



COMPREHENSIVE MASTER PLAN

MID-AMERICA MEDICAL DISTRICT AT EAST ST. LOUIS, ILLINOIS





Mid-America Medical District at East St. Louis, Illinois Comprehensive Master Plan

August, 2010

Prepared for:

The Mid-America Medical District Commission

www.midamd.com

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SECTION 1: INTRODUCTION





SECTION 1: INTRODUCTION

On January 1, 2007, the Illinois General Assembly’s Public Act 094-1036 became effective, creating a medical center district in East St. Louis that generally covered the city’s downtown. Patterned after similar legislation which earlier created medical districts in Chicago and Springfield, this new law created the Mid-America Medical District and its associated governmental entity, the Mid-America Medical District Commission.

The Commission consisted of nine appointed members and three ex-officio members; three members appointed by the Governor, three appointed by the St. Clair County Board Chairman, three appointed by the Mayor of East St. Louis, and representatives of the Director of Commerce and Economic Opportunity, the Director of Public Health, and the Secretary of Human Services. Their mission—”to attract and retain academic centers of excellence, viable health care facilities, medical research facilities, emerging high technology enterprises, and other permitted facilities and uses”.

As required by the Mid-America Medical District Act, a Master Plan for improvement and management of the District was to be prepared and approved by the Commission, with the consent of an Advisory Council and the East St. Louis City Council. The goal of the Master Plan was to “provide for the orderly growth and management of property within the District.” Further, the Master Plan for land use should promote the “highest and best use” of properties in the District to achieve the following objectives:

- Support the growth of the medical profession;
- Deliver health care and related services;
- Protect existing neighborhoods from encroachment by medical facilities;
- Help create long-term residential stability; and
- Support activities and projects geared toward the attraction and retention of academic centers of excellence, viable health care facilities, medical research facilities, and emerging high technology enterprises.

Ideally, the Master Plan would provide a road map for the Commission, community and other stakeholders to follow for improvement, expansion, and management of the District’s assets. To achieve this, the District needed to be positioned as a medical, educational, and residential mixed use urban campus in an environment affording long-term financial security for public and private investments.

The District itself comprised approximately 240 acres in downtown East St. Louis, incorporating several key institutions such as the Kenneth Hall Regional Hospital, the East St. Louis Higher Education Campus, a Federal Court House, and the 5th & Missouri MetroLink Station. Approximately one-third of the developable land area in the District is currently vacant. This current setting provides a unique opportunity to build upon the key institutions to remake this portion of East St. Louis and to positively impact the broader community.

The following maps portray the location of the Mid-America Medical District within the St. Louis region and the City of East St. Louis. Future maps in the document provide more detailed information on the District.

The Master Plan is organized into five sections and two appendices.

- **Section 1: Introduction**—a very brief introduction to the Act, the Commission, and the Plan
- **Section 2: Situation Analysis**—background information on existing conditions needed to make investment decisions in the Medical District
- **Section 3: Planning Initiatives & General Strategies**—big-picture action items and development strategies for the District
- **Section 4: Master Plan**—the finer print on future land use, circulation, infrastructure, urban design, and community development planning and projects
- **Section 5: Implementation Plan**—steps for the Commission to take immediately and steps for longer-term, on-going work by the Commission and the community
- **Appendix A: Market Conditions Report**—the market assessment that formed the basis of the land use plan
- **Appendix B: Inventory of Health & Community Services**—a summary of health related services available to East St. Louis residents, both inside and outside the District



Mid-America Medical District Regional Setting



Legend

- MetroLink Stations
- MetroLink Rail
- District Boundary



**Mid-America Medical District
Master Plan**

**Medical District
Boundary Map**

Source: East-West Gateway COG
St. Clair County
ESRI
Map Edited: 10-Nov-2009



SECTION 2: SITUATION ANALYSIS





SECTION 2: SITUATION ANALYSIS

This Situation Analysis provides an inventory of the Mid-America Medical District's assets, liabilities, opportunities and challenges. It contains an inventory and assessment of medical facilities within the District; an assessment of the District and region's medical services; research into comparable Medical Districts; a summary of existing District-related plans, reports, and data sources; an assessment of land use and zoning; and a condition assessment of the Medical District's built environment.

Medical District Health Facilities

The first step in the master planning process was to recognize the existing health facilities in the District that could serve as a foundation from which to build upon. These included the following:

Kenneth Hall Regional Hospital (and Windsor Medical Arts Building)

129 North 8th Street | East St. Louis, IL 62201

Kenneth Hall Regional Hospital and the adjoining Windsor Medical Arts Building are owned and operated by the Southern Illinois Healthcare Foundation (SIHF). SIHF is a not-for-profit, community-based Federally Qualified Health Center (FQHC) Network comprised of over 20 health centers, community outreach programs, and enabling services. KHRH has both inpatient and outpatient Behavioral Health services as well as a 24-hour Emergency Department. The facility previously served as an acute care hospital providing 169 total staffed beds, including 90 acute care beds, 8 ICU beds, and 25 psychiatric unit beds.



Kenneth Hall Regional Hospital

Comprehensive Behavioral Health Center of St. Clair County, Inc.

505 South 8th Street | East St. Louis, IL 62201

The Comprehensive Behavioral Health Center of St. Clair County, Inc. (The Center), provides outpatient services for emotional, mental illness, and drug and alcohol problems; day treatment and training services; children/adolescent emotional/behavioral services; and emergency and crisis intervention services for mental illness and substance abuse; to residents throughout the western portion of St. Clair County (west of Illinois 157). They are housed in a new 73,000 square foot facility.



Comprehensive Behavioral Health Center of St. Clair County, Inc.

Southern Illinois Regional Wellness Center

100 North 8th Street, Suite 238 | East St. Louis, IL 62201

The Southern Illinois Regional Wellness Center (SIRWC) strives to improve the quality of life for the insured and underserved by providing quality holistic healthcare to build a healthy community. Southern Illinois Regional Wellness Center provides primary care, prescription medication, vision and dental care assistance for area residents.

SIUE Head Start/Early Head Start Program

Southern Illinois University at Edwardsville
East St. Louis Higher Education Center
601 James R. Thompson Blvd. | Building C, Suite 103 | East St. Louis, IL 62201



SIUE Head Start Sculpture

The SIUE Head Start/Early Head Start Program is housed in the East St. Louis Higher Education Center campus located between South 8th and South 4th Streets, west of Broadway. The Head Start program serves children ages 3-5 from low-income families and children with disabilities in St. Clair County. Early Head Start serves children 0-3 and their families.

Kenneth Hall State Office Building

#10 Collinsville Avenue | East St. Louis, IL 62201

The Kenneth Hall State Office Building houses numerous state agencies including the Illinois Department of Children and Family Services, Illinois Department of Human Services, and Illinois Department of Veterans Affairs.

- **Illinois Department of Children and Family Services** provides protective services for children who are neglected, exploited and/or abused; and child welfare services which include family counseling, foster care, day care, homemaker and adoption services.
- **Illinois Department of Human Services Division of Transitional Service** administers the programs of Assistance to the Aged, Blind and Disabled; Aid to Dependent Children and Project Chance; food stamps and medical assistance.
- **Illinois Department of Veterans Affairs** provides assistance to all veterans, their dependents and survivors in applying for benefits.



Kenneth Hall State Office Building

Medical District Health Services & Facilities

An inventory of health and community services available in East St. Louis was completed for this Master Plan and is provided in detail in Appendix B. Additionally, the Robert Wood Johnson (RWJ) Commission to Build a Healthier America provided the following unique perspective on the future of health care.

Beyond Health Care: New Directions to a Healthier America

According to the RWJ Commission, although medical care is essential for relieving suffering and curing illness, only an estimated 10 to 15 percent of preventable mortality has been attributed to medical care. A person's health and likelihood of becoming sick and dying prematurely are greatly influenced by powerful social factors such as education and income and the quality of neighborhood environments. The following services and resources directly impact the health of a community and its citizens:

- Physicians' offices and/or health centers (including dental) and school-based health programs staffed by nurse practitioners, physician assistants and social workers to deter hospital emergency care visits and to provide optimal health care
- Quality mixed-income housing, both owned and rental, especially for elderly
- Early childhood services, which includes nutritional, educational, and social services
- Well-equipped parks and open spaces
- Accessible, safe public transportation and neighborhood walking routes
- Well-stocked grocery stores offering nutritious foods, as well as restaurants that serve healthy food
- Organized community recreation and health programs, social services, neighborhood councils or other opportunities for participation in community life

This composite of health related services would create a new environment in which citizens have the potential to live healthy lives. The RWJ Commission highly recommends this multidimensional approach for improving health in the 21st century.

Medical District Research

The term “medical district” can describe an area designated under state law to serve as a central location for several medical facilities or an area selected as a location for development anchored by medical facilities. Officials in several cities around the country—including Philadelphia, Memphis, Miami, and New Orleans, as well as Chicago and Springfield in Illinois—have undertaken projects to develop or revitalize medical districts. Although anchored by hospitals, these areas include mixed-use spaces that create new housing developments and opportunities for employment of local residents. As a result of the broad scale of these initiatives, city officials, in concert with not-for-profit commissions, tend to lead the work required for these projects.

Below are selections regarding these medical district projects that provide guidance for the development of the Mid-America Medical District.

Philadelphia Medical District

Planners participating in the conceptualization of new medical districts sometimes look to Philadelphia as an example of a hospital—the Hospital of the University of Pennsylvania (HUP)—being used as a significant factor in a neighborhood revitalization effort. In this example, health care and medical research are being used as an anchor for economic development and a theme for urban design.

Memphis Medical District

In 2001, the Memphis, Tennessee, Center City Commission developed a master plan for the revitalization of the city's medical district which is anchored by multiple hospitals, including a Veterans' Administration hospital and the University of Tennessee Medical School. The plan includes residential, hotel, and retail spaces, facilities for a medical technology business park, and new transportation infrastructure.

Miami Medical District

Plans for the Miami medical district took shape in 2004, when the mayor of Miami and the president of the University of Miami announced a partnership to revitalize the neighborhoods surrounding the university medical center. By partnering with a variety of stakeholders—including Jackson Memorial Hospital and local

community groups—university and city leaders hoped to recruit investors to move into the neighborhood and employ local residents. For example, the hospitals could offer a contract for a laundry services vendor with the conditions that the vendor would operate locally and employ citizens of the community.

In addition to recruiting new commercial tenants, city and university administrators plan to use the space for expansion of clinical and research facilities. Moreover, they hope that the large number of people employed in the area—approximately 30,000—will attract street-level retail establishments. Finally, city officials intend to allocate some space for residential development to attract residents of varying income levels to the area. As such, officials zoned the neighborhood for high-density residential and commercial use and are developing plans to improve transportation in the district, including new mass transit options and mixed-use roads.

New Orleans Medical District

As part of the redevelopment of the City of New Orleans, local leaders are planning a medical district. As in Memphis, Miami, and Philadelphia, officials envision a vibrant, urban neighborhood that includes mixed-use space and attracts both residents and commercial tenants. In particular, planners give significant consideration to the need to overcome the current perception of the area and sell an image of a safe and hospitable neighborhood.

Illinois Medical District (Chicago)

The Illinois Medical District (IMD), on the West Side of the City of Chicago, was created by the Illinois state legislature in 1941. It is the largest urban medical district in the U.S. The District includes medical centers, hospitals, biotech firms and incubation space, and medical education, as well as food courts, restaurants, upscale dining, and emerging major retail. The IMD along with major greenway and roadway renovations are credited with contributing to the revitalization of Chicago's Near-West Side.

Mid-Illinois Medical District (Springfield)

The Mid-Illinois Medical District acts as the developer of facilities and undertakes projects intended to advance Springfield's position as a Medical Center of Excellence. The District developed a Master Plan for land use to promote the highest and best use of properties within the District as it relates to supporting the growth of the

medical profession and the delivery of health care services. The District acts as a catalyst in the promotion of technology transfer, moving the discoveries of local medical researchers into the marketplace where each can improve the quality of life and generate additional local employment.

Existing Plans, Reports, and Data Sources

A review of available plans, organizations, and efforts already underway in or adjacent to the Mid-America Medical District was conducted to identify potential development partners and resources. Among these were the following:

East St. Louis Action Research Project (ESLARP)

University of Illinois School of Architecture/Urban Planning

The East St. Louis Action Research Project (ESLARP) is a University of Illinois program of sustained engagement with distressed urban areas through service learning and action research. Together with residents and community organizations in severely distressed areas, faculty, staff and students from across the University of Illinois at Urbana-Champaign (UIUC) work on highly tangible and visible projects that address immediate and long-term needs. Since 1987, this program of mutual learning and assistance has been an important part of neighborhood improvement and other community-based efforts in East St. Louis, Alorton, Brooklyn, Centreville and Washington Park, Illinois. (www.eslarp.uiuc.edu)

East St. Louis Community Development Foundation

Administered by the Southwestern Illinois Development Authority (SWIDA) with funding from the Casino Queen

In 1996, the Casino Queen began working with the Southwestern Illinois Development Authority (SWIDA) to create a \$6.9 million fund over the next 20 years to foster additional economic development beyond the site of the Casino Queen. SWIDA provides loans to businesses and organizations in East St. Louis to foster economic development.

East St. Louis Redevelopment Commission

City of East St. Louis

The East St. Louis Redevelopment Commission (RDC) was established by the Illinois State legislature to assist the City of East St. Louis in its redevelopment

efforts. The Commission consists of members appointed by the Mayor with consent of the City Council, plus ex-officio members from the Illinois Department of Commerce and Economic Opportunity and the Illinois Department of Transportation. The RDC was also designated as the City's Tax Increment Financing Commission. The Redevelopment Commission is responsible for reviewing and recommending approval for all tax increment financing and tax abatement requests throughout the City of East St. Louis.

The adopted legislation envisioned the Redevelopment Commission as an independent Commission to assist designated Redevelopment Corporations to act as development entities within the community. These Redevelopment Corporations could submit redevelopment proposals to the RDC for their review and approval. In conjunction with the Redevelopment Commission, these Redevelopment Corporations would follow a prescribed and approved plan for projects in the City of East St. Louis.

East St. Louis River Edge Redevelopment Zone

State-authorized program similar to Enterprise Zones administered by the City of East St. Louis, Illinois Department of Commerce and Economic Opportunity (DCEO) and Illinois Environmental Protection Agency (IEPA)

In January of 2008, the City of East St. Louis was certified as the third of four River Edge Redevelopment Zones (RERZ). RERZ is a program designed to help revitalize riverfront areas by providing local developers and businesses with the tools to revive and redevelop abandoned or contaminated properties that will stimulate economic development opportunities and create jobs. This initiative combines resources across state agencies.

Waterfront Development Master Plan

United States Army Corps of Engineers (USACE)
March 2004

The Waterfront Plan was a \$575,000 study funded by the City of East St. Louis and the USACE along with the Greater St. Louis Empowerment Zone (EZ). As part of this economic development planning process, the EZ funded an additional \$75,000 East St. Louis Riverfront Market Study. The market study helped define a development plan that includes projects which the private sector and market economics can support.

MEPRD Long Range Development Plan

Metro-East Park & Recreation District
April 2003

The Metro East Park and Recreation District (MEPRD) was created as a result of the St. Louis 2004-Gateway Parks and Trails Initiative. MEPRD receives ½ of the funds generated from a .1% sales tax in Madison and St. Clair Counties. The MEPRD Long Range Development Plan guides the District when making decisions regarding expenditures on parks and recreation facilities. In East St. Louis, MEPRD has funded construction of a ramp from the riverfront MetroLink Station to the Eads Bridge and construction of the Malcolm W. Martin Memorial Park. Future projects the District may fund in East St. Louis are extension of the MetroLink bicycle trail to the 5th and Missouri Station and extension of the Confluence Bikeway along the riverfront.

Medical District Condition Assessment

To help understand the physical setting in which the District will operate, and to establish a framework for targeting future public and private investment, an inventory and condition assessment of the District's assets was completed. This planning-level assessment included the District's buildings and grounds for current use, zoning, condition, and potential for re-use or redevelopment to support the District's health care goals. Public infrastructure, including water, combined sanitary/storm sewers, electric, gas, and communications systems, was inventoried to recognize their condition, capacity and potential for growth to serve the future needs of the District. The transportation system was likewise evaluated for condition, function, capacity, and availability of public transit. And finally, environmental constraints that may pose challenges for development within the District, such as underground storage tanks, Brownfield sites, and hazardous material generators, were compiled and mapped. Following is a discussion of these basic physical elements of the Medical District's properties and supporting infrastructure.

Land Use & Zoning Districts

An inventory and summary of existing land use and zoning districts were mapped to describe the existing characteristics of land within and adjacent to the District. An existing land use map was generated using St. Clair County Assessor Codes, parcel data, and aerial photography. A zoning map was generated with reference to the City zoning map digitized by the U of I's East St. Louis Action Research Project (ESLARP).

Land Use Observations

- There are 622 separately platted parcels in the district.
- These parcels total 179.15 acres (exclusive of rights-of-way).
- The average parcel is just over a quarter of an acre at 0.29 acres which poses a potentially big challenge for parcel assemblage and redevelopment. The median parcel is quite small at 0.09 acres, so the typical owner does not own very much.
- There are 230 separate ownership entities (though a few of these may be the same, just under distinctly different names). The average owner, therefore, has 2.7 parcels and owns just over three-quarters of an acre (0.78 acres).
- The ten largest land owners are (by name as shown on the tax rolls):

1. State of Illinois Community College	13.01 acres	6 parcels
2. Southern Railroad	12.69 acres	4 parcels
3. Bi-State Development Agency	9.13 acres	17 parcels
4. SIHF (dba KHRH/St. Mary's Hosp.)	9.05 acres	4 parcels
5. City of East St. Louis	6.45 acres	64 parcels
6. E&A Holding Company	6.03 acres	5 parcels
7. Top Metal Buyers, Inc.	4.62 acres	24 parcels
8. Ainad Temple	4.60 acres	2 parcels
9. Union Planters Bank Trustee	4.05 acres	1 parcel
10. Alexander Management	<u>3.71 acres</u>	<u>1 parcel</u>
TOTAL, Top 10	73.34 acres	128 parcels

(41.0% of all acreage, 20.6% of all parcels)



East St. Louis Higher Education Campus (State of Illinois Community College)

- The ten largest parcel owners are:

1. City of East St. Louis	6.45 acres	64 parcels
2. Leo & Jo Properties LLC	2.29 acres	29 parcels
3. Top Metal Buyers, Inc.	4.62 acres	24 parcels
4. BDC Realty & Investments, Inc.	1.86 acres	18 parcels
5. Bi-State Development Agency	9.13 acres	17 parcels
6. Galloway Properties, Inc.	0.91 acres	13 parcels
7. Church of God in Christ	1.10 acres	12 parcels
8. Cedric Taylor	0.85 acres	9 parcels
9. Willie J. Walker	0.80 acres	9 parcels
10. E.J. Sieron	<u>0.61 acres</u>	<u>9 parcels</u>
TOTAL, Top 10	28.61 acres	204 parcels

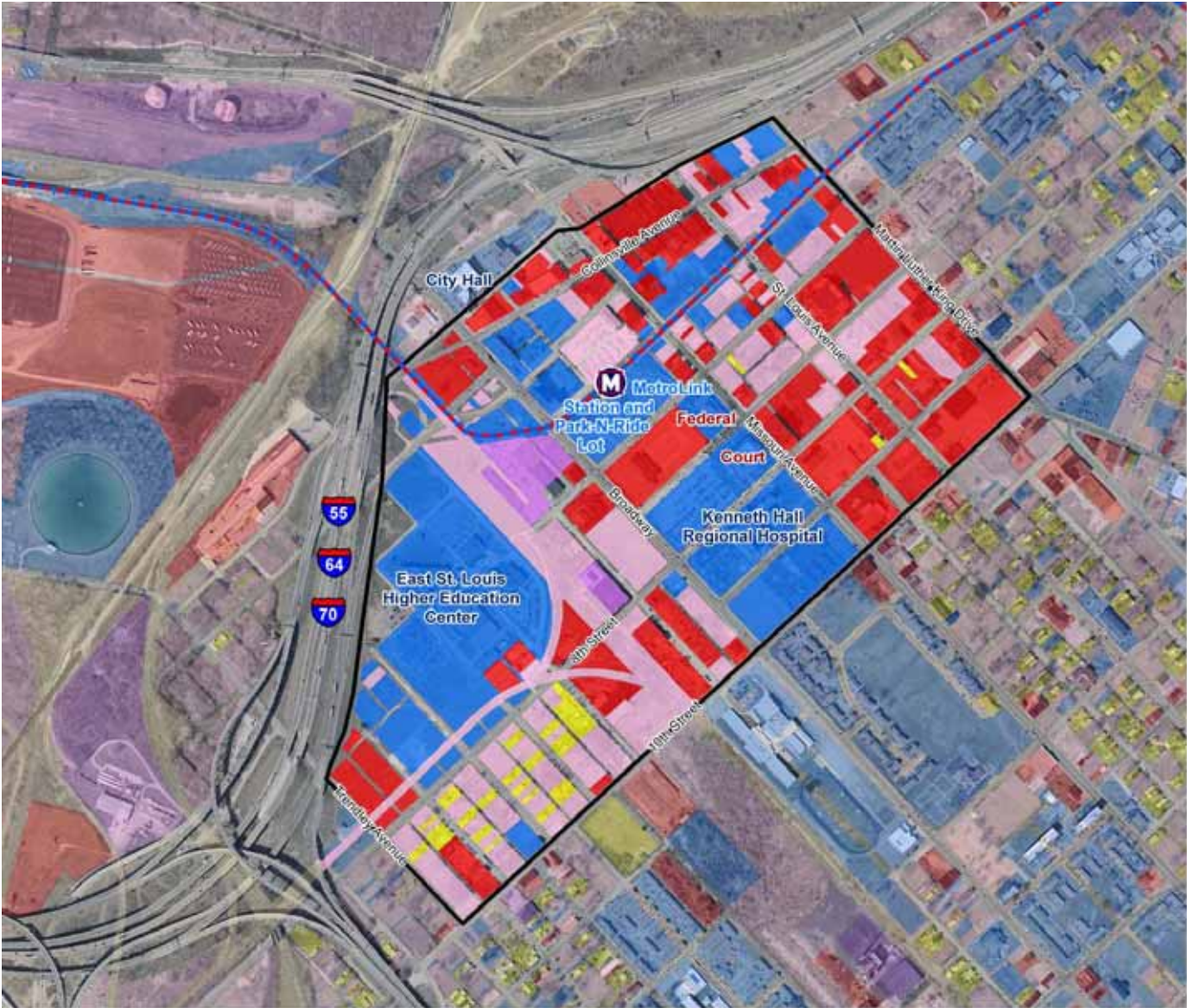
(16.0% of all acreage, 32.8% of all parcels)

Zoning Observations

Zoning in the district is predominantly business related (Commercial, Industrial, and Central Business District). A four-block neighborhood is zoned Two Family at the south end of the District. Generally speaking, the zoning appears to have been based on a previous land use pattern and road network that has changed, particularly in the vicinity of the ESL Higher Education Center. Zoning Districts and their boundaries will need to be reviewed and revised based on the development goals of the Medical District.



East St. Louis City Hall



Legend

Land Use Categories

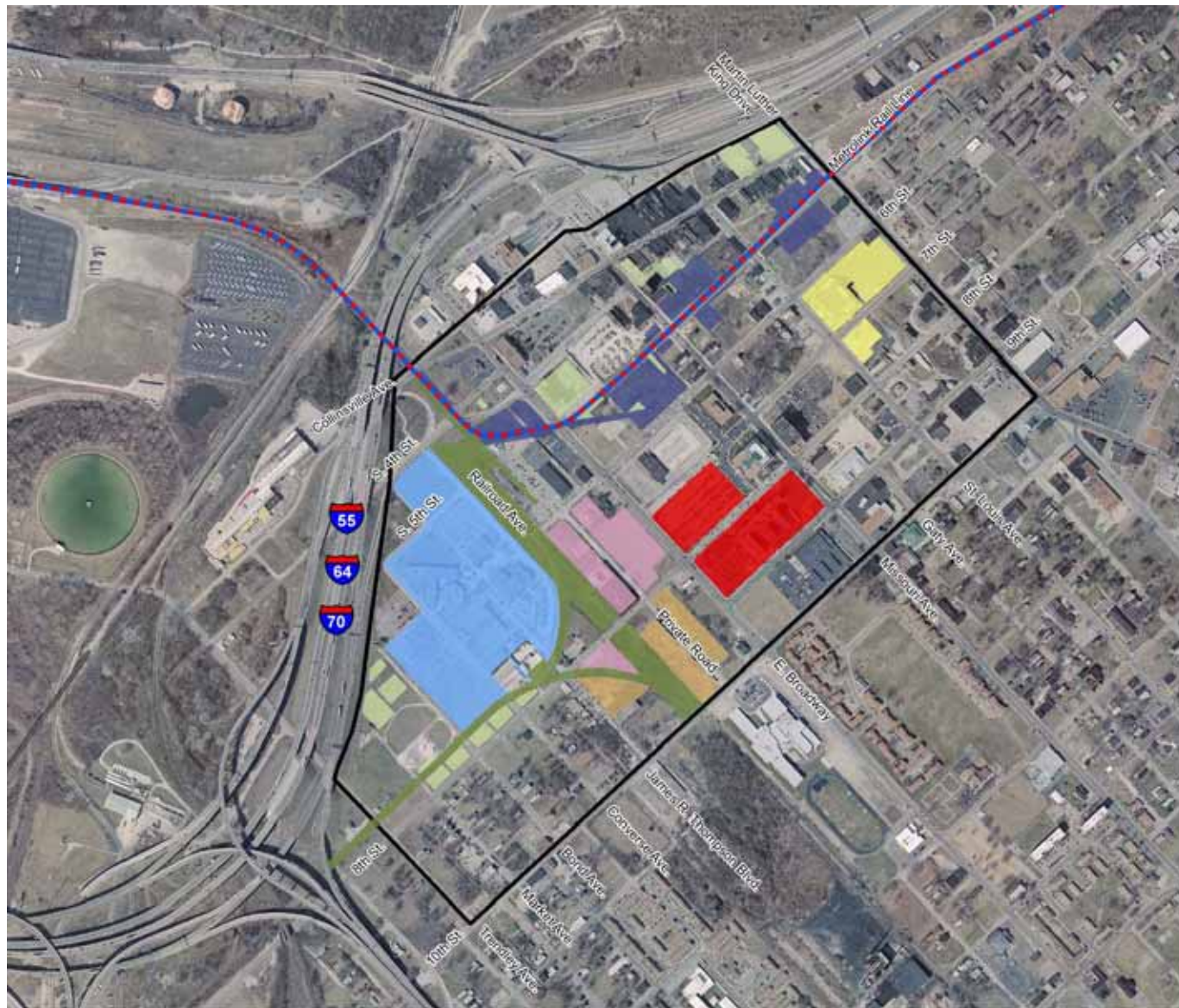
- Residential
- Commercial
- Industrial
- Transportation
- Government
- Vacant



**Mid-America Medical District
Master Plan**

**Existing
Land Use**

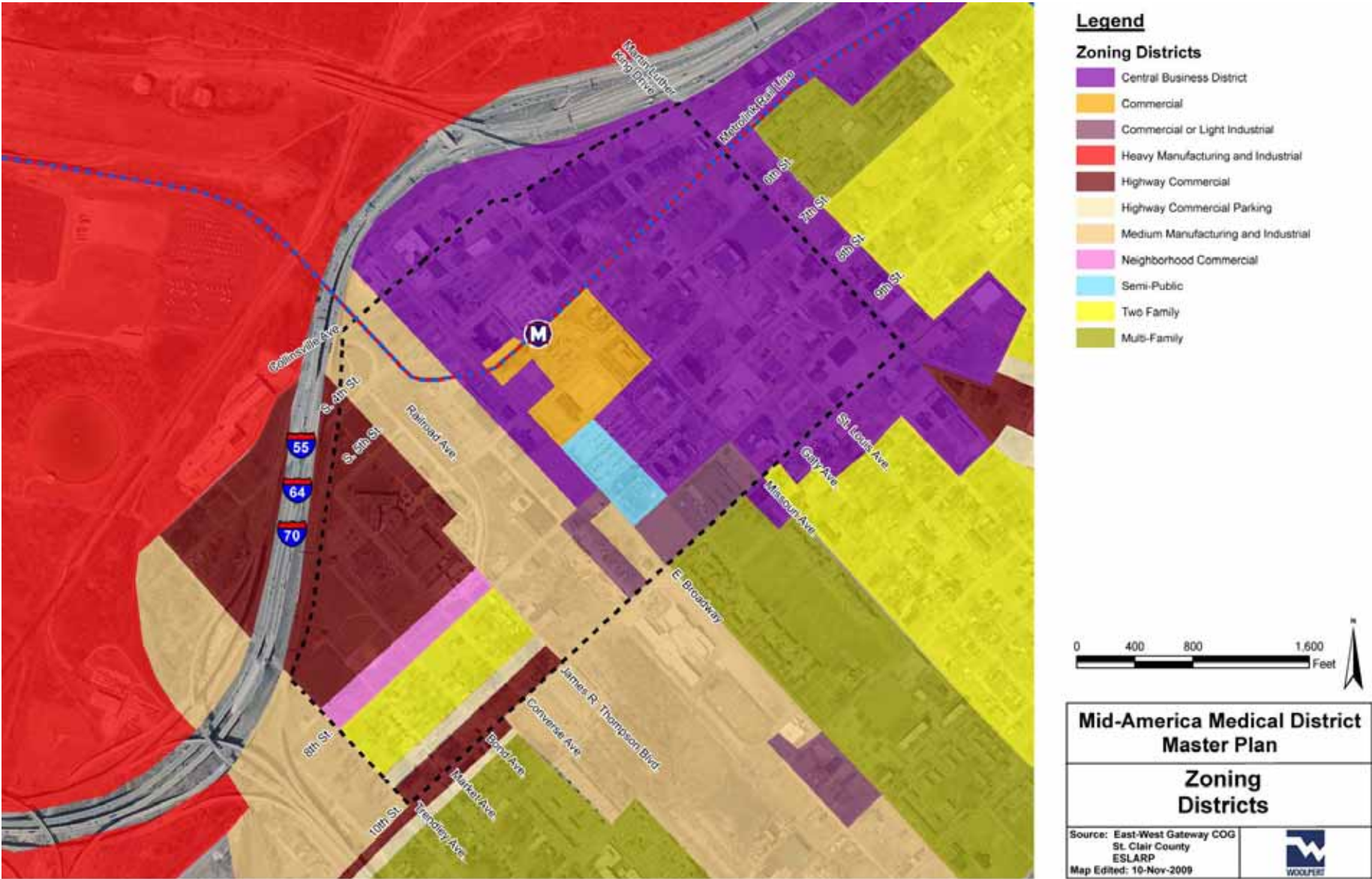
Source: East-West Gateway COG
St. Clair County
ESRI
Map Edited: 3-Nov-2009



- Legend**
- State of Illinois Community College (13.01 acres)
 - Southern Railroad (12.69 acres)
 - Bi-State Development Agency (9.13 acres)
 - St. Mary's Hospital (9.05 acres)
 - City of East St. Louis (6.05 acres)
 - E&A Holding Company (6.03 acres)
 - Top Metal Buyers, Inc. (4.62 acres)
 - Anad Temple (4.60 acres)



Mid-America Medical District Master Plan	
Largest Land Owners	
Source: East-West Gateway COG St. Clair County ESRI Map Edited: 30-Oct-2009	



Buildings and Grounds

In order to understand the physical conditions and redevelopment potential within the District, a planning level assessment of the existing buildings and grounds was performed. The assessments included windshield surveys and photographic documentation. The general exterior condition of the buildings and grounds and the potential for continued use or redevelopment was identified. Additionally, potential environmental issues observed during the assessment were noted.

The District was divided into assessment sub-areas (generally one city block) in order to keep the number of individual assessments to a manageable size. Buildings and lots were evaluated as either “Good”, “Fair”, or “Poor” condition using the following criteria:

Building Condition Assessment

- **Good Condition:** Appeared to be in well-maintained condition and having no exterior cosmetic or construction flaws facing public access or Right-of-Way.
- **Fair Condition:** Few minor flaws, chipping paint and similar conditions that require minor repair or maintenance.
- **Poor Condition:** Appearance of major flaws or structural deficiencies that could jeopardize the building systems and or require major rehabilitation to repair.

Lot Condition Assessment

- **Good Condition:** Well-maintained vegetation and improved surfaces with minor accumulation of debris or litter.
- **Fair Condition:** Moderately maintained with some litter and grouping of unkept vegetation or having accumulated debris that is capable of supporting pests and capable of being remedied with minor maintenance; adequate drainage.
- **Poor Condition:** Sign of no maintenance or accumulation of deleterious materials that can harbor pests and or materials that can cause injury; or having no vegetative cover or irregular surfaces that prohibit positive storm water drainage.

Based upon the evaluation of buildings and lots contained within, the entire sub-area (or city block) was then given an Overall Condition Rating of “Good”, “Fair”, or “Poor”. In some instances, a building showing a significantly different rating than the surrounding conditions within the sub-area was noted. In those cases, a sub-area was assigned more than one Overall Condition Rating.

The District has several isolated pockets of properties in “Good” condition. These are located primarily in the southwest corner near the East St. Louis Higher Education Center and in the areas surrounding the Kenneth Hall Regional Hospital and Federal Government Buildings. Other commercial areas throughout the District have generally deteriorated to “Fair” to “Poor” condition, with the exception of a few isolated properties that are in “Good” condition due to recent renovations or redevelopment. The “Fair” to “Poor” commercial areas should be considered prime candidates for demolition and replacement or redevelopment in place.

There are a significant number of blocks in the southwest corner of the District that are in very poor condition. These are primarily residential areas with some intermixing of commercial buildings that have severely deteriorated over the years. These areas are in great need of redevelopment into uses consistent with the goals and redevelopment strategies of the District.

Contributing Structures

Key contributing structures were identified as a part of the condition assessment. These structures represented a high potential for re-use and a positive contribution to the District’s goals and objectives. Factors influencing a structure’s potential contribution were present physical condition, current or potential use, and relative location within the District. Examples included the Behavioral Health Center and the East St. Louis Higher Education Center on 8th Street, the Windsor Medical Arts Building and Kenneth Hall Regional Hospital, various Federal, State, and local office buildings, and several other significant banks, offices, commercial buildings, and public institutions. A complete list of contributing structures is provided on the Buildings and Ground Assessment map. These structures can make an immediate and significant contribution to the quality of the District through their continued presence or redevelopment in place.



United States District Court for the Southern District of Illinois



U.S. General Services Administration Federal Office Building



Local Commercial Building



Legend

Overall Condition Rating

- Good
- Fair
- Poor

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29A Assessment Sub-Area

Contributing Structures

- 1A The Comprehensive Behavioral Health Center
- 2F Church of God in Christ
- 4B East St. Louis Higher Education Center
- 7B Ameren Yard/Substation
- 8A U.S. Post Office
- 9A Windsor Medical Arts Building
- 9B Kenneth Hall Regional Hospital
- 10A U.S. General Services Administration Building
- 11 Metro Light Rail Platform/Bus Station
- 12A Broadview Hotel (Vacant)
- 13A Kenneth Hall State Office Building
- 14A First Bank
- 15A Associated Bank
- 15E Vantage Credit Union
- 16A Commercial Buildings (Partially Vacant)
- 16B First Illinois Bank
- 17B Mixon Insurance
- 18E Spivey Building (Vacant)
- 20A AT&T Office Building
- 21A Department of Human Resources
- 21B Restaurant (Sandy's BBQ)/Retail
- 21C Restaurant (Vacant)
- 21D Restaurant (BND BBQ)
- 22A Restaurant (Popeye's)
- 23A-D Commercial Buildings (Partially Vacant)
- 24G Commercial Building (Studio 618)
- 25D Southern Cross Masonic Lodge
- 26A Aina Temple
- 27B Commercial Building (ESL Intervention)
- 28A Commercial Building (Convenience Store)
- 29A Commercial Building (Vacant)

0 400 800 1,600 Feet

Mid-America Medical District Master Plan

Buildings and Ground Assessment

Source: East-West Gateway COG
St. Clair County
ESRI
Map Edited: 01-Nov-2009

Public Utility Infrastructure

The utility infrastructure assessment began with contacting all public and private utility companies with known facilities within the District. The following utility companies provide services within the District and were contacted:

- Illinois American Water Company (Water)
- City of East St. Louis / Metro East Sanitary District (Storm and Sanitary Sewer)
- Ameren-IP (Electric)
- Ameren-CIPS (Natural Gas)
- Charter Communications (Cable TV and Telecommunications)
- AT&T (Telecommunications)

Representatives from the utility companies were contacted and questions presented regarding their facilities with respect to current conditions, excess capacity, and future plans. The following is a summary of the information gathered from each utility company.

Water Service

Water service within the District is provided by Illinois American Water Company through an interconnected distribution system generally following the street grid layout. Water service piping ranges from 20-inch to 6-inch diameter and includes ductile iron, cast iron pipe, asbestos cement pipe, and galvanized steel pipe.

All areas within the District have a typical level of water service to meet normal domestic and fire protection requirements of low density residential and commercial districts. All blocks have a minimum 6-inch water main in the street. Additionally, there are several large water mains in the northwest and southwest edges of the District that could be extended further into the District as redevelopment strategies emerge. It is possible that a new 10-inch to 12-inch water main may be required to replace the existing 8-inch main on 10th Street from Broadway to Dr. Martin Luther King Drive to provide an increase in capacity at the northeast corner of the District. This type of localized upgrade may also be required as specific water demands are identified in the District.

Sewer Service

Sewers within the District are owned and maintained by the City of East St. Louis. Sewer utilities within the District consist primarily of combined (storm and sanitary)

sewers. The sewer system layout generally follows the street grid layout. Sewers range in size from 8-inch to 66-inch diameter. There is no known storm water or sanitary sewage pumping station located within the District boundaries. The sewer trunk lines continue beyond District boundaries to the East St. Louis Storm Water Pump Station at the American Bottoms Treatment Plant.

Although specific information on the age and condition of the sewers within the District was not available, site observations indicate significant repairs are needed to many of the storm drainage inlets along streets and public thoroughfares. Additionally, it has been documented that many areas within the City of East St. Louis experience localized flooding due to the age and poor condition of the sewer system within the community. It is anticipated that many of the sewers within the District suffer from the same deteriorated conditions due to their age and lack of funding for maintenance and capital improvements.

Future redevelopment should anticipate required upgrades to the existing sewer infrastructure, including the possibility of new privately owned and maintained storm water or sanitary lift stations.

Electric Service

Electric service within the District, provided by Ameren-IP, is fed primarily from a 35KV substation (Broadview Substation 338) at the Ameren facility at 6th and Missouri Avenue. This substation provides 4KV 3-phase and single-phase power throughout the District. Distribution is primarily overhead with some isolated locations where underground service is provided to pad mounted transformers.

Representatives from Ameren indicated that the age of their facilities could not be determined, but there are no known problems or deficiencies. Capacity for future growth is dependent on the future total loads and geographic location. However, the presence of an existing Ameren substation within the District boundaries provides an economical opportunity to upgrade the power distribution within the District as specific electric demands are identified.

Natural Gas Service

Natural gas distribution within the District, provided by Ameren-CIPS, consists primarily of welded steel pipe for mains 4-inches and larger and steel or plastic heat fused pipe for mains less than 4-inches. The distribution pressure is approximately 60 psi.

Gas utility maps showed that the age of the distribution pipe varies by geographic area with some larger pipe being 45 years or older. Utility company representatives indicated that expected service life for steel gas pipe is approximately 75 years. No distribution system deficiencies or known problems were identified.

There are presently limited gas mains on 10th Street from Dr. Martin Luther King Drive to Trendley Avenue. Redevelopment of the eastern side of the District may require a new main in 10th Street to interconnect the gas mains in Martin Luther King, Broadway, and Trendley. Additionally, the gas lines in the southwest corner of the District (in old residential areas) are generally 2-inches or less. If this area is redeveloped as some use other than single family residential (higher density residential or commercial such as office complex or medical facility), upgrades to the gas system will likely be required.

Telecommunications

AT&T security policies prevented the release of any utility maps for the District. However, they did provide a general description of the location of their major utility duct banks and conduits. Charter Communications also has communications facilities within the District, but did not respond to requests for utility base maps. Because of the presence of overhead electric distribution, connections to existing telecommunication duct banks should be easily obtainable.



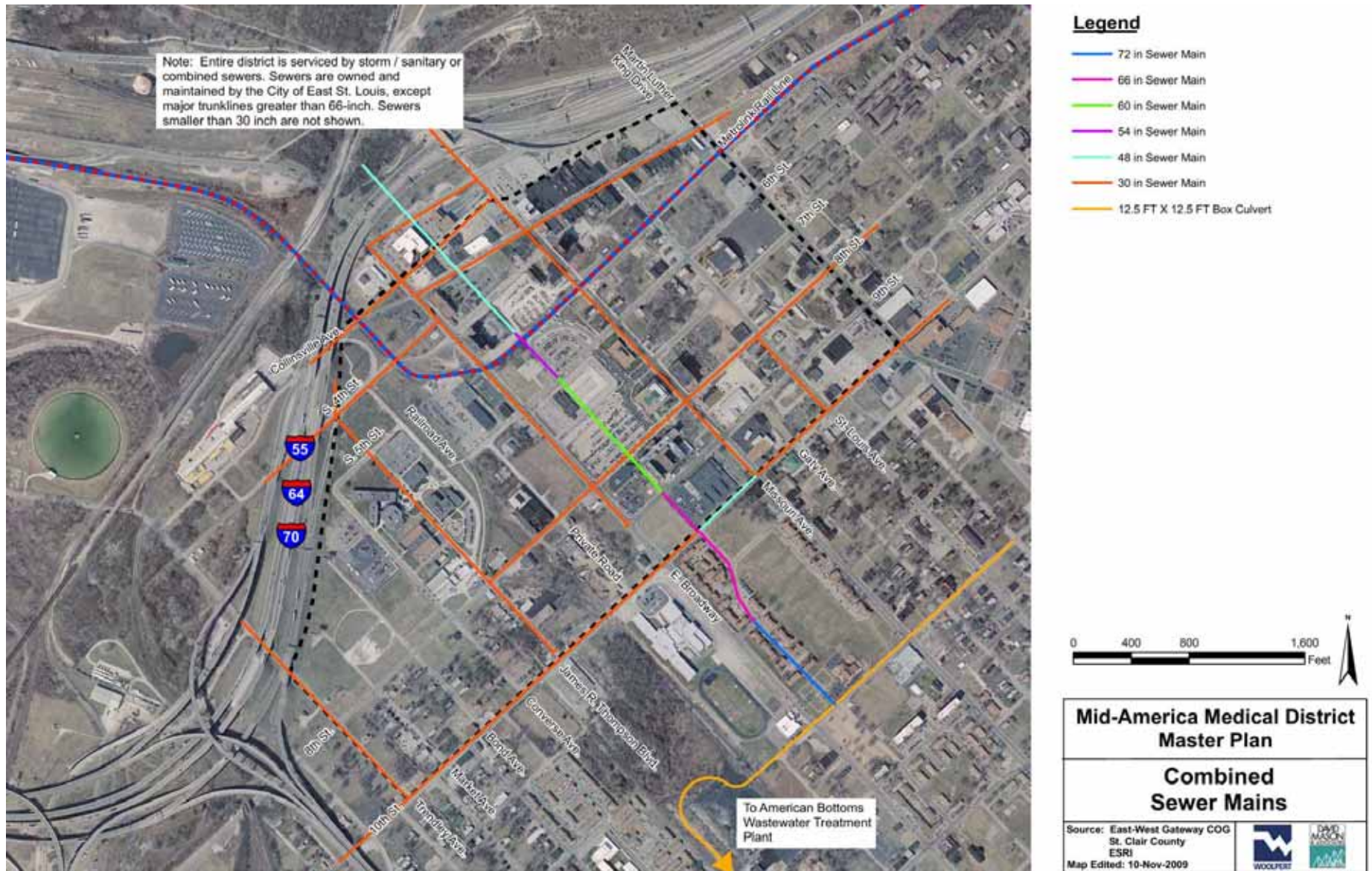
- Legend**
- 24 in Water Main
 - 20 in Water Main
 - 16 in Water Main
 - 12 in Water Main

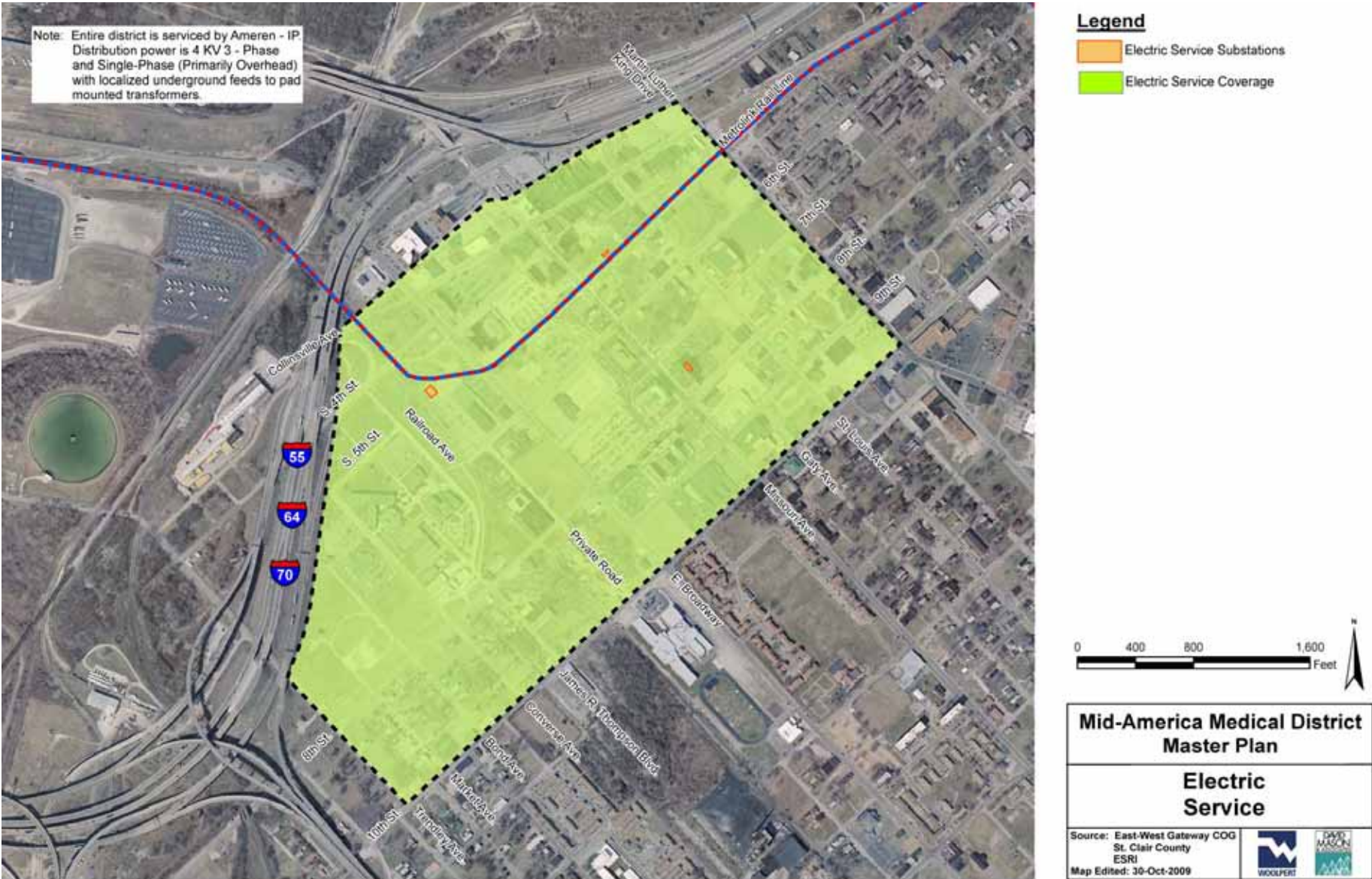


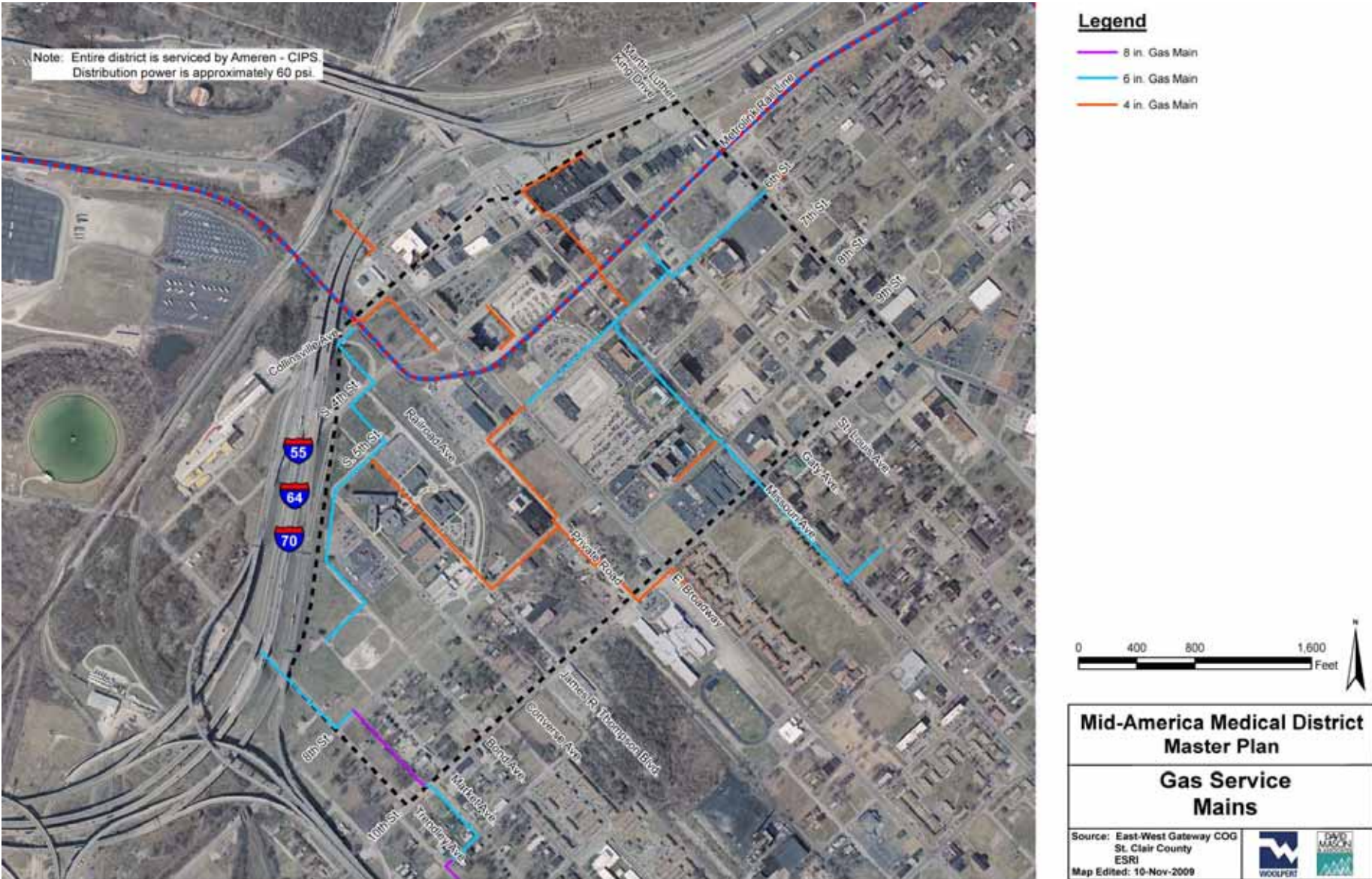
**Mid-America Medical District
Master Plan**

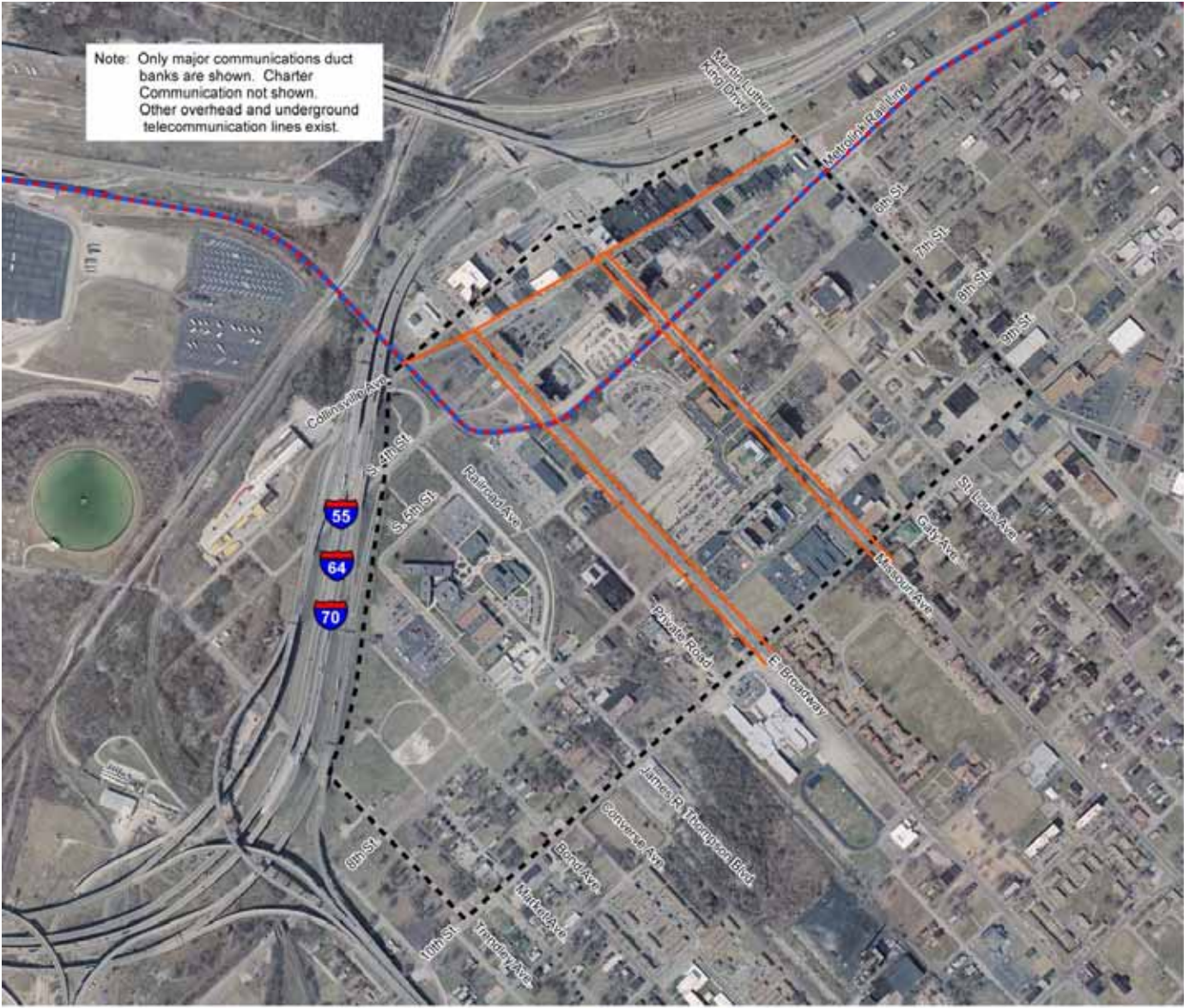
**Water Service
Mains**

Source: East-West Gateway COG
St. Clair County
ESRI
Map Edited: 29-Oct-2009









Note: Only major communications duct banks are shown. Charter Communication not shown. Other overhead and underground telecommunication lines exist.

