

OSH Replacement Project
Community Forum Questions & Comments
February 13, 2008

<i>Employee Support:</i>	
Is there a general feeling of excitement as we, pioneers in Oregon, embark on building the best hospital in the nation for people challenged with mental illness?	We are excited about the opportunity in Oregon to move our care into the 21st century with a renewed vision for recovery and wellness. These will be central ideas built into the structure and staffing of our new facilities--and we're not waiting until the buildings arrive to begin doing these kinds of things in the old walls and rooms of Oregon State Hospital.
If the goal is to depend on “expertise”, how will the current workers get ideas to the design team? Hospital administrators do not know what the floor staff does....	The OSH Replacement Team and OSH leadership has received many ideas related to the design of the new facility. These, along with any new ideas, will be considered by the architects during the design phases. Communication meetings will continue with additional outreach meetings with staff planned for March 2008. We also have set up a new venue to capture comments and rumors from staff, which will also be posted to the Web.
<i>Consumers/Patients:</i>	
Have you thought about having a vegetable and flower garden on the grounds either on Center Street or in SE Salem, which would be cultivated by patients?	Stakeholders and others have suggested that a garden/greenhouse be built into the new facility as part of a therapeutic recovery model.
Does the term Consumer = Patients?	Yes, but “persons” is an even better term.
Would it be possible to put more money into the community with the building of the new treatment center? How, and with what kind of enterprises? My ideas include: Restaurants, Coffee Shops, Green House,	The city-within-a-city model incorporates many of these features so as to provide patients with an authentic living environment that reflects typical day-to-day living.

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<p>Flower Shop, or a dog park.</p>	
<p>Why has the State dismissed the advice of the consultant obtained by the DHS that stated no modern hospital for mental health services should be more than 300 beds?</p>	<p>The state is following the legislatively approved recommendation from the Framework Master Plan Phase II Report. We recognize, as stated by the OSH contracted chief psychiatrist, that it is important to provide treatment to small groups of patients. To this end, the proposed plan for the new facility is to provide living units consisting of 20-30 patients grouped into smaller sub-clusters of 8-13 people. Each group of living units will be provided treatment in malls that serve groups ranging from approximately 110 to 230 individuals. This ability to create these smaller groupings in a 620 patient facility allows for economies of management and access to a wider verity of treatment to meet individual needs.</p>
<p>DHS states that they are most concerned with treating OSH patients with dignity and respect. It feels like lip service when they talk about a hospital on the original site which is overcrowded, unsafe and already overstressed. I've been told the rationale for building on Center Street is due to ease of access to bus and other services. The rationales are weak and make no sense. There is no reasonable plan for moving patients, staff and services to the other side of the street. You are asking for a dangerous, sentinel event (in) moving forward with that plan. Why not reconsider unused stet</p>	<p>We recognize the challenge of constructing a new facility on the existing hospital grounds. We will maintain quality and appropriate services to patients in an environment that is safe and secure. Staff will provide care and treatment away from the construction and we will ensure the safety of the community. During construction, patients will be managed within existing, secure and appropriate housing on campus. The Salem site was selected because it will allow the state to construct a mental health treatment and recovery facility near the largest majority of OSH patients' home communities. The Salem community is accustomed to having a large</p>

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<p>land?</p>	<p>psychiatric hospital on this site and while not unanimous is generally supportive of the hospital remaining here.</p> <p>The current state hospital grounds are well suited to meet the needs of patients, particularly in assuring development of a statewide continuum of care to ensure smooth and appropriate transitions for hospital patents as they work toward recovery.</p> <p>Relationships with patients’ employers, neighbors and local hospitals (used for emergencies and other serious medical needs) will be maintained.</p> <p>The Salem site provides a great opportunity for patients to make a successful transition from hospital-level care to independence in their home communities.</p> <p>Four northern sites were studied during the selection process. The current hospital site ranked No. 1 followed by the DOC-Turner site, which contains the DOC firing range.</p>
<p>It would make sense to me to place the State Hospital in a position that provides families with the opportunity to visit loved ones that have been committed. Why would we not divide the campus to locate the hospital facilities in such a way that people from different regions of the state will have easy access (to) be able to visit family members that are in the hospital’s care?</p>	<p>We are developing the plan described above to assure the availability of all needed discharge resources (facilities, housing, treatment and other supports) on an equitable basis in all counties and areas of the state so that no county bears an unreasonable share of responsibility for accepting people who are safe and ready for discharge.</p> <p>The patients admitted to hospital come from counties throughout Oregon:</p> <ul style="list-style-type: none"> • 55 percent come from the North Willamette Valley

