



## A VISION FOR THE FUTURE

*"What can be more crucial  
than the surroundings in which  
we spend our waking lives, the  
relations we have with others,  
and our own physical vigor?"*

*-H.V. Savitch, Research Professor  
of Urban and Public Affairs,  
University of Louisville*

# GREAT FALLS MEDICAL DISTRICT FINAL MASTER PLAN

GREAT FALLS, MONTANA

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# ***Great Falls Medical District Master Plan***

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# ***Great Falls Medical District Master Plan***

## **I. ACKNOWLEDGEMENTS**

### ***Stakeholders and Participants***

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Great Falls Clinic	Stakeholder
City of Great Falls	Stakeholder
City Planning Board	Participant
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# ***Great Falls Medical District Master Plan***

## **II. INTRODUCTION**

### **A. VISION FOR THE FUTURE**

***“What can be more crucial than the surroundings in which we spend our waking lives, the relations we have with others, and our own physical vigor?”***

***-H.V. Savitch, Research Professor of Urban and Public Affairs, University of Louisville***

The City of Great Falls is unique in that it has an active and diverse array of community members, employment opportunities, a rich and colorful history, and beautiful surroundings. Great Falls has been experiencing a revitalization of its downtown area with considerable improvements to its streetscape and pedestrian and vehicular connections, and renovation of its historic structures and civic amenities. Its riverfront is a focal point for year-round recreation and community activities, including swimming, jet-skiing, boating, skateboarding, bicycling, running, walking, and other outdoor pursuits.

Paralleling these exciting opportunities, Great Falls has also seen significant growth in its medical and health care related businesses and services. The key players in this upsurge have seen the need to better coordinate and accommodate this growth. These key players include the City of Great Falls, Benefis Healthcare, Great Falls Clinic, and other community leaders. This group feels its vision for the expansion and provision of future medical and health care facilities and services should be more explicitly defined so that proposed growth and development are well planned.

The following reflects the vision for the Great Falls Medical District:

1. Collaboration between major medical providers, adjacent property owners, neighborhood councils, and the City of Great Falls to implement the Master Plan.
2. Reinvestment, redevelopment and growth within the Medical District to increase interest in the area for living, working and business investment.
3. A vibrant mixed-use Medical District that attracts new residents and businesses while respecting existing land uses..
4. Exciting and enjoyable public spaces, streetscapes, trails, and physical connections between a mix of major medical facilities, offices, commercial areas, and residences.



Courtesy of CTA

# *Great Falls Medical District Master Plan*

## II. INTRODUCTION (CONTINUED)

It was decided early in the master planning process that the “Medical District” area should include the adjoining properties along 10th Avenue South. As a major access route for the Medical District, 10th Avenue South also needed to be considered as a major component in the development and redevelopment of the Medical District. The Medical District boundary is illustrated in Exhibit A.



Courtesy of CTA

Land use, zoning, aesthetics, and related considerations and decisions can greatly affect resident and visitor perceptions of the Medical District. As such, there was a keen interest to include nearby and adjacent properties in the overall master planning process. This would help to assure the vision for the Medical District would be developed in concert with nearby properties. A major component of the visioning process was to determine if an identity for the Medical District could be created to help establish a unique physical image and an aesthetic environment. To create this overall vision, the use of signage, outdoor plazas and seating, and site amenities were discussed and deemed appropriate.

### B. STAKEHOLDER AND COMMUNITY PARTICIPATION

Stakeholder and community participation were an integral part of the planning process. The stakeholders were selected because of their direct connection to the Medical District, their interest in the project and their willingness to finance the master plan. They were directly involved in the development of the Request for Proposals for consultant services, in the selection of the Design Team and in the preliminary planning of the project, including design solutions and programming. The specific community participants were non-solicited, but were given opportunity to take part in the project through notice of public meetings. A few of the community participants were present

at all the public meetings and were integral in offering “real life” design and planning solutions to the Design Team. The Design Team was rewarded with plentiful public input at every public meeting.



Courtesy of CTA

As in all community based planning projects, the Great Falls Medical District Master Plan was developed based on intense stakeholder and community member input. It was critical for the success of the master plan that people directly involved with the eventual build-out of projects within the Medical District be part of the planning process.

# ***Great Falls Medical District Master Plan***

## **III. GOALS AND OBJECTIVES**

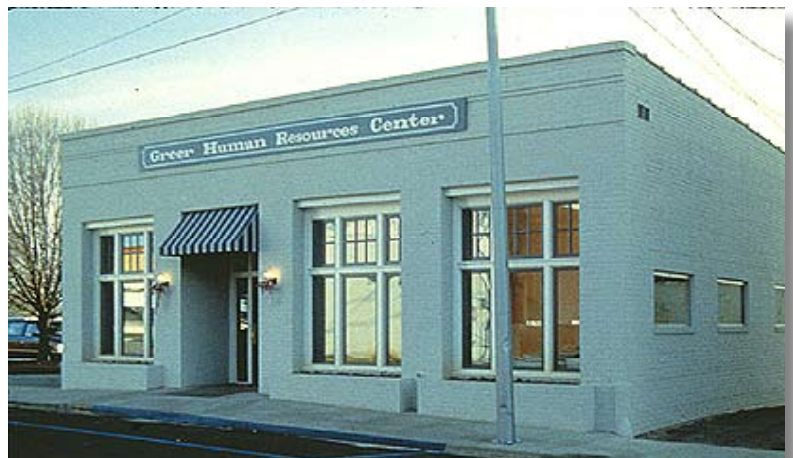
The preliminary planning process identified the following goals and objectives as a means to accomplish the mission for the Great Falls Medical District:

- A. Develop a plan to facilitate the physical growth, development, redevelopment and renovation of the medical core area and its adjoining neighbors.
- B. Develop a plan to produce a functional, attractive, interrelated and growth friendly medical district.
- C. Enhance our community's economic competitiveness in attracting both individuals and businesses to locate in the Medical District.
- D. Identify alternative financing approaches, capital strategies, and organizational models to support implementation of the Medical District Master Plan.



*An example of rehabilitation of a dilapidated building, using simple architectural design solutions and structural improvements.*

*The revitalized building utilizes local zoning, design ingenuity, investment, and possibly alternative funding sources to function more productively than before.*



# ***Great Falls Medical District Master Plan***

## **IV. EXISTING CONDITIONS**

### **A. GENERAL**

The Design Team researched existing conditions early in the master planning process. Many site visits to the Medical District were done to assess current land use, circulation, infrastructure and utilities, and built projects or facilities. Experts in economic issues, as well as infrastructure and utilities were retained to research and evaluate local conditions. Economic issues in Great Falls were compared to those in other areas of Montana or in similar communities throughout the Rocky Mountain West.

The Design Team and stakeholders also visited the Medical District together on many occasions, discussing ideas for improvements to the medical core as well as adjacent properties. The team visited the area during different times and seasons of the year. The team was able to observe the Medical District during rush hours, changes in shifts, construction with delays, and other times in order to observe traffic patterns, visitation levels and pedestrian-vehicular interactions.

The Design Team also conducted interviews with stakeholders, residents, members of community groups, local business and property owners and city staff. These interviews and meetings were paired with research of existing city zoning ordinances, regulations and policies to ascertain what growth patterns the city and the public desired.

Existing conditions were explored for the following items, including land use and zoning, economic development, transportation and circulation, public services and facilities, and infrastructure and utilities.

### **B. LAND USE AND ZONING**

Land uses within the Medical District vary as much as the types of businesses within it. Because some of the properties within the Medical District are not annexed into the City, the different zoning or lack of city zoning has affected the overall compliance of many projects built in the area over the last 50 years. Within the City Limits, projects are subject to the review and approval process dictated by regulations adopted to protect the community from issues such as detrimental zoning, lack of zoning, and lack of appropriate infrastructure or services.

The city zoning map and districts were recently updated for all properties within the City Limits. These new zoning designations reflect the careful planning of City staff and officials. The new zoning takes into consideration existing and historical land uses, as well as the future land use needs for the area to be designated as a medical district. The current land use and zoning regulations should help foster smart growth and orderly development within the Medical District, which is experiencing growth.

A land use and zoning map has been provided in Exhibit B.



# ***Great Falls Medical District Master Plan***

## **IV. EXISTING CONDITIONS (CONTINUED)**

### **C. ECONOMIC DEVELOPMENT**

The health care delivery system and its related industries are a major economic force in both Great Falls and Cascade County. Benefis Healthcare and Great Falls Clinic currently have facilities located in the Medical District area. Benefis is the largest non-governmental employer in the region and is the state's largest acute care hospital system, with 502 beds in multiple locations. Based on a 2004 study, Benefis is estimated to directly and indirectly impact 21% of all wage income payments to households and families in the Great Falls/Cascade County regional economy (Report prepared by Dr. Steve Seninger, BBER, 2004). Great Falls Clinic is the largest independent multi-specialty group practice in the state with over 134 physicians, physician assistants, and nurse practitioners. Great Falls Clinic also offers an outreach program that brings needed health care services to 20 other Montana communities. Other health care providers located in the community include independent and small group physician offices, long term care and senior services organizations, and many other smaller ancillary health care providers.

In addition to the direct economic impact of dollars spent by the health care industry and its employees in the community, there are many related and spin-off businesses and services impacted by a strong and vibrant health care delivery system. Examples of complementary functions include technology and research, education, medical supply, laboratory testing and diagnostic services, lodging, and restaurants. Many of these companies sell products and services required by the health care providers, employees, and visitors that come to the area. Therefore, ancillary but associated and important uses in the Medical District include related commercial and retail uses for employees and visitors. The Medical District currently contains a large number of residential living units that have little or no connection to the more compact medical core. Some of these residential living units or buildings are in disrepair and would benefit from architectural and site improvements.

Continued growth and expansion of the health care industry and its related businesses in Great Falls requires the ability to recruit and retain highly qualified personnel to the community. Although the educational system in Great Falls provides education and training for selected health-related personnel, the growing demand for highly skilled professionals will need to be met by attracting new residents to the community. In fact, the demand for skilled workers in a variety of businesses in Great Falls requires the ability to attract and retain professional personnel to the area. Creating a medical district coupled with a strong and vibrant community will support Great Falls' ability to compete effectively on a national platform, enabling the city to attract the skilled workforce required to deliver high quality health care.

While the health care industry has continued to grow and expand in Great Falls, from both a facilities and employment perspective, other businesses and services have experienced or been concerned about potential downsizing. Concerns with the possible closure or downsizing of

# *Great Falls Medical District Master Plan*

## **IV. EXISTING CONDITIONS (CONTINUED)**

Malmstrom Air Force Base, a major employer and key component in the economic vitality of the city, were put to rest in 2005 after review by the Federal Base Realignment and Closure Committee. Although the base is not scheduled to close at this time, the concern about dependence on any one employer is recognized as a significant risk for the community.

The community has had success in attracting new businesses to the area to support its economic development agenda as evidenced by the location of a satellite or branch office of the Centene Company to Great Falls in 2005. Centene is an example of a health care related business. It provides health care claims processing services to many states throughout the country. The combination of relocation incentives, transportation alternatives, educated workforce, labor costs, tax climate, and quality of life were all noted as factors that influenced the decision to select Great Falls for their expansion.

As Great Falls looks to the future and its options for attracting and retaining businesses and residents to the area, it will need to base its strategies on the changing demographics of the region. Recent estimates for Cascade County anticipate a 1.6% annual increase in population for those aged 65 and older from 2000-2020 (DPA Data Services, Inc. 2004). An aging population will continue to support the demand for and growth in health care services. Supporting the delivery of high quality health care in the community through the Medical District can become an important step in positioning Great Falls as “A Healthy Place to Be.”

### **D. TRANSPORTATION AND CIRCULATION**

Preliminary discussions with the stakeholders and subsequent site visits made the Design Team aware of vehicular and pedestrian circulation issues that were potentially unsafe. In addition, “way finding” throughout the Medical District was difficult given the lack of a cohesive signage plan and direct pedestrian linkages between facilities and properties.

It was determined that a major necessary component of the master plan was to improve pedestrian access to and from the medical core area. The two major medical providers in the area serve a wide variety of clients and patients from throughout the region. It is critical that the safety and comfort of these clients and patients are addressed for current and future uses at these facilities and those adjacent or related to them.

Vehicular circulation was observed to be heavy at most times of the day, especially during shift



Courtesy of CTA

# *Great Falls Medical District Master Plan*

## **IV. EXISTING CONDITIONS (CONTINUED)**



changes and the traditional rush-hour. Often times the shift change and the rush hour traffic overlapped, placing even higher impacts on the road systems. This was especially apparent in the medical core area, defined as the area immediately encompassing the Great Falls Clinic and Benefis Healthcare facilities.

Employee, resident, and visitor traffic are heaviest on 10th Avenue South, 11th Avenue South, 26th Street South, and 32nd Street South during shift changes. The 10th Avenue South corridor is especially busy during normal rush hour. This street collects traffic from the medical core area. Traffic volumes are highest where 10th Avenue South intersects with 26th Street South and 29th Street South.

