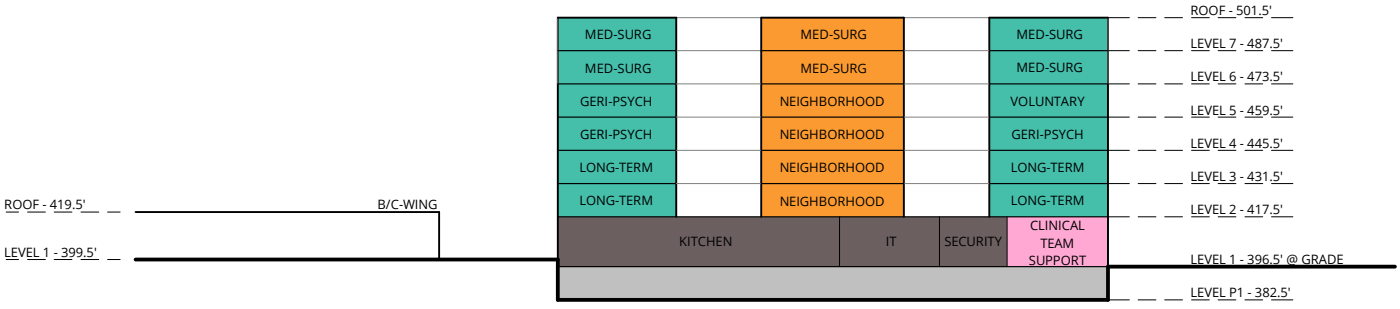
25-Bed Med-Surg:	14,434 sf*
Support:	9,322 sf*
MEP/Flr:	961 sf

* per/flr

MASSING SCHEME 02



EAST-WEST SECTION



NORTH-SOUTH SECTION

04 PREFERRED ALTERNATIVE - SITE 8

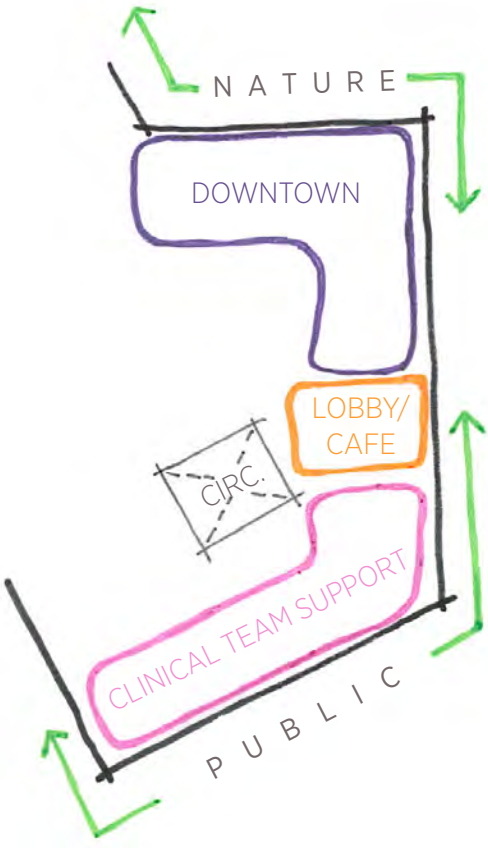
MASSING SCHEME 02

PROS

- Future flexibility: med-surg floor plate same as behavioral health plates
- Smaller 8-bed clusters
- Separated podium courtyards
- Downtown adjacent to ground level outdoor space

CONS

- Stacking challenge: med-surg floor plate same as behavioral health plates
- Difficult supervision configuration
- Med-surg layout not ideal
- Neuromodulation on an upper level



MASSING SCHEME 02

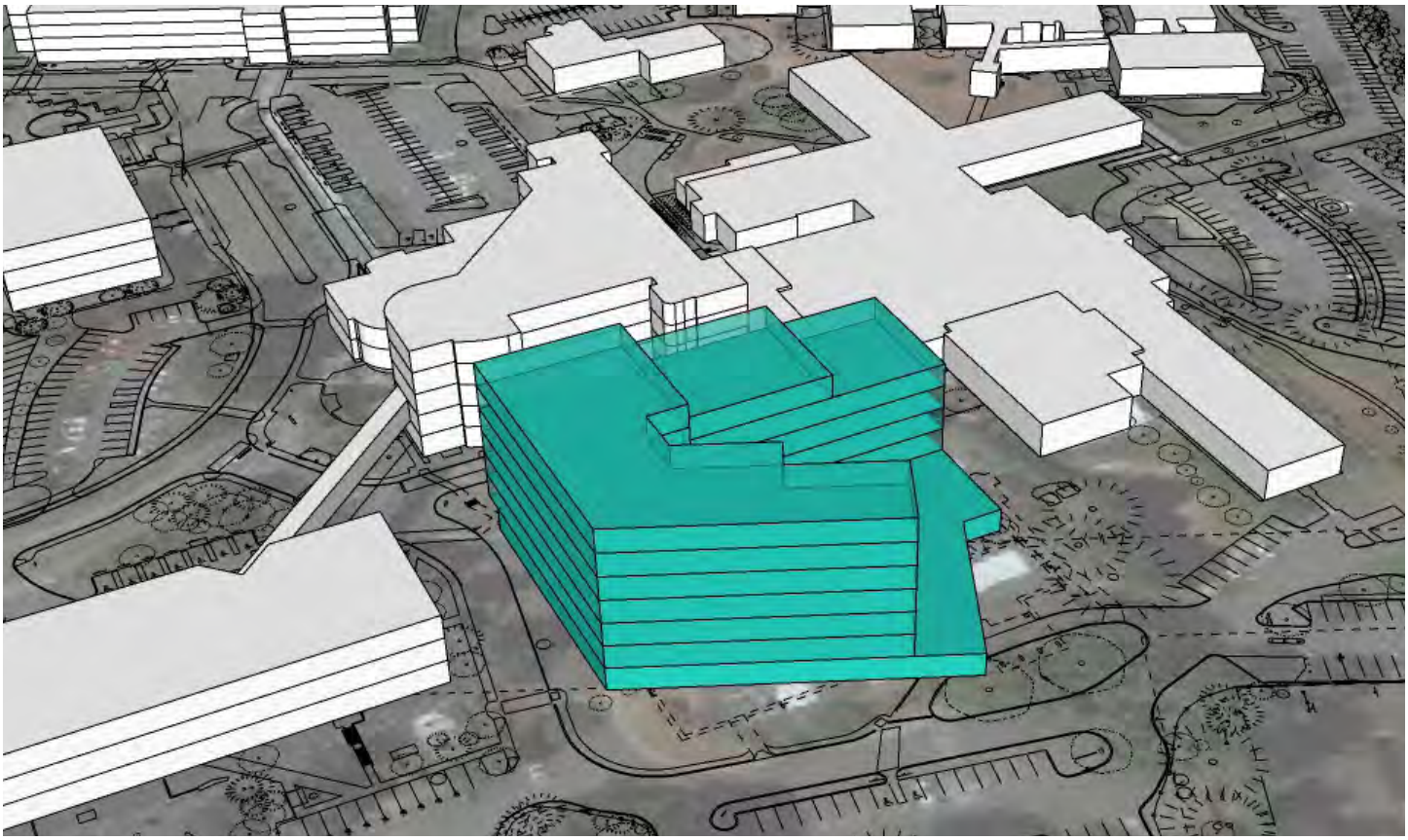
BEHAVIORAL HEALTH BEDS + SUPPORT	
Long Term 50 Beds:	19,070 sf
Close-In Therapy (Neighborhood):	8,010 sf
Care Admin/ Clinical Cluster:	14,600 sf
Geri 32 Beds:	16,274 sf
Close-In Therapy (Neighborhood):	4,150 sf
Care Admin/ Clinical Cluster:	8,108 sf
Voluntary 18 Beds:	8,282 sf
Close-In Therapy (Neighborhood):	4,413 sf
Care Admin/ Clinical Cluster:	6,780 sf
MED SURG BEDS + SUPPORT	
50 Beds:	28,867 sf
Support:	18,644 sf
PATIENT THERAPY/ACTIVITY (DOWNTOWN):	7,422 sf
TELEPSYCHIATRY:	2,484 sf
NEUROMODULATION:	6,770 sf
CLINICAL ADMIN:	3,284 sf
CLINICAL TEAM CENTRAL SUPPORT:	8,808 sf
PGME SUITE:	4,873 sf
LOBBY/ADMISSIONS:	4,540 sf
SECURITY:	1,129 sf
ON-CALL:	1,006 sf
LAB:	354 sf
KITCHEN:	11,840 sf (Full campus capacity)
IT:	1,767 sf
FACILITIES MGMT:	3,521 sf
MECH/ELEC:	5,759 SF (@ L1) 4,840 SF (691 sf/flr)
BUILDING:	**209,800 SF**
MECH (3.5% of GFA exempt):	7,343 sf
BELOW GRADE (exempt):	TBD
ROOF:	9,680 sf (Mech)
ON/OFF CAMPUS - NOT IN BUILDING:	
DINING:	Existing dining converted to grab & go
PHARMACY:	Expand existing campus pharmacy
INTENSIVE OUTPATIENT PROGRAM	
TOTAL CHARGEABLE BUILDING SF:	**202,457 sf**