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	<p>and north coast regions</p> <ul style="list-style-type: none"> • 38 percent come from the South Willamette Valley, Central Coast and Southern Oregon regions • 7 percent come from Eastern and Central Oregon Regions
<i>Staffing:</i>	
How many more employees and staff will be hired?	Even without knowing the exact number of staff needed, it is clear that more staff will be required. A DHS-convened Psychiatric RN Work Force Development report is nearly ready for release and makes recommendations for increasing the availability of psychiatric nurses to work in the new psychiatric facilities. That document will soon be posted on the DHS Web site. DHS will also add to an interagency agreement with the Oregon Health and Science University for more psychiatrists for the Salem campus.
If the OSH is reduced to 320 beds, what happens to the staff that will lose their jobs?	The current approved plan is for a 620 patient facility and all our staffing models are based on that plan. If the plan were to change we would develop new staffing models and any loss of staff would be handled in accordance with current labor agreements.
How many living wage jobs would be lost if (the) size is reduced as proposed by Mayor Taylor?	See above
<i>Siting:</i>	
Where is the smaller Hospital being considered? Where	We are building a 620-person hospital in Salem and a 360-

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<p>is the building site? Have you thought of moving the hospital to the old mushroom plant land?</p>	<p>person hospital in Junction City. This property was not offered to the state for consideration.</p>
<p>If the existing mental hospital/prison was not already in downtown Salem, but the land was available to build on, would the location (still) be chosen over other possible sites?</p>	<p>Of the four sites studied during the selection process, the current Salem site was rated No. 1 based on criteria established by the joint Legislative Committee.</p>
<p>Is it really too late to make a change in plans if doing so is in the best interest of this community and the patients? If so, why?</p>	<p>If we are to meet the 2011 opening date, it is too late to start over with a new site selection. The continuous improvement plan implemented to address the needs of patients and staff is reliant upon the new facilities and adds considerable urgency to staying on schedule.</p>
<p>Forget what properties the state currently does or does not own, do you really think that the center of any city is the best place for a facility like this? I don't!</p>	<p>Cities in many parts of the U.S. and Canada host well-operated, safe and effective services in central areas.</p>
<p>Since when does the state government care whether the land for any project was or has been "offered" to them?</p>	<p>The State of Oregon must follow state laws and policies when acquiring and developing land. These include a site solicitation process and an evaluation of state owned property.</p>
<p>What about separate facilities for forensic vs. non-forensic patients? (How do their) needs (differ)? What about locating the forensic facility next to the Prison?</p>	<p>Forensic services are usually a specialized area of practice and delivery, mainly because of differing legal frameworks. Community-based or hospital-based facilities are most effective when designed and programmed to meet the clinical needs of the residents as well as security needs. These are the factors included in the decision making</p>

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	<p>regarding replacement design and the development of community facilities. Both the new Salem facility and the Junction City facility are or will be near DOC facilities.</p>
<p>I'm a little late coming into this discussion. I understand that we are replacing the current hospital, but was the option of building several smaller facilities explored, or must we replace the entire facility with one that is so large?</p>	<p>The size of the two hospitals is based on projected need. Oregon enlisted the consultant team of KMD Architects and Planners with New Heights Group, the mental health systems specialists, to develop options for replacing the current hospital. KMD has been designing mental health facilities across the country since 1964. KMD's model for improving mental health treatment throughout the continuum of care – front-end, hospitalization and back-end – not only meets the anticipated growth in need but does so in a way that enhances a community-based system. This approach strengthens the ability of communities to provide the care and services their residents need, and ensures that all Oregonians have access to a consistent, high-quality level of care regardless of where they live.</p>
<p>(What about) 92, 5 bed-group homes?</p>	<p>We cannot match these numbers to any single part of our budget. As one part of our community development plan we did receive approval to create <u>92 forensic placements</u> across the entire state in 07-09 biennial budget.</p>
<p>(The) Site recommendation document indicates that construction will take two years (2009-2011). Is that</p>	<p>The estimated costs for each were comparable. The selection was based on the advantages of the size and location.</p>

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<p>correct for a \$258 million (dollar) Hospital? Why did you pick the high cost options for both Hospitals in Salem and Junction City? How will patients be moved from South Center (Street) Hospital to make room for the new Hospital? How many patients will be moved? Will temporary housing be used?</p> <p>How many group homes are in Salem?</p>	<p>The number of patients who will be moved during construction has not been determined.</p> <p>We are projecting a 30-month construction period.</p> <p>Patients will be cared for within the existing hospital facility that is located on the north side of Center Street.</p> <p>16: There are five residential treatment facilities, one residential treatment home and 10 adult foster homes throughout Marion County.</p>
<p>I understand the new facility will be on the south side of Center Street. What will happen to the facilities on the north side?</p> <p>Also, how will Center Street be impacted during Construction?</p>	<p>No decisions have been made about the north side of Center Street but a number of creative ideas for re-use are coming forward.</p> <p>The state and its contractors are committed to showing respect to everyone involved during construction by ensuring that, to the extent possible, dust is controlled, noise and vibration are minimized, access to homes and businesses is maintained and traffic flow is minimally interrupted. Safety of patients, workers, neighbors and visitors will be paramount.</p> <p>Generally, work will be restricted to weekdays between 7 a.m. and 4:30 p.m., although occasional overtime may be required for time-sensitive work. Contractors will be</p>