Major pedestrian movement occurs in the medical core area, which is often mixed with the heavy vehicular traffic on 11th Avenue South and intersecting north and south bound streets (26th Street South and 29th Street South). There was consensus that the pedestrian experience in the medical core must be improved so that it is a safer and more enjoyable experience. It was also determined that creating improved street sections and circulation was of utmost importance in creating a safer experience for drivers within the Medical District. With the pedestrian and vehicular circulation systems both getting attention, it should assure that each will in turn function better alone and together.

The only east-west through-street south of 10th Avenue South that can be utilized to traverse the entire Medical District area is 11th Avenue South. 15th Avenue South also partially functions as an east-west through street, further south in the Medical District area. In a north-south direction, 26th Street South is the only one that traverses the entire Medical District. Existing streets in the area are generally in good condition. Sidewalks are missing in many key areas.

The public bus system in Great Falls is fairly extensive compared to other state-wide, urban systems. The Great Falls Transit District provides major east-west and north-south connections around town, linking the Medical District with the Malmstrom Air Force Base, downtown, and



residential neighborhoods on the north end of town. This system's "Southeast" route has stops in and near the Medical District, along 11th Avenue South, 16th Avenue South, 26th Street South, and 29th Street South. The transit route is adjacent to Benefis Healthcare and the Great Falls Clinic. The route is close to the University of Great Falls and the MSU-Great Falls College of Technology.

# ***Great Falls Medical District Master Plan***

## **IV. EXISTING CONDITIONS (CONTINUED)**

### **E. PUBLIC SERVICES AND FACILITIES**

Public services and facilities are typically built and maintained by a government agency or utility provider and are available for public use. Examples include community centers, recreational buildings, athletic fields, passive and active parks, trail networks, government buildings, and meeting facilities.

The Medical District does not contain many of these public services and facilities. Most development has been historically implemented by private enterprise.

There is one City park within, and two just outside, the Medical District boundary. Sand Hills Park is located between 25th Street South and 23rd Street South, and south of 15th Avenue South. This park features landscaping, a walking trail with a gravel surface and a storm retention pond. C.M. Russell Park is located east of 32nd Street South, south of 15th Avenue South and north of 17th Avenue South. It contains walking trails, tennis courts and picnic benches. This park borders a medium density residential area.

Lions Park is located along the north side of 10th Avenue South, between 27th Street South and 29th Street South. Of all the parks, this is the most developed and is located in an established residential neighborhood with commercial adjacencies.

All of the above parks would benefit greatly from a master planning effort, which would include input from local residents as well as the medical community. It is predicted that if these parks received additional amenities, they would be even more enjoyed by the community.

### **F. INFRASTRUCTURE AND UTILITIES**

A key component in the master plan was the selection of a Design Team that featured a civil engineering consultant experienced with urban street improvements, infrastructure design and installation, subdivision design, site development, traffic engineering and planning, and public involvement in the planning process. TD&H Engineering was retained to research existing conditions, utilities, infrastructure, street conditions, pedestrian facilities, and opportunities in redeveloping these. An existing infrastructure and utilities map has been provided in Exhibit C.

TD&H Engineering had already collected survey and existing conditions data for many areas within the Medical District. Additional research was done to assess current conditions of the existing infrastructure and facilities. Knowledge of future needs and requirements is critical to lowering overall costs and coordinating installation of those improvements.

As the Great Falls Medical District Master Plan is implemented, services can be improved and adjusted according to the master plan but also to the individual needs of existing property



# ***Great Falls Medical District Master Plan***

## **IV. EXISTING CONDITIONS (CONTINUED)**

owners who may wish to make their own improvements. The larger infrastructure plan is meant to complement existing facilities and services as well as to be flexible for future development.

**Sanitary Sewer** – There is an existing east-west trunk main that runs along 16th Avenue South from 20th Street South to 23rd Street South. It then goes south along 23rd Street South for approximately one-half block and then extends west to the extension of 31st Street South. The main varies in size. It is a 21-inch diameter pipe from 20th Street to approximately 22nd Street extended. It is 15-inch diameter pipe from 22nd Street extended to 26th Street South. From 26th Street South to 31st Street South extended, the sewer main is a 12-inch diameter pipe. The area north of this sanitary sewer main is served by an eight-inch diameter sanitary sewer main. The only existing sanitary sewer service south of this east-west main is located between 23rd and 26th Streets South from 17th Avenue South to approximately 20th Avenue South. These lines serve Forest Glen South Subdivision and the Centene Building.

**Water Service** – There is an existing 30-inch diameter east-west main serving the northerly portion of the master plan area. The remainder of the area north of 16th Avenue is served by eight inch diameter mains. The only water service south of 16th Avenue serves Forest Glen South and Medical Tech Park Subdivision. The Medical District is located within two water pressure districts. The dividing line is 23rd Street South.

**Storm Drainage** – The existing system consists of a regional storm drain detention pond and storm drain collection systems up and down gradient from the detention pond. The detention pond is located between 15th Avenue South and 16th Avenue South from 25th Street South to 24th Street South.

The collection system to the west also serves as the outfall for the detention pond. It consists of a 24-inch diameter pipe to the westerly boundary of the Medical District. The collection system to the east has been upgraded and consists of a 54-inch diameter pipe from the detention pond to 26th Street South. Then, going north along 26th Street South is a 42-inch diameter pipe to 11th Avenue South. The storm drain in 11th Avenue South is 30-inch diameter pipe from 26th Street South to 29th Street South. There is a 24-inch diameter storm drain in 15th Avenue South from 26th Street South to between 27th and 28th Streets South. There is also a main extending south from the detention pond that serves Forest Glen South and the Medical Tech Park Subdivisions.

Private property and development projects should evaluate their existing systems to determine if immediate or eventual improvements are warranted. There may be the possibility of coordinating private improvements with public improvements so as to minimize costs and impacts on adjacent properties, and to create more efficient systems for infrastructure and utilities.

# ***Great Falls Medical District Master Plan***

## **IV. EXISTING CONDITIONS (CONTINUED)**

### **G. VACANT LANDS ANALYSIS**

The locations of vacant lands has been provided in Exhibit D. As illustrated on this map, there are a great deal of vacant lands on the south side of the Medical District. In addition, many of these vacant lands are surrounded by properties that have seen redevelopment during the last five to ten years. As Benefis Healthcare and Great Falls Clinic continue to see growth and expansion to vacant lands within the Medical District, the underlying uses will become predominantly related to medical and health related functions.

Vacant land also takes the form of undeveloped and unannexed parcels on the outskirts of the Medical District. These have slowly been transformed from empty lots into viable commercial and institutional projects. There are also large acreages of land held in ownership for future expansion of those property owners' facilities or establishments (i.e. ecclesiastical uses in the southeastern portion of the Medical District). Landscape, parks and undeveloped vacant lands have been illustrated in Exhibit E.

### **H. MEDICAL DISTRICT IDENTITY**

During the early planning discussions of the Medical District, it was clear that an interest for the Medical District was to establish a common identity based on the consideration that it should have a cohesive appearance. It was determined that this cohesive appearance did not exist between the two medical provider's facilities nor the other properties within the Medical District. A common, unifying set of elements would enhance the overall working and living experience within the Medical District as well as make it more appealing to visitors and new residents. A "branding" or identity program with strict parameters was not desired, as it might exclude property owners with other creative ideas or financial barriers. Instead, a set of Design Guidelines have been created to achieve a higher level of design continuity than currently exists. These Design Guidelines would assist property owners, developers and contractors with implementing projects that promote good design principles. Design Guidelines for the Medical District have been created and are included in Section VI of this document.

# ***Great Falls Medical District Master Plan***

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES**

### **A. GENERAL**

The master plan is intended to be implemented on a project-by-project basis, based on the overall vision for the entire district as well as the Master Plan. With this type of implementation, it may require more time to see the ultimate long-term results than if an area wide implementation program were initiated; however, it also allows property owners of smaller parcels or of limited financial resources to make improvements over time. The Design Team has recommended the most relevant and realistic implementation initiatives below. These will provide the most progressive and useful solutions to ensure the success of the Master Plan. Many of the initiatives recommended in this section are intended to implement the features, ideas and concepts illustrated in the Framework master Plan, attached as Exhibit F. The framework is the product of a series of public charrettes and brainstorming sessions.

### **B. LAND USE AND ZONING**

The development of the Medical District area has historically been piecemeal. Development in the medical core area has primarily been conducted by the two primary health care providers. Most development or construction in the area has taken place without an overall “big picture” or master plan. Some of the larger parcels of land just south of the medical core area are in the process of being or have not yet been annexed into the city limits. However, as the Medical District grows, this will change.

Some of the properties and structures in the Medical District have been partially renovated or changed use over the last few years. With future changes in land use maps, amended regulations, and other controls, future revitalizations or changes in properties would be easier to accomplish since they would be more compatible with the overall purpose and intent of the Master Plan.

Land use patterns were researched and evaluated as they relate to developed and undeveloped lands within the Medical District. Developed lands fell into three major categories: commercial, residential and institutional. Undeveloped lands were mostly planned to be parking lots, future parks, and future expansions for medical facilities. The undeveloped lands within the Medical District have good potential for development given their proximity to existing infrastructure and services.

The Master Plan should work hand in hand with zoning districts in the Medical District. A unique “Medical District” zoning designation should be created to encourage a wide variety of land uses and development, as well as redevelopment opportunities. This zoning district should allow complementary uses to exist in and near the medical core area. Land uses include residential, commercial, retail, technology, research, institutional, and education.

The City of Great Falls should adopt amendments to the Zoning Regulations to allow the new

# *Great Falls Medical District Master Plan*

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

Master Plan to work seamlessly with the adopted land development code, growth policy and other relevant documents. The following initiatives should effectively enable redevelopment and revitalization to occur more easily throughout the Medical District.

The Design Team recommends the following initiatives:

1. Create a “Medical District” zoning classification within the Land Development Code.

-A “Medical District,” or MD, zoning classification should be adopted in the Land Development Code. The new zoning classification would accommodate medical, clinical, hospital, pharmaceutical, physician, and related business services and activities. The zoning area would generally include the existing Benefis Healthcare and Great Falls Clinic facilities.

2. Create a “Medical Overlay District” within the Land Development Code.

-A “Medical Overlay District” should be created that includes the Primary Study Area boundary of the Medical District. This overlay district would facilitate the implementation of the concepts, visions and proposals presented in the Master Plan in order to produce a functional, attractive, inviting, interrelated and growth friendly medical area with its own unique identity.

3. Identify permitted and prohibited land uses within the Land Development Code for the created “Medical District” zoning district.

-Land uses within the “Medical District” zoning district should be a mixture of uses and should encourage in fill, redevelopment and revitalization. The uses should not detract from each other, but rather provide a symbiotic relationship with a mixture of commercial, residential, institutional, and public uses.

4. Encourage mixed use development throughout the Medical District.

-Through planning and zoning controls, mixed use development can be encouraged. The City should encourage development or redevelopment that promotes the combination of residential living opportunities with office, small-scale commercial or complementary land uses.

5. Pursue and encourage redevelopment of vacant or properties into complementary businesses or services.

-The City should promote the development of gray sites by offering incentives including expedited review procedures and/or tax incentives. Individual property



Courtesy of CTA



# *Great Falls Medical District Master Plan*

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

owners can pursue and receive funds or other incentives to develop or redevelop their site (including tax credits).

6. Develop land close to the medical core in the most financially sound way, including complementary businesses or services.

## **C. ECONOMIC DEVELOPMENT**

The economic vitality of the entire Great Falls community can benefit from a successful and vital medical district. There is much evidence that suggests the future of the area included in the Great Falls Medical District Master Plan will be successful and will foster expansion, smarter growth and the revitalization of properties within.

The economic component of the Master Plan is important in that it provides for the process of creating the wealth or means by which to mobilize community, physical, capital, and natural resources to produce marketable goods, services or development opportunities.

Several communities across the country have developed medical districts with the goal of enhancing the physical design and economic impact of their local health care delivery system. Research was conducted on several medical districts and interviews were conducted with four medical districts located in various parts of the country. Interviewees included city planners and executive directors of community development corporations that were significant to the formation of the medical district. Examples of alternative models for the medical districts included (1) medical district overlay zones established to develop and enforce the city's planning and zoning codes; (2) creation of nonprofit entities using developer incentives, public-private partnerships, and tax-exempt funding mechanisms to revitalize blighted areas; and (3) to special taxing districts that combine a multitude of public/private funding sources to re-invest in the area and benefit the community as a whole. Depending on the vision and ultimate goals for the Medical District, governance, structure, and leadership issues will need to be addressed in order to best position the plans and resources required for success.