04 PREFERRED ALTERNATIVE - SITE 8

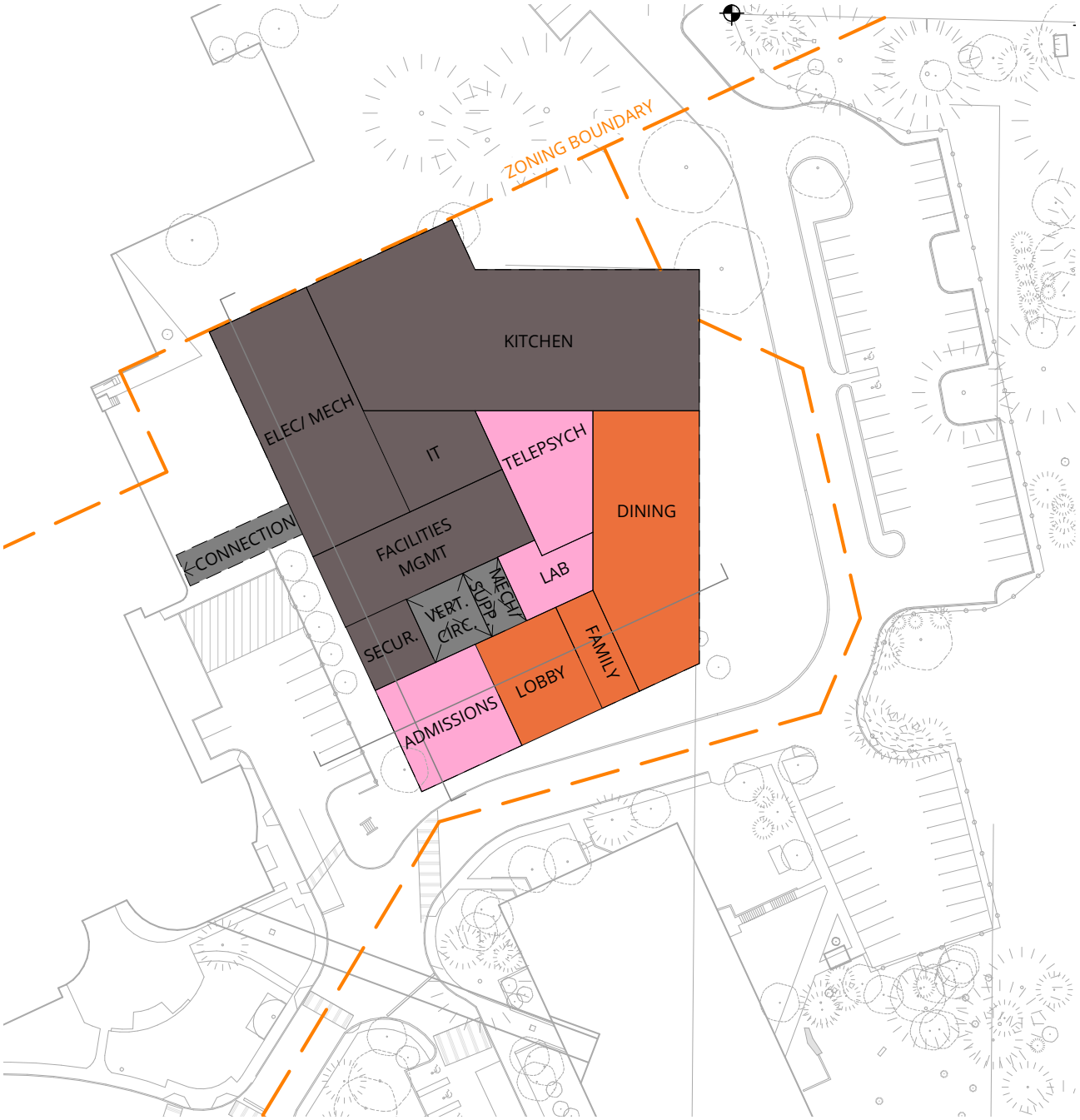
MASSING SCHEME 03

KEY FEATURES:

- Dining/Kitchen Scheme C - Full new dining/kitchen for entire campus in new BHTF tower
- Pharmacy Scheme C - New UW Centralized Pharmacy off-campus
- 12-bed clusters



MASSING SCHEME 03

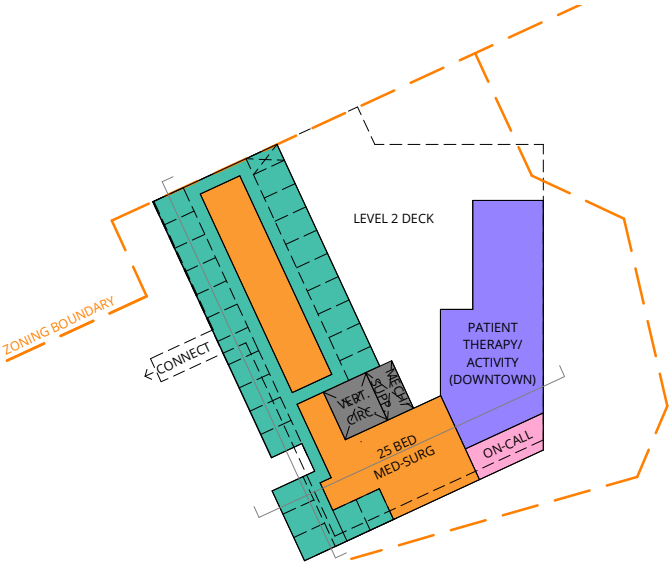


SITE PLAN

LEVEL 1 - 42,000 SF

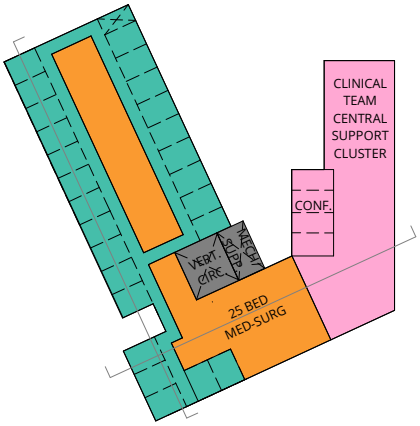
04 PREFERRED ALTERNATIVE - SITE 8

MASSING SCHEME 03



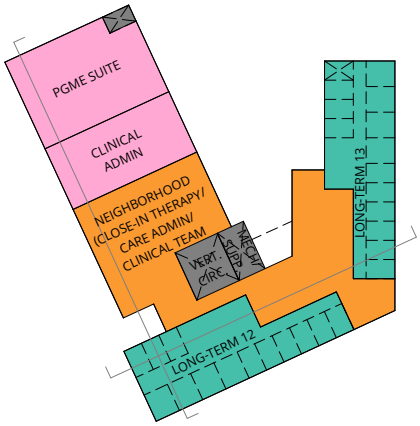
LEVEL 2 31,300 SF

25-Bed Med-Surg:	14,434 sf
Support:	9,322 sf
Patient Therapy/ Activity (Downtown):	7,422 sf
On-Call:	1,006 sf
MEP/Flr:	961 sf



LEVEL 3 31,300 SF

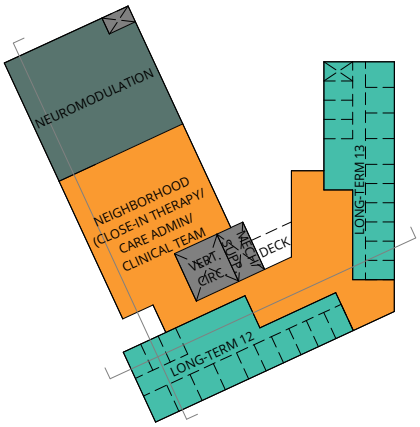
25-Bed Med-Surg:	14,434 sf
Support:	9,322 sf
Clinical Team Central Support Cluster:	8,808 sf
MEP/Flr:	961 sf



LEVEL 4 31,300 SF

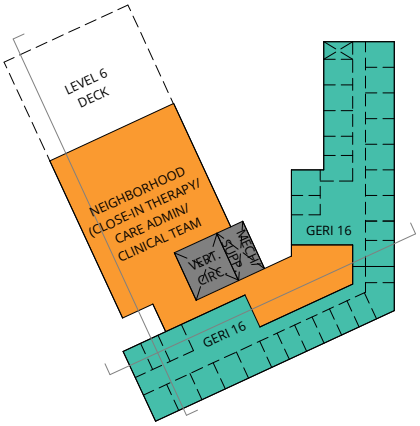
(2) Long-term Bed Clusters (25 Beds):	9,535 sf
Close-In Therapy (Neighborhood):	4,005 sf
Care Admin/ Clinical Team:	6,088 sf
PGME Workroom	1212 sf
PGME Suite:	4,873 sf
Clinical Admin:	3,011 sf
MEP/Flr:	691 sf

MASSING SCHEME 03



LEVEL 5 31,300 SF

(2) Long-term Bed Clusters (25 Beds):	9,535 sf
Close-In Therapy (Neighborhood):	4,005 sf
Care Admin/ Clinical Team:	6,088 sf
PGME Workroom	1212 sf
Neuromodulation:	6,770 sf
MEP/Flr:	691 sf



LEVEL 6 25,500 SF

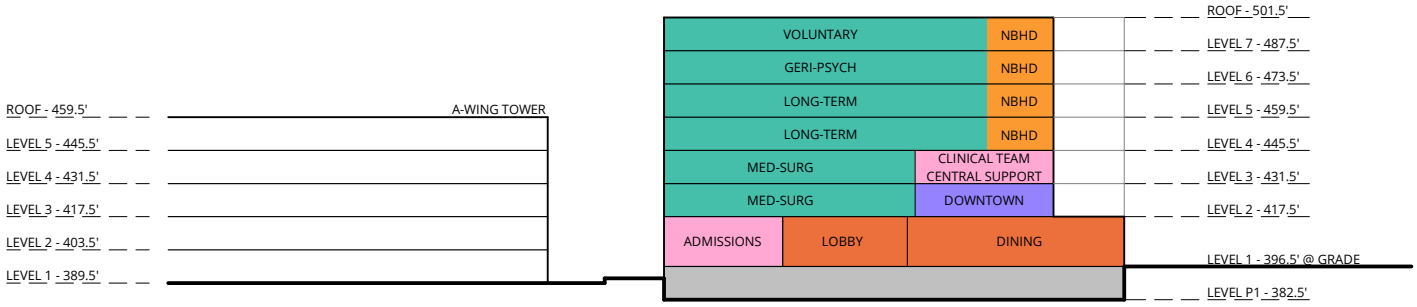
(2) Geri Bed Clusters (32 Beds):	8,281 sf
Close-In Therapy (Neighborhood):	4,413 sf
Care Admin/ Clinical Team:	5,568 sf
PGME Workroom	1212 sf
MEP/Flr:	691 sf