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	<p>required to adopt noise- and dust-control measures during construction.</p> <p>Asbestos abatement and removal of lead-based paint will be the first order of work. Depending on the amount of these materials present, buildings or areas may be under stringent hazmat containment and control processes to ensure the safety within the campus and surrounding areas. This phase is expected to last about two months</p>
<i>Construction:</i>	
<p>How will the toxic spill from the prison affect the new build?</p>	<p>Our consultants continue to meet with DOC about the ground water mitigation project currently under way. This project relates to contamination of the groundwater by a prison dry cleaning operation now terminated. Remediation efforts include a pump and treat system and several groundwater wells. The pump and treat systems work by drawing contaminated water from the subsurface, pumping that water to the aeration/treatment system, capturing the volatile airborne compounds in a charcoal bed and returning the clean water to Mill Creek under a discharge permit with DEQ.</p> <p>These treatment efforts have been under way for several years. In general, contaminant levels have been decreasing, with some exceptions. A new well was recently installed on the OSH site to further characterize the contaminant plume</p>

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	<p>along the north edge.</p> <p>We are working on a concept of consolidating the wetlands and adding storm water retention in the south buffer zone area around the ground water mitigation project. We are going to have the A/E perform a groundwater modeling exercise to project the effects of this approach to the groundwater project.</p>
<p>Will contractors use union employees to build the hospital?</p>	<p>Yes, usually more than half of the labor provided during construction is from union shops. The Oregon Building Trades Council is the umbrella organization that works with the various union trade organizations. The Oregon Apprenticeship Program does not require that construction workers licensed in their trade to be trained through union shops. There are several non-union organizations that provide apprenticed training programs.</p>
<p>When will the final design be selected? Will the public have opportunities to comment on the “final” plan?</p>	<p>The next Stakeholders Group Meeting is in April at which time a recommended footprint will be presented. We will be doing additional outreach to present the information to other groups that have a vested interest.</p>
<p>What is the process/timeline for Demolition? (What concern(s) of the impact of contaminants on surrounding residential neighborhoods? What safeguards (will be used)?</p>	<p>The state is committed to seeking an appropriate review before making any decisions about the future of the OSH campus. The decision is not as simple as what to demolish and what to preserve or mothball, but what can be revitalized, restored, reused, recycled and repaired. DHS contracted with the Hammes Company, an outside</p>

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	<p>consultant to conduct an in-depth review of the Salem site to ensure that the site was appropriate for the planned facility. The review included environmental studies, soil testing, structural analysis of current buildings and preliminary historical and cultural reviews. The identified issues include groundwater monitoring wells, wetlands, utility easements, existing trees, potential archeological finds and structures that are listed as historical buildings.</p> <p>DHS is committed to working with the local community and stakeholder groups, within the local, state and federal guidelines to address these issues in an open and appropriate manner. DHS has contracted with a project management consultant, a design firm and a construction contractor to advise the agency on the associated risks and challenges identified with the Salem site.</p>
<i>Neighborhoods/Residences of Consumers:</i>	
<p>How many released Forensic Patients live in the Northeast Neighbors (NEN), one of the city's neighborhood associations? (For boundaries see SalemNE.org) Of those patients, how many lived in the neighborhood (NEN) at the time they committed the crime?</p>	<p>Staff is still researching and seeking legal counsel on how to respond.</p>
<p>One handout says that neighborhood associations are represented on the Stakeholders group. How many</p>	<p>The neighborhood associations have been invited to participate.</p>

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<p>representatives of the neighborhood are on the group and who are they? How long have they been on the group?</p>	<p>Both Salem City Councilmen Chuck Bennett and Bruce Rogers attend the Stakeholders Group meetings.</p>
<p>Adjacent neighborhoods are suffering from infrastructure neglect, lack of storm drains, sidewalks, and up-to-code street widths around and to the northeast of the current facility. Will this be yet another nice monument in an otherwise blighted neighborhood?</p>	<p>Oregon State Hospital will continue to be a good neighbor. The new psychiatric facility will be an even better one. The oldest part of the current hospital is the decrepit J Building, constructed from the 1880s to the 1920s, on the south side of Center Street. The newest major structure on the hospital campus opened in 1955. Replacing the dilapidated hospital with one that is among the nation's newest and most modern will have a positive impact.</p> <p>The Oregon State Hospital Replacement Project will be applying for an Urban Growth Area (UGA) Permit with the City of Salem. The purpose of this permit process is to assure a development provides the major public facilities (such as major sewers, water and streets) in a manner that conforms with the Salem Urban Growth Management Program. As part of the permit process, there will be a public comment period with site sign postings, and notices will be sent to property owners within 250 ft. of the Salem property. A hearing will be conducted by City of Salem Planning Division staff. As an outcome from the permit process, the city will issue a UGA permit that will describe the improvements required by the project development.</p>
<p><i>Community Support:</i></p>	

