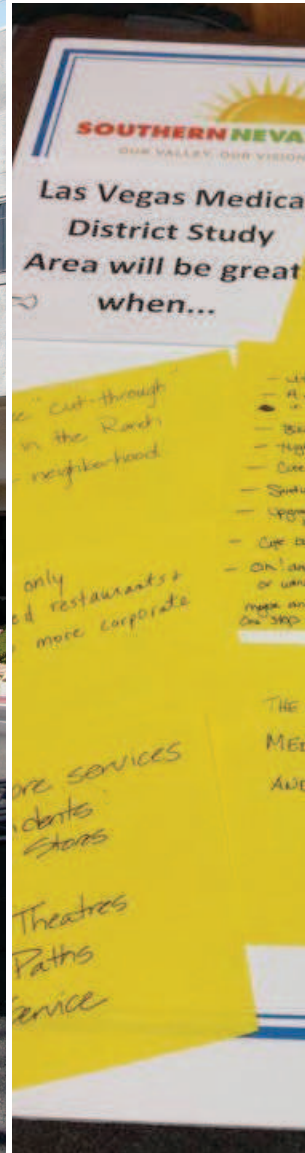




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SOUTHERN NEVADA STRONG

Medical District
Opportunity Site
Investment Strategy



opportunity site investment strategy

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A thriving medical district provides a broad range of benefits to its region, including jobs, convenient and effective medical care, the potential for outside investment, and innovation and industry spinoff. Investments in the Las Vegas Medical District would also transform the area, with improved public spaces, more efficient transportation and parking, and an enhanced sense of community and liveability. This Investment Strategy lays the foundation for shared action to create the world-class Las Vegas Medical District that will provide those benefits and many others.

Creating a District that is on par with medical districts in other regions will be a complex undertaking, involving retrofitting suburban development forms for more urban land uses, recruiting new major medical facilities, supporting the success of existing medical facilities, and continuing to engage nearby neighbors as transitions occur. Achieving success will require a diverse set of stakeholders to develop and maintain collective priorities throughout a phased implementation process. This investment strategy organizes project champions and stakeholders as they develop a shared understanding of challenges and opportunities, and a collective and compelling vision for the future of the area.



introduction: an investment strategy

City and regional leadership involved in conversations about the Medical District's future agree that its successful revitalization as a center of excellence is critical to the region's ability to remain competitive in attracting and retaining new industries and residents.

Currently, Clark County's concentration of employment in medical professions is much lower than is found in other regions. This means that Southern Nevadans are underserved for critical health care needs. It also means that the region lacks the (generally) well-paying jobs that come with the industry, and that it is not enjoying the benefits that prestigious medical institutions can bring to a region's ability to generate or attract ancillary industries and entrepreneurs.

Stakeholders also agree that the Medical District study area, in its current state of development, does not contain all of the necessary components of a complete medical district. The study area lacks the asupportive uses that typically are part of medical districts (housing and lodging, retail, and parks or open space, for example). Additional medical uses are also desired, in particular the planned expansion of the Cleveland Clinic and the possible location of a medical school in the study area are recognized as key steps toward a complete District.

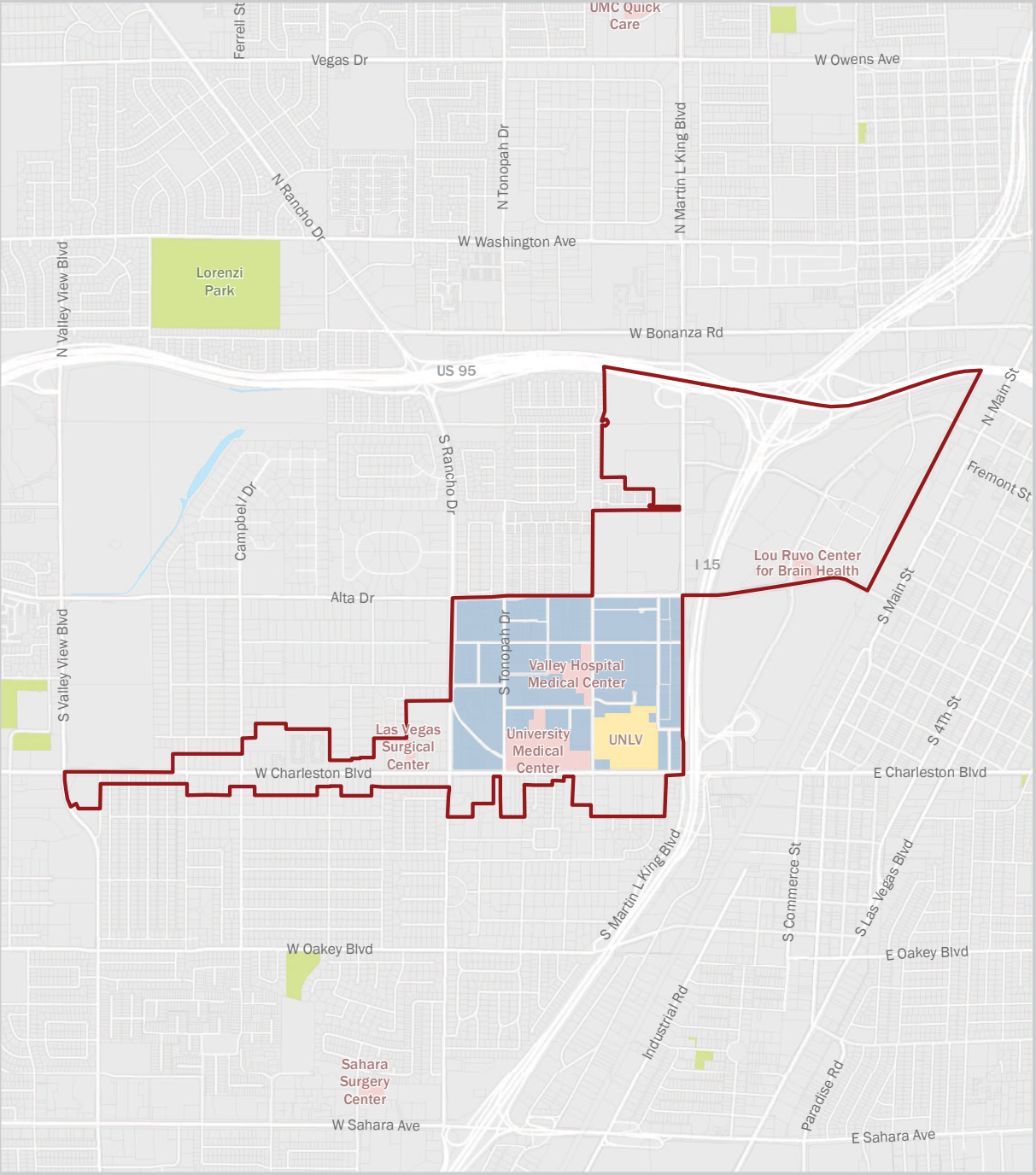
The Las Vegas Medical District has been the focus of planning and revitalization efforts by the City of Las Vegas since at least 1997, when the Medical District boundary was adopted. These efforts have resulted in the completion of foundational planning work, including a



Two of the existing Medical District facilities, the Cleveland Clinic Lou Ruvo Brain Institute (above) and the University Medical Center Hospital (below).

Cleveland Clinic photo courtesy of: Time Anchor, "angular_perspectives_brain_health_2," January 6, 2012 via Flickr, Creative Commons Attribution.

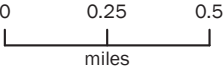
EXHIBIT 1. MEDICAL DISTRICT STUDY AREA AND CURRENT MEDICAL DISTRICT



Source: City of Las Vegas, City of Henderson, RTC

MEDICAL DISTRICT STUDY AREA

- Medical District Study Area
- Current Medical District
- Medical Facilities
- Universities
- Parks
- Parcels



ECONorthwest
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2002 Master Plan (revised and amended in 2007) that established land use regulations for the District. Recognizing the importance of a thriving medical district to the City's future, the City of Las Vegas' 2013 Economic Development Strategy listed "Expand and Strengthen the Las Vegas Medical District" as its first goal. The City will soon initiate a Facilities Master Plan for the study area that will coordinate and support the planned facility expansions of major medical users in the study area. Together, these plans and documents will set a course for a more vital District that contributes to the region.

This document is the second of a two-part analysis that provides the foundation for the coming Facilities Master Plan. The first document, the Opportunities and Barriers Report, compiles and interprets data that describe the current conditions in and around the Medical District study area, as well as information about the regional demand for medical services and other market information. The second part (this Investment Strategy) identifies the

investments and policy changes that are necessary to set the stage for successful implementation through the Facilities Master Plan. It focuses on the supportive uses necessary to create a vibrant and attractive area: identifying the key opportunities upon which the Master Plan can build and the major barriers that it must overcome. It provides a set of recommendations to focus the portions of the Facilities Master Plan that deal with public space and mixed-use investment, builds from a substantial public outreach effort coordinated by Southern Nevada Strong, and elevates the following issues for further discussion and resolution through the Facilities Master Plan:

(1) Phased implementation; coordination of public and private investment. This Strategy suggests preliminary phasing of implementation steps and highlights the importance of timing public improvements to incent institutional investment in a more vital medical district. Securing commitments for the expansion of Cleveland Clinic and confirming the location of the University of

This Investment Strategy builds on findings identified in the 2013 City of Las Vegas Economic Development Strategy:

"The major physical challenge facing the Medical District is the limited ability for institutions to grow and expand within the current 160-acre footprint...One potential opportunity to expand its footprint is to extend the borders of the Medical District to include the Cleveland Clinic Lou Ruvo Brain Institute and planned medical office space in Symphony Park. Another potential opportunity is to facilitate joint facilities planning among local entities to better maximize the utilization of the existing footprint within the Medical District. Efforts are already underway to initiate such collaborative facilities and programming planning among stakeholders within the Medical District."

Guide to Frequently-Used Acronyms

ADA : Americans with Disabilities Act

CLV: City of Las Vegas

CPTED: Crime Prevention Through Environmental Design

FWSI: Fort Worth South, Inc.

EUD: Department of Economic and Urban Development

LID: Local Improvement District

LVGEA: Las Vegas Global Economic Alliance

NDOT: Nevada Department of Transportation

NEZ: Neighborhood Empowerment Zone

RTCSNV: Regional Transportation Commission of Southern Nevada

SNS: Southern Nevada Strong

TMA: Transportation Management Association

UMC: University Medical Center

Nevada, Las Vegas (UNLV) Medical School in the study area will require commensurate public commitment to fund improvements to the study area and support new development. These decisions will set the tone for phasing and development in the Medical District as a whole. Resource limitations for all stakeholders mean that phasing based on jointly-held priorities will be critical to successful implementation and for gaining support for federal and state funding.

(2) Parking. The key obstacle highlighted in the City's Economic Development Strategy is the limited supply of developable land in the existing Medical District boundary. Expanding to consider the larger study area evaluated for this Investment Strategy is helpful, but is likely to be insufficient. The Opportunities and Barriers Report found that there are nearly 160 acres of potentially developable land in the study area, but that nearly all of it (120 acres) is in use as surface parking. A more efficient

and coordinated solution that includes shared parking strategies will be necessary to allow redevelopment to occur.

(3) Placemaking. The Las Vegas Medical District Advisory Council, a stakeholder group convened by the City, is already working on creating a branded identity for the District. This Strategy forwards a series of associated land uses and other improvements that can dovetail with those branding efforts to create a unique and identifiable place that is attractive to employees, patients and visitors, residents of the District, and residents of nearby neighborhoods. Allowing for a mix of uses, provision of open space, improvements to streetscapes, multi-modal transportation improvements, and other recommendations are detailed in the Strategy. The identity of the District should emphasize its location at the heart of the region.



the role of the medical district

A shared understanding of the need for a more successful medical district is important for galvanizing stakeholders and supporting messaging to funders and other partners. Why do the City of Las Vegas and the region need a more successful medical district?

- **Economic diversification.** The Las Vegas economy is dominated by the gaming industry. The region's and the City's economic development strategies recognize that gaming will always be an important component of the economic base, but identify a need to diversify the economy to provide access to a range of well-paying jobs and to help smooth the ebbs and flows of economic cycles. Increasing the number of

jobs and the economic output associated with medical professions is part of the region's and the City's plan to diversify the economy.

- **Economic development.** World-class medical districts generate significant economic impact, including innovation and industry spin-off. This is particularly true for medical districts that include medical schools with research facilities, which can be an important component of creating a culture of entrepreneurship in a region.
- **Needed services for the region's residents.** The region is underserved for medical services, with employment concentration in medical professions at just 67%¹ of national averages.

Estimated annual economic impact of other medical districts:

Texas Medical Center (Houston):
>\$10 billion

Illinois Medical District (Chicago):
>\$7 billion with 50,000 total direct and indirect jobs

Forth Worth Near South Side:
>\$21 million in direct health related expenditures
>\$80 million in retail impact

Memphis Medical Center:
>\$9 Billion

Source: City of Las Vegas Economic Development Strategy

¹ECONorthwest, *Industry Sectors and Placemaking: Technical Analysis in Support of Regional Scenario Planning in Southern Nevada*.

- **Critical infrastructure.**

The study area currently contains the only Level 1 trauma facility in the State of Nevada (University Medical Center). This facility needs to be successful, and must be supported by successful development.

- **Supports redevelopment of downtown.** The study area is adjacent to Las Vegas' downtown, which is currently redeveloping and improving rapidly. Redevelopment of vacant land available in the study area could help to fuel additional downtown redevelopment, and vice versa.



Above: University Medical Center
Below: Valley Hospital

Photo courtesy of Valley Hospital.



the heart of the region

It is clear that the region would benefit from a more successful and prestigious Medical District. Why is the heart of the region the right location?

- **It's efficient and central.** The Medical District study area's location and access to downtown, the airport, and other regional amenities are its key differentiator from competing facilities at the edges of the region. Because it is in the heart of the region, and has excellent freeway access, the study area is accessible to all residents of the region. The study area is just a five-minute drive from downtown Las Vegas.² Perhaps more importantly, the area is already well-served for infrastructure, limiting the cost associated with providing access to the site.

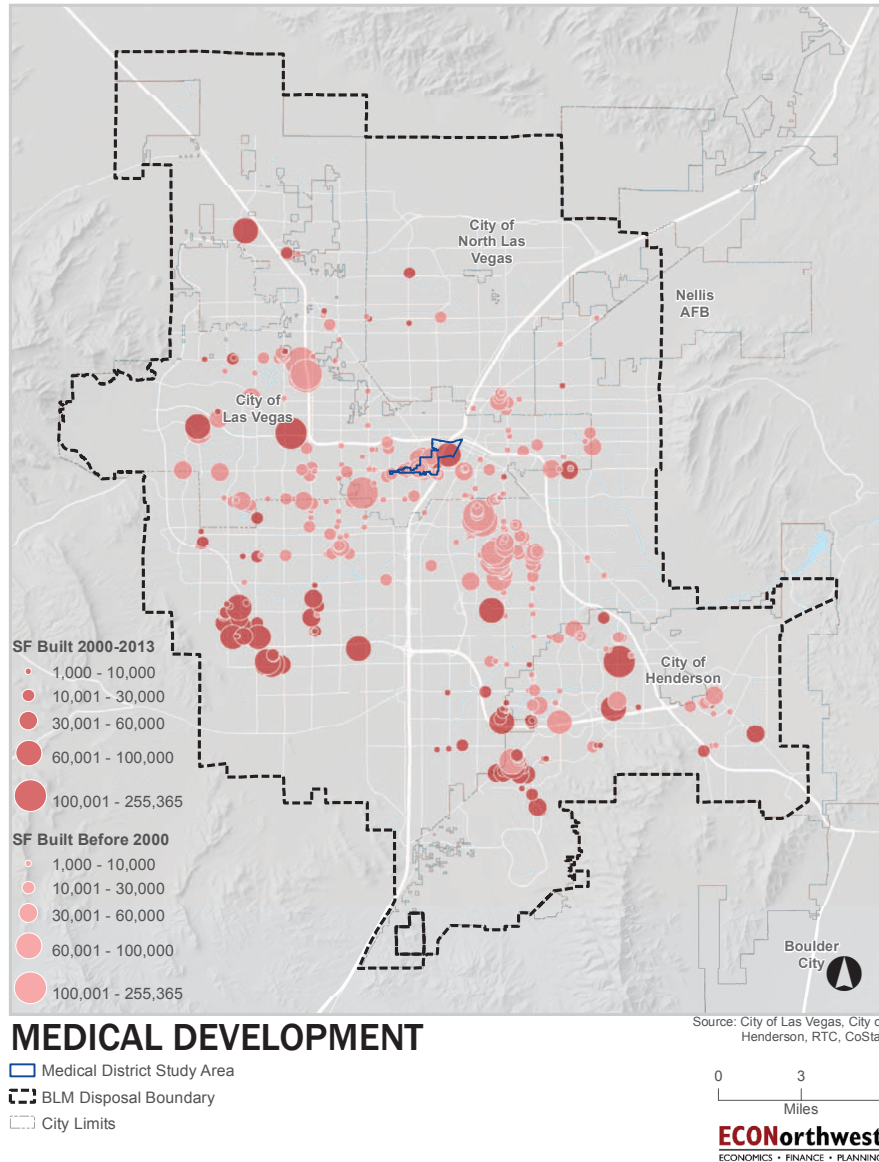
- **It's already happening here.** University Medical Center, Valley Hospital, the UNLV School of Dental Medicine, UNLV and Nevada State College Schools of Nursing, the University of Nevada School of Medicine (UNSOM), and a mix of smaller-scale medical office buildings are already functioning in the District. The Lou Ruvo Center for Brain Health is one of the region's most recognizable buildings, run by one of the nation's prestigious institutions (the Cleveland Clinic). Building on this nexus of activity makes sense.
- **There is developable land that could be leveraged for new development.** The Medical District study area has the capacity to expand, redevelop, and

accommodate growth in a variety of ways. Zoning and existing development patterns generally support new medically-oriented development in most parts of the study area. Property ownership patterns are beneficial to development, with significant opportunity sites under public ownership or control (by Clark County, by the Nevada System of Higher Education (NSHE), or the City of Las Vegas). This provides public leverage to attract new medically-oriented users to the sites.