LEVEL 7 18,300 SF

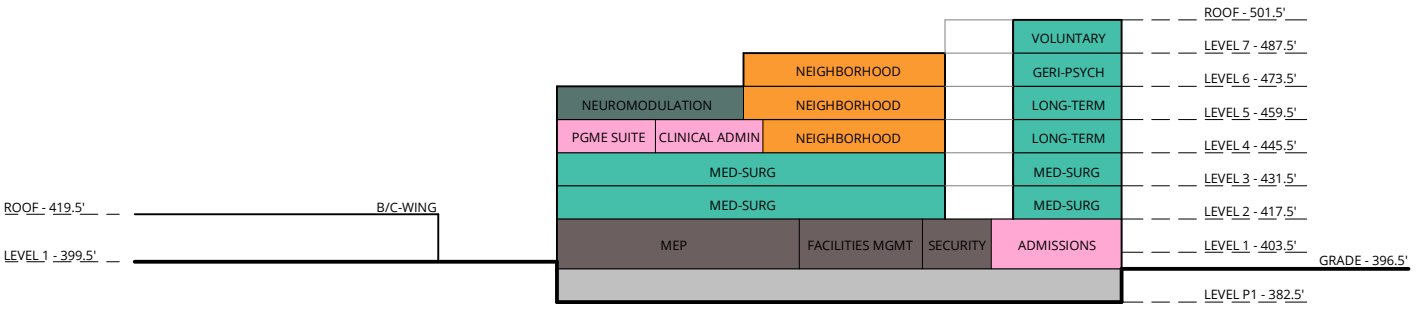
(2) Voluntary Bed Clusters (18 Beds):	6,336 sf
Close-In Therapy (Neighborhood):	4,150 sf
Care Admin/ Clinical Team:	4,800 sf
PGME Workroom	1212 sf
MEP/Flr:	961 sf

04 PREFERRED ALTERNATIVE - SITE 8

MASSING SCHEME 03



EAST-WEST SECTION



NORTH-SOUTH SECTION

MASSING SCHEME 03

PROS

- Large podium level outdoor space
- Dining adjacent to ground level outdoor area
- Terraced balconies at every patient level
- Med-surg on main hospital tower side
- Downtown at podium level

CONS

- No patient ground level outdoor space
- North side courtyard space
- Points of connection to main hospital a challenge

04 PREFERRED ALTERNATIVE - SITE 8

MASSING SCHEME 03

BEHAVIORAL HEALTH BEDS + SUPPORT	
Long Term 50 Beds:	19,070 sf
Close-In Therapy (Neighborhood):	8,010 sf
Care Admin/ Clinical Cluster:	14,600 sf
Geri 32 Beds:	8,281 sf
Close-In Therapy (Neighborhood):	4,413 sf
Care Admin/ Clinical Cluster:	6,780 sf
Voluntary 18 Beds:	6,336 sf
Close-In Therapy (Neighborhood):	4,150 sf
Care Admin/ Clinical Cluster:	6,012 sf
MED SURG BEDS + SUPPORT	
50 Beds:	28,867 sf
Support:	18,644 sf
PATIENT THERAPY/ACTIVITY (DOWNTOWN):	7,422 sf
TELEPSYCHIATRY:	2,484 sf
NEUROMODULATION:	6,770 sf
CLINICAL ADMIN:	3,284 sf
CLINICAL TEAM CENTRAL SUPPORT:	8,808 sf
PGME SUITE:	4,873 sf
LOBBY/ADMISSIONS:	4,540 sf
SECURITY:	1,129 sf
ON-CALL:	1,006 sf
LAB:	354 sf
KITCHEN:	11,840 sf (Full campus capacity)
DINING:	5,515 sf (Full campus capacity)
IT:	1,767 sf
FACILITIES MGMT:	3,521 sf
MECH/ELEC:	5,759 SF (@ L1) 4,840 SF (691 sf/flr)
BUILDING:	**211,000 SF**
MECH (3.5% of GFA exempt):	7,385 sf
BELOW GRADE (exempt):	TBD
ROOF:	9,680 sf (Mech)
ON/OFF CAMPUS - NOT IN BUILDING:	
PHARMACY:	Centralized UW Pharmacy
INTENSIVE OUTPATIENT PROGRAM	TBD
TOTAL CHARGEABLE BUILDING SF:	**203,615 SF**

CONSTRUCTION LOGISTICS

See below for site logistics considerations for the preferred Site 8 D-Wing. In Appendix I, we compare three possible site logistics plans (Options A, B and C) which vary regarding their advantages and challenges – the bullet points below are based on Construction Logistics Option A. Based on our analysis, Option A is the preferred strategy; however, please note that approval of this Logistics plan is contingent on SEPA review and approval to create a temporary construction entrance at the east end of 120th Street and to open the existing West entrance to visitor traffic for access to the northeast "Totem" lot. As illustrated in Appendix I, Option A provides the most separation between construction activities and the campus users and neighbors – minimizing challenges to site safety and campus operations while accommodating schedule and budget goals.

SITE 8 ADVANTAGES

Advantages for surrounding neighborhood - During Construction (Option A):

- Location & geography of D-Wing site offers noise & site line buffers from nearby residents & hospital staff/patients.
- Location & geography of D-Wing site reduces potential issues with air quality & airborne particulates and facilitates management & controlling these potential issues.
- Parking is being looked at as off-campus with a radial buffer to eliminate "competition" with residents & hospital stakeholders for spaces.

Advantages for surrounding neighborhood - Ongoing (All Options):

- Because of the setbacks required by the MIMP and because of the mature trees on site - a strong visual and physical buffer exists between the site 8 D-Wing site and the surrounding neighborhood, minimizing any ongoing, post-construction impacts.

Advantages for surrounding and existing development with construction lay-down areas and construction phasing (Option A):

Please refer to Appendix I for Construction Logistics Plans

- Eliminate construction traffic through Hospital main entrance & surface parking access roads.
- Minimizes construction related congestion on campus & N. 115th street preserving staff & patient mobility.
- Eliminates previously-identified issues with 13' pedestrian bridge & large deliveries.
- Eliminates potential congestion @ Emergency Dept. entrance & parking.
- Minimizes hospital staff, patient & construction activity interactions.
- Allows greater access & free flow for high volume & large deliveries.
- Surface parking areas provide sufficient space for construction trailers & Union required dry areas for crafts people.
- Surface parking areas adjacent to D-Wing provide abundant & free flowing areas to stage & manage deliveries along with material/equipment storage.
- Staging on-site, adjacent to construction area provides more efficient & economical material handling & install versus remote staging & double handling deliveries.
- Location of D-Wing site reduces exposure to facility air handling equipment & air intake systems.
- Location & geography of D-Wing site provides greater separation of construction activities & hospital operations, staff, & patients.
- Location of D-Wing site greatly reduces the need to preserve access to critical infrastructure & utilities.
- Location of D-Wing site & access reduces potential choke points @ drop off/pickup points IE: Child Care Center, Main Hospital entrance.
- Based on feedback from arborist, the Construction Logistics for Site 8 D-Wing are designed to preserve and protect exceptional trees on-site during construction activities.

CONSTRUCTION LOGISTICS

SITE 8 CHALLENGES AND PROPOSED MITIGATION STRATEGIES

Potential challenges with surrounding neighborhood - During Construction (Option A):

- Potential to create congestion with residential traffic at peak times (for example: early morning commuters & school busing)
  - Mitigation Strategies:
    - Schedule high volume & large deliveries off peak hours
    - Community outreach and close coordination with Standing Advisory Committee
    - Establish trucking/delivery routes at start of project that minimize travel on residential streets

- Potential elevated noise impacts with construction traffic
  - Mitigation Strategies:
    - Restricted work hours 7am to 5:30 PM
    - Use broadband back-up alarms and other noise-reducing technologies
    - Maintain a NW Hospital community relations program (for example: Bulletins/Newsletters to community/neighbors) for scheduled noisy work & weekend work

- Potential issues with track-out from construction traffic leaving site
  - Mitigatation Strategies:
    - Engineered controls (for example: on-site wheel wash & street sweeping)

- Potential issues with Storm Water and Air Quality, including site water run-off & airborne particulates/dust
  - Mitigation Strategies:
    - Engineered controls (for example: Utilize Tier 4 equipment and dust control using wet methods & dust fabric on perimeter site fence)
    - Enforce Storm Water Pollution Prevention Plan (SWPPP) compliant controls at site perimeter

Potential challenges with surrounding neighborhood - Ongoing (All Options):

- Due to the expansion of campus operations and added beds at the UWMC Northwest Campus, the surrounding neighborhood may experience a slight increase in traffic to the site.
  - Mitigation Strategies:
    - Consider including community spaces in design to garner support
    - Provide community outreach and education regarding the new facility
    - City of Seattle required Street Improvements at site perimeter

Potential challenges with surrounding and existing development with construction lay-down areas and construction phasing (Option A):

Please refer to Appendix I for Construction Logistics Plans

- Need to protect existing AHUs & air intakes during construction
  - Mitigation Strategies:
    - Identify existing equipment & air intake louvers on campus. Build temporary enclosures with construction filters at all areas of exposure.
- Need to preserve/maintain access to critical infrastructure.
  - Mitigation Strategies:
    - Identify infrastructure on logistics plans to allow free access to facility vendors, suppliers, & utility providers.
- Need to preserve exceptional trees on campus
  - Mitigate in close collaboration with arborist to protect exceptional trees through recommended means.

PARKING STUDY

The following parking analysis was prepared to understand the existing parking conditions and forecast potential parking conditions with removal of D-Wing and the addition of the BHTF. The analysis shows that parking is anticipated to be available but potentially more difficult to find and not always in the lot one may choose today. Parking needs and simultaneously reducing parking demand for the campus Transportation Management Plan will need to be considered in the future. The opening of the Northgate Link Station is anticipated to assist with lowering parking demand.