Legend
 — AT&T Duct Banks



Mid-America Medical District Master Plan	
AT&T Communications Duct Banks	
Source: East-West Gateway COG St. Clair County ESRI	
Map Edited: 10-Nov-2009	

Transportation Systems

An inventory and evaluation of the transportation systems within the District was conducted. Preliminary data collection included gathering information on the functional classification and Annual Average Daily Traffic (AADT) on District roadways. In general, the District is uniquely-served by a network of interstate, arterial, collector, and local streets. Traffic on the peripheral interstate (I-64/55/70) averages more than 90,000 vehicles per day, while the primary arterials (Broadway, Missouri Ave., and MLK Drive) within the District average 5,000 to 10,000 vehicles per day.



Condition assessments also were made of pavements, curbs and gutters, and sidewalks within the District. Conditions were evaluated as “Good”, “Fair” and “Poor” for each system. The condition of the pavements, curbs and gutters, and sidewalks varied significantly throughout the District, with arterial and collector streets generally being in better condition than local roads. However, it was noted that numerous curb and gutter replacement and roadway resurfacing projects were underway during the site investigations.

Major arterial streets such as Broadway, Missouri, and Collinsville Avenues are in the best condition. Broadway was being roto-milled and asphalt over-laid at the time of the site inspections. Street and sidewalk conditions elsewhere in the District closely reflect the condition rating of the adjoining properties; that is, properties in good condition generally have better streets and sidewalks along their frontage while properties in fair to poor condition have lower rated streets and frequently no sidewalks. The poorest roadways and sidewalks are located in the southwest corner of the District in the old residential neighborhoods. Redevelopment plans within the District should include roadway and streetscape improvements appropriate for the adjoining redevelopment.

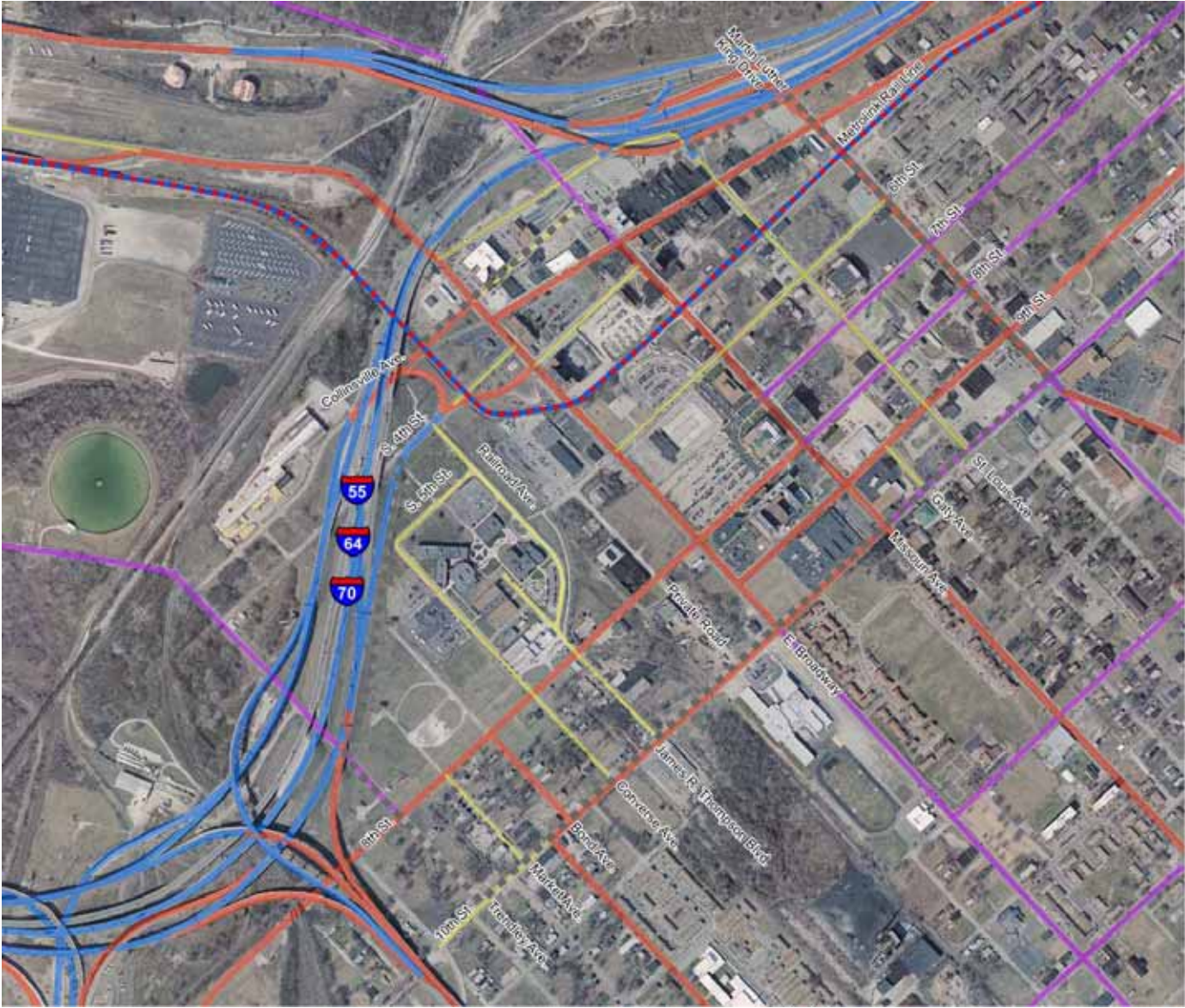
The District is bounded on one edge by the I-64/55/70 interstate highway corridor, with convenient access to and from the interstate highway system. The District also has excellent connectivity to the region by public transportation including the MetroLink Light Rail and MetroBus systems. Railroads, once a prominent feature within this area of East St. Louis, were discontinued. All that now remains are remnant parcels and rails along Railroad Avenue and west of 8th Street.



MetroLink Light Rail System Serving the Medical District

MetroLink Fifth and Missouri Station





Legend

Functional Classification

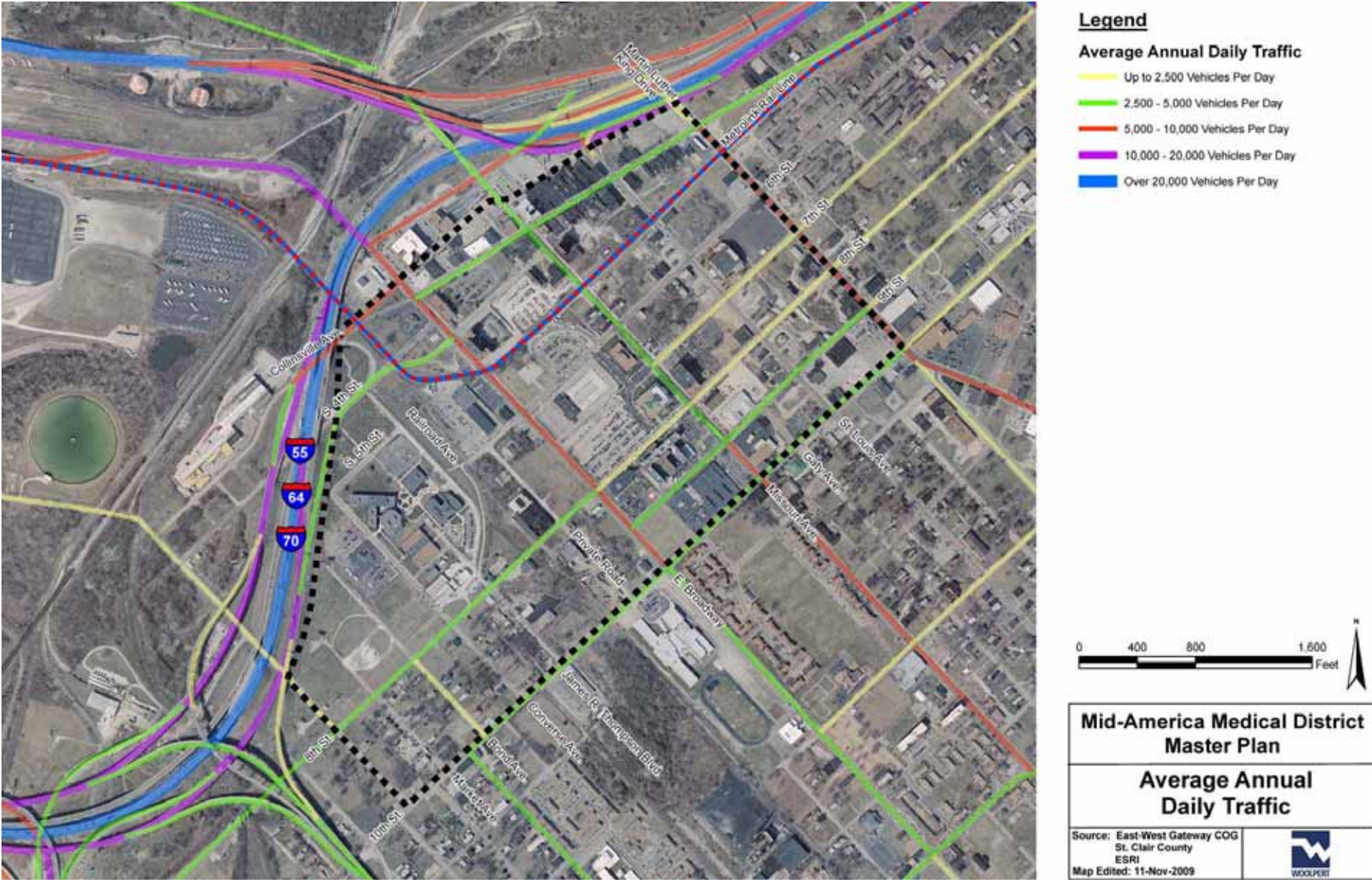
- Interstate
- Arterial
- Collector
- Local Street



**Mid-America Medical District
Master Plan**

**Functional Roadway
Classification**

Source: East-West Gateway COG
St. Clair County
ESRI
Map Edited: 30-Oct-2009





Legend

Condition Assessment

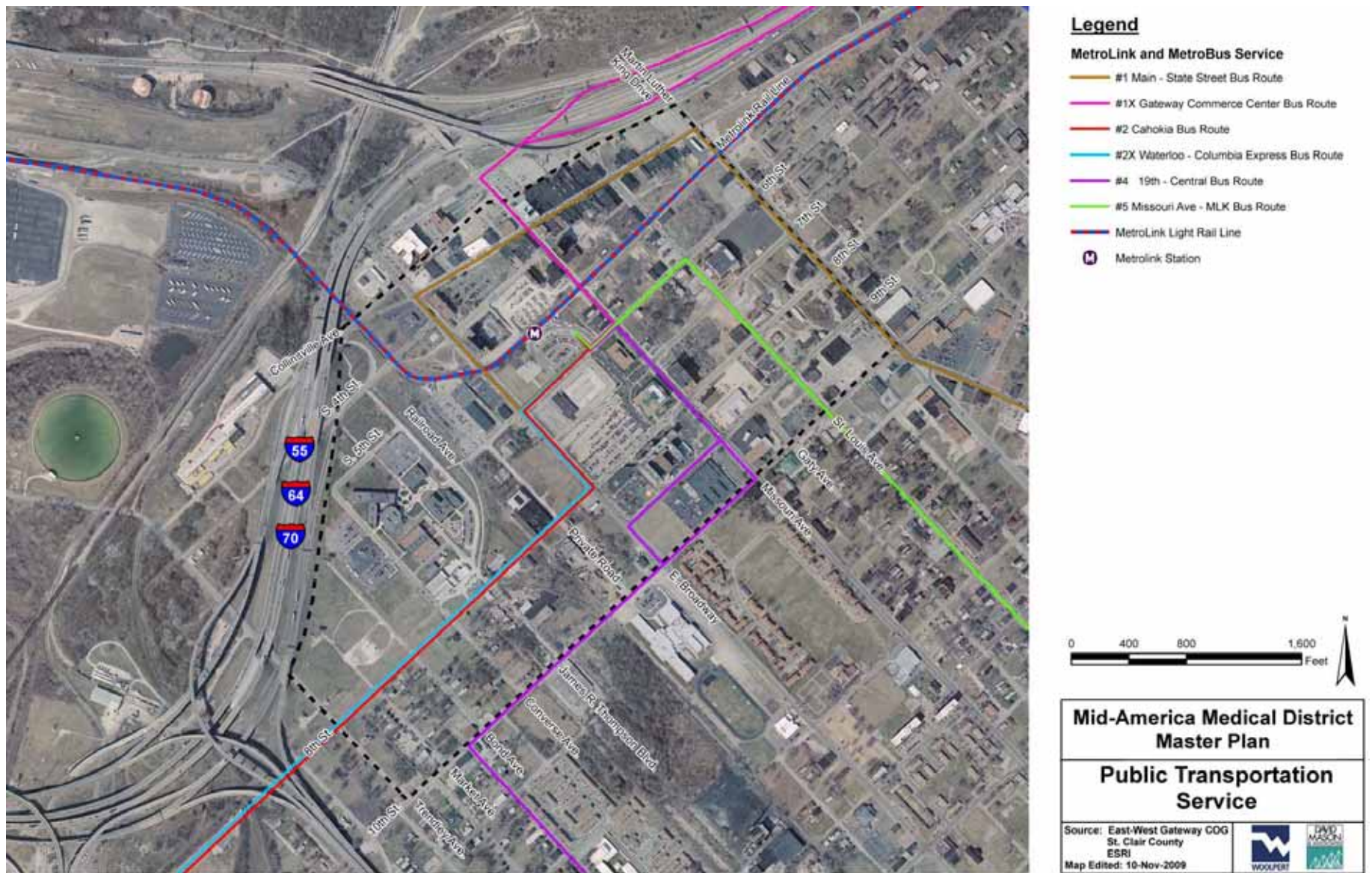
- Good Pavement Condition
- Fair Pavement Condition
- Poor Pavement Condition
- Good Curb and Gutter Condition
- Fair Curb and Gutter Condition
- Poor Curb and Gutter Condition
- Good Sidewalk Condition
- Fair Sidewalk Condition
- Poor Sidewalk Condition

0 400 800 1,600 Feet

**Mid-America Medical District
Master Plan**

**Street, Curb and Gutter,
and Sidewalk Assessment**

Source: East-West Gateway COG
St. Clair County
ESRI
Map Edited: 10-Nov-2009



Natural & Man-Made Environmental Constraints

Natural Environmental Constraints

According to the Federal Emergency Management Agencies' Flood Insurance Rate Maps (FIRM), the entire District is located within the newly designated category of "SPECIAL FLOOD HAZARD AREA (SFHA) SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD". The definition states: "The 1% annual chance flood (100-year flood), also known as the base flood, is the flood that has a 1% chance of being equaled or exceeded in any given year. The Special Flood Hazard Area is the area subject to flooding by the 1% annual chance flood. Areas of Special Flood Hazard include Zones A, AE, AH, AO, AR, A99, V, and VE." Within the Medical District, Zones AR and AH apply.

The entire District is classified as within Zone AR—Special Flood Hazard Areas formerly protected from the 1% annual chance flood by a flood control system that was subsequently decertified. Zone AR indicates that the former flood control system is being restored to provide protection from the 1% annual chance or greater flood. This refers to the Mississippi River levee system which was decertified by the Corps of Engineers and is in the process of being evaluated for potential solutions and funding mechanisms to recertify the system.

In addition, a large portion of the area between Missouri Avenue and MLK Drive within the District is classified as within Zone AH. Zone AH denotes areas where flood depths of 1 to 3 feet (usually areas of ponding) can occur. A very large area immediately east of the District, just east of 10th Street and running the entire length of the District, is also classified as within Zone AH.

Man-Made Environmental Constraints

A search of environmental records was performed by Environmental Data Resources, Inc. (EDR), for this Master Plan. The report was completed in September of 2009, and was comprised of research from local, State and Federal environmental agencies' databases. Findings from the report provided information concerning existing registered underground tanks and their condition, Brownfield sites, and entities within the District which are considered hazardous material generators.

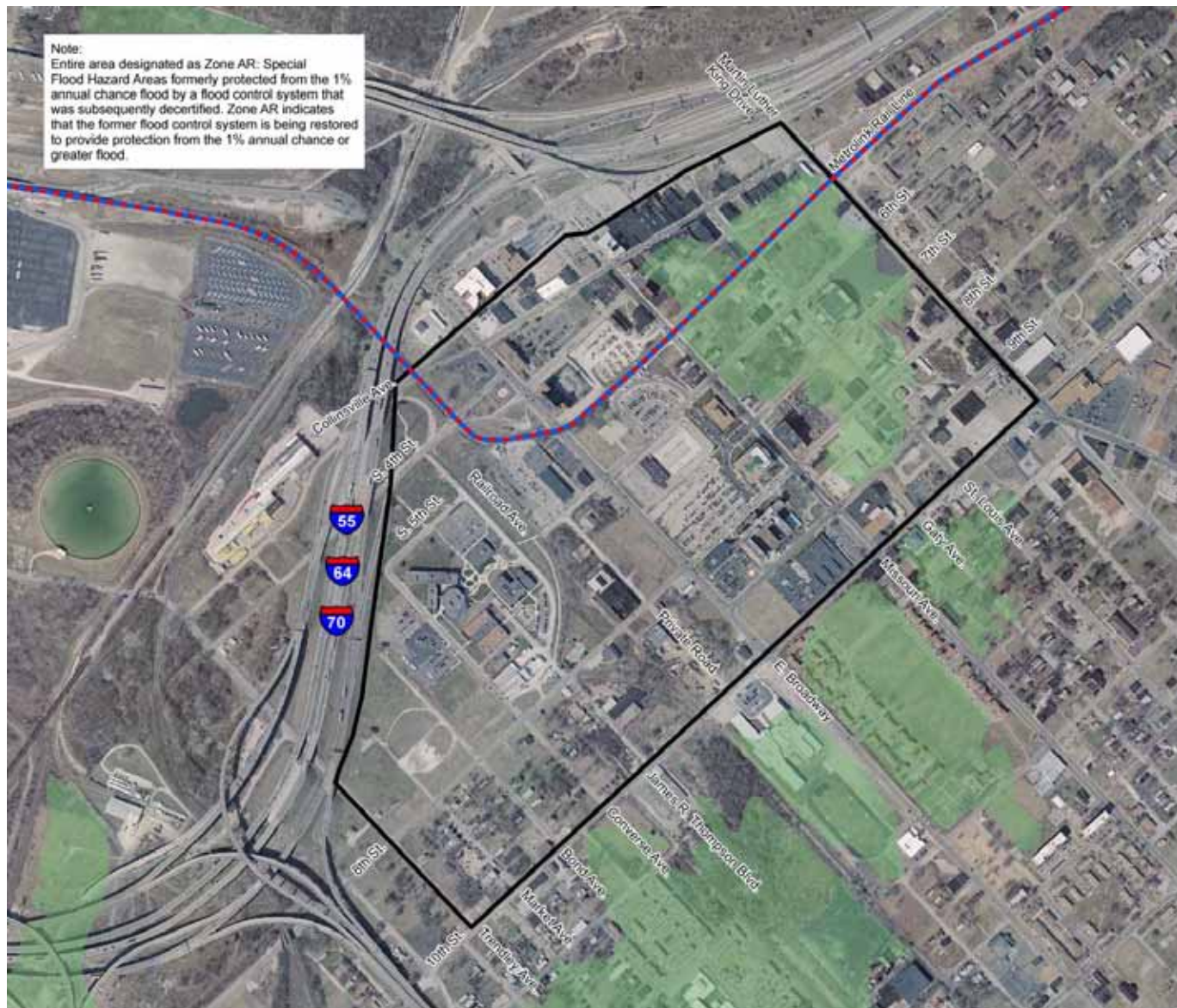
From the records, there are 33 registered underground tanks within the District which are owned by private businesses, utility companies, and government agencies. The tanks are mainly used to store gasoline, diesel and fuel oils. Of these 33 registered tanks, nine (9) are known to be leaking.

The location of Brownfield sites within the District were found between the 300 and 500 Blocks of East Broadway. Brownfield sites are properties which show the presence or potential presence of a hazardous substance, pollutant, or contaminant. This factor complicates the redevelopment process of these areas due to the potential for cleanup, removal, and decontamination of the area, which can be a costly undertaking, prior to new construction on the site.

In addition, nine (9) entities within the District are known to be producers of hazardous materials and are classified as hazardous material generators. These producers are varied types and range from hospitals and schools to solvent companies, dry cleaners and automotive repair businesses. Most of the hazardous material generated is in the form of organic compounds which are easily absorbed by humans and wildlife from the air or water and can be detrimental to their health. These hazardous material producers are closely monitored by local, State and Federal environmental agencies to help prevent any discharge into the local environment.

As redevelopment strategies are finalized for the District, the location of underground storage tanks, Brownfield sites, and hazardous materials producers need to be considered. Consideration also should be given to the type of hazardous material producers. For example, an automotive repair facility will typically have a higher risk of contamination than a dry cleaner.

Another potential environmental constraint will be Asbestos Containing Materials (ACM's). These materials will likely be present in most of the older structures that are demolished to make way for redevelopment. Development costs should include provisions for further environmental testing and cleanup of suspected or known contamination, including removal of underground storage tanks, soil remediation, and abatement of ACM's.



Legend

Zone AR/AH

Zone AR/AH: Flood depths of 1 to 3 feet (usually areas of ponding); Base Flood Elevations determined.



Mid-America Medical District Master Plan	
Flood Hazard Areas	
Source: East-West Gateway COG St. Clair County ESRI	
Map Edited: 10-Nov-2009	



Legend

Registered Underground Tanks

- 1 UGT
- 2 UGT
- 3 UGT
- 5 UGT
- 7 UGT

Leaking Underground Tanks

- 1 LUGT
- 2 LUGT
- 3 LUGT

Hazardous Material Generators

- Large Quantity Hazardous Material Generator
- Small Quantity Hazardous Material Generator

Brownfield Parcels

0 400 800 1,600 Feet

**Mid-America Medical District
Master Plan**

**Environmental
Constraints**

Source: East-West Gateway COG
St. Clair County
ESRI
Map Edited: 10-Nov-2009



SECTION 3: PLANNING INITIATIVES AND GENERAL STRATEGIES





SECTION 3: PLANNING INITIATIVES AND GENERAL STRATEGIES

The Master Plan provides a blueprint for investment within the Mid-America Medical District at East St. Louis. The plan is a “framework” development guide that should be treated as flexible, subject to change and course corrections as the market and investment opportunities dictate, but always adhering to the overarching blueprint for uses, interrelationships, urban design, and sustainability. The Master Plan suggests an incremental approach to development within the Medical District. Initially, the objective should be to improve the health care delivery system for area residents and foster collaboration between educational and medical institutions, while at the same time preparing and marketing the District for physical investment. Over time, the focus of the Medical District would shift to the attraction of health care providers, employees, consumers, educators, and producers; complementary economic development and residential uses; and their resulting sustainable development projects.

The Master Plan is framed by four principle initiatives:

- Initiative 1: Improving the Health Care Delivery System
- Initiative 2: Building an Education/Health Care Connection
- Initiative 3: Preparing for Investment and Marketing the District
- Initiative 4: Developing the District

Initiative 1: Improving the Health Care Delivery System

The local health care delivery system serving East St. Louis residents is seriously compromised by the inability of the majority of the consumer population to afford services, either through self-pay or medical insurance coverage. This results in a public aid process of payment that generally is either insufficient to cover the actual costs of providing the service, is exceedingly late in reimbursement, or is subject to annual appropriations, budgets, or other non-permanent means of payment. Such results discourage substantial private market participation and investment in the Medical District.

Initially, the Medical District should foster collaboration, or partnerships, between existing and/or new service providers to fill the gaps in health care needs and to spread the risk and cost of providing services to a historically underserved population. The District’s role in systemic improvements to the health care delivery system should include determining what services are absolutely necessary in the District to serve East St. Louis residents, what services can be delivered profitably and what services cannot, what means or incentives are necessary for delivery of needed services to be made profitable, and who should be involved in the solutions.

Secondarily, not all the needed health care and wellness services have to be provided within the Medical District. For efficiency, duplicating health care services in the District that are readily available elsewhere should be avoided. East St. Louis

residents should be connected to existing health care services elsewhere in St. Clair County that are not currently (or not planned to be) accessible in the District. The District should seek to foster a comprehensive, transportable system of health care comprised of both new buildings and new delivery systems for health care.

Thirdly, the role of the Medical District should be expanded beyond serving only the residents of East St. Louis. If the Medical District, with its mix of medical, commercial, governmental, and residential uses, is truly going to be transformational in its impact on downtown East St. Louis and the broader community, it needs to be positioned as a “regional” service, employment, and education center.

And finally, the Mid-America Medical District’s “health care delivery system” should not just be about treating disease, but about creating resources and providing opportunities for healthy lifestyles. The springboard for this approach is to engage all aspects of the health care delivery system as an interdependent system of care, recognizing that people require specific services and resources at different stages of their lives. The following four contemporary health care issues illustrate the need for synergetic models of health care delivery as these issues are currently straining health care resources and will only grow greater during the upcoming decades.

Develop a Continuum of Care

Using diabetes as an example to demonstrate this need for synergy, about 8% of the U.S. population, or 24 million Americans, have diabetes and nearly a quarter of them don’t know it, according to the American Diabetes Association. Another 57 million have pre-diabetes. Obesity and advancing age are among the risk factors for developing Type 2 diabetes. If the trends of the last three decades continue, about 86% of Americans are likely to be overweight or obese by 2030, according to a study published in the journal *Obesity*. Nearly two-thirds are overweight or obese today. With one in four black women, 55 years of age or older, diagnosed with diabetes and twenty-five percent of all blacks between the ages of 65 and 74 with diabetes, African-Americans with diabetes have a high risk of developing health complications and disabilities from the complications associated with diabetes.

If these statistics are predictive, diabetes will have an enormous impact upon the people who live in or around the Medical District. Diabetes affects individuals in very different ways at each stage of the disease. One of the many challenges of

the Mid-America Medical District health care delivery system is to consider these stages of the disease when developing or attracting medical services and goods to the District. In the early stages of the disease, insulin and diet control are essential to thwart the disease from progressing. Thus, at this stage, access to dietitians is critical, who teach patients about maintaining insulin levels. Home health care and nursing aides will be a critical health care component if and when the disease progresses and transportation to dialysis units and/or in-home dialysis are required. Subsequently, licensed nurses and their assistants will be needed, along with home health specialists.

The myriad of interlocking resources, services and people who manage and provide a continuum of care should be taken into consideration when developing the health care components of the Medical District.

Invest in Early Childhood Health Care

Secondly, early childhood health care is a critical component of this health care delivery model. Early childhood education, health care, and recreational services have a lasting effect on the quality of life and the cost of health care in adulthood. Strategies for giving children a healthy start will help ensure future generations of healthy adults.



Early childhood education and health care create healthy adults.

Health care providers such as the East Side Health District, St. Clair County Child Advocacy Center, and others would play pivotal roles in identifying gaps in the health care of children—maintaining current programs, and creating new systems of care that interlock health and social services for children and their families. Services should include, but not be limited to, physicians’ offices and/or health centers (including dental) and school-based health programs staffed by nurse practitioners, physician assistants and social workers. Adequate community based health care services deter hospital emergency care visits and approach health care from a patient-living-at-home focus away from hospital care. Early childhood services should include nutritional, educational, and social services; organized community recreation and health programs; and neighborhood councils or other opportunities for participation in community life.

This composite of interlocking health related services would create a new environment in which future generations have the potential to live healthy lives. The RWJ Commission highly recommends this multidimensional systems approach for improving health in the 21st century. “The earliest years are crucial in many ways, including how they set us on paths leading toward or away from good health. Family income, education, and neighborhood resources and other social and economic factors affect health at every stage of life, but the effects on young children are particularly dramatic. We found the strongest evidence that early interventions can have a lasting effect on the quality of life for adults. By promoting early childhood development that supports children and their families, this is indeed a wise long-term investment of scarce resources.”

Encourage Community-Based Management of Services

Thirdly, various levels of trained professionals will be needed to ensure quality of life for children, adults and older adults who will be seeking services within the Medical District. Health care providers, such as the Southern Illinois Healthcare Foundation and Southwestern Illinois Area Agency on Aging should be identified as hubs coordinating health care that will be provided by various home health agencies, adult day care centers, all types of treatment clinics, and residential care facilities.

One of the Medical District’s critical roles will be the prevention, treatment, and management of many diseases suffered by the aging Baby Boomer generation. In the year 2000, roughly 35.6 million Americans were age 65 and older. By 2030,

this number is projected to double to an estimated 71.5 million. Diseases like diabetes and Alzheimer’s represent a growing threat, not only to aging patients but to their families as well.

The Medical District can create a one-stop medical center. Whether it is helping discharged older hospital patients transition back to their homes or providing home-based dialysis, the trend is in place for community-based health care delivery. The need for community-based management of health care services is critical, and the Medical District’s health care delivery system should maximize this potential.

Emphasize Outpatient Clinics and Home Health Care

And lastly, in 1982, for every 1,000 United States citizens, American hospitals logged 1,132 nights in a hospital bed—more than one night a year per citizen. By 1992, that had dropped to 607 nights. By 1995, some states were as low as 225 and some specific markets as low as 160. Estimates are that most markets will only log 70 or 80 nights in a hospital per year for every 1,000 citizens, and one third to one half of all hospitals will close (www.well.org). For the approximately 31,500 residents of East St. Louis, that equates to about 7 hospital patients per night.

When managing long-term diseases, initiating early prevention programs among children, and providing comprehensive services for aging populations, future health care delivery systems will consist of home-based services and move away from huge institutions. The latter simply are not cost effective. Recent health care reform is now law and financial incentives are in place to move health care in this direction. Future health care may well be located in nurse-managed clinics to offset a shortage of primary-care physicians. Nurse practitioners could see patients on an ongoing basis with the support of an overseeing physician. This would cut down on the number of patients who have to wait two to three months to see a doctor and give them some continuity of care close to their homes.

These above examples connote the interconnectedness between health care and education, employment, housing, recreation and transportation. Creating synergies among these facets of society is one role of a Medical District. The Mid-America Medical District is aware of these synergies and is seeking to create an environment in which the citizens of East St. Louis have the opportunity to create healthy lifestyles for themselves and future generations.

Potential Health & Community Services Deficiencies & Opportunities

The three industry segments recognized in health care by the Bureau of Labor Statistics (BLS) are Hospitals, Ambulatory Health Care Services (including Home Health Care Services), and Nursing & Residential Care Facilities. Since the Medical District is situated in an urban environment that currently has an adequate number of general medical and surgical hospitals, it appears that the District could best serve area residents by creating Ambulatory Health Care establishments including Home Health Care Services, and Residential Care Facilities.

Ambulatory Health Care establishments include physicians' offices, out-patient centers, and diagnostic labs. Home Health Care Services are provided mainly to the elderly. The development of in-home medical technologies, and insurance companies driving health care to the most effective treatment in the least restrictive environment, have helped change this once-small segment of the industry into one of the fastest growing health care services.

In addition to Ambulatory Care, Residential Care Facilities for the elderly and disabled represent a significant opportunity. Within the Residential Care category, Nursing Care Facilities provide inpatient nursing, rehabilitation, and health-related personal care to those who need continuous nursing care, but do not require hospital services. Nursing aides provide the vast majority of direct care. Other facilities, such as convalescent homes, help patients who need less assistance.

Residential Care Facilities provide around-the-clock social and personal care to children, the elderly, and others who have limited ability to care for themselves. Workers care for residents of assisted-living facilities, alcohol and drug rehabilitation centers, group homes, and halfway houses. The Medical District will generate more sustainable jobs by investing in Residential Care Facilities within the District that will, ideally, spur similar investments in the surrounding area.

Also, from the inventory conducted of available health and community services in East St. Louis, the following services and resources appear to be lacking or inadequate, directly impacting the health of the community and its citizens, and should be a focus of the Mid-America Medical District:

- Inadequate quantity of pre-school health care, social and educational programs
- Inadequate housing and medical services for the elderly

- Lack of grocery stores and food markets
- Inadequate public transportation and government programs to achieve access to county services not offered in the City of East St. Louis but existing in the outlying areas

Initiative 2: Building an Education/Health Care Connection

An education/health care connection is essential to the success of the local health care delivery system and a potential catalyst for marketing and development of the Medical District. Since education and employment are two key variables linked to health outcomes, health care careers degree and certificate training programs should be a cornerstone of the education offerings within the Medical District. Associate degree careers in health care could be offered in partnership at the East St. Louis Higher Education Campus between St. Louis area community colleges, colleges and universities, and technical education providers. Such careers include Certified Nurses Assistants; Human Services Professionals; Respiratory, Radiology, and Occupational Technicians; Health Care Information Specialists; and many others. These degree and certificate programs could also be a bridge for higher education opportunities at area colleges and universities.

Creating sustainable jobs is a core function of the Medical District, and according to the U.S. Bureau of Labor Statistics (BLS), among the top ten areas of U.S. job growth between 2004 and 2014, seven are in the health care delivery service industry and most do not require a bachelor's degree for employment. The top seven health care job growth categories are:

1. Home Health Aides—56% growth, requiring Vocational Certificate & On-The-Job Training
3. Medical Assistants—52% growth, requiring Vocational Certificate & OJT
4. Physician Assistants—50% growth, requiring Bachelor's Degree
6. Physical Therapy Assistants—44% growth, requiring Associate Degree
7. Dental Hygienists—43% growth, requiring Associate Degree
9. Dental Assistants—43% growth, requiring Vocational Certificate & OJT
10. Personal/Home Care Aides—41% growth, requiring Vocational Certificate & OJT

Of significance, health care will generate more jobs than any other industry, largely in response to rapid growth in the elderly population. And, most healthcare workers have jobs that require less than 4 years of college education. There is a unique opportunity for the Medical District to plan for this job market growth by collaborating with the East St. Louis Higher Education Campus to develop and implement these educational curricula for the residents of East St. Louis who have obtained their high school diploma.

Build on Existing Institutions

Already successfully operating in the Medical District is the East St. Louis Higher Education Campus. The East St. Louis Community College Center (ESLCCC) is a partner in the Higher Education Campus and brings an educational resource to the community of East St. Louis. Both entities have the potential for significant contributions to the success of the Medical District by maintaining and developing health care services and careers for the residents of East St. Louis and the Mid-America Medical District (MAMD). They are an integral part of the MAMD health care delivery system as there is a great need for educating citizens to step into health care careers that the District and region will generate.

The East St. Louis Higher Education Campus is an anchor within the Medical District.



The Southern Illinois Collegiate Common Market (SICCM) is the current administrator of the East St. Louis Community College Center (ESLCCC). SICCM is a staffed consortium of area educational institutions governed by a Board of Directors composed of presidents and chancellors of the participating institutions.

SICCM was organized to provide a means of sharing human and material resources in higher education between institutions within the consortium. The members of the organization are John A. Logan College, Kaskaskia College, Rend Lake College, Shawnee Community College, Southeastern Illinois College, Southern Illinois University Carbondale, and Southern Illinois University Edwardsville. In its thirty-five year history, the SICCM consortium has administered grants and projects which have been directed toward addressing regional needs and issues, including distance learning, welfare-to-work, nursing, allied health, economic development, research, faculty development and sharing, and public services.

In addition, though not a member of SICCM, Southwestern Illinois College is a valuable partner in the East St. Louis Higher Education Campus.

Following is a listing of college programs currently offered at the East St. Louis Higher Education Campus, and a summary of potential opportunities for additional certificate and degree programs.

Current Educational Programs

Kaskaskia College (SICCM)—Licensed Practical Nurse Certificate (44 hours), Child Care Program Degree (66 hours), and Culinary Arts.

Shawnee Community College (SICCM)—Basic Nurse Assistant Certificate (7 hours), Addictions Counseling Certificate (38 hours) and Degree (69 Hours), Truck Driving Training, and Automotive.

Southwestern Illinois College—Security Officer Certificate, Welding Certificate, Office Technology Training, GED Preparation Classes, and Forklift Classes.

Other health care programs offered at SICCM member institutions, but not currently offered at the Higher Education Campus are:

- Health Information Technology Associate Degree in Applied Science Program
- Medical Laboratory Technology (MLT) Associate Degree in Applied Science Program
- Surgical Technology (ST) One-Year Certificate Program
- Occupational Therapy Assistant (OTA) Associate Degree Program

Potential Educational Programs

Associate degrees for careers in health care should be provided for the District. Associate degrees provided at SICCM-member main campuses should be evaluated for the East St. Louis campus and a feasibility study for a Associate Degree Nursing (ADN) program should be completed. Additional programs might include:

- Certified Nurse Assistants
- Respiratory and Radiology Technicians
- Respiratory and Radiation Therapists
- Dental Hygienists

These degree and/or certificate programs could be a bridge for higher education opportunities at SIUE, Lindenwood (Belleville campus), St. Louis University, and other local colleges and universities.

Initiative 3: Preparing for Investment and Marketing the District

The goal of the Comprehensive Master Plan, as stated in the Mid-America Medical District Act, is to “provide for the orderly growth and management of property within the District.” The plan should promote the “highest and best use” of properties in the District to achieve the relevant objectives of supporting the growth of the medical profession; delivering health care and related services; helping to create long-term residential stability; and supporting activities and projects geared toward the attraction and retention of academic centers of excellence, viable health care facilities, medical research facilities, and emerging high technology enterprises—ideally playing a regional role in the advances in life sciences and “green” technologies. This latter objective would also include such uses as retail, office, residential, entertainment, recreational, and public/institutional uses.

Focus on Key Institutions

The Medical District should build on the strengths and known locations of existing and emerging investment. Existing key institutions should be the initial focus for improvements such as the East St. Louis Higher Education Campus, the Federal Campus, and the 5th & Missouri MetroLink Station Area; as well as the traditional commercial districts along Collinsville Avenue and Broadway. The Master Plan

creates an overarching plan, or development framework, for infrastructure, facilities, and urban design within the District, including these key anchor institutions. These are the big picture elements of design and development that, over time, will lead to a successful, cohesive center of urban activity. The framework discusses such elements as the appropriate residential and economic uses, required infrastructure and circulation improvements, land use patterns and desired adjacencies, compatible zoning, and urban design guidance for both the private and public realm (e.g., site layout, streetscapes, pocket parks).

Market Externally and Internally

Marketing of the District should encompass both an external and an internal component. Externally, the message should be to encourage private development, along with public and non-profit investment, in the District. Internally, the message should be to encourage collaboration among existing and potential health care service providers, and attract physicians, quality employees, and consumers.

The Medical District should be positioned as a medical, educational, governmental, community services, and complementary commercial/residential **mixed use urban campus** (or series of campuses) in an environment affording long-term financial security for public and private investments. The marketing strategy for the Medical District should reach these audiences, and tie into the St. Louis regional initiative for the life sciences, creating a health care/education/research link, similar to and complementary of the CORTEX District (Center of Research, Technology and Entrepreneurial Exchange) in mid-town St. Louis.

The following marketing strategy for the Medical District is recommended.

- **Web-site Deployment:** The most efficient way to reach potential investors and partners for the Medical District is through the development and deployment of a web-site. The web-site should be focused on the District’s three areas of responsibility—the Medical Community, Businesses & Development, Education & Jobs.
- **Brochure Production (web-based):** A web-based, but printable, marketing brochure should be developed in concert with the new web-site design. The brochure should capture the key investment drivers of the Medical District including location, existing anchors, available sites, and development incentives.

Key components of the brochure would include fundamental facts about the metropolitan market; a location map demonstrating centrality in the region; relation to highways, MetroLink, the potential Arch grounds expansion, and downtown St. Louis; an indication of District governance by the Mid-America Medical District Commission; list of current occupants, buildings, and planned developments; key components of the Master Plan; targeted business sectors; key development sites; related health care and life sciences institutions in the St. Louis area; and business incentive districts in place or in process.

- **Targeting Business Sectors and Businesses:** Based on the Market Assessment conducted for this Master Plan, a list of targeted business sectors should be compiled and research conducted into specific businesses operating within those sectors. Several regional sources of business targets include the regional economic development agencies (St. Louis Regional Chamber and Growth Association and Southwestern Illinois Leadership Council) and industry sector publications for such companies as health care providers and diagnostic labs, plant science and other research companies, and educational institutions.
- **Organizations and Trade Shows:** One means of appealing to a broad, yet targeted audience, is through participation in industry trade organizations and trade shows or conferences. Research into these organizations and trade show opportunities will provide a calendar of events to personally market the Medical District. This research should focus on both the end-users (health care businesses, R & D companies, medical product distributors) and the influencers of the end-users (economic development organizations, commercial realtors, developers). The key here is to be focused and repetitive with the selected audiences.
- **Recruitment:** Ultimately, the most direct and most successful means of generating interest in development within the District is through personal contact—generating leads through phone calls, e-mails, and meetings. Again the focus should be on both end-users and influencers. End-users will likely come from the Targeted Business List created earlier and through references from companies on this list or the influencers. Important influencers include State, regional and County economic development offices and regional developer organizations (ULI, NAIOP, SIOR). The best part of the recruitment process is that the more calls that are made, the more that is learned about the medical industry, allowing better positioning of the Medical District and increasing the chances of future success.

Initiative 4: Developing the District

Simultaneous with Initiatives 1, 2 and 3, the Medical District should directly pursue investments in the District in keeping with the Master Plan—that is, with a primary focus on sustainable development in health care, wellness, health care careers education, and medical research. Secondary emphasis should be on supportive facilities such as retail, office, senior living, family and worker housing, child care, recreation, and education to create a truly vibrant and successful downtown context.

The 20-year Market Assessment prepared for the District (see Appendix A) identified the following opportunities and potential market share for development. These include Medical Offices (any health care related use, including research), General Offices, Retail & Restaurants, Senior Living Housing, and Family Housing. Other research and discussions suggested the need or opportunity for Government Offices, an adult Recreation Center that could also serve wellness, physical therapy, and educational functions, an additional Child Care Center, and perhaps an expanded Charter School program for elementary students.

Medical Offices

The 20-Year Market Assessment for Medical Offices was for 220,000 square feet of building requiring 15 acres of land at an average floor-to-area ratio (the total amount of building square footage divided by the total amount of land square footage, or FAR) of .33 (1 SF of floor area to 3 SF of land area for necessary parking, storm water management, landscaping, etc.).