These findings can become a cornerstone for branding efforts.

² Google drive-time estimates, without traffic.

EXHIBIT 2. LOCATION OF MEDICAL OFFICE SPACE DEVELOPMENT BUILT BEFORE 2000 AND BETWEEN 2000-2013



Market signals regarding demand for medical facilities are mixed. Demographic and industry profile trends point to increased demand. An aging demographic, low concentration of current employment in the medical industry, and other structural and technological changes in medical service provision all suggest growth opportunities.

At the same time, significant new development of medical institutional and office space development has occurred at the edges of the region. New space has been slow to absorb, and rents have not recovered to pre-recession levels. Given this situation (vacant, inexpensive, new space available at the edges of the region for medical office, and new hospitals and medical institutional users in similar areas), it is imperative that the Medical District study area differentiates from the newer and available space to compete in the market. This means creating a high-quality urban environment that includes open space, pedestrian pathways, and a mix of uses that attract employees and residents to the area.



defining success: community input

Three outreach events provided an opportunity for nearby residents and stakeholders to discuss their vision and provide suggestions and concerns for the future of the Las Vegas Medical District.³

Overall, the participants at all three events supported new, higher-density development in the Medical District and the study area, as well as the formation of a medical school, but also cited key challenges and necessary area improvements.

Participants described a variety of challenges in the area. They highlighted the lack of neighborhood services, including higher quality food establishments and everyday businesses. Overall, the area is problematic for both pedestrians and motorists. Participants cited traffic congestion and limited

available parking. Additionally, some drivers try to avoid the area because of the amount of pedestrian activity (and disregard for the use of designated crosswalks). Despite the number of pedestrians in the area, it is not well suited for pedestrian or disabled access. Participants also expressed concern about homelessness in the area neighborhoods.

Despite the area's challenges, neighborhood representatives cited many benefits to living in the surrounding neighborhoods. Residents pointed to the area's stability and charm as well as locational benefits. The area neighborhoods were perceived to be suited for a large variety of homeowners. Although the representatives cited a lack of coordination between the neighborhoods, there was generally interest in increasing communication and coordination

among the neighborhoods and the medical center.

Overall, participants supported the development of a medical district in the proposed location. Mixed-use developments were favored, especially restaurants, healthy grocery stores, entertainment venues, and local retail. Suggestions included multi-story medical offices with ground floor retail and restaurants, and additional parks and open space in the area. Landscaping and beautification of the area was also deemed necessary, as many described the area visually unappealing. As the Medical District expands, additional parking (integrated parking structures) for retail and medical purposes would be necessary. Transit improvements would be also be necessary, including shuttles, a high-frequency, limited-stop transit service, bus shelters,

³ Outreach events: (1) February 26, 2014. Medical District Breakout Session, a Southern Nevada Strong Summit Event.

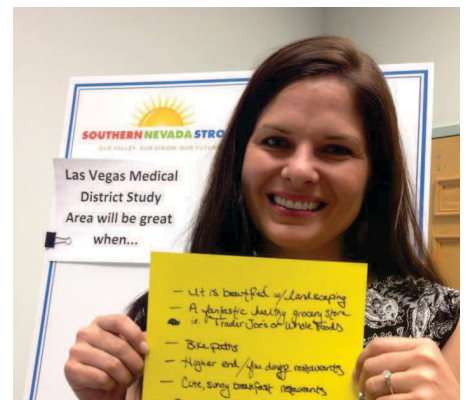
bike lanes, and better pedestrian/disabled access along Charleston. Other suggestions included community services, specifically a community center, a homeless shelter, and a job training center.

For the Medical District to succeed, some participants cited the need for a medical school, research opportunities, and medical service with 24/7 availability. Many noted that the public hospital would be better as a private hospital or public-private partnership. Incorporating the vision of the institutional partners was also deemed necessary for development. In order to attract doctors to the area, the area needs to be an attractive place to live, work, and play. This includes better facilities, research opportunities, increased housing availability, childcare, and the area/development upgrades described above.

Additionally, an ethnographic report of the Las Vegas Medical District site was completed to gain further understanding of the site and the views of residents, students, and employees. Major themes discussed by participants

from around the medical district include homelessness, safety, and mental illness. Although the location of the Medical District is ideal, most people stated that they would not want to live in the area due to its reputation for safety (crimes against property) and homelessness issues. While most participants had not personally experienced crime, they were hesitant to walk alone at night due to stories of muggings and robberies. Participants cited homelessness as an issue that could be better addressed in the District, including more resources outside of hospitals to help the homeless.

Most participants suggested that the Medical District should be kept as a medical/commercial space, and not include additional housing. Participants who were transit riders spoke positively of transit. Transit riders were mainly patients and non-medical employees. The majority of medical professionals drove. Riders spoke of timeliness, accessibility, and safety as positive transit attributes.



Outreach event participants.



key challenges to overcome

The key finding from the opportunities and barriers research is that the study area is not perceived as a complete, cohesive medical district and, as a result, has not competed well with newer medical facilities at the fringe of the region.

While significant opportunities for new medical and other development exist in the study area, perceptions about public safety issues, inconsistencies in existing urban form and development patterns, and the lack of a cohesive, medically-oriented identity create barriers that are not present in competing areas. Increasing the study area's attractiveness to new medical and other uses will require improvements to the quality of place and the identity of the Medical District. Investment from both public and private partners will be

necessary to achieve the vision, and to overcome the following challenges:

- **Disparate and fragmented land use patterns and existing land uses that are inconsistent with Medical District development types:**

Several areas within the study area are physically separated from each other, have limited connectivity, or lack a cohesive or integrated development pattern. Several key parcels are currently developed with uses that are atypical of medical districts elsewhere (warehouses, trade show facilities, and commercial outlets). The parcel size is relatively small, with an average of one-acre parcels. In addition, there are several different zoning and land use regulations, as well as small lots within the study area. The combination

of these conditions will limit the near-term potential to assemble large, developable parcels.

- **Pedestrian access:** The study area is flanked by high-speed arterial streets, discouraging pedestrian access into the study area. The internal circulation of the historic Medical District is more pedestrian friendly, but there are few pedestrian-oriented uses and virtually no usable open space.
- **Compatibility with surrounding uses:** The Medical District study area's location within a single-family neighborhood has led to regulations that minimize development impacts on existing neighborhoods, such as the one-story height limit on Charleston Boulevard west of Rancho Drive. New development



Parks, green spaces, and public plazas like the example above will make the Medical District more attractive to potential residents.

should minimize impacts on stable neighborhoods while strategically developing new uses that support both the proposed Medical District and the adjacent neighborhoods. In addition, zoning adjacent to the proposed boundary could allow for uses that conflict with the future vision for the proposed Medical District, such as auto-oriented or strip commercial development.

- **Need for ongoing collaboration with adjacent neighborhoods:** While outreach associated with this process found support for a medical district, people living in adjacent neighborhoods have expressed concerns about development heights and density. Development in the southern portion of the study area along Charleston Boulevard will require working with adjacent neighborhoods both to overcome these concerns and/or to adjust development to a scale that is acceptable to neighbors.
- **A lack of supporting uses and amenities:** At this point in time, there are very few supporting services and amenities that would attract residents to housing in the Medical District study area. There are no public plazas, green spaces, or parks to serve the study area. This barrier is an important focus of the work in this project.



development opportunity sites

The maps on pages 22-24 provide an overview of development opportunity sites in the District study area. These are sites that could be developed to suit a variety of uses, including medical, institutional, retail, or housing.

Study Area Core (bordered by Charleston, Rancho, Alta, and I-15)

Despite the fact that the area is fairly built-out, significant opportunities remain, especially through the redevelopment of surface parking lots. These opportunity sites organize around Shadow Lane, which, with development, becomes a spine of activity in the core of the area. The County-owned property (#4 on the graphic) and the Valley Health-owned parcel (#3 on the graphic) are

the two largest parcels that are the least constrained by existing development (once the existing building on #4 is demolished as planned). These sites could be targets for expansion of existing facilities (UMC and Valley Hospital). Site #4, because of its proximity to the existing NSHE-owned properties, is a logical site for a medical school. Site #5, located at the edges of the study area core, currently has surface parking on a portion of the site and could be a good location for student housing with retail on the ground floor, creating a buffer use between the highest-density institutional use and surrounding neighborhoods. The site is large enough that a mixed use development could include more intense uses on the southern portion of the site closest to Pinto Lane and step down in intensity closer to Alta Drive.



Current UNLV facilities.

Photos courtesy of UNLV.



World Market Center and the
Cleveland Clinic Lou Ruvo Brain
Institute

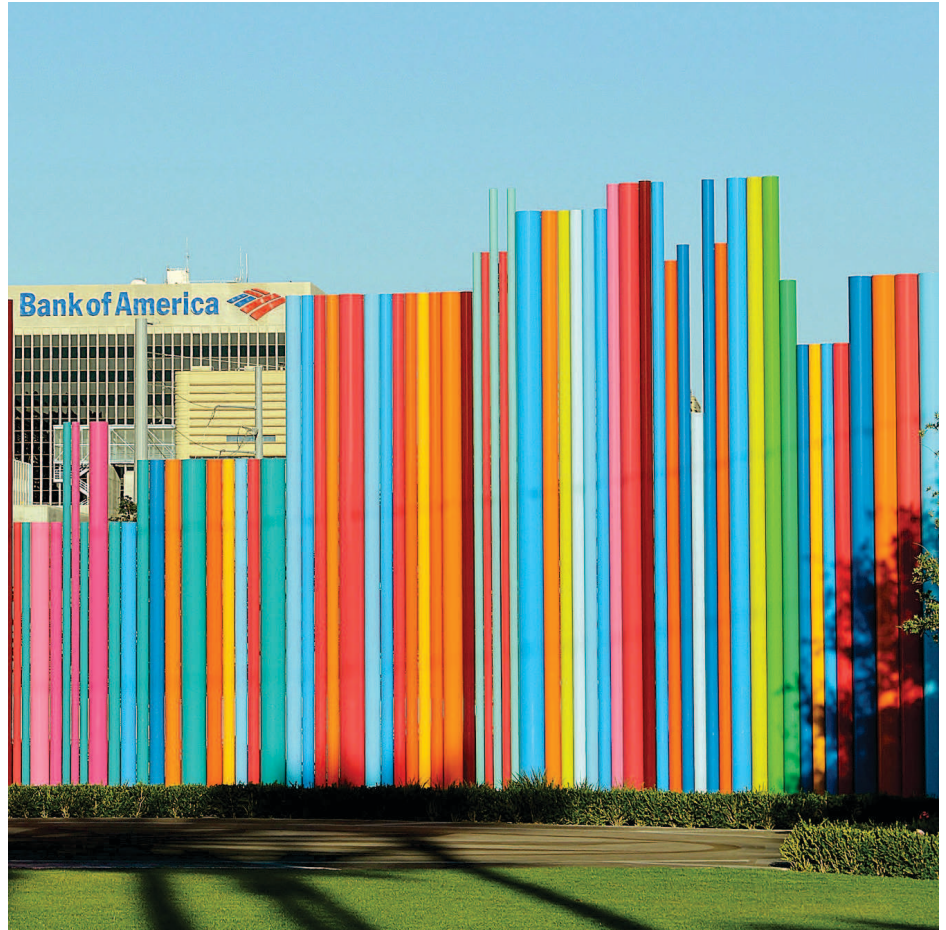
Area surrounding Symphony Park

These sites (#1 and #2 on the map) are all currently undeveloped or available for redevelopment, have excellent proximity to downtown Las Vegas, and are in close proximity to an existing eight-story parking garage (near site #1) owned by the World Market Center that may be available for shared parking uses in the future. Further, much of the area (all of site #2) is controlled by public interests. These variables suggest significant potential for redevelopment in this area with an opportunity to influence market economics, use, form, and timing.

Determining potential future uses for these sites, however, is a complex exercise. Site #2 is currently master planned for medical, residential, and gaming uses, but is also being considered for other major public investments, including a major league soccer stadium. The southern portion

of Site #2 is under option to Cleveland Clinic for future expansion, a development that would be a very important step forward for the study area's development as a medical district. Determining the future of the entirety of the site is critical to the future of the Medical District.

Public realm improvements include the identification of preliminary locations for open space improvements for further evaluation in the Facilities Master Plan, as well as locations for pedestrian and streetscape improvements. East-west and north-south Medical District promenades have been identified as important organizing features of future development in the District. It will be important to develop a logical and legible hierarchy of circulation that facilitates safe and convenient access for all modes of getting to, through, and around the Medical District.

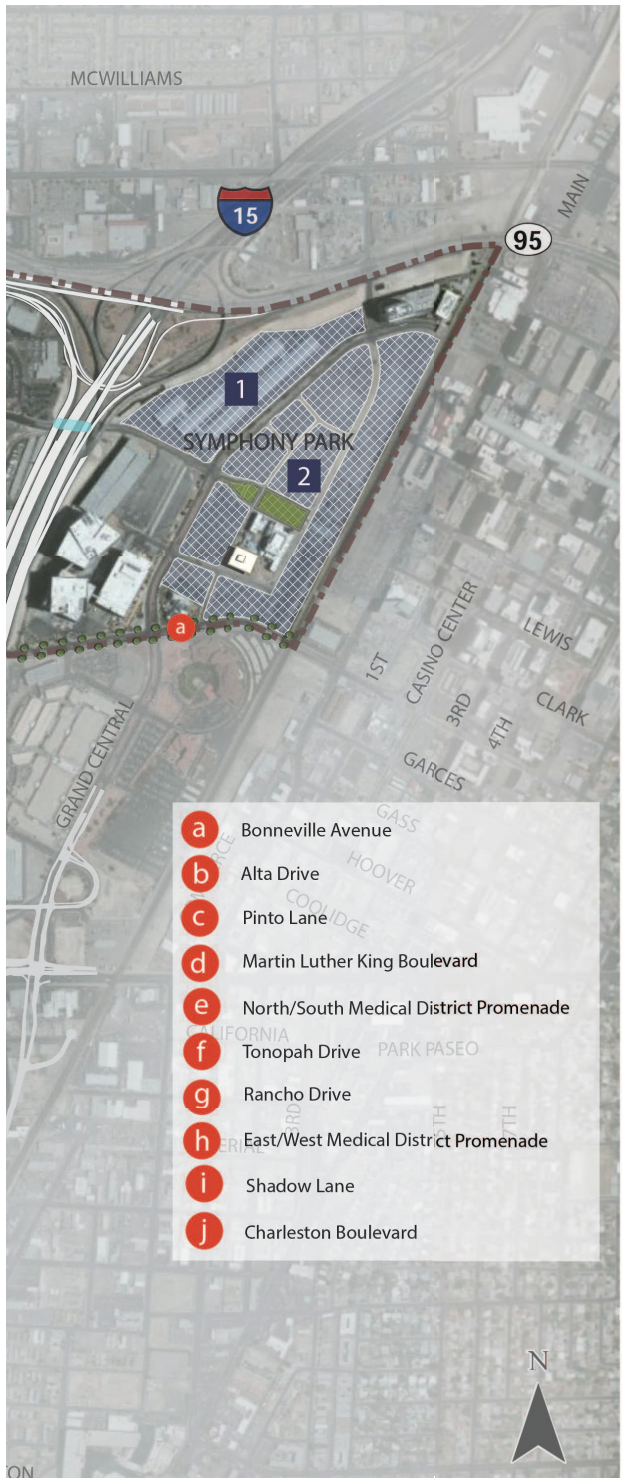


Symphony Park

Symphony Park photo courtesy of Gordon Ednle, "The colourful Symphony Park Las Vegas." June 17, 2012 via Flickr, Creative Commons Attribution.