The economic component of the Master Plan is an important one. It recognizes that growth in the community with enhanced access to new sources of capital will translate into a stronger base to support infrastructure needs and other investments required for strong and vibrant communities. The desired benefits that can accrue from a well-developed and successfully implemented Master Plan will require a commitment to the vision with allocation of sufficient resources. Rather than a specific recommendation to address the proposed structure and implementation



Courtesy of CTA

# ***Great Falls Medical District Master Plan***

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

model, the Master Plan identifies alternative means by which to mobilize and leverage community and additional capital resources to achieve the desired outcomes.

The Design Team recommends the following economic development-based initiatives:

1. Establish a mix of businesses in the Medical District including housing, retail, business and commercial services. This may be achieved by:

-Identifying partners to develop housing projects, with particular attention to affordable housing, student housing, senior independent housing, and assisted living to meet the needs of workers and residents that choose to live proximate to the Medical District.

-Identifying a lodging/hotel partner to develop convenient access to lodging for guests and patients coming from outside the City for health care services and access to conference space.

-Exploring the feasibility of locating child care programs within or near the Medical District to meet the needs of health care and other employees in the community.

-Coordinating with Police Department resources to assure that the Medical District area is well patrolled and viewed by the community as a safe place to work and live.

-Coordinating with City/County Health Department to co-locate services in the Medical District that are convenient to other health care providers and ancillary support services.

-Coordinating with McLaughlin Research Institute to identify future facility needs and opportunities to expand clinical and translational research programs in the Medical District as well as shared conference space.

-Utilizing various local, state and national funding mechanisms to attract additional capital partners and encourage development within the Medical District.

Examples include:

- Tax Increment Financing
- Special Improvement Districts
- Montana Board of Investments
- Federally Designated Renewal Centers, Enterprise Communities and Empowerment Zones
- Community Development Block Grants
- Municipal Revenue Bond Financing

# ***Great Falls Medical District Master Plan***

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

- Revolving Loan Program for Renovation of Residential Units
- National, Regional and Local Philanthropic Funding Sources
- USDA Rural Development Program
- Montana Treasurer State Endowment Program
- Montana Public Infrastructure Investment Program
- Montana Board of Housing Incentives

Current Montana State statutes restrict the use of tax increment financing to Technology Districts, Industrial Districts and Urban Renewal Areas. Within the Urban Renewal Area, a designation of “blight” is required. Additional changes to the State financing statutes may need to be considered to expand the use of tax increment financing for the Medical District.

-Implementing, on a per case basis, the use of special incentives such as waiving of City charges and utility hook-up fees, and cost-sharing models to reduce infrastructure costs required for project development.

-Meeting routinely with representatives from community partners including Benefis, Great Falls Clinic, McLaughlin Research Institute, University of Great Falls and others to learn about the successes and challenges in recruiting and retaining employees and identifying ways to assist in addressing their needs.

2. Develop a marketing plan to highlight and communicate the various functions within the Medical District and to create a “buzz” or excitement around the growth and development happening in the area.

-Create a Fact Sheet regarding the Medical District and its plans to be used when communicating with interested parties.

-Create a method for routinely communicating information to the community regarding progress and new initiatives within the Medical District.

-Coordinate with Great Falls Development Authority to help position the Great Falls Medical District, in regional and national venues, as an asset in the community in support of the broader economic development agenda for the community.

-Coordinate with MSU-Great Falls College of Technology to identify ways to support future development of the Health



Courtesy of CTA

# *Great Falls Medical District Master Plan*

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

Sciences programs at the school through co-branded communications and expansion of activities located within the Medical District.

3. Identify the desired alternative organizational and governance models. Select them to implement the Master Plan.

Three alternative scenarios are outlined below for consideration. With each scenario, the level of resources and infrastructure devoted to the Medical District Master Plan implementation intensifies and represents a more aggressive role in spurring future development.

Scenario One: Establish Medical District Planning and Zoning Requirements.

Examples of this model include Bend, Oregon and Springfield, Oregon.

Under this scenario, the medical district is a geographically defined, planning overlay zone controlled by a municipal government entity. Specific zoning ordinances are adopted to create a desired look and feel to the designated area. Future facility investments may be made within the district by independent parties subject to the long-term planning agendas and regulatory codes. Changes to or variances from the ordinances require adherence to a defined process for approval. This approach is primarily design-oriented and controlled by a municipal government entity. There is limited expectation of generating a significant economic impact through the medical district function other than creating a sense of place and consistency in the design parameters. This approach is more reactive to development proposals and would not be considered a proactive strategy for soliciting or developing improvement initiatives. Current funding sources available to support future development in a medical district include:

- Street Maintenance Fund
- Lighting Maintenance Fund
- Support and Innovation Fund
- Economic Revolving Fund
- Community Development Fund
- Enterprise Funds
- Tax Increment Funds
- Improvement District Funds



Courtesy of CTA

Access to other funding sources from federal or other sources would need to be coordinated by the developer/organization sponsoring the facility investment.

Scenario Two: Establish a partnership between the City of Great Falls and a Non-Profit Development corporation (501(c) 4 corporation) to Promote Future Public/Private Partnerships in



# ***Great Falls Medical District Master Plan***

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

Support of the Medical District.

Examples of this model include Fort South, Indiana; Fort Worth, Texas; and Buffalo/Niagara Medical Campus, Buffalo, New York.

This scenario represents a collaborative model designed to (1) coordinate development activities among its members, (2) attract new businesses and capital to the area, and (3) generate economic benefits for the broader community. By establishing a non-profit entity to initiate and develop specific strategies for development in the Medical District, the needed leadership and infrastructure can be put into place to advance the development agenda for the area and garner new resources to support its goals.

This model would require either formation of a new corporate entity or partnership with an existing development corporation. This entity would be responsible for building alliances among its members, identifying priority projects, and soliciting resources (at a local, state, and national level) to accomplish the development agenda. The City of Great Falls would interface with the non-profit board through representation and would continue to control the zoning aspects of the District.

In addition to funding mechanisms identified in Scenario One, it would be expected that the funding sources such as Federal Block Grants, Federal Housing Grants, Community Development Funds, Economic Revolving Funds, Small Cities Block Grant Programs, philanthropic funding, and other loan programs would be explored as a means to bring additional resources to support future development. The development corporation is typically funded from membership dues, development fees, tax increment financing fees, other assessments, and philanthropic contributions.

Scenario Three: Establish a Business Improvement District (new governmental entity) for the Medical District With Broad Stakeholder Representation to Develop Recommendations and to implement the Medical District Master Plan.

Examples of this model include the Memphis Center City Commission (CCC), Memphis, Tennessee.

A “Commission” or advisory board would be appointed by the City of Great Falls to coordinate the activities of the business improvement district and manage the development of the Medical District. Key functions of the Commission and its staff would include (adapted from CCC materials):

- Serve as public-interest developer
- Encourage redevelopment through adaptive reuse and new project construction.
- Offer financial incentives and assistance to encourage development

# *Great Falls Medical District Master Plan*

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

- Initiate plans and studies to develop strategies for revitalization
- Provide research data to prospective developers and tenants
- Advise the city on redevelopment issues
- Recommend and coordinate needed public improvements
- Monitor maintenance and safety of public and private spaces
- Serve as an information clearinghouse for Medical District activities
- Inform the media and general public of Medical District issues and activities
- Produce marketing and promotional materials
- Coordinate community programs with businesses in the District

This model would need to be further evaluated within the context of Montana State law. Funding of the Commission activities would typically come from several sources: a portion of property or special tax revenues from the District, developer fees, and contributions from public and private entities in support of the redevelopment effort.

This model would:

-Encourage and foster development opportunities that include a diverse combination of medical, support, ancillary services, neighborhood commercial, and residential land uses for cooperative function and enjoyment of the medical district.

-Require amendment of City zoning regulations to allow for more diverse land uses in appropriate areas of the medical district.

-Encourage developers and/or property owners to pursue projects that create a dynamic mixed-use approach where suggested by the Master Plan.

## **D. TRANSPORTATION AND CIRCULATION**

The transportation and circulation network consists of streets, walkways, sidewalks, trails, parking lots and garages, and other related facilities and structures. These all contribute to the function and experience of the visitor, employee, resident, or community member within and adjacent to the Medical District.

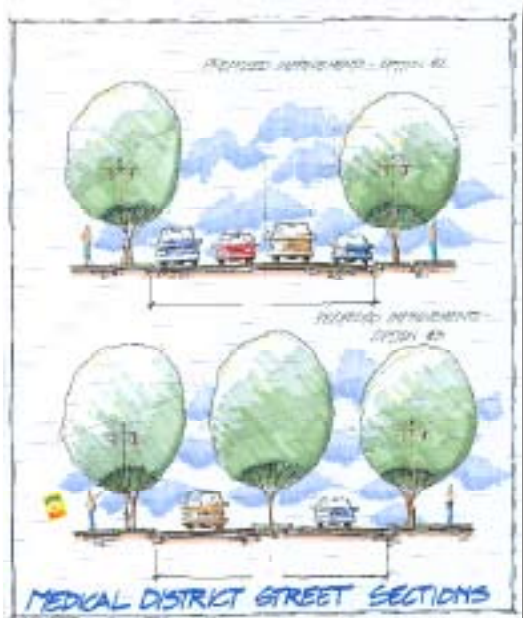
A major component to implementing the master plan is to improve the existing transportation and circulation situation as well as plan for future growth and facilities. Because some of the vehicular connections are either weak or unsafe, it is imperative that the overall



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# Great Falls Medical District Master Plan

## V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)



Courtesy of CTA

organization of vehicular travel be improved throughout the Medical District. The stakeholders and Design Team discussed ways to achieve more efficient and safer vehicular connections or relationships. Several methods were highlighted, including signalization, closing or partially closing streets, narrowing roads, improving signage, improving pedestrian crossings, enforcing speed limits, introducing one-way streets, and developing more direct north-south and east-west access routes throughout the Medical District.

The Design Team recommends that the following transportation and circulation initiatives be implemented:

### 1. Streets and Roads

There was specific discussion about possibly closing or limiting vehicular traffic on 11th Avenue South, between 26th and 29th streets. This concept was prompted by feedback from stakeholders and site investigations that identified unsafe conditions on the street, due to the interaction of hospital visitors, employees, and vehicles using the street for access to the hospital and adjacent properties. During the public meetings, the Design Team solicited public opinion on this subject. Responses were in opposition to closing 11th Avenue South. Given this result, the stakeholders and the Design Team felt that it was more practical to implement other traffic controls on roadways serving the area to improve pedestrian and vehicular safety.

The stakeholders and Design Team determined that there were other critical areas that warranted improved circulation. These included 15th Avenue South, 18th Avenue South, 23rd Street South, 20th Avenue South, 29th Street South, and 32nd Street South. It was also determined that streets and vehicular facilities within the Medical District should have consistent standards for paving, curb and gutter, adjacent pedestrian walkways and safe access, signage, and street-side landscaping. The network of streets and alleys are maintained and administered by several different agencies. Coordination of improvements or projects will be of utmost importance in implementing the plan.

Street and road initiatives should involve the following, which have been conceptually



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# ***Great Falls Medical District Master Plan***

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

illustrated in Exhibit G.

### **a. 10th Avenue South:**

- Provide improved pedestrian crossings and amenities at key entrances to the Medical District, namely at 26th Street South and 29th Street South.

- Improve awareness of the Medical District by providing cohesive signage at key entrances to the Medical District, at 26th Street South and 29th Street South.

- Install traffic signals at 29th Street South and 10th Avenue South to improve access to and from the Avenue and to help relieve congestion at the intersection of 26th Street South and 10th Avenue South.

### **b. 11th Avenue South:**

- Provide traffic calming measures to slow through traffic along this corridor, especially between 26th and 29th Streets South.

- Implement better signage to direct traffic to parking areas and building entrances.

- Create visible and safe pedestrian crossings at the intersections of 26th Street South and 29th Street South.

- Remove on-street parking in strategic areas so that sight-lines are free of visual obstructions. Pedestrians should have a clear view of on-coming traffic.

### **c. 15th Avenue South:**

- Create a east-west connector street, such as by extending 15th Avenue South to the east and 32nd Street South to the south to connect with adjacent residential neighborhoods. This would help alleviate some of the east-west traffic currently on 11th Avenue South.

- Create enhanced pedestrian amenities and a safer street crossing at the intersection of 29th Street South and 15th Avenue.



Courtesy of CTA

### **d. 18th Avenue South:**

- Construct new street between the east edge of the MSU-College of Technology (23rd Street South) and the southerly extension of 32nd Street South.

- Create enhanced pedestrian amenities and a safer street crossing at the intersections of 18th Avenue South at 23rd Street South and at 26th Street South.

### **e. 20th Avenue South:**

- Extend 20th Avenue South between 20th Street South and 23rd Street South. This will provide a link from the Medical District area to the adjoining residential neighborhoods.