This land use includes a broad range of health care related facilities including the following:

- Emergency Room and Urgi-Care Centers
- Outpatient Clinics for such services as Outpatient Surgery, Wound Care, Magnetic Imaging, Cancer Care, and Renal Care
- Physicians Examination Offices
- Dental & Orthodontic Offices
- Eye & Ear Examination Offices
- Chiropractic Services
- Diagnostic Labs
- Chemical Dependency Treatment

- Behavioral Treatment
- Occupational Therapy, Physical Therapy, and Speech Therapy Centers
- Wellness Centers
- Hospice
- Support Services & Goods, such as Pharmacy, Prescription Services, Home Health Care Services, and Durable Medical Equipment (DME) Supplies
- Life Sciences Research & Development (R&D), including Innovation Incubators and Research Commercialization Centers

General Offices

The 20-Year Market Assessment for General Offices was for 125,000 square feet of building area requiring 9 acres of land at an average FAR of .33. Some of this square footage could also be accommodated above retail space and/or in existing renovated space on Collinsville Avenue and in the Broadview Hotel on Broadway. This land use includes general office space primarily based on the projected growth of office workers in the following fields:

- Education
- Community & Social Services
- Computer & Math Sciences
- Business & Finance
- Other discussions suggested the local market for additional Law Office space in the Medical District

Retail & Restaurants

The 20-Year Market Assessment for Retail and Restaurants was for 100,000 square feet of retail and restaurant (eating and drinking places) space requiring 7 acres of land at an average FAR of .33. This land use includes retail, restaurants, theater, and music venues. Every effort should be made to direct new investment to Collinsville Avenue first—due to its historic significance, visibility from the Interstate, and need for physical improvement—with the remaining directed to Broadway and other lesser commercial nodes.

With urban-style retail, eating and drinking places, entertainment (theater and music venues such as a jazz club) on Collinsville Avenue, some new and some renovated buildings, this historic “downtown” commercial corridor should once again be a thriving destination. Like the reborn Washington Avenue in St. Louis or even the

emerging East Main Street in Belleville, the area could become an attractive night spot for dining and live entertainment.

The space on Broadway is seen as less dense, more auto-oriented retail and restaurants, primarily serving the large daytime population along the Broadway corridor. A portion of this supply could be provided by the renovated Broadview Hotel and its proposed first-floor restaurant and small deli-grocer.

Senior Living Housing

The 20-Year Market Assessment for Senior Housing was for 150 units of independent living and 50 units of assisted living, depending on the style of construction (villas, single-story complex, multi-story complex), this use could require between 5 and 20 acres. The proposed renovation of the Broadview Hotel may provide up to 88 units of low-income and market rate apartments, though not specifically targeted for seniors. A skilled nursing care facility may also be desirable, and could serve as a training lab for health care students at the East St. Louis Higher Education Campus in the District. In addition, Senior Living Housing, primarily independent living, will add to the demand for retail and restaurant uses.

Family Housing

The 20-Year Market Assessment for Family Housing was for 250 units (ranging from single-family to duplex, triplex and quad-plex formats) requiring 40 to 50 acres at an average density of 5 to 6 units per acre. An additional 250 units of apartment-style workforce/affordable housing could be supported in later years with a build-up of employment in the District. As noted above, the proposed renovation of the Broadview Hotel may provide up to 88 units of apartments. The desire would be to create a critical mass of new family housing at one time under a single project (the 250 units) and as early as possible (within the first 3 to 5 years) in the development process. Similar models include Parsons Place in East St. Louis and Renaissance Place in St. Louis. Like with Senior Living Housing, new Family Housing (either within or adjacent to the Medical District) will provide an important supplement to the demand for retail and restaurant uses in the District.

Government Offices

While not a development opportunity specifically addressed under the future market assessment, the existence of key Federal and State, as well as County and Municipal,

facilities is critical to the success of downtown East St. Louis. These facilities and uses represent anchors on which to build. The long-term stability of these uses and the continued investment in maintenance and improvements is irreplaceable. The potential for larger scale improvements and expanded complexes as part of the Medical District should be explored. Existing facilities include the U.S. District Court for the Southern District of Illinois, the U.S. Post Office, the U.S. General Services Administration (GSA) Building, the Kenneth Hall State Office Building, and several other buildings housing State offices. In essence, East St. Louis should work to strengthen its position as an important government center for southern Illinois.

Recreation Center

Research and discussions suggested the opportunity for a 30-60,000 square foot indoor Recreation Center (2 to 4 acres at .33 FAR) that could also serve as a collaborative facility for wellness, physical therapy, and PT, sports medicine, or other educational training. The facility could be funded and operated through a partnership of existing stakeholders comprising the recreational, educational, health care, and public services communities. This recreation center should be distinguished from the existing Jackie Joyner-Kersey (JJK) Center. While the JJK Center is a valuable community asset for active indoor and outdoor youth recreation, education, and mentoring programs, this facility could focus more on adult wellness, training, and health care education.

Child Care Center

Another opportunity within the District that can be associated with health care, wellness, and services for the daytime workforce population would be a Child



SIUE Head Start Program Playground

Care Center. In addition, the Child Care Center at SIUE should be encouraged to continue serving its vital role for parents seeking an education in the health care field (potentially even providing an additional incentive for those seeking a career in health care) and as a Head Start facility.

Charter School

A site should also be preserved in the master plan for a future Charter School within the District. With the goal of building a health care, education, and research center of excellence, the Medical District should pursue both elementary and high school alternatives for families of residents and employees electing to send their children to a charter school. A high school charter school already is run by SIUE at the ESLHEC in the District. The expansion of the SIUE program, or the identification of a new sponsor (such as the Christian Activity Center), should focus on an elementary school to serve the District.

General Strategies

As stated earlier, the Comprehensive Master Plan is a “framework” development guide. It should be flexible, yet adhere to a general strategy for uses, interrelationships, urban design, and sustainability. These overriding strategies are described in more detail below.

Focus on Medical District Success

It would be easy to suggest to those familiar with East St. Louis that the success of the Medical District is directly dependent on the success of downtown East St. Louis, or even of the broader East St. Louis community. That the residents, the political and business leadership, and the developer/investor community must find a better way to fund public services and turn around an image of disinvestment, poverty, and crime. However, while the boundaries of the Mid-America Medical District encompass the nearly 40 square blocks comprising downtown East St. Louis, the District should stay focused on its mission while being supportive of improvement projects and processes impacting on its success. It is not likely that it can or should be the catalyst, facilitator, or developer for all of downtown East St. Louis, but the District’s success will ultimately contribute to the community’s success.

Promote an Urban Mixed Use District

The Mid-America Medical District is located in the heart of downtown East St. Louis, adjacent to a complex Interstate highway system, and just across the Mississippi River from downtown St. Louis. It is ideally situated for an urban mixed use development. Urban as opposed to suburban or rural, signifying a higher level of density of buildings in relation to each other and to the size of the lot, and mixed use to encourage the mixing of activities that lead to a vibrant urban/downtown development. The roughly 240 acre Medical District should contain varying amounts and densities of residential, commercial, office, services, institutional and governmental uses, all tied together with a system of public and semi-private open spaces (e.g., plazas, streetscapes, parks, and greenways).

Develop Campuses within the District

Future development within the Mid-America Medical District should be oriented around campuses (or zones, districts, corridors, etc.) of like uses. Clustering of similar activities will provide operational synergies, design compatibility, investment security, enhanced marketing opportunities and customer recognition. In essence, by planning to cluster similar uses together, such as medical services or government services, the following benefits can be achieved.

- It will be easier to attract businesses that rely on other like businesses for sales, services, products, or cross-selling.
- Since similar businesses have similar conceptions (and usually budgets) toward development, common site, building, and open space themes and qualities can begin to emerge in these areas.
- Owners and lenders are much more comfortable with their investments when they are surrounded by like activities that share the same level of commitment to initial development and on-going maintenance, and benefit from a common customer base.
- Marketing campaigns can be built and funded around unique “Campus” themes to supplement individual developer and business investments in marketing, ideally leading to more business clustering and customer awareness of the many offerings in the area.

Encourage Linkages between Campuses

While we discuss orienting existing and future development around “campuses”, the District should also encourage the creation of strong linkages between campuses. It will be important to connect key uses and public icons with each other and with their surrounding uses in order to maximize the economic impact on the District. For example, connecting the higher education campus with the recreation, retail and restaurant activity on Broadway, with the MetroLink station area, and with the medical offices complex, will benefit all users and likely encourage additional investment. Linkages should be by on-street (auto, pedestrian and bicycle routes; continuous streetscaping) and off-street pathways (trails and greenways), with improved wayfinding (directional signage), and through the placement of buildings, monuments and landscape features that strengthen connections and destinations.

Create an Open Space Network

Parks and open space are just as important in an urban environment as they are in a suburban one. Parks and open space are proven winners in the return-on-investment calculation when considering the increase in surrounding property values, the attractiveness of the adjacent areas for investment and the ability to attract and retain quality employees, the improved linkage network, and usually the overall improvement of the area simply due to the clean-up effort. The open space network can be both public and private, natural and built. Several irregular parcels within the District have already been designated as a park or monument site. Immediate open space opportunities throughout the District include large former railroad corridors, along the existing roadway system, property adjacent to the Interstates and MetroLink, and numerous vacant lots.

Adopt an Urban Design Framework

Urban design is the art of creating and shaping cities. It is about making connections between people and places, movement and urban form, nature and the built environment. It blends architecture, landscape architecture, and land planning together to make urban areas functional and attractive. It involves the arrangement and design of buildings, public spaces, transport systems, and amenities. Urban design gives form, shape, and character to groups of buildings or larger Districts. More specifically, within the Medical District, urban design should establish a framework for the scale and relationship of buildings, architectural identity and compatibility, district-defining gateway and entry features, streetscape treatments,

and public interaction spaces. Together, these will create an area that is immediately recognizable, inviting to investors, business owners, and customers, and, ultimately, economically sustainable.

Encourage Sustainable Development

Given the location of the Mid-America Medical District in a highly urbanized, pre-developed area and the nature of the Medical District to attract and retain health and wellness facilities, researchers, and providers, the concept of sustainable development seems uniquely appropriate. The most often quoted definition for sustainable development is “development that meets the needs of the present without compromising the ability of future generations to meet their own needs” (Brundtland Commission, 1983). Sustainable development can also be conceptually broken into three parts: environmental sustainability, economic sustainability and sociopolitical sustainability. In essence, is the project good for the environment, affordable over the life-cycle of the project, and overall beneficial to the public. Projects within the Medical District should be recognized for their design using sustainable development principles (e.g., LEED, or Leadership In Energy and Environmental Design rating system), be financially viable over the life of the business or operation (not artificially

supported through heavy public subsidies or private risk), and be a product or service that fills a real gap in the local or regional market.

Seek Catalytic Projects

Many of the activities and short-term successes of the Medical District will be incremental. On their own they will be small, barely recognizable improvements to the health care delivery system, health careers education, and physical environment of the District. Over time these small incremental improvements will prove to be necessary and fruitful contributions to the success of the District. On the other hand, the Medical District should at the same time pursue one or more significant, “catalytic” projects. These are projects that, if they happen, will have a profound and noticeable effect on the overall success of the Medical District. This could be any one of the building opportunities discussed earlier, like a new urgent care facility, a new County, State, or Federal health services office building, a life sciences R & D plant, an expanded Federal Courts complex, a recreation center or charter school; or even a large-scale public investment in infrastructure or derelict property demolition and clearance project.





SECTION 4: MASTER PLAN





SECTION 4: MASTER PLAN

Future Land Use Plan

The first step in conceptualizing the future Medical District is to prepare a **20-year Future Land Use Plan** based on the previously conducted Market Assessment. The Land Use Plan establishes the recommended long-term land use development pattern on a block-by-block basis throughout the District. Input was used from the results of the existing land use inventory, the Medical District Commission and Advisory Council, analysis of neighboring areas' land use and development activity (the "extended area"), and successful Medical District's elsewhere. The land uses planned for the Mid-America Medical District include:

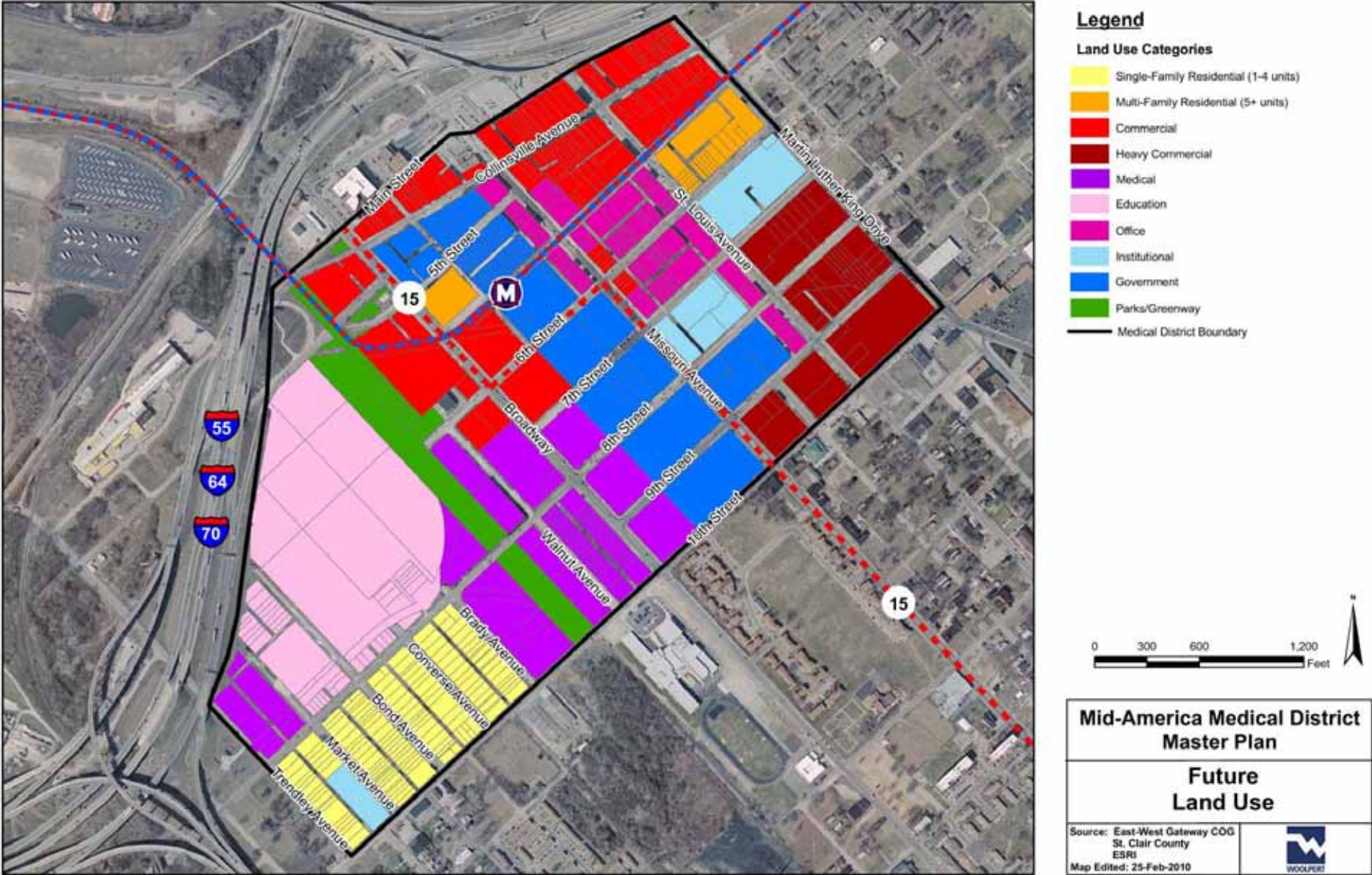
- Single and Multi-Family Residential
- Commercial (retail, restaurant, entertainment, hotel, etc.)
- Heavy Commercial (showroom, back office, light assembly, and storage functions)
- Medical (institutions, clinics, labs, offices)
- Educational (schools)
- Office (professional and administrative offices)
- Institutional (civic, religious, public administration, not-for-profit, utility)
- Government (Federal, State, County and City)
- Parks/Greenways

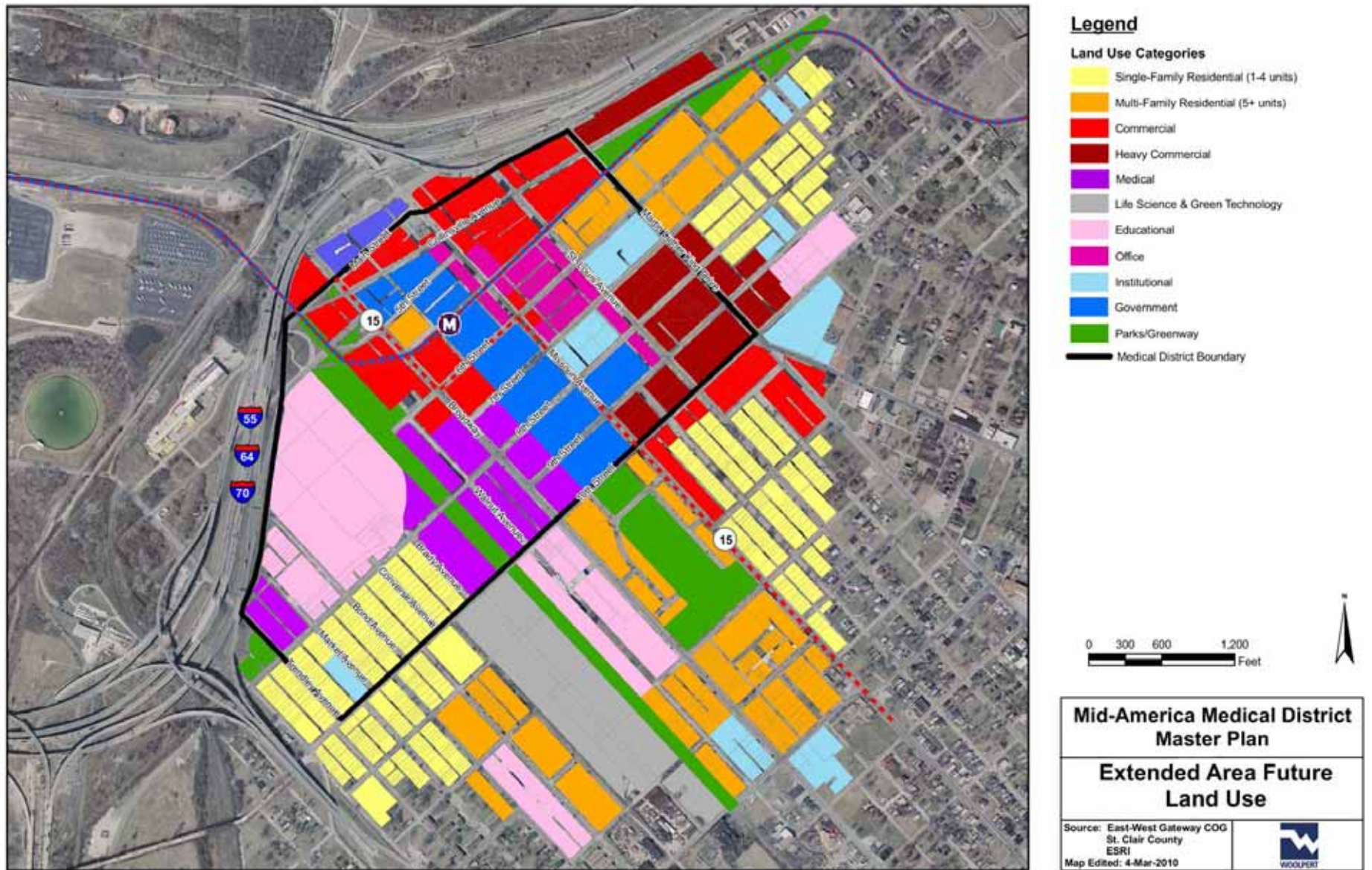
Key Future Land Use Plan organizing elements evolved as the plan was created. These organizing elements included the following:

- Medical uses should be concentrated around the primary existing medical facilities, including the former Hospital and the Windsor Medical Arts Building on Broadway.
- A strong organizing corridor, or pedestrian mall, for government uses exists between Missouri Avenue and Broadway, extending from the Kenneth Hall State Office Building on the northwest to the U.S. Post Office on the southeast.
- The East St. Louis Higher Education Campus (ESLHEC) forms a large educational campus in the western portion of the District.
- Commercial uses including retail, restaurants/eating and drinking places, banks, and mixed use retail/office buildings should be directed to Collinsville Avenue (the District's traditional commercial district, or Main Street), and secondarily to the north end of Broadway (potentially including such uses as commercial recreation and child care facilities).
- Future office development would likely serve government support functions (law, community and social services, public education) and business and personal services functions (computers, general business, finance, insurance, and real estate) and were located adjacent to these areas.

- The remaining future land uses typically followed existing locational trends, such as single family residential in the southwestern portion of the District, multi-family residential in the northeastern portion of the District (and just outside the District), and heavy commercial uses near Dr. Martin Luther King Drive and 10th Street.
- An ideal greenway corridor concept emerged along the abandoned rail corridor west of Broadway, effectively buffering the commercial and medical uses to the east from the educational and residential uses to the west.

In addition to the Future Land Use Plan for property within the Medical District, it was prudent to understand the potential development of property surrounding the District. These outside uses would have a direct impact on both the location and the amount of similar or complementary uses inside the District. Through this process, a composite 20-year Future Land Use Plan was created for the Mid-America Medical District that was complemented by the surrounding **Extended Area Future Land Use Plan**. It also allowed for a more comprehensive picture of land use areas (especially residential and greenway) and the addition of a Life Science & Green Technology industrial component to the Master Plan.







Site Plan - Proposed



Mid-America Medical District Master Plan
East St. Louis, Illinois
20 April 2010





View from South

Aerial Renderings - Proposed



Mid-America Medical District Master Plan

East St. Louis, Illinois
20 April 2010





View from West

Aerial Renderings - Proposed



Mid-America Medical District Master Plan
East St. Louis, Illinois
20 April 2010



Circulation Plan

A Circulation (Transportation) Plan was prepared to identify recommended improvements or changes to the local and State transportation system serving the Medical District. Interstate 64/55/70 access, local street access, and mass transit (MetroLink/MetroBus) access were evaluated for their ability to effectively move people into, out of, and through the District. Improving access normally includes recommendations for configuration, function, and form of the transportation system.

Circulation improvements should be structured to reinforce regional connections, link district campuses, emphasize gateways, and complement the Urban Design Framework established for the District. Key components of the Circulation Plan include:

- Improve the landing area of the off-ramp from EB I-64/55/70 to 4th Street and the take-off area of the on-ramp to WB I-64/55/70 from Main Street. Construct signature gateway features and improved directional signage. Provide new landscaping on adjacent Right-of-Ways to create a sense of arrival at District boundaries.
- Consider future connections from the Medical District greenbelt to the Malcolm W. Martin Memorial Park through enhanced pedestrian and bicycle paths along 4th Street and Trendley Avenue. Utilize a combination of shared use paths, shared roadways, and designated bike lanes.
- Extend 6th Street to the ESLHEC to establish a linkage between the Education Campus and other campuses. 6th Street should be developed as a Landscaped Boulevard to establish a primary north-south circulation corridor through the District, building on its proximity to the MetroLink station at the center of the District.
- Modify Missouri Avenue to reinforce its function as a primary east-west circulation corridor through the District and its connection to the region to the east via Illinois Route 15. Create a Landscaped Boulevard with appropriate signage to direct visitors to internal campuses and destinations within the District. Construct signature gateway features at the intersection of Missouri Avenue and 10th Street to create a sense of arrival at District boundaries.

- Modify Broadway to reinforce its function as a primary east-west circulation corridor through the District and its connection to the region to the west via the Eads Bridge and I-64/55/70. Create a Landscaped Boulevard with appropriate signage to direct visitors to internal campuses and destinations within the District. Construct signature gateway features at the Broadway and 3rd Street and Broadway and 10th Street intersections to create a sense of arrival at District boundaries.
- Maintain the existing street grid throughout the remainder of the Medical District to provide for vehicular and pedestrian circulation as well as utility corridors.
- Create shared parking lots within District campuses to accommodate growth and reorganization within the District, reduce the requirements for on-street parking, and encourage pedestrian connections between campuses. Promote visitor awareness of parking areas through signage, paths and landscapes which direct them to the most appropriate lot for their destination.
- Work with Metro and regional traffic planners to evaluate bus stop locations to accommodate District campus reorganization and newly developed destinations. As the District becomes more fully developed, consider a local shuttle bus (bio-fuel or other alternative fuel) to provide local transportation within the District. This concept could be particularly beneficial to a senior population with limited access to transportation facilities.



*MetroLink and
MetroBus Station*

- Promote pedestrian circulation within the District through pedestrian friendly, Americans with Disabilities Act (ADA) compliant walkways, paths, and trails. Replace MetroLink grade crossings as required to provide smooth, ADA accessible pedestrian crossings.
- Utilize a combination of shared use paths, shared roadways, and designated bike lanes to provide connections to District greenways, campuses, and regional bike routes.
- Provide uniform directional signage within the Medical District to direct visitors to major campuses and significant destinations. Provide way-finding signage on Interstates 64/55/70 and Illinois Route 15 to direct visitors to the District. Work with Metro to identify District signage in conjunction with the 5th & Missouri MetroLink Station.



Interstate Highway System Converges at the Medical District

Capital Improvements Plan

The Capital Improvements Plan focuses on providing the proper physical setting for implementation of the Medical District Land Use Plan. System recommendations include maintenance or clearance of existing buildings and grounds, condition and capacity of public infrastructure including roads, water, sanitary sewer, and storm sewer systems, electric, gas, telecommunications, natural resource preservation needs, and man-made environmental or other built constraints to development. Key components of the capital improvements plan are provided below.

Buildings and Grounds

The Medical District Situation Analysis established an initial condition rating for the buildings and properties located within the District based upon windshield surveys. This condition assessment did not include up-close inspections to evaluate the integrity of the building shell, structural framing, and building systems (HVAC, Plumbing and Electrical). Consequently, some buildings identified as good or fair condition may have significant structural or system deficiencies that were not evident. Selective building mothballing or demolition, underground utility removal, and lot clearance should be undertaken for areas designated as fair or poor condition. As specific properties are targeted for redevelopment, the District should require developers to perform due diligence in assessing the magnitude and cost of the renovation.

Minimum quality standards should be established in the District for vacant properties, and should include strict enforcement of existing zoning and building codes. Dumping should be prohibited and property owners should be required to maintain minimum exterior standards. The District should engage local property owners, institutions, and businesses in clean-up efforts to promote renewal within the District.

The Situation Analysis also identified a number of existing structures that make positive contributions to the District. Their continued presence should be encouraged and will help provide a valuable link to the historic past of East St. Louis.

Roadways

Roadway improvements are generally related to physical upgrades of existing streets, curbs, gutters, and sidewalks, as well as the construction of landscaped boulevard sections and enhancement of the Collinsville Avenue business district streetscape.

- **Single Family Residential Zone (Trendley Avenue, Market Avenue, Bond Avenue, Converse Avenue, and Brady Avenue between 8th and 10th Streets)**—Construct new roadway pavement, curb and gutter, and public sidewalks throughout entire single family residential development. Provide curb cuts for new driveways and access to shared parking lots.
- **Walnut Avenue**—Construct new roadway pavement, curb and gutter from 8th St. to 10th St. Provide sidewalks and new curb cuts to residential properties on the south side and the new Medical Campus facilities on the north side.
- **Collinsville Avenue**—Construct select sidewalk and curb repairs to complement streetscaping established within this business district’s Urban Design framework. Provide new curb cuts for access to shared-use pocket parking lots.
- **6th Street**—Construct new pavement, curb and gutter, and public sidewalks from Dr. MLK Drive to Missouri Avenue. Mill and overlay existing pavement from Missouri Avenue to East Broadway. Remove and replace select curb and gutter and sidewalk sections as required for access to new facilities. Construct new 6th Street extension from East Broadway to the Higher Education Campus. New construction between St. Louis Avenue and the Higher Education Campus should be consistent with the Landscaped Boulevard streetscape established in the Urban Design framework.
- **7th Street**—Construct new pavement, curb and gutter, and public sidewalks from Dr. MLK Drive to Missouri Avenue. Modify existing curbs and sidewalks from Missouri Avenue to East Broadway to provide access to new facilities and shared parking lots.
- **8th Street**—Construct new pavement, curb and gutter, and public sidewalks from Dr. MLK Drive to Missouri Avenue. Construct select curb and gutter and sidewalk repairs between Missouri Avenue and East Broadway. Construct new curb cuts and infill existing curb cuts to address changes in access requirements. Construct new pavement, curb and gutter, and public sidewalks from East Broadway to Trendley Avenue.
- **9th Street**—Continue current program of curb and gutter replacement from Dr. MLK Drive to East Broadway. Construct new pavement and sidewalk improvements from Dr. MLK Drive to Missouri Avenue. Mill and overlay

existing pavement from Missouri Avenue to East Broadway. Construct new curb cuts and infill existing curb cuts to address changes in access requirements.

- **10th Street**—Construct new curb and gutter and sidewalks on 10th Street from Trendley Avenue to Dr. MLK Drive. Construct new curb cuts to accommodate new access requirements into Medical District facilities.
- **East Broadway**—Construct select pavement, curb and sidewalk improvements consistent with the Landscaped Boulevard streetscape established in the Urban Design framework.
- **Missouri Avenue**—Construct select pavement, curb and sidewalk improvements consistent with the Landscaped Boulevard streetscape established in the Urban Design framework.
- **St. Louis Avenue**—Construct new curb and gutter and sidewalks from Collinsville Avenue to 10th Street. Mill and overlay existing pavement.
- **Dr. Martin Luther King, Jr. Drive**—Construct new curb and gutter and sidewalks on Dr. MLK Drive from Collinsville Avenue to 10th Street. Construct new curb cuts to accommodate new access requirements into Medical District facilities.

Water Utility

The reorganization of the Medical District into campuses or zones of similar land uses will be beneficial from a water utility perspective. Large water users will generally be grouped into specific geographic areas. Consequently, the ability to provide adequate capacity and redundancy in the water system will be economically achievable. All water system improvements should be coordinated and phased appropriately with ongoing roadway improvement projects. From a planning level perspective, several key improvements to the water system should be anticipated.

- **6th Street**—Construct a new 8-inch water main from Dr. MLK Drive to St. Louis Street. Coordinate construction of the new main with 6th Street roadway improvements in this area. This new main will replace an existing 4-inch and 6-inch water line and will provide additional capacity for the planned development of Multi-Family Residential units and Office facilities in this area.

- **8th Street**—Construct a new 10-inch water main from East Broadway to Market Avenue. This new main will provide additional capacity and redundant service to the planned Educational facilities north at the ESLHEC and the Medical facilities on Brady Avenue.
- **St. Louis Avenue**—Construct a new 8-inch water main from 8th Street to 10th Street. This main will replace an existing 6-inch water line and will provide additional capacity and redundancy for the planned Heavy Commercial facilities on the north side of St. Louis Street.
- **10th Street**—Construct a new 8-inch water main in 10th Street from Dr. MLK Drive to St. Louis Avenue. This main will replace an existing 6-inch water line and will provide additional capacity and redundancy for the planned Heavy Commercial facilities in this area.
- **Single Family Residential Zone (Trendley Avenue, Market Avenue, Bond Avenue, Converse Avenue, and Brady Avenue between 8th and 10th Streets)**—Construct new 6-inch water mains on these streets in conjunction with new roadway improvements. These improvements will provide increased water system capacity and service life for the planned Single-Family Residential development in this area.

Sanitary Sewers

The Medical District lies within an area that is (or once was) fully developed. Consequently, there is an existing combined sewer system in place that provides storm and sanitary sewer service to all areas within the District boundaries. As-built records of the existing system were limited to base maps showing the size and approximate location of the sewers. In order to quantify the hydraulic capacity and physical condition of the sewer system, an extensive study of the system would be required, a process that fell beyond the scope of this Master Plan.

However, based upon discussions with representatives from the City of East St Louis Public Works Department, the Metro East Sanitary District, and site observations, several key conclusions can be drawn regarding the existing combined sewer system and its ability to meet the sanitary system requirements of the District.

- The City should establish a program to perform condition assessments of all of the sewers within the District. The assessment should include smoke testing,

high-pressure cleaning/vacuuming, and closed-circuit TV internal inspection of the sewers to identify problem areas. Initial investigations should be performed in those areas targeted for initial phases of redevelopment.

- Require condition assessments of the existing sewer system as part of any programmed street rehabilitation project. This will help identify problem sewers that may require open cuts for removal or replacement within the roadway Right-of-Way.
- Utilize trenchless technology for sewer rehabilitation projects whenever possible. This will help avoid open cut excavations that result in costly repairs for pavement and landscaping restoration. Trenchless technology should include cured-in-place pipe lining and pipe bursting.
- Due to the possibility of combined sewer surcharging and water backup potential, gravity sewer service to basements should be prohibited. This requirement should apply to all new construction as well as major rehabilitation projects.
- Require developers to construct and dedicate new public sanitary sewers in all areas undergoing extensive rehabilitation. An example of this requirement would be for the extensive single family residential development at the southwest corner of the District.

Storm Sewers

The existing combined sewer system provides service to all areas within the Medical District boundaries. This system has been constructed and expanded over the course of many decades. During that time, the design standards may have been less demanding than current standards. Additionally, growth and development in the region has resulted in increasing storm water flows carried by major trunk sewers passing through the District.

Combined sewer systems have inherent environmental issues since high storm water flows require increased capacity at sewer treatment plants and pumping stations. With the ever increasing federal water quality requirements and restrictions on combined system overflows into regulated waterways, local sewer districts are faced with the challenges of increased treatment plant capacity or temporary storage of combined system runoff.

Completely separate storm and sanitary sewer systems within the Medical District are not economically achievable and would have implications reaching beyond District boundaries. However, it is reasonable to establish the following Storm Water Management policy for the District:

- **Policy:** Reduce the volume of storm runoff to be collected and transported by the sewer systems within the District.

Based upon discussions with representatives from the City of East St Louis Public Works Department, the Metro East Sanitary District, and site observations, there is a history of localized flooding and inadequate storm water drainage within the City of East St. Louis, including the Medical District. This condition is exacerbated by the extremely flat topography within the District, as it is difficult to prevent storm water from ponding in surface depressions and low points. A second Storm Water Management policy should be established for the District as follows:

- **Policy:** Improve and expand critical components of the storm sewer system to effectively collect and transport storm water runoff.

The policies above can be achieved through the implementation of the following Storm Water Management strategies.

- Require developers to provide storm water detention facilities for any increases in storm water runoff.
- Utilize permeable pavements in parking lots to reduce runoff.
- Develop shared retention ponds as water features within District greenways.
- Encourage the use of rain gardens in low density developments.
- Utilize storm water management systems as educational opportunities.
- As stated previously, perform condition assessments of all of the sewers within the District, including smoke testing, cleaning and vacuuming and TV inspection. Initial investigations should be performed in those areas targeted for initial phases of redevelopment.

- Require condition assessments of the existing sewer system as part of any programmed street rehabilitation project. This will help identify problem sewers that may require open cuts for removal or replacement within the roadway Right-of-Way.
- Replace or rehabilitate all curb inlets and connecting storm sewers during any curb and gutter or major street reconstruction project.
- Utilize trenchless technology for sewer rehabilitation projects whenever possible.
- Encourage site development and grading concepts that promote positive drainage using landforms and surface drainage features.

Electric Utility

Ameren-IP provides electric power throughout the Medical District through a 35KV and 4KV distribution system. The presence of an electric substation within the District boundaries provides significant benefit for the potential growth and redevelopment of the District. Key components of the electric utility system strategy should include the following:

- Maintain the existing Ameren-IP Broadview Substation.
- Explore the possibility of systematic replacement of overhead electric distribution with underground distribution in areas undergoing significant redevelopment to improve service reliability and aesthetics within the District.

Gas Utility

Ameren-CIPS generally provides natural gas throughout the District via a network of underground gas mains. However, there are a few isolated pockets within the District that will require the construction of gas main extensions if service is required for redevelopment. The cost of gas main extensions are typically borne by the developer. However, Ameren does provide some cost sharing by offsetting the cost of gas main construction with new revenue generated over a specific period of time. Key components of the gas distribution system strategy should include the following:

- Relocate existing gas mains that conflict with proposed redevelopment activities.
- Evaluate and upgrade existing gas mains as a part of any major street reconstruction project.
- Construct a new gas main in 10th Street from Walnut Avenue to Brady Avenue to provide increased capacity and system redundancy to support the development of the Medical Campus in this area.
- Construct a new gas main in 10th Street from Dr. MLK Drive to Missouri Avenue to provide increased capacity and system redundancy to support the development of the Commercial and Heavy Commercial facilities in this area.
- Provide access to broadband service to consumers residing in unserved areas of the country.
- Provide improved access to broadband service to consumers residing in underserved areas of the country.
- Provide broadband education, awareness, training, access, equipment, and support to: (i) schools, libraries, medical and healthcare providers, community colleges and other institutions of higher learning, and other community support organizations; (ii) organizations and agencies that provide outreach, access, equipment, and support services to facilitate greater use of broadband services by vulnerable populations (e.g., low-income, unemployed, aged); or (iii) job-creating strategic facilities located in state- or federally-designated economic development zones;

Telecommunications System

The Medical District should provide an environment meeting the high technology needs of medical, educational, governmental, and community services organizations. Access to an advanced telecommunications network is essential to meeting those needs and will be critical to attracting and maintaining investment in the District.

Currently, AT&T and Charter Communications have provided some very limited information on their telecommunications facilities within the District. Detailed information on the location and expansion plans for telecommunication networks is kept confidential for security purposes and to protect business strategies between the numerous telecommunications companies. However, there are other opportunities available to evaluate the existing telecommunications network and its ability to support growth and redevelopment within the District.

The American Recovery and Reinvestment Act (ARRA) provided \$4.7 billion to the National Telecommunications and Information Administration (NTIA) to establish the Broadband Technology Opportunities Program (BTOP) to advance President Obama’s national broadband strategy. One third of the funding was distributed in the first round of funding last fiscal quarter. The remaining two thirds will be distributed in a second round of funding based upon evaluation of Grant Applications submitted by March 15th, 2010.

The Recovery Act establishes a national broadband service development and expansion program to promote five core purposes:

- Improve access to, and use of, broadband service by public safety agencies; and
- Stimulate the demand for broadband, economic growth, and job creation.

NTIA administers the Broadband Technology Opportunities Program (BTOP) within three project categories:

- **Comprehensive Community Infrastructure**—Projects to deploy new or improved broadband Internet facilities (e.g., laying new fiber-optic cables or upgrading wireless towers) and to connect “community anchor institutions” such as schools, libraries, hospitals, and public safety facilities. These networks help ensure sustainable community growth and provide the foundation for enhanced household and business broadband Internet services.
- **Public Computer Centers**—Projects to establish new public computer facilities or upgrade existing ones that provide broadband access to the general public or to specific vulnerable populations, such as low-income individuals, the unemployed, seniors, children, minorities, and people with disabilities.
- **Sustainable Broadband Adoption**—Projects that focus on increasing broadband Internet usage and adoption, including among vulnerable populations where broadband technology traditionally has been underutilized. Many projects include digital literacy training and outreach campaigns to increase the relevance of broadband in people’s everyday lives.

The Medical District should position itself to take advantage of BTOP funding opportunities to study the existing telecommunications network, and to develop a strategy for enhancing the telecommunications network within the District. Once those strategies have been developed, they should be implemented along with other utility service improvements within the District.

Natural Environmental Constraints

The most significant natural environmental constraint facing the Medical District concerns the Mississippi Levee System in St. Clair County. The levee has been de-certified by the Federal Emergency Management Agency (FEMA). Consequently, the entire District is located in a Zone AR “Special Flood Hazard Area” formerly protected from the base flood (100-year) by this levee system. If the de-certification continues, the District will no longer be located within a flood protected zone, and property owners will be faced with sharply higher flood insurance rates. New construction will have to meet more strict requirements to raise the finished floor elevation of new structures above the base flood elevation. Additionally, funding for redevelopment will be severely hampered as banks and lending institutions will be reluctant to provide capital for redevelopment in a flood hazard area.

In June 2009 the Flood Prevention Districts for Madison, St. Clair and Monroe Counties formed the Southwestern Illinois Flood Prevention District Council. This Council is in charge of overseeing efforts to evaluate and improve the five levee systems that protect the Metro-East counties from flooding on the Mississippi River. Additionally, the three counties passed a ¼-cent sales tax to fund levee improvements.

FEMA has agreed to delay the publication of new flood insurance rate maps until early 2011, thereby providing an opportunity for the Council to evaluate the levee conditions and develop a strategy for repairs and funding. In June 2010 the Council selected a consulting team to submit conceptual design proposals for a design competition to bring the Metro-East Mississippi River levees up to FEMA certification standards.

Until such time that the issue of levee de-certification is resolved, the Medical District Commission should closely monitor the progress of the Southwestern Illinois Flood Prevention District Council. Their success will be critical to the long-term viability of investment in the Medical District.

Man-Made Environmental Constraints

Based upon the information gathered during the Situation Analysis, there are numerous sites where further environmental investigation is necessary prior to any transaction or re-development. Federal, state and local laws make current and prior property owners potentially liable for the entire cost of cleaning up a contaminated site. Consequently, many financial institutions require an assessment of the property with regard to environmental laws before a property ownership transaction.

The prevailing standard for pre-acquisition environmental due diligence (also known as All Appropriate Inquiry, or “AAI”), is ASTM’s Standard Practice for Environmental Site Assessments: Phase I Environmental Site Assessment Process. This type of environmental report is the one required by lenders and is highly recommended prior to purchasing commercial or industrial real estate, or prior to starting new developments.

Phase I Environmental Site Assessment (ESA) Services should typically include:

- An on-site visual inspection of the property and surrounding properties to assess general land use and occupants of the area.
- A review of data regarding the local geology and hydrology.
- An assessment of current land use and practices of the property with particular attention given to assessing if any hazardous material or waste management activities have occurred at the site.
- An assessment of the historic land use and development of the property through an interpretation of fire insurance maps, city directories, and/or aerial photographs of the site and interviews with persons knowledgeable of the site history.
- A review of owner/operator provided documents and records.
- A review of local, state, tribal, and federal regulatory agency records maintained for the site.

- A written report of all findings including Recognized Environmental Concerns, recommendations, and conclusions.

Depending on the outcome of a Phase I ESA, a Phase II Site Assessment may be warranted. This process provides a more comprehensive and detailed review of a site and a facility to further evaluate suspected environmental impairments and the extent of surface and subsurface contamination. A Phase II Site Assessment can also be implemented without the Phase I ESA if known contamination exists on the property. A Phase II Site Assessment qualitatively confirms environmental contamination and liabilities and typically includes estimates of remediation costs. This information may be used in negotiating the terms and conditions in a particular property transaction.

Phase II Site Assessment Services can include the following:

- Collecting soil samples to screen for chemical or metal contamination. This sampling is conducted to establish the chemical makeup of the soil in order to determine if there are significant amounts of contaminants that will require remediation or monitoring, or create land use limitations.
- Sampling of groundwater and surface water. This testing is recommended when there is a significant potential for the existence of an environmental liability that can affect the value of a property. Environmental liabilities are costs associated with regulatory-mandated cleanup, disposal of regulated-waste and civil liability. Civil liability occurs when the contamination has migrated off-site or tenants sue over exposure to hazardous materials.
- Permanent monitoring wells located on the property.

Priority Capital Improvements

Implementation of the Capital Improvements Plan will generally fall into one of two categories. Improvements will either be made as a result of a development project and its requirements for site preparation and improved infrastructure, or they will be made as part of a strategy to attract development by investing public dollars to enhance the District. Development-driven improvements will, of course, be made in coordination with the developer at the chosen site through a public-

private development agreement. On the other hand, public investment to attract developers will be more strategic in nature. That is to say, the improvements should be prioritized on a high, medium, and low system based on their relative cost and benefit to the District.

As part of the Master Plan, a cursory look at the recommended capital improvement projects based on their relative magnitude of cost and anticipated impact on the attractiveness of the District for investment suggested the followed prioritization of projects by category.

Buildings and Grounds

High Priority:

1. **Building & Lot Mothballing, Demolition, and Clearance**—Of the 29 “blocks” identified in the Medical District, part or all of 16 blocks were categorized as being in Fair (Yellow) Overall Condition and 5 as being in Poor (Red) condition. Selective building mothballing or demolition (including asbestos removal), underground utility removal, and lot clearance should be undertaken for these identified areas, starting with the Poor condition (Red) blocks.

Roadways and Circulation

High Priority:

1. **Gateway Features**—Construct primary gateway features at the intersection of Missouri Avenue and 10th Street, Broadway and 3rd Street, and EB 64/55/70 off-ramp at 4th Street to create a sense of arrival at District boundaries.
2. **Uniform Directional Signage**—Provide uniform directional signage within the Medical District to direct visitors to major campuses and other significant destinations. Provide way-finding signage on Interstates 64/55/70 and Illinois Route 15 to direct visitors to the District. Work with Metro to identify District signage in conjunction with the 5th & Missouri MetroLink Station.
3. **6th Street**—Construct new 6th Street extension (Landscaped Boulevard) from East Broadway to the Higher Education Campus.

Medium Priority:

4. **East Broadway**—Construct select pavement, curb and sidewalk improvements consistent with the Landscaped Boulevard streetscape established in the Urban Design framework.
5. **Collinsville Avenue**—Construct select sidewalk and curb repairs to complement streetscaping established within the Business District urban design framework.
6. **Missouri Avenue**—Construct select pavement, curb and sidewalk improvements consistent with the Landscaped Boulevard streetscape established in the Urban Design framework.
7. **8th Street**—Construct new pavement, curb and gutter, and public sidewalks from East Broadway to Trendley Avenue.
13. **8th Street**—Construct new pavement, curb and gutter, and public sidewalks from Dr. MLK Drive to Missouri Avenue. Construct select curb and gutter and sidewalk repairs between Missouri Avenue and East Broadway.
14. **9th Street**—Continue current program of curb and gutter replacement from Dr. MLK Drive to East Broadway. Construct new pavement and sidewalk improvements from Dr. MLK Drive to Missouri Avenue. Mill and overlay existing pavement from Missouri Avenue to East Broadway.
15. **10th Street**—Construct new curb and gutter and sidewalks on 10th Street from Dr. MLK Drive to Trendley Avenue.

Low Priority or Development-Driven:

8. **Gateway Features**—Construct secondary gateways at Collinsville Avenue and Dr. MLK Drive, Dr. MLK Drive and 10th Street, Broadway and 10th Street, and Trendley and 8th Street.
9. **Dr. Martin Luther King, Jr. Drive**—Construct new curb and gutter and sidewalks on Dr. MLK Drive from Collinsville Avenue to 10th Street.
10. **St. Louis Avenue**—Construct new curb and gutter and sidewalks from Collinsville Avenue to 10th Street. Mill and overlay existing pavement.
11. **6th Street**—Construct new pavement, curb and gutter, and public sidewalks from Dr. MLK Drive to Missouri Avenue. Mill and overlay existing pavement from Missouri Avenue to East Broadway. Remove and replace select curb and gutter and sidewalk sections as required for access to new facilities. New construction between St. Louis Avenue and the Higher Education Campus should be consistent with the Landscaped Boulevard streetscape established in the Urban Design framework.
12. **7th Street**—Construct new pavement, curb and gutter, and public sidewalks from Dr. MLK Drive to Missouri Avenue.
16. **Single Family Residential Zone (Trendley Avenue, Market Street, Bond Avenue, Converse Avenue, and Brady Avenue between S. 8th and S. 10th Streets)**—Construct new roadway pavement, curb and gutter, and public sidewalks throughout entire single family residential development.
17. **Walnut Avenue (Private Road)**—Construct new roadway pavement, curb and gutter, and public sidewalks from S. 8th Street to S. 10th Street.
18. **Connection to Malcolm W. Martin Memorial Park**—Connect the Medical District greenbelt to the Malcolm W. Martin Memorial Park through enhanced pedestrian and bicycle paths along 4th Street to Trendley Avenue and 10th Street to Trendley Avenue.
19. **ADA Compliant Pedestrian Routes**—Promote pedestrian circulation within the District through pedestrian friendly, Americans with Disabilities Act (ADA) compliant sidewalks, walkways, and trails. Replace MetroLink grade crossings as required to provide smooth, ADA accessible pedestrian crossings.
20. **Enhanced Bicycle Trail Network**—Utilize a combination of shared use paths, shared roadways, and designated bike lanes on roadways to provide connections between District greenways, campuses, and the regional bike trail system.

Water Utility

Medium Priority:

1. **Water Condition Assessments & Rehabilitation**—Perform condition assessments of all of the water lines within the District to identify and rehabilitate problem areas, starting with those areas targeted for initial phases of redevelopment and as part of any programmed street rehabilitation project.

Low Priority or Development-Driven:

2. **6th Street**—Construct a new 8-inch water main from Dr. MLK Drive to St. Louis Street.
3. **8th Street**—Construct a new 10-inch water main from East Broadway to Market Street.
4. **St. Louis Avenue**—Construct a new 8-inch water main from 8th Street to 10th Street.
5. **10th Street**—Construct a new 8-inch water main in 10th Street from Dr. MLK Drive to St. Louis Avenue.
6. **Single Family Residential Zone (Trendley Avenue, Market Street, Bond Avenue, Converse Avenue, and Brady Avenue between 8th and 10th Streets)**—Construct new 6-inch water mains on these streets in conjunction with new roadway improvements.

Sanitary & Storm Sewers

Medium Priority:

1. **Sewer Condition Assessments & Rehabilitation**—Perform condition assessments of all of the sewers within the District to identify and rehabilitate problem areas, starting with those areas targeted for initial phases of redevelopment and as part of any programmed street rehabilitation project. Utilize trenchless technology for sewer rehabilitation projects whenever possible.

Electric Utility

Medium Priority:

1. **Substation Maintenance**—Maintain the existing AmerenIP Broadview Substation.

Low Priority or Development-Driven:

2. **Underground System**—Begin systematic replacement of overhead electric distribution with underground distribution in areas undergoing significant redevelopment.