EXHIBIT 3. POTENTIAL DEVELOPMENT OPPORTUNITY SITES





- Medical District Facilities
- Medical District Study Area Boundary
- Public Realm Improvements
- Opportunity Site*
- Internal Circulators
- East/West Medical District Promenade
- North/South Medical District Promenade
- Freeway
- Underpass improvements
- Improved landscaping
- Potential Open Space**

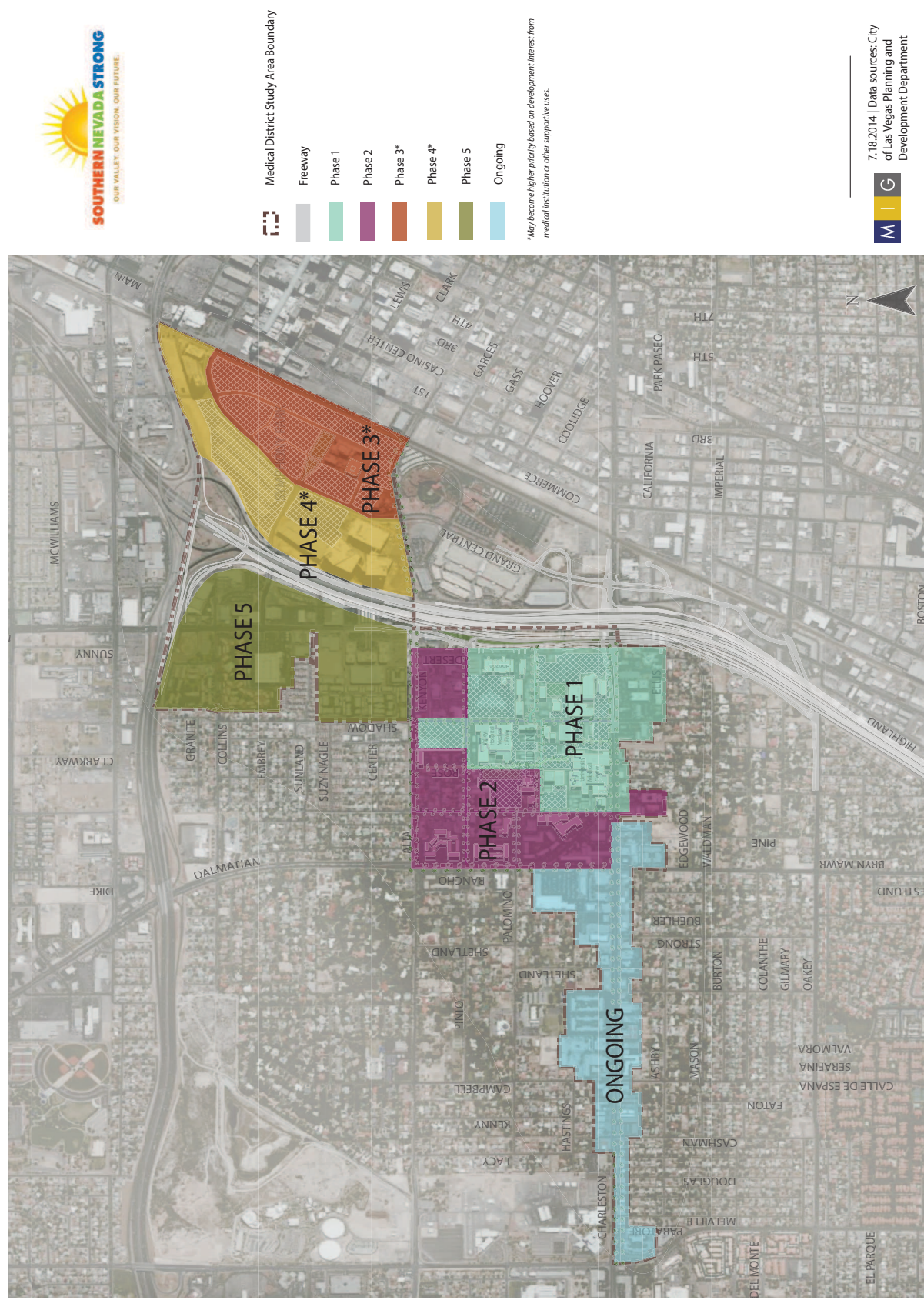
*Opportunity sites may or may not include extent of the entire parcel.

**Specific locations yet to be determined.



7.18.2014 | Data sources: City of Las Vegas Planning and Development Department

EXHIBIT 4. POTENTIAL PHASING OF OPPORTUNITY SITES



The potential phasing graphic suggests preliminary phasing to test with partners through the Facilities Master Plan. Phasing will ultimately be determined by the expansion and location plans of institutional players.

Phases 1 and 2: Study Area Core (bordered by Charleston, Rancho, Alta, and I-15)

Without movement on Cleveland Clinic's expansion plans on Site #2 (or interest from other institutional players on the site), the City should build on the existing medically-oriented activity in the study area core, focusing on public realm improvements and development opportunities along the Shadow Lane spine before turning its attention to other areas, as represented in the phasing graphic.

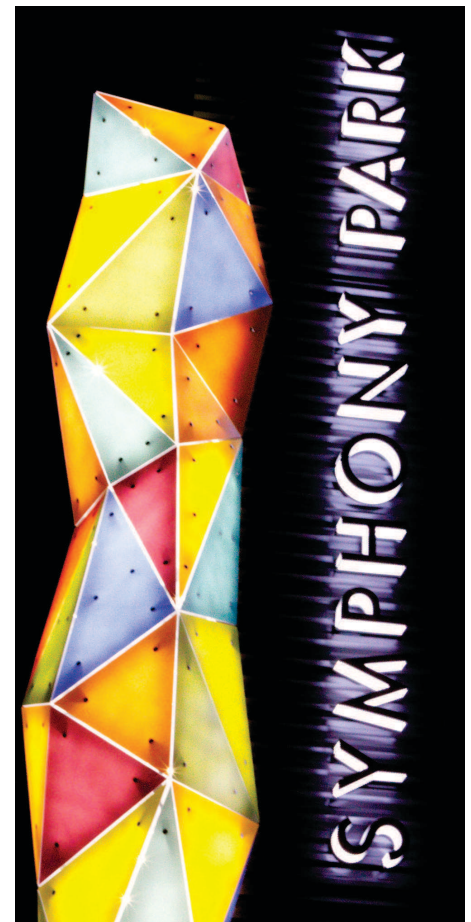
The area west of Rancho Drive along Charleston Boulevard serves as a gateway to the study area core, but has small parcels with mixed ownership, constraints on building heights, and existing development forms that limit its potential to redevelop with major medical uses. It is likely to remain

a neighborhood-serving retail core, and should be improved to better support the surrounding neighborhoods. This corridor deserves ongoing attention and improvements.

Phases 3, 4 and 5: Area surrounding Symphony Park

The area north of Alta Drive and West of I-15 (Phase 5) is currently developed with the Las Vegas Metropolitan Police Headquarters (a critical infrastructure public use) and large-format retail uses that primarily contain furniture outlets. Existing development patterns, land vacancies, and property owner dispositions do not suggest that this area is likely to develop with medical institutional uses in the near- or mid-term. Further, because of the amount of developable land available in the study area core and the Symphony Park area, it is unlikely that additional land will be needed for medical uses in the near- or mid-term. No projects or actions are identified in this Strategy that target this area. However, if development in the study area core and Symphony Park areas exceed current expectations for development intensity, it is

possible that this area might eventually transition to medically-oriented uses. Other adjacent areas have existing uses or zoning that preclude their possible inclusion in a medical district.



Symphony Park

Symphony Park photo courtesy of Odonata98, "Symphony Park," March 8, 2012 via Flickr, Creative Commons Attribution.

Table 1. Priority Actions Overview

These actions are critical to the revitalization of the Medical District and should be the primary focus of the Master Plan, the Las Vegas Medical District Advisory Council, and CLV.

KEY	Rationale/Problems to Overcome	Interventions Needed		Lead
Secure commitments for expanded or new medically-oriented facilities; coordinate investments, partnerships, and phasing	Growth and revitalization in the Medical District will be catalyzed by new development and new facilities.	Policies	- Advisory Council should adopt the Facilities Master Plan as policy for the group, effectively committing institutional expansion plans - Evaluate the role of the Advisory Council as an implementing body to ensure ongoing attention to collaboration as expansion occurs - Clarify the role of the City in supporting the revitalization of the District, and in particular, its role in public-private partnership formation and its desired outcomes with development of the Symphony Park area. This will be led by the Las Vegas City Council and City Manager's Office. - Coordinate phasing and implementation with development; based on needs and desires of partners, determine whether initial focus is on study area core or Symphony Park area	EUD
		Partners	- The Advisory Council (champions for expansion and relocation in the Medical District) - NSHE Institutions, including UNLV and UNSOM, and the Cleveland Clinic - County and other major property owners	
		Projects	Continue the Advisory Council branding and recruitment efforts	
Demonstrate public commitment to District through investment	Implementing public projects sends a clear signal to private and institutional partners that CLV is serious about revitalizing the Medical District. This creates the certainty necessary to support partner investments.	Policies	- Finalize and adopt the Centennial Plan - Finalize and adopt Master Plan. EUD will lead on this. - Master Plan should include a specific funding strategy for infrastructure and parking facilities. City Council and CMO will be the leads on this. - Evaluate existing utilities and plan for future infrastructure to ensure adequate capacity to support Medical District development. Public Works will lead. - Develop a toolkit of incentives for District development. EUD will lead.	Planning
		Partners	- The Advisory Council - CLV Council - LVGEA and SNS - Master Plan should identify roles for the LVGEA, SNS, and other important regional or local bodies in implementation, and secure commitments of policy and financial support	
		Projects	- Determine and commit to uses on Symphony Park site - Work with UNLV to secure Medical School funding and authorization from the State Legislature - Develop support of a coalition of regional governments to advocate for State funding	

KEY	Rationale/Problems to Overcome	Interventions Needed		Lead
Parking Management	Most developable land is currently used as parking; shared parking increases efficient use of land and reduces costs for partners. Without parking management, urban-scale redevelopment might not be possible.	Policies - Consider formation of TMA - Evaluate parking minimums and maximums to ensure they are appropriate, based on demand for shared parking - Evaluate the City's role in parking provision, accessing the parking enterprise fund Partners - Major medical institutions and property owners - The Advisory Council - TMA (if formed) - Residents in surrounding neighborhoods Projects - Undertake data collection on current utilization to understand peak usage times, employee commute patterns, parking inventory - Identify likely future parking demand; opportunities for shared parking; opportunities for employee-based incentives for carpooling, transit, or biking - Identify location for shared parking garage - Evaluate funding opportunities for shared parking - Explore circulator within district and partnering campuses (long term strategy)		EUD
Placemaking	Creating amenity and an identifiable place will help the District compete with other medically-oriented development options	Policies - Refine adjacency setback standards - Impervious surface reduction guidelines - Refine 50sqft open space requirement Partners - Major medical institutions - The Advisory Council (especially branding and planning subcommittees) - Property owners Projects - Confirm and clarify location for open space / plaza through Facilities Master Plan - Develop funding strategy for open space - Implement improvements to paths and streetscapes - Create a consistent identity across I-15 - Ensure appropriate transitions to surrounding neighborhoods (addressing transition in height, pedestrian and bike)		Planning
District branding, marketing and recruitment	Continued activities of the Advisory Council will create a distinct Medical District identity and brand to attract new medically-oriented development, faculty, staff, students and patients	Policies - Integrate branding efforts during implementation of placemaking actions (i.e., reflect District brand in signage and wayfinding, public art, gateways, open space and streetscape design). EUD and PIO will lead. Partners - Major medical institutions - The Advisory Council (especially branding and planning subcommittees) - Property owners Projects - Identify champions, possibly from the Advisory Council, to assist with recruitment of new or expanded medical institutions - Consistent signage, public art, and landscaping throughout District (implementation phased per phasing strategy)		EUD



priority action 1:

secure commitments for facility expansion; coordinate investments and phasing

Most stakeholders have articulated a desire to have the Medical District evolve as a center of excellence with sufficient activity, including research and associated spin-off industry, to attract world-class medical practitioners and provide excellent care for all Southern Nevadans.

Doing so will require a combination of the expansion of existing medical institutions in their current location and the attraction of new medical facilities that can bring new energy and new development to the area.

Without new medically-oriented development, the District will continue to struggle to meet the medical and economic development needs of the region, and its identity as a distinct District will be difficult to achieve.

This action specifically identifies the need for *commitments* to facilities expansion as a critical first step of the Facilities Master Plan, and of improving the District and the study area. Commitments are critical because they provide the certainty necessary to plan for and phase needed public investments, and to create a Facilities Master Plan that is realistic and implementable. However, achieving those commitments will be much more likely if the City clarifies its supporting role in achieving the vision for the District's revitalization, and makes a parallel commitment to advance improvements in the public realm and to support new development.

1.1 Role of the Advisory Council. This group serves as a champion for the cause of a revitalized Las Vegas Medical District, and can assist in working with existing and potential new

Total number of institutions (government, hospital, and university) in other Medical Centers:

Texas Medical Center (Houston): 54

Illinois Medical District (Chicago): 53

Memphis Medical District: 51

Source: City of Las Vegas Economic Development Strategy

medical institutions to encourage them to expand or locate in the District. Since the Advisory Council includes leadership from all existing institutions, if the Advisory Council were to adopt the Facilities Master Plan as policy, it would add to the weight of the plan.

1.2 At the same time, the Advisory Council can play an important leadership role in the ongoing revitalization of the District. Clarifying the role will be helpful to the group. The Advisory Council could consider the possibility of moving to a more formal governance structure, to assist with

Case Study: A Private Member-Funded Nonprofit in Fort Worth, Texas

Careful coordination of activities among many partners, each with their own goals and financial realities, will be necessary to achieve success. In these situations, collaborative bodies sometimes move to a more formal governance structure to be able to better coordinate decision-making and to partner with public agencies and others more easily.

For example, Fort Worth South, Inc. (FWSI) is a private, member-funded nonprofit redevelopment organization dedicated to revitalizing Fort Worth's Near Southside 1,400 Medical District. Required FWSI member dues provide support for the organization's work. Annual dues (a deductible business expense) range from \$250 for new businesses to over \$5,000 for large

and established employers. Large donations guarantee the organization a spot on the Board of Directors. FWSI's Board of Directors currently has 37 members, ten of which are from the medical fields.

The City of Fort Worth has made commensurate investments, effectively giving both organizations "skin in the game." The City of Fort Worth's Neighborhood Empowerment Zone program establishes central city areas eligible for redevelopment incentives. Most of the Near Southside is within the designated NEZ areas, and resulting incentives include permit and impact fee waivers as well as redevelopment incentives.

Source: FWSI website

coordination, decision-making, and funding of shared priorities. The transportation management association (TMA) recommended in this Investment Strategy is one option; a private member-funded non-profit (see sidebar) is another.

1.3 Role of the City in implementation.

While many medical institutions are not private for-profit enterprises, they nonetheless make expansion

and relocation decisions that they believe will improve their bottom-line financial situation. As such, they are motivated by the same set of risk and reward variables that all developers face. Increased certainty can lead to reduced risk for developers. The City can play an important role in increasing certainty, and should be prepared for these conversations as it enters into the Facilities Master

Plan process. Clarifying public intent with Symphony Park will be helpful in this process.