# ***Great Falls Medical District Master Plan***

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

### f. 23rd Street South:

-Extend 23rd Street South from 16th Avenue South to 24th Avenue South to create connection to the areas beyond the Medical District area. This will also provide a link to the technology and education areas.

### g. 29th Street South:

-Extend south to connect with the above referenced 18th Avenue South extension.

### h. 32nd Street South:

-Extend south to connect with the above referenced 18th Avenue South extension.

## **2. Pedestrian Facilities**

It was determined that a major component in the Master Plan was to improve pedestrian access to and from the medical core area. It was also determined that interconnections between the medical core, 10th Avenue South and key destinations were weak and would benefit from improvements and/or enhancements. The upgrade of existing pedestrian facilities such as sidewalks, handicap ramps and crossings should be improved immediately, especially near the medical core and the 10th Avenue South pedestrian crossings in the Medical District. Note that some pedestrian facility improvements are also listed in the previous section.

Pedestrian facility initiatives should involve the following:

### a. Conduct a detailed inventory of existing sidewalks, handicap ramps, and street crossings within the Medical District.

-This initiative will outline existing pedestrian facilities most likely in need of replacement or removal as well as which features should remain. In addition, missing sections of sidewalk should be noted and improved to City standards.

-It is critical in a Medical District, and especially in the medical core, that access be provided to pedestrian facilities via handicap ramps or other devices. In addition, safe crossings would benefit both impaired users and others by providing delineated and obvious crossing locations. This Medical District experiences a high volume of traffic on busy streets during most hours of the day. Incorporating more “safety” features is necessary and beneficial.



# ***Great Falls Medical District Master Plan***

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

b. Implement a plan for replacement of existing sidewalks, ramps and crossings that are in need of repair or replacement. Implement a plan for construction of new sidewalks, ramps and crossings.

-This type of implementation plan could be funded through a Medical District capital improvements plan, special improvement district or other means.

c. Create a design standard for pedestrian crosswalks in key areas of the medical core.

-Creating unique and consistent crosswalk patterns and treatments establishes a sense of place for pedestrians and enhances motorist awareness of pedestrian crossings.

d. Strengthen physical connections between the two major health care providers.

-Provide pedestrian connections between the two major health care providers with intermediate public plazas or spaces.

-Improve signage so that facilities are clearly identified from all major vehicular access routes.

-Implement common “themeing” for site amenities, such as signage, pavement treatment, street tree plantings, furnishings, etc.

e. Strengthen physical connections between the core medical area and the adjacent land uses as well as the entire community.

-Provide pedestrian connections between the two with crosswalks, seating areas, public plazas, and other pedestrian amenities.

-Improve existing or construct new sidewalks and trails between these areas, especially between the academic campus to the west and the medical core and between the residential areas and the medical core.

-Utilize common “themeing” for site amenities such as signage, pavement treatments, street tree plantings, furnishings, etc.

### **3. Trail Facilities**

In addition to providing improved sidewalks and pedestrian facilities in the Medical District, it was determined that informal pedestrian linkages were just as important as formalized ones. Footpaths and trails are an ideal method of providing informal pedestrian facilities



Courtesy of Landforms

# ***Great Falls Medical District Master Plan***

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

on the outskirts of the core medical area. Much of this land is undeveloped and would benefit from a network of trails and pedestrian amenities, connections to nearby parks and open space, and connections to residential neighborhoods on the east and west sides of the core medical area.

Trails encourage informal and casual enjoyment of open space during many hours of the day. Employees of the Medical District and surrounding area could enjoy a lunch time run or walk. Residents of surrounding neighborhoods could enjoy a weekend bike or hike with the dog. Trails offer many opportunities for many different types of recreational enjoyment. Trails are also inexpensive to build and maintain compared to more formal pedestrian facilities.

Trail facility initiatives should involve the following:

- a. Conduct a trail inventory of the Medical District.

-This inventory should include connections, trailheads and parking associated with trail facilities. This inventory should also include a viability study for each trail.

- b. Create a trail specific plan for the Medical District.

-The Master Plan suggests areas for trails, including a formation of a “Lewis and Clark Trail” connection. A more comprehensive trail plan should illustrate proposed trails, trailheads and parking areas.

- c. Construct a trail project that acknowledges the Lewis and Clark Expedition through the southeastern part of the Medical District.

-The concept is to connect the northeast section of the Medical District with the southwest part of the District. The trail corridor would basically connect the Charles M. Russel Park near the east part of the Medical District with a proposed park area at the southwest corner of the Medical District. This has been conceptually illustrated in Exhibit F.

- d. Construct bike lanes in order to provide room on major streets for bicycle traffic.

-Key north-south and east-west streets should include bike lanes, which could link to off-road trail facilities. Ideal locations would be on 23rd Street South and 26th Street South.

### **4. Public Transit**

- a. Perform an evaluation of the existing public transit routes to determine if adequate opportunities exist in connecting residents throughout the City to the Medical District.

# *Great Falls Medical District Master Plan*

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

-This evaluation should take into consideration the current stops along the route, proximity to major facilities and residential nodes, number of user trips, and frequency of stops along the route.

b. Based on evaluation of current route schedule, if need exists for additional routes or stops along a route, implement these to increase public transit service to the Medical District.

-An increase in public transit service to the Medical District will greatly benefit the employees at the major facilities. It will also reduce the amount of employees requiring parking, which will reduce trips per day into the Medical District.

### **E. SITE IMPROVEMENTS**

#### **1. Signage**

Signage will play an important role in the Medical District, as well as to surrounding uses. Signage directs traffic, both vehicular and pedestrian, to desired destinations. It is important that signage function both efficiently and safely. Signage should not detract from the nearby buildings, architecture or pedestrian experience. Signage need not be obtrusive or unsightly in order to be effective and informative. Directional signage, such as that used in parking lots and private drives, to direct visitors to facilities and areas of interest, should be obvious but not obtrusive.

Most importantly, as it relates to function and safety, signage in the Medical District should be informative so that users can locate key facilities and services, including the Emergency Room, drop-off areas, handicap parking, and parking areas. Currently, there is a lack of organized and visible signage in the Medical District. It is difficult to “way find” due to signs having too much information and text being too small. Signs are also placed in locations that do not offer advance warning as to what they are locating.

Improvements in signage should include signs with less text, but more concise information. Signage should also be placed in locations that strategically inform visitors of main entrances to primary buildings within the medical core.

The Design Team recommends the following signage initiatives be implemented:



Courtesy of CTA

# ***Great Falls Medical District Master Plan***

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

- a. Implement a sign inventory for the Medical District, especially the medical core area.

-It is important to determine which signage is effective and is ineffective at describing or illustrating intended messages. Messages should be clear, legible and in locations that adequately advise users of their desired destinations. All signs should be visible and not blocked by parked cars, landscaping or buildings.

- b. Develop a signage standard for style, materials, font, logo, height, and size.

-Reference Section VI, “Design Guidelines,” of this document for information regarding signage design for the Medical District.

### **2. Site and Landscape**

Site improvement initiatives should involve the following:

- a. Improve the presence of the Medical District as viewed or encountered from 10th Avenue South.

-Implement improvements along this corridor. These improvements should at least include turning lanes, signalization and signage to alert drivers that the medical district is near.

-Develop an overall “campus style” arrangement of buildings, facilities, open space, parks, and other amenities.

-Utilize an orderly layout between buildings with common open space areas, pedestrian facilities and shared general parking on the perimeter.

-Incorporate pedestrian spaces throughout the medical district, especially in the medical core

- b. Improve the entrance into the Medical District

-Address the overall appearance of 10th Avenue South where it intersects the medical district boundary. Identify areas for improvement.

-Inside the Medical District boundaries, install signage and entry features to enhance “way finding” and experience.



Courtesy of CTA



# ***Great Falls Medical District Master Plan***

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

c. Create a “Sense of Place” within the Medical District.

-Design and implement standards and guidelines that assist developers, property owners and residents with the development or redevelopment of their properties. Establish a body to enforce the use of these standards and guidelines.

-All new buildings, structures or projects should have plentiful outdoor pedestrian space that is landscaped attractively and is interconnected to other spaces via pedestrian paths.

-All new projects should implement professionally designed outdoor spaces that provide space for relaxation, shelter and enjoyment near the buildings or structures adjacent to it. This might include landscaped beds, water features, flower gardens, sculpture, public art, seating, children’s play equipment, and space for concessionaires or outdoor/mobile vendors.

The City of Great Falls is very fortunate to experience an excellent and mild climate that allows plant material to thrive in the spring and summer. Advantage should be taken of these conditions. A medical district is a prime place to showcase excellence in landscape architectural design. It is also a place that desperately needs “green” or “soft” spaces to provide shelter and visual relief from the “hardscape” that covers most parking lots, plazas, streets, and open space. Improved or enhanced landscape features will provide “softer,” quieter and more enjoyable spaces for use by visitors, residents, passersby and medical professionals.

Landscaped buffers can enhance relationships between two different uses or two conflicting uses. Vegetative screens add interest as well as provide a buffer between uses. These vegetative screens should be tall enough to create an adequate screen. The species chosen should be either evergreen or leafed out a good portion of the year.

Landscape initiatives should involve the following:

a. Conduct a detailed inventory of existing conditions for all major properties, buildings and structures.

-This initiative will outline existing landscaping features most likely ready for replacement or removal, as well as which features should remain. A viability rate of 10 to 15 years is adequate for evaluating plant material longevity.

Other landscape materials, such as mulch, flowers, perennials, and related “softscape” items should also be inventoried. Maintenance of these and other landscape improvements is integral to preserving the Medical District



Courtesy of CTA

# ***Great Falls Medical District Master Plan***

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

initiatives, as well as promoting an aesthetic atmosphere.

b. For all major properties, develop an outline of proposed improvements, including type, phasing, cost, and implementation timeframe.

-By actively planning landscape improvements as part of other capital improvements or major projects, it is more likely to be implemented. Planning over a period of five to ten years to implement a certain amount (either in space or finances) of landscape improvements will help to budget funding. Certain key or high impact areas can be planned for immediate improvement or enhancement, while other areas can be improved through replacement of dead or dying material and/or repair of “hardscape” features, as needed.

c. Create an organized maintenance plan in order to care properly for plant material and “hardscapes.”

-Outline a plan that includes maintenance standards for replanting, pruning, disease prevention, irrigation, and seasonal care. All plant material should be planted and pruned according to accepted industry standards. These activities should be performed by qualified personnel. For example, tree pruning should be done yearly or as needed by a certified arborist.

–“Hardscape,” such as pavers, edging, seating, and stonework should be maintained in its best condition to remain safe, as well as to maintain its appearance. This maintenance work should be done by qualified contractors, according to industry standards.

d. All new buildings, structures or projects should provide plenty of outdoor pedestrian space that is attractively landscaped and is interconnected to other spaces via pedestrian paths.

-All new projects should include professionally designed outdoor spaces that provide space for relaxation, shelter and enjoyment. These might include landscaped beds, water features, flower gardens, public art, sculptures, seating, and children’s play equipment, and space for concessionaires or outdoor vendors (i.e. hot dog, ice cream, lemonade).

e. Plant materials should include a mixture of native, naturalized, drought tolerant or low maintenance species.

-Representative species should require low to moderate maintenance and watering. Irrigation should be applied to plants more heavily during planting and early establishment periods or when weather requires. As plant material becomes more established irrigation



Courtesy of CTA

# *Great Falls Medical District Master Plan*

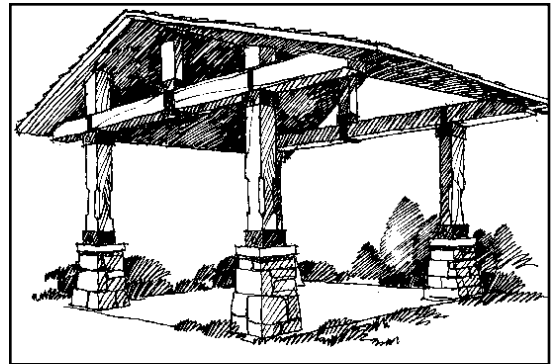
## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

can be decreased, weather permitting. Native and naturalized species of plant materials are encouraged to be used to complement turf grass.

f. Create a “healing environment.”

-Indoor and outdoor spaces should provide a relaxing, reflective, calming, or safe environment for visitors, patients and staff/employees.

-Create a green oases in the middle and to the edges of the medical core area. These spaces may be pedestrian plazas, seating areas, outdoor eating, playgrounds, pedestrian connections, or water features.



Courtesy of CTA

## **F. PUBLIC SERVICES AND FACILITIES**

The Design Team recommends that the following public services and facility initiatives be implemented:

1. An inventory of all public lands should be initiated for the Medical District to determine availability and quality of services and amenities. City parks and open space should be improved to create enjoyable spaces for community gatherings, recreation and use. These parks or open space areas should be linked throughout the medical district via a network of sidewalks and trails. Parking should also be provided.

