OREGON STATE HOSPITAL SITING Q&A

Department of Human Services
3/1/07

· What is the timeline for hospital construction and opening, and how did you arrive at it?

Construction on the northern hospital is scheduled to begin in spring 2009 with completion in 2011. It is imperative to get a new hospital completed as soon as possible because the existing hospital in Salem is not structurally sound. Patients and staff in some units may be at risk in the event of a major earthquake.

Construction on the southern hospital is scheduled to begin in spring of 2011 with completion in 2013. If the forecast for needed beds holds true and the necessary community mental services are brought online, the second hospital won't be needed until 2013.

· In an area as large as Western Oregon, why does it make sense to site two state-run psychiatric hospitals within a 60-minute drive of one another?

Locating a state hospital in the Eugene/Springfield/Junction City area makes sense because the majority (82%) of the patients will come from the surrounding counties and the northern counties. Because the northern 620-bed hospital will not be large enough to accommodate all the patients from the northern counties, some from north of Linn County will have to access services of the southern hospital.

· Why does the state need to build a second hospital south of Linn County when Salem already will have the new 620-bed hospital plus several hundred beds in the 50 Building?

The Legislature instructed DHS to provide a recommendation for a second hospital south of Linn County. The 50 Building, the newest major building on the Salem campus, was built in 1955. It is not conducive to modern mental health treatment. The longer the state waits to build new hospitals the more expensive construction costs will be.

And wouldn't Legacy Health System also renew the lease for the 84-bed Portland campus in 2015?

The availability of this space beyond DHS's current lease is unclear. Legacy representatives have indicated they may want the space for their own needs.

What were the site-selection scores for the various sites?

SITE EVALUATIONS

NORTHERN SITES	RANK	TECHNICAL	PROGRAM	COMBINED
Oregon State Hospital grounds - Salem	**1**	184	172	**356**
DoC-Turner Rd/Deer Park - Salem	**2**	165	169	**334**
Reeds Crossing - Hillsboro	**3**	146	168	**314**
Shute Road - Hillsboro	**4**	150	159	**309**

SOUTHERN SITES	RANK	TECHNICAL	PROGRAM	COMBINED
DoC– Junction City	**1**	162	160	**322**
Coker Butte - Medford	**2**	185	126	**311**
KOGAP Orchard - Medford	**3**	183	119	**302**
Airport Breeze - Medford	**4**	131	138	**269**
Dixonville - Roseburg	**5**	149	118	**267**
Knox/Wicklund - Springfield	**6**	112	147	**259**
Ashland/Olson - Ashland	**7**	92	119	**211**
DoC/Simpson Gulch – White City	**8**	89	120	**209**
Dutch John Heights - Coquille	**9**	97	87	**184**

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· In scoring the sites, did you include a category for the advantages of economic development in more rural areas (e.g., Jackson and south coast)?
No. The Joint Interim Committee on Oregon State Hospital Site Selection Criteria did not include that criterion.

· What evidence do you have that community support in Lane County is as great as in Jackson County?
DHS received a packet of support letters from nearly all elected officials with an interest in the DOC-Junction City site. The agency did not receive any letters or comments protesting siting the hospital at that location.
Jackson County officials were equally supportive of having a hospital in their area.

· Jackson and Josephine counties have a combined population of approximately 270,000. Why isn't that a large enough area from which to attract staff for the smaller hospital?
These counties may be able to attract staff. Currently, however, the Eugene/Junction City area already has a larger pool of existing professional staff. Further, with the Oregon Health Sciences University's recent and planned expansion into the Eugene/Junction City area and the DHS's partnerships with

both OSHU and U of O, there is great potential for producing, recruiting and retaining necessary professional staff.

One of the Interim Siting Committee's values was to have the hospitals close to patients' homes. Siting the hospitals in Salem and Junction City addresses that value. Approximately 82% of those requiring hospitalization will come from the north Willamette Valley and central/western counties.

Granted, Medford is a long way from Multnomah and Lane counties, which in 2006 were the No. 1 and No. 2 counties from which patients were admitted. What would be the estimated added transportation and other costs of siting the smaller hospital in Medford?
Those costs were not calculated.

· The recommended southern site, while in populous Lane County, is in a town of 5,000 located a significant distance from Eugene-Springfield. If the Salem DOC sites were too distant from downtown, public library, education and work opportunities, why isn't that also true of the recommended southern site?
Available sites for the northern hospital were all relatively urban. The existing state hospital campus provides the best access.