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<p>Are there plans for increased/improved community supports, or will the bed reduction happen without adequate community preparation?</p>	<p>DHS will continue to bring requests for additional community supports to the Legislature. See the Community Services Workgroup Report at http://www.oregon.gov/DHS/mentalhealth/osh/comm-srvcs-report.pdf</p> <p>We are updating the current plan to grow more community-based services to meet the projected need.</p> <p>The need for more and more community-based services will continue to grow so it is critical that we continue to grow this resource statewide. State hospital capacity projections rely on a greater availability and use of community resources.</p>
<p>As long as the PSRB controls the admission and discharge (of patients), the hospital will be overcrowded. Can the (we update the) system so that board-certified MD's are (not) able to discharge inappropriate patients?</p>	<p>The Psychiatric Security Review Board has jurisdiction over all persons found “guilty except for insanity” of a crime in Oregon who suffer from a mental illness and present a substantial danger to others. The length of jurisdiction is for the maximum statutory sentence possible if convicted; sentencing guidelines do not apply.</p> <p>Board members are appointed by the Governor and confirmed by the Senate for four-year terms. By statute, the Board is comprised of a lawyer with experience in criminal trial practice; a psychiatrist experienced in the criminal justice system; a licensed psychologist experienced in the criminal justice system; a member of the general public; and</p>

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<p>Current plans require that more group homes be built throughout the state and that county mental health programs grow to meet the needs of the residents of those facilities. Cities and towns throughout Oregon have already said ‘not in my backyard (NIMBY), with the support of many of Oregon’s police officers. How will DHS-AMH and OSH overcome these hurdles within the limited amount of public acceptance and the states inability to provide adequate funding?</p>	<p>a person experienced in the process of parole and probation.</p> <p>DHS has convened a representative workgroup to provide recommendations for necessary community-based programs and services.</p> <p>We are in the process of creating a plan to develop more community-based services to meet the projected need, http://www.oregon.gov/DHS/mentalhealth/osh/comm-srvcs-report.pdf</p> <p>The need for more and more community-based services will continue to grow so it is critical that we continue to grow this resource statewide. State hospital capacity projections rely on a greater availability and use of community resources. While the focus has been on the construction of two new buildings, the replacement project is about growing a community-based mental health system to ensure a continuum of care.</p> <p>KMD’s model for improving mental health treatment throughout the continuum of care – front-end, hospitalization and back-end – not only meets the anticipated growth in need but does so in a way that enhances a community-based system. This approach strengthens the ability of communities to provide the care and services their residents need, and ensures that all Oregonians have access to a consistent, high-quality level of care regardless of where they live.</p>
	<p>Community-based services for people under the jurisdiction</p>

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<p>Many patients are “revoked” by PSRB because the care givers in the community do not handle them well. What type of training will accompany the opening of the new group homes?</p>	<p>of the PSRB are safe and effective.</p> <p>The rate of recidivism for Psychiatric Security Review Board clients is very low. From January 1995 through the present, the percentage of revocations based on a new felony charge is less than 2 percent. By comparison, recent Department of Corrections’ statistics indicate more than a 30 percent recidivism rate for parolees.</p>
<p>I support preservation of the historic buildings <i>and</i> the construction of wonderful new facilities for the patients and staff. We can do both. A little vision, creativity, and community spirit can do it. Thank You!</p>	<p>Thank you!</p>
<p><i>Traffic:</i></p>	
<p>I’ve heard that Center Street will be widened. Is that true? If so, where will it be widened?</p>	<p>Any development on the current Center Street NE site would incur an increase in traffic. The number of trips to and from the facility will increase proportionately to the increase in staff and patients (about 20 percent). Per correspondence with the City of Salem and the draft Transportation System Plan Update, Center Street is expected to be adequate at three lanes and two bike lanes. DKS Associates of Portland met with representatives of the City of Salem for a scoping session so that the DKS Associates’ traffic study contract proposal would be consistent with the traffic report expectations of the City of Salem.</p>

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<p>Linda Hammond said that traffic flow on 25th Street and D Street (would be affected). S there a possibility that the streets would be widened? Both are residential streets and widened streets would be unacceptable to residents if not those who are driving through the neighborhoods. What plans are there for parking for hospital staff or are you going to encourage using public transportation?</p>	<p>See above. Current street design is expected to accommodate the increase in traffic flow.</p> <p>The State of Oregon has had a tradition of promoting and encouraging employees to use public transportation.</p>
<p>How is traffic going to be controlled for safety as there are frequent accidents on “D” Street and 23rd? How will Center Street be impacted during construction?</p>	<p>The state and its contractors are committed to showing respect to everyone involved during that time by ensuring that, to the extent possible, dust is controlled, noise and vibration are minimized, access to homes and businesses is maintained and traffic flow is minimally interrupted. Safety of workers, neighbors and visitors will be paramount.</p> <p>Generally, work will be restricted to weekdays between 7 a.m. and 4:30 p.m., although occasional overtime may be required for time-sensitive work. Contractors will be required to adopt noise- and dust-control measures during construction.</p>
<p><i>Land Use/Landscaping:</i></p>	
<p>The City of Salem and Marion County have a lot of State property within its boundaries that does not pay</p>	<p>Of the 1,178 employees working at Oregon State Hospital, 75 percent (882) are from Salem and the surrounding area; of</p>