2. Pavilions should be considered in the parks, in order to provide a place for community gatherings, farmer markets, flea markets, cook-outs, or informal uses. These would also provide shade and cover during inclement weather.

3. Opportunities to further develop the neighborhood parks in the Medical District with additional pedestrian amenities and facilities, such as shelters, play equipment, and walkways should be investigated.

## **G. INFRASTRUCTURE AND UTILITIES**

The Design Team recommends that the following infrastructure and utility initiatives be implemented:

1. Sanitary Sewer – No major upgrades are needed at this time. As each area is developed, an analysis will be required to determine if existing line capacities will be exceeded. As development occurs, existing mains will need to be extended to service the new areas.

# ***Great Falls Medical District Master Plan***

## **V. RECOMMENDED IMPLEMENTATION INITIATIVES (CONTINUED)**

2. Water Mains – The water system in the entire Medical District needs upgrading. There is inadequate pressure and supply to serve a major development in the area. A recently compiled water master plan provides details of required improvements. Major improvements include:
  - a new water storage tank in the area
  - a new booster pump to service the area
  - looping and cross connection of existing water mains in the area

The most critical cross connection is between 26th Street South and 33rd Street South, along 18th Avenue South with a new 12-inch diameter water main.

3. Storm Drainage – The existing storm drain system downstream from the detention pond is at or near capacity. As new areas are added, on-site detention will be required to prevent overloading of the detention pond or downstream piping.
4. Private utilities and infrastructure should be upgraded or replaced concurrent with major public upgrades or replacements if the two can be coordinated. This will reduce overall costs and inconvenience associated with projects. In addition, private utilities should be installed, replaced or upgraded according to all applicable regulations and requirements, in order to provide the most up to date services.

# ***Great Falls Medical District Master Plan***

## **VI. DESIGN GUIDELINES**

### **A. INTRODUCTION**

This section of the document sets forth the Design Guidelines for the Great Falls Medical District. These guidelines have been created to establish the vernacular and design criteria for the built environment for the Medical District, as well as to create a “sense of place.”

Design Guidelines help potential improvements meet the overall Medical District vision. They also assist the developer, property owner, and professional in preparing a development or redevelopment plan. The Design Guidelines address basic principles of design which promote an environment that is attentive to the goals and objectives of the Master Plan, as well as to the overall identity of the District, while respecting the surrounding neighborhoods and existing uses.

It is important to note that the Design Guidelines outlined herein are to be implemented in concert with the standards and requirements in the City of Great Falls Land Development Code and all other applicable regulatory documents. The Code should be consulted prior to submitting plans and projects for review to assure conformance.

### **B. DESIGN REVIEW AND APPROVAL PROCESS**

All development or construction projects within the Medical District are subject to review and approval by the City of Great Falls and the Design Review Board (DRB). All development or construction projects within the Medical District are subject to the Design Guidelines, regulations set forth by the City of Great Falls, the Medical District Master Plan, and any other jurisdictional agencies with authority. The Design Guidelines are available in hard copy and electronic formats.

The review and approval process includes several steps. It is advised that prior to submitting a proposal or plans to the City of Great Falls for review and approval, that the developer or property owner carefully review the applicable requirements or retain the services of a design professional in order to prepare a plan that respects the overall vision for the Medical District.

The developer or property owner should also become familiar with other applicable Federal, State, County, and local regulations and requirements. The Design Guidelines supplement other relevant regulations and requirements. All developers and property owners should become familiar with city and county zoning regulations, general development standards, building setbacks, building heights, etc.

The Design Guidelines will assist the developer or property owner in creating a project that has a high quality of design and function provided that the Design Guidelines are followed closely. The Design Review Board may also be consulted on many development issues, including site





# ***Great Falls Medical District Master Plan***

## **VI. DESIGN GUIDELINES (CONTINUED)**

If possible, it is preferred to align driveway entrances which are on opposite sides of the street from each other; otherwise a city standard offset is required for safety purposes. Shared driveways are encouraged, so as to prevent excess pavement areas and to facilitate organized and limited curb cuts.

Parking Lots shall be constructed with standard 6" curb and a 18" gutter, or a ribbon concrete border to provide a well-defined paving edge. All planting beds or islands within the parking lot shall also be constructed with curb and gutter.

All non-handicap accessible parking spaces shall be in accordance with the City of Great Falls regulations. All handicap accessible spaces shall conform to the federal standards enumerated in the Americans with Disabilities Act (ADA) and the Federal Standard 795 (Uniform Federal Accessibility Standards) and other applicable current regulations.

Parking lots shall be screened according to the landscape requirements in the Great Falls Land Development Code.

Service areas should be located where truck traffic and delivery vehicles will not interrupt the flow of pedestrian traffic through plazas, building entrances, or other key areas nor cause conflict with customer traffic. Careful consideration to screening the service areas should include landscape buffers and the use of architectural walls and features.

Bicycle parking shall be provided at all commercial, institutional, single family residential, and multi-family residential projects, in accordance with city requirements. Bicycle racks can be of any style or type, provided that they are sturdy in construction and allow effective for locking of bikes.

### **5. Pedestrian Circulation**

Pedestrian facilities, such as sidewalks, plazas, seating areas, and crosswalks are integral to the success of the Medical District Master Plan area.

Pedestrian plazas should be placed in strategic areas so that multiple buildings or facilities can access them. Plazas should contain seating, refuse cans, water fountains, shaded areas, and other amenities.



Courtesy of CTA

# ***Great Falls Medical District Master Plan***

## **VI. DESIGN GUIDELINES (CONTINUED)**

### **6. Streetscape**

#### **a. Street Trees**

Street trees add a green touch to the streetscape. They also provide a cooling effect and shade for pedestrians. These should be planted every 35 to 50 feet in the streetscape, following City policies. Property owners shall work with the City Forester to plan street tree plantings.

#### **b. Site Furnishings**

Benches, bistro tables, trash receptacles, bike racks, and other amenities can be utilized to furnish interesting spaces for pedestrian interaction. These should be constructed of high quality, durable materials.

### **7. Landscaping**

#### **a. Tree Preservation**

Existing large trees over 4" in caliper and other vegetation on-site shall be preserved and maintained whenever possible. Proposed developments should strive to preserve the maximum number of existing trees or mature plant material that would maintain a healthy state for at least twenty years after construction.

The developer should avoid compaction of the soil in sensitive areas where tree stands or preserved trees exist. The developer should also avoid backfilling against tree trunks; disturbing or felling trees needlessly; carelessly pruning or cutting tree branches; burning slash piles near existing trees; and changing grades excessively by means of cut and/or fill.

#### **b. Acceptable Landscape and Plant Materials**

Plant material palettes shall be simple and durable in nature. Plant materials should be chosen for their drought tolerance, native and/or naturalized characteristics, and ability to weather the climate/planting zones for the area.

Landscapes shall not include plantings of noxious classifications according to the local weed control district. Newly installed landscapes shall use plant materials in quantities and sizes that will have meaningful impact in the early years of the project.

Simple, bold forms in planting design are preferred over sporadic and singular plantings or those of marginal species

# *Great Falls Medical District Master Plan*

## **VI. DESIGN GUIDELINES (CONTINUED)**



Courtesy of CTA

### **c. Plant Sizes**

All plant material installed in non-residential development projects shall conform to the Land Development Code.

### **d. Foundation Planting**

Foundation plantings should be used to screen from view foundations or building areas that are undesirable. Retaining walls and other large vertical surfaces also benefit from foundation style plantings. It is also desirable to accent the architectural features or qualities of buildings with well-designed foundation plantings.

### **e. Native Landscaping**

Native landscape materials are desired due to their compatibility with the climatic conditions of the area. They also require less grooming, watering and care than most introduced, non-native species. Oftentimes though, these species are hard to locate at local nurseries or they are deemed too “wild” looking for a particular development. If this is the case, naturalized or drought tolerant species should be used.

### **f. Parking Lot Landscaping**

All commercial or medical projects within the Medical District shall design landscaped areas to all parking lots according to the Land Development Code.

In addition, parking lots should be screened from other non-vehicular uses by means of a vegetative buffer, according to the Land Development Code.



Courtesy of CTA

## **11. Stormwater Management**

Stormwater detention and retention ponds should be landscaped so that they are attractive and part of the overall aesthetic amenities of a site. In many situations, these ponds can become large, square, unattractive holding areas for standing, stagnant water or trash; this should be avoided. These areas should be designed and maintained to be free of trash, debris and standing water. These can become areas where native, moisture-loving vegetation is used to either conceal or diminish the size, shape or use of the facility.

# ***Great Falls Medical District Master Plan***

## **VI. DESIGN GUIDELINES (CONTINUED)**

### **12. Refuse and Storage**

All refuse areas shall be screened using fencing, walls, landscaping or a combination thereof. Storage areas shall be screened similarly.

### **13. Outdoor Lighting**

Outdoor lighting should be used to create safe environments for night time use and directional way-finding. All outdoor lighting shall take into consideration the adjoining use or property owner during design and implementation of lighting plans. Lighting fixtures should be used that do not spill light or cause glare to disturb adjacent properties.

### **14. Signage**

In general, signage should reflect the built project by using colors or treatments that reflect the overall architectural qualities. Signage should be built of durable materials that can withstand the elements.

Unless a comprehensive signage plan is created for the Medical District, all new signage shall be designed and constructed according to the Land Development Code.

### **15. Public and Private Art**

Public and private art can be a vital component of well designed public and private projects. Sculpture, outdoor paintings and murals, and other public art has the ability to bring together the community in indoor and outdoor spaces. Public and private art may be commissioned, purchased or rented for a particular project or space or be rotated on a regular basis to provide a venue for multiple artists to show their work. Public and private art should be incorporated into a project where applicable or appropriate.

## **D. GENERAL ARCHITECTURAL DESIGN**

### **1. Style**

Overall, the most important factor related to architectural design and style is that the projects, whether new construction or redevelopment, should embody quality construction techniques and durable materials. A variety of styles within the Medical District will ultimately lend to a more interesting Medical District.

Medical architecture has much in common from facility to facility,



Courtesy of CTA



# *Great Falls Medical District Master Plan*

## **VI. DESIGN GUIDELINES (CONTINUED)**

given their common goals and operational techniques. However, it is a good idea to differentiate between facilities and ownership by branding an individual facility or organization's style. Where a full service hospital may be multi-story, multi-building facility, an out-patient facility might be of a smaller scale with all services under one roof.

Generally speaking, all architectural design should represent the use principle to the building by displaying qualities of permanence, strength and security. For medical architecture, much like that of a bank or financial institution, the public views the buildings and surrounding spaces as a place to recover, recuperate and renew oneself. Architecture and outdoor spaces can essentially provide spaces that capitalize on this.

### **2. Scale**

Buildings should have a scale that is complementary and relative to the buildings adjacent to them and respective of the site. In addition, buildings should establish and reinforce a pedestrian scale environment, by using first floor or ground level accents or construction that invites pedestrians in from the street and welcomes them to the facility or building.

### **3. Building Materials**

Buildings should be constructed of durable and aesthetically pleasing materials, including plain or textured concrete, masonry (such as brick, stone, cast stone, or cultured stone), high quality siding, and high quality (non-glare) glass products. Attention to detail should be paid to the combination of these building materials, their placement and interaction with the overall building and site context.

### **4. Building Height and Setbacks**



Courtesy of CTA

All buildings within the Medical District shall conform to the building height and setback requirements described in the Land Development Code.

### **5. Fenestration, Windows and Doors**

Exterior windows and doors should be used to allow light and air to enter interior spaces as well as provide a “street level” view or interface with interior spaces. Energy conserving glazing features that do not detract from the overall architecture or visibility are encouraged. Careful consideration should be given to preventing glare on exterior windows.

Fenestration, windows and doors not only provide utilitarian

# ***Great Falls Medical District Master Plan***

## **VI. DESIGN GUIDELINES (CONTINUED)**

functions in building design, they also add aesthetic detail to otherwise plain facades or walls. They also allow valuable and healing light to enter buildings. Use of day lighting can also cut down on costs involved with electricity for lighting fixtures.

### **6. Access and Entrance**

Entrances to buildings should be obvious. They should also be accented with unique or appropriate building materials to accentuate arrival or experience. Landscaping can also be used to create a sense of arrival. Benches or seating should be provided at public and private entrances or access points.



Courtesy of CTA

### **7. Detailing, Color and Materials**

Buildings shall be articulated using at least one primary exterior color and at least two subordinate and complementary exterior colors. In addition, buildings should incorporate at least one dominant building material and at least two complementary building materials. Exterior colors should be subdued in nature and should not detract from the overall architectural quality of the building. Exterior building materials, such as trim, accent banding, masonry, wood, wood products, and metal should be arranged to promote cohesive form and function.

Durable materials should be used for exterior construction. Materials such as masonry, stone, brick, wood siding, textured concrete and certain types of metals are appropriate. Mixing at least two to three types of building materials can create architectural and tactile interest to the building. Using too many different materials can lead to confusion.