Gas Utility

Low Priority or Development-Driven:

1. **Gas Relocations & Upgrades**—Relocate existing gas mains that conflict with proposed redevelopment activities; evaluate and upgrade existing gas mains as a part of any major street reconstruction project.
2. **S. 10th Street**—Construct a new gas main in 10th Street from Walnut Avenue to Brady Avenue to provide increased capacity and system redundancy to support the development of the Medical Campus.
3. **N. 10th Street**—Construct a new gas main in 10th Street from Dr. MLK Drive to Missouri Avenue to provide increased capacity and system redundancy to support the development of the Commercial and Heavy Commercial facilities.

Telecommunications System

Medium Priority:

1. **Broadband Internet Facilities**—Study the existing telecommunications network and develop and implement a strategy for enhancing the network within the District, including projects to deploy new or improved broadband Internet facilities (e.g., laying new fiber-optic cables or upgrading wireless towers)

and to connect “community anchor institutions” such as education, medical, and government facilities.

Man-Made Environmental Constraints

Low Priority or Development-Driven:

1. **Man-Made Environmental Constraints**—Records indicated the existence of 33 registered underground fuel storage tanks of which 9 were known to be leaking; 9 hazardous material generators; and one Brownfield site in the District. All of these sites should eventually be cleaned up, with early emphasis on the leaking tanks and other constraints within the Medical Campus in the District.

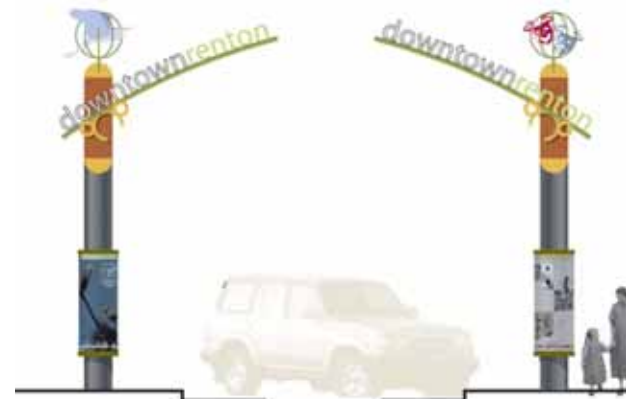
Urban Design Plan

The Mid-America Medical District’s success will be partially reliant on its ability to attract and retain audiences with varying needs and motivations. A proven method to attract these varied audiences (e.g., health care providers and users; educators, researchers, and students; residents and visitors; developers and investors), interconnect the differing components of the District (e.g., medical, educational, commercial, residential) and keep stakeholders engaged in the continuous improvement of the area is through “urban design”. Urban design incorporates the scale and relationship of buildings, architectural identity and compatibility, District-defining identification features and landscape treatments, and great care in development of public interaction spaces.

The urban design recommendations cover the overall District, as well as specific corridors and areas within the District. It proposes physical gateways and landmarks to define the District. It looks at the scale and relationship of buildings to each other and potential architectural and landscape guidelines for development of the “private realm”. It provides guidance on the development of the “public realm” including pedestrian-oriented streetscapes with trees, sidewalks, amenities and abundant lighting, and urban parks and greenway linkages. And it considers the view and impression one gets of the District from the heavily-traveled Interstates.

District Defining Identification Gateways, Landmarks, and Signage

There are several locations that serve as prominent places where a physical gateway, or entrance landmark, to the Mid-America Medical District should be identified with permanent signage. The intersection of South 4th Street and Railroad Avenue on the western edge of the District is very visible for those exiting Interstate 64/55/70. Likewise, the intersection of Collinsville Avenue and Broadway is prominent for traffic coming from the Eads Bridge and the Casino Queen traveling east on Broadway. The intersection of Missouri Avenue and 10th Street is a primary gateway for traffic using Highway 15 through the District on the eastern edge of the District. Secondary locations would include Collinsville Avenue at Dr. MLK Drive, N. 10th Street at Dr. MLK Drive, Broadway at N. 10th Street, and Trendley at S. 8th Street.



Examples of Potential Gateway Features



Evenly spaced smaller signs could be featured throughout the District as reminders that you are still within the Mid-America Medical District. Also, banners could be used together with new street lighting as a colorful and inexpensive form of advertisement.

Scale and Relationship of Buildings

Medical Area—Medical care and medical research buildings should generally be one to three stories and be located within 10 feet of the public sidewalk to encourage a more urban look and feel, and to increase density. Parking would be located off-street, internally to the buildings to reduce their visual prominence.

Commercial Area—The primary corridors for commercial use are Broadway and Collinsville Avenue. The commercial development on Broadway should be one to two stories tall with typically 10 to 25 foot side yard lot line setbacks. The commercial development should be set back from the sidewalk to allow for the creation of parking, landscaping, and public spaces for social interaction. On Collinsville Avenue, buildings should maintain the dense, urban, “Main Street” feel and character. Buildings should have zero lot lines and be located directly on the wide public sidewalk where seating for restaurants and shoppers could spill out onto. New infill commercial space should be approximately 60’ in depth for contemporary commercial bays. On street parallel parking should be supplemented with staff parking behind the buildings and larger open lots behind the north row of buildings facing 3rd Street and the Interstates.

Residential Area—The proposed residential area between Trendley and Brady Avenues and between 8th and 10th Streets is envisioned as a big-house concept of 3 to 4 units per house with approximately 1,000 square feet for each unit on the first level and 500 square feet each on a second floor. The houses would be set back from the public sidewalk 15 to 20 feet with large side yards and small rear yards to take advantage of a shared, centrally located, community park space.

Architectural Identity and Compatibility

All new development should have a succinct and uniform architectural expression, without mixing styles or eras. The materials, colors, patterns, and elements should create a cohesive building form. Effort should be given to create three-dimensional interest, and avoid flat, blank walls for the passers-by. Where infill construction



Examples of Proposed Architectural Styles and Compatibility

occurs adjacent to existing structures, common consideration should be given to the streetscape, material palettes, and scale.

Materials should be durable and easily maintained. Some examples include brick, limestone, pre-cast concrete, metal panels, cement plank siding, and low reflectance glazing. Bright colors can be used to accent building facades and canopies to assist in creating identity for the place. The scale of fenestration (windows) should be proportional to the overall building form; upper story windows could be operable for loft style living above commercial properties. First level commercial should have larger areas of storefront glazing and be treated as appropriate with awnings and shading devices. The roof form, cornice detailing, and eaves should support the overall architectural expression of the building, and be appropriate to the scale of the existing surrounding context.

Mechanical equipment, dumpsters, utility services, etc., should be screened to avoid visual clutter in the public realm. Signage should be incorporated into the design of commercial buildings’ facades and canopies, or monument signs

constructed of materials similar to the buildings would be allowed with a maximum of four feet in height.

Landscape Treatment

Medical and Commercial Areas—There should be at least one shade tree in a 9’x18’ island for every 10 parking spaces to create shaded parking spaces and reduce the heat island effect. If medical or commercial office buildings are set back from the sidewalk 5 to 10 feet it might be appropriate to have tall grasses, low shrubs and bushes, flowers and other pedestrian height landscaping between the building and sidewalk.

Government Area—The intent is to create a green corridor or central exterior “mall” connecting a variety of federal, state and local government facilities. This mall would be designed to create interactive social space for federal, state, and local government employees and their customers. Shade trees could be planted around the perimeter with lower level plantings in the center so as to maintain visual continuity throughout the mall area.

Residential Area—There should be an effort to plant mid-size trees between the residences and the street to provide shade, visual interest, and character from the street, and create a scale more comfortable for humans. Berms and low, dense shrubs and bushes should be used to conceal the internal, off-street parking from the residences. In the community park, deciduous shade trees should be used to create comfortable, shaded park space for summer recreation. Tall grasses or low shrubs and bushes can be utilized to separate the potential plaza and fountain from the surrounding green space.

Streetscape Treatment

Collinsville Avenue—Collinsville Avenue is seen as the typical downtown “Main Street” and should consist of either sidewalks directly to the road curb, or limited urban plantings that are limited to a 2 foot area between the road curb and the pedestrian sidewalk zone for tall grasses and flowers. Street furnishings such as benches, trash cans, bicycle racks, tree grates, etc., should be provided and be of durable metal with black finish.

Landscaped Boulevards—The primary collector streets in the Medical District such as Broadway, Missouri Avenue, and 6th Street should feature a landscaped

median with low level plantings. A mixture of low level plantings with urban appropriate trees should be utilized between the sidewalk and street curb to provide shade and separation from automobile traffic. Evenly spaced streetlights should be located on both sides of the road to enhance the streetscape.

Public Interaction Spaces

A multi-block area roughly between Railroad Avenue and Walnut Avenue, where an old railroad line has been abandoned, could become a greenbelt or park for users from the medical, educational, and residential areas to interact and enjoy the outdoors. A portion of this greenbelt could be dedicated for baseball or softball fields, potentially located adjacent to a health and wellness facility on the corner of Broadway and 6th Street. The green space created by the new Government Mall plaza would also unify the District and connect commercial, medical, office and government users.

External Views of the District

The Medical District is very prominently located with high speed views into the district from traffic on Interstate 64/55/70, as well as traffic coming to and from the Martin Luther King Bridge. Priority consideration should be given to revitalizing the parking and the back of the buildings located along the north side of Collinsville Avenue.



Public Interaction Spaces at the Higher Education Campus





Site Plan - Proposed



Mid-America Medical District Master Plan
 East St. Louis, Illinois
 20 April 2010





Single Family Residential - Site Plan



Mid-America Medical District Master Plan
East St. Louis, Illinois
20 April 2010





Medical District - Site Plan



Mid-America Medical District Master Plan
East St. Louis, Illinois
20 April 2010





Government Mall - Site Plan



Mid-America Medical District Master Plan
East St. Louis, Illinois
20 April 2010



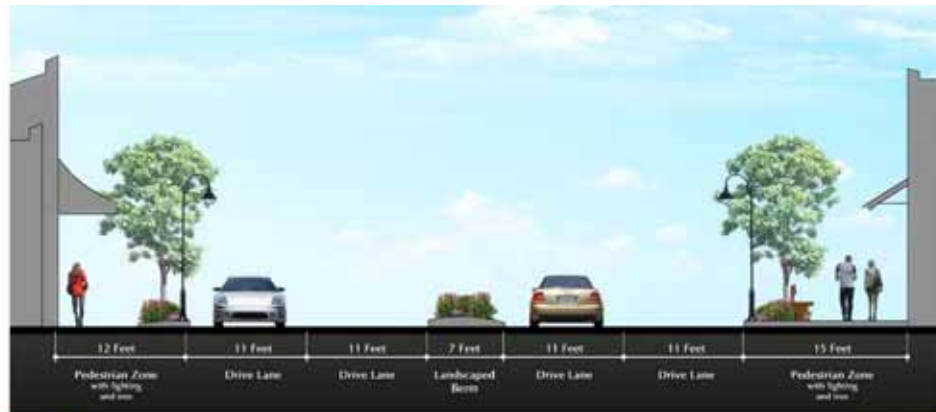


Collinsville Avenue - Site Plan

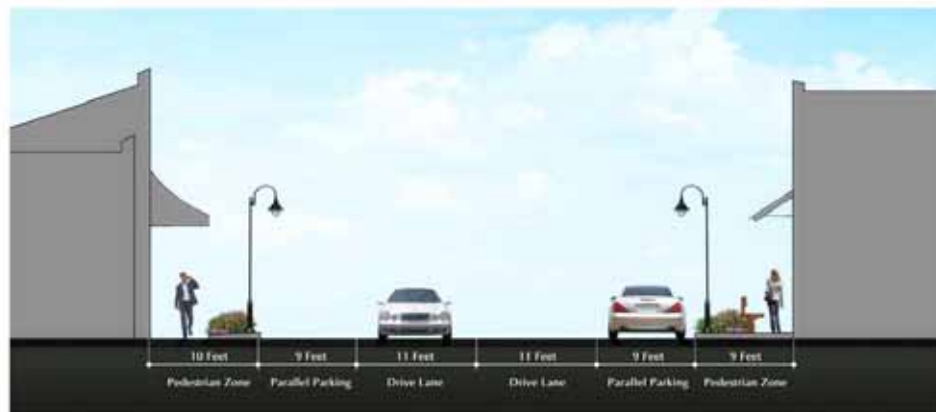


Mid-America Medical District Master Plan
East St. Louis, Illinois
20 April 2010





Broadway
Proposed Character Section



Collinsville Avenue
Proposed Character Section



Mid-America Medical District Master Plan
East St. Louis, Illinois
20 April 2010



Community Development Plan

In order to be a real asset to the community of East St. Louis, the Mid-America Medical District Master Plan goes beyond the medical aspects of the plan to incorporate a vision for the residents and businesses of the Medical District and downtown East St. Louis.

Common Traits of Highly Successful Downtowns

“It is not the strongest of the species that survive, nor the most intelligent, but the ones most responsive to change.”—Charles Darwin

The Mid-America Medical District Master Plan is, for many intents and purposes, a master plan for revitalization of downtown East St. Louis. It is useful, therefore, to highlight some common traits of highly successful downtowns, with lessons that are readily applied to the Medical District. The following list is adapted from research performed in 2004 and 2005 using eleven downtowns of medium and small cities.¹ It is a useful set of characteristics against which to measure future changes in the Medical District.

Common Traits of Highly Successful Downtowns

1. No single organizational model exists. Lessons should be learned from others, but the specific organizational model will be tailored to the city.
2. Multiple traffic generators are within short walking distances, thus encourage a mix of land and building uses.
3. Great downtowns are beloved by their citizenry.
4. Great downtowns are able to overcome political, economic, and public relations obstacles.
5. Great downtowns are walkable and have pedestrian scale.
6. Great downtowns have a commitment to mixed-use development.
7. There is broad public/private investment in the future of downtown.
8. Entertainment is the driving market segment, so sponsorship of public events that attract people and keep people downtown will promote interest in other investment.
9. There is a prevalence of strong, adjacent residential neighborhoods that are within walking distance of downtown.
10. Downtown housing is either prevalent or underway.
11. Colleges and universities help, but are not the sole answer.

¹ Gary Ferguson of the Ithaca, New York, Downtown Partnership. “Common Traits of Highly Successful Downtowns.” Parts one and two. *Downtown Idea Exchange*. Downtown Research & Development Center, New York, NY. November 1 and 15, 2005. The eleven cities of the research study are Ann Arbor, Michigan; Boulder, Colorado; Burlington, Vermont; Chapel Hill, North Carolina; Charlottesville, Virginia; Madison, Wisconsin; Northampton, Massachusetts; Portland, Maine; Providence, Rhode Island; State College, Pennsylvania; and Wooster, Ohio

Applications to the Medical District

A key question is, therefore, “How can the master plan of the Mid-America Medical District be utilized to improve the quality of these various traits?” Reactions to the eleven traits suggest the following:

1. *No single organizational model exists*—While the Mid-America Medical District can and should learn from other models in similar locations, the approach adopted in East St. Louis will be distinctive to East St. Louis. Indeed, a model based, in part, on the characteristics of a Medical District will necessarily be different than other cities.
2. *Multiple traffic generators are within short walking distances*—The Medical District cannot be a single-purpose district. Visitors to and residents of the District will demand a variety of accessible activities, including health, wellness, and recreational services, as well as dining, retail, and jobs.
3. *Great downtowns are beloved by their citizenry*—Pride in the Medical District must be promoted and instilled internally to city residents. The District should be useful in re-establishing downtown as the city’s common gathering place. A key asset in this regard will be Collinsville Avenue with its urban character.
4. *Great downtowns are able to overcome obstacles*—This requires partnerships, shared resources, vision, and patience. The premise of the Medical District itself is the product of a shared vision and shared resources. This lesson needs to be extended throughout the District and downtown.
5. *Great downtowns are walkable and have pedestrian scale*—There must be interesting features that capture the attention of pedestrians while assuring personal safety. The variety of patrons and residents of Medical District institutions will help to attract a variety of businesses, public art, aesthetically pleasing streetscapes, and visual diversity.
6. *Great downtowns have a commitment to mixed-use development*—Developers and investors are urged to build for and attract a range of occupants, business-types, and institutional services. Virtually by definition, the Medical District is itself a form of a mixed-use development, so this theme can be applied more broadly, too.
7. *There is broad public/private investment in the future of downtown*—Partnerships are essential for the private, public, and non-profit realms. The Medical District can and must demonstrate that public/private investments can achieve immense results. The Commission should position itself as a liaison between private interests (developers, etc.) and the city.
8. *Entertainment is the driving market segment*—Revitalized downtowns increasingly serve as places for eating, drinking, and recreation rather than simply centers for retail merchandise. The Medical District can be a leader in attracting and sponsoring public events (fairs, concerts, art walks, “healthy foods” farmers market, etc.) that instill interest in the District which eventually will lead to a wide range of investments.
9. *There is a prevalence of strong, adjacent residential neighborhoods that are within walking distance of downtown*—Strengthening and improving nearby neighborhoods is essential for the success of the Medical District. Access to and from housing in the neighborhoods must be redesigned to encourage pedestrians into downtown.
10. *Downtown housing is either prevalent or underway*—The Medical District must add a substantial amount of housing in addition to improvements in adjacent neighborhoods. Such housing should appeal to the workforce and middle income, as well as affordable options, and be walking-distance neighborhoods.
11. *Colleges and Universities help, but are not the sole answer*—Many of the sampled cities are university towns, but the research found that universities are not automatic keys to downtown vitality. Nevertheless, institutions of higher education are already an anchor in the Medical District as an important employer, an attraction for regional visitors, and a source of well-trained labor for the entire metropolitan area.

With these kinds of metrics in mind, a strategic model for revitalization of downtown East St. Louis and the broader community that leverages the characteristics of its existing strengths can be designed. Such a model, however, must be unique to East St. Louis and must be supported by those who use or would use downtown and the Medical District more actively. A basis for strategic action customized for downtown East St. Louis emerged from this planning process with the following goals.

- **Safe & Attractive Downtown**—The Mid-America Medical District should become noted for its dynamic and diversified activities, safety, cleanliness, attractive new and historic buildings, engaging street-level visual effects, and well-maintained landscaping.
- **Mixed Use District**—The Mid-America Medical District should seek full occupancy of sound existing buildings and to-be-constructed new buildings for a wide range of purposes including health and wellness services, commercial activity, and housing.
- **Healthy Community**—Residents served by the facilities and services of the Mid-America Medical District should achieve health and wellness characteristics that are at least equivalent to averages for the State of Illinois.
- **Public/Private Partnership**—The Mid-America Medical District should engage private interests (developers, banks, brokers, and property owners) together with city, county and state interests in effective public/private partnerships to build the future in accordance with the master plan.
- **Employment Hub**—The Mid-America Medical District should be pivotal as one of many complementary employment and residential centers in Southwestern Illinois.
- **Expanded Tax Base**—The Mid-America Medical District should expand, reinforce, and diversify the non-residential tax base to relieve pressures on residential land uses in East St. Louis while assuring sufficient resources for community growth.
- **Complete Mobility**—The Mid-America Medical District should have an exemplary way-finding and parking network for multiple modes of movement including automobiles, other motorized vehicles, bicycles, pedestrians, the disabled, and other alternative means of transportation.
- **Professionally-Run**—The Mid-America Medical District should be managed in a coordinated, business-like manner, representing all related interests, in order to sustain interest in and attention to the aggressive implementation of the master plan over the next 20 years.
- **Consistent Approach**—The Mid-America Medical District should adopt policies, guidelines, and regulations to resist economic and related forces that would undermine or compromise the master plan.



SECTION 5: IMPLEMENTATION PLAN





SECTION 5: IMPLEMENTATION PLAN

The Implementation Plan provides a process for development of the Mid-America Medical District. Earlier work was conducted on market projections to determine the type, amount, and pace of appropriate development within the District. Other elements of the implementation plan include the integration of the plan within the City of East St. Louis' legal documents and regulations; creation of a sustainable organizational structure to carry out the mission of the Medical District; capital improvements programming; and marketing and economic development of the District.

Following are the recommended action steps in the implementation of the Mid-America Medical District Master Plan. They are separated into Initial (short-term) Actions and On-going (long-term) Actions.

Initial Implementation Actions

1. Formally adopt the Master Plan as the official policy of both the Mid-America Medical District and the City of East St. Louis.

- The Master Plan should be jointly adopted by the MAMD Commission and the City Council.
- The future land use component of the Master Plan should be adopted by the City Planning Commission and City Council as an amendment to the City's comprehensive plan.

- Representatives of the MAMD Commission should attend key meetings of City boards, including the Redevelopment Commission, and meet frequently with top community leaders—elected and civic.
- Utilize the positive influences gained during the preparation of the Master Plan as a framework for more project-specific public/private and intergovernmental dialog and cooperation within the District.

2. Amend the City of East St. Louis Zoning Ordinance to reflect the Master Plan and facilitate zoning approval.

- The City's Zoning Ordinance and project approval process should serve as a tool for effective plan implementation by removing uncertainty and speeding the process of approval of desired land use and project outcomes for property owners and developers.
- The MAMD Commission should monitor and encourage the maintenance of future City land use and zoning decisions in conformance with the Master Plan.

3. Establish and promote the MAMD Commission as a tax-exempt governmental entity able to sustain the organization and accomplish its redevelopment mission.

- The MAMD Commission should seek operational funding from available sources, such as the East St. Louis Development Fund; County, State or Federal appropriations; and charitable foundations.
 - Based on its enabling legislation and purpose, the MAMD Commission is recognized by the Internal Revenue Service (IRS) as a governmental entity. As such, the Commission is automatically exempt from federal income tax and donations to the Commission are tax-deductible charitable contributions. An Affirmation Letter from the IRS has been requested; no additional application for Internal Revenue Code 501(c)(3) status is needed. The MAMD Commission as a governmental entity qualifies for exemption from federal income tax, allows contributions to be deductible as charitable contributions on the donor's federal income tax return, and is eligible for designation as a State tax-advantaged organization (such as a Designated Zone Organization).
- 4. Establish and promote the MAMD Commission as a not-for-profit community development organization able to partner with the City of East St. Louis on public infrastructure improvements, enhanced common area amenities and services, and on-going management of the Medical District.**
- Based on its enabling legislation, the Commission may, by contractual agreement, accept and collect assessments or fees from entities that enter into such an agreement for District enhancements and improvements, common area shared services, shared facilities, or other activities or expenditures. Similar to a Business District (65 ILCS 74.3) or Special Service Area (35 ILCS 200/27) in the State of Illinois which are restricted to sales tax and property tax paying entities respectively, the MAMD Commission can enter into agreements with participating taxable and tax-exempt entities in the District for enhancements, services, facilities, or other expenditures.
 - The purposes of the MAMD and uses of revenue generated under this role should include:
 - a. Operating funds for the MAMD Commission for management of the District.
 - b. District infrastructure and common area enhancements and improvements.
 - c. Common area (e.g., rights of way, public open spaces) shared services for maintenance, cleaning, and security.
 - d. Purchase of specific key properties targeted for purchase and hold for future development.
 - e. Loans to businesses making exterior improvements.
 - f. Business recruitment and retention.
 - g. A centralized and regular place for discussion and debate about common issues in the District, such as consistent business hours, common marketing of the district, safety and security, etc.
- 5. Prepare a capital improvements and public services plan for necessary investment and coordination within the District.**
- The MAMD and City of East St. Louis should jointly prepare a Demolition & Environmental Remediation Plan for mothballing of usable vacant buildings, demolition or clearance of derelict buildings, underground utility removal, clearance of lots, and identification and remediation of environmental contaminants in the District.
 - The MAMD and City of East St. Louis should jointly prepare a Transportation Improvement Plan for needed investments in the District road network, including the road surface, curbs and gutters, sidewalks, street lighting, traffic signals, signage, and streetscaping.
 - The MAMD and City of East St. Louis should jointly prepare an Infrastructure Plan to address the other key elements of critical public and private infrastructure that both enable and guide growth in a manner similar to transportation—water, sanitary sewer, storm sewer, power, communications, and parks and open space.
 - The MAMD and City of East St. Louis should jointly prepare a District Security Plan to coordinate and enhance public safety within the District. The plan could be modeled after the Illinois Medical District in Chicago where the District coordinates a District Security Group (DSG), a collaboration of the public law enforcement agencies and private security services operating within the District, through a joint services agreement.

- While funding may not currently be in place, identifying the needs will assist in preparing funding requests for potential sources as they become or are made available to the District.

On-going Implementation Actions

6. **Establish the Mid-America Medical District Commission as an on-going public/private planning and implementation organization to be the protector and champion of the Master Plan and of measures required for its implementation.**
 - Maintain communication with and input from various public and private interest groups in the community.
 - Work with the City’s elected, appointed, and staff leaders on proposed projects within the Medical District prior to public decisions to advocate for quality projects that support the Master Plan.
 - Appear before the Planning and Redevelopment Commissions as well as the City Council in support of actions in accordance with the plan and, conversely, in opposition to contrary proposals.
 - As the need arises to amend or extend the plan, the Commission should lead the way in advocating progressive plan refinements.
 - Meet with regional and Illinois state officials in health care, housing, planning, economic development, transportation, land use, and open space to explain the plan and solicit support in concept and in substance with regard to its implementation.
 - Maintain a unified “front” between the District, the City, St. Clair County, and public, private, and non-profit interests in dealing with regional, state and federal officials and organizations, as well as with prospects for investment in the planning area. Work in common under a compact that transcends changes in political and civic leadership over time.
7. **Take the Master Plan “on the road” to state and federal government representatives, legislative leaders, and executive departments.**
 - Seek legislative and executive support in implementation, funding, and enabling legislation, as necessary.
 - Sponsor annual visits and/or breakfast/lunch meetings with officials as well as private investors to present progress and reaffirm commitment.
 - Demonstrate community solidarity, professionalism, and long-term commitment.
8. **Initiate and adopt a joint economic development strategy with the City that is consistent with the Master Plan.**
 - Lead and coordinate the local strategy through the Mid-America Medical District Commission for long-term implementation.
 - Coordinate the strategy with St. Clair County, the Leadership Council Southwestern Illinois, the RCGA economic development network, the Illinois Department of Commerce and Economic Opportunity, other regional and state development agencies, and relevant health care agencies.
 - Of critical importance is fostering an understanding with the City of the distinction between fiscal development, economic development, and health care services development. A focus on growth of retail establishments and centers that generate sales taxes to fund local government, while an important short-term objective and component of the overall strategy, will miss the key point of the Medical District—promoting sustainable economic growth based on high quality, well-paying jobs and high quality health and wellness services and facilities.
9. **Create a public information network and effective marketing designed to attract health and wellness institutions, investors and developers, physicians and other medical talent, and consumers to the Medical District.**
 - Create a “name” and “brand” for the Medical District that can be marketed to elicit a preferred image throughout the region and nation. Sub-district or campus names/brands may also be important such as for the educational institutions, medical institutions, and government buildings.

- Create both internal and external messages that will target the appropriate audience and elicit the appropriate action.
- Create and maintain a web page and relevant social networks on the Internet.
- Place articles in local and regional press.
- Make regular written and personal reports to the Planning Commission, City Council, school board, similar jurisdictional bodies, and key local leadership groups.
- Hold health and wellness fairs, open houses, and related regional events in the Medical District for individuals, health care professionals, and private developers.
- Make persistent and direct contact with developers whose track record locally, regionally, or nationally would enhance the quality and scope of the plan's implementation. Be a liaison for developers with various local and state agencies. Help make political support available for those entrepreneurial types willing to take risks in the District.

Project Opportunities

And finally, during the development of the Master Plan, a number of project opportunities were identified for the Medical District. Some were in various stages of development, while others were simply discovered while conducting interviews and workshops with District stakeholders. These project opportunities form the foundation for economic development and implementation strategies for the Medical District. A summary of these opportunities is provided below.

- **SIHF Redevelopment Plan**—Southern Illinois Healthcare Foundation (SIHF), a private, not-for-profit, 501(c)(3) corporation and Section 330 Community Health Center (Federally Qualified Health Center, or FQHC), owns and operates a system of hospitals, health centers, and elderly apartments throughout southern Illinois. Within the Mid-America Medical District, SIHF operates Kenneth Hall Regional Hospital (formerly St. Mary's Hospital) as a satellite campus of Touchette Regional Hospital in Centreville; the Windsor Health Center adjacent to the hospital in the Windsor Medical Building; and various smaller health centers,

clinics, and programs serving East St. Louis. Kenneth Hall Regional Hospital currently provides limited “hospital” functions including an 18-bed psychiatric unit and an emergency room. The Windsor Health Center operates a Prime Time urgi-care facility.

SIHF has proposed to redevelop the Kenneth Hall Regional Hospital (KHRH) for alternative uses to provide for its full occupancy and utilization. Redevelopment options have included use by the U.S. Federal Courts for office, conference, or other courts functions; redevelopment as an assisted senior living facility; apartment development; or demolition of the building to free up SIHF funds for new facilities and clear the site for another use (potentially expansion of the “Federal Campus”). With the sale, redevelopment, or demolition of the KHRH, SIHF has proposed to construct an addition to the Windsor Medical Building to relocate and modernize emergency room and urgi-care services.

- **Community Bridges, LLC**—Community Bridges is a private medical services provider owned by Dr. D. Bradley Dean, based in Plano, Texas. Dr. Dean and Community Bridges, LLC, is the owner/operator of Intensive Treatment Systems and Yuma Treatment Center, a 4 clinic operation in Arizona operated for over 24 years, which serves as a successful operating model for their business. An October 2009 briefing by representatives of Community Bridges to the City of East St. Louis and the Mid-America Medical District stated their desire to set up a private,



Proposed Revitalization Plan within the Medical District

for-profit urgent care center within 6 to 8 months, develop a private not-for-profit behavioral health clinic also within 6 to 8 months, and establish a private not-for-profit community health center within 12 to 18 months. They also discussed the need for a chemical dependency treatment facility in East St. Louis.

Community Bridges, with the help of the City of East St. Louis, identified approximately 35 acres along Broadway in the Medical District to develop this campus of health care facilities. The project is undergoing a needs assessment (market analysis), preparing site and facilities master plans, conducting environmental assessments, and seeking funding support. Representatives of Community Bridges have been in regular communication with the Medical District to ensure that their plans are in compliance with the District's master plan.

- Federal Courts Complex & Mall**—The Mid-America Medical District in downtown East St. Louis is a hub for federal, state, and municipal government functions. Within the central core of the Medical District lies the U.S. District Court for the Southern District of Illinois, the U.S. Post Office, the U.S. General Services Administration (GSA) Building, the Kenneth Hall State Office Building, East St. Louis City Hall, and numerous other buildings housing state offices. Discussions initiated by the SIHF have identified the potential of either utilizing part or all of the Kenneth Hall Regional Hospital (KHRH) for U.S. Federal Courts or other federal government functions, or demolishing the building to clear the site for another use—constructing a new government-use building or potentially expanding the “Federal Campus” by linking the Post Office on the south with the Federal Courts, GSA, MetroLink Station, and state and municipal office buildings on the north by constructing a pedestrian “mall”, or greenspace corridor. While some interest exists, a meeting in January with the Chief Justice and other judges of the U.S. District Court, representatives of SIHF, and members of the Medical District master planning team resulted in no concrete course of action in which to proceed.
- Historic Broadview Hotel & Spivey Building**—Development rights to the 125,000 square foot, 7-story, City-owned Historic Broadview Hotel on Broadway Avenue have been awarded to Cornerstone Realty of America, Inc., for apartments, retail and office space, educational facilities, a day care, a restaurant, and a small deli grocery. The primary re-use is intended to be for approximately 88 apartment units, of which 60% are planned as low income/affordable units and 40% as market rate units. Potential primary sources of project financing include Low

Income Housing Tax Credits for the affordable apartments, and Federal Historic Tax Credits and New Markets Tax Credits for the commercial space.

Another longer-term opportunity in the Medical District is the renovation and re-use of the Spivey Building on Missouri Avenue. This very tall, but small floor-plate former office building is in serious disrepair. The condition of the building, the probable environmental remediation costs, and the small floor-plates make re-use of this building a significant challenge.

- Collinsville Avenue**—Several blocks of Collinsville Avenue located between Broadway Avenue and Dr. Martin Luther King Drive retain characteristic buildings of a former thriving downtown commercial area. While some of these buildings are gainfully occupied, many are in various states of disrepair and underutilization. A representative of McCormack Baron Salazar, Inc., has communicated an interest in working with the representative of one of the larger property owners on Collinsville Avenue, Mr. Maty Aronson, on the redevelopment of buildings within the Medical District. The biggest obstacle they face is identifying available resources to study the existing conditions of buildings and to prepare a master plan to determine uses, parking requirements, infrastructure needs, etc., along Collinsville Avenue.



Historic Collinsville Avenue serves as the District's "Main Street"

- YMCA of Southwest Illinois**—The YMCA of Southwest Illinois serves a five-county region in southwestern Illinois with eight locations. The closest site to the Medical District is the Cahokia Area YMCA located at the former Parks College campus in Cahokia, offering college readiness and tutoring, as well as youth sports. The YMCA has expressed high interest in serving the East St. Louis community, especially its youth. And, while they are interested in bringing YMCA services to East St. Louis, they do not want to duplicate facilities or services already offered. They agree that East St. Louis doesn't need another beautiful building with no revenue to operate it or keep it up. The solution is likely a "shared risk plan"—creating a partnership with entities that have real money and/or patronage to contribute to the facility and generate revenue through membership or health and wellness programs (e.g., sports medicine, physical therapy, etc.). The YMCA has been involved in many discussions with partners, grant-writers, and community leaders about ways to serve the community, and would welcome the help and guidance of the Medical District.
- NSP Housing Development**—In May of 2009, the U.S. Department of Housing and Urban Development (HUD) announced the availability of funding for neighborhood stabilization programs (NSP) under the American Recovery and Reinvestment Act (ARRA). Dubbed NSP2, the City of East St. Louis applied for \$23 million in funding for a \$40 million total program covering three projects: 1) property acquisition and renovation of 110 foreclosed blighted and abandoned properties to rent and sell in selected neighborhoods, including two neighborhoods that extend into the Medical District—the Winstanley/Industrial Park and the Franklin Park neighborhoods; 2) conversion of the old Clark Middle School into housing and construction of 100 new homes at the site; and 3) construction of 36 new townhomes between 8th and 10th Streets on Piggott and Market Streets in the Medical District.

Of particular interest to the Medical District is the City's partnership with McCormack Baron Salazar, Inc., a strong inner city redeveloper, for the Clark School project—a partnership that could be duplicated to redevelop portions of the District and immediately surrounding neighborhoods; and the partnership with Building Investment Group, LLC, for the new townhome project located within the District. This latter project, Franklin Park Estates, is proposed to consist of townhomes encompassing twelve buildings—each building with three units—all 3-bedroom units. Total square footage for each unit would be 1,400 to 1,500 square feet, for a total of 50,400 to 54,000 square feet of new replacement

housing. The cost of this project is an estimated \$8 million. This project reflects the type of land use proposed by the Medical District Master Plan and should be encouraged to proceed.

- SICCM (Southern Illinois Collegiate Common Market)**—Located within the Medical District is the 13-acre campus of the East St. Louis Higher Education Campus (ESLHEC). A partner in the ESLHEC is the East St. Louis Community College Center (ESLCCC), administered by the Southern Illinois Collegiate Common Market (SICCM). Other partners in the ESLHEC include: Southwestern Illinois College (not a member of SICCM); the SIUE East St. Louis Center—offering after-school programs for high school students (no college level courses); a Charter High School—run by SIUE's East St. Louis Center under School District #189; the University of Missouri-St. Louis Eye Clinic, the SIUE Health Clinic, the SIUE Child Care Center, the Illinois Department of Employment Security's (IDES) workNet Center, and the Illinois Department of Commerce & Economic Opportunity's (IDCEO) Small Business Development Center. The East St. Louis Community College Center (ESLCCC) brings a unique educational resource to the community of East St. Louis by offering college classes from Southwestern Illinois College, Kaskaskia College, and Shawnee Community College.



The Higher Education Campus Houses the Southern Illinois Collegiate Common Market

The Southern Illinois Collegiate Common Market (SICCM) is a 501(c)(3) not-for-profit corporation governed by a Board of Directors composed of presidents and chancellors of participating institutions. SICCM was organized to provide a means of sharing human and material resources between educational institutions to provide and concentrate expensive specialty training in the region. The members of the organization are John A. Logan College, Kaskaskia College, Rend Lake College, Shawnee Community College, Southeastern Illinois College, Southern Illinois University Carbondale, and Southern Illinois University Edwardsville. In its thirty-five year history, the consortium has administered over \$48 million in grants and projects, all of which have been directed toward addressing regional needs and issues. The programs and projects include telecommunications/distance learning, welfare-to-work, nursing, allied health, economic development, faculty development and sharing, curriculum development, public services, labor-management cooperation, leadership and core values, and other aspects of serving higher education and community needs.

SICCM offers several Degree and Certificate programs in health care fields at the ESLCCC and other programs at the individual college campuses. According to a representative of SICCM at the ESLHEC, they are currently performing a feasibility study for an Associates Degree in Nursing at the ESLCCC. SICCM is not “confined” to providing just those existing programs and would be very interested in partnering opportunities related to the Medical District.

- **JNEM Expansion**—The Jefferson National Expansion Memorial (JNEM), more commonly known as the Gateway Arch Grounds, is operated by the National Park Service (NPS). The NPS is currently conducting a competition among designers to prepare plans for improvements to the Arch Grounds on the Missouri side of the Mississippi River and for potential expansion of NPS/JNEM property on the Illinois side of the river in East St. Louis. The area most often cited for expansion into Illinois is land located between the Eads Bridge and the Poplar Street Bridge. This area includes the Casino Queen, Cargill grain elevator, Metro-East Park & Recreation District’s Malcolm Martin Park (Gateway Geyser), ACF Industries property, and Wiggins Ferry/Terminal Railroad Association property. The likely near-term project would include only the conveyance of the Malcolm Martin Park to the NPS, while a mid-term project might include Terminal Railroad and ACF Industries property south of the park. Current thinking is that inclusion of Casino Queen and Cargill elevator property would be very long-term.



Expansion of the Gateway Arch Grounds to East St. Louis is proposed

The expansion of the JNEM to the Illinois riverfront would place the National Park adjacent to the Medical District, separated only by highway support columns carrying I-64/55/70 to and from the Poplar Street Bridge. Trendley Avenue, at the southern end of the Medical District, connects the District to the Malcolm Martin Park, Mississippi Riverfront, and future JNEM National Park, and would be a primary gateway for the District.

- **MetroLink Station Area**—Metro (formerly Bi-State Development Agency), the St. Louis region’s mass transit agency, owns and operates the light rail transit station at 5th Street and Missouri Avenue (5th & Missouri Station) in the Mid-America Medical District in downtown East St. Louis. Metro’s property ownership (9 acres, 17 parcels) includes the rail corridor and station platform, parking lots on both the north and south sides of the station platform, and vacant excess property adjacent to the rail corridor both east and west of the station. A number of opportunities present themselves for the MetroLink Station Area.

Partnering with Metro to develop property within the District should be pursued. Property west of the station across from the Broadview Hotel is proposed for Commercial use in the Medical District Master Plan; property east of the station is proposed for a variety of Commercial, Office, and Multi-Family Residential uses. The MetroLink Station Area itself should be planned for incorporation into the “Government Mall” portion of the District, with higher density uses surrounding the station.

- **Railroad Corridor Greenbelt**—The Southern Railroad owns more than 12 acres on 4 parcels within the Medical District, primarily comprising a large “greenbelt” running along Railroad Avenue between S. 4th and S. 10th Streets. This greenbelt also forms a buffer between the existing/proposed Commercial and Medical uses located north of Railroad Avenue and the Educational and Residential uses south of the corridor. Working with Southern Railroad, this property could be preserved and enhanced as a greenbelt, providing positive support to the surrounding uses and serving as a link to other associated uses in and adjacent to the Medical District.
- **Connections to Casino Queen/Riverfront on Broadway**—Broadway Avenue traverses the District from east to west serving as a primary commercial and institutional arterial for downtown East St. Louis. Broadway also crosses under the I-64/55/70 interstate complex and railroad corridor to provide unimpeded access to the Eads Bridge, Casino Queen, and Mississippi riverfront. The Broadway Avenue corridor should be further enhanced to encourage the flow of traffic (i.e., customers and consumers) between these regional attractions and the Medical District.
- **Connections to MEPRD Parks & Trails**—The Metro-East Park and Recreation District (MEPRD) was created to develop a system of interconnected parks, greenways and trails throughout St. Clair and Madison Counties. A 2003 Long Range Development Plan identified 19 facilities, parks and trails opportunities for the MEPRD to pursue. These did not include the Malcolm Martin Park (Gateway Geyser) on the East St. Louis riverfront since at the time it was a privately owned and operated facility, later donated to the MEPRD. The Medical District should explore opportunities with the MEPRD to extend planned trails through the District, where practical, and to discuss the potential of jointly funding parks, trails and greenways/greenbelts in the District. Regional trail opportunities in the Medical District include connections to the MetroBikeLink along the MetroLink corridor, the Confluence Bikeway along the riverfront, and the Mounds Trail connecting the MetroBikeLink to Cahokia Mounds near Collinsville.



APPENDIX A: MARKET ASSESSMENT





APPENDIX A:
MARKET ASSESSMENT

Mid-America Medical District

East St. Louis, Illinois

April 20, 2010

Prepared for:

The Mid-America Medical District Commission

DEVELOPMENT STRATEGIES[®]

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CONSULTANTS IN REAL ESTATE, COMMUNITY, AND ECONOMIC DEVELOPMENT / REAL ESTATE APPRAISAL

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Context and Project Scope

The opportunity is to harness the District’s assets and create a mixed-use downtown that accommodates employment, retail, and residential uses in a coherent manner, thus creating something lasting.

This study considers the real estate market and health-care industry opportunities that exist for The Mid-America Medical District, a 10 block by 10 block area of East St. Louis, Illinois.

The District’s location afford it accessibility, proximity, and visibility that – under ideal circumstances—would make it an attractive location for employment as well as housing. Located directly across the Mississippi River from Downtown St. Louis and near the interchange of interstates 64, 70, and 55, the District is at the center of the St. Louis MSA. However, the area suffers from decades of disinvestment and negative perceptions (crime, schools, etc.) that reduce the District’s marketability.

If issues of crime and perception could be overcome, and sites would be readied for development, the District could become an attractive mixed-use community. The opportunity is to harness the District’s locational assets and create a area that is coherent, walkable, and economically viable.

This study is designed to assist the Mid-America Medical District commission members in their decision-making process in creating a Comprehensive Master Plan for the orderly growth and management of property within the District. The study considers site context, marketability opportunities and constraints, socio-economic characteristics, existing supply, and demand “opportunity gaps”; these analyses result in our concluded market estimates of achievable rents, sales, lease rates, and absorption. In addition, this study provides strategic recommendations regarding programming, phasing, and land use which will help the District realize its redevelopment goals.



Context and Marketability

Highest and Best Use

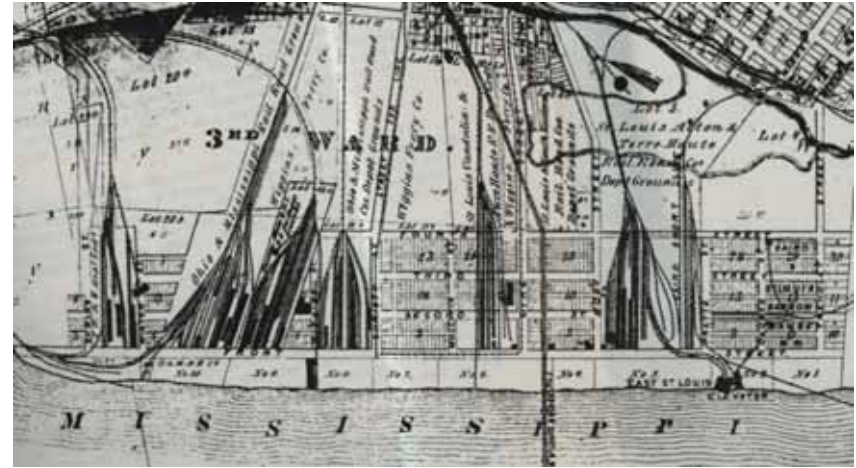
The highest and best use of the East St. Louis riverfront is no longer industrial; rather it is a mix of quality multifamily residential and public space uses. The District’s best opportunity is as a walkable employment district with a mix of housing and retail.

Historically, the East St. Louis riverfront developed as a significant “break of bulk” location, in which cargo was transferred from ships along the Mississippi to railways, and visa versa. As a result, much of the riverfront was developed for industrial use (see image of East St. Louis at top right, from 1874), influencing land uses a century and a half later. As a result, the uses currently along the riverfront do not represent the “highest and best uses” for this land today.

If the East St. Louis riverfront were re-imagined today, the most rewarding land use pattern would likely be one that consisted of public space along the riverfront, followed by mid-rise and high-rise residences, since water views and access, as well as downtown St. Louis skyline views, are significant value-generators. Moving further east, land would still have some premium value for residences, provided riverfront public space would be made accessible.

The District, while segregated from the river as a result of I-70 (and thus not as valuable as land along the river), would nevertheless have premium value over other properties to the north, east, and south, because it has good accessibility and is a logical location for centralized commerce (i.e., a downtown or walkable mixed-use district).

In market terms, the opportunity for the District is to realize the highest and best use potential of the location, which is a coherent, walkable mixed use district consisting of employment, quality multifamily housing, and some limited retail development. This opportunity would be made further viable if land along the waterfront were to realize its potential, and nearby single family neighborhoods were to stabilize and revitalize.



SWOT Analysis: Strengths

The District's strengths can become ingredients in a market-based revitalization strategy.

- **Proximity to Employment Center:** The District is less than one mile east of Downtown St. Louis, an employment center with nearly 100,000 jobs.
- **Existing Employers:** The District has some significant employers around which to organize a strategy. For example, the presence of a federal courthouse is typically a magnet for law firms. This opportunity has yet to be capitalized upon in East St. Louis. The Kenneth Hall Hospital and East St. Louis Higher Education Center are significant employers around which medical, research, and ancillary uses might be oriented.
- **Downtown Views:** Views of Downtown St. Louis and the Gateway Arch from future high rise and mid rise buildings are obvious value-generators that could be capitalized upon in a market based revitalization strategy.
- **Historic Rehab Potential:** Some vacant or underutilized buildings in the District have potential for historic rehabilitation, for which various tax credits and subsidies are available. Well-maintained historic buildings enhance character and sense of place, boosting the marketability of the District.
- **Majestic/Collinsville:** The historic main street of Collinsville, centered around the Majestic Theater, has a collection of historic buildings that, while poorly maintained, represent the best opportunity at creating a viable, recognizable place with

which to improve the image and marketability of the District and, perhaps, East St. Louis.

- **Access and Visibility:** The District is adjacent to multiple interstates and a MetroLink station is situated within the District boundaries. It is visible from downtown St. Louis, which has an annual visitor tally in the millions.
- **A Revitalized Downtown Environment:** The District could be revitalized as a dense, walkable, urban area with a mix of uses, a concentration of employment, and a vibrant retail and restaurant area.



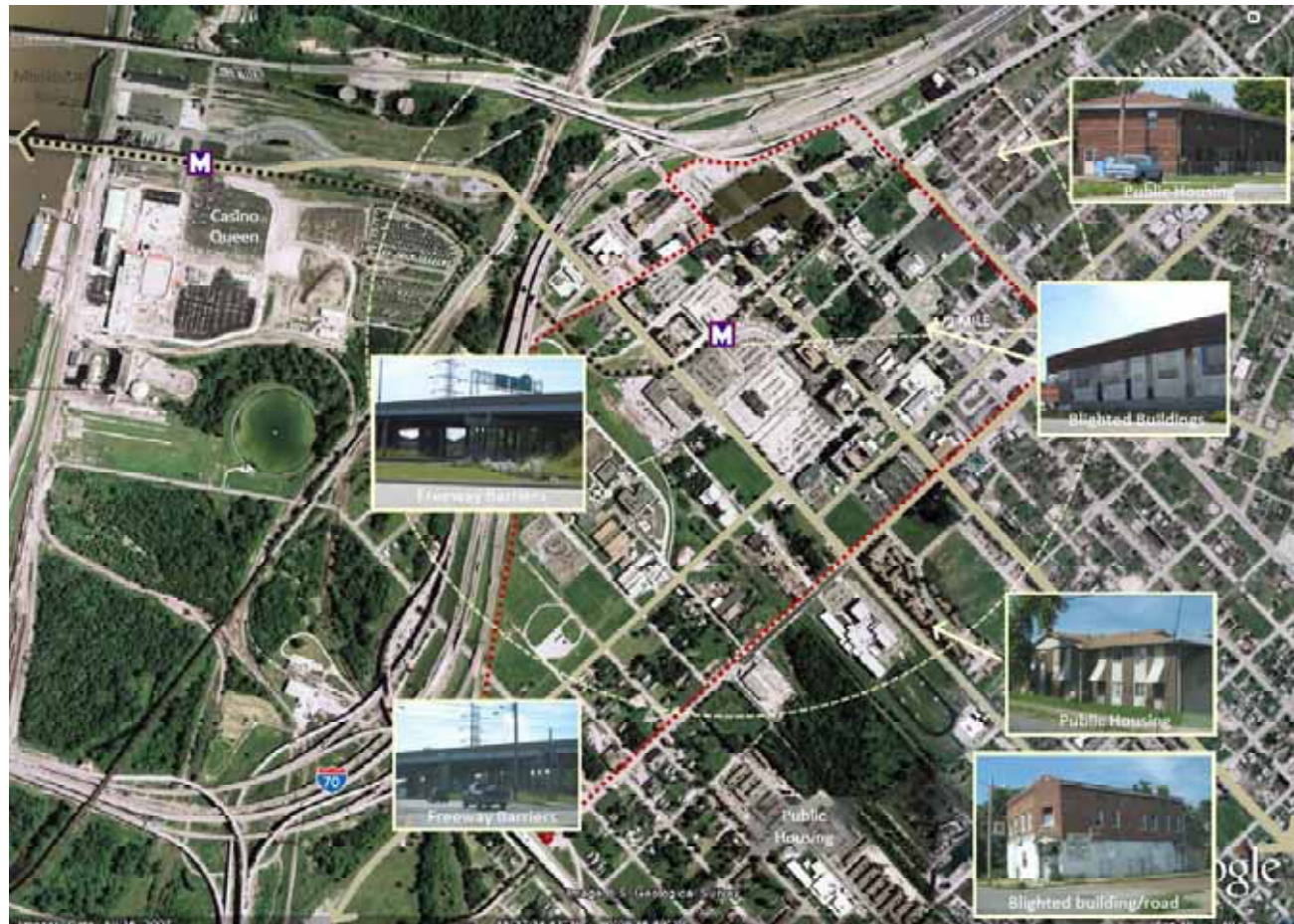
SWOT Analysis: Weaknesses

The District has various external and internal weaknesses and constraints that hinder marketability if left unaddressed.