MEMORANDUM

Date:	November 18, 2019	**TG:**	1.19212.00
To:	Julie Blakeslee, University of Washington		
From:	Mike Swenson, P.E., PTOE – Transpo Group Francesca Liburdy – Transpo Group		
Subject:	UW Behavioral Health Teaching Facility Parking Summary		

This memorandum summarizes the existing and anticipated parking demand and utilization for the UW Behavioral Health Teaching Facility planned on the Northwest Hospital campus in Seattle.

Project Description

The proposed UW Behavioral Health Teaching Facility would be located on the Northwest Hospital campus in North Seattle. The facility is anticipated to include between 200,000 gross square feet (gsf) and 210,000 gsf of building area and remove approximately 38,000 sf for a net new increase of 162,000 sf on campus. To provide a conservative analysis, the future results are presented for the maximum development potential. No additional parking is anticipated to be provided with the expansion. Figure 1 displays a preliminary proposed site plan.

Figure 1 Preliminary Site Plan

The following section summarizes the September 2019 parking data collection and analysis, including existing parking supply, demand, and utilization. In addition, the anticipated parking demand and utilization with the proposed project is also evaluated.

Parking Supply

Existing

The Northwest Hospital campus includes a total existing parking supply of 1,618 total stalls across 16 surface lots and one multi-level above grade garage. Of these stalls, 123 are designated for

PARKING STUDY (CONT.)

ADA use. The parking supply was confirmed through site counts conducted in September 2019 at the lots shown in Figure 2.

Figure 2 Parking Data Collection Area

As shown in Figure 2, Lot C is designated as overflow parking for the Emergency Department and Lot D includes both permit parking and physician parking only areas. Lot L is divided into general parking and designated parking for the Proton Therapy Center. In addition, the ground floor of the parking garage is open to visitor and patient parking, while the top floors are reserved for employee and physician parking.

Future

With the addition of the UW Behavioral Health Teaching Facility, no additional parking or reduction in parking is proposed. The future parking supply of 1,618 stalls is consistent with existing supply counts.

Parking Demand

Existing

Existing parking demand for the Northwest Hospital campus was evaluated hourly during 3 midweek days in September 2019 between 8:00 a.m. and 3:00 p.m. These hours were identified based on 24-hour counts at the two campus site accesses on N 115th Street.

The existing 3-day average peak parking demand occurred during the 12:00 p.m. hour with an overall demand of 1,211 vehicles across all campus lots shown in Figure 2. Based on the existing total campus size of 581,834 sf, the peak parking demand rate of 2.08 vehicles per 1,000 sf was identified for the 12:00 p.m. hour.

PARKING STUDY (CONT.)

Future

Using the existing parking demand rate identified above, the proposed development of an additional 162,000 sf results in an additional peak parking demand of 337 vehicles for the 12:00 p.m. hour. Combining this anticipated demand with the existing peak parking demand of 1,211 vehicles results in a total future peak parking demand of 1,548 vehicles during the 12:00 p.m. hour.

Parking Utilization Study

A parking utilization study was conducted to determine the availability of parking and occupancy at the individual Northwest Hospital lots and on campus overall. Hourly midweek parking demand between 8:00 a.m. and 3:00 p.m. was compared with the observed parking supply to determine utilization and occupancy. A summary of hourly parking utilization for each lot is shown in Figure 3.

Lot Number	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM
LOT A	43%	74%	81%	84%	78%	76%	86%	80%
LOT B	33%	49%	88%	91%	81%	83%	77%	78%
LOT C	63%	73%	82%	92%	94%	84%	82%	88%
LOT D1	48%	74%	71%	81%	69%	81%	83%	77%
LOT D2	27%	54%	67%	54%	50%	52%	63%	58%
LOT E	62%	78%	75%	78%	78%	77%	64%	57%
LOT F	67%	78%	85%	91%	90%	88%	81%	76%
LOT G	41%	48%	51%	51%	52%	61%	57%	33%
LOT H	48%	65%	79%	79%	81%	81%	78%	74%
LOT I	51%	56%	64%	63%	61%	63%	60%	55%
LOT J	13%	28%	67%	64%	42%	47%	53%	47%
LOT K	75%	90%	90%	90%	92%	92%	89%	93%
LOT L1	66%	76%	88%	86%	85%	92%	95%	89%
LOT L2	32%	50%	60%	68%	65%	68%	77%	68%
LOT M	56%	93%	94%	93%	90%	82%	87%	85%
GROUND FLOOR	45%	57%	65%	66%	60%	60%	58%	55%
TOP FLOORS	58%	64%	68%	69%	76%	70%	63%	66%
ER LOT	38%	44%	56%	58%	62%	62%	69%	69%
Total	**54%**	**66%**	**72%**	**73%**	**75%**	**72%**	**69%**	**67%**

Figure 3 Midweek 3-Day Average Existing Parking Utilization Summary

As shown in Figure 3, parking utilization for the site peaks at 12:00 p.m. with 75 percent of the total campus parking supply occupied. Lots D (permit parking), G, I, J, and the parking garage are observed to have the most availability throughout the day while Lots A, B, F, K, L, and M are consistently at approximately 80 to 90 percent occupied. A summary of the total campus-wide existing parking utilization throughout the day is shown on Figure 4.

PARKING STUDY (CONT.)

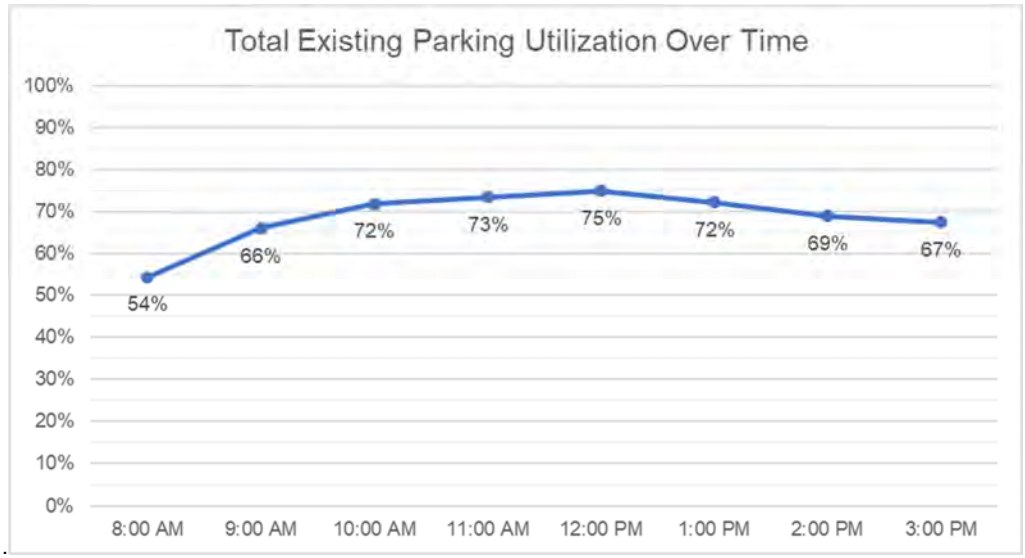


Figure 4 Total Campus Existing Parking Utilization Over Time

As shown in Figure 4, the total existing parking utilization ranges from 54 percent to 75 percent and peaks during the 12:00 p.m. hour.

To estimate the campus-wide hourly parking utilization with the addition of the Behavioral Health Teaching Facility, the peak anticipated demand was calculated for each hour based on the hourly existing demand. A summary of the estimated hourly future parking demand is summarized in Table 1.

Table 1. Future Estimated Hourly Parking Demand

Time	Existing Parking Demand (3-Day Average)	Existing Parking Demand Rate (veh/1,000 sf)	Proposed Additional Demand (veh)	Total Future With-Project Demand (veh)	Future Utilization
8:00 AM	878 vehicles	1.51	260 vehicles	1,138 vehicles	70%
9:00 AM	1,068 vehicles	1.84	316 vehicles	1,384 vehicles	86%
10:00 AM	1,162 vehicles	2.00	344 vehicles	1,506 vehicles	93%
11:00 AM	1,188 vehicles	2.04	351 vehicles	1,539 vehicles	95%
12:00 PM	1,211 vehicles	2.08	358 vehicles	1,569 vehicles	97%
1:00 PM	1,168 vehicles	2.01	346 vehicles	1,514 vehicles	94%
2:00 PM	1,115 vehicles	1.92	330 vehicles	1,445 vehicles	89%
3:00 PM	1,091 vehicles	1.87	322 vehicles	1,413 vehicles	87%

As shown in Table 1, with the 210,000 sf development of the project, the site utilization is anticipated to increase to 97% during the mid-day peak period. A summary of the total anticipated future utilization is shown in Figure 5.

PARKING STUDY (CONT.)

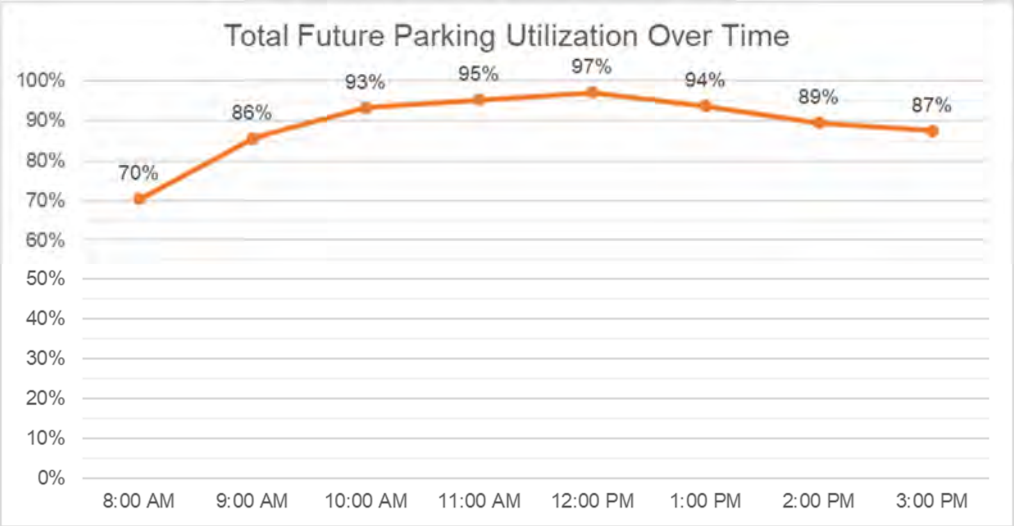


Figure 5 Total Future Parking Utilization Over Time

As shown in Table 1 and Figure 5, the total future parking utilization with the addition of the Behavioral Health Teaching Facility is anticipated to peak at 97 percent during the 12:00 p.m. hour. The anticipated future peak parking demand could be accommodated by the existing parking supply with no additional parking proposed with the project.