### **8. Roof Design**

Building roof forms should vary in order to create interest in architectural design. Roof forms can effectively vary the appearance of an otherwise simple, small or bland building. Example: Shorter buildings with steeper roofs often appear taller simply because of the roof angles. Low slope or flat roofs are appropriate for commercial or institutional buildings. However, these buildings can be embellished with overhangs, facade treatments or other methods to create interest on the ground level. Residential architecture should incorporate pitched and sloped roof forms.

### **9. Mechanical Equipment**

All roof top mechanical equipment shall be screened from pedestrian level view using architectural treatments or walls. Also, these can be incorporated into dormers, screenings on roofs or on the

# *Great Falls Medical District Master Plan*

## **VI. DESIGN GUIDELINES (CONTINUED)**

facade of the building. All ground-mounted mechanical equipment shall be effectively screened from view by fencing, walls, landscaping or a combination thereof.

### **10. Service Areas**

Ideally, service areas should be situated to the rear of buildings. If it is necessary to site a service area in the front or sides of the building, it is required that these areas be screened using a combination of fencing, walls or landscaping to effectively shield them from view.

### **11. Phased Development**

Phasing of development projects is permitted. It is encouraged that phased development be initiated so that adjacent properties will be the least affected or inconvenienced by construction activities.

### **12. Lighting**

Outdoor lighting shall conform to the requirements dictated in the Land Development Code. It is encouraged that low-level lighting, such as bollards, landscape lighting, street lamps and building entrance lighting be used to highlight pedestrian spaces and provide night-time use opportunities. Lighting shall not create a nuisance for adjacent properties by causing glare or undesirable conditions.



### **13. Energy Efficiency and Sustainability**

All building designs should strive for energy efficiency and sustainability. The designs should meet energy efficiency by utilizing cutting-edge building materials and technologies to prevent heat loss, take advantage of alternative home heating opportunities and create more effective operational systems. Buildings can be made more sustainable by using reclaimed or renewable building materials or systems such as flooring, siding, roof shingles, stone, or other products. Healthy living and working environments can also be designed to utilize second generation water treatment (i.e. filtering or reverse osmosis), low-VOC paints or stains, and formaldehyde free wood products or glues in construction.



Courtesy of CTA

# *Great Falls Medical District Master Plan*

## **VI. DESIGN GUIDELINES (CONTINUED)**

### **E. SPECIFIC AREA GUIDELINES**

#### **1. MEDICAL, COMMERCIAL, RETAIL, AND MIXED USES**

##### **a. Facade Treatment**

Front, side and rear facades should all receive equal attention when it comes to design. In particular, any facade that fronts a public area, parking, a pedestrian space or plaza, or another building entrance, shall have a finished architectural look. Rear facades need only have a finished look if they are visible from a public area or parking.

##### **b. Accesses and Entrances**

Entrances to commercial and retail buildings or complexes should be readily visible from the street or parking areas. Shared entrances should be obvious, with signage identifying differing establishments.

##### **c. Canopies and Awnings**

Canopies and awnings can effectively create interesting pedestrian scale streetscape and low-level features. They also provide shelter near the building. Canopies and awnings are suggested for commercial and retail establishments. The color and materials for canopies and awnings should be complementary to the overall architecture and materials in construction. These should be constructed of durable, commercial grade materials.

##### **d. Outdoor Seating**



Outdoor seating and pedestrian level amenities in the streetscape interface adjacent to commercial buildings, are excellent ways to create interaction between the built environment and people walking through the neighborhood. Restaurants can take advantage of street-level exposure by placing warm-weather seating facilities out-of-doors. In Montana, it is especially popular, given the length of the cold weather months.



Courtesy of CTA

# ***Great Falls Medical District Master Plan***

## **VI. DESIGN GUIDELINES (CONTINUED)**

### **e. Site Furnishings**

Benches, bistro tables, trash receptacles, bike racks, and other amenities can be utilized to furnish interesting spaces for pedestrian interaction. These should be constructed of high quality, durable materials.



Courtesy of CTA



# ***Great Falls Medical District Master Plan***

## **VII. DESIGN QUALITY**

### **A. MEDICAL**

The Great Falls Medical District brings together some of the finest technological advances and talented professionals to provide state-of-the-art medical care to the residents of Great Falls and the region. It is especially impressive given the fact that Great Falls is a relatively small community in the larger regional perspective. Great Falls attracts some of the most talented and dedicated professionals in the medical industry. These medical professionals often come from larger communities throughout the United States. Other medical campuses in the Rocky Mountain region have already updated campuses to reflect improved design and amenities. This Master Plan is intended to introduce quality design to the Great Falls Medical District in order to improve the experience of the medical professional, the visitor and patient, and the residents within, as well as, of the surrounding neighborhoods.

Quality design in the Medical District should reflect local flavor as well as overall good design principles. The Medical District should have clear and legible signage that directs traffic, both vehicular and pedestrian, to the appropriate places for parking, entrance to buildings and primary area destinations. A good number of the patients or visitors to the Medical District may be from out of town. Well designed signage should consider this and provide for easy and convenient access to desired destinations. The Medical District should also contain plentiful pedestrian amenities such as safe walkways and ramps to buildings and parking, comfortable seating, public plazas and open space, and outdoor amenities such as water fountains, public art, shaded pavilions and sheltered seating.

### **B. COMMERCIAL**

The commercial areas within the Medical District are well patronized by the residents of Great Falls. In addition to use by local residents, these commercial areas can be better used and enjoyed by the many incoming new residents and even visitors of the area if, in some cases, improvements were implemented. These improvements should take into consideration the need for architectural and building construction enhancements or improvements and the need for additional pedestrian amenities.

### **C. RESIDENTIAL**

Residential neighborhoods in the Medical District should seek to improve the overall connectivity to other neighborhoods and the appearance of architecture and site amenities. In addition, new residential living opportunities should be



Courtesy of CTA

# *Great Falls Medical District Master Plan*

## **VII. DESIGN QUALITY (CONTINUED)**

explored in order to provide additional living units for area residents. The Medical District employs many residents that would appreciate proximate apartments or condominiums. The demographic of the Medical District is such that many young singles and couples would appreciate affordable housing opportunities within walking distance to their place of employment.



Courtesy of CTA

The residential living opportunities in the Medical District are currently very disconnected from each other as well as from the main services and amenities of the district and surrounding vehicular corridors. There is very little incentive to walk to area businesses and recreation opportunities given the distance between neighborhoods and those opportunities. Enhancing the connections between residential, commercial, medical, and other major use areas is critical for the long term implementation of the Master Plan.

### **D. MIXED USE**

The “Mixed Use” designation encompasses a wide variety of land use scenarios and combinations for development. “Mixed Use” may include combining a residential and commercial use into a “work-live” situation where individuals can live near their place of employment. It may also suggest that retail uses on the first floor may be complemented with residential units on the second or third floor. “Mixed Use” may also allow for a combination of office and retail uses. In any situation, it is important that the combination of uses complement each other and allow for individuality of the use to exist and function on an every day basis. This means that adequate parking and circulation for both uses exists. It also means that hours of operation, types of transactions or operations, and intensity of use are considered before two uses are combined in a “Mixed Use” project.

Combining uses can create interesting and dynamic relationships that allow visitors, residents and property owners to draw from a potentially larger number of users. This benefits businesses located in “Mixed Use” areas. These areas also provide amenities closer to other establishments with either similar or diversified services, which decrease the need to use the car as a sole mode of transportation. In an area as busy as the Medical District, this creates a vast improvement to the current situation. Disjointed and unconnected services or facilities are not an asset to a well functioning Medical District.



Courtesy of CTA

# ***Great Falls Medical District Master Plan***

## **VIII. BACKGROUND**

### **A. OVERVIEW**

The Great Falls Medical District Master Plan area includes a variety of residential, commercial, institutional, and technological land uses. This varied land use profile, as well as multiple ownership and jurisdictions, presented unique challenges for implementation of the master plan.

It was decided early that immediate and mandatory adherence to the master plan would be difficult to accomplish, given these diversities. Instead, the stakeholders felt it would be in the best interest of the plan to implement it on a volunteer basis. As such, improvements, redevelopment and new construction would conform with the overall master plan over time as they were initiated by individual property owners.

### **B. PLANNING PROCESS**

Following a rather extensive consultant selection process, the consultant team was retained in early 2005.

The previously identified stakeholders and participants decided early that community and public participation were critical for the success of the project. Following consultant team and stakeholder planning sessions, a series of meetings were held to establish the goals and objectives of the project, as well as the study area parameters. This series of meetings was instrumental in determining that the original boundaries identified in the Request for Proposals needed to be expanded to include similar and related land uses and properties beyond the original boundary. Two boundaries were established, thus creating a Primary and a Secondary Study Area. The Primary Study Area consisted of the core of the medical and health care related facilities within the Medical District. The Secondary Study Area consisted of adjacent properties that exhibited related or complementary services or functions. These included institutional, technology, professional offices, residential, and ecclesiastical uses.

The Primary Study Area boundary was also expanded to include mainly retail properties along the north and south sides of 10th Avenue South. Because of discussions on the relevance of the corridor and its relationship to the functional and aesthetic components of the Medical District, the design team decided to include this major vehicular thoroughfare in the Medical District.

The Medical District boundary is illustrated in Exhibit A.

It became clear during preliminary discussions that, with the expanded boundaries, the ability to plan the district became more exciting due to the potential for additional development options and opportunities. With the inclusion of 10th Avenue South in the Primary Study Boundary and the addition of the Secondary Study Boundary the scope increased slightly. So too did the ability for the design team to see how micro-sized changes in the Medical District could potentially

# ***Great Falls Medical District Master Plan***

## **VIII. BACKGROUND (CONTINUED)**

affect the overall area on a macro level.

The first series of stakeholder charrettes and public meetings was held in early July 2005. This three-day design session and discussion proved to be fruitful in revealing the opportunities and constraints within the Medical District. The stakeholder charrettes were instrumental in establishing clear goals and objectives for the project as well as for the overall vision of the master plan. The public meetings were an ideal forum for introducing the members of the community to the stakeholders, the goals and objectives, and the visioning of the project. Many community members participated in constructive discussions on the conceptual designs and ideas developed by the stakeholders and the design team during the week of charrettes and public meetings.

Following the first round of charrettes and public meetings, the design team reconvened to discuss the next steps involved in the planning process. Opportunities and constraints were discussed at length. It was clear that some of the opportunities included a strong medical and health care related presence, an ideal location amidst a mix of land uses, and support from the City and the surrounding neighborhood. Some constraints mentioned included the lack of a cohesive infrastructure plan, disjointed circulation and often unsafe pedestrian and vehicular interfaces, and the lack of presence of the District from the 10th Avenue South corridor.

The design team determined that with involvement by the City, the use of incentives and appropriate funding, and the careful integration of the Master Plan into other currently functioning regulatory documents and controls, that the goals and objectives of the Master Plan could be implemented over time. The amount of change and the type of change would be incremental and based on overall Master Plan design guidelines. Changes would also be based on which property owners would be willing to invest in the Master Plan goals and objectives by either modifying or improving their properties to meet overall visioning. During the public meeting in July 2005, it was clear that a few of the non-medical business and property owners were excited about change, especially if there were incentives, funding assistance, and if it was not forced by the City.

A second series of stakeholder charrettes and a public meeting were held in November 2005. The focus of the charrettes was to initiate discussion on some of the key areas within the Master Plan. During the previous charrettes in July 2005, it was determined there were three key areas within the District that had unique and critical features. The three areas were identified as the 10th Avenue South corridor from 23rd Street to 32nd Street; the core medical and health care area; and the combined residential and mixed use properties directly to the west of the core medical and healthcare area, generally bounded by 10th Avenue South, 26th Street South, 14th Avenue South and 23rd Street South.

The stakeholders split into small groups and were assisted by design team members to brainstorm

# ***Great Falls Medical District Master Plan***

## **VIII. BACKGROUND (CONTINUED)**

and sketch ideas about the overall look and feel of the key areas of the District. Exciting and progressive ideas came out of each group's efforts, especially for the mixed use area just west of the core medical and health care area. The mixed use area is very diverse in land use and quality of existing conditions and infrastructure. Some of the groups suggested that this area become more pedestrian friendly and that the streetscape be more usable for residents and business owners. It was agreed that a physical connection between the technology and educational facilities, located in the Secondary Study Boundary area, and the Medical District should be strengthened. These educational facilities offer medical and health care related study curriculum and students may benefit from a physical and psychological connection to the Medical District.

A public meeting followed the day of charrettes. A large group of local citizens, city staff, planning board members, and City Commissioners attended the interactive public meeting. A productive open discussion followed a presentation of the charrette results. The design team solicited input and answered questions from interested community members. The community was assured that they would have a voice in the Master Plan. They were also assured that they would have access to on-line draft versions of any future planning documents.

The two initial charrettes and public meetings were productive, enabling the design team to compile the comments and suggestions in order to formulate further in-house planning sessions.