1.4 Coordinate phasing and implementation with development.

In a very real sense, the City is entering into a deal-making phase with institutional partners, and should be prepared to invest in its vision if it is asking for commensurate commitment from its partners. Shared investment implies agreement on a phasing strategy. As outlined in the phasing plan for this Strategy, the phasing should be lead by institutional interests, but where and how institutions invest in the study area will be strongly influenced by publicly desired outcomes on publicly controlled properties. This is particularly true for County-owned parcels in the core of the study area, and for City-controlled parcels in the Symphony Park area. Increased clarity regarding desired public outcomes is needed.

Public commitment can take many forms, but is a necessary pre-condition to investment from institutional and development partners.



priority action 2:

demonstrate public commitment to district through investment

Public-private action is necessary to spur medically-oriented development in the district. Clarifying the public sector commitment to the area will create a foundation on which private sector investment can occur.

2.1 Finalize and adopt the Facilities Master Plan and the Centennial Plan, including funding strategies. The most visible way to commit the City to action is to adopt the plans that will guide future development as policy. The Facilities Master Plan and the Centennial Plan should include specific funding strategies for infrastructure and parking facilities, identifying the public funds that are available to support key public projects and the timeline on which they will be developed. These commitments send a strong signal to private and institutional partners that the City is prepared to move forward.

2.2 Develop a toolkit of incentives. Incentives should address a range of development and attract new residents and employees to the area. Ideas include support for construction of parking garages, grants and loans, predevelopment assistance for specific development sites, and support throughout the regulatory process.

Other options include flexible configurations/build-to-suit, small business debt and equity financing, research and development tax credits, corporate tax credits, small business job creation tax credits, and incumbent worker training reimbursements. The City's current RDA does not include the entirety of the Medical District study area; while much of the new development would be tax exempt, considering its expansion could nonetheless open up new possibilities for the area.

Case Study: Johns Hopkins Medicine in Baltimore, Maryland

Many incentives bring medical professionals and employees to Johns Hopkins Medicine. The Live Near Your Work program, a partnership between Johns Hopkins and the City of Baltimore, offers employees up to \$17,000 in grants toward purchase of a new home.

Additionally, apartment complexes offer renting discounts to Johns Hopkins employees. The City of Baltimore's Buying into Baltimore Fair includes neighborhood tours, where fifty participants receive a \$3,000 home-buying incentive.

2.3 Identify roles for other regional partners. The Advisory Council should identify roles for the LVGEA, SNS, and other important regional or local bodies in implementation, and secure commitments of policy and financial support. Successful implementation of the Medical District will require many partners and shared priorities.

2.4 Evaluate utilities. Through the Facilities Master Plan, evaluate existing utilities and plan for future infrastructure to ensure adequate capacity to support Medical District development.

2.5 Determine and commit to uses on Symphony Park site. This site is large, vacant, and publicly-controlled. Certainty about how it will be used—and in particular, whether Cleveland



University of Nevada, Las Vegas could be a partner in the evolving medical district.

Clinic will move forward with its option on the southern portion of the site in the near-term—is a key to the phasing strategy.

2.6 Work with UNLV to secure medical school; develop a legislative agenda. One way that the City can assist with recruitment efforts is to partner with UNLV to advocate for a future

medical school that could be located in the Medical District. The Advisory Council is particularly well-positioned to develop of a coalition of regional governments to advocate for State funding for the Medical District's future. Ongoing conversations about locating the Medical School on Site #4 will also be critical.

TABLE 2. BARRIERS AND OPPORTUNITIES: DEMONSTRATING PUBLIC COMMITMENT

BARRIERS	SOLUTIONS OR OPPORTUNITIES
Institutional investment in the study area may be seen as risky, because the area currently lacks identity as a district and because public sector commitment is uncertain	Use the Facilities Master Plan as an opportunity to create certainty for all participating parties, but also to outline the specific actions that the City and its public partners could undertake to strengthen the District in the future
Projects must be identified, phased, and prioritized for State and local funding	This Strategy suggests a range of possible actions; Adoption of the Facilities Master Plan will identify and prioritize projects for public funding



priority action 3:

parking management

Determining an approach to district parking is critical to allowing new development to move forward.

The Medical District is not alone in its challenges with planning for parking and redevelopment. Across the nation, many urban areas were developed at a time when surface parking for each new building was an expectation and a right, and are now struggling with how to redevelop in more urban forms.

Under current codes and practices, lot-by-lot provision of parking for single uses will result in a dominance of surface parking lots and minimize opportunities to share parking. Further, most of the developable land in the Medical District is currently used as surface parking, limiting the availability of land for redevelopment.⁴ The large expanse of surface

parking could be redeveloped to a “highest and best use” including more residential and diverse mixed-use development. However, parking must still be available for employees, patients, and visitors to the Medical District.

If (and when) surface parking lots transition to the more urban development forms envisioned, however, parking supply will be reduced at the same time that demand for parking will increase. In the future, absent the introduction of transportation demand management strategies, more parking will be needed with less available land. At the same time, off-street parking, especially in the form of structured parking garages, is very expensive to provide. Its cost can affect development feasibility, limiting the ability of the private sector to generate the needed new parking.

For these reasons, clear and thoughtful parking management policies that: (1) identify where and how parking for Medical District residents, employees, and visitors will be accommodated; (2) determine how to couple parking strategies with transportation demand management tools; and (3) clarify the role the City will play in providing and funding that parking are critical to the area’s future vitality.

3.1 Consider formation of a TMA. The formation of a Medical District Transportation Management Association (TMA) will be beneficial for parking management. A TMA is a “non-profit, member-controlled organization that will provide transportation services and/or information to the area.” This TMA could negotiate shared parking agreements among the various institutions and

⁴All information about parking management from Nelson\Nygaard Memos “Transportation Opportunities & Barriers” and “Transportation Considerations for the Medical District” (Appendix A).

residences; initial membership could come from the existing Advisory Council.

3.2 Inventory existing parking and explore minimums and maximums. With or without the formation of a TMA, existing parking restrictions should also

be reevaluated based on a completed inventory of District street parking, and an analysis of parking utilization throughout the day. Throughout the District, some on-street parking restrictions are unnecessary. While still prioritizing emergency vehicle access, allowing more street parking

(for example, on just one side of the street), would be beneficial for parking management. The proposed TMA should develop a matrix that aligns the types of medical facilities with parking demand, to better determine future parking needs and associated code requirements.

TABLE 3. BARRIERS AND OPPORTUNITIES: PARKING MANAGEMENT

BARRIERS	SOLUTIONS OR OPPORTUNITIES
Land uses and street designs are currently auto-oriented	Several major projects are planned that can be used to improve street design to support multi-modal transportation outcomes and reduce reliance on trips by car. This Investment Strategy suggests other such improvements.
Approaches to shared parking are untested in the Valley	Shared parking strategies developed for the Medical District could provide a template for solving parking challenges in other locations around the Valley
There is no existing process and structure to support cooperative decision-making about parking issues	The Advisory Council provides a forum for planning for the future of the Medical District; it (or one of its subcommittees) could become the home for conversations about shared parking, and could eventually become a separate Transportation Management Association (TMA)
Plans for future expansion or relocation of medical facilities are not well-known, creating uncertainty about the future parking demand that should be accommodated	The Facilities Master Plan can inform understanding of future demand for parking. Interim shared parking agreements of existing lots can be piloted, before investing in permanent infrastructure such as garages.
Location for parking facilities must be central to multiple institutions	The Facilities Master Plan should include a complete inventory of existing parking and explore locations for shared parking facilities
Funding for shared parking facilities is likely to be limited, and most parking structures in the Valley are free to users (meaning that structures do not generate revenue that can be used to finance construction of parking garages)	Formation of a Transportation Management Association allows for the possibility of phasing in paid parking options over time. It also creates a structure that allows for cost sharing and coordination. Many parking structure have some component of public funding supporting their financing mechanisms.

3.3 Evaluate the City's role in parking provision. In many locations, City funding of parking is an important component of a redevelopment plan. Clearly articulating the role that the City of Las Vegas might play in parking provision will help create certainty for private and other partners as they explore their redevelopment options. There are three possible approaches for managing the supply and demand of parking in the District that should be considered:

Approach 1: Continue the current approach. Continue City management of the on-street system, and make small adjustments to parking requirements over time as demand changes. On-street parking may be insufficient to support development of the densities envisioned; in this approach, private sector developers and property owners provide off-street parking as they are able.

Approach 2: "Right-size" the system, in cooperation with a TMA. In this approach, the City continues to actively manage the on-street system, and provides



financial resources as available to facilitate the private sector in providing shared off-street parking using existing surface lots. The City would evaluate parking minimums and/or maximums in the Development Code, creating a favorable environment for the private sector to take the lead on parking provision. In this approach the City's role would be limited to managing the on-street supply, adjusting the regulatory requirements, providing incentives to private development and providing information.



Some of the parking options in the Medical District.

Approach 3: City lead, in cooperation with a TMA. In this approach, the City commits to becoming an active owner and manager of shared parking, strategically providing parking both on- and off-street to support redevelopment. In some cases, this may be in partnership with private developers or property owners.

All three approaches have merits and deserve discussion.

3.4 Data collection. The City and the TMA could undertake various projects to address parking management and the formation of shared parking. Collecting data on current parking utilization will help clarify the understanding of peak usage times, employee commute patterns, and parking inventory among all partners and institutions. This includes cataloguing free and paid public, private, and permit parking. These baseline data are critical to developing a shared parking strategy that can accommodate expected future demand and make the best use of the existing facilities.

3.5 Identify future parking demand and locations for shared facilities. A key component of exploring the likely expansion or relocation plans of medical institutions in the District should be estimations of need for future parking. As the Medical District grows, opportunities for future shared parking and employee-based incentives for alternatives to single-occupant vehicle travel, including carpooling, transit, and biking should also be identified. The shared parking plan should incorporate arrangements with residential developments, as well as identify a location for a shared parking garage. Importantly, a parking garage currently located on the World Market Center site is unused for large portions of each year, and could be an excellent resource for shared parking.

3.6 Explore funding options. While there are many different options for funding shared parking, plausible options should be identified and evaluated early in the planning process. As described previously in this section, the role that the City

takes in provision of parking is an important consideration for funding parking. Typical funding sources for garages include:

- Direct funding by key partners
- Charging for parking, both on-street and off-street (phased in over time)
- Fee-in-lieu (allowing developers to pay into a fund that can be used for District parking, rather than providing code-required parking in each new building)
- Tax increment finance
- Using publicly-owned land for parking
- Committing existing capital funds over a planning horizon
- Development agreements (public-private partnerships in individual buildings)
- Exploration of Local Improvement District (LID)
- For additional detail, see Appendix A.



priority action 4:

placemaking

Today, the Medical District is well-known as a regional critical care area serving a wide-range of Southern Nevadans with diverse economic, social, and cultural backgrounds.

From an urban design perspective, building on and improving the established identity of the Medical District can better connect this diverse user base to their surroundings and to each other. Open space, plazas, wider sidewalks, enhanced vegetation and plantings, path and streetscape improvements, and mixed-use development can provide opportunities for residents, employees, patients, and visitors to interact with the Medical District across social, economic and environmental realms.

Improving the perception of safety, accessibility and

visibility in the Medical District will be critical to enhancing its identity. The use of CPTED principles (Crime Prevention Through Environmental Design) should be used to evaluate all proposed improvements. Sightline evaluation, for example, can ensure that the Medical District has “eyes on the street” surveillance around building entrances and common areas. Landscaping improvements including shade trees can activate common spaces and make them more appealing for scheduled activities. In turn, this populates common areas with a large number of desired users.

Public spaces that allow professionals to step away from their work momentarily for a lunch break in the park, a social moment with colleagues or clients, or a brief escape to recharge the mind can play a vital role to improve quality

of work, life, and personal well-being. Likewise, people are making location decisions based upon sense of place more and more. Employees, patients and residents are seeking complete places that are well-linked and organized around parks and open spaces.

Parks and gathering spaces create opportunities to bring people together, offer venues for large- and small-scale events, and have the potential to offset carbon footprints and reduce the heat island effect. Perhaps most importantly, open space provides respite for patients, families of patients receiving medical care, passers-by, residents, and medical professionals, and connects people with natural areas.

The goods and services flowing through the Medical District circulate people in and out at all

TABLE 4. BARRIERS AND OPPORTUNITIES: PLACEMAKING

BARRIERS	SOLUTIONS OR OPPORTUNITIES
Open space limitations: Limited landscaping and landscaped setbacks exist; and no parks or gathering spaces exist under a site-specific open space context.	Incorporate park spaces into new development with a goal of creating a handful of larger shared spaces rather than many individual and/or internally focused spaces; Establish landscaping standards; Improve streetscapes.
Impervious surfaces: Impervious surfaces predominate, trapping heat and contributing to the urban heat island effect.	Integrate pervious pavers and concrete into parking lot and parking lane design; Encourage green roofs on new development.
Adjacent land uses are not complementary: Zoning adjacent to the study area boundary is currently auto-oriented or intended for strip commercial development.	Introduce new uses in the Medical District Facilities Master Plan that create better transitions between existing structures and areas; encourage more restaurants and locally-serving businesses along edges of the District.
Poor connectivity and irregular block lengths: Despite the pedestrian-friendly nature of this District, few pedestrian-oriented uses exist.	Introduce additional connections and linkages prior to and in conjunction with new development; Emphasize and protect the importance of the pedestrian promenade axes.
Poor ADA accessibility: Currently, lamp posts and plantings are located on center of the sidewalk, which prevent wheelchair accessibility.	Move existing utilities as opportunities arise so that they are in a common furnishings zone (exclusive of the pedestrian through zone) or behind the sidewalk within public right-of-way and private property easements.
Busy street and pedestrian unfriendliness: The District boundary is bordered by two high traffic streets (Charleston Boulevard and Alta Drive) and building setbacks detract from a welcoming pedestrian environment. Along Charleston Boulevard, sidewalks are narrow with few places to cross this busy street.	Wider sidewalks, vegetated medians, bike lanes, etc. should be encouraged.
Limited connections to Downtown: At the eastern end, I-15 presents a major physical barrier with Downtown and redevelopment of the freeway under Project Neon will create major impacts to portions of the Medical District.	Improve highway underpasses with public art and improved lighting; Add pedestrian wayfinding signage; Encourage transit use to Symphony Park and Downtown.
Smaller lots and a range of different zones: A range of different zoning designations and land use regulations in conjunction with the small lots found within the Medical District boundary limit the potential to assemble large, developable parcels.	Zoning alterations would have to be considered in order to allow for parcels to be reclassified as open green spaces and joined together in order to create larger gathering spaces that can be shared by development. If parcels cannot be consolidated, an opportunity exists to develop pocket parks that reinforce the need for improved streetscapes and pedestrian circulation. Pocket park development will demand that CPTED principles be adhered, ensuring visibility, sightlines and safety.

hours of the day. Enhancing the streetscapes with amenities like public transit stops; stormwater functionality (i.e. stormwater management, xeriscape techniques, etc.); designated bicycle lanes; wider and ADA compliant sidewalks; and more secure pedestrian crossing, encouraging people to choose alternatives to personally owned motor vehicles.

4.1 The City should explore a more aggressive open space requirement for the Medical District. With the upcoming Facilities Master Plan effort, meeting open space mandates could be achieved with additional programming to parks and gathering spaces in the Medical District.

City of North Las Vegas Xeriscape Program

enhancements: Extend the principles of this program to parks and gathering spaces in the Medical District. Currently, turf is prohibited in the common areas of residential neighborhoods, but not in active open spaces that include parks and multifamily. Using Xeriscape Park in Boulder City as a precedent, a similar

open space could be created in order to showcase native plant species found in the Southern Nevada desert ecosystem, while continuing to build on the pattern language of the proposed streetscape enhancements. This would greatly contribute to the creation of a distinct identity for the Medical District and go beyond the environmentally conscious initiatives set in place by the City of Las Vegas.

City of Las Vegas Office of Sustainability: A 2010 report, titled Sustaining Las Vegas describes strategies on how to mitigate the urban heat island effect in the City of Las Vegas. The following are some of the examples provided by the report:

- Using materials with high albedo (reflectivity) ratings.
- Using cool pavements such as: white or light colored alternative materials, cement concrete, asphalt concrete and porous paving.
- Utilizing cool roofing techniques such as: liquid coating in white or light colors, metal panels, green roof systems or white tile roofs.

- And lastly, expanding the urban forest in order to offset carbon footprints, absorb urban pollutants, mitigate water runoff, release oxygen, and intercept particulate matter.