CODES AND REGULATIONS

The new facility will comply with all adopted/amended City of Seattle and Washington State codes and regulations including:

Model Codes/Standards

- 2015 Seattle Building Code
- Seattle Municipal Code
- 2015 Seattle Energy Code
- 2015 Seattle Fire Code, with 2017 Seattle Fire Code Amendments
- 2017 Seattle Electrical Code
- 2015 Seattle Plumbing Code
- 2015 Seattle Fuel Gas Code
- SDOT Right of Way Improvements Manual
- 2016 Stormwater Code / 2016 City of Seattle Stormwater Manual
- Director's Rule 16-2008 Designation of Exceptional Trees
- Director's Rule 4-2018 Early Community Outreach for Design Review (for Trees)
- ASCE 7-10 Minimum Design Loads for Buildings and Other Structures
- NFPA 99, 101
- FGI Guidelines, 2014 (2018 if adopted)

SDCI has started the process of adopting the 2018 Seattle Construction Codes that will go into effect July 1, 2020.

UW/UWMC

- University of Washington Design and Construction Standards
- Northwest Hospital Final Adopted Master Plan
- University of Washington Urban Forest Management Plan

Sustainability

- UW Green Building Standards
  - LEED Gold
  - 50% Water Reduction
  - 15% Energy Use Reduction
  - Sustainability goals will be refined in the Project Definition phase. Ability to meet sustainability goals are dependent upon meeting regulatory standards and requirements for programmatic functions.

EIS Addendum

The University, as SEPA Lead Agency, is currently preparing an addendum to the Northwest Hospital Major Institution Master Plan Final EIS. The proposed project is consistent with the Master Plan and within the development standards set forth (e.g. square footage, height limits, building setbacks). Because of this the project is consistent with impact analysis conducted in the EIS at the time of Master Plan adoption. The addendum will update background conditions that are thought to have changed (e.g. traffic) since publication of the EIS and provide any additional technical analysis conducted as part of the project for information purposes. At this time, effects due to the project are anticipated to be consistent with and previously analyzed in the EIS. The addendum is anticipated to be complete in February/March.

OTHER SIGNIFICANT STATE POLICIES

The UW Medicine BHTF will comply with and/or support important state policies on growth management, energy conservation and the environment.

CLEAN AIR ACT OF 1991

The University of Washington's response to the Clean Air Act of 1991 is illustrated on a campus wide basis by capital improvements to the existing power plant and the University's U-Pass program, which has resulted in a campus wide reduction in the number of single occupancy vehicle commuters. Measures to encourage commuting by non-automobiles are incorporated in each capital project through such measures as provisions for bicycle racks and safety improvements. Design standards for emissions and indoor air quality will be implemented in the building design stages as part of a comprehensive LEED strategy.

GROWTH MANAGEMENT ACT OF 1990

The Growth Strategies legislation requires state agencies to comply with local land use regulations adopted pursuant to the Growth Management Act, which the University of Washington and UWMC - Northwest Campus acknowledges through the development of the Campus Master Plan.

GOVERNOR'S EXECUTIVE ORDER FOR 90-94 FOR PROTECTION OF WETLANDS

The University has surveyed the wetland areas on campus as required by the Growth Management Act and Governor's Executive Order. Surveys were prepared for use during capital project planning to ensure that wetland resources remain protected. No wetlands or other environmentally sensitive areas will be affected by this project.

GOVERNOR'S EXECUTIVE ORDER 05-05 ARCHAEOLOGICAL AND CULTURAL RESOURCES

The University will comply with requirements of the Governor's Executive Order and consult with the Department of Archaeology and Historic Preservation (DAHP) to review the project as required for state funded projects. An architectural historian review was prepared for D-Wing and did not meet criteria for historic designation.

CLEAN WATER ACT

The University is incorporating storm water, drainage and erosion control plan requirements into its construction documents for all major capital projects. National Pollution Discharge Elimination System (NPDES) permit requirements will be implemented through the installation and maintenance of drainage utility systems for each capital project.

HAZARDOUS SUBSTANCES

Prior to occupancy, the University prepares an inventory of all hazardous substances to be utilized in the facility; a chemical hygiene plan is prepared for all employees.

STATE ENVIRONMENTAL POLICY ACT (SEPA)

As the Lead Agency, the University of Washington will ensure compliance with the State Environmental Policy Act RCW 34.21C, WAC 197-11 and WAC 478 for all capital projects.

SUSTAINABLE DESIGN

Effective July 24, 2005, Washington State Senate Bill 5509 requires major facility projects for all state agencies, institutions of higher education, and other entities receiving state funding to meet at least the LEED Silver Standard in design, construction, maintenance, and commissioning to the extent appropriate.

CHAPTER 39.35 RCW ENERGY CONSERVATION IN DESIGN OF PUBLIC FACILITIES

In conformance with this statute, during the design phase of the proposed project, reviews and studies conforming to the guidelines developed in RCW 39.35.050 will be prepared.

AMERICAN DISABILITIES ACT IMPLEMENTATION (EXECUTIVE ORDER 96-04)

The University will comply with or exceed requirements of the American Disabilities Act Implementation.

ENABLING PROJECTS & EARLY WORK PACKAGES

In the interest of achieving the project schedule, the University intends to use portions of the $33,250,000 funding allocations on construction activities for enabling projects and early work packages. The goal is to complete all enabling work prior to start of construction in July 2021. These scopes of work are outlined below, including the elements needing further definition and their associated risks.

Please reference Appendix J for further detail for each ROM estimate provided below.

ENABLING PROJECTS

MEDICAL ARTS BUILDING TENANT IMPROVEMENTS AND RELOCATION FROM D-WING (MAB TI)

The demolition of the existing D-Wing building on Site 8 to accommodate the BHTF would result in the displacement and relocation of existing uses and staff to other portions of the UWMC - Northwest Campus and the UWMC - Montlake Campus, including: administrative uses associated with the Executive Team, HIM, Nursing Administration, Care Management, , IT Network and Storage, Inpatient Hospitalists, RIS/PACS, Risk Management, QI, Ambulatory, IV Team, Respiratory Therapy, Infectious Disease Clinic and several all campus conference rooms. The base ROM estimate for this scope of work is $3.9M. We have also identified two risks that may increase cost and extend the schedule:

#1 MAB TI HVAC UNIT REPLACEMENT

The current HVAC unit for the existing Medical Arts Building requires further investigation to determine if it can provide sufficient service for the increased occupant within the MAB. The ROM estimate for replacement is S1.3M

#2 MAB TI FULL SUBSTANTIAL ALTERATION

There is a possibility that the extent of renovation anticipated may trigger a “Substantial Alteration” by the Seattle Department of Construction and Inspections (SDCI). If this project is ruled as a substantial alteration, it will require significant upgrades to the existing building with regards to current Energy Code, Seismic Code and Building Code standards. The BHTF team is working to explore alternative designs and is meeting with SDCI to better understand the threshold for substantial alterations. Costs to upgrade the building to existing codes could cost at least $4M and would extend the project schedule.

MODULAR DATA CENTER

The Modular Data Center will replace the existing data facilities for the UWMC - Northwest Campus, currently located in D-Wing. A location on the NE corner of the B/C Wing has been identified where a new structural slab will be installed. Power and data will be routed through the existing utilidor in the B/C Wing to this slab to service the new Data Center. The location of the Data Center will maintain all existing parking spaces and sidewalks. The ROM estimate is $550K.

EARLY WORK PACKAGES

UTILITY RELOCATION

Please reference Appendix I for Exhibit B2 “Existing Utility/Future Building Conflicts”. There are numerous underground site utilities - including water, sewer, data and electrical - that feed the existing Administration Building at Site 8 - D-Wing or run across or adjacent to the site. Prior to start of excavation for the new Behavioral Health Teaching Facility, these existing utilities will need to be terminated or re-routed. Additionally, any additional utility feeds required to service the new building will need to

ENABLING PROJECTS & EARLY WORK PACKAGES (CONT.)

be in-place at the building perimeter prior to excavation to avoid costly re-work required to install after-the-fact. This is complex, time-intensive work that will need to be completed as enabling work - prior to start of construction - in order to meet current schedule goals (as reflected in the schedule comparison included in Appendix I). The ROM estimate is $625K.

D-WING ABATEMENT

In order to prepare Site 8 - D Wing for construction, the existing building must be demolished. The "Regulated Building Materials Assessment Report" prepared by AECOM reports that this building may include hazardous materials, such as asbestos. Clark|Abbott recommends further analysis to determine the extent of abatement required and is working with AECOM and the BHTF team to complete this analysis. This analysis will inform a more precise assessment of the cost and schedule effects of abating D-Wing. Based on the extent of the existing hazardous materials, Clark|Abbott must abate the materials from the building prior to demolition in order to protect construction workers, site users and the public from exposure. Similar to the utility work, the time-intensive nature of abatement would require this work to be completed prior to start of Construction in July 2021 in order to meet a project completion by June of 2023 (as reflected in the schedule comparison included in Appendix I). The ROM estimate is still to be determined.