Although the DOC-Junction City site is not as conveniently located to community amenities as the Salem state hospital site, it does provide better town access for patients than the next highest-scoring site, Coker-Butte outside of Medford.

CONSTRUCTION/COSTS

· These construction costs are so much higher than those that KMD Architects calculated. Surely KMD must have factored in inflationary costs for opening of hospitals in 2011 and 2013 when it wrote its report. What happened?
KMD based its cost estimates on 2005 dollars. Then the estimate was increased for what KMD expected would be 2008 costs, producing the cost estimates in the report. The costs of construction have increased more than KMD expected and continue to increase. DAS used the Global Insight Index for Commercial and Health Care Construction obtained from State Economist. Each campus's cost was inflated from 2005 base to mid construction point: Campus A for 2010 at 17.7% and Campus B for 2012 at 25.4%.

· **Why not build both hospitals simultaneously?**
These are two very large projects. Sequencing the projects increases the level of oversight that can be provided; therefore, the level of satisfaction with the completed hospitals is likely to be higher. Current bed-forecast data and planned increases in community services indicate that completion of the southern hospital in fall of 2013 will meet the expected hospital bed needs. There is a slight overlap between constructions of the two facilities in the current schedule.

· **Doesn't siting a hospital on the recommended southern site mean the Oregon Department of Corrections will have the expense and operational inconvenience of finding an alternative site when it needs to add prison beds?**
The DOC-Junction City site is large enough to accommodate both a prison and a psychiatric hospital. DOC planned to build one prison in the near future and another in about 20 years. If the second prison continues to be needed, DOC will have to secure another site.

If Corrections and DHS develop the Junction City site simultaneously, efficiency may be gained by developing off-site infrastructure jointly and sharing cost.

Related: What is it about a psychiatric hospital that trumps Corrections' needs?
Please see above.

· **Were Corrections' added costs factored in when considering the Lane County site? If so, what are they? If not, why not?**
Because DOC's needs for another site are relatively far into the future, the land acquisition costs were noted but a specific cost was not identified.

· **For both northern and southern sites, what are the site disadvantages and how does the state intend to overcome them?**
For the northern site, the most significant issues are demolition of part of the existing hospital and accommodating patients and staff during construction. Costs of the demolition, site preparation and staging were estimated and used in ranking the site. On-site construction coordination can be achieved while maintaining operations; at least one feasible option was explored where new construction would be south of Center Street. Those parts of operations conflicting with construction would be relocated off site and north of Center Street.

For the southern site, a chief disadvantage is the high cost of development, especially that related to off-site utility infrastructure. Development costs of

providing the utilities were estimated and used as part of the ranking. If Corrections and DHS develop the site simultaneously, efficiency may be gained by developing off-site infrastructure jointly and sharing cost.

· **After both new hospitals are open, what are the state's plans in Salem for all the buildings and land on the north side of Center Street?**
All of the buildings throughout the campus are old and most contain asbestos and lead paint. Regardless of whether a new hospital is constructed on the grounds, these old building must be properly demolished and the hazardous materials properly contained. Assuming that a new hospital is constructed on the south side of Center Street, additional analysis will be required to determine if the rest of the property is still needed. If not, it would become surplus property for the state and be managed by the Department of Administrative Services.

TREATMENT/PROGRAMMING

· **How will the two new hospitals be different from the existing state hospitals? If the Portland campus is the hospital's best treatment space, will the new hospitals look a lot like that?**

The new hospitals will contain treatment space away from the patients' immediate living area. This design requires patients to participate in their treatment and function during the day in a manner similar to that of daily life. Other aspects of the hospital will also be constructed according to modern standards.

The new hospitals will be designed with smaller areas for treatment so clinicians will have a manageable number of patients at any one time. The current Oregon State Hospital Salem campus was designed in an era when patients slept in large dormitory-style rooms and left during the day to work in fields or participate in other activities. New hospital design also includes better security, more secure open space, more light in patient rooms, and modern heating and air conditioning. New technology for treatment and cost-saving energy management will be included in the new facilities.

The Oregon State Hospital Portland Campus is the best treatment space at present because it is only about 30 years old, as opposed to 50 to 125 years old, is air-conditioned, and has rooms with showers and bathroom facilities. Even though it is the best space now, most of the treatment space was not designed for modern treatment services. The Portland facility has too few activity spaces for patients, including group rooms, and too little open space. The new hospitals will

incorporate the best ways for clinicians to interact with, treat and supervise the patients under their care.