4.2 Medical District Streetscape improvements along Shadow Lane:

The recommendations in this section focus on two street sections: (1) Alta Drive between Rose Street and Shadow Lane and (2) Shadow Lane between Alta Drive and Pinto Lane. The recommendations include one proposal for Alta Drive between Rose Street and Shadow Lane and two proposals for Shadow Lane between Alta Drive and Pinto Lane.

Within the Medical District, Alta Drive is currently a 75-foot right-of-way with 4 travel lanes, one center turning lane, 4' bicycle lanes, and 5' sidewalks. The design proposal suggests increasing the right-of-way and extending the bicycle lanes and sidewalks. The design proposal below explains the changes in more detail.

Within the Medical District, Shadow Lane (a north-south street) is comprised of a 60-foot right-of-way with two travel lanes, one turn lane, a 4’ bicycle lane, and sidewalks on both sides of the roadway. The two design proposals for Shadow Lane suggest widening the sidewalks and bicycle lanes and narrowing the travel lanes. The two design proposals on the following pages explain the changes in more detail.

The proposed sections through Alta Drive and Shadow Lane should include an intermittent median along the existing turn lane at key locations where entry to a parking lot or turning into a perpendicular roadway needs to occur. Sidewalks will need alternations to mitigate obstructions along the path of travel.

Lamp posts and planters located on center with the path of travel should be set back in order to conform to the most current ADA standards. As an alternative to relocating the lamp posts, the City could acquire an easement with adjacent property owners to extend the sidewalk back from the curb and increase its overall width.

One of the most important aspects of these proposals for Alta Drive and Shadow Lane is the increased sense of security provided through designated crosswalks and bold roadway markings for both pedestrians of all abilities and commuting cyclists.

4.3 District branding, marketing, and recruitment. Cultivating the Medical District’s distinct identity and brand through marketing and recruitment efforts can capitalize on the urban design

enhancements identified above. The area’s long-term success and longevity will depend on its capacity to improve, preserve, and replace services and institutions that best serve the Medical District’s diverse user base. The Advisory Council is already actively pursuing efforts to identify and disseminate the Medical District “brand;” continuing these efforts will be important to the success of the area.

- Integrate branding efforts during implementation of placemaking actions (i.e., reflect District brand in signage and wayfinding, public art, gateways, open space and streetscape design)
- Identify champions, possibly from the Advisory Council, to assist with recruitment of new or expanded medical institutions.

TABLE 5: BARRIERS AND OPPORTUNITIES: BRANDING, MARKETING, AND RECRUITMENT

BARRIERS	SOLUTIONS OR OPPORTUNITIES
Disparate group of property owners, institutions, and stakeholders	Achieving one cohesive identity for the District will require coordinated effort
Competing medical facilities on the edges of the region	Physical improvements to and new development in the District that incorporate the branded identity will help this area differentiate

EXHIBIT 5. ALTA DRIVE BETWEEN ROSE STREET AND SHADOW LANE - PROPOSED

The proposed section between Rose Street and Shadow Lane involves extending the right-of-way from 75' to 85' with four travel lanes and adding an intermittent median at key locations to the left turn lane. The expanded right-of-way allows the sidewalks to widen from 5' to 9' and 6' and the bicycle lane from 4' to 7', including a buffer from automobiles. The travel lanes would downsize from 12' to 11' as well as the center turning lane from 13' to 12' to accommodate the extended bicycle lanes.

EXHIBIT 6. SHADOW LANCE BETWEEN ALTA DRIVE AND PINTO LANE - PROPOSED 1



The proposed section between Alta Drive and Pinto Lane involves maintaining the right-of-way of 60' with two travel lanes and adding an intermittent median at key locations to the left turn lane. Additionally, the bicycle lanes widen from 4' to 5'. A wider bicycle lane of 5' requires that the current 12' travel lanes be downsized to 11', with the turn lane remaining at 12'.

EXHIBIT 7. SHADOW LANCE BETWEEN ALTA DRIVE AND PINTO LANE - PROPOSED 2



The proposed section between Alta Drive and Pinto Lane also involves maintaining the right-of-way of 60' with two travel lanes, adding median, and widening the bicycle lanes to 5'. However, this proposal includes adding landscaping and vegetation to the intermittent medians in the left turn lane.

Table 6. Secondary Actions Overview:

These actions are also important to the revitalization of the Medical District, but are less than the primary actions. These investments should be phased per the phasing strategy outlined in this document.

KEY	Rationale/Problems to Overcome	Interventions Needed		Lead
Safe multi-modal transportation connections	Access to and through the site for all modes of travel is important to creating a successful District.	Policies	• Confirm and clarify location for open space / plaza through Facilities Master Plan • Implement improvements to paths and streetscapes • Create a consistent identity across I-15 • Ensure appropriate transitions to surrounding neighborhoods (addressing transition in height, pedestrian and bike) • Consistent signage, public art, and landscaping throughout District (implementation phased per phasing strategy)	Planning
		Partners	• TMA (if formed) • Medical District Employers • Advisory Council • RTCSNV • City of Las Vegas: Planning and Development, Public Works Departments	
		Projects	Pedestrian • Upgrade sidewalks throughout the District through widening, landscaping and adding street trees for buffer and shade • Mark crosswalks or mid-block crossings on busy streets Bicycle • Build end-of-trip facilities in buildings, including bicycle parking • Designate Shadow Lane as a shared roadway for bicycle circulation with sharrow markings and traffic calming measures Transit • Upgrade transit stops to include shelters, benches, and timetable information	

KEY	Rationale/Problems to Overcome	Interventions Needed		Lead
Set the stage for successful supportive uses	A complete Medical District will have uses that support medical institutions, including housing and retail. These uses follow medical expansion.	Policies	• Master Plan should explore: (1) institutions' needs for supporting housing in their growth plans, as well as preferences for retail uses; (2) specific locations for retail and housing, given expansion plans; (3) opportunities to co-locate housing and retail with institutional expansion	Planning
		Partners	• Developers • Potential future medical school for student housing • Key property owners	
		Projects	• All placemaking projects and multi-modal transportation projects defined above are important to create a place that can support new housing development • Explore opportunities to partner with developers to provide supportive uses in appropriate locations	
Charleston Corridor revitalization	Charleston is the front doorstep to the Medical District and provides a critical first impression and connectivity to Downtown and adjacent neighborhoods. Improving overall aesthetics and balancing Medical District and neighborhood serving uses along the corridor will be necessary for long term success.	Policies	• Increase lot coverage maximums and create minimums • Reduce setbacks (remove in some locations) • Explore appropriate height limits	Planning and EUD
		Partners	• Nevada Department of Transportation • Advisory Council • RTCSNV • City of Las Vegas: Planning and Development, Public Works Departments • Adjacent neighborhoods	
		Projects	• Create and implement an access management plan • Make landscaping and other streetscape improvements • Promote façade improvement program	
Ongoing evaluation of need / opportunities for expansion along MLK north of Alta	The area along MLK north of Alta has few immediate development opportunities and is not likely to be needed in the near-term. However, over time, additional land may be needed, and this may be a logical location for future growth.	Policies	• No policy changes currently needed	Planning and EUD
		Partners	• Maintain connections with property owners in this area; if opportunities arise, evaluate them for implementation • NDOT, as the re-alignment of MLK is completed	
		Projects	• None in the near-term, except for ongoing	



secondary action 1:

safe multi-modal transportation connections

The planned growth of the Medical District will increase the number of employees and visitors in the area.⁵ This increase will correspondingly cause increased traffic and parking problems if the District continues to be auto-centric.

Encouraging alternative modes of transportation and increasing

safety to, from, and within the Medical District will not only decrease traffic and parking problems, but also promote energy conservation and improve quality of life.

1.1 Policies that offer employees incentives will encourage employees to utilize alternative transportation methods (public transit, carpool, bicycle, and/

or walk) over single-occupant vehicle commutes. Examples of incentives include transit pass subsidies, vanpool organization, financial incentives for using alternative transit modes of transportation, and bicycle discount programs. Employers should also be “encouraged to provide employee showers, lockers, and changing facilities” to encourage employees to

TABLE 6. BARRIERS AND OPPORTUNITIES: MULTI-MODAL TRANSPORTATION CONNECTIONS

BARRIERS	SOLUTIONS OR OPPORTUNITIES
Land uses and street designs are currently auto-oriented	Address design through implementation of improvements to right-of-way
While several frequent service transit stops serve the area, upgrades to facilities would improve the experience for users	Coordinate with RTCSNV to upgrade transit stops; can be an opportunity to reinforce Medical District branding at transit gateways
Uncertainty in location and phasing of growth complicates planning for transit and other facilities	Coordinate investments in public realm with phasing of new development in the District; clarify and solidify phasing through Facilities Master Plan.
Most trips to the Medical District are currently by car	Coordinate with employers, potentially through a newly-formed TMA, to encourage commutes by alternate modes or carsharing

⁵All information about safe multimodal transportation connections from Nelson\Nygaard Memos “Transportation Opportunities & Barriers” and “Transportation Considerations for the Medical District” (Appendix A).

walk and bike to work. If a TMA is formed, the TMA would be the logical lead implementer of these policy changes. The City could be a partner in funding and supporting these strategies. Specific projects for each alternative mode of transportation are recommended as follows:

1.2 Pedestrian Improvements The Medical District already has almost universal pedestrian access that varies in quality. A lack of on-street parking places pedestrians right next to traveling vehicles without a buffer and sometimes without marked pedestrian crossings. Additionally, the narrow sidewalks tend to contain utilities, street furniture, and driveways. To improve pedestrian access, ease, and safety, projects include: widening and upgrading sidewalks; adding buffers of landscaping, shading trees, street furniture, and/or parking lanes; the marking of crosswalks and mid-block crossings on long blocks; and providing pedestrian walkways through parking lots.

1.3 Bicycle Improvements Bicycle lanes are limited in the Medical District, with one dedicated bike lane striped on both sides of Alta Drive, lanes between Alta and Charleston, and one proposed bike route on Rancho Drive. To improve bicycle ease and safety, projects include: implementing Rancho Drive bike route; building trip-end facilities including bicycle parking; designating low-traffic streets as “bicycle boulevards” with sharrows to alert drivers; implementing more traffic-calming measures like narrowed lanes, pedestrian refuge areas, and reduced speed limits; and constructing bike paths through parking lots.

1.4 Transit Improvements While the Medical District is highly accessible by bus, the bus stops vary in quality. However, RTC SNV could upgrade bus stops to include higher quality amenities, including a bench and shelter at every stop. Improving access to transit routes by providing paths to nearest stops will also help increase ridership. In a later phase, the addition of a circulating shuttle could decrease auto dependence within the district.



As the Medical District grows, pedestrian and bicycle connections should be improved.



secondary action 2:

set the stage for successful supportive uses

A complete medical district will require intentional planning for supportive uses, including housing and retail, throughout the Medical District study area.

2.1 Growth of medical services in the Medical District study area suggests opportunities for developing housing for medical professionals, other workers, and students. Creating a vibrant Medical District will require new housing to provide opportunities for students and medical professionals to live in or very near to the study area.

In addition, there may be demand for temporary housing for families of patients in mid- and long-term treatment at the medical facilities in the study area. Open space and parks are also key ingredients.

2.2. All placemaking projects and multi-modal

Case Study: Supportive Uses

Some medical districts actively encourage the development of supportive uses, and market their availability on their websites:

Parks and Open Space. The Texas Medical District (Houston) is adjacent to Hermann Park, more than 400 acres of green space. The park is home to the Hermann Park Golf Course, the Miller Outdoor Theater, a jogging track, the Houston Zoo, the Museum of Natural Science, the Cockrell Butterfly Exhibit, the Buddy Carruth Playground For All Children, the Japanese Garden, the

Mimi-Train, the Judson Robinson, Jr. Community Center, and McGovern Lake which includes paddle boats.

Mix of uses. The Memphis Center City Commission created a master plan in 2001 for the revitalization of the Memphis Medical District. For the Medical District to succeed, the master plan accommodated new residential units, additional primary office and lab space to create a medical technology business park, mixed-use development, and hotel rooms.

transportation projects defined above are important to create a place that can support new housing development.

The Facilities Master Plan should include an exploration of institutions' needs for supporting housing in their growth plans and preferences for retail uses.

Exploring this will help to guide movement forward. Given the Medical District's and institutions' expansion plans, the Master Plan should also explore specific locations for retail and housing in the District and opportunities to co-locate housing and retail with institutional expansion.

TABLE 7. BARRIERS AND OPPORTUNITIES: SUCCESSFUL SUPPORTIVE USES

BARRIERS	SOLUTIONS OR OPPORTUNITIES
Concerns about density of development and uses within the District from adjacent neighborhoods	Outreach associated with this process found general support for a more successful Medical District, so long as buffers between the District and neighborhoods limit negative impacts of growth. Continuing to engage leadership in adjacent neighborhoods will be critical to the success of new development projects in the District.
Connectivity to downtown (across an expanding freeway)	Current development activity in nearby Downtown Las Vegas has generated significant energy and enthusiasm that can help to bolster new development in the Medical District study area. Improving access across the freeway is necessary to create a continuous identity through the study area, but also to allow for connections to nearby Downtown.
Lack of amenities (parks and open space, coffee shops and restaurants, shopping, etc.) to support residential development.	Residential rents are driven by amenities within the units (number of bedrooms, quality of appliances, etc) but also by access to nearby retail amenities such as coffee shops, restaurants, parks, and shopping. Creating a complete District that attracts and supports residential uses will require attention to these supportive uses. This Investment Strategy recommends a focus on placemaking to help to address these issues.
Oversupply of retail uses in the County. Retail lease rates were around 10% at the end of 2013; retail lease rates decreased 42% between 2007 and 2013. Retail space has not recovered from the recent recession.	Demand for retail in the Medical District study area will be driven by growth in employment, visitors to expanded medical institutions, and housing in the area. Unless retail conditions deteriorate across the County, existing market conditions are unlikely to be a significant barrier to development of retail that serves workers and residents of the study area and surrounding neighborhoods.
Untested demand for more urban housing types in the Valley	While examples of new higher-density urban-form housing development are increasing in the Valley, options are still generally limited. Clarifying the market niche (students and temporary housing are one potential group) will be helpful.



secondary action 3:

Charleston Corridor

The Charleston Corridor serves as the gateway to the Medical District, and also provides neighborhood services. Improvements to this area can support district branding efforts and will benefit surrounding neighborhoods by providing enhanced retail opportunities.

3.1 Explore opportunities to partner with developers to provide supportive uses in appropriate locations.

Taking the improvement to streetscapes into consideration, Charleston Boulevard has the potential to be a great east/west connection to downtown. With wide infrastructure already in place, alterations could be made to enhance this major connector as a gateway feature into the Medical District. Four distinct land uses were found for this study area:

- **Medium low density residential:** permits a minimum of eight dwelling units per gross acres. This density range permits: single family detached homes, including compact lots and zero lot lines; mobile home parks and two-family dwellings, local supporting uses such as parks, and other recreation facilities. Schools and churches are also allowed in this category.
- **Service commercial:** allows low- to medium-intensity retail, office or other commercial uses that primarily serve local patrons, and that do not include more intense general commercial characteristics. Examples include neighborhood shopping centers and areas, theaters, bowling alleys, and other places of public assembly and public/semi-public uses. This category also includes offices either singly or grouped as office centers with professional and business services.
- **Public facilities:** allows large governmental building sites and complexes, police and fire facilities, non-commercial hospitals and rehabilitation sites, sewage treatment and stormwater control facilities, and other uses considered public or semi-public such as libraries and public utility facilities.
- **Office:** provides for small-lot office conversions along primary and secondary streets as a transition from residential and commercial uses for large planned office areas. Permitted uses include business, professional, and financial offices as well as offices for individuals, civic, social, fraternal and other non-profit organizations.

Given this array of current land uses, much potential exists to expand on several of these in a way that increases the quality of life of user groups within and around the District, while providing an opportunity to establish a dynamic identity along this specific corridor. For example, the addition of green spaces, mixed-use buildings, expanded sidewalks, and pedestrian-friendly access points along every intersection would offer a sense of security, ease pedestrian mobility, and potentially create a local economy through the establishments of local restaurants and businesses.

Presently, there are single level detached family homes along the southern edge of Charleston Boulevard with short block lengths, rear accessed driveways, or alleys. Some have been converted to commercial uses, yet retain a distinctive residential feel, so by continuing this residential language, a sense of community can be maintained and enhanced through similar future mixed-use structures that sustain that same feeling.