D-WING DEMOLITION

Demolishing the existing D-Wing structure after it is abated will require a significant haul-off effort for the waste materials. This includes a significant trucking operation to remove materials from the site. Out of consideration for the surrounding community, Clark|Abbott will schedule with work to mitigate the potential effect to the greatest extent possible, which may require a longer operation. For this reason, the current schedule goal of June 2023 is facilitated by completing this work prior to the July 2021 start-of-construction (as reflected in the schedule comparison included in Appendix I). The ROM estimate is $870K.

TRANSITION TO OCCUPANCY

Transition to Occupancy (T2O) is a program in progress made of new practices, processes and technology. The current state of scope of services are listed below. The T2O goal is to deliver project (facility or renovation) per the agreement (business plan), while maximizing value for customer end users and securing a stabilized-sustainable transition to occupancy, operations and maintenance. T2O work optimizes the UW built environment — its space, information & facility assets.

Our contracted partnered teams perform NEW and expanded services:

- Facility data requirements for import into UW computerized maintenance management system (specification 01 78 23.11)
- Operations and maintenance data includes UW O&M framework and upload process (specification 01 78 23)
- Demonstration and training (specification 01 79 00)
- Commissioning processes including fire life safety (specification 01 91 00)
- Building envelope commissioning process requirements per NIBS/LEED (specification 01 91 19)
- Transition services — Project specific statements of work to support stabilized occupancies and the list of enablement services, for example preventative maintenance planning, standard operating procedure development, tasking and scheduling, asset roles & responsibility matrix, and energy optimization strategy development

Our in-house Project Delivery Group collaborates on:

- Warranty administration CM is first point contact through 1st year w/ service
- Integrated monthly issue management meetings with Campus Ops and Facility Maintenance & Construction
- Issues capturing and management — logging tracking and resolving problems during facility start up and run in — collaborative, web-based approach
- Conduct T2O huddles in the first year of occupancy — ensuring knowledge transfer for occupants stakeholders, operators and maintainers
- Chairing post-construction conferences — capturing and documenting lessons learned and knowledge gained in the project execution experience
- Best practices — CM/PM road map manual or user guide to optimize the transition

We work toward a future state where:

- The Design, Construction, Transition process provides Operations & Maintenance cost analysis to identifies existing gaps, staffing levels, returns on investment along with life-cycle information
- Develop a service and mindset that integrates operational issues into capital project planning and design
- Develop our integrated teams to deliver occupant, operations and performance manuals (including detailed model staffing plans based on dominant sites specific asset information)
- Develop UW BIM execution guidelines — performance based rules of engagement for project teams covering many of the elements above — articulating goals, actions, use cases for optimal Information and data outcomes (BIM/FM/GIS/CAD/Regulated and Hazmat)
- Building a warranty management system

PROJECT DELIVERY METHOD

The University is utilizing the Design-Build alternative public works contracting procedure authorized under chapter 39.10 RCW. This project delivery method is appropriate for this project because it meets the following criteria listed in RCW 39.10.300:

(a) The construction activities are highly specialized and a design-build approach is critical in developing the construction methodology;

(b) The project provides opportunity for greater innovation or efficiencies between the designer and the builder; and

(c) Significant savings in project delivery time would be realized.

PROJECT GOVERNANCE

We have established a project governance structure to ensure sound decisions are made in a timely fashion throughout the course of the project. See Project Governance & Organizational Chart in Appendix E for specific project details. The project governance structure will includes the following teams.

- **Responsible Party** – Ensures at a high level that all institutional objectives are met.
- **Project Executive Committee** – All major project decisions, recommendations and trade-offs within the established parameters of the project (site, budget, schedule, financing) will be made by the Project Executive Committee, a small, high-level committee representing broad university perspectives as well as a project-specific views.
- **Project Management Team (PMT)** – Day-to-day project management decisions, such as change order reviews, and minor design changes, will be made by the Project Management Team, consisting of project managers and directors from the University, the architecture firm, and the construction management company. These decisions must be within established project parameters. This team will meet at least weekly throughout the delivery of the project.
- **Senior Management Team (SMT)** – A separate team consisting of principals from the architecture firm and construction management company will meet quarterly to ensure that the team is working and communicating effectively and is being supported appropriately.
- **Shell & Core Working Team** – This subgroup comprises the UW project manager, the project architect, the construction project manager, tenant representatives, the University Architect, Facilities Services representation, and subcontractors, and the team will be specifically focused on the design of the exterior shell and core of the building and its impact on the surrounding environment, as well as major shared common areas. This team will make recommendations to the PMT and the Project Executive Committee.
- **Programming & Fit-Out Working Team** – This subgroup comprises the UW project manager, the project architect, the construction project manager, and tenant representatives. This team will focus on defining the program and the design of the interior fit-out. This team will make recommendations to the PMT and the Project Executive Committee.
- **Mechanical, Engineering and Plumbing Working Team (MEP)** – This subgroup comprises the UW project manager, the project architect, the CM project manager, engineers, MEP subcontractors, and Facilities Services representation focused specifically on the MEP systems and will make recommendations to the PMT and Executive Project Team.

PROJECT GOVERNANCE (CONT.)

UNIVERSITY of WASHINGTON
UW Facilities

206927 Behavioral Health Teaching Hospital
Project Governance

Purpose: A good project governance structure is critical for making defensible and timely decisions that allow the project to move forward expeditiously. In a complicated organization like a university, this requires a variety of perspectives to ensure the best interest of the University are being served. An appropriate governance structure should balance the potential opportunity any new project represents with the long-term goals and realities of the institution. The governance structure is developed at the very beginning of the project and remains in place throughout the project. It is the project manager's responsibility to reinforce its role enabling the project to move forward. The governance structure includes the following individuals and entities:

Responsible Party – High level administrator responsible for ensuring that overall institutional objectives are met. This person is accountable for the overall success of the project. Monthly updates will be provided by the Executive Committee, including significant decisions. Any recommendations that may extend the project parameters must be made by the responsible party. Lisa Brandenburg, Chief Health System Officer, UW Medicine Health System will be the responsible party for this project, ensuring at a high level that all institutional objectives are met.

Project Executive Committee – All major project decisions, recommendations, and trade-offs within the established parameters of the project (site, budget, schedule, financing) will be made by the Project Executive Committee, a small, high-level committee representing broad University perspectives as well as project-specific views. This group may also engage in collaborative design sessions with the Project Management Team and the Project Work Teams. The Committee will meet on a monthly basis. This committee includes the following members:

- Lisa Brandenburg, Chief Health System Officer, UW Medicine Health System (Co-Chair)
- Michael McCormick, Assoc. Vice President, UW Facilities Asset Management (Co-Chair)
- Jacqueline Cabe, Chief Financial Officer, UW Medicine
- Maureen Broom, Enterprise Financial Officer, UW Medicine
- Jurgen Unutzer, Professor and Chair of Psychiatry and Behavioral Sciences
- Cynthia Hecker, UWMC/NWH Executive Director
- Pamela Renna, Senior Director, Business Development & Strategic Planning at UW Medicine / Northwest Hospital Seattle
- Steve Tatge, Executive Director, Project Delivery Group, UW Facilities
- University Architect - TBD

Advisory Groups

Boards: UW Medicine Advisory Committee, UWMC Board of Trustees– These groups represents the vision of the project and provides expert guidance about the medical, clinical and academic project goals and objectives. The Project Executive Committee will consult regularly with the Board of Directors and seek input regarding programmatic decisions for the facility.

PROJECT GOVERNANCE (CONT.)

UW MIMP Advisory Groups

- **Washington State Legislators** – Jurgen Unutzer, Professor and Chair of Psychology, will represent the Project Executive Committee in meetings with Frank Chopp, Washington House of Representative and stakeholders to keep them informed on the progress of the project and seek counsel and support to expedite the project.

- **UW Architectural Commission and University Landscape Advisory Committee (UWAC/ULAC)** – The project team will seek design guidance from UWAC/ULAC early in the design process to ensure design excellence in the public realm.

- **NW Hospital and Medical Center Standing Advisory Committee (SAC**) – The project team will consult with SAC on the siting of the building and the impact on the surrounding neighborhood.

Project Management Team (PMT) – Day-to-day project management decisions, such as change order reviews, and minor design changes, will be made by the Project Management Team, consisting of project managers from the UW Facilities, UW Medicine / Northwest Hospital Seattle, the architecture firm, and the construction management company. This team meet weekly throughout the delivery of the project, prepares for monthly reports for the Project Executive Committee and staffs the executive committee meetings.

- Jeannie Natta, Sr. Project Manager, Project Delivery Group
- Marty Francois, Director Design and Construction Management, University of Washington Medical Center
- Molly Wolf, Architect Project Manager, Ankrom Moisan Architects, Predesign and Planning
- Michael Rechnitz, Clark/Abbott Project Manager
- Ellen Mulvanny, Clark/Abbott Design Manager, Project Definition & Design Preconstruction
- Design Architect Project Manager to be determined

Senior Management Team (SMT) – A separate team consisting of principals from the architecture and construction company and the project director will meet quarterly to ensure that the design build team is working and communicating effectively and is being supported appropriately.

- Steve Tatge, Executive Director, Project Delivery Group, UW Facilities
- Michelle Reed, Executive Director Capital & Space Management, UW Facilities (Planning)
- Pam Renna, Senior Director, Business Development & Strategic Planning at UW Medicine / Northwest Hospital Seattle
- Brett Earnest Clark/Abbott Executive
- Troy Stedman, Clark/Abbott Executive
- Principal Architect to be determined

PROJECT GOVERNANCE (CONT.)

Project Working Teams – These subgroups focus on certain design aspects. These teams make recommendations to the PMT and the Project Executive Committee. Members of these teams include the UW project manager, the project architect, the construction project manager, consultant and trade partners, and University representatives with specific expertise to the design aspect. Members of these teams will also assist in identifying participants for focus groups to better inform the work of the teams. They will also integrate input from University process partners from UW Engineering Services, Environmental Health and Safety, Information Technology, Building Operations, UWPD, Health Sciences Administration, Transportation Services, Recycling and Waste Management, as well as other UW departments who will support the building operations. Project Work Teams may also involve the Executive Committee in collaborative design sessions.