The Master Plan began to take shape in the form of a written document, with photos, imagery and maps. The "Framework Master Plan," provided as Exhibit F, was compiled at the end of the charrette sessions to illustrate the overall intent of the Goals and Objectives as well as the "Implementation Initiatives" that would ultimately be used to bring the vision for the Medical District to fruition. The "Framework Master Plan" illustrates land uses and street and pedestrian improvements that are general in nature and relate to the "Implementation Initiatives." Not illustrated on this map are economic and smaller scale initiatives, which are described in Section V, "Recommended Implementation Initiatives."

### **C. MARKET ANALYSIS**

A key component in the development of the Master Plan was the selection of a design team that included an expert in the field of health care operations, market planning, business plan management, program evaluation and planning, physical resource management planning, and analysis of existing resources and opportunities. A consultant team from LarsonAllen was retained to research current trends in the Great Falls health care market and offer advice on future growth and opportunities in the health care and medical fields. LarsonAllen also was charged with researching the mechanism by which improvements to the existing health care and district facilities could be implemented given varying funding sources. The results of this analysis were presented in Sections IV and V.



# ***Great Falls Medical District Master Plan***

## **VIII. BACKGROUND (CONTINUED)**

### **C. ANALYSIS OF OPPORTUNITIES AND CONSTRAINTS**

Aforementioned, the Great Falls Medical District Master Plan area has opportunities as well as constraints. The stakeholders and the City are very interested in the potential that exists with the development of new projects as well as the revitalization of existing properties, buildings and open space. The community has expressed interest in creating a more cohesive district without financially impacting the property owners too directly. Piecemeal development often translates into random, unplanned development or critical infrastructure and public amenities. Obviously, it is important to correctly plan new projects so that they are in harmony with existing conditions and necessities.

The Master Plan calls for both capital and property owner-based initiatives. Using existing infrastructure and public amenities or expanding on existing ones is an excellent way to take advantage of opportunities within the Medical District. The growth in the Medical District is also an opportunity, with the influx of additional higher paying, professional jobs, to revitalize existing properties. Besides general good business reasons for initiating redevelopment, it often translates into neighboring properties working in cooperation to achieve improvements and mitigate costs by sharing responsibility or burden.

Improved pedestrian connections between the Medical District and adjacent projects or properties would benefit not only employees of the health provider facilities and adjacent businesses but also the local residents. This could translate into more walkable spaces and increased visitors to area businesses. Pedestrian friendly and safe environments create comfortable and dynamic spaces for mixed uses, providing usable open space and increased foot traffic throughout the Medical District.

The potential exists for a positive interaction between the living and working components of the Medical District. This could result in the possible mixing of land uses that complement each other, such as hospital and medical supply; medical office and pharmacy; retail on the first floor and residential on the second floor; or medical and restaurant. Providing opportunities for inclusion of support or ancillary businesses or services would improve overall living and working opportunities by providing services within short driving and walking distances.

The most obvious constraints were identified during the research and analysis phase of existing conditions. Existing conditions were an identified constraint. Existing public infrastructure and services should be upgraded to allow “turn-key” style redevelopment of properties within the Medical District. Many of the existing streets, buildings, parking lots, residences, walkways, sidewalks, and other site amenities, have been constructed or installed in a piecemeal fashion. This type of “piecemeal” development can turn its back on surrounding properties, leaving all properties isolated in a sea of parking, alleys or unusable spaces. Car-dominated development also leads to uninteresting and unsafe spaces. Every effort should be made to work with adjoining

# ***Great Falls Medical District Master Plan***

## **VIII. BACKGROUND (CONTINUED)**

neighbors to address access issues, to consider shared parking opportunities and to collaborate on outdoor pedestrian spaces.

The City and area stakeholders should be advocates for redevelopment and reinvestment in the Medical District. They should be diligent in ascertaining what incentives and opportunities are available for financing improvement projects. They should also facilitate design review that promotes creative solutions for redevelopment and reinvestment, recognizing opportunities and constraints present in the Medical District.

### **D. DESIGN SOLUTION SYNTHESIS**

Benefis Healthcare and the Great Falls Clinic have been actively expanding their facilities during the past few years. They both see a continuation of this expansion in coming years. However, both have been operating somewhat independently regarding land acquisition, facility expansion and site amenities. With initiation of the master planning process, these two major stakeholders have been brought together to assist the design team with visions and ideas for the core medical area within the District.

The overall stakeholder group and the design team felt that the potential synergy between the two providers would be beneficial to the ultimate master planning of the entire District. Both providers were more than willing to discuss potential linkages between facilities, and to incorporate some common directional and informational signage throughout the District. They agreed that the Medical District needed to be better defined along 10th Avenue South. Both providers also felt that more amenities for their visitors, employees and patients needed to be integrated into the area, including restaurants, hotels/motels, retail shopping, residential living opportunities, and visitor facilities.

# ***Great Falls Medical District Master Plan***

## **IX. REFERENCES**

### **A. CITY OF GREAT FALLS PUBLICATIONS**

Several City publications are available from the City of Great Falls offices and on-line to guide development and assist property owners. These include the City of Great Falls Growth Policy, Title 17, “Land Development Code,” and the City of Great Falls 2003 Transportation Plan. Others may be available from time to time, including amendments and updates. It is recommended that property owners contact the City offices for current documents and publications.

# ***Great Falls Medical District Master Plan***

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# ***Great Falls Medical District Master Plan***

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# ***Great Falls Medical District Master Plan***

## **XI. EXHIBITS**

Exhibit A: Location Map

Exhibit B: City Zoning Map

Exhibit C: Existing Utilities Map

Exhibit D: Property Ownership and Vacant Lands Map

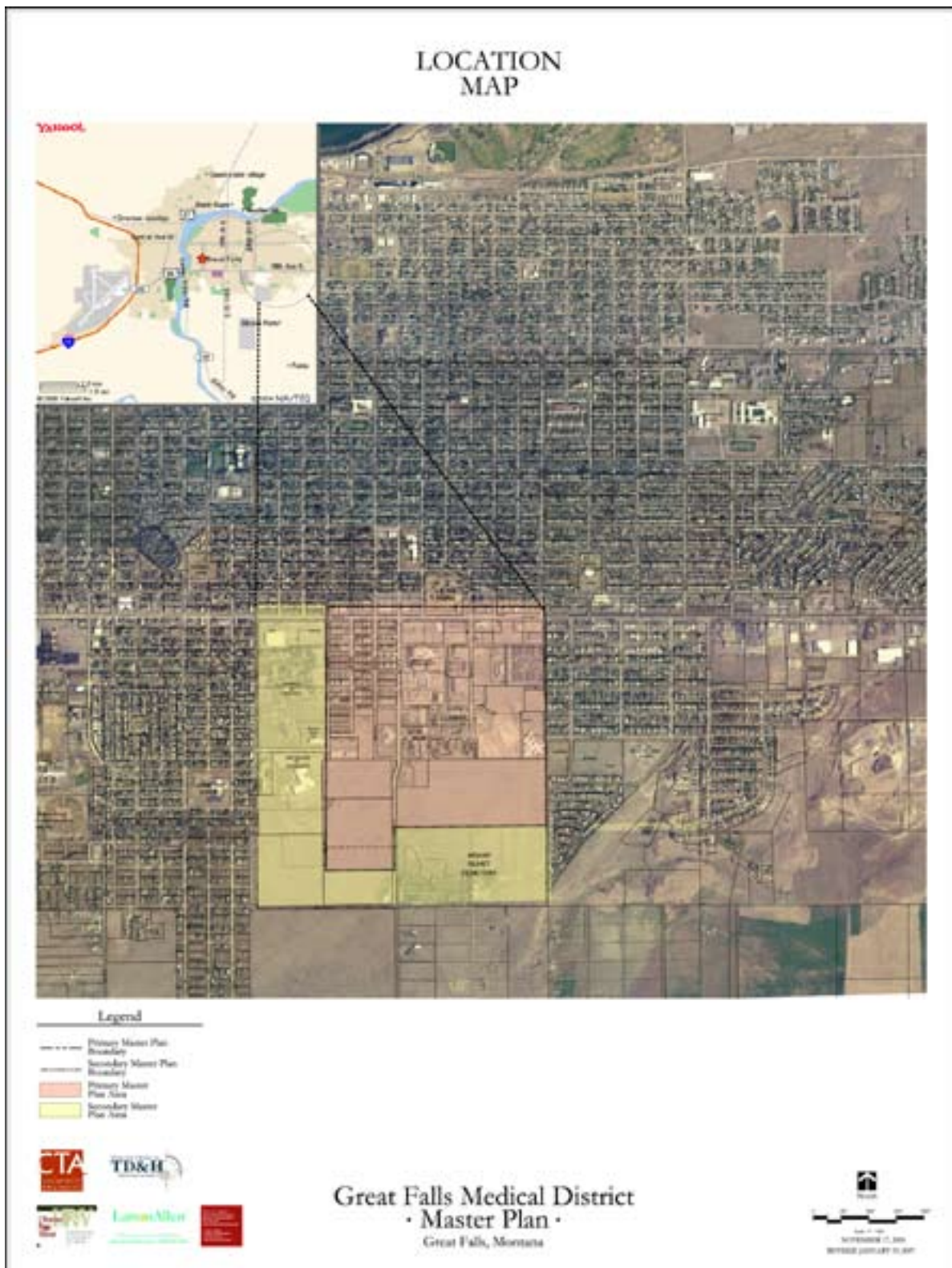
Exhibit E: Landscape, Parks and Undeveloped/Vacant Lands Map

Exhibit F: Framework Master Plan

Exhibit G: Transportation Map

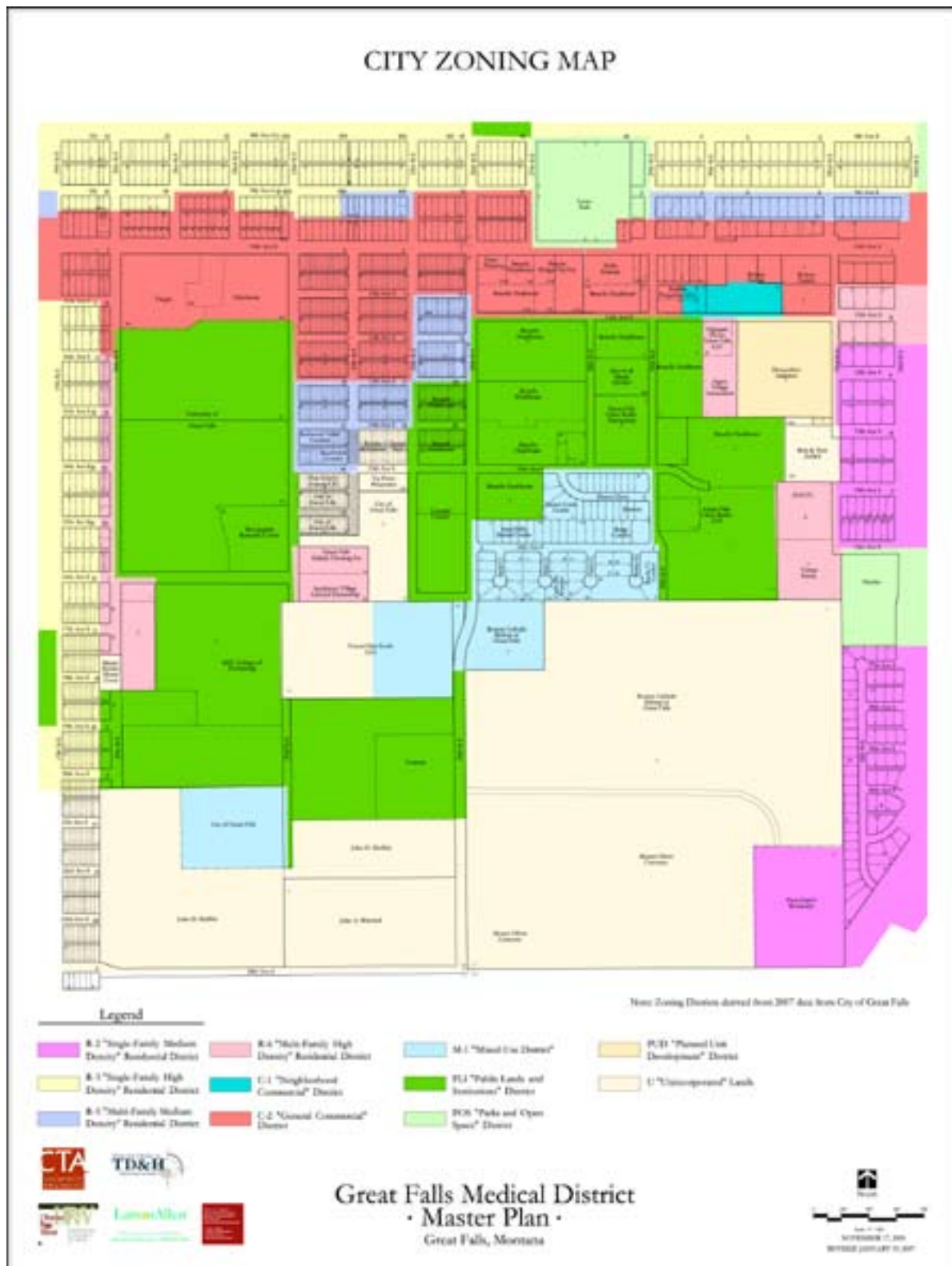
# *Great Falls Medical District Master Plan*