3.2 Medical District Streetscape improvements along Charleston Boulevard:

The recommendations in this section focus on a design alternative for Charleston Boulevard put forth in the Charleston Corridor Plan.

The existing segment of Charleston Boulevard has a 99' right-of-way, which currently accommodates six travel lanes, an intermittent median that evolves into a right and left turn lane, and a 5' sidewalk with a 6" curb on both sides of the roadway.

The proposed section through Charleston Boulevard includes the repurposing of one eastbound and one westbound travel lane adjacent to the existing sidewalk. These travel lanes would be converted into transit/bicycle-only lanes. The median is to remain, yet be enhanced with a consistent planting scheme along the roadway to increase a sense of identity along this boulevard. To determine whether this is feasible, a corridor study for Charleston should be conducted beyond the limits of the Medical District.

3.3 Along Charleston, key points of interest should include:

- The expansion of both sidewalks and the possible setback of lamp posts and planters for increased pedestrian mobility, comfort, and ADA compliance.
- The addition of stormwater catchment and retention planters to not only add aesthetic appeal to Charleston Boulevard, but also deal with larger environmental issues that Southern Nevada faces. Drought tolerant xeriscape planting techniques should be incorporated to showcase the City of Las Vegas water conservation initiative.
- Visual linkage of Charleston Boulevard as a major thoroughfare to I-15 and onward toward downtown though a distinct and continuous planting scheme in both the stormwater catchment and retention planters and existing medians. Both house opportunities to promote a District identity through

District-specific signage (i.e. banners, etc.)

- Lot coverage: Increase lot coverage maximums and create minimums.
- Setbacks: Reduce current setbacks and potentially remove setbacks in some locations.
- Building heights: Explore appropriate building height

limits for the District. Currently, some commercially zoned areas have conservative height limits of 35 feet which make additional intensification, mixing of uses and structured parking difficult.

- Identification of location for open or public spaces: Currently there are no public spaces along this segment of Charleston Boulevard.



Charleston Boulevard has the potential to be a great east/west connection to downtown.

secondary action 4:

ongoing evaluation of need for additional land

The area along Martin Luther King Boulevard north of Alta has few immediate development opportunities, and given land availability in closer proximity to existing medically-oriented development, is not likely to be needed in the near term.

However, over time, additional land may be needed, and this may be a logical location for future growth.

There are no barriers to medically-oriented development in this area that are necessary to evaluate for solutions at this time. This Strategy does not recommend implementation in this area in the near- or mid-term.

4.1 Continue to evaluate the demand for additional land as implementation advances in other areas of the Medical District. Ongoing connections with property owners in this area

is advisable. If opportunities arise (properties come on the market, or property owners approach the City to discuss opportunities), they should be evaluated to determine whether or not to move forward.

No capital investments or policy changes are recommended in the near term.

TRANSPORTATION CONSIDERATIONS FOR THE MEDICAL DISTRICT

NELSON\NYGAARD—AUGUST 4, 2014

The City of Las Vegas and its partners are undertaking several infrastructure improvements to the Las Vegas Medical District in an effort to ready the area for increased investment. These projects, outlined below, will enable the District to accommodate higher levels of multimodal activity while reducing potential conflicts.

As the District strives to change into a more intensely developed employment and destination area, further steps can be taken in the long term to accommodate increased travel activity by non-drive alone trips. At a district level, a Transportation Management Association (TMA) is a common tool used to administer transportation demand management (TDM) programs. TMAs address parking, circulation, congestion, and non drive-alone access through employee commute programs, information about alternate travel options, or other tools.

OPPORTUNITIES: MEDICAL DISTRICT TRANSPORTATION MANAGEMENT ASSOCIATION (TMA)

What is a TMA:

Often commercial or institutional districts have a shared identity; with similar services, attractions and transportation challenges. In some cases, the tenants of an area will form a Transportation Management Association (TMA), a non-profit, member controlled organization that will provide transportation services and/ or information to the area. TMAs typically operate in partnership with local government's support to influence transportation planning and projects in the area. They can be cost effective ways to manage transportation needs, particularly parking pressures brought on by significant employee pools and uses that draw large amounts of visitors. TMAs seek to improve access to the district by creating efficient parking plans, and reducing dependence on single occupant vehicle trips. These are supported by strategies to make it easier to bicycle, vanpool, or take transit to the district.

TMA Functions:

TMAs can take on a variety of functions, depending on the reasons they were formed and their financing structures. Some TMAs are task driven, such as building a structured garage or setting up a system of shared parking. Others are mission-driven and aim to address transportation access in a specific area. A TMA can be a useful model because it can start with a small purview and budget, and increase in size and complexity as an area (re)develops. A TMA

can help with the branding of an area, to attract both customers and future district tenants. It can also provide a framework for employers to consider alternative commuting strategies for their employees before parking supply reaches a crisis point.

Some of the typical functions performed by a TMA include:

- Transit pass sales and subsidies
- Vanpools – promotion, van formation, administration, van provision, and/or subsidies
- Shuttle services
- Parking management
- Bicycling programs – advocacy, bike commuter clubs, bike lockers, showers, etc.
- Bicycle parts/repair/locker discount programs
- Guaranteed Ride Home - Free emergency ride for employees who take transit, carpool, bicycle or walk to work
- Rideshare matching service for car/van pools (can be done through the Regional Rideshare agency, but customized to TMA members)
- Prizes & financial incentives to employees who use alternatives to driving alone (a commuter club for employee members)
- Discounts & promotions geared toward increasing alternate commute participation

- Transportation information through a website, brochures, on-site transportation fairs, promotional events, an on-site information center, and employer or employee newsletters
- Website with transportation info for visitors accessing the district
- Information to employers about transportation and air quality legislation
- Advocate for transportation projects or employer transportation interests
- Networking meetings for area employers to discuss transportation issues
- Employer training and consulting about setting up on-site employer programs
- Telecommuting consulting

Structuring/ Financing a TMA:

TMAAs are often financed through a public-private partnership or with private funding via membership dues. TMA financing sources are often combined to create a fully-sustained TMA. Common funding models include:

Employer Dues: Employers who want to receive TMA services pay an annual fee to the TMA. Dues vary significantly depending on the breadth of services offered. These dues can be structured as flat annual fees or per-employee fees. Per-employee dues are usually capped at a certain employer size. For example, a TMA

might charge \$10 per employee up to hundreds. A flat-fee structure might charge \$500 per year to smaller employers and \$5,000 per year to larger employers. Dues can also be charged based on square footage, retail sales, or number of hotel rooms, or through other formulas that estimate the trip generation a commercial or office use might generate.

Advantages: Participation is relatively straight forward and the barrier to entry can be set relatively low, particularly for small employers or businesses. It is also a stable form of funding that allows TMAs to reliably plan their activities.

Disadvantages: May not be large enough revenue source to finance extensive services or projects such as a shuttle.

Employer Dues for Project or Services: In these arrangements TMAs are formed to manage and finance a specific higher-cost transportation service such as a shuttle, or build and maintain a large shared parking structure. Ongoing management may require additional dues. In some cases, employers may have the option of joining the TMA as a “general member” at a lower rate, or as a “supporting member” at a higher rate. The supporting members are eligible for the special service (e.g. the shuttle), while the general members still enjoy the secondary benefits of more available parking and reduced congestion within the district.

In other scenarios, dues are set according to the total cost of operating the services. In the case of the shuttle, the operating costs may be divided amongst all members. Or, membership fees can be charged as “stop fees”. For the shuttle to stop near an employer site, the employer must “buy” the stop for a designated fee. Stop fees can be shared amongst neighboring businesses, or the cost can be split based on the size of the employer at that stop.

Advantages: Fees can be priced accordingly to cover the cost of a particular service or paying off capital projects. With dual level membership, employers who may benefit from other TMA services, but not the marquee service (the shuttle); can pay an appropriate level of dues.

Disadvantages: Employers along the route that don’t contribute toward financing the TMA still benefit from the service. It may be difficult to entice small employers to participate where there is no compelling reason for their participation, such as parking challenges, employee recruitment or morale.

Development Impact Fees: A transportation development impact fee can be used to finance a TMA and its programs when new development is expected to occur. The fee can be used for capital projects such as shared parking garages and administration of programs.

Advantages: Impact fees can generate considerable funds for transportation improvements, and coincide

with needed infrastructure improvements associated with increased employees or customer visits.

Disadvantages: In many cases Cities or local jurisdictions already charge transportation impact fees, so either an MOU must be granted for fee sharing or the area might face duplicative transportation taxes. Funding is also inconsistent, contingent on construction that may accompany development booms.

Business Improvement Districts: A Business Improvement District could be established to generate revenues to pay for a TMA and associated services that benefit that district. Usually these districts are used to pay for services such as parking garages, street frontage improvements, and other upgrades to make a district a more attractive place to be. This is typically more appropriate for an area that is highly commercial and trying to attract customers, rather than a services district where people will mostly come out of necessity.

Advantages: Generates a steady stream of income for the TMA, creates a feeling of ownership amongst all businesses in the district.

Disadvantages: It can be difficult to pass a necessary vote amongst employers to start a BID. The utility and purpose of the BID does not align with more service-based Districts such as the Las Vegas Medical District.

Development Agreement: TMAs and accompanying services are often financed through

the development approval process. To gain approval from the city's development review department, the developer agrees to establish a TMA, and sometimes specific transportation services to be run by the TMA, such as a shuttle. To ensure financing and success of the TMA, requirements for financial support are included in the development's Covenants, Conditions and Restrictions (CC&R's). The developer can then decide how to pass these fees along to future tenants. In some cases, fees are passed on to property owners within the site. These property owners may pass some of these fees along to tenants, either through an assessment included in the lease agreement or in higher rents.

Advantages: Depending on how the fees are passed from the developer to the property-owners to the tenants, services may appear "free" to users. Those entering the development commit to supporting the TMA and/or transportation services from the beginning of their residence at that site. Ideally, TMA services are closely matched to meet the anticipated needs of the development.

Disadvantages: This is not an option where development is already established, or where there are thin margins for developers trying to make projects pencil out.

Grants and Public Financing: A public-private TMA may be formed with the purpose of seeking grant funding. The TMA is comprised of representatives from a variety of agencies who will donate their time and office support to setting up and finding

financing for the TMA. The board can seek grant opportunities to finance its projects and administration.

Depending on the services offered by the TMA, it might obtain some public financing. For example, a TMA might come to an agreement with the local transit agency to fulfill a specific transit role and obtain NTD funding to run shuttle services.

Advantages: There is less pressure to obtain commitments from employers and other private entities. Grants can reduce the amount of funding needed from the private sector. It also creates partnerships and investment on the part of public sector employees (such as planners, politicians) who have responsibilities for supportive transportation and land use projects, programs, and policies that can help the TMA achieve its goals.

Disadvantages: Grants are difficult to obtain and are not reliable for on-going funding. It may create an expectation for TMA services at unsustainable costs, and employers may balk when faced with the full price of operating the TMA without public subsidies.

TMA CONSIDERATIONS FOR MEDICAL DISTRICT

A TMA in the Medical district would be tasked with both short term and longer term tasks as greater development and investment occurs. According to the Institute of Traffic Engineers, on a typical weekday, the type of land use representative of the Las Vegas Medical District (Medical- Dental Office) will generate approximately 8.91 trips per employee. Thus adding 150 new jobs within the district would generate about 1,336 new daily trips. These numbers are based on suburban land forms where most trips are met by automobiles. A Medical District TMA would be tasked with meeting with the City or MPO to determine modal share goals as the district grows, as well as creating a plan to accommodate increasing transportation demands.

Near Term

In the near term, the TMA should undertake a parking inventory and begin crafting a shared parking plan that includes both on-street and surface-lot parking. The TMA should also begin a commute reduction program for employers to participate in. The program could act as an employee transportation coordinator (ETC) for small-mid size companies and businesses in the area that may not have their own, or as a point person and resource to existing ETCs within the district. The TMA should act as a clearinghouse for best practices on all commute modes, and as a contact point to other services such as vanpooling

vendors, shuttle operators and more. It should also maintain a website with information for employees and visitors accessing the Medical district, including transit information for reaching campus, bike routes and parking.

The shared parking management plan could tackle:

Cataloging free and paid public parking, private parking and permitted parking.

- Studying parking utilization rates, and assess if pricing structures and time limits are appropriate. Determining if on-street limits are needed to create better parking turnover.
- Shared parking arrangements, particularly with the residential developments along Martin Luther King Blvd (residents have access to parking during certain hours on nights/weekends).
- Provide signs and maps showing motorists where they may park, publish this information online for visitors before they arrive.

Long Term

As the district grows through investment, the TMA will need to accommodate growing needs of employees, students, patients and residents. Parking pressures will continue to build as surface parking lots are developed to contributing buildings within the district. The increases in density and activity can make transit, bicycling or walking a more attractive option. Transit agencies typically

invest in higher-quality bus stops along higher ridership routes. Higher levels of pedestrian and bicycle activity can trigger traffic calming investments such as curb bulb-outs, higher quality crosswalks and other facilities. The TMA should lead the way advocating for these investments, both in applying for grants and communicating needs with local and county transportation staff.

Longer term investments to manage transportation challenges around the campus could include shared financing of a parking garage, creating standards for automobile and bicycle parking facility designs, the creating of a campus circulating shuttle with potential connections to Symphony Park, and exploring a campus bike share.

CASE STUDY: SEATTLE CHILDREN'S HOSPITAL

Comprehensive Transportation Plan Elements

The Seattle Children's Hospital is a highly specialized academic medical center serving families from all over the northwest. Recently it undertook a 20 year Comprehensive Transportation Plan designed to improve traffic, accommodate growth while mitigating neighborhood impacts, and reduce driving among employees while also encouraging active transportation to improve health.

The activities undertaken are comprehensive in scope and investment. They span from commute-focused incentives programs to partnering with the City of Seattle to fund investments in corridor projects and intelligent transportation systems.

The plan also recognizes the importance of institutionalizing campus design that supports the transportation plan, and investing in links and connections between campus and surrounding neighborhood trails and networks.

Seattle Children's Hospital has invested in many TMA-like programs and policies that have contributed to the significant mode shift and could be undertaken by a medical district TMA.

- Robust commute benefits program with financial rewards, including: providing transit passes to employees, commuters who get to work by bus, bicycle, carpool, vanpool or work receive a commuter benefit payment.
- Shuttle-to-transit system linking the campus to regional transit hubs.
- Innovative bicycle programs and links to regional paths. Employees who pledged to bike to work at least two days each week, get to use a company bike free of charge. Additionally, an on-campus program lets employees check out electric-assist bikes for mid-day trips around campus and elsewhere.
- Programming such as employer provided classes on commuting and bicycle maintenance and events during Bike to Work Month.
- Priced and managed parking supply that incrementally increases over time, including no free parking for employees. Parking is charged on a daily basis, creating a further disincentive to driving.

- Guaranteed ride home program via taxi service for those who carpool, walk, bike, or take transit when emergencies arise.
- On-site car sharing and vehicle fleet available for mid-day trips or meetings off-campus.
- Supportive on-site services such as cafeterias, coffee-shops, nearby daycare and other amenities that reduce the need to run errands after work in a personal vehicle.
- Investment in new sidewalks, better pedestrian signals, and other on-street amenities to encourage walking to and within the campus.

The Results

The Comprehensive Transportation Plan was approved in 2010 as part of the final Master Plan for the hospital. The rate of employees driving alone to work has dropped from 73% in 1995 to 38% today. Transit ridership has increased with the addition of a shuttle stop. The pilot program documented 160 more one-way trips made every day on the route compared to before the stop was added. The program offering bicycles to employees who pledge to bike commute filled immediately and is continually expanding.

The plan estimates that by 2028, despite growth in employees and visitors, 500 fewer parking spots will be needed and Children's hospital will reduce 2,700 metric tonnes of carbon emissions every year. Additionally, congestion will be tightly managed so that only 1 additional minute of travel time is estimated along the primary commuting corridor

in 2028. By 2028, the campus transportation plan strives to achieve a drive alone rate of only 30%.

PLANNED AND ONGOING TRANSPORTATION PROJECTS AFFECTING THE MEDICAL DISTRICT

The City of Las Vegas is currently undertaking significant investment in and around the Medical District to accommodate employees and visitors to the area. Local transit service is available and the street grid is relatively compact, allowing for non-motorized circulation; however, the land uses and street design are auto-oriented, large surface area parking lots that front buildings. Encouraging modal shift will require more complete, safe, and high quality facilities; a goal the city is addressing through several planned projects. A TMA could leverage these investments, and potentially offer support and guidance when these projects move forward.