Predesign / Planning Project Working Teams and Focus Groups

1. **Operations and Functional Program**

Clinical

- Ali Iqbal, MBA, Director of Finance and Administration, SOM: Psychiatry And Behavioral Sciences
- Heidi Combs, Associate Professor, SOM: Psychiatry
- Pamela Renna, Senior Director, Strategic Planning and Facilities NW Hospital/UW Medicine
- Anna Ratzliff, , Professor SOM: Psychiatry And Behavioral Sciences UWMC
- Jim Vollendroff, Director, Behavior Health Institute, HMC
- Ryan Kimmel (co-Chair), Associate Professor SOM: Psychiatry and Behavioral Sciences
- Carolyn Grant, Director Nurse Operations NW Hospital
- Jurgen Unutzer, Professor and Chair of Psychiatry SOM
- Rusty Genzel, Clinical Nurse Specialist, Emergency Department, UWMC
- Christine Larsen, Nurse Manager Patient Care Services, UWMC
- Keri Nasenbeny (Co-Chair), Associate Chief Nursing Officer, NWH/ UWMC
- Sue Thieler, Director UWMC - Administration
- Cynthia Hecker, Executive Director, UWMC/NWH
- Laura Quinnan-Hostein, MD, Medical Director, NW Hospital Inpatient Team
- Tim Meeks, Director of Program Operations Patient Care Services, UW Medicine – HMC
- Deb Cowley, Professor, SOM: Psychiatry And Behavioral Sciences UWMC
- Mark Snowden, MD, MPH, Associate Professor, SOM: Psychiatry And Behavioral Sciences
- Ty Lostutter, PhD, Assoc Professor, SOM: Psychiatry
- Golo Rani, Unit Manager GeroPsych, NW Hosptial
- Michele Bedard-Gilligan, Associate Professor SOM: Psychiatry, UWMC
- TBD: Psychiatry Section Chief, UWMC/NWH

PROJECT GOVERNANCE (CONT.)

2. Predesign / Land Use / Environmental Impact Statement (EIS)

- Jeannie Natta, Sr. Project Manager, Project Delivery Group
- Molly Wolf, Architect Project Manager, Ankrom Moisan Architects, Predesign and Planning
- Julie Blakeslee, Environmental and Land Use Planner, Capital and Space Management, UW Facilities
- EA Engineering, Science and Technology Project Manager
- Transpo Group Project Manager
- Communications Consultant
- Land use attorney
- Permits NW, Permit Expeditor
- Pamela Renna, Senior Director, Business Development & Strategic Planning at UW Medicine / Northwest Hospital Seattle
- Tina Mankowski, Associate Vice President for Medical Affairs, SOM: Chief Advancement Office: Communications
- Brad Wendt, Construction Manager, Northwest Hospital & Medical Center
- Daniel Swanson, , Facilities Director, Northwest Hospital & Medical Center

3. Surge Planning

- Jeannie Natta, Sr. Project Manager, Project Delivery Group
- Marty Francois, Director Design and Construction Management, University of Washington Medical Center
- Pamela Renna, Senior Director, Business Development & Strategic Planning at UW Medicine / Northwest Hospital Seattle
- Brad Wendt, Construction Manager, Northwest Hospital & Medical Center
- Daniel Swanson, Facilities Director, Northwest Hospital & Medical Center
- Molly Wolf, Architect Project Manager, Ankrom Moisan Architects, Predesign and Planning

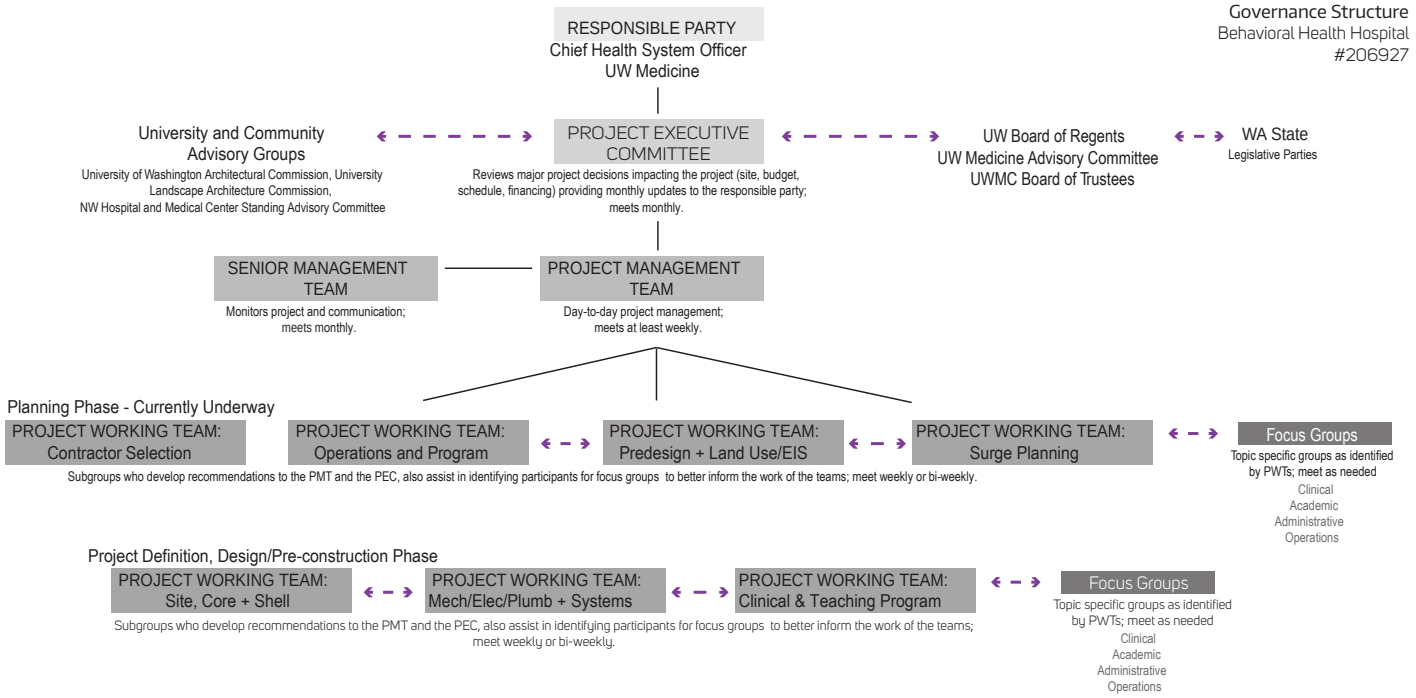
Additional Focus Groups to be defined as needed – Topic specific groups as identified by the project working teams to provide technical expertise: clinical, academic, administrative and operations.

Project Definition/Design Pre-construction Phase Project Working Teams
Members of these teams will be indemnified during the planning phase.

1. **Campus Fit: Site Core and Shell**
2. **Mechanical, Electrical and Plumbing Systems**
3. **Clinical & Teaching Program**
4. **Others to be identified by the Project Management Team**

Focus Groups – Topic specific groups as identified by the project working teams to provide technical expertise: clinical, academic, administrative and operations.

PROJECT GOVERNANCE (CONT.)

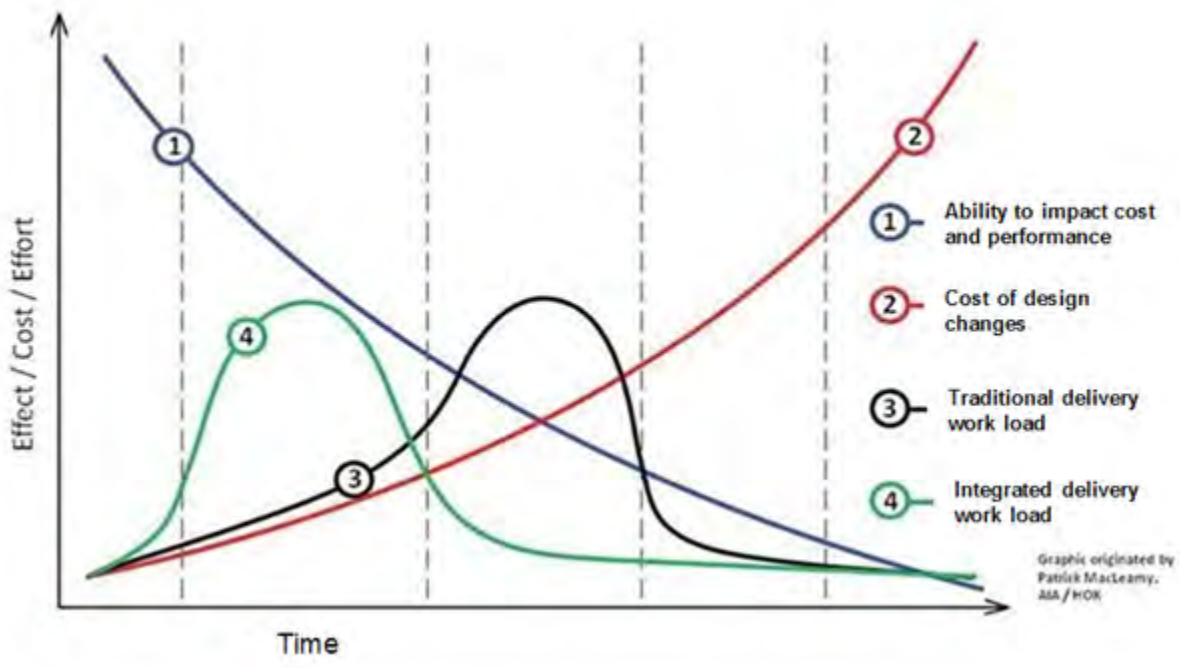


PROJECT MANAGEMENT

The project will be delivered using a progressive design-build delivery method to achieve integration of design and construction processes. With progressive design-build, the owner – in our case, the UW – selects a design-build team prior to the start of design using a combination of qualifications and price factors. A single contract is established between the owner and the design builder. This integrated team works together to develop the design to a point where scope and cost are adequately defined, at which time a contract is signed for the full design and construction. This method of procurement and allows the owner to gain the benefits of an integrated project delivery process that is well-established in other sectors.