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<p>property taxes. The jobs that the state agencies on these properties provide have been considered a fair trade off for the loss in taxes. However, a lot of these state employees do not live on Salem and/or Marion County. Do you know how many of these state employees reside in the City of Salem and also in Marion County?</p>	<p>the 882 individuals, 68 percent (603) are from Salem and 11 percent (101) from Keizer.</p>
<p>Will the chain (link) fence be replaced by designer tall walls?</p>	<p>For the new facilities, new design and construction methods can enhance security. For example, the new psychiatric facilities might be constructed to provide people receiving treatment with access to a landscaped courtyard while relying on perimeter walls for security. In addition, modern effective electronic security systems will be built into the new structures.</p>
<p>What will happen to all of the great, historic houses & cottages on the campus? Will neighbors have input?</p>	<p>We are committed to completing the redevelopment project while complying with all regulations governing historic properties. OSH leadership has been meeting with the neighborhood associations and their members have been invited to participate in the ongoing Stakeholders Group meetings.</p>
<p>What is the process to preserve the ‘J’ Building?</p>	<p>The primary purpose of historic preservation planning is to ensure that preservation issues are addressed in the most effective ways possible. The ultimate goal is to honor the significance of the site and to mitigate the impact of changes, such as new construction. In 2007, DHS contracted with a qualified architectural</p>

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	<p>historian to review and inventory all the buildings and to identify their historical significance.</p> <p>The San Francisco-based Architectural Resources Group (ARG) submitted a report of its findings and recommendations in February.</p> <p>This Historic Resource Report is intended to be used as a data base to assist the Department of Human Services as it decides on how best to locate and design the new hospital complex.</p>
<p>Is there a plan to preserve the center part of “J” building and make it museum? Guest opinion by Dr. Pati in the Statesman Journal on 12/18/2007.</p>	<p>See above</p>
<p>I am concerned about saving the trees in the park. The neighborhood uses it constantly. What is the plan for the trees and the park? How will the plan respect the vision of the hospital’s founders of a facility surrounded by a park which provides benefit to both patients and the surrounding community?</p>	<p>Trees were part of the due diligence study. Every tree was part of an inventory. We are committed to preserving the park-like setting. Landscape architects will be hired to design the grounds. Over the years many of the older trees on campus have been removed due to disease or instability. Those trees have always been replaced with several other trees. DHS will continue this practice for tree removal and replacement by one or more new trees in the new facility’s plan. Replacement of heritage trees will comply with all requirements.</p>
<p>What will happen to the hospital grounds at 24th & Center that are currently used as a park? Will the green spaces along Center Street be maintained?</p>	<p>The state is committed to the maintenance and upkeep of the property. We are considering all the possible impact of the new facility design on the campus. This includes maintaining</p>

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	as much of the green space as possible.
How committed is the project to maintaining and preserving the park along 24 th Street as a buffer between the hospital and the neighborhood?	Preserving the campus' park-like setting is very important to us. We have heard very clearly from the community the importance of this specific issue. We are evaluating the whole site to ensure we consider all concerns such as this as we develop the recommended site plan.
How important is saving green space and (the) wonderful old trees to the mental health of our city?	Landscape architects will be hired to design the grounds. Over the years many of the older trees on campus have been removed due to disease or instability. Those trees have always been replaced with several other trees. DHS will continue this practice for tree removal and replacement by one or more new trees in the new facility's plan. Replacement of heritage trees, if any are found, will comply with all requirements.
What is the possibility of having a park (Bush park type) and maybe a community center for the Northeast residents? *** On the OSH grounds and utilizing the existing buildings?	The plan for the site is to continue to operate the existing operation in new and/or improved facilities. The intent of the project is to improve the site.
How are the green spaces going to be maintained to control flooding issues?	This will be considered as part of the site planning process. The design team will develop a strategy related to wetland and flood mitigation.
<i>Public Participation:</i>	
In 2005, the legislature abolished the Capitol Planning Commission and consolidated its functions into DAS. One of these functions is the update of several Salem Area land use plans, for state-owned properties in	The land use planning process is led by the Department of Administrative Services, in partnership with Department of Human Services and the Department of Corrections. They will be complying with all regulations related to area plan