- **Business Climate:** Interviews with developers reveals a general perception that East St. Louis governance is unwieldy and inconsistent in providing approvals for the development of land and establishment of new businesses. This reputation has hindered growth in the city.
- **Perception of Crime:** Whether real or perceived, crime is a marketability concern that must be overcome to attract new residents and businesses.
- **Perception of Schools:** The perception of public schools in East St. Louis is that they perform poorly; this must be addressed if new residents, particularly those with school-age children, are to be attracted to new housing in the District.
- **Decaying Infrastructure:** whether it is potholes, cracked sidewalks, a lack of curb and gutter, an un-trimmed landscape, overloaded storm sewers, or boarded up windows at city hall, the poor condition of infrastructure is a marketability hurdle, since these issues indicate decay and a lack of reinvestment, turning away would-be homebuyers and entrepreneurs, who shy away from perceived investment risk.
- **Vacant Lots:** This is both a weakness and an opportunity. Vacant lots indicate a lack of investment;

they also remove a barrier to redevelopment.

- **Vacant Buildings:** Similar to vacant lots, empty buildings represent a weakness and an opportunity.
- **Freeway Barriers:** The District is separated from the east riverfront by elevated freeways, which has a blighting effect on the area.
- **Public Housing:** While public housing serves a valuable public policy goal of providing housing to low income populations, the concentration of deeply-subsidized housing on the periphery of the District is a marketability constraint.



Demographic Analysis

Definition of Primary Market Area

The residential Primary Market Area consists of the “Below the Bluff” communities, which consist of approximately 120,000 people.

The residential Primary Market Area (PMA) is defined as the smallest geographic area that typically generates between 70 to 80 percent of the support for a project.

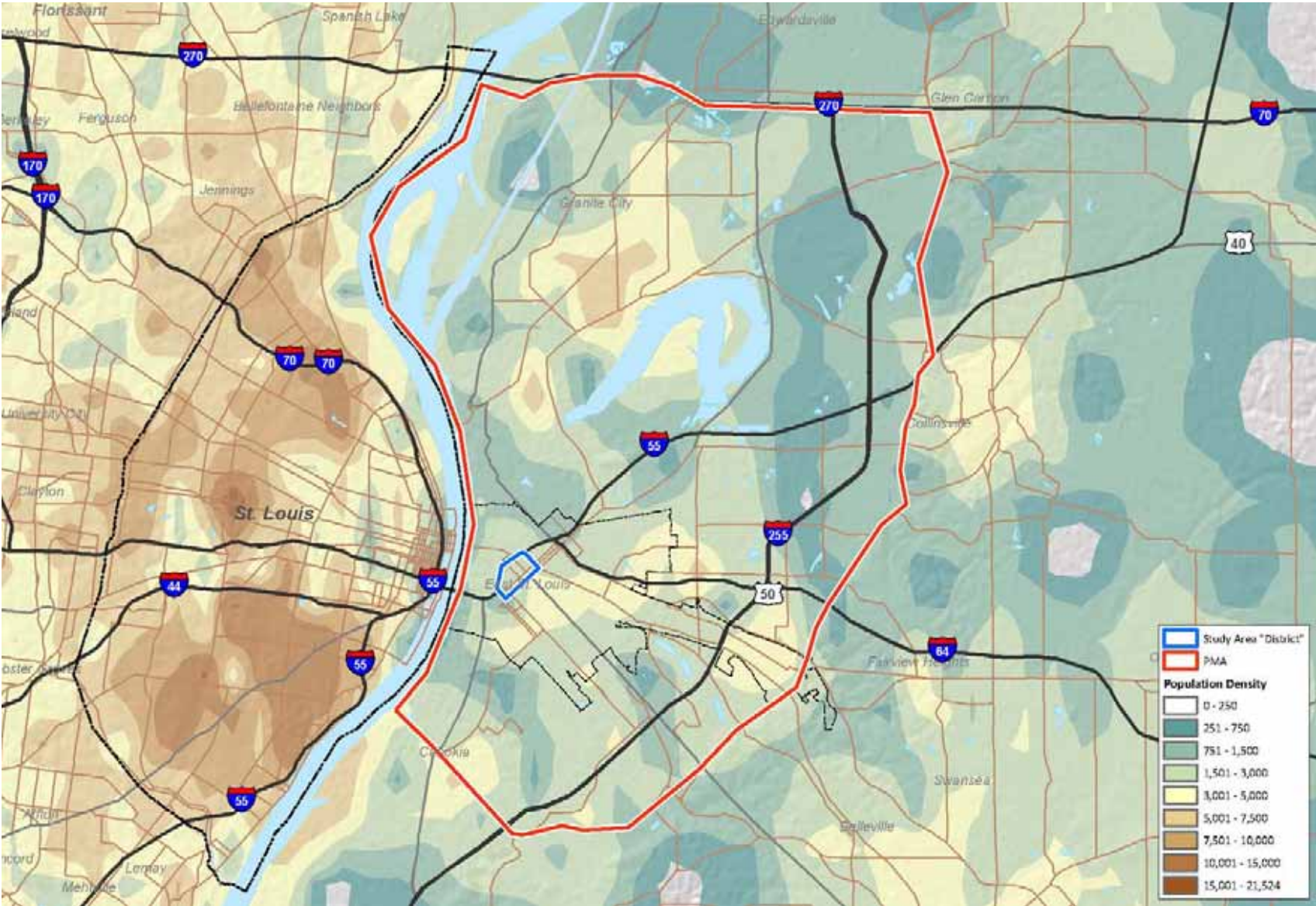
This study concludes that while riverfront development could—assuming large-scale redevelopment, remediation, and elimination of nuisance and incompatible uses—draw from a regional market area (because of the attractiveness of views, etc.), the District could draw from a smaller, market area that consists of what are generally known as the “Below the Bluff” communities in Metro East.

This is still a significantly-sized market area, as the map on the following page shows. The population of the PMA is approximately 120,000, and is most representative of likely residents for any proposed project in the District.

A map summarizing the boundaries of the PMA and population density within the area is included on the following page.



Primary Market Area and Population Density



Demographic Analysis

Population and Housing

The PMA is declining and generally consists of low- and moderate-income residents—particularly in the western portion of the market area. Very few people currently reside within the District boundaries.

The Primary Market Area (PMA) consists of roughly 117,000 people, a five percent decline from 2000, whereas St. Clair County, the Metro East, and the St. Louis region increased modest amounts.

Though East St. Louis continues to lose population at an unacceptable rate, evidence indicates that the decline is slowing. This is not an isolated occurrence, as many “peer cities” have experienced a similar trend of “bottoming out.” This may indicate changing attitudes about urban living; as a result, East St. Louis may be poised for new investment.

Various businesses, including retailers, have avoided locating their businesses in the PMA, while many existing businesses have vacated the area. Despite this decline, the retail analysis of this report will demonstrate that there are opportunities to capture unmet retail demand in the market. This indicates that some businesses have left not as a result of population loss, but because of crime and the perception of an unsupportive business environment.

Like the rest of the St. Louis region, single family homes comprise the majority of dwelling units in the PMA (71 percent). Residences in the PMA consist of a high percentage of rental housing (49 percent). Downtown East St. Louis, or the District, has very little residential population, and the majority of housing options in the District are in a few modest single- and multi-family properties.

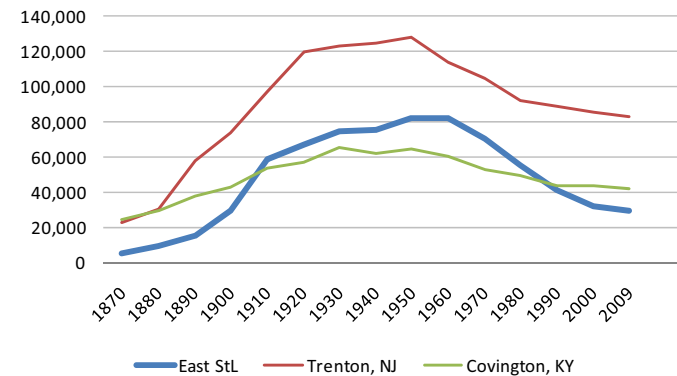
Population Trends

Description	District	PMA	East St. Louis	St. Clair County	Metro East	St. Louis MSA	Illinois
Population							
2014 Projection	121	115,641	28,855	270,418	544,417	2,920,927	13,412,757
2009 Estimate	127	117,653	29,450	266,176	535,562	2,850,518	13,114,513
2000 Census	157	124,048	31,542	256,082	515,023	2,698,687	12,419,293
1990 Census	221	144,152	40,940	262,852	512,090	2,580,897	11,430,602
Growth Rate							
Growth 2009-2014	-5%	-2%	-2%	2%	2%	2%	2%
Growth 2000-2009	-19%	-5%	-7%	4%	4%	6%	6%
Growth 1990-2000	-29%	-14%	-23%	-3%	1%	5%	9%

© 2009 ESRI

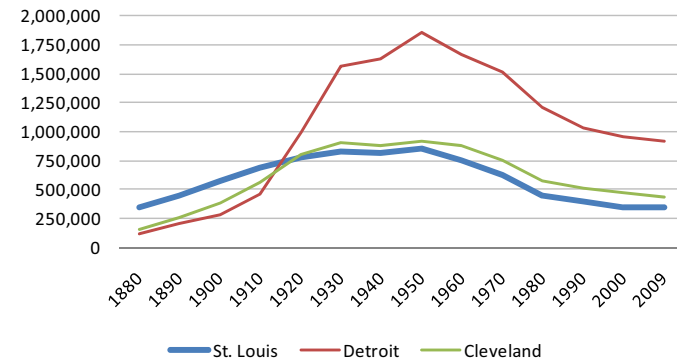
Historic Population Trends: East St. Louis Peers

U.S. CENSUS, ESRI 2009



Historic Population Trends: St. Louis Peers

U.S. CENSUS, ESRI 2009



Age and Income

Although population is expected to decline in the PMA, two age brackets—empty nesters and seniors—are projected to increase substantially. Family households are anticipated to decline. This points to a need for more compact forms of housing, specifically those designed to accommodate senior living styles.

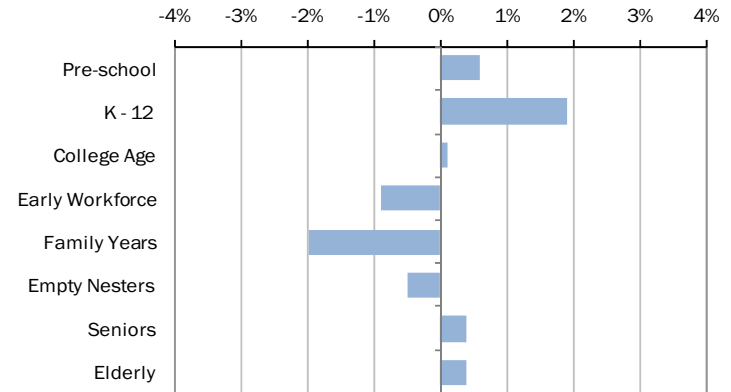
Age Comparison: Overall, the PMA has a larger proportion of children than Illinois, resulting in a lower median age within the study areas. Despite a higher proportion of children, the PMA is also somewhat under-represented in the early workforce (25 to 34) and family years (35 to 49) cohorts, while seniors and elderly are fairly comparable to the state-wide average. This indicates that children are being cared for by young parents (18-24) or grandparents.

Projected Growth: Demographic projections reveal a great deal about future housing demand; in this case, they point to a need for housing designed specifically for older populations. Although most age brackets in the PMA are declining in population, the senior and empty nester cohorts are projected to grow substantially during the next five years. This indicates potential demand for various types of senior housing, including independent living communities and/or assisted-care facilities. On the flip side, family households are generally expected to decline, which will temper demand for single family homes.

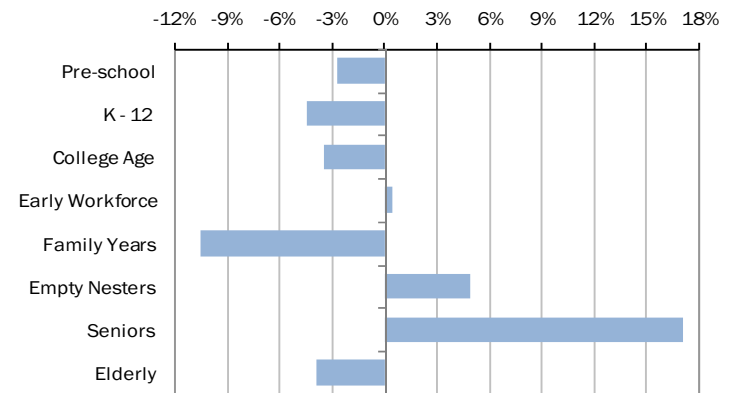
Income: Residents in the PMA, on the whole, have relatively limited means. The median household income is about \$38,300—roughly \$21,600 less than the regional median, and \$24,500 less than the state median. This is particularly significant, since the eastern portion of the PMA consists of a higher proportion of relatively high-income earners, while those areas in the western portion, specifically in East St. Louis and in the District, have a much higher proportion of households with very low incomes.

One troubling indicator is the dire economic situation for a vast number of residents in the PMA. In 2009, a family of three that earns below \$18,300 is considered to be in poverty. A rough estimate indicates that nearly one-quarter of the PMA meets this criterion, while roughly 40 percent of households in East St. Louis are below the poverty line. The federal poverty percentage is 12.5 percent.

Age Cohort Comparison Chart
PMA (when compared to state average)
Source: ESRI, 2009



Projected Population Growth
Primary Market Area: 2008-2013
Source: ESRI, 2008



Median Income Trends

Description	District	PMA	East St. Louis		Metro East	St. Louis MSA		Illinois
			Louis	County		St. Louis	MSA	
2014 Projection	\$9,706	\$39,065	\$26,218	\$52,637	\$55,132	\$59,820	\$63,631	
2009 Estimate	\$9,211	\$36,293	\$25,288	\$49,617	\$51,645	\$57,853	\$60,823	
2000 Census	\$9,999	\$29,102	\$21,205	\$39,112	\$40,503	\$44,035	\$46,635	
1990 Census	\$5,560	\$20,568	\$12,671	\$26,813	\$28,212	\$31,423	\$32,252	
Growth 2009-2014	5%	8%	4%	6%	7%	3%	5%	
Growth 2000-2009	-8%	25%	19%	27%	28%	31%	30%	
Growth 1990-2000	80%	41%	67%	46%	44%	40%	45%	

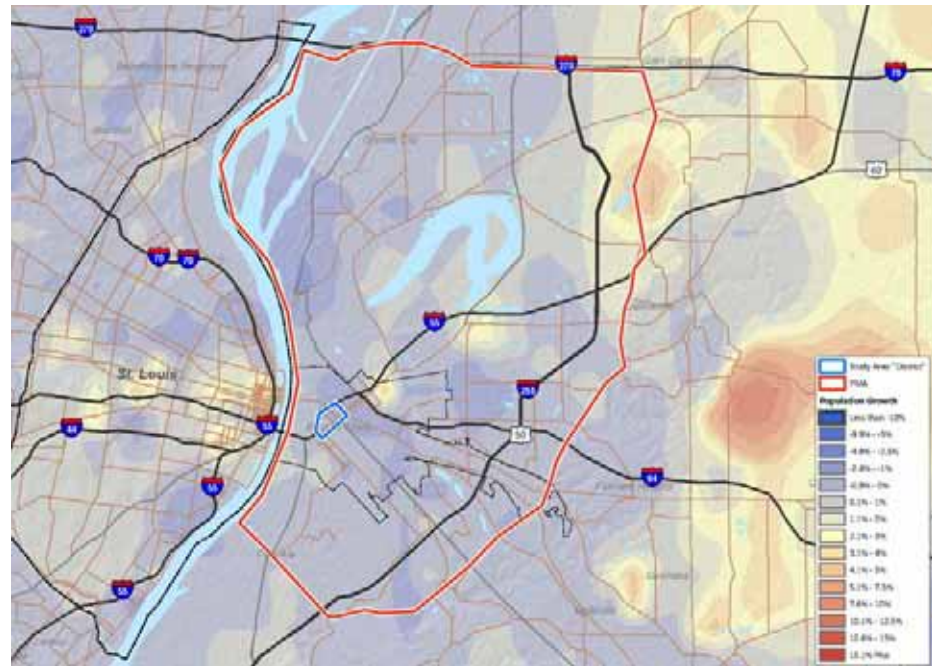
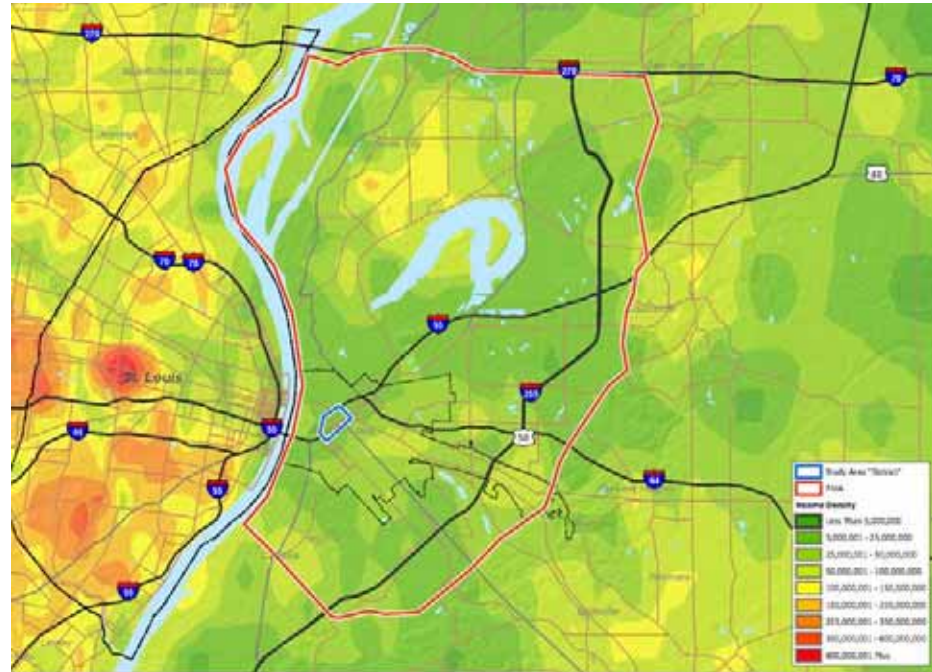
© 2009 ESRI

Demographic Analysis: Residential Market

The PMA includes some of the region’s lowest urbanized concentrations of both population and income.

Median Household Income (2009): The map at top shows median household income, with areas of greatest income in red-orange, and areas of lowest income in green. The map clearly shows “hot spots” that are primarily concentrated in southern and western St. Louis City and central St. Louis County, both well west of the PMA. In the PMA, there are very few areas of concentrated income, a depth and breadth of low- and moderate-income households.

Population Growth (2000-2009): The map at bottom shows population growth trends between 2000 and 2009, with areas of greatest growth indicated in red, and areas of least growth in purple. The map shows that most areas of growth are located outside the PMA, in far eastern portions of the St. Louis region. A few specific areas of both the PMA and St. Louis City experienced growth during the past nine years, but most has occurred in suburban areas of the region. As a result, prevailing trends and patterns would concentrate new development in Metro East’s eastern suburbs, yet our analysis will reveal some limited opportunities to provide retail to underserved populations in the PMA.



Economy and Employment Overview

Economies are cyclical, and the nation is currently recovering from its deepest recession since the Great Depression. Still, the economy is cyclical and long term growth curves are persistently upward. Development projections must span a sufficiently long period to account for market fluctuation.

Presently, the nation is recovering from an economic recession resulting from failures primarily in the housing and financial sectors. This undoubtedly had a strong negative impact on the market (see the Housing Overview in the residential section of this report). Projections for the District should be sufficiently long—say, 15 to 20 years—to account not only for absorption, but for at least one downturn and one upturn. Projections should neither be overly pessimistic (as they often are during a downturn), nor overly optimistic (as they often were during the housing boom of the previous several years). Our analysis, therefore, will try to take into account “big picture” trends—e.g. regional population, employment, and housing growth—over many years, as opposed to the past 18 months.

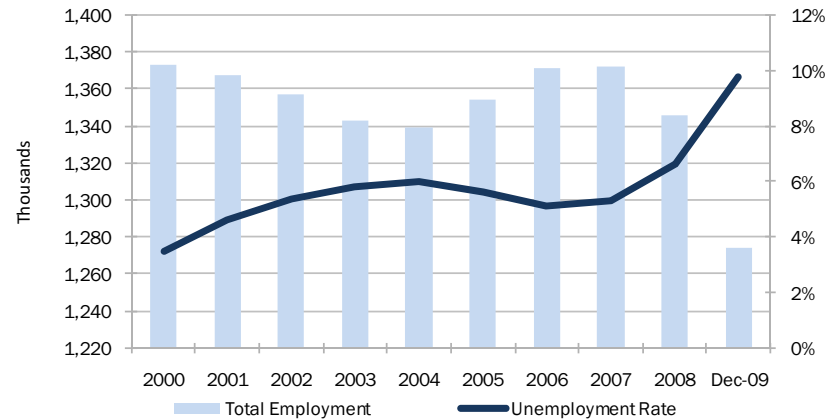
Regional Employment Trends: After four years of steady employment gains, the St. Louis region experienced considerable decline, losing almost 100,000 jobs in 2008 and 2009. This is the equivalent of 7.1 percent of the workforce. By comparison, the nation lost 6.1 percent of its workforce during the same period, so the region is slightly under-performing the nation, in a relative sense. On the other hand, regional unemployment is slightly lower (9.8 percent, compared to 10.0 percent nationally).

National Indicators: Other figures reflect the current underperforming economy, including the “flattening” of wage growth, decline in home prices, and sluggish retail sales. However, some recent metrics indicate that economic recovery may be underway. As the national economy improves, so too will the St. Louis region.

Civilian Employment and Unemployment Rate Trends

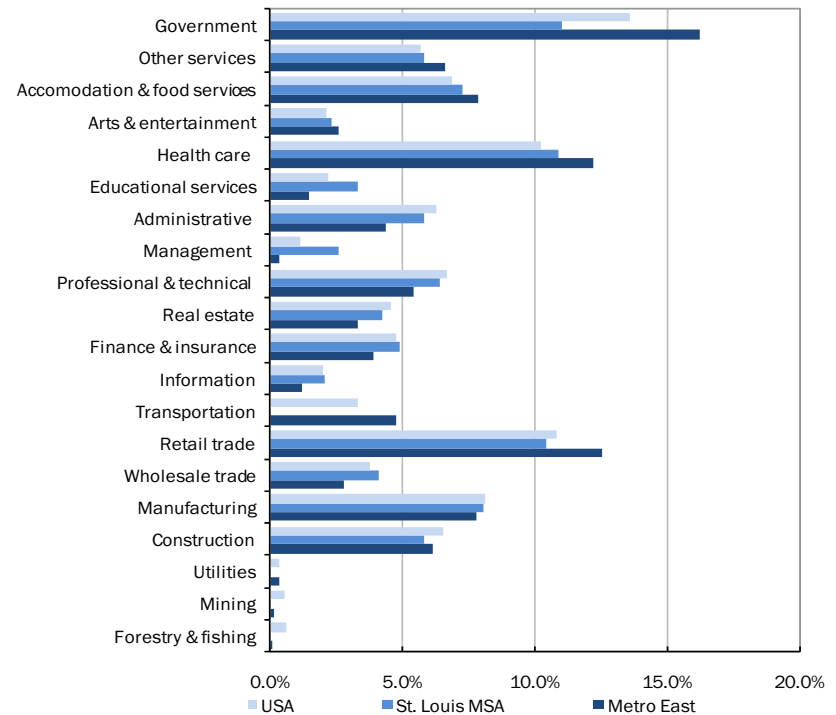
St. Louis MSA (2000-2009)

Source: Bureau of Labor Statistics, 2009



Employment by Industry

Source: Bureau of Economic Analysis (2007 data)



Health Care Sector

Although the future of health care is uncertain, jobs in various health care sectors are increasing at substantial rates, a trend that is expected to continue through 2016.

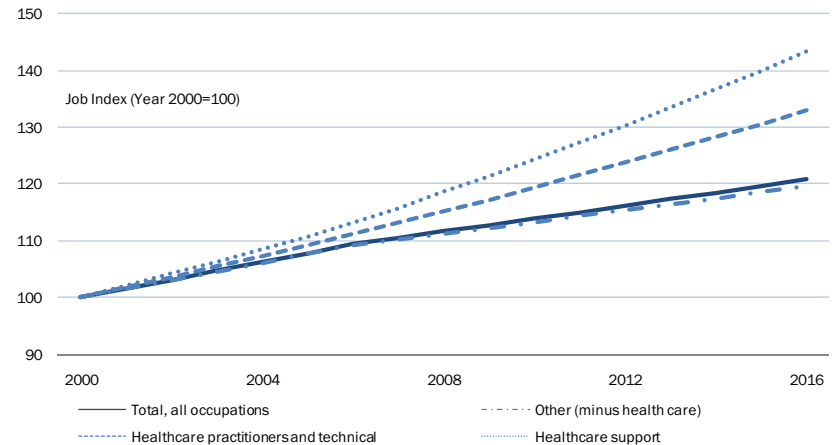
The planning area’s potential position as a Medical District will make it more competitive in capturing future job growth. Despite the recession and various issues within the health care industry, national health care employment increased substantially from 2000 to 2006, a trend that is projected to continue and likely accelerate through 2016. While many other employment sectors are expected to contract or remain steady, the health care industry is expected to provide the largest contribution to future job growth. The chart at top right summarizes the actual and potential growth of health care employment in comparison to all other occupations.

Much of the projected growth in the health care sector will be focused in specific industries or fields. Of the nation’s ten fastest growing occupations, four are health care related. This includes ambulatory health care, social assistance, hospital staff, and nursing occupations. Other positions in research and knowledge-based occupations have also increased and are rapidly becoming focal points for many local economic developers.

The rapid growth of these types of occupations represent great opportunity for facilities and office space within the District. Additionally, rising demand for these occupations, specifically nursing or ambulatory services, indicate a need for additional education programs and facilities, sufficient clinical training sites, and other complexes designed to accommodate this growth. Substantial investments in these types of facilities, amongst others, can improve the District’s standing as a “Medical Center” and can be a catalyst for additional ancillary development throughout the District.

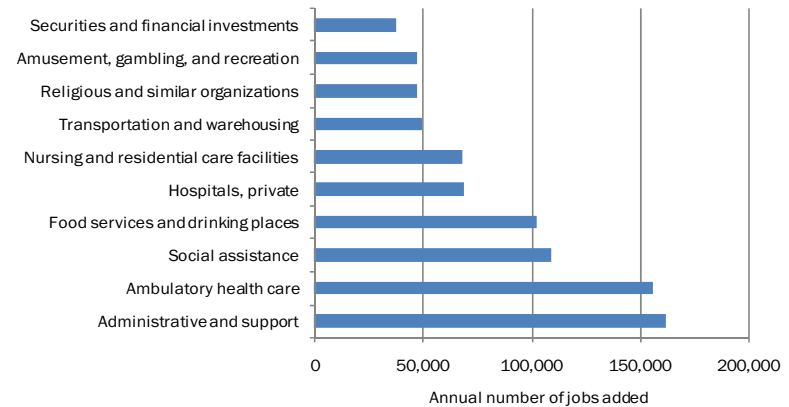
Projected Growth of Health Care Occupations vs. All Other Occupations

Source: Bureau of Labor Statistics, DEVELOPMENT STRATEGIES, 2009



Fastest Growing Industries 2006-2016

Source: Bureau of Labor Statistics, 2009



Health Care Sector—St. Louis

Similar to the nation as a whole, health care related jobs in the St. Louis Metropolitan Area are increasing at substantial rates, a trend that is expected to continue through 2016.

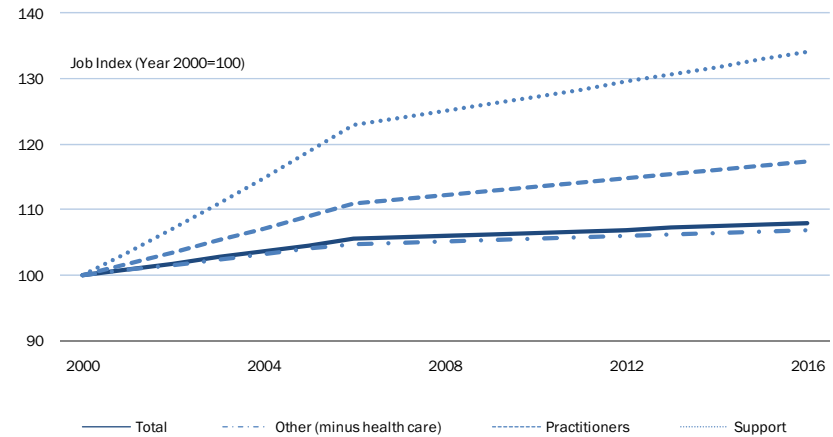
As a region, St. Louis is highly competitive in terms of job growth within the health care sector. According to mid-year 2009 employment data from the U.S. Bureau of Labor Statistics, the St. Louis region ranked 16th amongst the nation’s 100 largest labor markets for jobs added in education and health services over the past year. Although the current recession is having a negative impact on other occupational sectors, St. Louis added roughly 3,500 health care and education services jobs during this time period.

Similar to the nation as a whole, regional job growth in the health care sector far outpaced gains in all other occupations from 2000 to 2006, a trend that is projected to continue, albeit at a slightly lower rate, through 2016. This is especially true for health care support positions which increased 3.5 percent annually from 2000 to 2006, but is projected to grow just 0.8 percent annually during the next ten years.

Within the overall St. Louis health sector, certain occupations are projected to increase at substantially higher rates. This includes nursing, psychological, and home health aides jobs, which are estimated to expand 14 percent during the next ten years. Occupational and physical therapist jobs are also projected to grow substantially (11 percent). Although the majority of these jobs are located in Missouri, the Illinois side of the region is expected to experience a much larger proportion of this growth, as shown in the table on the right.

Growth of Health Care Occupations vs. All Other Occupations
St. Louis MSA

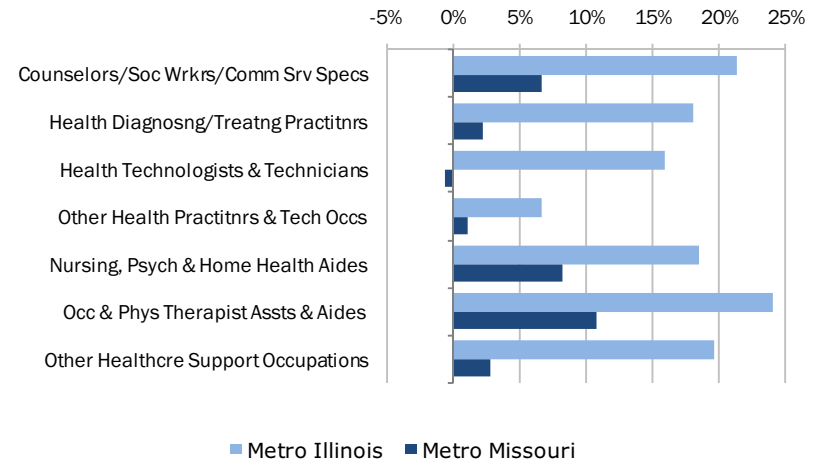
Sources: American Community Survey, LMI, MERIC, DEVELOPMENT STRATEGIES, 2009



Projected Regional Health Care Occupational Growth

St. Louis MSA: 2006-2016

Source: LMI & Meric (2009)



Reform

Much of the recent increases in health care employment is due to substantial growth in health care spending and costs. As one of its top priorities, the Obama administration signed into law a new health care reform bill which aims to expand coverage to the uninsured while effectively reducing costs.

In March 2010, the Obama Administration signed into law a new health care reform bill that aimed to expand coverage to the currently uninsured, while effectively reducing costs. While there are varying degrees of consensus on major trends, forces, and effective reform policies needed, the greatest agreement appears to be with the notion that reforms could have a substantial impact on the health care sector.

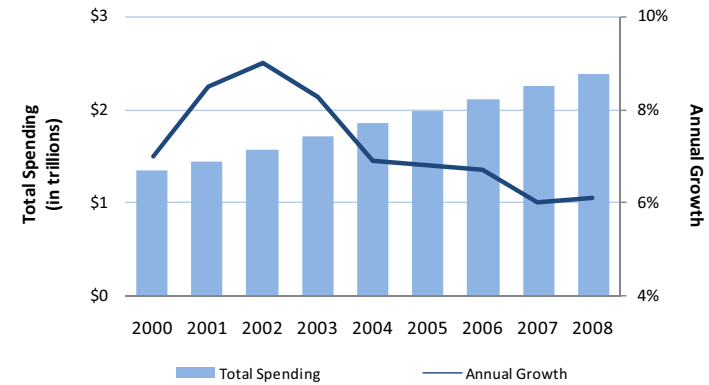
One of the primary principles behind the administration’s push for reform is the rise in health care costs, which has been a catalyst for recent employment growth in the health care sector. According to the Kaiser Foundation, health insurance premiums increased 6.8 percent annually from 2000 to 2008, far outpacing growth in household incomes (2.3 percent). Additionally, health care costs currently constitute about 17 percent of Gross Domestic Product, a roughly nine percent increase since the 1980s. These increases are due to a combination of factors, including rising demand for care from growing senior and elderly populations, rising costs to hospitals of the goods and services necessary to provide care, and growing intensity of care needs.

Coupled with rising costs, the number of Americans without adequate health insurance coverage is at record highs. As of 2007, an estimated 45.7 million Americans, or roughly 16 percent, were uninsured, a figure that is expected to increase an additional 6.9 million individuals by 2010.

Although health care reform may reduce and slow the growth rate of these costs and spending, it could potentially lead to an expansion of coverage for millions of people and a likely increase in demand for health care workers, services, and facilities. This represents a unique opportunity for the District to position itself as a center for new medical office growth within the St. Louis region.

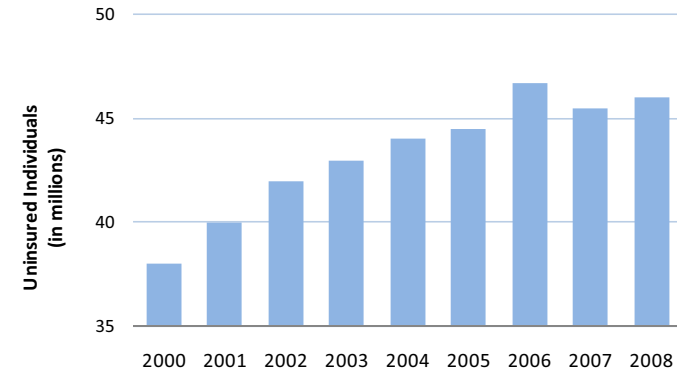
Health Care Spending Trends

Sources: Marcus & Millichap, Keiser Family Foundation, DS, 2009



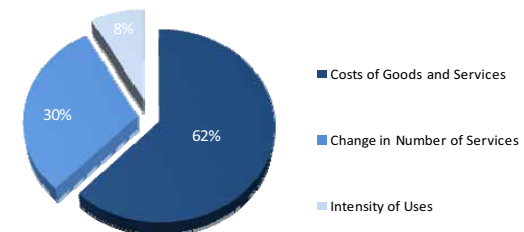
Number of Uninsured Americans

Sources: Marcus & Millichap, Keiser Family Foundation, DS, 2009



Share of Hospital Cost Growth 2001-2006

Source: American Hospital Association, 2007



Reform

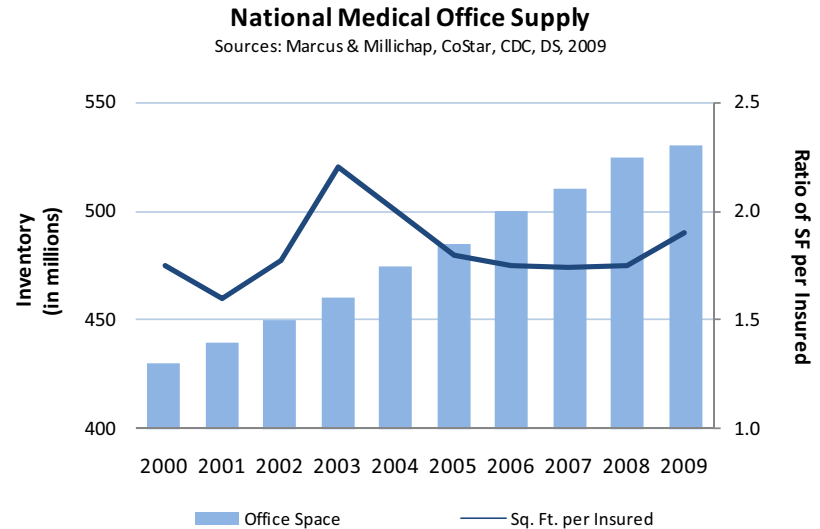
Successful reform measures will likely result in the expansion of health insurance coverage to currently uninsured individuals, which will increase demand for new medical facilities and office space.

While recent employment growth is due primarily to sharp increases in the costs of care and the effects of reform remain uncertain, it appears likely that demand for new physicians and nurses will not be reduced. Instead, if reform, is even partially successful, demand for these occupations will increase, which will lead to new opportunities for the development of medical office space.

According to Marcus and Millichap Research Services, there is nearly 550 million square feet of medical office space within the U.S., representing approximately 1.9 square feet of space per insured individual. Assuming that reform is relatively successful, and the nationwide health insurance coverage rate increases from the current rate of 84 percent to 95 percent, they estimate additional demand for more than 61.9 million square feet of medical office space will be created based on the current ratio of 1.9 square feet per insured individual.

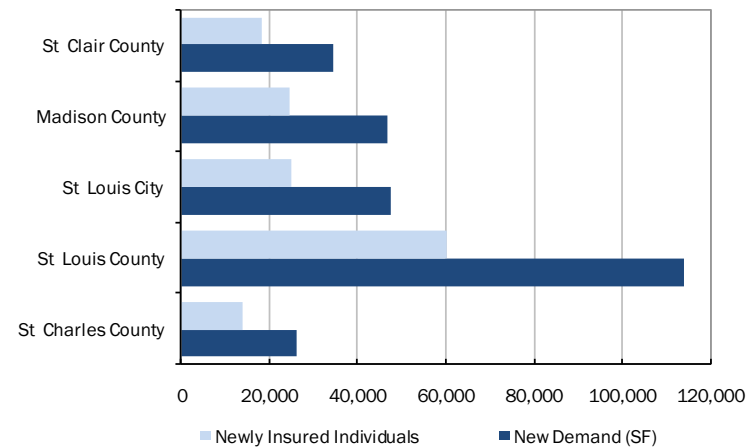
Within the St. Louis metropolitan area, the American Community Survey estimates that approximately 290,000 individuals, or roughly 12.4 percent of the population, were without health insurance in 2006, a figure that likely increased during the past three years. Assuming that coverage is expanded to 95 percent within the metro area, we project that there will be about 175,000 newly covered individuals, resulting in new demand for roughly 330,000 square feet of new medical office space.

We project that St. Clair and Madison counties will account for nearly 100,000 square feet of new medical office space development, a portion of which could be developed within the District. The increase in insured individuals and subsequent demand for new medical office space for the five largest counties within the St. Louis metro area is summarized in the table on the right.



Potential Impact of Reform on Demand for Medical Office
St. Louis MSA

Source: American Community Survey (2007 data), Marcus & Millichap, DS



Biotechnology Research

Biotechnology is defined by the Biotechnology Industry Organization as “the use of cellular and biomolecular processes to solve problems or make useful products.”

In order to capitalize on the economic development potential of the St. Louis region’s existing major higher educational, research, and health care institutions, regional leaders have engaged in various efforts to spur growth in life sciences research, development, and commercialization, or “biotechnology” industries. These investments can have a profound impact on the regional economy, although many of these benefits have yet to be realized as new innovations and product development often takes many years to occur.

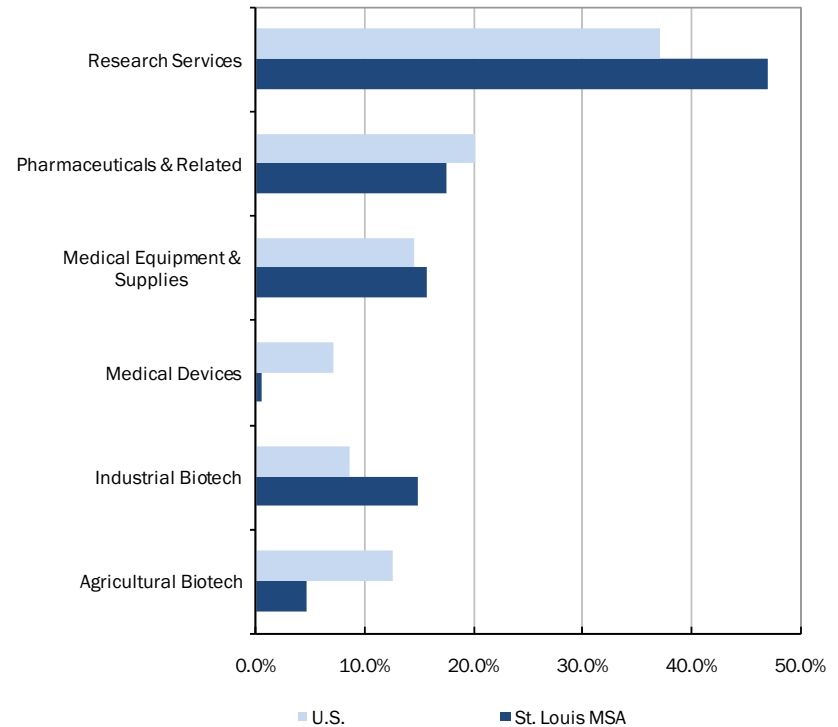
While high technology industries such as “biotechnology” have relatively small employment bases, employees in these occupations often have substantially higher incomes and have the potential to generate more “spin off” development than other industries.

The St. Louis region, though it still lags behind various national leaders in the commercialization of biotech products, has been identified by the Brookings Institute as one of four metropolitan “research centers.” This indicates that while the commercial development is lacking, there is a high proportion of research activity, which could eventually lead to technological breakthroughs and substantial contributions in economic activity.

In order for the Medical District to capitalize on potential growth in biotech sectors, it would need to align itself with area educational institutions, specifically the University of Illinois and Southern Illinois University at Edwardsville, and provide various development opportunities afforded by land that is currently vacant or underutilized within the District.

Biotech Employment by Industry Subsector

Source: BLS, Biotech Work Portal (2006 data)



Note: Due to recent changes in NAICS coding, "research service" occupations have not been included in Biotech Employment.

Biotech Employment, 2004-2007 "Research Centers"					
City	2004	2005	2006	2007	Growth
Chicago	30,082	30,803	29,517	29,778	-1%
Detroit	2,094	3,536	3,668	3,529	69%
Houston	8,163	7,599	8,038	7,656	-6%
St. Louis	5,248	5,331	7,809	7,906	51%

Source: Biotech Work Portal, Brookings Institute, DS

Additional Opportunities

Various occupations related to health care are expanding at high rates and have the potential for additional growth. These occupations represent an opportunity for the District to expand its current educational and clinical facilities.

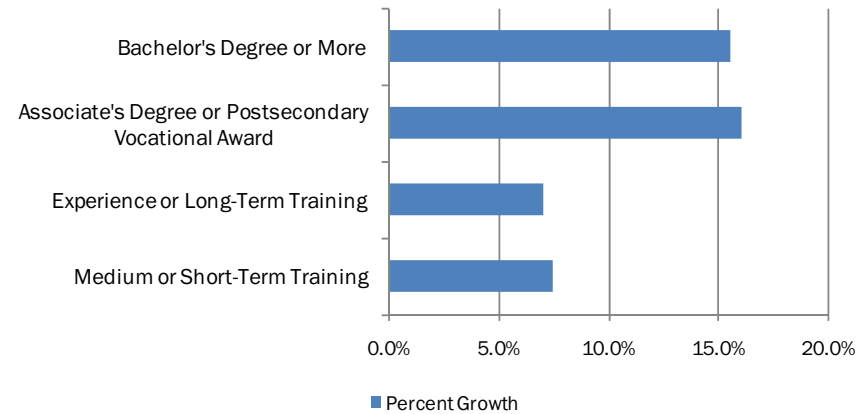
The jobs of the future will require higher levels of education and training, giving the District additional opportunities to capitalize on the demand for training and education sites. Existing educational facilities within the District, and their association with SIUE, give it the capability to expand certain post-secondary education programs and provide associated training opportunities at clinical sites within the District.

Consistent with recent trends in health care related fields, jobs for medical records and health information technicians are projected to increase substantially over the next ten years, and will likely accelerate, as public and private investment in health information technology expands. Other trends in health care include the rise in preventative care and wellness centers, a likely feature of the Obama Administration’s reform plan.

Another occupation group that is showing significant growth potential is in fields related to green technology and environmental protection, or “green” jobs. Similar to jobs in biotechnology, “green” industries have relatively small employment bases in relation to the overall economy. However, according to data provided by the Bureau of Labor Statistics, jobs for environmental engineering technicians, environmental scientists, and environmental science and protection technicians, are projected to increase 3.25 percent annually through 2016, a rate that could potentially accelerate due to increased public-sector support. These jobs also represent only a small fraction of an expanding series of industries that are becoming devoted to clean production, energy efficiency, and environmental protection.

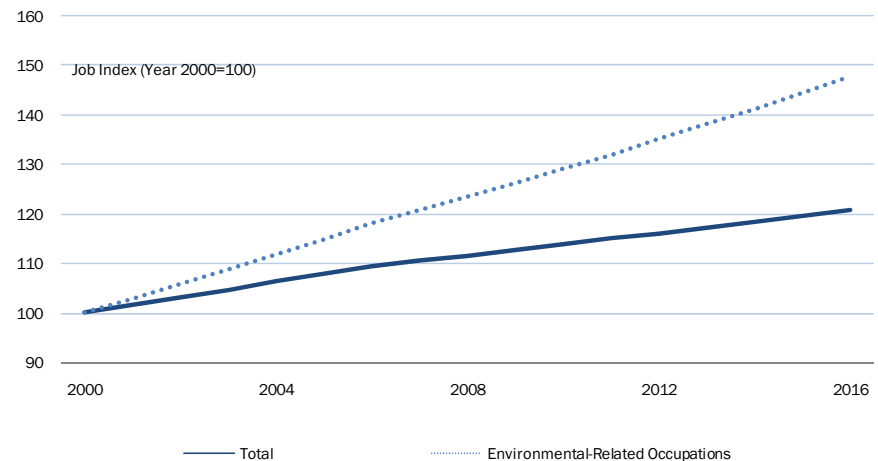
Projected Employment Growth by Education Level, 2006-2016

Source: BLS, Executive Office of the President, DS



Growth of "Green" Occupations vs All Other Occupations, 2000-2016

Sources: BLS, Development Strategies, 2009



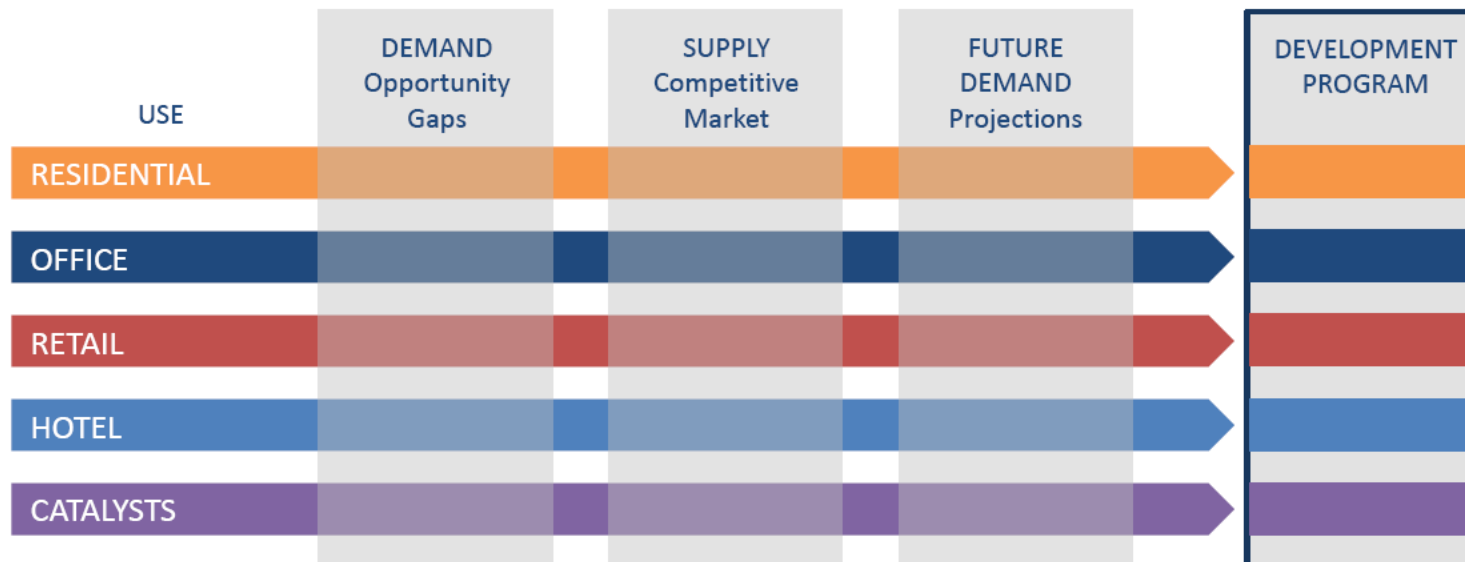
Market Analysis: Process Overview

Arriving at a feasible development program requires evaluating each land use through different “prisms”: supply, demand, and future demand (growth).