## EXHIBIT A: LOCATION MAP



# Great Falls Medical District Master Plan

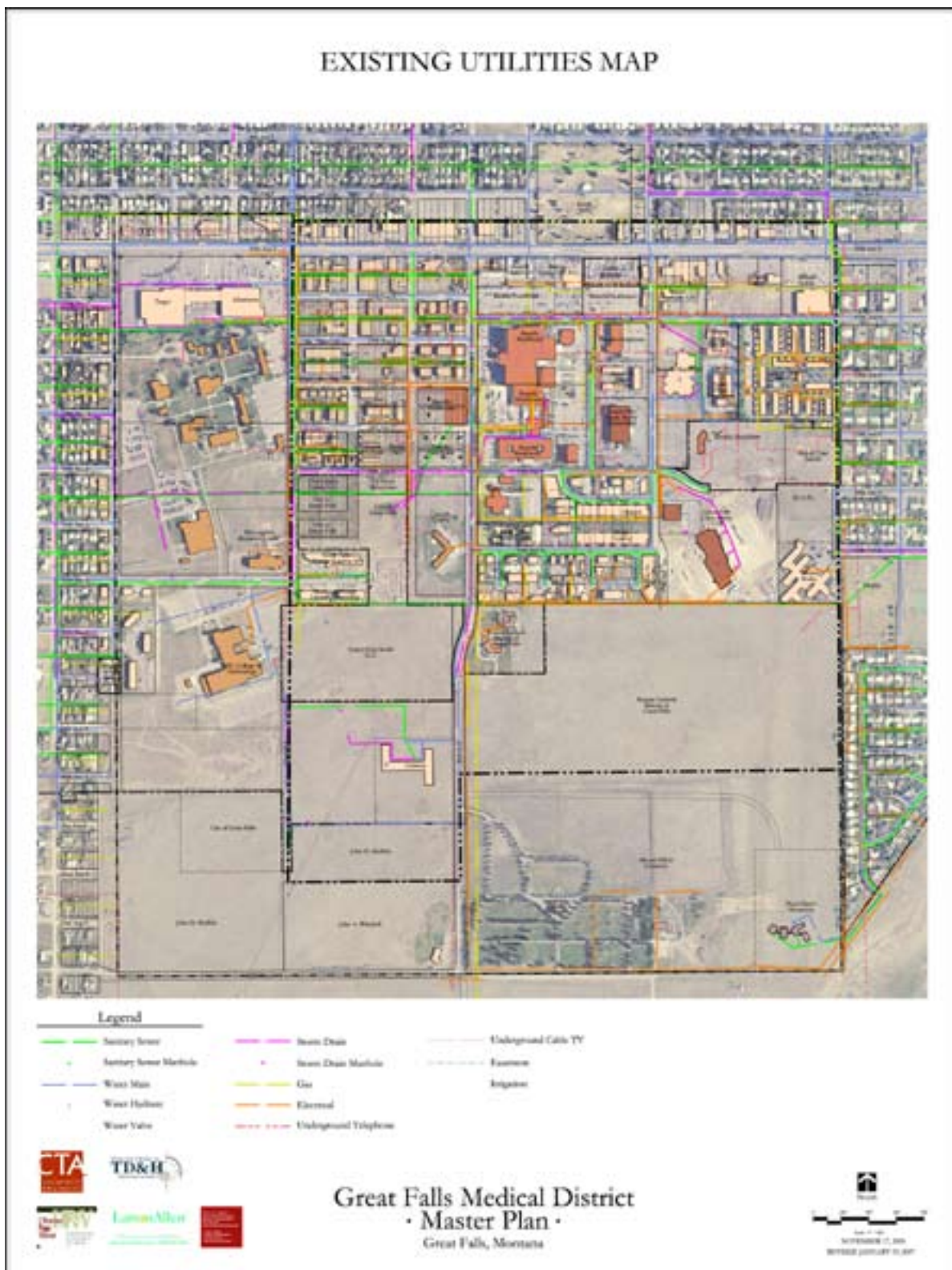
## EXHIBIT B: CITY ZONING MAP





# Great Falls Medical District Master Plan

## EXHIBIT C: EXISTING UTILITIES MAP



# Great Falls Medical District Master Plan

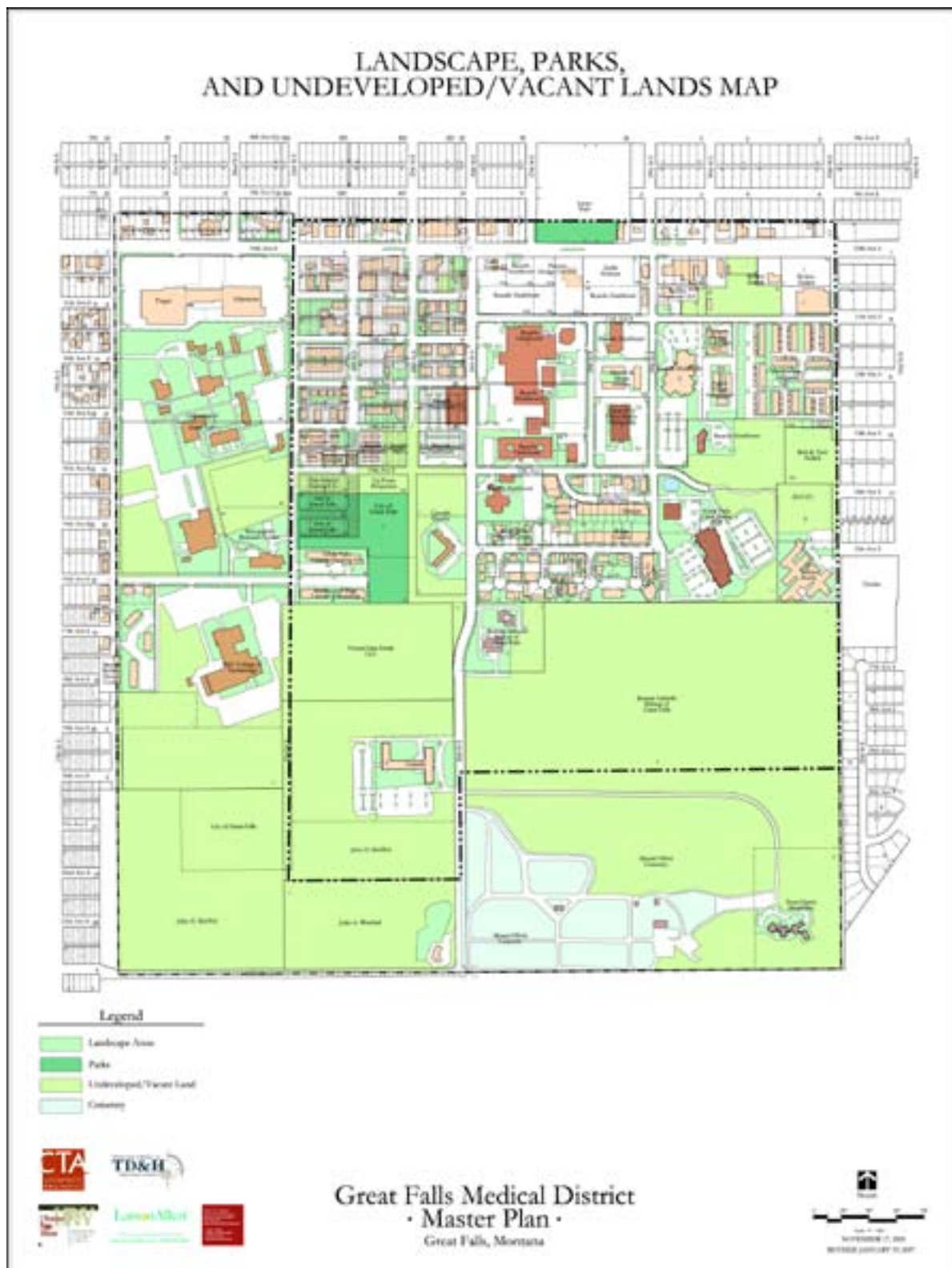
## EXHIBIT D: PROPERTY OWNERSHIP AND VACANT LANDS MAP





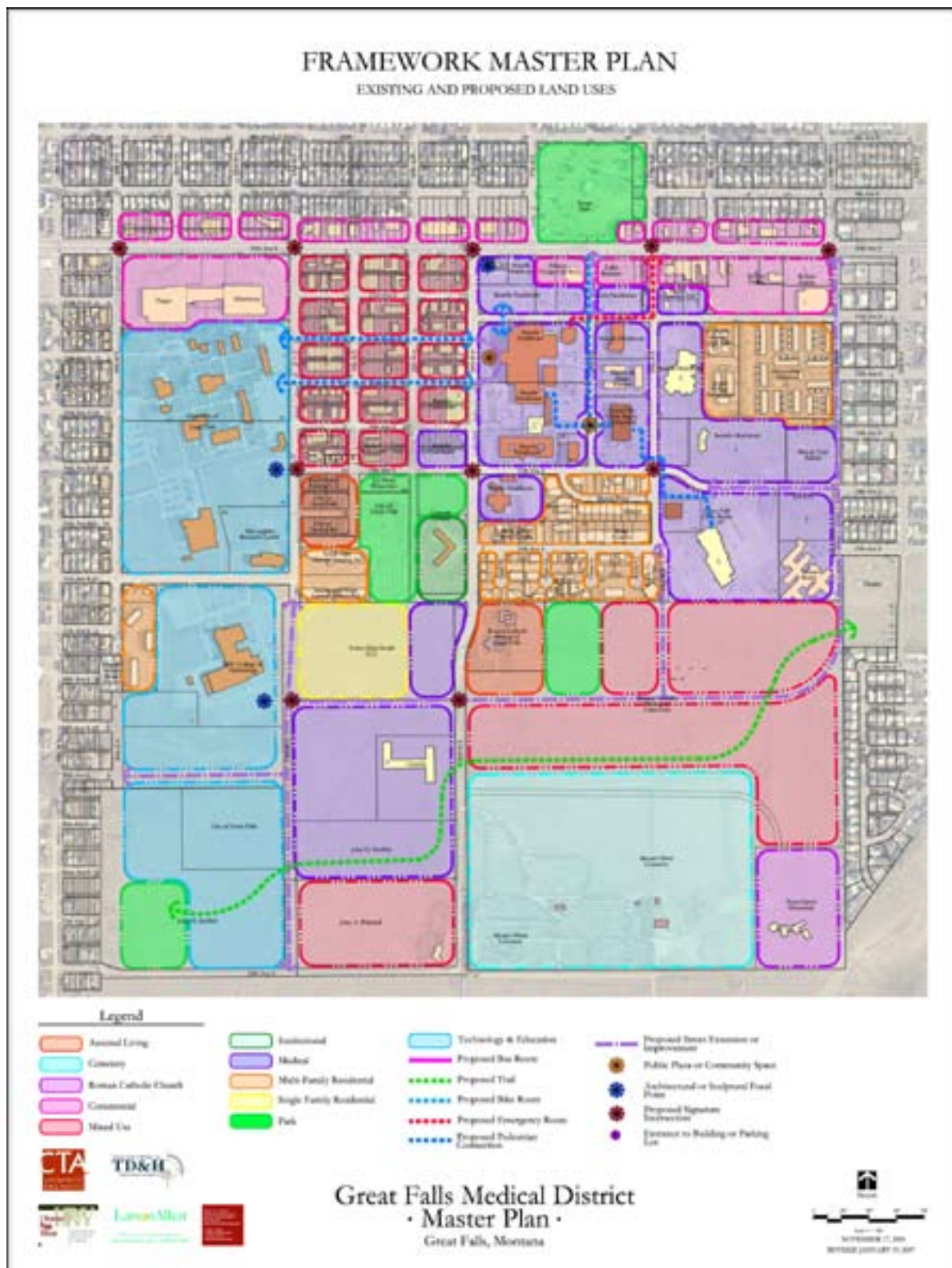
# *Great Falls Medical District Master Plan*

## EXHIBIT E: LANDSCAPE, PARKS AND UNDEVELOPED/VACANT LANDS MAP



# Great Falls Medical District Master Plan

## EXHIBIT F: FRAMEWORK MASTER PLAN





# Great Falls Medical District Master Plan

## EXHIBIT G: TRANSPORTATION MAP