An integrated project delivery process encourages collaboration between the owner, stakeholders, designers, engineers, contractors and subcontractors for optimal project performance. An integrated team incorporates constructability review, cost estimating, and schedule development during the design phase and encourages innovative solutions while minimizing the potential for cost or schedule overruns. The approach allows for greater opportunity to streamline the project schedule, overlapping design and construction, which saves time and money, and helps the team to maximize project value.

The processes focus more effort and collaboration at the early stages of the project when it is most possible to influence cost and outcomes. The graph below illustrates the influence/predictability curves and the intent of this process.



Our process for building design principles includes a series of design team workshops to refine and codify design objectives at specific points in the process. The workshops ensure the objectives are clearly understood and shared by all stakeholders and members of the project delivery team. The work to refine these objectives – and the rigor of using them to drive all design choices – will be crucial to ensuring we expend resources most effectively to support the project objectives.

PROJECT MANAGEMENT (CONT.)

The following building blocks of integrated delivery will be emphasized carried out by the project delivery team:

Mutual Respect & Trust
As modeled by daily interactions, Owner, designer, consultants, constructor, subcontractors and suppliers will understand the value of collaboration and commit to working as a team in the best interests of the project.

Mutual Benefit & Reward
Integrated Design-Build requires early involvement by more parties, and our compensation structures recognize and reward early involvement. Compensation is based on the value added by an organization and it rewards "what's best for project" behavior, such as by providing incentives tied to achieving project goals. Teams should use innovative and lean business models to support collaboration and efficiency.

Collaborative Innovation & Decision Making
Innovation is stimulated when ideas are freely exchanged among all participants. Ideas are judged on their merits, not on the author's role or status. Key decisions are evaluated by the project team and, to the greatest practical extent, made unanimously.

Early Involvement of Key Participants
Key participants are involved from the earliest practical moment. Decision-making is improved by the influx of knowledge and expertise of all key participants. Combined knowledge and expertise is most powerful during the project's early stages where informed decisions have the greatest effect.

Early Goal Definition
Project goals are developed early, agreed upon and respected by all participants. Insight from each participant is valued in a culture that promotes and drives innovation and outstanding performance, holding project outcomes at the center within a framework of individual participant objectives and values.

Intensified Planning
An intensive planning effort results in increased efficiency and savings during execution. The intent of the integrated approach is not to reduce design effort, but rather to greatly improve the design results, streamlining and shortening the much more expensive construction effort.

Open Communication
The focus on team performance is based on open, direct, and honest communication among all participants. Responsibilities are clearly defined in a no-blame culture leading to identification and resolution of problems, not determination of liability. Disputes are recognized as they occur and promptly resolved.

Appropriate Technology
Technologies are specified at project initiation to maximize functionality, generality and interoperability. Open and interoperable data exchanges based on disciplined and transparent data structures are essential to support integration and information sharing. Because open standards best enable communications among all participants, technology that is compliant with open standards is used whenever available.

As such, it is the Owner's intent to use Building Information Modeling (BIM) to reduce errors within design documents as well as conflicts between trades. We further intend to reuse design and construction BIMs and data for facility life-cycle management,

PROJECT MANAGEMENT (CONT.)

capital planning, future alterations, additions and renovations. To achieve this goal, this project will require, at a minimum, an architectural, structural, mechanical, electrical and plumbing BIM. Each project team will develop an approved BIM Execution Plan (BEP) that includes the BIM team members, specific roles, and the communication plan. The design professionals' BIM model(s) will be made available to the project team throughout the design and construction, subject to limitations outlined in the BEP, with the intent of the team producing a single, federated model. The construction professional will participate in the development of the BEP which will define various team roles as approved by the Owner. The BIM model(s) will be updated at the end of construction to reflect the actual, "as-built" conditions.

Organization & Leadership

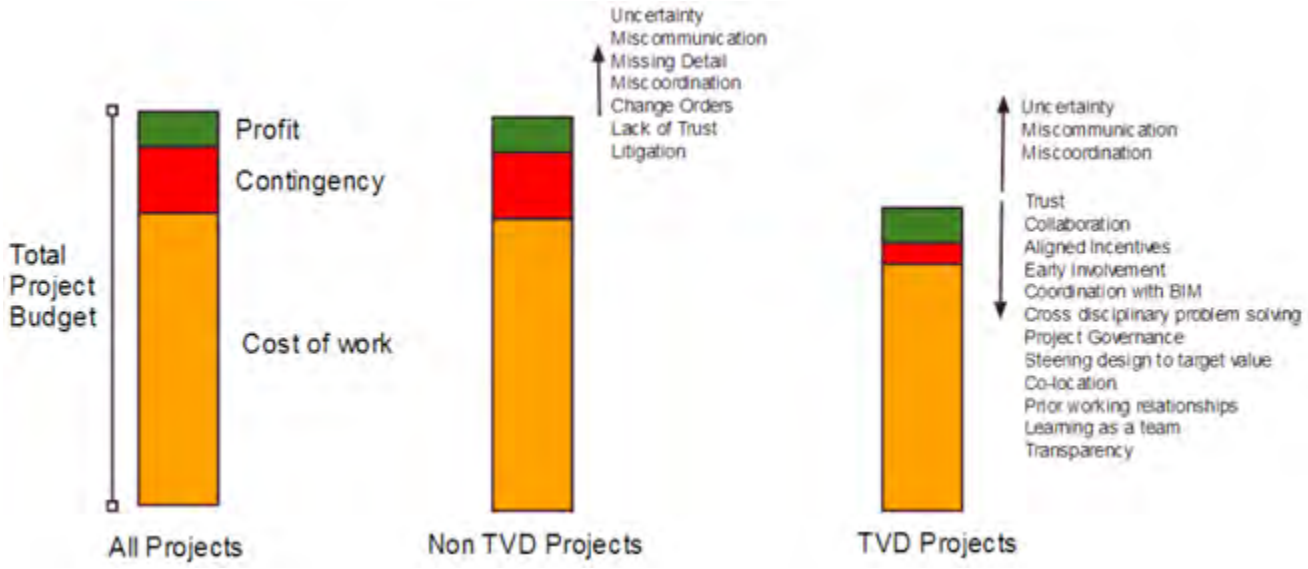
The project team is an organization in its own right and all team members are committed to the project team's goals and values. Leadership is taken by the team member most capable with regard to specific work and services. Roles are clearly defined, without creating artificial barriers that chill open communication and risk taking.

SCHEDULE

See appendix for full construction schedule.

Value Engineering addressed through Target Value Design:

One of a number of tools we will use as part of our integrated project delivery approach will be the rigorous practice of Target Value Design (TVD), which has been validated through an established track record as a best practice for controlling costs on projects of any size, and has been particularly useful on large projects at the scale of the proposed building. TVD requires the team to spend a substantial amount of time at the outset developing appropriate benchmark information that corresponds to the project objectives and uses that information to create detailed target values for each of the many building systems and components - mechanical, electrical, plumbing, enclosure, site work, and the like. The team will then be charged with designing to each of the target values. By following TVD principles, the base project costs can only go down as the design is developed. Fundamentally, cost is an input into the design process rather than an outcome of it.



TVD necessitates maintaining real-time cost estimates as design and construction proceed so scope decisions can be made quickly. This eliminates the element of surprise inherent in the 'low-bid' approach where the team does not know the cost of the building components or who will perform the work until bids are received and opened. Throughout the design process a value-add list will maintained. A Risk Register will also be used to identify risks, the cost associated with the risks and the probability of the risk occurring. As risks are mitigated and more cost-effective solutions are found, value can be added back into the project. Each of these value-adds will carry with it a "last responsible date" when it can be added back into the project. If an item cannot be added into the project due to the amount of remaining risk, the team will move on without it. This approach incentivizes the team to focus on creating more value with cost-effective solutions, rather than the perceived loss that accompanies typical value engineering.

Early in the process an overall target budget will be established along with a corresponding scope. Savings against that target cost will be shared by the UW, designer, contractor and select subcontractors with a predetermined but negotiated group documented in the contract. The UW's portion of the savings can be added back into the project as value-add if appropriate. We will add other incentives, including significant input from each program group, to counter the instinct to simply reduce cost, rather than add value. At the core of this shared savings approach is the collaboration among delivery team members that it incentivizes. Any team member's individual success or failure directly impacts the available profit pool and so each member benefits from working as a team to ensure elimination of inefficiencies.

SCHEDULE

PERMITTING

Because of the campus Master Plan that was approved by the city of Seattle, this can streamline the permitting process for this site. At this time no master use permit is anticipated. As further design and city coaching occurs, it will be determined if Streamlined/Early Design Guidance is required if Exceptional Trees (defined by code) need to be removed and replaced. Otherwise the first permit is anticipated to be grading and foundation followed by phased building permits. At this time, City of Seattle application intake appointments are booked well in advance and reviews take several weeks.

COMMUNITY STAKEHOLDERS

UWMC - Northwest Campus is considered a Major Institution in the City of Seattle land use code. Per the code the campus supports a Standing Advisory Committee that meets regularly and is made up of members of the surrounding community. The purpose of this committee is to be advisory to the campus master plan development and implementation. The committee shall be briefed on the legislature's decision and will continue to meet through the initiation, design and construction of the BHTF. A public outreach plan is being developed to outline key messages and identify surrounding community interest groups and individuals to reach out to and discuss the project. The team has reached out to the Department of Neighborhoods Coordinator to schedule a meeting with the SAC in early 2020.