To determine a marketable development program for a site, neighborhood, or district, we must first evaluate each potential land use separately. We evaluate each use through different “prisms”: supply, demand, and future demand; this results in conclusions regarding the most realistic and market-feasible development program.

- Demand:** We evaluate demand to determine if it is in equilibrium with supply. Often, supply is misaligned with demand. For instance, surveys may show that one-third of the housing market desires a new urban housing product, yet only five percent of supply is meeting this demand. This misalignment creates an “opportunity gap” whereby a developer can provide an undersupplied product, and a relatively large and unserved demand pool awaits.

- Supply:** Analysis of existing supply indicates a great deal about what the market will bear in terms of rents, sales prices, and lease rates. It indicates preferences for specific products or locations. Analysis of the competitive market can reveal specific opportunities for developers. For example, demand analysis may reveal that a particular market area has an adequate amount of retail. However, the existing shopping centers and/or retailers may be dated or obsolete. An opportunity may exist for a new, more competitive shopping center with contemporary retail tenants to “beat out” the competition. This also holds for location: a superior site can provide competitive opportunity.
- Future Demand:** An assessment of future growth can reveal opportunities for new development. Employment growth may necessitate more office development. Similarly, population growth requires more housing and more retail.



Market Analysis: Office Overview

Because the redevelopment area is not considered a competitive location for office development, a focused transformative redevelopment of the area into a medical and life science center will be a necessary driver in creating an up-and-coming office location.

Office development can be a vital component of mixed-use districts. It has synergies with restaurant and hotel uses and – to a lesser extent – retail. New office space not only adds employment, but enhances the image and prestige of a district.

The St. Louis regional office market, with nearly 120 million square feet of space and a vacancy rate of 11.8 percent, remains somewhat soft, a trend that will likely continue as the economy continues to recover from the current recession. The regional office market experienced a construction boom that added about 12 million square feet of space in the six year period from 1998 to 2003, or about 2.0 million square feet per year. Since 2003, the market has added an annual average of roughly 740,000 square feet, allowing existing supply to be absorbed into the market.

The office market within the redevelopment District is not well established and contains very few properties with commercially marketed office space, all of which is classified as Class C and is currently vacant. Additionally, no new office buildings have been built for many years and the District is not well-positioned to attract a significant amount of office space, making it dependent upon a transformational redevelopment to become competitive in the local and regional office market. The redevelopment of the District into a medical district and life science research hub would be necessary to act as a catalyst for this transformation.

St. Louis Metro Office Trends
Source: CoStar, 2009 3Q



Office Space by Class

St. Louis Metro

Office Class	Number of Buildings	Gross Leasable Area (s.f.)	Vacant Space (s.f.)	Vacancy Rate	YTD Absorption	YTD Deliveries	Under Constructi on (s.f.)	Quoted Rates
A	231	34,156,223	4,291,322	12.6%	(171,218)	656,677	623,388	\$22.10
B	1,768	53,812,742	6,870,343	12.8%	(125,884)	159,098	17,000	\$17.04
C	2,630	31,961,781	3,037,012	9.5%	(236,306)	0	0	\$14.71
Total:	4,629	119,930,746	14,198,677	11.8%	(533,408)	815,775	640,388	\$18.27

CoStar, 2009 3Q

Office New Supply

In an average year, the Illinois portion of the MSA receives approximately 9 to 14 percent of regional office growth. New speculative office development is rare and most new development has occurred in more suburban communities such as Belleville, O’Fallon, or Collinsville.

Illinois Share: The Illinois submarket’s share of regional office development is fairly consistent from year to year, and is driven largely by single-tenant or owner occupied properties as opposed to speculative properties. The chart at top right shows that the region has added an annual average of slightly less than 1.2 million square of office space over the past seven years.

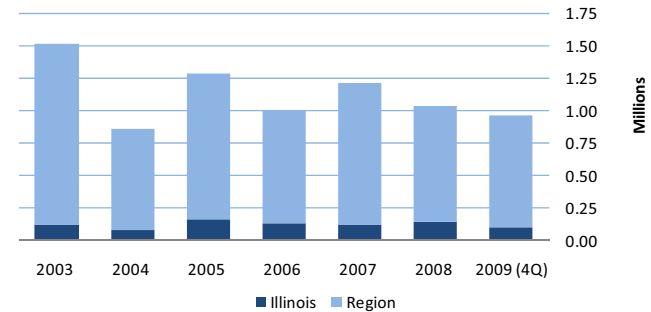
The Illinois side of the region has captured a limited, yet consistent, amount of office development during this time frame. The submarket’s share of regional office development has generally ranged from about 9 to 14 percent. Much of this new development is located in smaller office buildings where companies tend to set up small satellite offices. Some of the largest projects include the development of two new buildings totaling 52,000 square feet at Eastport Plaza in Collinsville, the Green Mount Corporate Center in O’Fallon, and the third building at Mark Twain Plaza in Edwardsville.

Illinois Lease Rates: The middle chart reveals a positive trend for new properties in the Illinois submarket. Average asking lease rates for properties built after 2000 have increased nearly 30 percent over the past six years, while regional rates have increased at just two percent. This is significant because the gap between Missouri and Illinois lease rates closed, which encourages developers to build on the Illinois side of the region, instead of in Missouri.

Although the trend in lease rates bodes well for new properties, occupancy rates for new office space remains relatively low, which may reduce the rate of growth in the near future.

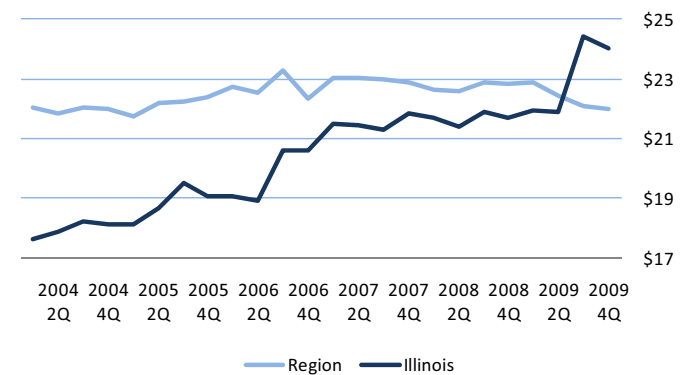
Illinois Share of Regional Office Growth
2003-2009

Source: CoStar, 2009



Class A Average Asking Lease Rates
2003-2009

Source: CoStar, DEVELOPMENT STRATEGIES 2008



Office Space by Year Built

Illinois Submarket

Year Built	Square Feet	Lease Rate	Occupancy
2000-Present	1,480,000	\$22	79%
1990-1999	850,000	\$17	86%
1980-1989	710,000	\$19	85%
1960-1979	820,000	\$15	86%
1940-1959	200,000	\$12	70%
pre-1940	410,000	\$11	83%

Sources: CoStar, Development Strategies, 2009

Office Supply: Submarkets

Despite being in close proximity to the CBD and within a growing submarket, the District has never historically included a significant concentration of office development.

Submarket Comparison: Historically, the Illinois submarket has been characterized as a location for light office uses, such as satellite offices and other small-scale uses. The Central Business District, on the other hand, includes the largest concentration of office space in the region, Class A or otherwise. Class A lease rates and vacancy in the CBD are less-than-ideal (\$19.56 16.5%), giving way to the premium St. Louis County market of Clayton (\$26.6 and 9.7%). The map on the following page shows regional office clusters.

District Office: Though it is centrally located less than one mile from the CBD, new office space in the District is generally non-existent, while suburban areas of the Illinois submarket have grown at steady rates. Because of its central location within the region and the availability of cheap vacant land, the District could appeal to office users that may be interested in the CBD, but wish to remain in Illinois. Thus, the District may be able to capture a small portion of Illinois office demand that leaks out of the CBD and other Missouri submarkets.

Class A Office Space by Submarket

St. Louis

Submarket	Number of Buildings	Gross Leasable Area (s.f.)	Vacancy Rate	Under Construction (s.f.)	Lease Rates
Airport	2	584,000	0.7%	0	\$23.6
Brentwood/Maplewood	1	84,000	10.7%	0	\$29.4
Bridgeton/I-70	6	946,000	30.5%	0	\$21.0
CBD	28	10,885,000	16.5%	0	\$19.6
Chesterfield/Hwy-40	45	4,602,000	8.2%	0	\$23.6
Clayton	33	5,630,000	9.7%	485,250	\$26.6
Creve Coeur/Hwy-67	1	110,000	0.0%	0	-
Earth City/Riverport	15	2,216,000	16.1%	0	\$20.0
Fenton	3	251,000	9.2%	0	\$25.1
I-270/Maryland Heights	11	1,271,000	7.2%	0	\$20.9
I-270/Olive Blvd	18	2,318,000	8.8%	0	\$24.0
Illinois	15	576,000	25.7%	0	\$24.0
Kirkwood/Frontenac	4	285,000	2.8%	0	\$24.1
Manchester/I-270	11	1,269,000	6.4%	0	\$23.8
North County	1	90,000	0.0%	0	-
South County	8	485,000	35.3%	0	\$21.0
St. Charles County	27	2,746,000	11.0%	0	\$21.9
St. Louis City	11	987,000	4.3%	0	\$21.6
West County	0	0	0.0%	0	-
Totals	240	35,340,000	12.7%	485,250	\$22.0

CoStar, 2009 4 Q

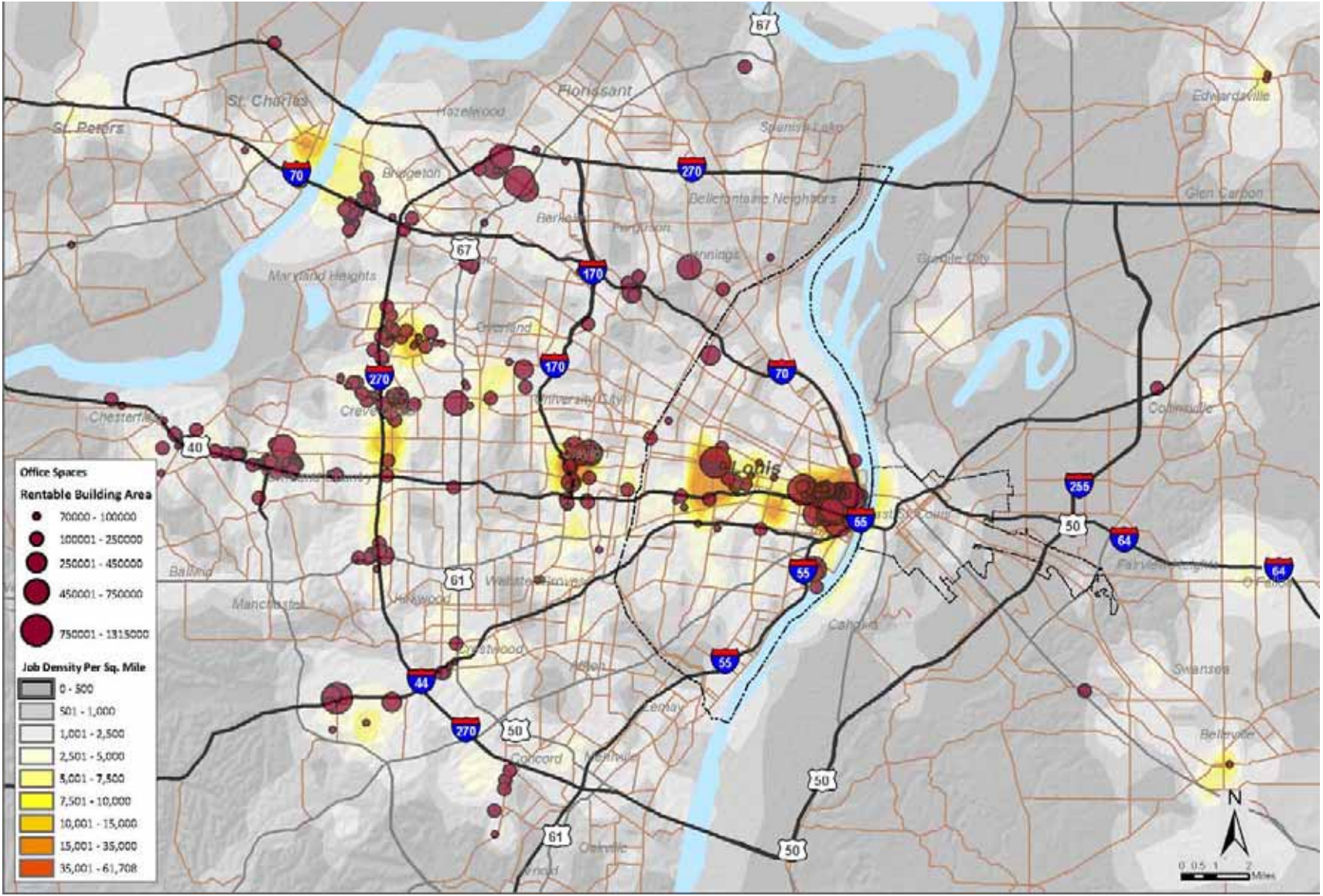
Office Space by Class

CBD & Illinois submarkets

Office Class	Number of Buildings	Gross Leasable Area (s.f.)	Vacancy Rate	YTD Absorption	Under Construction (s.f.)	Quoted Rates
CBD						
A	28	10,885,000	16.5%	(126,000)	0	\$19.55
B	94	9,192,000	16.8%	(71,161)	0	\$13.81
C	87	6,150,000	8.4%	(79,863)	0	\$13.87
Total:	209	26,227,000	14.7%	(329,774)	0	\$16.80
Illinois						
A	15	576,000	25.7%	30,860	-	\$24.00
B	360	3,705,000	12.1%	22,256	0	\$17.61
C	737	4,698,000	8.0%	47,165	0	\$13.13
Total:	1,112	8,979,000	11.4%	10,000	34,000	\$17.23

CoStar, 2009 4 Q

Office Clusters and Job Density



Office Supply: Competitive Environment

Lease rates for newly built office properties with high visibility generally range from \$25 to \$30 per square foot. Absorption of successful properties in premiere locations occurs at rates that can exceed 7,500 square feet per month, while properties in less marketable locations lease at rates under 2,000 square feet per month.

New office development is nonexistent in the District, as most new office development in Illinois occurs on the suburban periphery. However, even these suburban properties have relatively low absorption rates, as evidenced by the Mark Twain Plaza III building, a new, 40,000 square foot Class A property with average visibility. The property is currently about 77 percent leased, indicating an absorption rate of about 1,700 square feet per month. Similarly, Green Mount Corporate Center in O’Fallon, which was completed in 2008, contains about 48,000 square feet of space and is 24 percent leased; an absorption rate of 1,250 square feet per month.

The survey’s most successful developments are located primarily in Missouri. This includes the Highlands development, a mixed-use development located on the former site of the St. Louis Arena near the intersection of Hampton Avenue and Interstate 64. The development has great visibility

and currently includes three Class A office buildings containing 290,000 square feet of office space. Highlands Plaza #1, #3, #2 were finished in 2000, 2008, and in early 2009, respectively. Highlands Plaza #1 and #3 are currently 100 percent occupied with an average lease rate of \$26.95 per square foot. As highlighted in the table at bottom left, Highlands Plaza #2 was 74 percent pre-leased with lease rates approaching \$30 per square foot.

Another project nearing completion is the multi-phased CityPlace, which includes six Class A office buildings containing 1,006,000 square feet of office space, a rehabbed Class B office with 80,000 square feet of office space, and a mixed-use retail center with 12,000 square feet of second floor office space. Unlike the Highlands, CityPlace does not enjoy visibility from the nearby interstate, but it is located near one of the busiest interchanges in west St. Louis County, which provides easy access to the remainder of the St. Louis region. CityPlace office space is currently 94 percent occupied with an average lease rate of \$25.28 per square foot.

These projects reveal that properties with good visibility and close proximity to major transportation nodes are likely to perform well. Although new office construction in the District is unlikely without a large-scale transitional development, its centralized location near various interstates and other highly traveled arterials gives it a potential advantage over other locations in Illinois. If anchor medical facilities can be linked to properties, absorption rates of 1,000 to 1,500 square feet per month may be achievable.

Selected Office Properties St. Louis Region

Map Code	Building Name	Address	Square Feet	Occ.	Lease*		Delivery Date	Class	Stories	Absorp./Month
					(per s.f.)					
1	Highlands Plaza #2	5700 Oakland Ave.	64,000	74.0%	\$29.75	2Q 2009	A	4	-	
2	Solae Building	4300 Duncan Ave.	172,000	100.0%	-	1Q 2008	A	4	-	
3	Central Park Sq. 1	16150 Main Circle Dr.	100,600	95.2%	\$30.00	2Q 2008	A	5	10,500	
4	CityPlace 6	6 Cityplace Dr.	210,000	78.9%	\$27.50	1Q 2007	A	10	7,500	
5	Green Mount C.C.	475 Regency Park Dr.	48,475	24.2%	\$25.75	3Q 2008	B+	3	1,250	
6	Mark Twain Plaza 3	105 W. Vandalia St.	40,700	76.6%	\$26.00	4Q 2007	A-	4	1,700	
7	The Meridian	8300 Eager Rd.	175,000	42.9%	\$29.50	4Q 2008	A	7	9,400	
8	Cupples Bldg. 1	1000 Clark Ave.	120,000	97.5%	\$14.00	3Q 2007	B+	6	-	

CoStar, 2009



Office Demand

Future office demand is estimated by analyzing employment growth by industry, and determining how much—if any—office space each worker will require.

Office demand can be calculated by using employment projections to determine future space needs. First, using combined employment projections provided by the Missouri Economic Research and Information Center (MERIC) and the Illinois Department of Economic Security (IDES), we determine the annual number of jobs that will be added by occupation. Next, we apply a percentage of office uses by occupation (the number is high for management occupations, lower for sales and related occupations). We then multiply the number of employees by occupation by the average amount of office space that their field requires (data is provided by CoStar). In doing so, we arrive at total amount of annual office demand, in square feet. Lastly, we add an additional 10 percent of vacant space.

As indicated in the bottom table, we project that the addition of 1,185 office jobs per year will drive annual demand for office space to 360,000 square feet, or 7.2 million square feet over 20 years. Much of this space, or approximately 4.4 million square feet of space will be medical-related, with demand for just 2.8 million square feet for general office space. These numbers are for the St. Louis Metropolitan Region.

Based on new supply data, we estimate that the Illinois submarket will capture approximately 10 to 15 percent of all new office development, which amounts to roughly 720,000 to 1.08 million square feet of office space over 20 years. If the Medical District captured five percent of annual regional demand, this would amount in roughly 360,000 square feet of office space over 20 years, 220,000 square feet of which would be medical-related.

Projected Annual Office Demand Matrix
St. Louis Region

Occupation	Office Category	Employment		Numeric Change	Average Annual Change	% Office Users*	Number of Office Users	SF/ Employee*	Annual Office Space	10% Vacancy Factor***
		Estimated 2006	Projected 2016							
Management Occupations	Conventional	57,308	56,827	-481	-50	100%	-50	350	-18,000	-19,800
Business and Financial Operations Occupations	Conventional	59,665	61,970	2,305	230	100%	230	300	69,000	75,900
Computer and Mathematical Occupations	Conventional	34,509	37,102	2,593	260	90%	234	275	64,000	70,400
Architecture and Engineering Occupations	Conventional	18,423	18,658	235	20	100%	20	315	6,000	6,600
Life, Physical, and Social Science Occupations	Conventional	10,896	11,460	564	60	80%	48	315	15,000	16,500
Community and Social Services Occupations	Civic/Social	16,271	17,967	1,696	170	60%	102	275	28,000	30,800
Legal Occupations	Conventional	11,373	10,990	-383	-40	100%	-40	430	-17,000	-18,700
Education, Training, and Library Occupations	Civic/Social	86,360	93,888	7,528	750	10%	75	275	21,000	23,100
Arts, Design, Entertainment, Sports, and Media Occ	Conventional	28,266	30,420	2,154	220	50%	110	275	30,000	33,000
Healthcare Practitioners and Technical Occupations	Medical	76,953	81,447	4,494	450	100%	450	265	119,000	130,900
Healthcare Support Occupations	Medical	35,181	38,371	3,190	320	100%	320	265	85,000	93,500
Protective Service Occupations	Civic/Social	26,180	27,688	1,508	150	20%	30	275	8,000	8,800
Food Preparation and Serving Related Occupations	-	116,392	124,513	8,121	810	0%	0	275	0	0
Building & Grounds Cleaning & Maintenance Occup.	-	46,273	48,641	2,368	240	0%	0	275	0	0
Personal Care and Service Occupations	Conventional	42,281	45,126	2,845	280	5%	14	300	4,000	4,400
Sales and Related Occupations	Conventional	145,740	147,344	1,604	160	20%	32	275	9,000	9,900
Office and Administrative Support Occupations	Conventional	233,245	229,344	-3,901	-390	100%	-390	225	-88,000	-96,800
Farming, Fishing, and Forestry Occupations	-	2,887	2,894	7	0	0%	0	250	0	0
Construction and Extraction Occupations	-	74,485	77,895	3,410	340	0%	0	250	0	0
Installation, Maintenance, and Repair Occupations	-	56,425	57,500	1,075	110	0%	0	250	0	0
Production Occupations	-	99,020	91,573	-7,447	-740	0%	0	250	0	0
Transportation and Material Moving Occupations	-	91,974	90,693	-1,281	-130	0%	0	250	0	0
Totals:	-	1,372,000	1,404,000	32,000	3,220	-	1,185	-	340,000	370,000

Projections provided by Missouri Economic Research and Information Center (MERIC)

*Factor applied by Development Strategies **Provided by CoStar Tenants, 2008 ***Assumes add1 %/office development

Potential Office Demand, in Square Feet
St. Louis MSA

	Office User Type			Total
	Conventional	Civic	Medical	
Annual Office Employment Growth	208	207	770	1,185
Annual Regional Demand (in thousands)	80	60	220	360
5 Years	400	300	1,100	1,800
10 Years	800	600	2,200	3,600
20 Years	1,600	1,200	4,400	7,200
20 Year Illinois Capture (in thousands)				
Conservative (@ 10%)	160	120	440	720
Moderate (@ 12.5%)	200	150	550	900
Aggressive (@ 15%)	240	180	660	1,080
20 Year District Capture				
Conservative (@ 2.5%)	40,000	30,000	110,000	180,000
Moderate (@ 5%)	80,000	60,000	220,000	360,000
Aggressive (@ 7.5%)	120,000	90,000	330,000	540,000

Employment Projections provided by Missouri Economic Research and Information Center (MERIC) and the Illinois Department of Employment Security (IDES)

Office usership provided by CoStar, 2009; Data analysis and forecast by DEVELOPMENT STRATEGIES, 2008

Medical Office Demand

Future demand for medical office space is estimated by analyzing employment growth by various health care occupations, and determining how much—if any—office space each worker will require.

Medical office properties have outperformed general office space, a strong indicator that the District’s positioning as a “medical district” should make it more competitive. According to Marcus & Millichap Research Services, the national medical office vacancy rate was 3.6 percent lower than general office in 2008, which is generally consistent with vacancy rates over the past ten years.

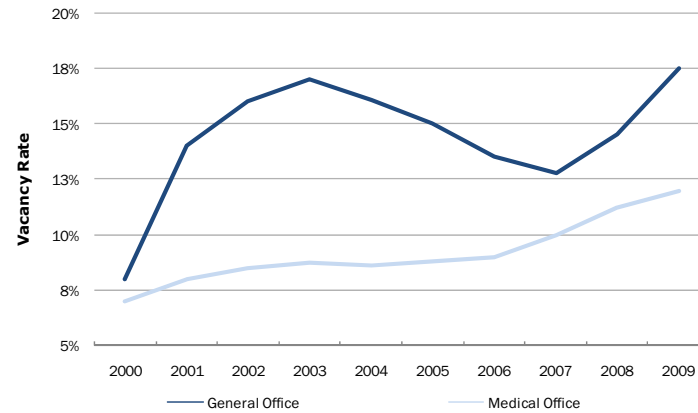
Medical office demand can be calculated by using the same employment projections provided by MERIC and IDES, which indicate the region will add 890 health care jobs per year. This will drive annual demand for slightly more than 220,000 square feet of medical-related office space, or roughly 4.5 million square feet over 20 years. These numbers are for the St. Louis Metropolitan Region.

Based on new supply data, we estimate that the Illinois submarket will capture approximately 10 to 15 percent of all new office development, which amounts to nearly 450,000 to 680,000 square feet of medical office space over 20 years. If the Medical District could capture 2.5 to 7.5 percent of annual regional demand, this would amount in roughly 110,000 to 340,000 square feet of healthcare-related space over this time period.

Of the six occupation types, health diagnosing and technicians, as well as nursing, psychiatric, and home health aides are projected to provide the vast majority of demand for new space. By attracting these types of occupations, the District could effectively capture a larger share of regional growth.

Vacancy Trends

Source: Marcus & Millichap Research Services, May 2009



Projected Annual Health Care Demand Matrix
St. Louis Region

Occupation	Office Category	Estimated 2006	Projected 2016	Numeric Change	Average Annual Change	% Office Users*	Number of Office Users	SF/Employee**	Annual Office Space	10% Vacancy Factor***
Counselors, Social Workers, and Community Service Occupations	Civic/Social	15,019	16,519	1,500	150	60%	90	275	25,000	27,500
Health Diagnosing and Technologists	Medical	96,677	100,181	3,504	350	100%	350	265	93,000	102,300
Health Technologist and Technicians	Medical	29,774	30,492	718	70	100%	70	265	19,000	20,900
Other Health Practitioners and Tech Occupations	Medical	1,282	1,314	32	0	100%	0	265	0	0
Nursing, Psychiatric, and Home Health Aides	Medical	22,268	24,530	2,262	230	100%	230	265	61,000	67,100
Occupational and Psychological Therapist Assistants and Aides	Medical	1,486	1,694	208	20	100%	20	265	5,000	5,500
Other Healthcare Support Occupations	Medical	11,427	12,147	720	70	100%	70	265	19,000	20,900
Totals:		177,933	186,877	9,000	890		830		220,000	240,000

Projections provided by Missouri Economic Research and Information Center (MERIC)
*Factor applied by Development Strategies **Provided by CoStar Tenants, 2008 ***Assumes addl 10% office development

Potential Medical Office Demand, in Square Feet
St. Louis MSA

	Medical Office User Type						Total
	Couns., Soc., & Comm. Service	Health Diagnosing & Tech.	Health Tech-nologists	Nursing, Psych., & Home Health	Occ. & Phys. Therapist Ass. & Aides	Other Healthcare Support	
Annual Employment Growth	90	350	70	230	20	70	830
Annual Regional Demand (in thousands)	28	102	21	67	6	6	229
5 Years	140	510	100	340	30	30	1,150
10 Years	280	1,000	210	670	60	60	2,280
20 Years	550	2,000	420	1,300	110	110	4,490
20 Year Illinois Capture							
Conservative (@ 10%)	55,000	200,000	42,000	130,000	11,000	11,000	449,000
Moderate (@ 12.5%)	69,000	250,000	53,000	163,000	14,000	14,000	563,000
Aggressive (@ 15%)	83,000	300,000	63,000	195,000	17,000	17,000	675,000
20 Year District Capture							
Conservative (@ 2.5%)	14,000	50,000	11,000	33,000	3,000	3,000	114,000
Moderate (@ 5%)	28,000	100,000	21,000	65,000	6,000	6,000	226,000
Aggressive (@ 7.5%)	41,000	150,000	32,000	98,000	8,000	8,000	337,000

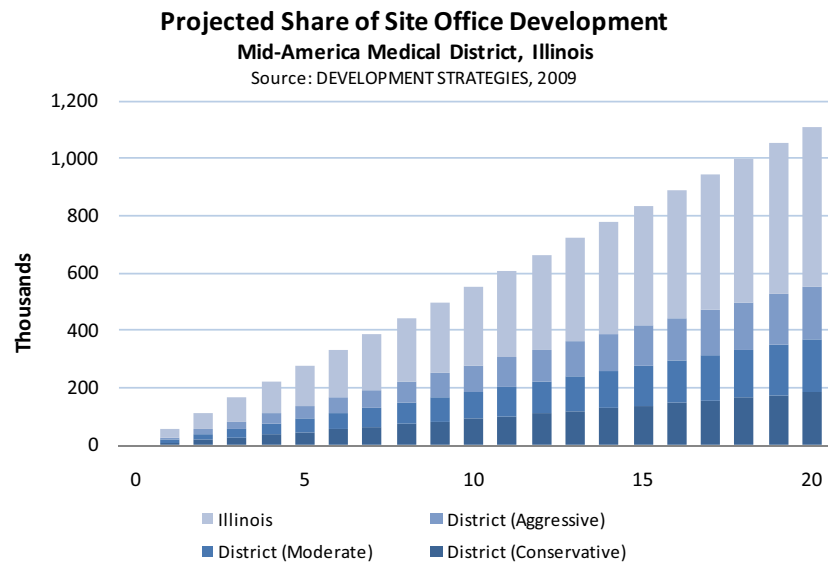
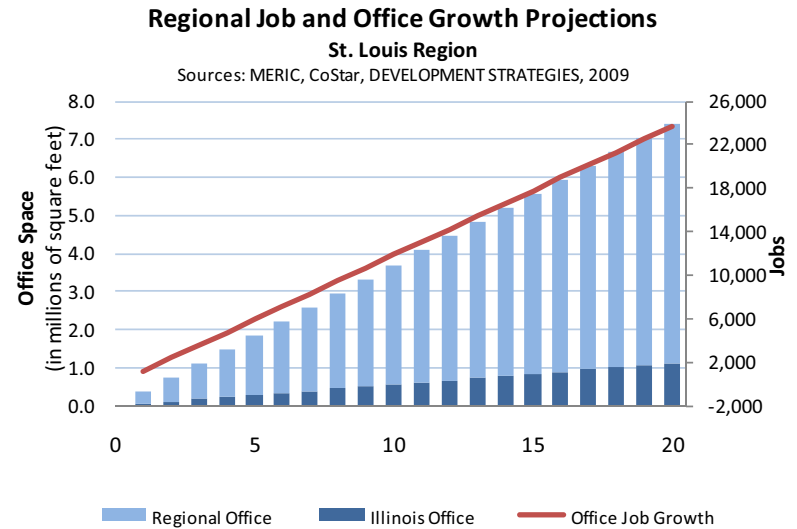
Employment Projections provided by Missouri Economic Research and Information Center (MERIC) and the Illinois Department of Employment Security (IDES)
Office usership provided by CoStar, 2009; Data analysis and forecast by DEVELOPMENT STRATEGIES, 2008

Office Demand

Projections indicate that the St. Louis region could add roughly 24,000 jobs over the next 20 years. This translates into demand for an additional 7.4 million square feet of office space. The District could capture 5.0 percent of this, or 270,000 square feet.

Regional Employment Growth: The annual addition of several hundred-thousand square feet of office space each year can total a substantial number over time. Over a 20 year period, the St. Louis region is projected to add roughly 24,000 office jobs. This translates into nearly 6.3 million square feet of office space for the region. If current trends continue and Illinois captures 15 percent of this growth, it will add more than 1.1 million square feet of space over the 20 year time period (see chart at upper right).

District Projection: The chart at bottom right shows the projected impact of three scenarios at the site. The first, assuming a conservative 2.5 percent regional capture, results in nearly roughly 180,000 square feet in 20 years. The second, moderate assumption of a 5.0 percent capture rate results in about 360,000 square feet for the time period. Aggressively, if the District could capture 7.5 percent of regional growth, or half of all Illinois growth, it would amount to roughly 540,000 square feet of office space in 20 years.



Market Analysis: Residential

Housing Overview

The regional housing market is greatly affected by the national recession, which has in turn affected housing development in the PMA. When the market recovers, we estimate the region can sustain roughly 10,000 new homes per year, of which the site could capture one percent.

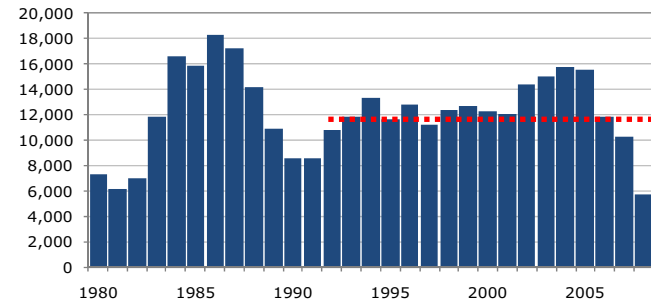
Regional Housing: End-of-the-year housing permit data for 2008 confirmed the dramatic downturn in the housing market. After four booming years in which the regional housing industry built at least 14,000 housing units per year, the region logged slightly more than 10,000 permits in 2007 – a return to early 1990s levels, and a 33 percent drop from 2005. The decline was even more substantial in 2008, when just 5,700 permits were issued—the lowest figure witnessed in the St. Louis region over the past 30 years. It represented a 45 percent drop from 2007, and a 64 percent decrease from the region’s peak year in 2004.

Home prices also did not fare well. The National Association of Realtors reports that median home prices in the St. Louis region decreased 16.9 percent in the first quarter of 2009, when compared with the first quarter of 2008. This is worse than the national median for this time period, which decreased 8.8 percent. However, recent reports indicate that the market’s decline appears to be bottoming out, as sales of existing homes in the region recently reached their highest levels in eight months, price declines in key submarkets have begun to level out, and the number of foreclosures in the area is on the decline.

Housing in the PMA: Given the spiral effect of declining real estate activity, it is difficult—if not impossible—to forecast housing development over the next several years. However, historical permit data reveals some clues as to what the housing outlook might be once the nation recovers from the economic recession. The chart at top right shows historic permit data for the St. Louis region since 1980. A cycling trend in the number of permits can be seen, with the economic booms and busts of the mid-to-late 1980’s and 2000’s. It is reasonable to assume that the number of permits, once the economy recovers, will range between 10,000 and 12,000 on an annual basis for the region. However, it will likely take several years before market is able to achieve this type of figure again. As the chart in the center illustrates, a fairly consistent number of units will be constructed in St. Clair County, although very little of this will likely occur in East St. Louis without a major market shift.

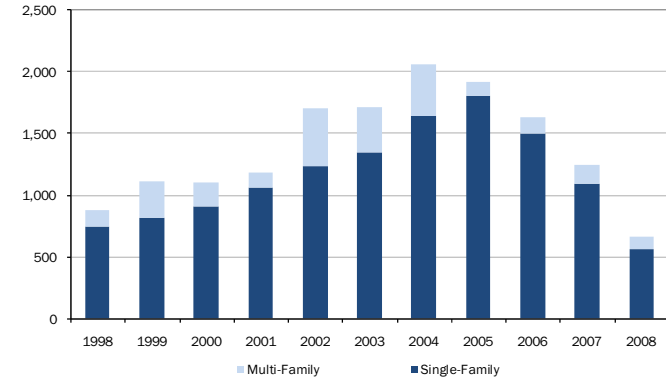
St. Louis Region Housing Permits
1980-2008

Source: U.S. Dept. of Housing and Urban Development, 2009



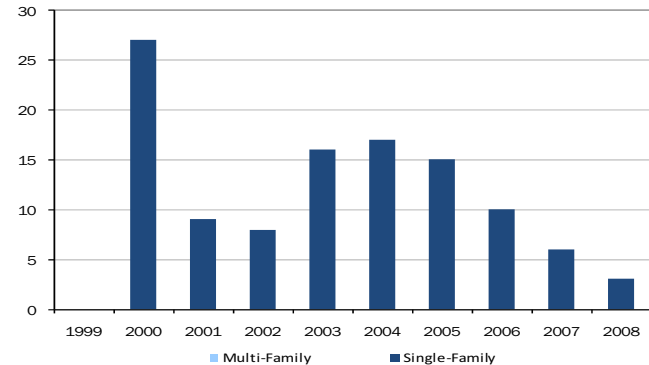
St. Clair County Building Permits
1998-2008

Source: U.S. Dept. of Housing and Urban Development, 2009



East St. Louis Building Permits
1999-2008

Source: U.S. Dept. of Housing and Urban Development, 2009



For-Sale Supply

Per-square-foot, midscale homes will sell for roughly \$120 to \$140. More affordable homes will sell for \$100 to \$120 psf. Condominium development is currently not a viable option.

A number of infill developments have occurred in the for-sale market in St. Louis City near the PMA in the past decade. Though none of these projects are perfectly comparable to what can be developed in the District, they do lend insight into achievable sale prices for products in a range of market positions.

Barring an dramatic paradigm shift within the next few years, we do not currently consider the District an appropriate location for luxury and upscale product and have omitted various upscale properties that have been developed in St. Louis, particularly upscale condominium developments.

Although all sectors of the housing market have struggled recently, midscale product has performed better than higher-priced housing. This includes new single-family and townhome developments such as Botanical Heights and Gaslight Square, which are smaller in scale, but are representative of fairly large-scale urban redevelopments. We estimate these types of products can achieve pricing of \$130 to \$150 per square foot within the District.

Other lower end products, such as West End Estates, also provide valid indicators of the type of product that may be suitable for the District, with price points that range from \$100 to \$120 per-square-foot.



Gaslight Square Townhomes



Lafayette Walk Townhomes



Botanical Heights

Mid-American Medical District

Summary of Selected For Sale Housing Properties

	% Sold	# of Units	Two-Bedroom			Three-Bedroom		
			Avg. Price	Size (SF)	Price PSF	Avg. Price	Size (SF)	Price PSF
Single-Family and Townhomes			\$270,000	1,700	\$159	\$289,000	2,060	\$140
1 West End Estates	94%	33	-	-	-	\$220,000	2,000	\$110
2 Botanical Heights	100%	122	-	-	-	\$286,204	2,233	\$128
3 Lafayette Walk	86%	123	\$270,000	1,700	\$159	\$330,000	2,250	\$147
4 Gas Light Square	98%	172	-	-	-	\$274,380	1,820	\$151

Averages are rounded

Case Study: New Town, Missouri

For-Sale Housing Product Types

New Town offers a variety of for-sale housing products at a range of price points that are similar to the price points in highest demand within the subject's PMA.



Row Houses

Lot: -
Home: 1,225 s.f.
Price: \$195K-\$220K (\$160+ psf)



Row Houses

Lot: -
Home: 1,025 s.f.
Price: \$175K-\$200K (\$170+ psf)



Traditional Neighborhood Coll.

Lot: 3,000-3,500 s.f.
Home: 1,550 s.f.
Price: \$185K-\$225K (\$120+ psf)



Traditional Neighborhood Coll.

Lot: 3,000-3,500 s.f.
Home: 1,270 s.f.
Price: \$170K-\$210K (\$135+ psf)



Cottage Collection

Lot: 5,000-5,500 s.f.
Home: 1,760 s.f.
Price: \$245K-\$285K (\$140+ psf)



Cottage Collection

Lot: 4,500-5,500 s.f.
Home: 1,520 s.f.
Price: \$225K-\$265K (\$150+ psf)



Cottage Collection

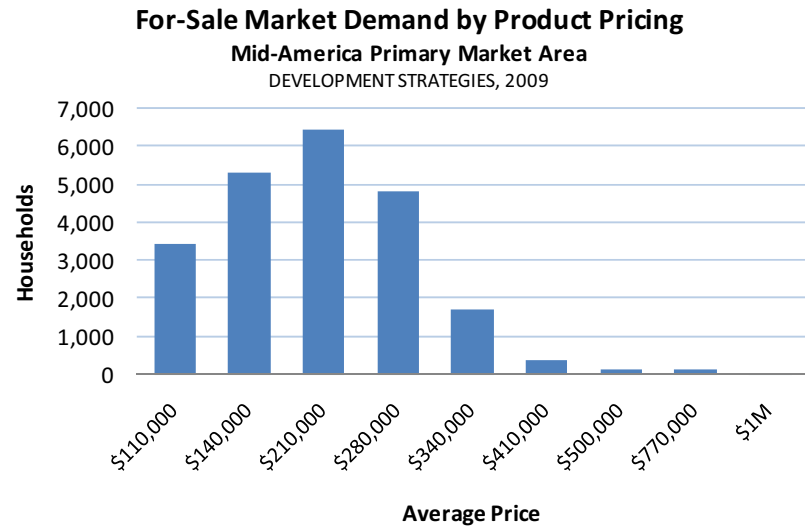
Lot: 4,500-5,000 s.f.
Home: 1,225 s.f.
Price: \$205K-\$245K (\$165+ psf)

For-Sale Demand

Housing at three price points are most in demand in the PMA: \$140,000, \$210,000, and \$280,000.

Analysis of incomes and mortgage affordability helps determine the level of market support for housing at different price points. The table below indicates households in the Residential PMA by income, and their corresponding mortgage affordability.

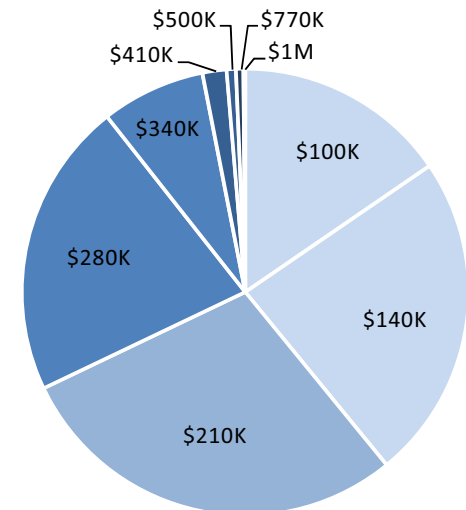
As the table indicates, there is considerable market depth for housing at some of the lower price points, particularly in the \$120,000 to \$300,000 range (including maintenance, taxes, utilities...). This is a broad range that has almost equal market support, and implies that a moderate range of products (from small to mid-size homes) can be offered at the site. Perhaps multi-family homes could be offered at the lower price range, and some attached townhomes at the higher end. There is very little depth for the premium market – homes priced above \$340,000.



Homeownership Market Demand Primary Market Area

Income Range	Households	Maximum		Monthly Mortgage		% Homeowner ³	Homeowner Market
		Payment ¹	Affordability	Affordability	Mortgage Affordability ²		
< \$25,000	15,900	40%	-	-	-	-	-
\$25,000 - \$34,999	5,800	35%	\$700 - \$1,000	\$90,000 - \$125,000	60%	3,460	
\$35,000 - \$49,999	7,600	30%	\$900 - \$1,200	\$120,000 - \$165,000	70%	5,300	
\$50,000 - \$74,999	7,600	30%	\$1,300 - \$1,900	\$165,000 - \$250,000	85%	6,460	
\$75,000 - \$99,999	5,300	30%	\$1,900 - \$2,250	\$250,000 - \$300,000	90%	4,810	
\$100,000 - \$149,999	1,800	25%	\$2,250 - \$2,800	\$300,000 - \$370,000	95%	1,690	
\$150,000 - \$199,999	410	20%	\$2,800 - \$3,300	\$370,000 - \$440,000	95%	390	
\$200,000 - \$249,000	160	20%	\$3,300 - \$4,200	\$440,000 - \$550,000	95%	150	
\$250,000 - \$499,999	130	18%	\$4,200 - \$7,500	\$550,000 - \$990,000	95%	120	
> \$500,000	30	15%	\$7,500+	\$1,000,000+	95%	30	

Market Demand For-Sale Housing, Primary Market Area



¹American Community Survey 2007 - St. Louis MSA; ²6%interest rate, 30 year term, 25%condo fee, taxes, insurance, utilities, 5%down; ³American Community Survey 2007 - St. Louis MSA; Income and Household data provided by ESRI 2009
DEVELOPMENT STRATEGIES, 2009

Supply: Rental Overview

Short-term indicators point to better performance for central city rental properties relative to those in the region at large—a rare bright spot in the economic recession.

Short-term multifamily trends are not especially useful in predicting long-term potential for rental product at a project such as the Medical District, which has at least ten-year horizon. What is more important are long-term supply and market support (demand). Nevertheless, we provide a brief overview of the current state of the market.

The bottom line is that while the St. Louis rental market—like the national rental market and all sectors of real estate, in general—is having a bad year, it is likely to be a safer bet than other sectors, such as for-sale housing, office, retail, and hotel.

After 2007, a year in which absorption and vacancy made strong, positive gains (likely a result of the bursting for-sale market), 2008 brought on negative absorption, and an increase in vacancy of 80 basis points, to 7.6 percent in the fourth quarter of 2008. This is undoubtedly a result of the bad economy. REIS projects further negative absorption in 2009, and an overall vacancy rate of 8.3 percent.

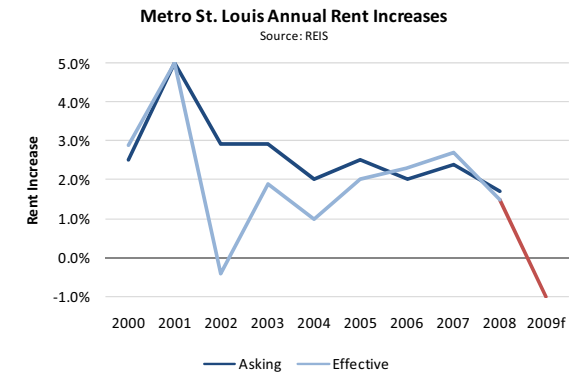
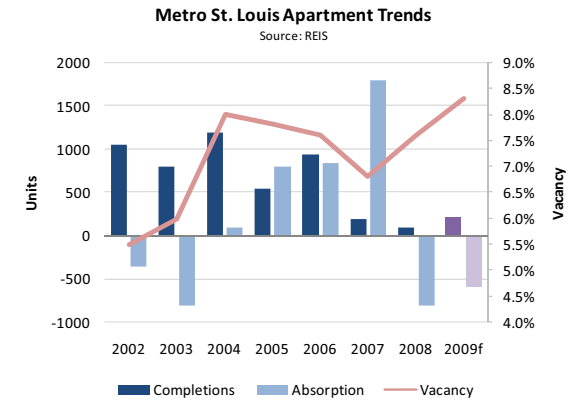
Effective rents, which had also made positive strides in recent years, increased only modestly in 2008, at a rate of 1.5 percent. REIS projects negative rent growth in 2009, at a rate of -1.0

percent.

Initially, the decline in the for-sale market appeared to be to the advantage of the rental market, as the homeownership rate declined and more people were inclined to rent. Now, however, some segments are unable to rent at all. For example, more college students, recent graduates, and the increasing numbers of unemployed are likely to live with parents or other family members. Nationally, net absorption for the fourth quarter of 2008 is estimated at -13,000 (REIS).

Other negative trends for multifamily rentals include: a “shadow” market of condominiums, which have been converted to apartments; single family homes being rented out; and the decline in home prices and interest rates, which makes homeownership competitive with rental options.

REIS indicates that four of the five largest apartment projects are located in the urban, St. Louis North submarket, illustrating that urban core areas are still considered favorable by developers.



Competitive Supply: Rental

Per-square-foot, upper midscale product will rent for \$1.05 to \$1.30, while midscale product will rent for \$0.80 to \$0.90.

Relative to the for-sale market, a much broader range of new rental product has been delivered to the area over the past decade. As a result, comparable rental properties are far easier to identify using conventional market analysis methodology.

The best comparables for upper midscale properties are the Soulard Market Lofts and 6 North. These properties indicate achievable rents of roughly \$1.05 to \$1.30 per square foot for one-bedroom units, and \$1.00 to \$1.20 for two-bedroom units. While there are some

upscale products in St. Louis that achieve rates ranging from \$1.40 to \$1.65 per square foot, the potential market for these types of products is limited in St. Louis and the District is not a likely candidate for capturing this demand.

Quality midscale properties are somewhat scarce in urban areas of St. Louis because most in this market position are older and fairly dated. Courtyards at Cityside, Cambridge Heights, and Parsons Place each have inferior locations similar to what the District’s will be. Lofts at Lafayette Square is a “tweener”—it is better than midscale, but not fully upper midscale.