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<p>Salem. One of these plans is for the OSH site. This plan update requires public participation. DHS is far into its design process for the new OSH, but the OSH Salem plan update has not even begun. Is DHS rendering moot the OSH plan update and its public input process by not formulating its new architectural design within the context and process of the OSH land use plan update?</p>	<p>updates. This includes a public hearing process.</p> <p>DHS is committed to an open and inclusive process and to date there have been more than 16 meetings held to receive input from the public.</p> <p>The Oregon Department of Human Services has convened a Stakeholders Group to provide input and receive updates as the project progresses. The group will meet quarterly until the Junction City facility opens in 2013. The neighborhood associations are represented on that group. Neighbors also will be invited to meet with project and hospital staff to review facility models and draft plans as the project progresses. In addition, a Web site will provide timely information about the project.</p> <p>A sign will be posted on-site with the name, address and phone number of an Oregon Department of Human Services representative. This will enable people to obtain answers to questions or to lodge complaints about project-related activity.</p>
<p>How does the proposed development fit in to the adopted Oregon “State hospital and Penitentiaries plan”? Specifically in regard to the community open space and developing south of Center Street.</p>	<p>An area plan is a document describing policies guiding the use and development of a parcel of State-owned property within the City of Salem. Area plans change over time, to adapt to changing circumstances and agency needs. The Department of Administrative Services, Department of Human Services, and Department of Corrections are</p>

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currently preparing to update the Oregon State Hospital and Penitentiary Properties Area Plan. The current draft is available for review online at http://oregon.gov/DAS/FAC/CPAB/AreaPlan_Updates.shtml

The existing adopted area plan (adopted by the Capitol Planning Commission in 1985) states as a goal the relocation of all Oregon State Hospital (OSH) functions to the 44-acre parcel north of Center Street, and also preserves the open space on the southwest corner of Center and 24th Streets. The existing adopted area plan shows open spaces north of Center Street as land banks for future use, and directs that those areas be maintained as open space until such time as they are needed for development.

The only significant change in regard to these features in the DRAFT area plan (which you can review online) revises the goal to consolidate all Oregon State Hospital functions to the parcel south of Center Street. Like the 1985-adopted area plan, the DRAFT area plan preserves the open space at the southwest corner of Center and 24th Streets, and also shows the open spaces north of Center Street as land banks for future use, to be maintained as open space until such time as they are needed for development. The DRAFT area plan also permits OSH to use these areas as **temporary** staging areas during construction, provided impacts to the surrounding neighborhood are minimized.

Other changes in the DRAFT area plan include updates to

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	<p>reflect the existing development on the ground, such as the Anderson Readiness Center and the long-term lease of 46 acres to the City of Salem for Geer Community Park. The updated area plan also designates a substantial lowland area between the OSH campus and the Oregon State Penitentiary as a “wetland, flood control, and buffer zone.”</p>
<p>Why has OSH fallen into such disrepair?</p>	<p>Part of the hospital’s oldest structure dates to 1883; the hospital’s newest building opened in 1955. The KMD analyses determined that the Oregon State Hospital buildings are unfit for modern psychiatry and in very poor repair. Most contain hazardous materials, and some may not be safe because of possible inability to withstand an earthquake. The hospital has grown increasingly expensive to operate because of the lack of insulation, single-pane windows, and inefficient heating, electricity and lighting systems. Ongoing challenges to the state budget have driven the reduced amount of maintenance and repair funding available.</p>
<p>How will the planners and decision makers ensure that they respect the interests and address the concerns of residents adjacent to the site?</p>	<p>DHS is committed to an open and inclusive process. More than 16 public meetings have been held with neighborhood associations, legislators, City of Salem and advocates. These meetings, along with new opportunities, will continue throughout the project.</p>
<p>Why can’t we as Salem-ites be humanitarians and be</p>	<p>This is one of the reasons the current site was selected. The</p>

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<p>proud of having the needy taken care of in our community?</p>	<p>larger Salem community is accustomed to having a large psychiatric hospital on this site and is generally supportive of the hospital being here.</p>
<p><i>General Comments:</i></p>	
<p>RE: Facility Continuum of care. We need comprehensive treatment for (the) mentally (ill), whether they are living in the community or as an in-patient. This includes group homes.</p>	<p>KMD's model for improving mental health treatment throughout the continuum of care – front-end, hospitalization and back-end – not only meets the anticipated growth in need but does so in a way that enhances a community-based system. This approach strengthens the ability of communities to provide the care and services their residents need, and ensures that all Oregonians have access to a consistent, high-quality level of care regardless of where they live.</p>
<p>Build: at State & Cordon Roads – North Side of State Street? No Property taxes – 55+ Citizens – means higher taxes. Raised Burms. Corner of 25th Street & State to Park Avenue. Adamant – Health – Oregon Companies.</p>	<p>This property was not offered to the state for consideration during the site selection process.</p>
<p>I would like to suggest having 3 small forensic programs: One Portland-Metro, one in Junction City, and One in Bend (for Southern and Eastern OR). Then keep only Civil Commits at the Center Street location.</p>	<p>The Portland-metro area did not rate as high as the two Salem sites based on selection criteria. The Bend area was considered but the current option provides 93 percent of the patient population with reasonable opportunity to be close to home.</p>
<p>(I would like to suggest) making up the West Coast</p>	