· At what rate do hospital patients now leave the campus to visit the public library, attend education classes, work jobs or otherwise participate in the community? Do you foresee that changing as the new hospitals open?
Currently, the state hospital has several hundred hours of off-grounds visits per week, involving hundreds of patients, with the goal of advancing long-term success in the community. Essentially, all patients who are being considered for community placement are actively engaged in a variety of neighborhood-based activities, including Alcoholics Anonymous, Narcotics Anonymous, leisure exploration, work preparedness and educational involvement.

A new hospital presumably will be structured and sited so as to include substantive opportunities for empirically based transitional activities, so as to mitigate long-term risk and encourage therapeutic engagement.

· In the new hospitals, what will DHS do to improve public safety (i.e., reduce escapes) in the surrounding area?
Recognizing our current limitations in predicting elopements has led to an alternative approach that the hospital has implemented over the past three years. Prior to that time, essentially all patient privileges were determined at a central Risk Review Board meeting. Due to the time-consuming and inherently arbitrary nature of the process, many patients went years before obtaining any privileges, significantly delaying opportunities for recovery and return to the community. In an attempt to implement an evidence-based approach, the hospital shifted some privilege-granting ability to individual treatment teams, a practice that has been largely successful. The hospital continues to sharpen the validity and precision of the process through the use of objective psychological exams and evaluations.

· As buildings on the south side of Salem's Center Street are demolished, how will DHS ensure food service, heat and other utilities continue to be provided to buildings on the north side of the street, including the Department of Corrections administrative Dome Building?
At its Salem Campus, Oregon State Hospital's food services and central heat plant are located on the south side of Center Street. All of the campus's utilities, including water, electrical supply, computer network wiring and steam are routed through the nearly two miles of tunnels on the campus. These tunnels go under Center Street, allowing carts to deliver food and the utilities to serve the patients and staff on the north side of Center Street.

Demolishing buildings on the south side of Center Street and filling in the tunnels so a new hospital can be built means that the utility services will have to be removed from the tunnels. The services will have to be delivered to the north side of Center Street by another route, which will be part of the site preparation to build the new hospital. Food will be delivered by truck to the north side of Center Street rather than by cart through the tunnels; re-routing utilities to the north side of Center Street will also keep the services available to the Department of Corrections headquarters.

EMPLOYEES/RECRUITMENT/RETENTION

· Why didn't you recommend a Portland-area site to improve physician and nurse recruitment and retention?

The Hillsboro sites were considered to be in the Portland-Metro area and, as such, scored well on the staff recruitment and retention criterion. The land solicitation process did not produce any Portland specific properties and no state-owned property of sufficient size exists in the area.

· Why would you propose building the larger hospital in Salem where you routinely have staff vacancies of 40 to 45 nurses? And won't the new 620-bed hospital seek staffing for even more nurses?

Nursing shortages exist throughout Oregon – even in the Portland area. Yes, more nurses will be required in both new hospitals. DHS is working with training institutions to develop a strategy to provide the needed nurses and other professional staff.

· What is the proposed staffing for these hospitals? That is, in the aggregate, how many people will they employ?

The northern hospital will eventually have approximately 2,600 staff with the southern hospital employing approximately 1,500 people. This will provide the legally acceptable staff to patient ratio in each facility.

HISTORIC VALUES

· Even though the original cupola-topped section of the state hospital's Salem campus isn't on the national historic register, what process will the state pursue to ensure it isn't torn down precipitously? Will the public and potential developers be involved? Can this historic feature become a part of the new Salem hospital campus?

Demolition costs for the building where the cupola is located have been increased in light of the need to preserve this section of the building. It is possible that this

structure could become part of the state hospital – perhaps as a memorial or to serve as another historic function.

RESEARCH

· What lessons learned has the state obtained – or will it obtain – from other states that have built new psychiatric hospitals in the past decade?
Both the staffing models and the proposed draft design are a result of examining modern treatment methods and space.

· What will DHS do in these two communities to ensure city and county officials, legislators, journalists, prospective employees and the public have all the information they need to enthusiastically support a new hospital locally?
The DHS will hold regular meetings with community officials and the public to discuss hospital planning and address concerns. Prior to occupation by the patients each facility will host a community open house and provide facility tours.

EASTERN OREGON

DHS has convened a representative workgroup to provide recommendations for programs that will meet the unique needs of central and eastern Oregon.

Community Programs

DHS has convened a representative workgroup to provide recommendations for necessary community-based programs and services.