Overall, we estimate midscale rents can range from \$1.00 (psf) for small one-bedroom units to \$0.85 (psf) for two-bedroom units.



Mid-America Medical District

Summary of Selected Competitive Rental Properties

	Occ. Rate	# of Units	One-Bedroom			Two-Bedroom			Three-Bedroom		
			Avg. Rent	Size (SF)	Rent PSF	Avg. Rent	Size (SF)	Rent PSF	Avg. Rent	Size (SF)	Rent PSF
Upper Midscale											
1 Soulard Market Lofts	97%	132	\$1,020	805	\$1.27	\$1,440	1,190	\$1.21	-	-	-
2 Lofts at Lafayette Square	94%	109	\$1,013	968	\$1.05	\$1,621	1,583	\$1.02	-	-	-
3 6 North	100%	41	\$843	645	\$1.31	\$1,113	997	\$1.12	-	-	-
Midscale											
4 Cambridge Heights	85%	27	\$596	691	\$0.86	\$730	964	\$0.76	\$850	1,300	\$0.65
5 Courtyards at Cityside	94%	332	\$571	674	\$0.85	\$723	859	\$0.84	-	-	-
6 Parsons Place	99%	276	\$595	722	\$0.82	\$732	925	\$0.79	\$999	1,205	\$0.83
Below Midscale											
7 Bristol Place	90%	100	-	-	-	\$685	952	\$0.72	\$785	1,195	\$0.66
8 West End Apartments	97%	100	\$450	620	\$0.73	\$520	800	\$0.65	-	-	-
Total/Average	96%	1,117	\$683	729	\$0.94	\$890	996	\$0.89	\$936	1,209	\$0.77

DEVELOPMENT STRATEGIES, 2008

Rental Demand

Demand for rental housing is strongest among low-income households earning less than \$15,000 annually, and among young professionals who earn between \$35,000 and \$50,000 annually.

Analysis of incomes and rental affordability helps determine the level of market support for apartments at different price points. The table below indicates households in the PMA by income, and their corresponding rent affordability.

The table and pie chart show that the greatest demand for market-rate apartments is for midscale product; specifically, units with price points of \$810 and \$885 per month. Smaller amounts of demand exist for units at \$1,175 and \$1,460 per month, while very little demand exists for units at rents that are above \$1,700 per month.

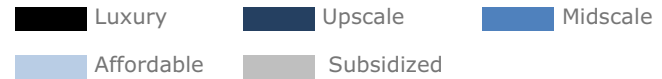
As the charts show, demand is significant for affordable and subsidized product in the PMA. Affordable housing can play a key role in building enough units to reach a critical density required to support area retail.

Renter Market Demand Primary Market Area

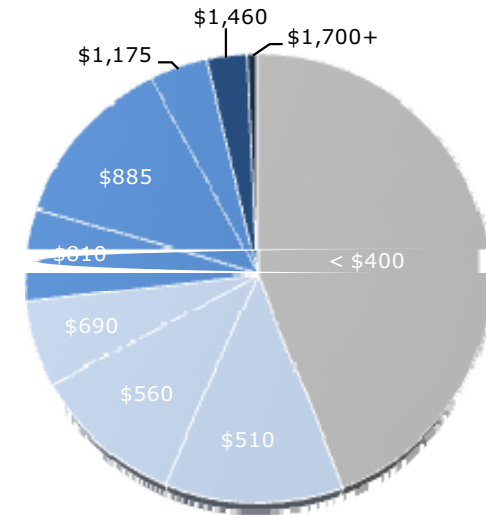
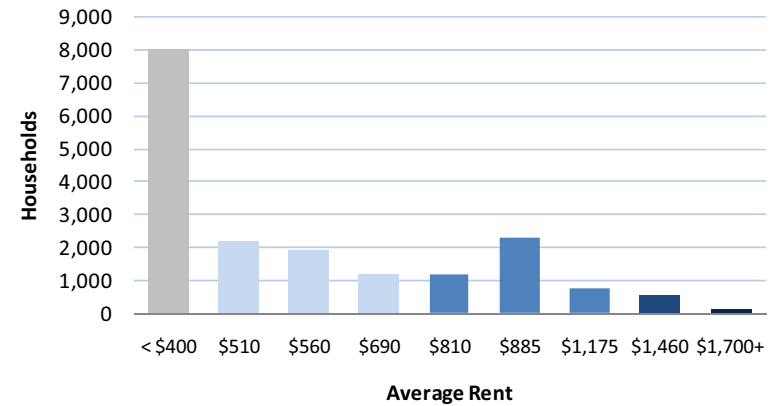
Income Range	Households	Maximum Payment ¹	Monthly Rent Affordability	% Homeowner ²	Renter Market
< \$15,000	10,000	40%	< \$400	20%	8,000
\$15,000 - \$19,999	2,900	35%	\$440 - \$580	25%	2,175
\$20,000 - \$24,999	2,900	30%	\$500 - \$620	35%	1,885
\$25,000 - \$29,999	2,900	30%	\$630 - \$750	60%	1,160
\$30,000 - \$34,999	2,900	30%	\$750 - \$870	60%	1,160
\$35,000 - \$49,999	7,600	25%	\$730 - \$1,040	70%	2,280
\$50,000 - \$74,999	7,600	23%	\$940 - \$1,410	90%	760
\$75,000 - \$99,999	5,300	20%	\$1,250 - \$1,670	90%	530
> \$100,000	2,500	15%	\$1,700+	95%	125

¹American Community Survey 2007 - St. Louis MSA; ²American Community Survey 2007 - St. Louis MSA; Income and Household data provided by ESRI 2009

Legend: Market Position



Rental Market Demand by Product Pricing
Mid-America Medical District Primary Market Area
DEVELOPMENT STRATEGIES, 2009



Workforce Rental Supply

Per-square-foot, two-bedroom, 60 percent AMI units will generally rent for \$0.70 to \$0.85, while 50 percent AMI units of similar size will rent for \$0.60 to \$0.70.

East St. Louis and St. Louis City to the west have an abundant supply of affordable housing, yet demand continues to warrant more. Parsons Place and Cambridge Heights in St. Louis are excellent affordable projects that are near the District. Its rents may be most telling as to what is achievable at the site in the affordable market today.

6 North, which is located in the Central West End, is in what is currently a superior location. It achieves the maximum allowable rents under the LIHTC program, which still offer a substantial discount to market rents at that location. This may be a good model for high quality workforce construction in the District, once the location has been enhanced (with public space, etc.) in a manner that generates value.



Parson's Place



Cambridge Heights



Renaissance Place



6 North

Mid-American Medical District

Summary of Selected Affordable Rental Properties

	Occ. Rate	# of Units	One-Bedroom			Two-Bedroom			Three-Bedroom		
			Avg. Rent	Size (SF)	Rent PSF	Avg. Rent	Size (SF)	Rent PSF	Avg. Rent	Size (SF)	Rent PSF
50% AMI Units											
1 Parsons Place	100%	276	\$487	722	\$0.67	\$575	853	\$0.67	-	-	-
2 Cambridge Heights	100%	48	\$525	691	\$0.76	\$675	964	\$0.70	\$765	1,300	\$0.59
3 Renaissance Place	100%	123	\$481	662	\$0.73	\$603	900	\$0.67	\$775	1,265	\$0.61
4 6 North	100%	5	\$488	645	\$0.76	\$632	946	\$0.67	-	-	-
60% AMI Units											
1 Parsons Place	100%	276	\$556	722	\$0.77	\$685	925	\$0.74	\$823	1,153	\$0.71
2 Cambridge Heights	100%	48	\$525	691	\$0.76	\$675	964	\$0.70	\$765	1,300	\$0.59
3 Renaissance Place	100%	123	\$625	662	\$0.94	\$716	900	\$0.80	\$845	1,203	\$0.70
4 6 North	95%	35	\$674	645	\$1.04	\$809	946	\$0.86	-	-	-
Total/Average - 50% AMI	100%	452	\$489	702	\$0.70	\$594	879	\$0.68	\$772	1,275	\$0.61
Total/Average - 60% AMI	100%	482	\$579	698	\$0.83	\$701	924	\$0.76	\$823	1,182	\$0.70

DEVELOPMENT STRATEGIES, 2008

Workforce Housing Demand

Using standard market methodology, introducing up to 500 workforce housing units is very reasonable over a protracted period of 10 to 15 years.

Unlike the demand analysis for market-rate housing in the District, which uses geodemographic segmentation (i.e. Tapestry) data to identify a target market of prospective residents from throughout the metro region, our analysis for workforce housing follows a more conventional market methodology. That is, we determine a primary market area from which 75 of demand will be generated, and determine how many residents, based on income, household size, and tenure, would qualify for workforce housing at the site.

Given the large scale of the project, we drew a large market area, which consists of all areas below the bluffs to the river. The population is roughly 117,000, with about 45,000 occupied households, and a median household income of \$36,300.

To determine market demand, we created a potential program of workforce housing to “test” against the market. The term “workforce housing”, though generally understood to include housing which targets workers that are essential to the community (e.g. fireman, nurses, teachers), broader definitions include service workers. For our analysis, we assume it included residents who earn as little as 50 to 60 percent of Area Median Income (AMI).

The “test” program consists of 500 units (250 each at 50 and 60 percent AMI). As the chart at top right indicates, we chose rents that are reasonable, given rents achieved at other affordable/workforce properties in St. Louis, as well as maximum income limits defined by the Department of Housing and Urban Development (HUD) for its Low Income Housing Tax Credit (LIHTC) program.

Potential Workforce Housing Program Mid-America Medical District

Bedrooms	Number	Net Rent	Gross Rent	Gross Rent Limit
50% AMI				
1 BR	100	\$500	\$575	\$636
2 BR	100	\$575	\$675	\$764
3 BR	50	\$650	\$775	\$883
60% AMI				
1 BR	100	\$600	\$675	\$764
2 BR	100	\$725	\$825	\$917
3 BR	50	\$825	\$950	\$1,059

DEVELOPMENT STRATEGIES, 2009. Gross Rents include utility expenses of \$75, \$100, & \$125 for 1, 2, & 3 BR units, respectively. The gross rent limit is set annually by HUD.

Summary of Demand from Income-Qualified Households (50% & 60% AMI) Primary Market Area for Workforce Housing

	1 BR Units	2 BR Units	3 BR Units	TOTAL DEMAND
ESRI Estimate of 2009 Qualified Households	6,227	7,624	8,341	12,245
Renter Household Ratio	50%	50%	50%	50%
Household Size Ratio	55%	60%	40%	100%
Qualified Renter Households	1,712	2,287	1,668	6,123
Units Serving Income Group	200	200	100	500
Demand from Primary Market Area	75%	75%	75%	75%
Units Serving Primary Market Area	150	150	75	375
Penetration Rate - Single Year <i>(Units ÷ Qualified Renter HHs)</i>	8.8%	6.6%	4.5%	6.1%
Annualized Penetration Rate - 10 years <i>(Units ÷ 10/Qualified Renter HHs)</i>	0.9%	0.7%	0.4%	0.6%
Estimated Annual Unit Turnover	30%	30%	30%	30%
Annual Demand from Existing Households	514	686	500	1,837
ESRI Projection of 2014 Qualified Households	6,743	7,490	9,315	13,395
Renter Household Ratio	50%	50%	50%	50%
Household Size Ratio	55%	60%	40%	100%
Projected Five-year Increase in Demand	142	(40)	195	575
Projected Annual Increase in Demand	28	(8)	39	115
Total Qualified Households in Market Annually	542	678	539	1,952
Units Serving Primary Market Area	150	150	75	375
Capture Rate - Single Year <i>(Units ÷ Qualified Renter HHs)</i>	27.7%	22.1%	13.9%	19.2%
Annualized Capture Rate - 10 years <i>(Units ÷ 10/Qualified Renter HHs)</i>	2.8%	2.2%	1.4%	1.9%

Competitive Supply: Senior Housing

A reasonable monthly rate for independent and assisted living is about \$2,000 to \$3,500, depending on unit size and services, while daily rates for skilled nursing is approximately \$125. Affordable independent senior properties also exist with rents around \$600 per month.

As the senior housing industry has evolved, distinct market segments – and products best suited to serve them – have emerged. Analysis of key data can help understand supply and predict the level of demand from each segment.

- **Senior Surge:** By 2010, there will be 39 million seniors. This number will surge to 79 million by 2050.
- **Independent Living:** This housing option is most attractive to seniors, typically aged 75-84, who are generally in good physical condition. Often, the loss of a spouse is a strong predictor of a person’s choice to move out of their home.
- **Assisted Living:** This option is preferred by those needing assistance with one or more activities of daily living (ADL), but do not need the intensive care that skilled nursing facilities offer. Nineteen percent of persons aged 75-84 need help with two or more ADL. This number increases to 52 percent for those over the age of 85.

The senior housing facilities surveyed are generally operating at high occupancy. Based on this data a reasonable monthly rent for an independent and assisted living facilities is approximately \$2,000 to \$3,500, depending on unit size and services, while reasonable daily rates for skilled nursing is approximately \$125. Additionally, some affordable independent senior properties offer one- and two-bedroom units at rents that average approximately \$600 for a one- or two-bedroom unit.



Senior Skilled Nursing Properties in Metro East SUMMARY OF SELECTED RENTAL PROPERTIES

	Occ. Rate	# of Units	Private		Semi-Private	
			Daily Rate	Size (SF)	Daily Rate	Size (SF)
Virgil Calvert & Rehab Center	62%	150	\$125	250	\$115	250
Caseville Nursing & Rehab	79%	150	\$125	250	\$115	250
Lincoln Home	76%	152	\$130	250		
Total/Average	72%	452	\$127	250	\$115	250

Senior Independent & Assisted Living Properties SUMMARY OF SELECTED RENTAL PROPERTIES

	Occ. Rate	# of Units	Studio			One-Bedroom			Two-Bedroom		
			Avg. Rent	Size (SF)	PSF	Avg. Rent	Size (SF)	PSF	Avg. Rent	Size (SF)	PSF
Market Rate Properties											
The Fountains - Granite City	93%	72	\$2,030	180	\$11.28	\$2,340	300	\$7.80	\$2,625	588	\$4.46
Cambridge House of O'Fallon	100%	103				\$2,445	437	\$5.59	\$3,625	648	\$5.59
Bradford Place	93%	29	\$1,850	287	\$6.45	\$2,185	450	\$4.86			
Total/Average	97%	204	\$1,978	211	\$9.39	\$2,371	390	\$6.07	\$3,214	623	\$5.16
LIHTC Properties - 60% AMI											
Senior Living at Renaissance Place	96%	110				\$607	662	\$0.92	\$607	843	\$0.72
Cahill House at Murphy Park	98%	42				\$608	486	\$1.25			

Senior Demand

Presently, considerable demand likely exists for independent living units and assisted living beds.

Research indicates that the loss of a spouse and declining health are the two greatest determinants in a person’s decision to move into senior housing. A simple way of assessing demand, therefore, is to take the number of seniors that are single by age bracket (65-74, 75-84, and 85+), and estimate the number of seniors that need ADL assistance or skilled nursing care, and assume that the remainder of 75+ residents might be interested in independent living.

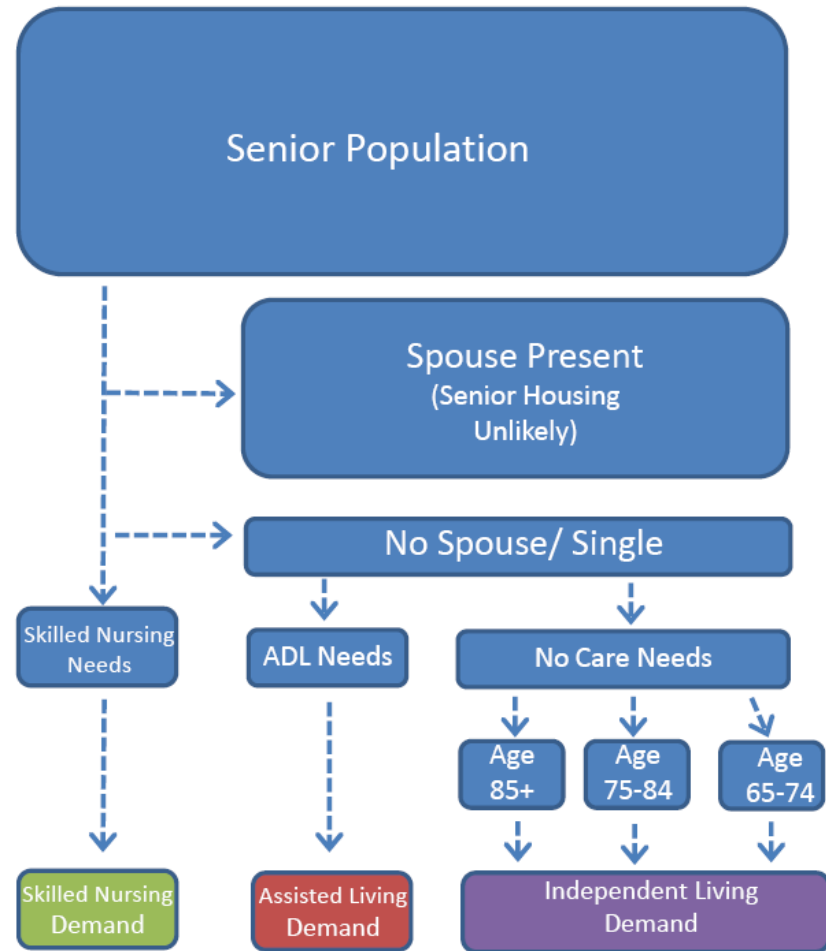
This simple methodology yields the following demand in the PMA:

- Skilled Nursing: 663 beds
- Assisted Living: 483 beds
- Independent Living: 1,693 units

By comparing these demand numbers with existing supply, it appears that skilled nursing beds have the least amount of excess demand. In fact, they appear to be grossly in oversupply, given the low occupancy rates of competitive properties. Regardless, a large number of skilled nursing beds are probably not currently the best senior housing option for the District, but may be considered as the population continues to age.

On the other hand, there is likely to be unmet demand for assisted living and independent living facilities for many years. Up to 150 independent living units would be appropriate, as well as approximately 50 assisted living beds.

A continuing care retirement community (CCRC) would be a good long-term concept for the District, starting with an independent living facility as part of a larger planned development. Skilled care would be the last component built (if warranted); providing a base of seniors in an independent living setting could create a captive market for skilled care, even if there is an oversupply of product elsewhere.



Market Analysis: Retail Overview

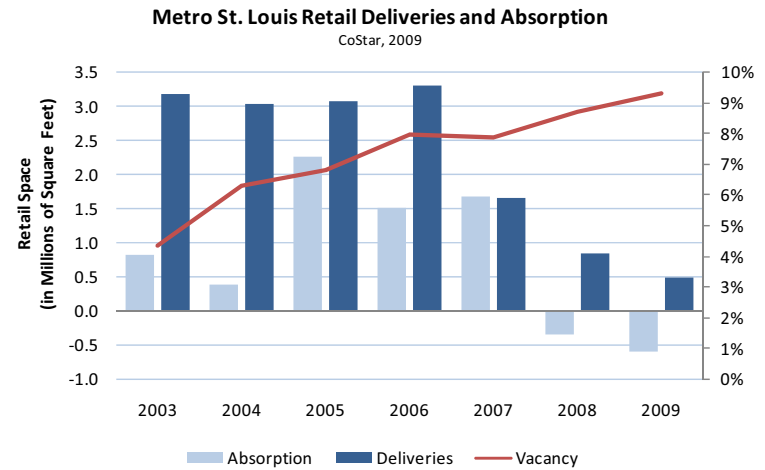
New development of shopping centers is sluggish, with very little built in the vicinity of the District.

Retail development, in a mixed-use context, generates pedestrian activity and vibrancy, adds value to surrounding development, and enhances the overall desirability of a neighborhood or district. Retail is perhaps the most competitive of the real estate industries; products and retailers are constantly evolving to meet changing consumer demands, often replacing outdated products (be they shopping centers or competitive retailers) in what has been referred to as “Retail Darwinism.”

CoStar estimates that there is roughly 125 million square feet of retail space in the St. Louis region, of which 24 million, or 19 percent, is located in Illinois. It estimates the overall market’s occupancy to be approximately 91 percent, while the Illinois market has an occupancy rate of 92 percent.

Conversations with brokers, as well as physical inspection of the market, indicate that like office development, growth in the retail sector has been sluggish in recent years after substantial growth from 2001 to 2006. During the past 27 years, an average of roughly two million square feet of retail space was delivered annually. Approximately 800,000 square feet of space was delivered in 2008 and 500,000 was delivered in 2009.

The largest concentration of retail in the Illinois market is situated around the St. Clair Square Shopping Center in Fairview Heights. A partial list of anchor retailers in the vicinity includes Macy’s, Sears, JC Penney, Target, and Wal-Mart. Another nearby retail submarket is clustered in Downtown St. Louis. Here, shopping is generally confined to various dining establishments and specialty stores that serve day-time workers, tourists, and loft dwellers.



Above: St. Clair Square Mall in Fairview Heights;
Right: Specialty retailer located in Downtown St. Louis.



Retail Supply: Competitive Environment

Prime retail locations generally achieve leases that exceed \$20 per square foot, while most average locations achieve rates between \$15 and \$20.

The fifth and most recent phase of the State Street shopping center – East St. Louis’ newest retail property – provides the best indicator of retail opportunity at the site. This phase of the project is anchored by a Schnucks store and includes 51,870 square feet of retail space. At this shopping center, in-line stores achieve lease rates of \$15 per square foot (NNN). Absorption of this space occurred at a rate of 2,300 square feet per month. The center also includes a Walgreens pharmacy.

As is true virtually everywhere, agreements with anchor tenants is kept private. Often, retailers such as Wal-Mart or Schnucks purchase the land that they occupy, while the developer generates lease revenue from the in-line stores. It is generally estimated that a major discount retail anchor (e.g. Target or Wal-Mart) will pay \$5 to \$10 million for approximately 10 acres of land on which they will locate their building and parking.

Collinsville Crossing is a recent example of a retail development that benefits from its proximity to anchor retail. In this instance, the shops are at an interchange location near a Wal-Mart store and Sam’s Club store. Built in

2006, Collinsville Crossing has more than 400,000 square feet of retail space and has asking rents of up to \$26 per square foot. It is currently 99 percent leased. It has relevance for the District because it indicates the importance of securing an anchor tenant within the District. It also has similar location characteristics, including its proximity to a major interchange.

The District has potential for specific types of retail, especially along a portion of Collinsville Road towards the northern side of the District. This section contains various historic properties and an intact streetscape that could accommodate services geared toward day-time workers at the medical center, which will be within walking distance. On the north of the strip, two larger vacant sites could serve as sites for various anchors, specifically a grocery store. The other alternative for this area is full demolition and rebuilding, which should be based on existing conditions of the properties in question.

The District has various strengths associated with locating retail anchors, including superior visibility and accessibility. However, it is unlikely that the District could attain higher-paying retailers and would not be able to match the rent achievements at Collinsville Crossing, which currently has asking rents that exceed \$25 per square foot (NNN). On the other hand, if one or two smaller anchor tenants can be secured, rates of \$15 to \$20 and absorption rates of 1,500 to 2,000 square feet per month are reasonable.

Selected Retail Properties

St. Louis MSA

Map Code	Shopping Center	Retail Type	Square Feet	Occupancy	Quoted Lease (per s.f.)	Lease Type	Year Built/ Renovated	Absorption/ mo
1	State Street V	Anchor - Schnucks	51,780	100%	\$15.00	-	2006	-
2	Tudor Building	Anchorless In-line	21,400	91%	\$13.00	NNN	2008	1,600
3	Collinsville Crossing	Anchor - Walmart	401,745	99%	\$26.00	-	2006	-
4	Firehouse Crossings	In-line stores	20,600	100%	\$16.00	NNN	2007	1,200
5	MLK Plaza I & II	Anchor - Save-A-Lot	56,619	100%	\$16-\$22	NNN	2003	-
6	Greenmount Crossing	In-line stores	86,570	85%	\$19.00	NNN	2003	-

CoStar, 2009



Retail: Residentially-Driven Demand

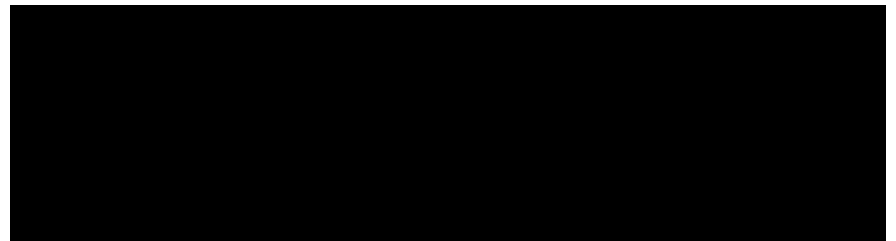
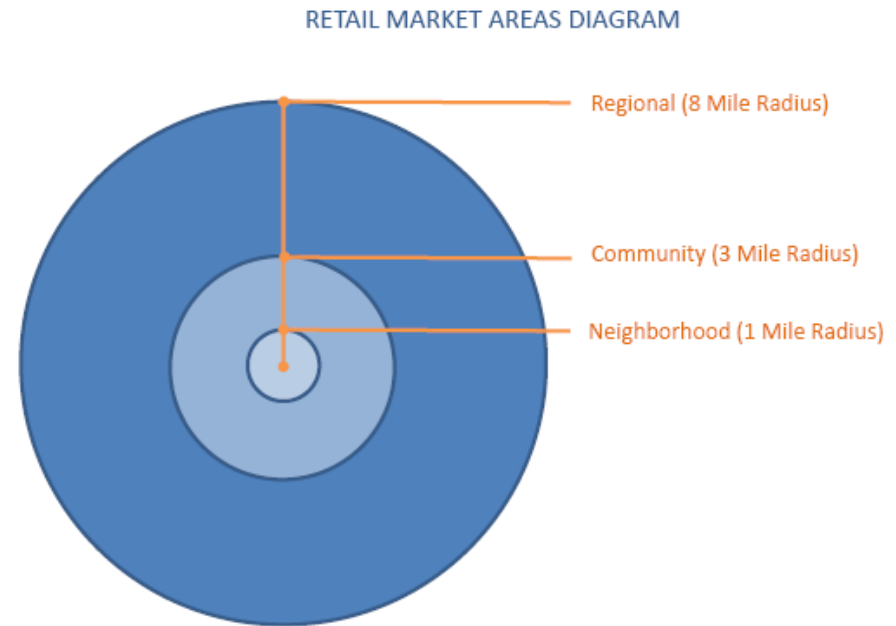
By comparing supply and demand for retail services, we can determine surpluses in demand—opportunities for new retail development.

Demand Methodology: Evaluating retail market demand requires assessing several different levels: neighborhood, community, and regional. Essentially, larger shopping centers and malls with a broader range of services and more anchor stores draw from larger market areas than say, a grocery store-anchored center with a few shops. Conversely, market areas often overlap. A neighborhood might not have a need for a large shopping center because one is located within three miles, but may have a need for a drugstore and supermarket.

The government collects data on consumer expenditures each year. We know, for example, that the average household spends roughly 30 percent of its income on retail goods. By comparing the types of goods that households in a market area are buying with the actual stores located in a market area, we can determine whether supply is effectively meeting demand. If not, there may be opportunities to build more stores.

Existing Demand: The charts on the following pages assess demand at the neighborhood level (East St. Louis), Primary Market Area (PMA, or Community Market Area), as well as the regional market (defined as areas of the Metro East within St. Clair and Madison counties), and indicate opportunities to develop certain types of undersupplied retail.

Generally, the PMA (with a population of 117,000, households of 45,000, and a median household income of \$36,000) appears “underretailed” in several categories. This, however, can be explained by the regional retail near St. Clair Square, which serves the entire market, including residents in the PMA.



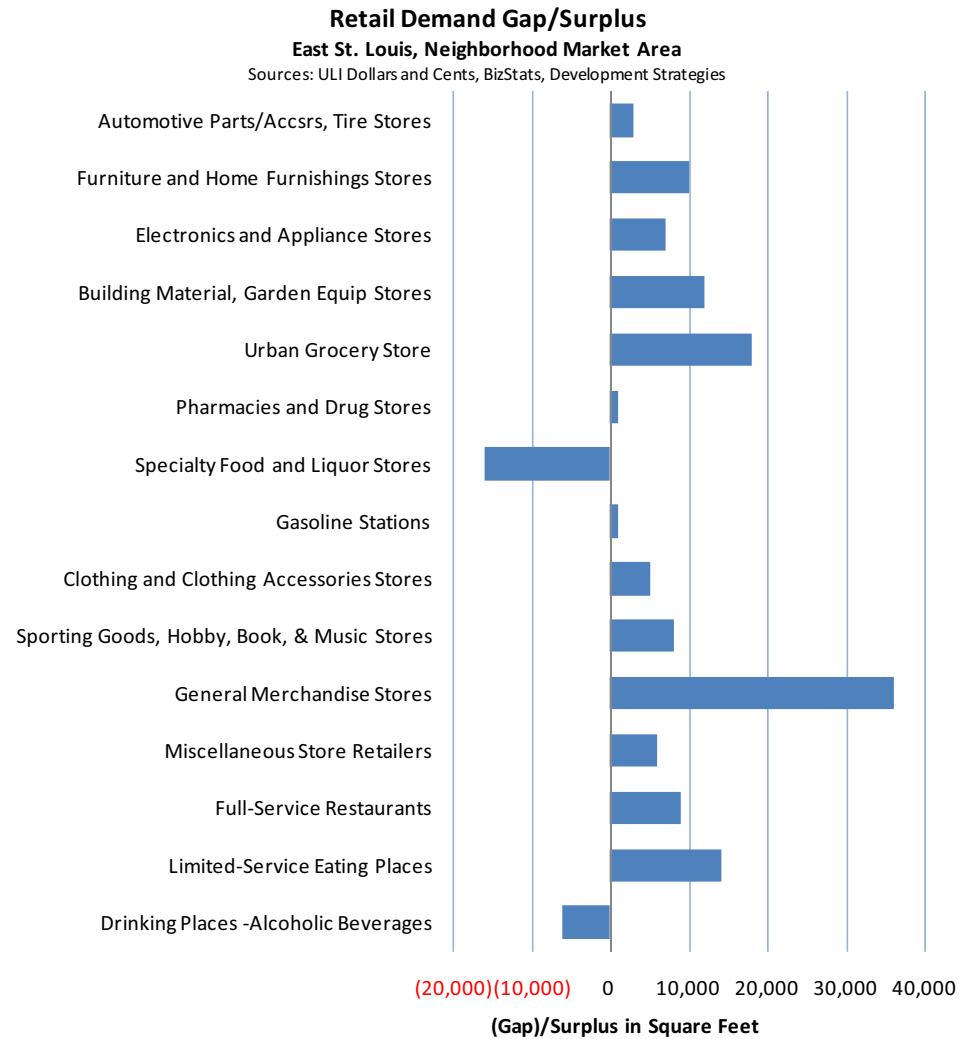
Retail: Residentially-Driven Demand

The single biggest opportunity in the Retail Neighborhood Market Area is a general merchandise store, such as a Target store. Substantial opportunity also exists for an urban grocery store.

Neighborhood Market Area (East St. Louis): The adjacent chart demonstrates that there a demand surplus in almost every type of retail category in the neighborhood market area. This demand surplus cumulatively amounts to 27,000 square feet of unmet retail demand that could be provided at the District.

One of the District’s best opportunities includes a roughly 35,000 square foot demand surplus in the general merchandise category. This surplus goes a long way in attracting the type of retail store that might attract shoppers from outside the market area. This type of retail often includes store such as Target.

Another encouraging opportunity consists of nearly 20,000 square foot demand surplus for a grocery store. This type of parameter is fitting for an urban-style grocer, which could substantially enhance the appeal of the district to prospective market rate households or those patrons seeking a more “walkable” retail and shopping environment.



Retail: Residentially-Driven Demand

The two opportunities in the Retail PMA is a grocery store and full-service restaurants, both value-added amenities in a mixed-use context.

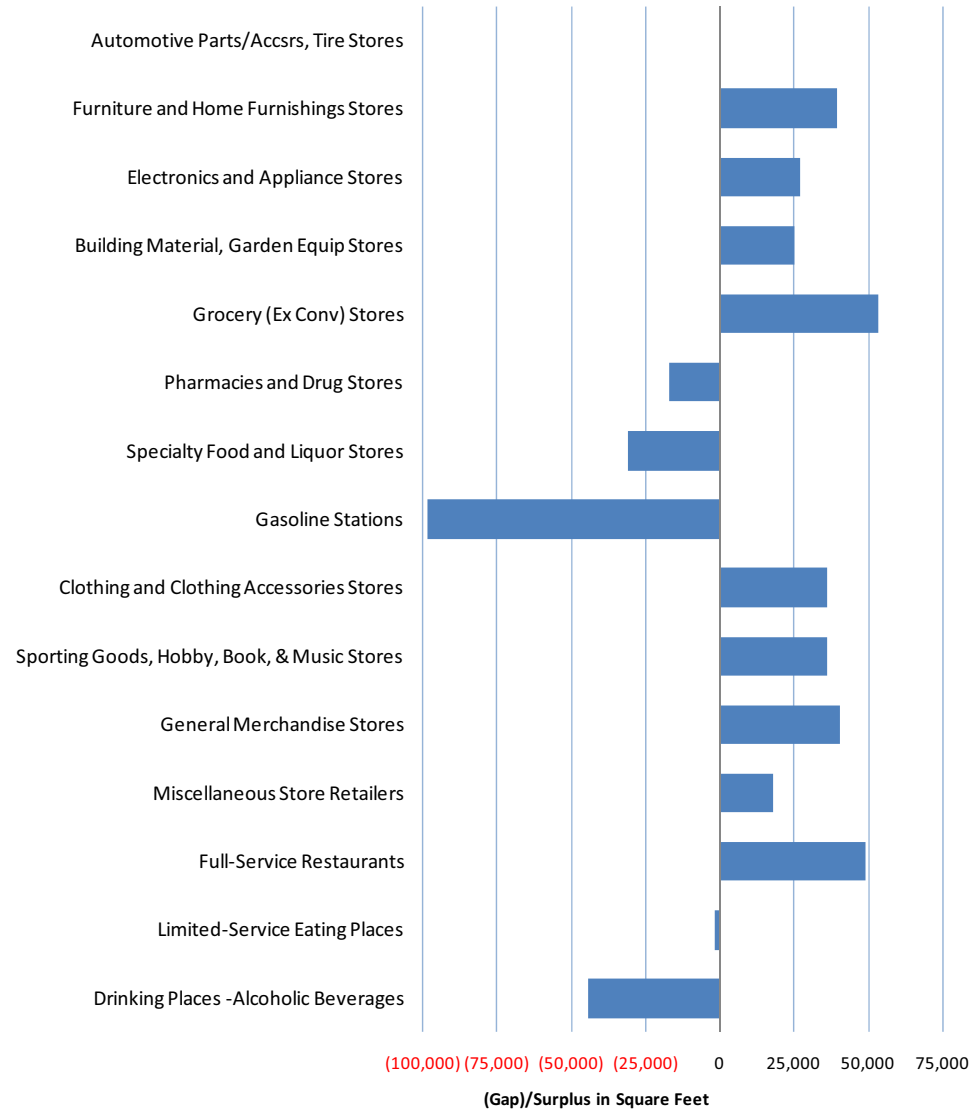
Primary Market Area (PMA): The adjacent chart demonstrates that there is a demand surplus for the majority of retail categories within the RPMA. However, this demand surplus cumulatively amounts to 5,000 square feet of excess supply, which is primarily due to an excess supply of gasoline stations in the PMA. Excluding this category, an additional 90,000 square feet of retail space could be supported within the PMA, much of which could be captured within the District.

Given the mixed-use “vision” for the District, one intriguing area of opportunity is a roughly 50,000 square foot demand surplus in the full-service restaurant category. Capturing a substantial proportion of this demand could be pivotal in attracting office tenants, as office development is often driven by its proximity to various amenities, including restaurants.

Similar to the neighborhood market area, a surplus in demand exists for a grocery store. While a second large-scale store in East St. Louis may not be as feasible, some of this demand could be met with a smaller urban grocery store. Smaller amounts of retail demand exist in many categories, including general merchandise, electronics, building material, clothing, and sporting goods.

Residentially-Driven Retail Demand Gap/Surplus
Retail PMA, Community Market Area

Sources: ULI Dollars and Cents, BizStats, Development Strategies



Retail: Residentially-Driven Demand

While demand for most retail categories in the Metro East is generally in line with supply, the Metro East is underserved with respect to grocery stores.

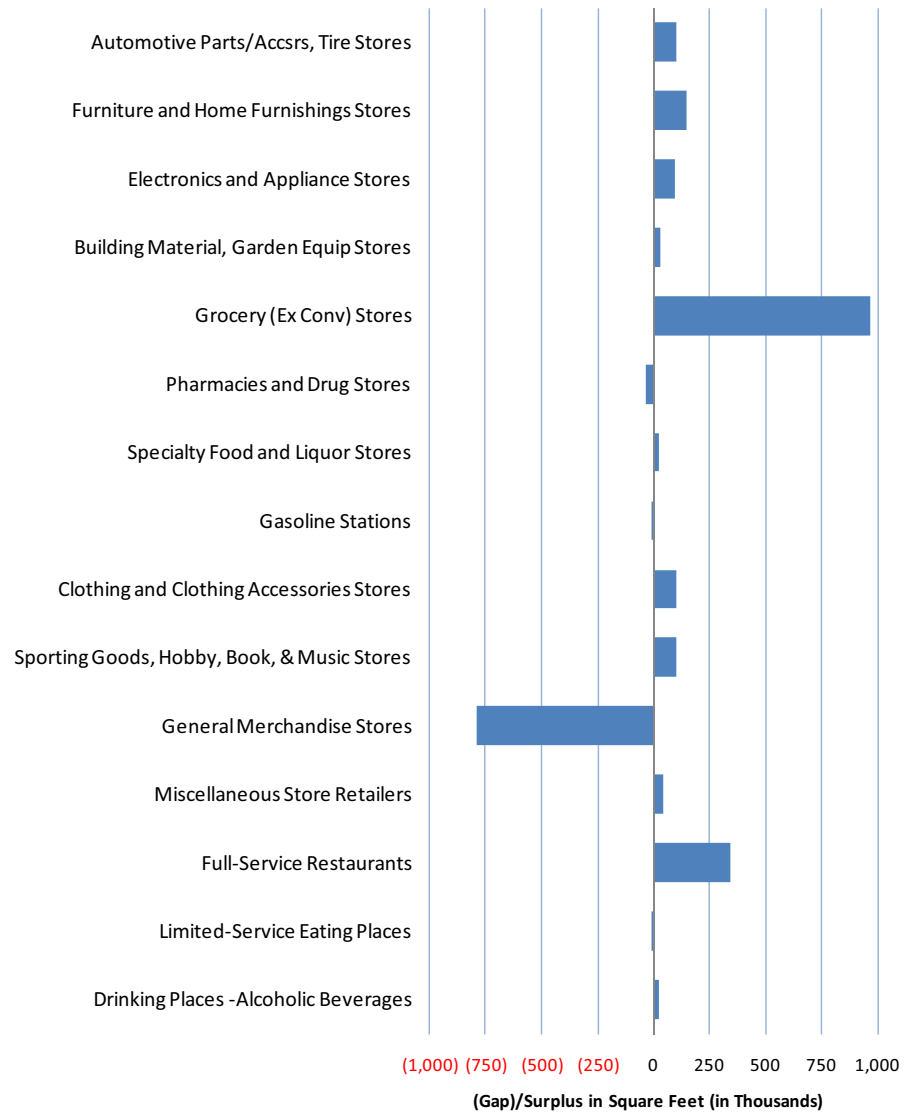
Regional Market Area (Metro East): Analysis of supply and demand in the Metro East generally indicates reason for caution in being overly optimistic in forecasting retail demand at the District level. The chart to the right indicates that, with few exceptions, retail supply is generally in line with retail demand. This is because most regional retailers are available to Metro East residents at St. Clair Square and its environs.

Despite this, we find that demand is still likely to exist at the site for several services that are not currently provided in the smaller, Community and Neighborhood market area. St. Clair Square is not that convenient to many residents in these areas and these residents would likely prefer retailers that are located more closely to their households.

Intriguingly, grocery stores are grossly undersupplied in the Metro East, in addition to the two smaller market areas. Because few new stores are proposed or under construction for these areas, excess demand is not likely to be met. As part of a large-scale mixed-use redevelopment, the District could be a suitable location for an small-scale urban grocery store that would cater to both District residents and workers.

Residentially-Driven Retail Demand Gap/Surplus
Regional Market Area, Metro East

Sources: ULI Dollars and Cents, BizStats, Development Strategies



Retail Demand: Worker Spending

Worker spending may add another 10,000 square feet of retail support—primarily in the restaurant industry.

Worker Spending: Another source of retail support comes from worker spending. Employment density within the District is relatively low, so this is a small generator of retail demand. Nevertheless, we have calculated the amount of retail space that is supported by worker demand, based on a total of 1,500 employees in the District.

Although studies regarding downtown worker spending varies considerably from as high as \$26 per day in large cities such as Chicago and Philadelphia to \$6 per day in smaller towns such as Knoxville, Tennessee, we have assumed an average of \$7.50 per day in average worker spending. This would generate demand for an additional 10,000 square feet of retail in the District. This, added to the roughly 30,000 square feet of surplus retail demand in East St. Louis and 90,000 square feet of surplus demand in the PMA, equates to 40,000 to 100,000 square feet of additional retail demand.

Worker Spending	
Retail, Mid-America Medical District	
Workers*	1,500
Daily Spending Per Worker	\$8.00
Total Daily Spending	\$12,000
Work Days	250
Total Annual Spending	\$3,000,000
Sales/square foot	\$300
Total Supportable	
Restaurant/Retail Space (s.f.)	10,000
*ESRI, 2009; DEVELOPMENT STRATEGIES	

Retail Supply: New Residents

As a general rule, every 500 households will drive demand for an additional 10,000 square feet of retail.

New Resident Demand: Another form of support for retail development will come from future demand from new residents in the residential portion of the District. We have included projections indicating that the District could add roughly 500 to 1,000 new housing units over the next 15 to 20 years, with little growth in other areas of East St. Louis. The U.S. Bureau of Labor Statistics publishes the Consumer Expenditure Survey (CES), which helps us estimate the amount households spend on various retail goods. Thanks to the Urban Land Institute, we also know the sales per square foot that a store needs to make to sustain itself. The table at top right shows the amount of supportable retail another 250, 500, 750, and 1,000 residents would generate.

Captured Demand: However, consumers do not make all retail expenditures within the confines of their neighborhood. Some of it “leaks” elsewhere. For instance, consumers will travel to restaurants outside their neighborhood, and will go to a regional mall to look for comparison goods, such as clothing. The second chart estimates the percentage of retail expenditures that the District could capture (highlighted in blue). As a result, we estimate that every 250 new units of housing would generate roughly 3,300 square feet of retail demand. Therefore, in the next 15 to 20 years, the amount of undersupplied retail demand could increase from about 27,000 square feet to nearly 40,000 square feet assuming that the District is able to add up to 1,000 new residential units.

Projected Future Retail Demand
Neighborhood Market Area (East St. Louis)

Retail Stores	Demand from New District Housing (s.f.)				
	Estimated Sales/s.f.*	250 Units	500 Units	750 Units	1,000 Units
Furniture and Home Furnishings Stores	\$350	300	500	800	1,000
Electronics and Appliance Stores	\$400	400	800	1,200	1,500
Building Material, Garden Equip Stores	\$300	400	800	1,100	1,500
Urban Grocery Store, Conv. Store	\$350	1,900	3,700	5,600	7,500
Pharmacies and Drug Stores	\$900	0	100	100	100
Gasoline Stations	\$1,300	300	600	900	1,200
Clothing & Accessories	\$350	800	1,600	2,400	3,200
Bookstores, Music Stores, etc.	\$250	200	400	600	800
General Merchandise Stores	\$300	0	100	100	100
Full-Service Restaurants	\$350	600	1,200	1,700	2,300
Limited-Service Eating Places	\$400	400	800	1,200	1,500
Drinking Places (Bars)	\$375	200	300	500	700
Total:	-	7,000	12,000	18,000	24,000



Projected Future Retail Demand
Neighborhood Market Area (East St. Louis)

Retail Stores	Percent Capture	Capture from New District Housing (s.f.)			
		250 Units	500 Units	750 Units	1,000 Units
Furniture and Home Furnishings Stores	50%	150	250	400	500
Electronics and Appliance Stores	33%	132	264	396	495
Building Material, Garden Equip Stores	33%	132	264	363	495
Urban Grocery Store, Conv. Store	85%	1,615	3,145	4,760	6,375
Pharmacies and Drug Stores	85%	0	85	85	85
Gasoline Stations	80%	240	480	720	960
Clothing & Accessories	40%	320	640	960	1,280
Bookstores, Music Stores, etc.	50%	100	200	300	400
General Merchandise Stores	-	-	-	-	-
Full-Service Restaurants	50%	300	600	850	1,150
Limited-Service Eating Places	50%	200	400	600	750
Drinking Places (Bars)	50%	100	150	250	350
Total:		3,300	6,500	9,700	12,800

Development Strategy

Effective land use, programming, and phasing are necessary to ensure that the District realizes its full potential. We assume development of the site will begin at some point if the District can reposition itself as a center for medical, educational, and research-oriented activity.

Market opportunities for a given site can vary greatly depending on circumstance. Ultimately, what is the true market value of a property: that which the site has under current conditions, or that which the site has under ideal (optimal) conditions? In this analysis, we assume development will begin at some point in the future, when the District begins attracting private investment and has positioned itself as a center for health-care related activity.

Any retail strategy is going to be highly dependent upon the site's ability to attract retailers that have succeeded in urban settings. We noted a discount general merchandise retailer and urban grocer as possible anchors. Up to ten acres should be set aside for these uses, with much of it concentrated towards the historic street front along Collinsville Avenue. The sites near Collinsville need to be able to accommodate some other type of use, such as multifamily residential and higher densities. Lots closest to Broadway should be reserved for the most valuable uses, such as outlots and in-line retail. Office uses should be concentrated around the existing medical uses and the Courthouse. In all, 40,000 to 100,000 square feet of various retail, about 220,000 square feet of various medical offices, and roughly 125,000 square feet of general office space need to be accommodated.

Much of the southern portion of the District lacks commercial visibility; thus residential uses should be planned for this part of the site. Four

building typologies – multifamily rental, senior housing, townhome, and single family – should be represented in the site plan. Multifamily housing is more dependent on visibility, so space needs to be allotted for this type of use, either within view of Collinsville Avenue or along a major entry road. This is also generally true of senior housing. The majority of single family lots should range in size from 4,000 square feet to 6,000 square feet. This will accommodate homes that sell between say, \$125,000 and \$175,000 or rental homes priced at roughly \$800 to \$1,100 per month. Multi-family for-sale condominiums are not a viable housing option, so any multi-family construction should be rental housing that contains a mix of market and affordable unit types.

Public space can play a critical role in value creation at the site. It can make a more pleasing and competitive environment for in-line retail. It can also make denser forms of residential development feasible, as buyers will compromise some private green space for public green space. Token gestures, such as a fountain at an entrance point, are less valuable than meaningful public space, such as well-defined plazas and greenspace. Second-story residential units above retail are desirable because they add to the quality of space and help create a synergy of uses. However, these arrangements have often performed poorly because developers seek to achieve premium rents for these spaces. We suggest an alternative strategy of discounting these units, and realizing the value-creation through improved absorption and occupancies of nearby residences.

On the following pages, this strategy provides a program matrix that summarizes key issues and quantifies property performance; offers a realistic phasing strategy based on absorption conclusions; and provides information which will help guide effective land use.