Medical District Sidewalk Infill: Within the existing Medical District Boundary, missing sidewalk segments along roads such as Tonopah Drive and Rose Street will be filled. The project has also identified areas throughout the Medical District that need new or upgraded ADA ramps. Timeline: submitted for CDBG Funding FY15

Project Neon: This large-scale 3.7 mile project along I-15 stretches from Sahara to the US95/ I-15 Interchange. Growing congestion is contributing to high levels of air pollution, noise pollution, travel

delay and frequent crashes. The project seeks to ease these conditions by separating longer distance freeway travel from local traffic using the interstate. In the vicinity of the Medical District, Project Neon will rebuild Martin Luther King Boulevard as an arterial facilitating north-south traffic. The rebuilt arterial will have two travel lanes in each direction as well as left turn pockets and medians. A neighborhood sound wall will be constructed along the southeast corner of the Medical District.

Charleston Boulevard (Phase 1-3): Proposals for significant upgrades to Charleston Boulevard are proposed in three phases. The first includes significant reconfiguration of the boulevard with raised medians and ADA corners. The first phase is being implemented in conjunction with Project Neon and spans from S Martin Luther King Boulevard to Shadow Lane. Phase two extends from Shadow Lane to Rancho Drive, the western edge of the Medical District. This phase will widen sidewalks to 10 feet and plant street trees. The project is funded by fuel revenue indexing funds. The final phase proposes similar improvement as phase two, extending the widened and landscaped sidewalk to Valley View Boulevard This final phase is currently unfunded.

Alta Drive: Along the northern border of the Medical district between Rancho Drive and Martin Luther King Boulevard, plans to improve Alta Drive include widening sidewalks to 10 feet with street trees, adding raised landscaped medians, and expanding capacity to include another eastbound auto lane.

The project is funded through federal STP funds, with \$7.7 million set aside for FY18 for Alta Drive and Bonneville Avenue.

Rancho Drive, Tonopah Drive & Shadow Lane:

Each of these projects focus on widening sidewalks to 10 feet and planting street trees. Currently Shadow Lane is the only project with funds identified (\$1 million from fuel revenues).

Martin Luther King Boulevard (Phase 1-2): As part of Project Neon, Martin Luther King will be widened to a six lane cross-section between Alta Drive and Symphony Park, and reconfigured between Alta Drive and Charleston Boulevard. The boulevard will increase vehicle capacity, but also create safer intersections by adding crosswalks and pedestrian signals.

appendix B

Southern Nevada Strong

Opportunity Site Workshop

Las Vegas Medical District—May 20, 2014

Executive Summary

On May 20, 2014, Southern Nevada Strong and the City of Las Vegas hosted a workshop to seek public input on the site possibilities for the Las Vegas Medical District opportunity site. The workshop was held in an open house format that allowed participants to move at their own pace through six stations while providing feedback and engaging in conversation with members of the project team. About 32 people attended the workshop and provided input. Nearly 90 percent of the participants live near the site and 75 percent work nearby.

Key Findings

Medical District

Overall, participants expressed support for a medical district in Las Vegas at this site as beneficial to the region, as well as being likely to improve property values. They noted, however, that the support and vision of the institutional partners—UNLV, UMC and the Cleveland Clinic in particular—are key. Participants also expressed

a need for better facilities, personnel, equipment and resources and to ensure the technological infrastructure to support a top-notch medical district is in place.

Retail, Community Services and Amenities

Participants repeatedly urged adding more restaurants of all types to the area, and would also like to see: grocery stores featuring healthy options; local retail rather than large chains; bars and entertainment venues such as movie or outdoor theaters.

Participants strongly favored District-supportive mixed-use and entertainment/retail over other options. In terms of office space, participants were very supportive of multi-story medical offices with ground floor retail, including a variety of restaurants, as the core of the district. They also suggested realistically considering market issues before developing so as to avoid creating more unleased office space.

Participants expressed the need for family-serving community services in the area, including suggestions such as a “one-stop non-profit shop” and an indoor/outdoor community center. Participants also supported improving the area’s appearance and the curb appeal of businesses

with landscaping, streetscape and median enhancements.

Transportation, Access and Public Transit Improvements

Participants noted that pedestrian, bicycle and disabled access in the area needs to be improved with the addition of more sidewalks, bike paths and/or lanes, and safe crossings, especially on Charleston, and the removal of obstacles such as street lights in the middle of sidewalks. In terms of the pedestrian/bike circulation options pictured at Station 4, there was strong support for bike lanes and separated sidewalks and moderate support for marked crossings and pedestrian refuges.

Participants also suggested that transit be improved in the district, including: a shuttle or other transit connecting Symphony Park through the core of the medical district to Charleston; light rail or some other fixed route transit on Charleston; and bus shelters.

Participants noted a need to plan for additional parking as both retail and medical facilities are expanded, including employee parking for UMC. New development will likely occur on the existing surface parking lot. They were very supportive of integrated parking structures with parking on top levels, with a moderate amount of support for multi-story parking structures.

Participants also expressed concern with non-residential traffic cutting through residential

neighborhoods such as Rancho Manor. Of the options for underpasses pictured at Station 4, only the shared motorist/non-motorist underpass received strong support.

Housing

Participants expressed that the area needs more residential properties, and that existing residences must be protected from development. There was a small to moderate amount of support for all housing options pictured.

Parks, Open Space and Recreation

Participants would like to see more parks in the area, although one noted concern that they would attract the homeless. Among the open space options, both public art and landscaped plazas were strongly supported, and there was also moderate support for a central gathering area with spray ground.

Safety Concerns

One participant mentioned concerns regarding safety in Shadow Lane. There were no other specific comments regarding safety concerns in the area.

Other

Participants made a handful of comments regarding the outreach process, including noting the need to get resident input up front before development, and

expressing concern that outreach statements be clear and specific in order to receive the most useful input from community members.

Southern Nevada Strong

Summary of Opportunity Site Workshop

Las Vegas Medical District—May 20, 2014

I. Introduction

On May 20, 2014, Southern Nevada Strong and the City of Las Vegas hosted a workshop to seek public input on the site possibilities for the Las Vegas Medical District opportunity site. The workshop was held from 6:00 -7:30 pm at the Las Vegas Valley Water District offices.

The workshop was publicized using a variety of methods including: postings on the Southern Nevada Strong and City of Henderson websites and social media including Facebook and Twitter; local media in both English and Spanish including radio advertisements, local newspaper listings, and an AM news radio interview; e-blasts to more than 2,500 Southern Nevada Strong followers; and postcards mailed to 20,000 nearby households by the City of Las Vegas.

About 32 people attended the workshop and provided input. Participants arrived early and were eager to share their opinions. Many visited the stations and then spent the remaining time talking with project team members and their neighbors.

There was active discussion and several participants expressed appreciation for the opportunity to learn about the project and share their opinions.

II. Meeting Format

The workshop was held in an open house format that allowed participants to move at their own pace through six stations while providing feedback and engaging in conversation with members of the project team. Bi-lingual staff was available to provide translation assistance for those who spoke Spanish. Refreshments were provided, and a supervised Kids' Station provided an opportunity for children to color or read while their parents visited the stations.

At each station, they were provided information about the project and asked to provide specific input. The following briefly describes the activity at the station and summarizes the input received. A complete transcription of the comments received, as well as the imagery and concept drawings provided at Station 4, is provided at the end of the summary.

A. Station 1: Welcome and Sign-In

At the first station, participants were asked to sign in and provide general contact information. They also received a fact sheet about the opportunity site.

B. Station 2: Site Orientation

Participants were provided an opportunity to get oriented to the site and learn about the proposed goals for the project. Participants were asked to

identify on a map where they lived and worked in relation to the opportunity site. They were also asked to comment on the goals.

C. Station 3: What We Have Heard So Far

At this station, participants were presented with four (4) general statements that reflected the main themes of the outreach conducted to date. The statements were developed based on a review of the on-line survey data, and feedback received from small group discussions conducted at the February 26 Southern Nevada Strong Summit and other meetings with staff and area stakeholders. Participants were asked to indicate whether they agreed, disagreed or were neutral on the statements. They could also provide additional comments to explain their responses.

D. Station 4: Site Possibilities

This station included scenarios of what could be possible at the site. It included imagery and concept drawings that showed what the preliminary analysis indicated could likely succeed at the site. Participants were also asked if they thought the region would benefit from having a medical district in Las Vegas.

E. Station 5: Social Media Station

Participants were encouraged to write a response to the following statement: “Las Vegas Medical District Study Area will be great when...” and then post a photo of themselves and their comment on the SNS

Facebook page. They were also given the option of just having their comment posted as part of a collage of comments provided by the participants.

F. Station 6: Southern Nevada Strong

At the final station, participants were provided information about the Southern Nevada Strong regional planning process and given an opportunity to complete the on-line survey. The station included informational materials and numerous iPads for participants to use. SNS staff was available to provide assistance with the survey. Participants were also reminded of the opportunity to provide feedback on the overall SNS draft regional plan.

III. Workshop Results

Workshop participants provided the following feedback at this workshop.

A. Station 1: Welcome and Sign-in—Results

Nearly 90 percent of those participating in the activity lived near the site, with the others scattered south of the site. Over 75 percent of the respondents worked around Las Vegas Medical District, with the remainder scattered to the northwest of the area.

B. Station 2: Site Orientation—Results

The goals for the Las Vegas Medical District opportunity site were listed as follows:

- Create a vibrant and attractive District that serves neighbors, employees, patients, and the region.
- Improve access to the District for pedestrians, bicyclists, cars, and transit.
- Ensure availability of land for new residential, commercial, and medical institutional use.
- Align regional partners in support of District development.

Participants noted that the support and vision of the institutional partners—UNLV, UMC and the Cleveland Clinic in particular—are key to the further development of the area as a medical district. Do they want a first class medical hospital and/or a teaching institution? Are they happy with this area

as a home for the medical school? Participants also expressed a need for better facilities, personnel, equipment and resources and to ensure the technological infrastructure to support a top-notch medical district is in place.

Participants commented that pedestrian/disabled access must be prioritized, particularly along Charleston, with improvements including bus shelters and removing obstacles such as light posts in the middle of the sidewalks. They also expressed concern with non-residential traffic using residential streets.

Participants suggested that the area needs more restaurants of all types, including delis and high end restaurants, as well as better grocery stores. They also suggested landscaped median enhancements and improvements to curb appeal at private properties—the Chevron at Rancho and Charleston was called out as a good example. They noted that there is a need to plan for additional parking as both retail and medical facilities are expanded.

Participants expressed concerns to be addressed before developing the area, such as: getting input from residents up front; protecting existing homes from development; and realistically considering market issues so as to avoid simply creating more unleased office space. They also expressed that the district needs to provide social services for nearby families and children, such as a convenient “one-stop non-profit shop” and a community center for families and children.

C. Station 3: What We Have Heard So Far—Results

Participants had mixed opinions about the outreach statements heard to date. The following reports the results of the dot voting at Station #3. (Note: green dots indicate that respondents agree with the statement; yellow dots indicate neutrality; red dots indicate that respondents disagree with the statement.)

1. We should consider expanding the Medical District's southern boundaries and better connecting facilities adjacent to the district, including METRO, Smith Center, Government Center. (10 green dots, 4 yellow dots, 0 red dots)
2. We should consider adding a medical school and opportunities for clinical research education. (12 green dots, 1 yellow dot, 0 red dots)
3. Medical services should be available 24/7 to accommodate the 24/7 Las Vegas community. (11 green dots, 2 yellow dots, 0 red dots)
4. We need more housing choices and amenities with easy access to hospitals for on-call residents. (13 green dots, 1 yellow dot, 0 red dots)
5. The Medical District needs additional services and amenities including child care, parking that is closer together, and wayfinding improvements. (13 green dots, 1 yellow dot, 0 red dots)

A few participants noted that Statement #1 is vague,

inviting neutral responses, or that it could be two statements. Another suggested expansion of the potential district in all directions, not just to the south.

Participants commenting at this station repeated the suggestion for a variety of restaurants and a higher end grocery store. They expressed a need for more ways to get around, including more sidewalks, bike paths and/or lanes, and a free shuttle within the expansion district. They also requested more child- and family-friendly amenities.

Participants suggested that property values could be improved with landscaping and beautification. One suggested that incentives could encourage agency staff and residents to report vandalism, graffiti and issues related to vagrancy.

D. Station 4: Site Possibilities—Results

Several participants expressed their support for a medical district in Las Vegas as beneficial to the region. They also noted that expanding medical uses would lead to a better-maintained area, and that old properties could be redeveloped to support the medical district.

Dot Voting

Following are the results of the dot voting at Station 4, where participants were asked to place a dot under the images in each category that they thought would be appropriate for the Las Vegas Medical District site.

Retail:

- Small scale multi-tenant (Neighborhood retail)—2
- Single-tenant (Neighborhood retail)—0
- Mixed-use (District supportive)—12
- Entertainment/retail (District supportive)—10

Housing:

- Two-story townhouses—4
- Four- to five-story condominiums—4
- Multi-story apartments—4
- Multi-story student housing—5

Office:

- One- to two-story medical offices—1
- Multi-story medical office with ground floor retail—10
- Multi-story medical office—3

Several participants commented that they'd like to see a multi-story office with ground floor retail as the core of the district, with more restaurants and coffee shops along with a full medical school. Participants also suggested that one- to two-story medical offices be located along Charleston.

Underpass:

- Non-motorized underpass—4

- Visual interest underpass—5

- Shared motorist/non-motorist underpass—12

Pedestrian/Bike Circulation:

- Separated pathways—4
- Bike lanes and separated sidewalks—11
- Marked crossings and pedestrian refuges—8

Open Space:

- Murals and public art—12
- Central gathering area and spray ground—7
- Landscaped plazas—10

Parking:

- Integrated parking structure (parking on top level)—10
- Multi-story parking structure with ground floor offices—7
- Multi-story parking structure with design façade—3

Participants suggested that the integrated parking structure mimic the style of other local buildings.

Transportation, Open Space and Land Use Map

Participants also commented on the map showing suggestions for transportation, open space and land use at the site. They proposed transit and/or shuttles connecting Symphony Park through the medical district core to Charleston, and noted

that Charleston needs more safe crossings for pedestrians, bikers and the disabled. Participants also stated that there isn't enough parking at UMC, recommending a parking garage and/or employee parking in the northeast corner of the boundary area.

Participants once more urged upgrades such as beautification of shops and landscaping along Charleston and Tonapah, suggesting that new investment might increase property values. One participant expressed concern that parks would attract the homeless.

Participants also repeated the need for a variety of restaurants and a community center for children and families, as well as concern about traffic cutting through residential neighborhoods. One participant noted concern regarding safety on Shadow Lane.

E. Station 5: Social Media Station—Results

Participants in the social media activity at Station 5 expressed that the Las Vegas Medical District area would be great when it includes: more locally-owned restaurants of all kinds; a few bars; healthy groceries such as Trader Joe's or Whole Foods; local retail; movie theatres and an outdoor theatre; parks; plus landscaping and upgrades to curb appeal for current businesses. They would like to see more residential properties and more services for the residents, including a convenient one-stop location for non-profits, an indoor/outdoor community center, and better cell service.

Participants also expressed that the area needs to become more walkable, bikeable and accessible, including more bike paths and the removal of obstacles such as light poles within sidewalks. They suggested more public transit, including light rail. One participant noted a need to minimize traffic cutting through local residential neighborhoods, such as Rancho Manor. A few participants also emphasized the need to build and expand medical facilities such as the new UNLV medical school and suggested that privatizing the public hospital might help development.

F. Station 6: Southern Nevada Strong—Results

It is estimated that at least half the workshop participants filled out the online survey at Station 6, which allowed them an opportunity to provide additional comments regarding the Las Vegas Medical District opportunity site.

Summary of Opportunity Site Workshop

Las Vegas Medical District—May 20, 2014

Transcription of Results

Station Comments

Station 1: Welcome and Sign-in

Results

- 17 total home dots—15 centered around site, 2 scattered south of area into Henderson
- 13 total work dots—10 centered around site, 3 scattered to northwest of area

Station 2: Site Orientation

Comments

- More restaurants (1 additional check mark)
- Too many unleased offices
- Need a community center (for the kids)
- Need to look at market issues up front
- Need to get input from residents up front
- Protect existing homes from potential development
- Don't use eminent domain to acquire houses for redevelopment
- Plan for additional parking for retail/medical
- Pedestrian/disabled access improvements should be prioritized (bus shelters, lights in the middle of the sidewalks, wheelchairs can't get by)
- Need a clear vision from UNLV; are they happy with the medical district as a home for the medical school?