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<p>Mental Health Museum for the Oregon State Hospital Museum (name)!</p>	<p>Thank you for the suggestion.</p>
<p>“The good is for people to return to their own communities if possible.” Counties especially in rural areas need to plan and implement programs and resources to administer to those that return or so they can return (to the community). RE: Facility: Collection of services in a continuum of care.</p>	<p>DHS has convened a representative workgroup to provide recommendations for necessary community-based programs and services.</p> <p>We are in the process of developing a plan to grow more community-based services to meet the projected need.</p> <p>The need for more and more community-based services will continue to grow so it is critical that we continue to grow this resource statewide.</p> <p>We are working toward having appropriate and accessible mental health treatment services in all counties.</p>
<p>I am concerned about the fate/future of the historic “J” building.</p>	<p>The primary purpose of historic preservation planning is to ensure that preservation issues are addressed in the most effective ways possible. The ultimate goal is to honor the history of the site and to mitigate the impact of the new facility.</p> <p>In 2007, DHS contracted with a qualified architectural historian to review and inventory all the buildings and to identify their historical significance.</p>

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	<p>The San Francisco-based Architectural Resources Group (ARG) submitted a report of its findings and recommendations last month.</p> <p>This Historic Resource Report is intended to be used as a data base to assist the Department of Human Resources as it decides on how best to locate and design the new hospital complex.</p>
Question	Answer
Addressed to Mayor Janet Taylor:	Answered by Mayor Janet Taylor
<p>Per Mayor Taylor, the new hospital is actually 30 beds smaller than the existing hospital. Why are you so concerned, Mayor Taylor, about a larger decrease in the number of beds in the face of our growing community? I am personally more concerned with placing patients near family supports and preferably in locations where public transportation is available, while also recognizing the need for placement in their previous counties of residence.</p>	<p>There is a limited amount of money available to build new mental hospitals, and they are needed in geographically diverse parts of our state. It makes sense to me to divide the 620 bed proposal and put a 310 bed unit in Salem and a 310 bed unit in the heavily populated part of the state to our north. This would help patients to be closer to their family and friends plus help with recruiting more staff. Most, if not all of the current employees would be needed in the Salem 310 bed unit to bring it up to adequate staffing, so local employment would not be affected by this change. Please also see comments on item #7</p>
<p>Does the Mayor (Taylor) realize that her comments about the negative impact of having people challenged with Mental Illness in our community are actually very offensive to consumers and against the President's</p>	<p>Mental health issues should not have a stigma to them any more than physical illness or injuries. I have had close family members that have benefited from mental health treatment, so I understand the sensitivity of the issue.</p>

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<p>vision of a transformed mental health system that goes beyond (the) stigma?</p>	<p>However, we must recognize that some patients are very high risk to the community, to other patients, and staff. They need to be assisted in their treatment in more secure facilities, preferably not located in a residential area.</p>
<p>Mayor Taylor – If the city is going into a financial low, why would you think that placing persons with a major mental disorder on the out skirts of town where they are isolated? It is apparent the Mayor (Taylor) has no clear understanding of mental health issues or what should be done about them. How does the Mayor intend to offer inclusive community based treatment to our citizens by placing a hospital on the corrections firing range? Will she arrange or bus service to this site? Does she know that many citizens with mental health issues have civil rights just like everyone else?</p>	<p>The alternate site I proposed for the hospital is not the firing range, but is instead the 105 acres that Corrections has reserved for future replacement facilities. It is across the street from future development that will include a hotel, restaurant, and job opportunities. It currently has regular bus service and is inside the Salem city limits</p>
<p>If a person has an epileptic seizure or a heart attack while driving a car and causes a fatal crash – are they a criminal? Are 50% of our schools under the poverty line or are 50% of our students spread across 100% of the schools under the poverty line? What research do you site to draw a casual relationship between that and the State Hospital? Can the city of Salem even legally influence, in any way, decisions about State-owned</p>	<p>Committing a crime can often be the result of a mental illness or drug and alcohol addictions. However, when this crime results in violence against others, it is elevated to a very serious level, and should be treated differently than non-violent crimes.</p> <p>Studies have been done that show that over 50% of our homes are low income, and the sad results of time spent in</p>

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<p>land? I'm curious if this entire debate may be a useless one, if a city cannot make any real change.</p>	<p>prison or with a mental illness affect the ability of some individuals to earn higher incomes. Other factors contribute to low-income homes and we are working with several organizations to address the challenges. Salem has zoning and land use rules that regulate all development. In addition, the laws of the State of Oregon also require state owned property to go through a process producing an agreement with the City of Salem rules and regulations.</p>
<p>Apropos of the Mayor's suggestion for the State of Oregon to sell some property in the area of the current hospital: Should the State of Oregon dispose of land it may need later? Should developers use this action to accrue significant financial benefits at the expense of the public?</p>	<p>When the state owned land containing the prison and mental hospital were first developed, there was no residential area nearby, nor was the Lancaster Drive area developed. Over the years property uses need to change as the surrounding areas change. We see this in our downtown where all of the industrial property was along the river as it was a transportation corridor, and is now being redeveloped into park areas, housing, and retail. Selling some of the hospital property would put it on the tax rolls for financial support of Salem fire, police, library, and park services. State of Oregon facilities should be placed around the state to allow all Oregonians to have these vital services in their communities too. Sale of part of this property could offset some of the costs of building a new facility and rather than be an expense to the public it would take some of the financial burden off of the taxpayer.</p>

