

TOPIC: UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS MASTER PLAN

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I. SUMMARY

Every ten years, institutions are required to update and revise their Facilities Master Plans. The Master Plan is a snapshot of the campus's current facility use and capacity, as well as an outline and strategy for facility use and layout in the future. Specifically, it outlines institutional goals, campus settings, build-out capacity, academic, housing and student life needs, and implementation plans. The Master Plan process is intensive, involved, and often takes multiple years to complete.

As required by C.R.S. §23-1-106 (3) the Commission reviews and approves master planning and program planning for all capital construction projects of institutions of higher education. The policy and process for the creation and review of a Facilities Master Plan is reflected in the Colorado Commission on Higher Education's Policies: Section III, Part D. Governing Boards must approve the plans, after which, they are submitted to the Colorado Commission on Higher Education (CCHE) for review and approval.

As part of the University of Colorado (CU) system's Performance Contract that was signed in March 2013, the system is no longer required to have the CCHE approve their Facility Master Plans. The Master Plans will continue to be approved by the CU Board of Regents and they will be sent to CCHE and Department of Higher Education staff for informational purposes. The Board of Regents approved the Master Plan for the University of Colorado Denver | Anschutz Medical Campus (AMC) in September 17, 2013.

II. BACKGROUND

In 1998, the first University of Colorado Denver | Anschutz Medical Campus (AMC) facilities master plan was created in response to the decision to move the University of Colorado Health Sciences Center (UCHSC) from 9th Avenue and Colorado Boulevard in Denver to its current location on the closed Fitzsimons Army Medical Garrison in Aurora. Due to the speed at which the campus was developing, in 2002, the University submitted a supplement to the 1998 Master Plan. The CCHE approved the Master Plan supplement in February 2003.

The 2012 Master Plan was designed as "a living, adoptable framework for future campus growth". AMC's *Strategic Plan for 2020* was used as a framework and campus community, as well as alumni and external stakeholders, participated throughout the planning process. In order to address the complexities that result from CU Anschutz's interconnectivity to its neighboring partners (such as the University of Colorado Hospital, Children's Hospital Colorado, the City of

Aurora, Fitzsimons Redevelopment Authority and Veterans Affairs Medical Center), CU decided to create two Master Plans. The Site-Wide Consolidated Master Plan was completed in the first phase of development and included input from all stakeholders. The second phase looked specifically at CU Anschutz's future facilities needs and focused on planning within the CU property boundary (the university, University of Colorado Hospital and Children's Hospital Colorado).

For the CU Anschutz Master Plan, the university convened various task forces and open campus forums to get input from stakeholders and to develop "strategies in specific disciplines and areas of specialty". Additionally, a variety of advisory groups were involved in the planning process, including: the Student Senate, Faculty and Staff Assemblies, CU Design and Review Board, RTD, City of Aurora Neighborhood Organizations/Associations and the Public Works Department. The resulting suggestions were then reviewed by the AMC Planning, Steering and Executive Committees and were refined into the final Master Plan.

III. STAFF ANALYSIS

The University of Colorado provided Department of Higher Education staff AMC's Master Plan and the presentation given to the Board of Regents in late September. This section includes a summary of the Master Plan and its supporting documents.

Institutional Role

C.R.S. § 23-20-101 established the Health Sciences Center Campus of the University of Colorado (AMC) to "offer specialized baccalaureate, first-professional, master's, and doctoral degree programs in health-related disciplines and professions. It shall be affiliated with the University of Colorado hospital and other health care facilities that offer settings for education, clinical practice, and basic and applied research. It shall have exclusive authority in medicine, dentistry, pharmacy, and physical therapy."

Mission

University of Colorado Denver | Anschutz Medical Campus is a diverse teaching and learning community that creates, discovers, and applies knowledge to improve the health and well-being of Colorado and the world.

Vision

AMC's Strategic Plan 2020 set forth the vision of: "By 2020, University of Colorado Denver | Anschutz Medical Campus will be a leading public university with a global reputation for excellence in learning, research and creativity, community engagement, and clinical care."

Goals and Initiatives

The three goals that guided the 2012 Master Plan development process were innovation, connectivity, and stewardship. These were determined through the collaborative campus process described above.