Development Strategy: Program Matrix

	Summary Comments		Price/Rate	Demand
Rental	<ul style="list-style-type: none"> The regional housing market is currently in a slump, although there are signs of improvement. Although ESRI forecasts indicate population and household decline in the PMA, housing targeted to low- and moderate-income households are in high demand. Though housing permits in the St. Louis region averaged nearly 12,000 units annually prior to 2007, historic data indicates that roughly 10,000 units per year is more likely once the market fully recovers. 	<ul style="list-style-type: none"> Supply data indicates a market for new affordable product in parts of St. Louis, including East St. Louis. Demand data reveals strong demand for workforce and affordable housing. Target households: low- and moderate-income singles and families; \$20,000-\$50,000 annually. 	<p>Rents:</p> <p>Market Rate \$600-\$1,000 /month (\$0.80-\$0.90 psf)</p> <p>Workforce \$450-\$850 /month (\$0.60-\$0.70 psf)</p> <p>Indep. Senior \$600/month</p>	<p>Rental:</p> <p>50-100 units/ 2 years (500-1,000 units over 20 years)</p> <p>For-Sale:</p>
	<ul style="list-style-type: none"> A nominal 1% annual capture of this growth yields roughly 100 units annually for the District. 	<ul style="list-style-type: none"> Stagnant market with declining home prices and sales. Markets with greatest depth are: \$90K-\$125K; \$120K-\$165K; and \$165-\$250K. 	<p>Sales:</p> <p>Townhomes \$140-\$160k (\$100-\$120 psf)</p> <p>Single-Family \$180-\$220k (\$130-\$150 psf)</p>	<p>25-50 units/ 4 years (125-250 units over 20 years, phased in later years)</p> <p>Total: 625-1,250 units</p>

Development Strategy: Program Matrix

	Summary Comments	Price/Rate	Demand
Office	<ul style="list-style-type: none"> The St. Louis region is expected to add roughly 4.5 million square feet of medical office space over the next 20 years. The St. Louis region is also projected to add about 2.8 million square feet of general office space during the same time-frame. Although the District is not currently positioned to capture any of this regional growth, if a major realignment occurs, the District could capture roughly 2.5% of this growth. 	Lease Rates: \$16-\$18 psf for Class B space with surface parking lots	Medical Office: 220,000 s.f. in 20 years (roughly 50,000 s.f. ever 5 years) General Office: 125,000 s.f. in 20 years (phased in later years)
Retail	<ul style="list-style-type: none"> Opportunities may exist for a discount general merchandise retailer, a specialty grocer, as well as some full- and limited-service restaurants. Nominal additional demand from potential new residents and employees in the District. Much of the retail should be concentrated in the historic storefronts along Collinsville Avenue. 	Lease Rates: \$15-\$20 psf	Anchor Retail (Grocery): 30K-50K In-Line Retail (Collinsville Ave): 20K-30K Stand-Alone Retail: 10K-20K

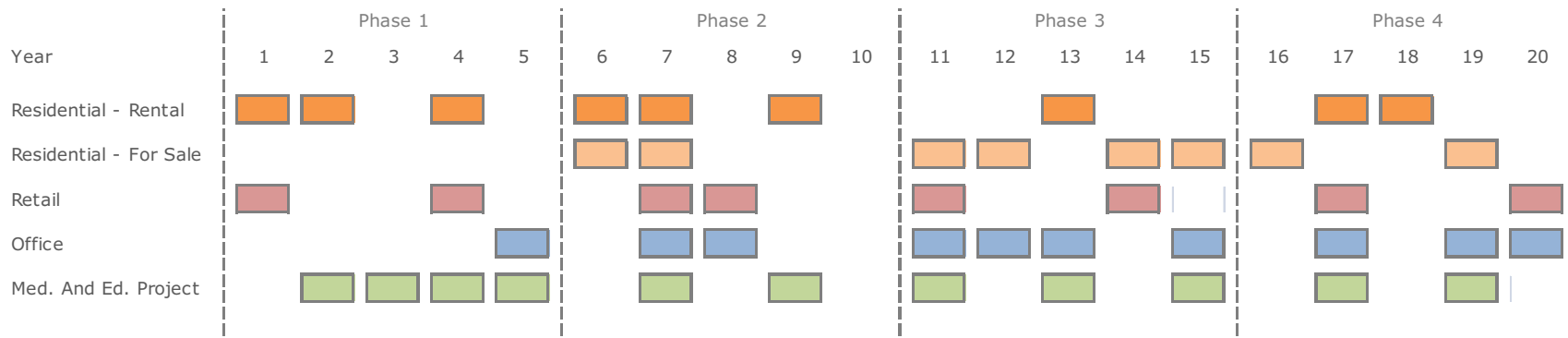
Development Strategy: Phasing

Over 20 years, the District could absorb roughly 625 to 1,250 housing units, 345,000 square feet of medical and general office space, and 60,000 to 100,000 square feet of retail.

The diagram below illustrates our phasing and program strategy. The table at right indicates the amount of real estate development that this is likely to translate into over 20 years. The chart on the following page explains our phasing strategy in further detail.

	1-5 Years	6-10 Years	11-15 Years	16-20 Years	Total
Residential	200-300 Units	200-300 Units	100-200 Units	100-200 Units	625-1,250 Units
Office	25K	75K	125K	110K	345K
Retail	10K	40K	25K	25K	100K
Med/Ed	Rec. Center	Education Facility / Med. Facility	Education Facility / Med. Facility	Education Facility / Med. Facility	-

Phasing and Program Diagram



Development Strategy: Program Matrix

Phasing Strategy Chart

Residential - Rental	Project is initially heavily reliant on rental development, which has immediate market demand.	Rental development continues to be a strong driver of development.	Rental development continues, but its proportion of overall residential development is reduced.	Rental development continues, but its proportion of overall residential development is reduced.
Residential - For-Sale	None	For-sale development is incremental, several years are allocated for absorption of a single phase.	For-sale projects increase in size and frequency as critical mass of services and residents begins to materialize.	For-sale development levels off to a consistent number, as the community has become more established.
Retail	Some initial retail is developed to capture existing demand; however, lack of major infrastructure improvements prevents further development.	Recommended street-scape improvements along Collinsville Ave. and increase in District residents and employees, boosts retail demand and access. General merchandize store and grocery store are built.	Retail occurs incrementally, as additional residents and employees generates demand for more services.	Retail occurs incrementally, as additional residents and employees generates demand for more services.
Office	The project's ability to capture office demand is initially slow, due to marketability issues.	With various infrastructure improvements, and enhanced image due to initial medical and educational development, office profile is enhanced, improving ability to attract office development.	Office development gains velocity due to increased marketability from greater retail, residential, and health-care related activity.	Office development moderates, but continues to be a viable option.
Medical and Education Project	Various civic, health-care, and educational projects are developed early to compensate for lack of other services. Recreation center, greenspace, vocational school, clinic...	Medical and educational projects continue.	Medical and educational projects continue.	Medical and educational projects continue.

Development Strategy: Land Use





APPENDIX B: INVENTORY OF HEALTH & COMMUNITY SERVICES AVAILABLE TO EAST ST. LOUISANS



APPENDIX B: INVENTORY OF HEALTH & COMMUNITY SERVICES AVAILABLE TO EAST ST. LOUISANS

An inventory of health care and other relevant public facilities and services in the region, county, city and District are listed below.

1. General Health Needs Resources	2	4. Mental Health Resources	13
a. References	2	a. Facilities	13
b. Medical	2	b. Residential Treatment Centers	14
c. Dental	4	5. Chemical Dependency Services	15
d. Pregnancy Services	4	a. In Patient & Out Patient Treatment Services	15
e. Food Pantries	5	b. Addictions & Dependency Resources, Programs & Groups	15
f. HIV Services	5	6. Domestic Violence & Sexual Assault	16
2. Senior Citizen Services	5	a. Emergency Shelters	16
a. General	5	b. Support Services & Counseling for Domestic Violence & Sexual Assault	16
b. Residential Care Facilities	7	7. Supportive Services	17
c. Hospice Care	8	a. Veterans	17
d. Elder Assistance/Abuse Resources	8	b. Housing	17
3. Children’s Services	9	c. Legal	17
a. Facilities	9	d. Employment	18
b. Services	10	e. Natural Resources	18

1. General Health Needs Resources

a. References

2007 Community Services Directory

Published by the St. Clair County Community Mental Health Board
<http://www.stc708.org/WebDirectory.pdf>

The Self-Sufficiency Standard for Illinois

How much money does it take for families to live and work without public or private assistance or subsidies?

<http://www.womenemployed.org/fileadmin/templates/docs/IL%20Self%20Sufficiency.pdf>

Comprehensive List of Elder Services in St. Clair County

http://www.alz.org/stl/documents/st_clair.pdf

b. Medical

Illinois Dept. of Healthcare & Family Services (formerly Dept. of Public Aid) <http://www.hfs.illinois.gov/>

HFS is responsible for providing healthcare coverage for adults and children who qualify for Medicaid, and for providing Child Support Enforcement services to help ensure that Illinois children receive financial support from both parents. The agency is organized into two major divisions, Medical Programs and Child Support Enforcement. In addition, all healthcare purchasing for the state of Illinois is consolidated in a new Office of Healthcare Purchasing within HFS, and the Office of Inspector General is maintained within the agency, but functions as a separate, independent entity reporting directly to the governor's office. HFS was formerly the Illinois Department of Public Aid.

Illinois Dept. of Public Health

<http://www.idph.state.il.us/>

IDPH is responsible for Illinois' public health system covering the prevention and control of disease and injury. The Department's nearly 200 programs include restaurant inspections, vaccinations to protect children against disease, testing to assure the safety of food, water and drugs, licensing to ensure quality health care in hospitals and nursing homes,

investigations to control the outbreak of infectious diseases, collection and evaluation of health statistics to develop prevention and regulatory programs, screening newborns for genetic diseases, and programs to meet the special health needs of women.

Illinois Department of Employment Security

601 James R. Thompson Blvd., E. St. Louis, IL 62205

<http://www.ides.state.il.us/>

Area Served: Metro East

Services Offered: Provides employment services to persons 16 years of age and older – includes placement and counseling. Processes unemployment claims.

Illinois Department of Human Services

Division of Transitional Services: <http://www.dhs.state.il.us/>

#10 Collinsville Avenue, East St. Louis, IL 62201

Phone: 618-583-2080 or 800-252-8635

Area Served: See County listings.

Services Offered: Administers the programs of Assistance to the Aged, Blind and Disabled; Aid to Dependent Children and Project Chance; food stamps and medical assistance.

Mound City Medical Forum

1150 Graham Road, Suite 111 Florissant, MO 63031

(314) 839-4979.

www.blackhealthcare.com/bhc/

The Mound City Medical Forum was organized in 1929 as a professional society for African-American physicians who were then denied membership in the American Medical Association. It promoted networking among physicians and advocated for high-quality health-care delivery to the African-American community. Today, Mound City accepts physicians of any minority, providing them with a social base for sharing experiences and scientific and clinical information, and promoting the mentoring and nurturing of minority medical students.

Southern Illinois Healthcare Foundation (SIHF)

2041 Goose Lake Road, Sauget, IL 62206

<http://www.sihf.org/>

SIHF is a community-based, Federally Qualified Health Center (FQHC) Network comprised of over 20 health centers, community outreach programs, and enabling services. SIHF is a not-for-profit healthcare organization that has built a strong reputation of serving the under-insured and medically underserved residents of our regional area. In 1984, a group of community leaders recognized the need to attract physicians to the area, which had been devastated by closed factories, two decades of chronic unemployment, decreasing property values and accompanying societal challenges. The SIHF system is comprised of over 20 health centers in a four county regional area in Southern Illinois.

Southern Illinois Regional Wellness Center

Christian Activity Center, 540 North 6th Street, East St. Louis, IL 62201
Southern Illinois Regional Wellness Center, 100 North 8th Street, Suite 238, East St. Louis IL 62201

Health and Opportunity Center, 1835 Kingshighway, Washington Park, IL 62204.

<http://www.iphca.org/Membership/OrganizationalMembership/SouthernIllinoisRegionalWellnessCenter/tabid/388/Default.aspx>

The Southern Illinois Regional Wellness Center, (SIRWC) strives to improve the quality of life for the insured and underserved by providing quality holistic healthcare to build a healthy community. Southern Illinois Regional Wellness Center provides primary care, prescription medication, vision and dental care assistance for the residents of Illinois.

St. Clair County Health Department

19 Public Square, Suite 150
Belleville, Illinois 62220-1624
(618) 233-7703.

<http://www.health.co.st-clair.il.us/>

The Mission of the St. Clair County Health Department is to promote and protect the health of the residents of St. Clair County in partnership with the people we serve.

The St. Clair County Health Department consists of four functional Divisions related to a variety of public health services.

- Administration Division—ensure that the Department carries out the functions of public health. These functions include assessing the health of the community, developing plans, resources and programs to meet the needs of the community and assuring that the health goals are met through collaborative planning and public health policy development.
- Health Protection Division—promote wellness, develop implementation plans to respond to public emergencies and to protect the health and safety of St. Clair County residents through the control of infectious disease, the management of environmental resources, the safe handling of food products, and the maintenance of an effective health alert system.
- Community Health Division—promote healthy families in the county through outreach programs and services that improve access to health care. It also helps to promote healthy lifestyle choices among County residents through health education services.
- Personal Health Division—promote the health of women, infants and children by offering prevention, education and supportive services in our clinics, throughout the community or in your home.

Project H.E.A.V.E.N.

Kenneth Hall Regional Hospital
129 North 8th Street
East St. Louis, IL 62201

Phone: 618-274-1307 and 274-1304

Fax: 618-482-6629

Web Site: www.projectheaven-cvs.org

Services Offered: The Mission of the East St. Louis Project H.E.A.V.E.N. is to work as a collaborative partner with the Greater East St. Louis community to expand the network and referral process of victim services by providing advocacy, support, information and referral, for victims as well as their families and loved ones, while enhancing community awareness of victim rights, services and other related issues.

American Red Cross

10218 Lincoln Trail
Fairview Heights, IL 62208
Phone: 618-271-1700

Area Served: St. Clair and Monroe Counties; part of Madison County
Services Offered: Provides 24-hour assistance for disaster victims, military and their families. Offers classes in health and safety. Recruits and trains volunteers. Provides blood to local hospitals. Referral source and crisis intervention.

Catholic Social & Health Services of Southern Illinois

8601 West Main Street, Suite 201, Belleville, IL 62223
Phone: 618-394-5900; **Fax:** 618-394-5909

Area Served: 28 counties of Southern Illinois
Services Offered: Catholic Social Services (CSS) provides comprehensive senior employment services, senior assisted living management; along with adoption services and specialized foster care, individual, family and school counseling services.
<http://www.cssil.org/>

Salvation Army Service Center

3939 Caseyville Avenue
E. St. Louis, IL, 62204
618-583-8418
http://www.usc.salvationarmy.org/usc/www_usc_midland.nsf/vw-search/445D0B23A105D2E88625727A0058AFBB?opendocument

St. Vincent DePaul Society

3718 State St., E. St. Louis, IL 62205
Catholic Urban Programs, in close association with the St. Vincent de Paul Society, was established in 1973 to help alleviate the suffering of the poor, the elderly, and the homeless in East St. Louis, IL.
<http://www.cssil.org/charities/cup.asp>

c. Dental

Health & Opportunity Center

1835 Kingshighway
Washington Park, IL 62204
Phone: 618-482-7922

Services Offered: Adult and pediatric health and dental services.

d. Pregnancy Services

Planned Parenthood

4529 North Illinois (Lakeland Square)
Belleville, IL 62221
Phone: 618-277-6668

Area Served: All
Services Offered: Gynecological services such as: PAP, pelvic and breast exams. Contraceptives such as: pill, IUD, etc. STD testing for males and females.
HIV counseling and testing. Pregnancy testing.

Pregnancy Care Center

220 West Lincoln Street, Suite 308
Belleville, IL 62220
Phone: 618-233-2273

Area Served: St. Clair County and surrounding areas (no limits)
Services Offered: Offers alternatives to abortion, free pregnancy tests, individual counseling, clothing for children up to 4-5 years of age, maternity clothing, layettes for newborns, furnishings when available. Verification for P.A., MPC and WIC. Referrals for many needs such as adoption, education, Even Start, Head Start, Parents as Teachers, abstinence, etc. Information for help from the St. Clair County Community Services Directory.

e. Food Pantries

St. Clair County

<http://www.feedingillinois.org/need/?county=St.+Clair&submit=Map>

comprehensive list of food pantry locations

Clyde C. Jordon Food Bank

Congregate Meals, Home Delivered Meals, Information & Assistance, and Transportation: Western St. Clair County

6755 State St., East St. Louis, IL 62203

618-293-6700

llucas.ccjc@sbcglobal.net

f. HIV Services

The Metro St. Louis & St. Clair County HIV Health Services Planning Council

<http://www.stlpc.org/docs/0708guide.pdf>

Bethany Place

821 West A Street, Belleville, IL 62220

Phone: 618-234-0291

Web Site: www.bethanyplace.org

Area Served: St. Clair, Madison, Monroe, Bond, Clinton, Jersey, Calhoun and Macoupin **Services Offered:** Free/anonymous HIV testing, education, counseling, case management, referrals, HIV+ support group. Transitional housing program for HIV+ men.

2. Senior Citizen Services

a. General

Ill. Dept. on Aging

<http://www.state.il.us/aging/default.htm>

The Illinois Department on Aging helps older people live independently in their own homes and communities. As the population ages, services and programs for older people must evolve as well because longevity means more when quality of life is enhanced. To best serve older adults, we must also serve their families and teach younger people about the realities of aging, so many of our programs have an intergenerational

emphasis. Working with Area Agencies on Aging, community-based service providers and older people themselves, the Illinois Department on Aging strives to improve quality of life for current and future generations of older Illinoisans.

SWIAAA

<http://www.answeronaging.com/>

The Area Agency on Aging of Southwestern Illinois is a non-profit organization, one of 670 Area Agencies on Aging authorized by the Federal Older Americans Act to plan and administer senior services. The Agency is one of thirteen Area Agencies in Illinois authorized by the Illinois Act on Aging and designated by the IDOA. Our purpose is to promote the well being of older adults and to assist them in maintaining their independence in the community. The Agency plans, coordinates, and advocates for the development of a comprehensive service delivery system for the 115,268 older persons and their Caregivers living in our seven county region. PSA (Planning and Service Area) 08 is comprised of Bond, Clinton, Madison, Monroe, Randolph, St. Clair, and Washington counties. In addition, the Agency serves as the Catalyst for the St. Louis Metropolitan Access to Benefits Coalition. A twenty-member Board of Directors governs the Agency. The Board sets policy and makes decisions about programs and funding.

Southwestern Illinois College

Programs & Services for Older Persons (PSOP)

201 North Church Street

Belleville, IL 62220 618-234-4410 Ext. 7025

<http://www.swic.edu/psop/>

The Southwestern Illinois College's Programs and Services for Older Persons provides a wide variety of services, programs and activities to individuals age 55 or older. These opportunities are provided via centers and offices located throughout the college district. Programs include: Volunteer Opportunities (RSVP), Activities & Travel, Advocacy, Alternative Transportation Service (A.T.S.), Caregiver Counseling Program, Educational Opportunities, Employment & Training Program, Foster Grandparent Program, Health and Wellness, Senior Companions Home Care, Housing - Service Coordination Program, Information and Assistance, Older Adult Counseling Program, and Outreach (SHIP – Illinois

Division of Insurance volunteers assist individuals with Medicare, Medicare Part D, Illinois Cares and health insurance claims).

Catholic Urban Program

771 Vogel Place, East St. Louis, IL 62205

Phone: 618-398-5616

E Mail: CUP@Diobelle.org

Area Served: St. Clair County

Services Offered: Provides emergency services such as food, shelter, clothing, transportation, transient assistance and referral; outreach services to the elderly.

AARP

9B West Ferguson Avenue, Wood River, IL 62095

Phone: 618-254-0195

E Mail: scwoodrive@aol.com

Area Served: Madison and St. Clair Counties

Services Offered: This agency is a senior employment program that puts low income seniors to work, temporarily, with non-profit agencies in the community while they are searching for employment.

Other Locations:

Clyde Jordan Center, 6755 State Street

East St. Louis, IL 62203 618-397-5445

Community Development Block Grant Operation Corporation

301 River Park Drive, 3rd Floor, East St. Louis, IL 62201

Phone: 618-482-6635

Area Served: East St. Louis

Services Offered: Assists low/moderate income residents in housing rehabilitation and neighborhood stabilization programs; demolition projects; assists in purchasing homes. Provides emergency home repair for Senior Citizens.

Alzheimer's Support (for Caregivers)

Four Fountains Convalescent Center

101 South Belt West, Belleville, IL 62220

Phone: 618-277-7700

Services Offered: Support group for caregivers of persons with Alzheimer's Disease.

Area Agency on Aging of Southwestern Illinois

2365 Country Road, Belleville, IL 62221

Phone: 618-222-2561 Ext. 23 or 800-326-3221

Fax: 618-222-2567

E Mail: asks@answersonaging.com

Web Site: www.answersonaging.com

Services Offered: Provides state and federal funds to profit and non-profit organizations for direct services; coordinates existing resources for residents of Bond, Clinton, Madison, Monroe, Randolph, St. Clair and Washington Counties who are 60 years of age and older. Senior employment program for persons who are 55 years of age and older who meet income guidelines.

Gibson Health Services

1468 State Street, Suite 100

P.O. Box 368, East St. Louis, IL 62202

Phone: 618-274-6026

Area Served: Medicare/Medicaid boundaries are St. Clair and Madison Counties.

Services Offered: Provide home visits by skilled nursing, occupational/physical therapy, speech pathology, certified nurses aides, social workers. Nutritionist is also available.

Long Term Care Ombudsman

8787 State St. Suite 101, East St. Louis, IL 62201

618-398-0958 x226

bacoff@lollaf.org

Southwestern IL Visiting Nurse Association

#7 Executive Woods, Swansea, IL 62226

618-236-5863

teva@sivna.com

Case Management, Individual Needs Assessment, Elder Abuse, Medication Management, Residential Repair & Renovation: All 7 counties in PSA 8

Caregiver Counseling: Greater E. St. Louis Area

201 N. Church St., Belleville, IL 62220

618-234-4410

www.swic.edu

b. Residential Care Facilities**Lessie Bates Davis Neighborhood House**

1200 N. 13th St. E. St. Louis, IL

1045 State St. E. St. Louis, IL

5103 Bunkum Rd, E. St. Louis, IL

618-874-0777(618-18) 874-0777 ext. 1113 (618) 874-0777 ext. 1113

<http://www.lessiebatesdavis.org/>

Area Served: St. Clair County

Services Offered: Provides daycare, community and youth services; homemaking services for older adults. Family support services, recreation programs, emergency assistance for utilities/rent/clothing.

Calvin Johnson Care Center

727 North 17th Street, Belleville, IL 62226

Phone: 618-234-3323

Hours: 24-hour facility

Services Offered: Ventilator unit, Medicare unit, skilled therapies, intermediate care, activity programs, dietary services, 24-hour nursing services, respiratory therapy. Psychosocial Rehabilitation Program for individuals with severe/persistent mental illness.

The Touchette Elderly Apartments

1718 Wilford Avenue

E. St. Louis, IL

Home Instead Senior Care

2321 Country Road, Belleville, IL 62221

Phone: 618-234-7640

Web Site: www.homeinstead.com

Area Served: St. Clair and Monroe Counties

Services Offered: Non-medical companionship, meal preparation, light housekeeping, laundry, errands, incidental transportation, medication reminders, bathing/dressing.

The Grand Court

201 South Belt West, Belleville, IL 62220

Phone: 618-235-9300

Fax: 618-235-3944

Web Site: www.brookdale.living.com

Area Served: Belleville, St. Clair County

Services Offered: Independent retirement community offers full size apartments for rent. Rent includes three meals per day, housekeeping, activities, transportation, etc.

The Lincoln Home

150 North 27th Street, Belleville, IL 62226

Phone: 618-235-6600

Services Offered: Long or short term care offering 24 hour nursing care as well as psychological assessments and programming.

Meredith Memorial Home

Independent Living Facility

16 South Illinois Street, Belleville, IL 62220

Phone: 618-233-8780

Persons Served: For those who no longer want to live alone. Residents must be physically and mentally able to care for their own personal needs.

Services Offered: Private rooms and suites, pleasant environment, companionship, three nutritious meals daily, laundry facilities, 24-hour supervision and security,

Parents and Friends of the Community Integration Services

212 South 32nd Street, Belleville, IL 62226

Phone: 618-310-1549

Services Offered: Provide 24 hour residential support for the developmentally disabled adult men and women in the community under CILA rules by the State of Illinois. Support services include health care, speech therapy, activities in the community, social services, case coordination and behavior modification.

Parents and Friends of the Specialized Living Center

1450 Caseyville Avenue, Swansea, IL 62226

Phone: 618-277-7730

Web Site: www.pafslc.org

Area Served: Southern Illinois (34 counties)

Services Offered: Licensed and certified intermediate care facility for developmentally disabled adult men and women at least 18 years of age. Support services include health care, speech therapy, physical therapy, occupational therapy, activity therapy, social services, case coordination, behavior modification and 24-hour nursing service.

c. Hospice Care

Hospice of Southern Illinois

305 South Illinois Street
Belleville, IL 62220

Phone: 618-235-1703 or 800-233-1708

E Mail: info@hospice.org

Web Site: www.hospice.org

Area Served: 27 counties of Southern Illinois

Services Offered: In order to enhance the quality of life for individuals of all ages and their loved ones touched by a terminal illness, the following services are provided: consultation with patient’s primary physician; management of pain and symptom control; nursing services; counseling; volunteer services; and bereavement services.

Family Hospice of Belleville Area

5110 West Main Street
Belleville, IL 62226

Phone: 618-277-1800

Area Served: St. Clair, Randolph, Clinton, Madison, Monroe and Washington Counties

Services Offered: Medicare and Medicaid certified to provide services to individuals and their families who are experiencing the last phase of an incurable disease; 24-hour emergency services available.

Heartlinks

Family Hospice of Belleville Area
5110 West Main Street
Belleville, IL 62226

Phone: 618-277-1800

E Mail: dcuddeback@familyhospice.org

Services Offered: A community resource available to families with children who are experiencing or anticipating a death. The objective of the program is to provide support and fellowship for the children, while equipping parents and caregivers with the necessary tools to understand and help kids

New Day – Adult Grief Support

Mount Carmel Cemetery
10101 West Main Street
Belleville, IL 62223

Phone: 618-397-0181

Services Offered: Support for people who have lost a loved one, no matter what age.

d. Elder Assistance/Abuse Resources

Elder Abuse and Neglect Hotline: 1-866-800-1409, 1-800-544-5304 (TTY).
<http://www.state.il.us/aging/1abuselegal/abuse.htm>

Information on Aging and Referrals: 1-800-235-5503
www.dhss.mo.gov

AARP-Senior Employment Services: 314-367-6777
<http://www.aarp.org/>
 Aging Information for Seniors Help Hotline: 800 235-5503
www.dhss.mo.gov

Alzheimer's Association: 314 432-3422
 Serves St. Clair County
<http://www.alz.org/stl/>

Cardinal Ritter Institute: 314-961-8000
<http://cardinalritterseniorservices.org/>

County Older Residents Program (CORP): 314-615-4516,
 TTY (314) 615-4425
<http://www.co.st-louis.mo.us/dhs/CORP.html>

Partnership for Prescription Assistance: 888 477-2669
<http://www.pparx.org/>

Senior Services Hotline: 800 392-0210
<http://www.dhss.mo.gov/ElderAbuse/index.html>

Social Security: 800 772-1213
<http://www.ssa.gov/>

3. Children's Services

a. Facilities

Don Bosco Children's Center
 305 North Church Street, Belleville, IL 62220
 618-277-7055
 Don Bosco Children's Center is an emergency temporary shelter for abused and neglected children.

Baptist Children's Home and Family Services
 4950 Old Collinsville Road, Swansea, IL 62226
Phone: 618-624-4060
Web Site: www.bchfs.com
Area Served: Metro East, Vandalia, Waterloo, Columbia and Maryville
Services Offered: Counseling for children, adolescents, adults, couples and families. We also provide adoption services, foster care and have a maternity home and residential home for adolescents.

Belleville Area Special Services Cooperative (BASSC)
 2411 Pathways Crossing, Belleville, IL 62221
Phone: 618-355-4700
Fax: 618-355-4415
Web Site: <http://web.stclair.k12.il.us/bassc/>
Area Served: All St. Clair County school districts
Services Offered: Comprehensive program of educational, diagnostic and supportive services for children ages 3-21 with disabilities.

Hazel Bland Promise Center
 2900 State Street, East St. Louis, IL 62205
Phone: 618-274-3500
Area Served: East St. Louis, Canteen, Centreville, Cahokia and Washington Park
Services Offered: Serves severe and profoundly mentally handicapped and physically handicapped children, 0-21. Provides education, social services, family support, homebound, transportation and meals.

Children's Center for Behavioral Development
 353 North 88th Street, Centreville, IL 62203
Phone: 618-398-1152
E Mail: CCBD@MVP.COM
Area Served: Madison, Monroe, Randolph, St. Clair, Clinton and Jersey Counties
Services Offered: Day Treatment Services – Special education program for emotionally disturbed, behaviorally disordered and learning disabled children/adolescents, ages 5-21. Services include physical education, art, computer literacy and vocational education classes.

b. Services

Illinois Department of Children and Family Services

#10 Collinsville Avenue, East St. Louis, IL 62201

Phone: 618-583-2080 or 800-252-8635

Area Served: St. Clair and Madison Counties

Services Offered: Provides protective services for children who are neglected, exploited and/or abused; child welfare services which include family counseling, foster care, day care, homemaker and adoption services.

Other Locations:

6401 West Main Street, Belleville, IL 62226

618-394-2150

5601 State Street, East St. Louis, IL 62203

618-398-5910

<http://www.state.il.us/dcfs/index.shtml>

Lutheran Child and Family Services of Illinois

208 North Illinois, Belleville, IL 62220

Phone: 618-234-8904

Fax: 618-234-0218

Services Offered: Services for Children: adoption, home-based and foster care services. Services for Families: individual, marital and family counseling; Family Life Education; pregnancy counseling. Services for the Community

<http://www.lcfs.org>

Big Brothers Big Sisters of Southwestern Illinois

6400 West Main Street, Suite 1G

Belleville, IL 62223

Phone: 618-398-3162

Fax: 618-398-3791

E Mail: bbbsbell@peaknet.net

Area Served: St. Clair, Madison, Monroe and Clinton Counties

Services Offered: Provides mentoring services to at risk youth ages 6-14 by matching them with a positive role model; counseling services also available.

<http://www.bbbsil.org/>

Grandparents Raising Grandchildren

2133 Johnson Rd, Granite City, IL 62040

618-452-8900 x112

www.childrenshomeandaid.org

Child and Family Connections

4941 Benchmark Centre, Suite 200

Swansea, IL 62226

Phone: 618-624-3309 or 888-594-8364

Web Site: www.specialchildren.net or

www.childandfamilyconnections.org

Area Served: Madison, Monroe, Randolph and St. Clair Counties

Services Offered: Child and Family Connections will help families with children between birth and age three, with disabilities, delays or at-risk conditions to obtain evaluations and assessments. They will help determine eligibility for early intervention services.

Children First Foundation

2217 West Main Street, Belleville, IL 62226

Phone: 618-235-6192

Web Site: www.children1stfoundation.org

Area Served: Madison and St. Clair Counties

Services Offered: Visitation Exchange Centers –Court ordered neutral site for exchange. Locations in St. Elizabeth’s Hospital, Belleville

Young Men’s Christian Association of Southwest Illinois

424 Lebanon Avenue, Belleville, IL 62220-4127

Phone: 618-233-9485

Fax: 618-233-9486

Web Site: www.ymcaswil.org

Area Served: Five counties in Southwestern Illinois

Services Offered: Provides programs of group activities, social, recreational and education services for boys, girls, men, women, elderly and handicapped.

Other Locations:

Downtown Belleville YMCA

Robert L. and Elsie A. Kern Center

200 South Illinois Street

Belleville, IL 62220-2132

Parents of Murdered Children and Other Survivors of Homicide Victims (POMC)

#9 North 17th Street, Belleville, IL 62226

Phone: 618-972-0429

Services Offered: Provides support to family and loved ones enduring the horrors associated with the loss of a loved one who has been murdered.

<http://www.pomc.com/>

SIUE Head Start/Early Head Start Program

Southern Illinois University at Edwardsville

East St. Louis Higher Education Center

601 James R. Thompson Blvd.

Building C, Suite 103, East St. Louis, IL 62201

Phone: 618-482-6955

Web Site: www.siu.edu/ESL/hs/headstart.htm

Persons Served: Children ages 3-5 from low-income families and children with disabilities in St. Clair County. Centers are located throughout the county in over twelve locations. Early Head Start serves children 0-3 and their families.

Southern Illinois Healthcare Foundation

8080 State Street, East St. Louis, IL 62203

Phone: 618-397-3303

Web Site: www.sihf.org

Services Offered: Provides a wide range of outpatient medical services including primary 80 healthcare for adults and children, women's health services, family planning, HIV testing and counseling, education, etc.

Other Locations:

Adult Care Center, 6010 Bond Avenue

Centreville 618-337-8153

Mother & Child Center, 6000 Bond Avenue

Centreville 618-332-2740

Quick Care State Street Center, 2001 State Street

East St. Louis, IL

St. Clair County Child Advocacy Center

226 West Main Street, Suite 100

Belleville, IL 62220

Phone: 618-277-1134

E Mail: stclaircac@sbcglobal.net

Web Site: www.stclairchildadvocacycenter.org

Services Offered: Forensic interviews and case coordination after an allegation of sexual or serious physical abuse. Child witnesses to violent crimes may also receive services. Medical examinations for the children seen at the agency are also available. Children must be referred by law enforcement or DCFS.

Other Locations:

Helen Davis Center, 109 North 13th Street

East St. Louis, IL 62201 618-875-1005 Monday thru

Vivian Adams Early Childhood Center

501 North 10th Street, East St. Louis, IL 62201

618-646-3290 or 397-8930 Extension 183

East Side Health District

638/650 North 20th Street, East St. Louis, IL 62205

Phone: 618-271-8722 or 618-874-4713

Fax: 618-875-5038

Web Site: www.eshd.org

Area Served: Canteen, Centreville, East St. Louis and Stites Townships
Services Offered: Provides adverse pregnancy outcome reporting service; newborn screening; Childhood Preventive Lead Screening; AIDS counseling and testing program; communicable disease program; sexually transmitted disease program; immunization clinic; Women Infant and Children (WIC) Program; vital statistics (birth and death certificates;) dental health; influenza vaccine program; school physicals; Well Child Clinic; AIDS Consortia Case Management; environmental health (inspection of water supply, food service establishments, sewage disposal and solid waste.) Healthy Heart education for women, abstinence education (teens and grade schools,) abstinence library available to community.

Adventures in Motivation

430 Wimmer Place, East St. Louis, IL 62205

Phone: 618-271-2515

Fax: 618-397-4976

E Mail: AIM8321@AOL.COM

Area Served: Greater East St. Louis area

Services Offered: Leadership Institute Program for high school students: 9th-12th grade who have demonstrated leadership potential and scholar merit.

<http://www.illinois.gov/iwa/eaststlouissummary.cfm>

Illinois Center for Autism

548 South Ruby Lane, Fairview Heights, IL 62208

Phone: 618-398-7500

E Mail: info@illinoiscenterforautism.org

Web Site: www.illinoiscenterforautism.org

Area Served: Southern Illinois

Services Offered: Provides the following programs for individuals with autism: Children's Special Day School which provides educational services, speech therapy, music therapy, physical education, and behavior modification therapy for children ages 3-21. Satellite Inclusion that provides mental health treatment and education in seven public school inclusion settings. Vocation Services which provides vocational training and employment opportunities for adult clients in the community.

East St. Louis Agreement for Special Education

1005 State Street, East St. Louis, IL 62201

Phone: 618-646-3135

Fax: 618-583-8361

Area Served: School Districts #188 and 189

Services Offered: Comprehensive program for handicapped children, 3-21 years of age.

http://www.estlps189.net/departments/spcserv/spcserv_welcome.html

Epilepsy Foundation of Southwestern Illinois

140 Iowa Avenue, Suite A

Belleville, IL 62220

Phone: 618-236-2181

E Mail: ellenepilepsy@sbcglobal.net

Web Site: www.epilepsyfoundation.org/local/swillinois

Area Served: Bond, Clinton, Madison, Monroe, St. Clair, Randolph, Washington Counties

Services Offered: Provides client and family support, residential services, Community Integrated Living Arrangement, Community Supportive Living Arrangement, Children's Camp Program and community education.

Diocese of Belleville – Office of Youth Ministry

2620 Lebanon Avenue, Belleville, IL 62221-3299

Phone: 618-235-9601 Extension 130

Fax: 618-235-7114

E Mail: ckennett@diobelle.org

Web Site: www.bellevillyouthministry.catholicweb.com

Area Served: 28 counties of Southern Illinois

Services Offered: Socialization and community service opportunities for high school youth; leadership opportunities for high school youth through an annual Youth Conference; training in cultural diversity for elementary school students.

4. Mental Health Resources

a. Facilities

Comprehensive Mental Health Center of St. Clair County, Inc.

Housed in a new 73,000-square-foot campus located in East St. Louis, the facility includes all of the various programs that the agency offers in one location with the exception of its six residential sites. http://stlouis.bizjournals.com/stlouis/stories/2008/01/07/daily63.html?jst=m_in_hl&surround=lfm

3911 State Street, East St. Louis, IL 62205

Phone: 618-482-7330

Fax: 618-482-4351

E Mail: thecenter@cmhc1.org

Area Served: Stites, Sugarloaf, Canteen, East St. Louis, Centreville, Cahokia, East Carondelet, Dupo, Washington Park, Alorton, Brooklyn, Fairmont City, National City, Sauget and Caseyville west of Highway 157.

Services Offered: Outpatient Services – Short term services designed to meet the needs of children, adolescents and adults experiencing emotional problems; follow-up care for chronically mentally ill who have been hospitalized; 24-hour intervention; drug and alcohol counseling. Day Services – Day treatment for mentally ill adults; developmental training for developmentally disabled adults. Drop-In Center provides day activities for chronically mentally ill. Residential Services – Provides group home community residential settings for chronically mentally ill adults and housing options for developmentally disabled individuals. Specialized Services for Children/Adolescents – Services for children, 0-9 experiencing emotional/behavioral problems; Parenting for Success for parenting teens, 13 thru 19, geared to help participants develop parenting skills. Emergency and Crisis Intervention Services are offered 24 hours a day, 7 days a week. Professional staff provides walk-in, outreach and telephone intervention to persons of all ages who are in crisis. For individuals who experience both mental illness and substance abuse.

Illinois Dept. of Human Services, Division of Mental Health

<http://www.dhs.state.il.us/page.aspx?item=29728>

The Division of Mental Health (DMH) provides a wide variety of services at all levels for adults and children throughout the state. Every individual who suffers from a mental condition has different circumstances that will require a unique set of services/level of care to address their specific needs. These services are offered through hundreds of DMH partners called “Providers” (i.e. mental health clinics, agencies and hospitals). Providers serve as ‘front doors’ to enter the publicly funded system of mental health care.

Counseling Center, Southwestern Illinois College

2500 Carlyle Avenue, Belleville, IL 62221

Phone: 618-235-2700 Extension 5206

Web Site: www.swic.edu

Area Served: Southwestern Illinois Community College District 522

Services Offered: Qualified counselors assist students and potential students with academic, career and personal counseling.

CUPFUL/NAMI

1505 Market Avenue

Lower level at Church of God

East St. Louis, Illinois

Phone: 618-271-0527 or 314-868-8031

Web Site: www.cupful.nami.org

Services Offered: Provides useful resources and referral to families, friends, caregivers and the community. Also, provide opportunities for advocacy on behalf of those facing the challenge of mental illness. CUP provides emergency food, funds and shelter, and advocates for people on the fringe of society

Developmental Disability Services of Metro East

2900 Frank Scott Parkway West

Suite 928, Belleville, IL 62223

Phone: 618-236-7957

Area Served: St. Clair and Madison Counties

Services Offered: Provides Individual Service Coordination to persons who are developmentally disabled: Provide referral and linkage to respite services, day programs, residential programs, educational, vocational, employment, counseling, family support and other disability specific services.

Chestnut Health Systems, Inc.

12 North 64th Street, Belleville, IL 62223

Phone: 618-397-0900

Area Served: Belleville and eastern St. Clair County

Services Offered: A comprehensive array of behavioral healthcare services including: prevention services; individual and group outpatient therapy/counseling for adults, children and adolescents; 24-hour crisis intervention services; supervised and supported housing; psychosocial rehabilitation with employment opportunities; preadmission screening for nursing facility placement; adult case management; mental health juvenile justice for adolescents; psychiatric services for children, adolescents and adults.

Family Support Unit

6400 West Main Street, Suite 3A

Belleville, IL 62223

Phone: 618-394-9310

Area Served: St. Clair County

Services Offered: Outreach/support program that promotes independent living for the developmentally disabled; client assessment, life skills training, information and referral, financial resource assistance, residential alternatives, respite, social services and community education.

Memorial Hospital Mental Health and Counseling Services

4500 Memorial Drive, Belleville, IL 62226

Phone: 618-257-5494

Services Offered: Individual counseling for alcohol and drug dependency, depression and anxiety; family and marriage counseling; counseling for other behavioral disorders.

St. Clair County Mental Health 708 Board

307 East Washington, Belleville, IL 62220

Phone: 618-277-6022

Fax: 618-277-5507

Web Site: www.stc708.org

Area Served: St. Clair County

Services Offered: As the local mental health authority, responsible for funding, planning and implementing a comprehensive system of behavioral health, developmental disability and substance abuse services for all residents of St. Clair County in need of such services.

b. Residential Treatment Centers

Alton Mental Health Center: 618 474-3200

Comprehensive Mental Health Care of St. Clair County: East St. Louis: 618 482-7385

Gateway Foundation: Belleville: 618 234-9002, Caseyville: 618 345-3970

Gateway Regional Medical Center: Granite City: 618 798-3000

Gateway Regional Resource Center (IP Psych): 618 798-3888

Kenneth Hall Regional Hospital: East St. Louis: 618-274-1900

Memorial Hospital: Belleville: 618 233-7750

St. Anthony's Hospital: Alton: (OP Psych) 618 474-6240

St. Elizabeth's Hospital: Belleville: 618 234-2120 or 1-800-800-9011

5. Chemical Dependency Services

a. In Patient & Out Patient Treatment Services

Behavioral Healthcare Addiction Services

St. Elizabeth's Hospital
211 South Third Street
Belleville, IL 62222

Phone: 618-234-2120, Extension 1555

Web Site: www.steliz.org

Hours: 24 hour facility

Area Served: Metro East

Services Offered: Provides inpatient day treatment and evening treatment for adults with alcohol and drug addictions.

Center for Addictions Rehabilitations and Treatment Services (ARTS)

4601 State Street
East St. Louis, IL 62205

Phone: 618-482-7385

Web Site: www.cmhc1.org

Area Served: St. Clair County

Cornell Interventions

302 North 5th Street
East St. Louis, IL 62201

Phone: 618-271-4542

Fax: 618-271-5975

Web Site: www.cornellcompanies.com

Area Served: Southern Illinois

Services Offered: An outpatient methadone maintenance program for adult males and females addicted to opiates. The program also serves dually diagnosed, or mentally ill substance abusers.

Gateway Foundation

7 North High Street
Belleville, IL 62220

Phone: 618-234-9005

Area Served: Metro East

Services Offered: Outpatient program provides diagnostic and non-residential treatment for chemically dependent youth and adults; includes individual and group counseling, intensive outpatient, aftercare, women's and MISA programs.

b. Addictions & Dependency Resources, Programs & Groups

Adult Children of Alcoholics (ACOA)

700 North 66th Street
Belleville, IL 62223

Phone: 618-397-0584

Hours: Meetings are held every Wednesday at 7:30 pm to 8:30 pm.

Services Offered: A fellowship of individuals who share their experience, strength and hope to recover from the effects of an alcoholic household or dysfunctional family.

Co-Dependents Anonymous (CODA): 995-1103

Debtors Anonymous: 851-0195

Gamblers Anonymous: 888-238-7633

Metropolitan Psychiatric Center: 877-0776 (ER)

National Council on Alcohol and Drug: 962-3456

Narcotics Anonymous: 830-3232

NA Hotline: 800 711-6375

Overeaters Anonymous: 638-6070

Rational Recovery: 420-5269

Sexaholics Anonymous: 995-2687

St. Louis Behavioral Medicine (eating disorders): 636-532-9188

6. Domestic Violence & Sexual Assault

a. Emergency Shelters

St. Clair County Homeless Hotline
1-800-207-3409

Catholic Urban Programs (CUP)
771 Vogel Place, East St. Louis, IL 62201
618-398-5616
619 North 7th St., East St. Louis, IL 62201
cup@icss.net

CUP is dedicated to alleviating the pain and suffering of the poor and elderly. Our ministries are as comprehensive and as universal as the needs of human society. They take us wherever they are needed. Our work is concentrated in the Diocese of Belleville, particularly in St. Clair County and in the City of East Saint Louis.

<http://www.ccsil.org/charities/cup2.asp>

The Family Center of Catholic Urban Programs and the Diocese of Belleville is a social service agency that provides a comprehensive support system for low income families residing in East St. Louis, IL. Programs are individualized to meet family needs and include education, personal development, and assistance with housing, employment, medical needs and other life essentials.

Second Chance Shelter
240 North 6th Street, East St. Louis, IL 62201-3001
Phone: 618-482-5662
Fax: 618-874-0223
E Mail: 2ndchanceshelter@sbcglobal.net
Hours: 24 hour facility

Area Served: All St. Clair and Madison Counties

Services: Emergency shelter for those who are homeless due to a crisis or a disaster. Rental and utility assistance is offered when funds are available (Illinois only.) Life Skills training and education program provided, tutoring for school-aged children, counseling services to homeless families, a food pantry and referrals to other agencies.

Dorris' Helping Hand Shelter for Homeless Men
1501 Winstanley St.
East St. Louis, IL 62204
(618) 271-1466
Homeless men 21 years of age and older

Holy Angels Shelter
1410 N. 37th St.
East St. Louis, IL 62201
(618) 874-4079

Holy Angels Shelter located on the grounds of the former Holy Angels Parish in East Saint Louis, is a 24-hour transitional shelter for women, women with children, and intact families. Single men, especially elderly men, can be housed in the finished basement rooms. Women and their children; no men or boys over the age of 14 allowed.

Violence Prevention Center
Belleville, IL 62220
(618) 235-0892
Women and their children who are victims of domestic violence. No men or boys over the age of 14 allowed
<http://www.vpcswi.org/>

Salvation Army
4102 W. Main St., Belleville, IL 62220
(618) 236-2176
<http://www.usc.salvationarmy.org/>

b. Support Services & Counseling for Domestic Violence & Sexual Assault

SART (St. Louis Regional Sexual Assault Center): 314 726-6665;
Pager: 314 388-5566
Sexual Assault Center (24 hour hotline): 314 531-7273
Women and Community Services (hotline): 314 531-2003

7. Supportive Services

a. Veterans

Illinois Department of Veterans Affairs

#10 Collinsville Avenue, East St. Louis, IL 62201

Phone: 618-583-2065

Fax: 618-583-2283

Area Served: Metro East area

Services Offered: Provides assistance to all veterans, their dependents and survivors in applying for benefits.

<http://www.veterans.illinois.gov/>

b. Housing

St. Clair County Housing Authority

1790 South 74th Street, Belleville, IL 62223

Phone: 618-277-3290

E Mail: www.sccha.org

Area Served: St. Clair County

Services Offered: Provides housing for low income and middle income families.

<http://www.sccha.org/>

Corporation for Supportive Housing

205 W Randolph, 23rd Floor

Chicago, IL 60606

Tel: 312-332-6690

<http://www.csh.org/>

CSH helps communities create permanent housing with services to prevent homelessness.

c. Legal

Land of Lincoln Legal Assistance Foundation, Inc.

327 Missouri Avenue, Suite 300

East St. Louis, IL 62201

Phone: 618-271-9140 Extension 231

New Clients – 618-874-8214

Area Served: Serves Clinton, Monroe, Randolph, St. Clair and Washington Counties.

Services offered: Serves senior citizens and nursing home residents in St. Clair County

Senior Citizens Legal Services

All 7 counties in PSA 8

8787 State St. Suite 201

East St. Louis, IL 62203

618-398-0958 x226

kfleshren@lollaf.org

The Neighborhood Law Office

An outreach of Catholic Urban Programs in East St Louis, opened in September 1996. The Office charges no fees for its services. The mission of the Neighborhood Law Office is to help families in the Metro East St. Louis area create a healthy, safe and clean environment, which will foster neighborhood renewal. <http://www.ccsil.org/charities/cup.asp#nlo>

Attorney General of Illinois

201 West Pointe Drive, Suite 7

Belleville, IL 62226

Phone: 618-236-8616

Web Site: www.illinoisattorneygeneral.com

Area Served: 11 Southern Illinois counties

Services Offered: Services to the public include referrals for customer complaints. Main service is provided to other state agencies involved in litigation.

d. Employment

Illinois Employment and Training Center

4519 West Main Street, Belleville, IL 62223

Phone: 618-277-5678 Extension 363

<http://www.ides.state.il.us/worknet/default.asp>

Reclaiming Futures St Clair County, IL

218 A West Main

Belleville, IL 62220

Phone: 618-277-0410 Ext. 116

rmargrabe@tasc-il.org

SAVE, Inc. (St. Clair Associated Vocational Enterprises)

3001 Save Road

Belleville, IL 62221

Phone: 618-234-1992

Web Site: www.saveorg.org

Area Served: For adult residents of St. Clair County with developmental and/or other types of disabilities.

Services Offered: Developmental Training Program: Provides training in vocational skills development, independent living skills, socialization and community access. Vocational Development Program: Provides work activities, job exploration, Residential Services: Includes Supported Living Arrangement Group Homes, semi-independent living settings and respite services. JOBtrack: Provides supported employment services including job development, placement and training in competitive employment settings.

Urban League of Metropolitan St. Louis/E. St. Louis

1401 Broadway, E. St. Louis, IL 62201

Phone: 618-274-1150

Began in 1918 as the Urban League of the St. Louis Provident Association as a result of a race riot in East St. Louis, to adjust advocacy, basic needs, jobs and education help for African Americans and others. Initiated a process in 2005 to identify and evaluate significant future challenges, client needs, trends and resources. <http://www.linkedin.com/companies/urban-league-of-metropolitan-st.-louis>

e. Natural Resources

Illinois Dept. of Natural Resources

<http://www.dnr.state.il.us/index.htm>

The IDNR mission is to manage, conserve and protect Illinois' natural, recreational and cultural resources, further the public's understanding and appreciation of those resources, and promote the education, science and public safety of Illinois' natural resources for present and future generations.



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