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<p>Does the Mayor (Taylor) believe, as she appeared to state, that those employees who commute to work in Salem will continue to spend their paychecks in Salem if they no longer work in Salem? The Mayor's efforts appear to be directed to increasing the city's tax base at the cost of derailing a multi-year well-publicized plan to replace OSH. Why has she ignored the process until now?</p>	<p>The City Council of Salem is working to reduce our carbon footprint and address global warming. Reducing the need to commute can have a very positive impact on these issues in addition to assisting employees to have improved quality of life with more time for their families and leisure activities. Hospital administrators assure us that if a smaller unit was built in Salem that it would still require most, if not all, of the current employees to have adequate staffing. Those employees who chose to continue to commute would have their positions available, while those that live north could choose to work in a new hospital in their area, or we would be delighted to have them move to Salem.</p> <p>Salem currently has 30% of the property inside the city limits that pays no property tax, creating a difficult burden on the remaining taxpayers to fund the services that are offered to all property – fire, police, streets, etc. When it is possible for the state or city to surplus property it opens up the opportunity for re-use that adds to our tax base.</p> <p>Beginning in 2006, the City of Salem has been engaged in providing comments and concerns to DHS and our legislators. We have continually asked to be a part of the</p>

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	<p>process so that the interests of the community could be included in the improvement in mental health care. Testimony was made in July of 2006 by our City Manager, and City Council had a group meeting with our local legislators in the fall of 2006. Twice in 2007, the City Manager and I met with our legislative leadership. Prior to final decisions on the size and site of the hospital there were no elected officials or community members at large allowed to serve on committees, task force, or stakeholders groups.</p>
<p>Mayor Taylor said we need a smaller hospital for the 20% of the mentally ill (patients) who are not admitted through the criminal justice system. So what is her solution to the 80% who are adjudicated as “criminally insane”? Where would they go in Salem?</p>	<p>Forensic patients that have committed violent crimes against others should be in a separate, very secure facility with intense treatment. In addition, many times every day, inmates from the prisons in Salem are transported to the mental hospital for treatment. It would save dollars and time if the mental hospital for the high-risk patients were located on the 105 acres reserved for correction replacement facilities.</p>
<p>Mayor Taylor criticizes the current 600 bed hospital as not being state-of-the-art, as being too big. Is she willing to criticize the archaic state of our state prison facilities as also being too big? The good Mayor recommends that the city be accorded the opportunity to make a “land grab” for the property where the hospital is now. The city will manage the</p>	<p>Psychiatric specialist recommend the model of 300 beds for the best treatment of patients. Mental hospitals are different from prisons in that mental illness requires medication, counseling, and frequent interaction with physicians. This does not apply to the prison population to the same level as the hospital.</p>

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<p>property – Can the Mayor explain how she has led the city into a 4.5 Million (dollar) deficit?</p>	<p>I have never proposed that the city purchase the property, but instead make it available to those who could offer suitable re-use that would compliment the neighborhood and provide them with amenities now lacking.</p> <p>As for the city budget deficit, it was forecast over a year ago, due to declining revenues and increased expenses. To deal with the crime issues we have added 13 additional police officers with the result of reduced crime rates nearly across the board. We have been addressing other expenses during this time and do not anticipate any drastic changes to our services that will affect our community.</p>
<p>To: Mayor Janet Taylor Would you be more specific about what “property” would be sold and “given” back to the community and what zone/code would it be designated? i.e.: residential, commercial, etc. Please restate the website address.</p>	<p>I do not know what property could be available for surplus by the State, but it would not be given back to the community. Any re-use of the property for other than state uses would be master planned by the city as was done with both Fairview and Mill Creek. It would involve extensive input from the neighborhood to assure that uses were compatible and brought amenities now lacking. The sale of the property could offset some of the costs of a new hospital.</p>
<p>Would the city of Salem be willing to assist consumer organizations, such as National Association of Mentally ill (NAMI) & Project Able, other government supported</p>	<p>I would love the opportunity to work with NAMI, Project Able, and the EAST project staff in educating the community about the realities of mental health and in turn</p>

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programs, and the EAST project staff in helping educate the general public about the realities of mental health and dispel many of the fears and myths surrounding Mental Illness?

help them to understand the cumulative impact of large institutions being clustered in Salem. These facilities have a tremendous impact on our medical emergency room as the mental hospital does not take civil commitments, plus our County District Attorney prosecutes all crime inside the institutions (240 in the mental hospital just last year) with no compensation from the State. Salem also has a disproportionate share of the forensic group home placements – twice the number who are originally admitted from our county. Salem is proud to be the State Capital and appreciates the economic stability State of Oregon jobs bring to our area. We look forward to partnerships with DHS where our community is included rather than excluded from the discussions.