Space Needs Analysis

For 2012, the total population on the Anschutz campus was 21,224, including 3,999 at University of Colorado Hospital, 4,365 at Children’s Hospital of Colorado, and 12,860 at CU Anschutz. The CU Anschutz population was made up of 3,836 faculty, 2,549 staff, 1,336 professional research assistants, 1,010 medical residents, and 4,129 students.

According to CU’s projections, campus population is expected to grow by 47%, by 2022 to over 30,000 people. The CU Anschutz population is expected to grow 2.4% annually to almost 16,000, an increase in headcount of 3,137. This growth will result in a space deficiency of over 406,000 assignable square feet (ASF) and the majority of the space deficiency will be in offices and research labs. For additional details, please refer to table one below.

Table One: Space Inventory Summary

Description – Space Inventory	2011-2012	2021-2022	Increase/	Growth %
	Actual Assignable SF	Projected Assignable SF	Decrease Assignable SF	Increase/ Decrease
All Research/Clinical Space Support	1,067,209	1,340,215	276,006	25.6%
Academic/Administrative/Other	977,958	1,111,226	133,268	13.6%
Overall Space Inventory Total	2,045,167	2,451,441	406,274	19.9%

To address the needs, Anschutz will increase efficiency of utilization of existing space and has plans for new construction and renovation of existing buildings. Current space utilization of shared general-use classrooms is 61%. AMC’s goal is to increase utilization to 80% in the next ten years by right-sizing and renovating classrooms and expanding scheduling during underutilized times. The table below shows the Master Plan’s current and projected utilization of the shared general-use classrooms.

Table Two: Current and Projected Utilization of Shared General-Use Classrooms

Classroom Type	Current Utilization ¹		Five Year Utilization ²		Ten Year Utilization ³	
	Academic	Total	Academic	Total	Academic	Total
200 Seat Lecture Hall	45%	54%	52%	63%	59%	71%
75-80 Seat Lecture Hall	44%	59%	51%	69%	57%	77%
60 Seat Classroom	54%	72%	62%	83%	70%	94%
30 Sea Classroom	49%	55%	56%	63%	64%	71%
All Classroom Types	48%	61%	55%	71%	62%	80%

¹ Current Usage Based on Spring 2012 Data

² 5-Year Enrollment Growth Assumed at 15.3%

³ 10-Year Enrollment Growth Assumed at 31.8%

The Master Plan also outlines some potential new facilities that will be developed to address the space shortage. The new facilities and renovations will occur over two phases.

Phase I: 2012-2017

Potential New Facilities

- Biosciences 2
- Interdisciplinary Building Phase I
- Research Imaging Center

Potential Renovation

- Research 1, Research 2
- Building 400

Phase II: 2018-2022

Potential New Facilities

- Interdisciplinary Building Phase II
- Education building 3
- Vivarium Expansion
- Auxiliary Services
- Parking Structure 2
- Inter-Professional Commons

Potential Renovation

- Building 500
- Ed 1 & Ed 2, SODM

Campus Integration

Through the Master Planning process, Anschutz also determined there was a need to improve the integration of the existing “zones” on campus. The 2002 Master Plan created functional zones for clinical care, research, education, and community. As the campus developed over the last ten years, it was found that these zones were creating silos and there was a need for greater integration and connectivity between them. To deal with this issue, the 2012 Master Plan has replaced the functional zones with multiple character districts.

The districts will create a “focused framework for development based on achieving a desired campus character, quality, and form regardless of use.” This design will allow for flexibility to adapt to changing technologies and campus needs. With this concept in mind, the Master Plan calls for four distinct character districts that will have their own goals and organization:

Character District	Description
Academic Village	Character similar to a traditional campus with a walkable social environment; low density
Urban Campus	Transition environment that brings together the core campus and the greater surrounding community; medium density
Hospital	Super block character which allows for the development of large interconnected mega-structures; high density
Special	Accommodate existing special use functions not usually associated with an urban campus; mixed density

III. STAFF RECOMMENDATIONS

There is no staff recommendation; this item is for information only.

STATUTORY AUTHORITY

C.R.S. §23-1-106 (3)