- Disproportionate portion of Medicaid patients served in the area (at UMC)

- Does UMC/UNLV want a first class medical hospital? Teaching Institution?

- Improve access along Charleston

- Non-residential traffic using residential streets

- Need more restaurants—good delis

- More high end restaurants

- Landscaped median enhancements along Charleston (like on Rancho)

- Better, nicer grocery stores

- Private properties improve their curb appeal (Chevron at Rancho and Charleston = good)

- Provide a one-stop non-profit shop

- Allow/enable provision of social services that acknowledge the existence of nearby single-family neighborhoods

- Research facilities (better labs, better doctors)

- More medical equipment and resources

- Ensure that the technological infrastructure is in place to support top-notch facilities

Station 3: What We Have Heard So Far

Dot Exercise

Note: green dots indicate that respondents agree with the statement; yellow dots indicate neutrality; red dots indicate that respondents disagree with the

statement.

1. We should consider expanding the Medical District's southern boundaries and better connecting facilities adjacent to the district, including METRO, Smith Center, Government Center. (10 green dots, 4 yellow dots, 0 red dots)

2. We should consider adding a medical school and opportunities for clinical research education. (12 green dots, 1 yellow dot, 0 red dots)

3. Medical services should be available 24/7 to accommodate the 24/7 Las Vegas community. (11 green dots, 2 yellow dots, 0 red dots)

4. We need more housing choices and amenities with easy access to hospitals for on-call residents. (13 green dots, 1 yellow dot, 0 red dots)

5. The Medical District needs additional services and amenities including child care, parking that is closer together, and wayfinding improvements. (13 green dots, 1 yellow dot, 0 red dots)

Comments

- Free shuttle within district of Eastern/Northern expansion

- Amenities—more restaurants

- Wants to improve property values

- Statement 1 could be two statements

- Vague wording = Neutral response

- Wants more sidewalks and bike paths and bike lanes

- Landscaping and Beautification

- A higher end grocery store (1 additional check mark)
- Fine dining, breakfast restaurant, cute delis
- Add amenities that are kid-friendly and family-friendly
- Incentivize agency staff and residents to report vandalism, graffiti, vagrants, etc.
- Expansion statement should include west (along with east and north)

Station 4: Site Possibilities

Comments

Would the region benefit from having a medical district in Las Vegas?

- Love it! Yes we need it!
- We want to grow and expand the medical uses in the area.
- We'd rather grow and expand medical uses than lower end retail. Doctors maintain their properties.
- Redevelop the old houses into better supportive uses.

Dot Exercise

Retail:

- Small scale multi-tenant (Neighborhood retail)—2
- Single-tenant (Neighborhood retail)—0
- Mixed-use (District supportive)—12

- Entertainment/retail (District supportive)—10

Housing:

- Two-story townhouses—4
- Four- to five-story condominiums—4
- Multi-story apartments—4
- Multi-story student housing—5

Office:

- One- to two-story medical offices—1

Comments

- Maybe for Charleston
- This along Charleston
- Multi-story medical office with ground floor retail—10

Comments

- Medical School!
- Needs a full med school
- This in the core
- More eatery places
- Needs restaurants and coffee shops
- Multi-story medical office—3

Underpass:

- Non-motorized underpass—4
- Visual interest underpass—5
- Shared motorist/non-motorist underpass—12

Pedestrian/Bike Circulation:

- Separated pathways—4
- Bike lanes and separated sidewalks—11
- Marked crossings and pedestrian refuges—8

Open Space:

- Murals and public art—12
- Central gathering area and spray ground—7
- Landscaped plazas—10

Parking:

- Integrated parking structure (parking on top levels)—10

Comment: Structure should look like local fronts

- Multi-story parking structure with ground floor offices—7
- Multi-story parking structure with design façade—3

Transportation, Open Space and Land Use Map Comments

- City Ride or other transit connector for Symphony Park to medical core to Charleston
- Not enough parking at UMC—need parking garage

- Shadow Lane is dangerous
- Parks = Homeless people
- New investment could increase property values
- Beautification of shops
- Commercial core—restaurants, casual restaurant with atmosphere
- Upgrade—pointed to northwest corner of Rancho/Charleston
- Employee parking pointed at NE corner of Boundary Area
- Need safe places to cross Charleston on foot/bike/wheelchair
- Landscaping along Charleston
- Add a shuttle
- Community Center for children and families (indoor/outdoor)
- Tonapah needs streetscapes
- Cut-through traffic in Rancho Manor

Station 5: Social Media Station

- The public hospital goes private
- Have an indoor and outdoor community centers for kids/families
- It is walkable and transit oriented
- The new UNLV allopathic medical school is built and expands.

- When I can wheel down West Charleston Boulevard without running into a light pole.
- It is beautified with landscaping; a fantastic healthy grocery store i.e. Trader Joe's or Whole Foods; bike paths; higher end/fine dining restaurants; cute, sunny breakfast restaurants; sandwich deli shops; upgrade curb appeal of current businesses; cute boutique shops; oh! and a couple a great bars or wine bars; maybe an outdoor theater; one stop non-profit shop!!!
- Light rail for Charleston Boulevard and more residential
- Minimize “cut-through” traffic in the Rancho Manor neighborhood
- We bring in only locally-owned restaurants and retail – no more corporate chains.
- There are more services for the residents: grocery stores, parks, movie theatres, bike paths, cell service

STATION 2 BOARD



Goals for the Las Vegas Medical District

- Create a vibrant and attractive District that serves neighbors, employees, patients, and the region.
- Improve access to the District for pedestrians, bicyclists, cars, and transit.
- Ensure availability of land for new residential, commercial, and medical institutional use.
- Align regional partners in support of District development.



STATION 3 BOARD

Here is what we've heard...



Place ONE sticker next to EACH of the following statements. Place a green sticker if you agree, yellow sticker if you are neutral and red sticker if you disagree.

We should consider expanding the Medical District's southern boundaries and better connecting facilities adjacent to the district, including METRO, Smith Center, Government Center.	
We should consider adding a medical school and opportunities for clinical research education.	
Medical services should be available 24/7 to accommodate the 24/7 Las Vegas community.	
We need more housing choices and amenities with easy access to hospitals for on-call residents.	
The Medical District needs additional services and amenities including child care, parking that is closer together, and wayfinding improvements.	



STATION 4 IMAGES

MEDICAL DISTRICT

Please place a dot under the images in each category that would be appropriate in the Medical District.

STATION
4

RETAIL	 Small scale multi-tenant (Neighborhood retail)	 Single-tenant (Neighborhood retail)	 Mixed-use (District supportive)	 Entertainment/retail (District supportive)
HOUSING	 Two-story townhouses	 Four- to five-story condominiums	 Multi-story apartments	 Multi-story student housing
OFFICE	 One- to two-story medical offices	 Multi-story medical office with ground floor retail	 Multi-story medical office	



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OUR VALLEY. OUR VISION. OUR FUTURE.

STATION 4 IMAGES (CONTINUED)

STATION
4

MEDICAL DISTRICT

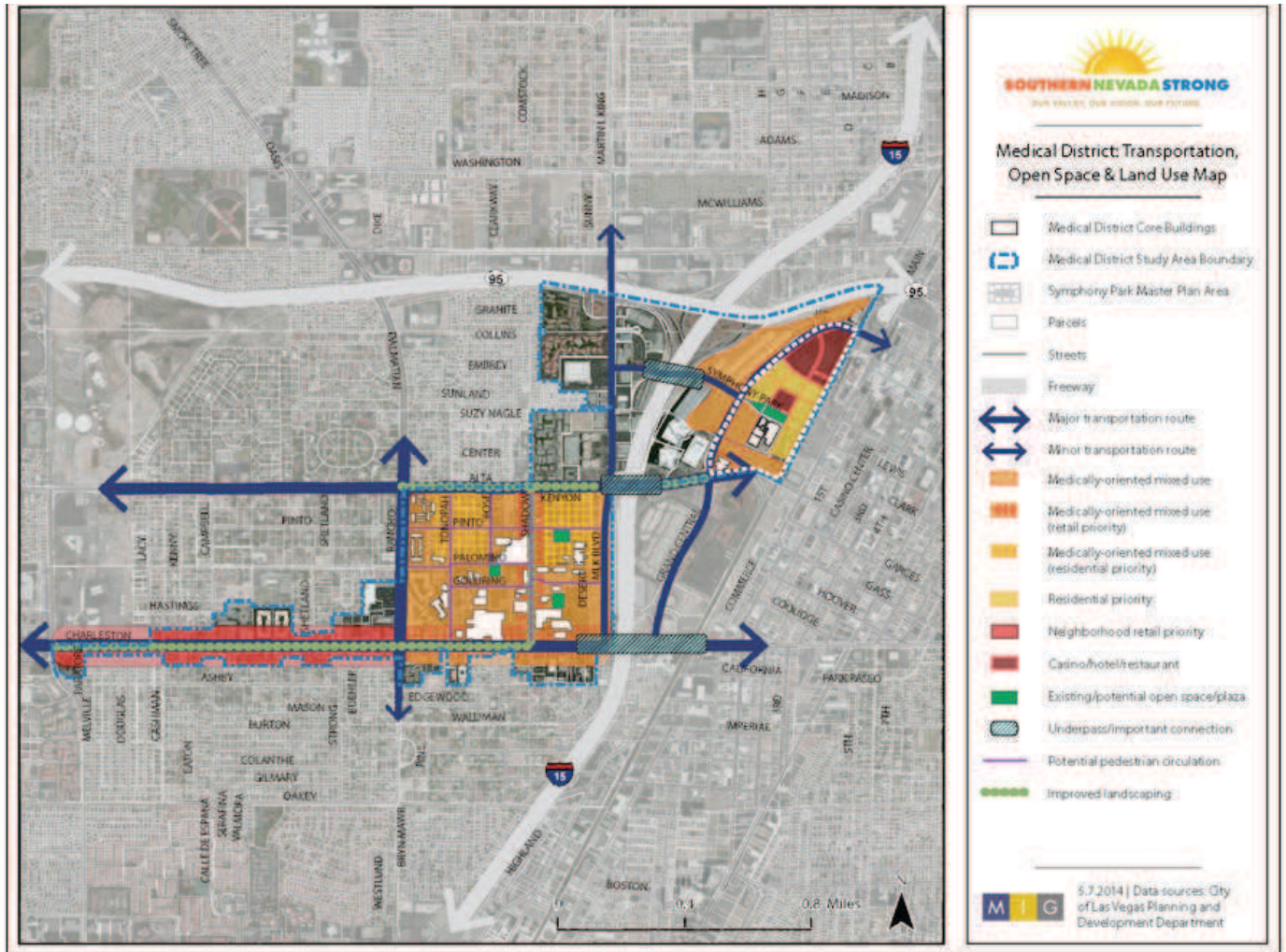
Please place a dot under the images in each category that would be appropriate in the Medical District.

UNDERPASS	 Non-motorized underpass	 Visual interest underpass (programmable lighting)	 Shared motorist/non-motorist underpass
PEDESTRIAN/ BIKE CIRCULATION	 Separated pathways	 Bike lanes and separated sidewalks	 Marked crossings and pedestrian refuges
OPEN SPACE	 Murals and public art	 Central gathering area and spray ground	 Landscaped plazas
PARKING	 Integrated parking structure (parking on top levels)	 Multi-story parking structure with ground floor offices	 Multi-story parking structure with design facade

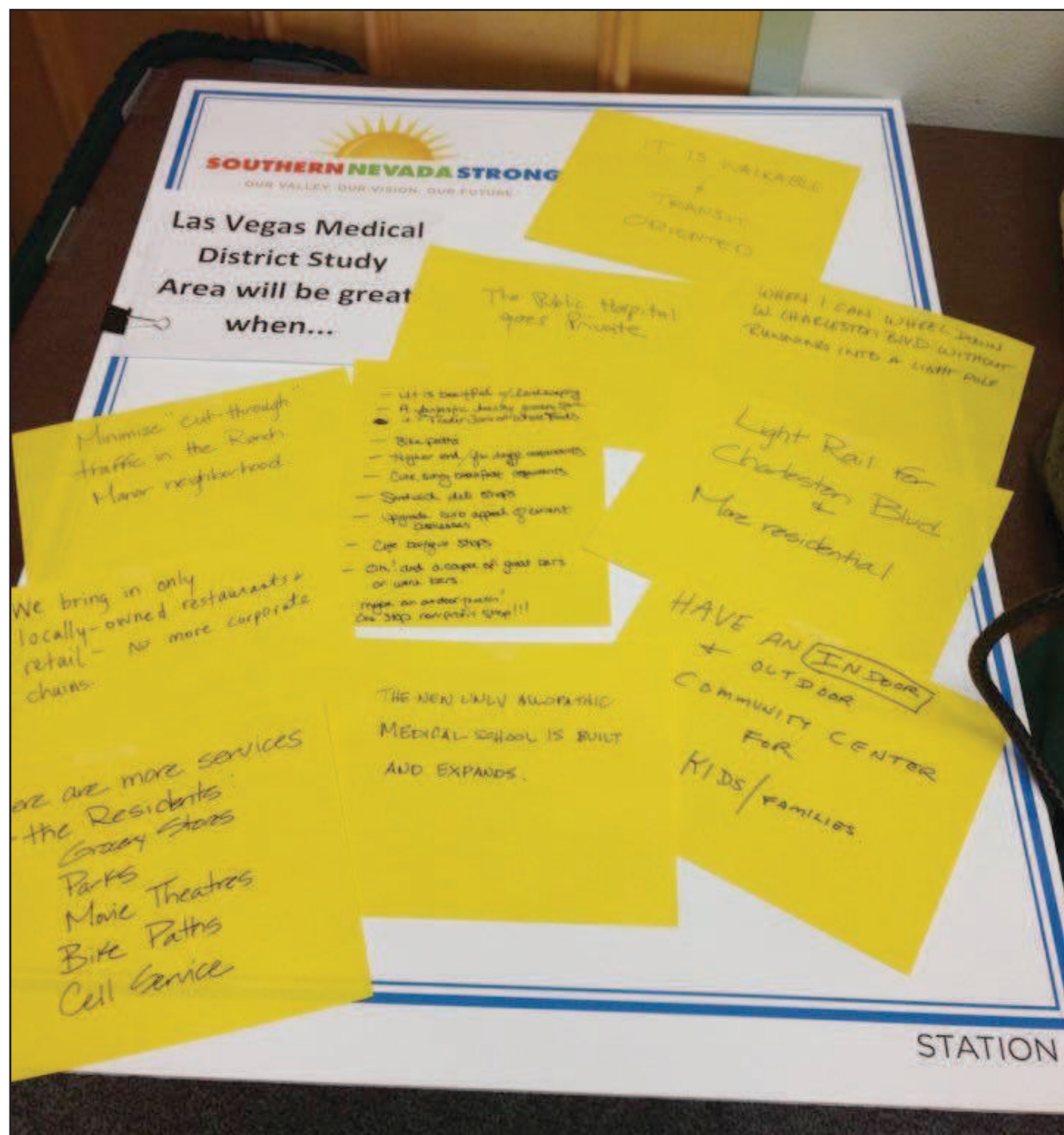


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STATION 4 IMAGES (CONTINUED)



STATION 5 PHOTO



Acknowledgements

The City of Las Vegas is staffing this project on behalf of the Southern Nevada Regional Planning Coalition (SNRPC). The project team represents the interests of the entire region, and works with representatives from local governments and agencies throughout the valley. The SNRPC will oversee the process, and the Plan will be subject to adoption by the SNRPC and all member agencies. The final Plan is scheduled to be completed by February of 2015.

The project is leveraged by resources and in-kind matching funds from 13 regional partners to the Consortium. Consortium partners include:

- Southern Nevada Regional Planning Coalition (SNRPC);
- City of Henderson;
- City of Las Vegas;
- City of North Las Vegas;
- City of Boulder City;
- Clark County;
- Regional Transportation Commission of Southern Nevada (RTC);
- University of Nevada, Las Vegas (UNLV);
- Southern Nevada Regional Housing Authority (SNRHA);
- Southern Nevada Water Authority (SNWA);
- Clark County School District (CCSD);
- Southern Nevada Health District (SNHD); and
- Conservation District of Southern Nevada (CDSN).

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