



## Capitol Project Reporting Form (CPR-1)

### Reporting Entity Identification and Contact

#### Facility

**Name:** Providence Willamette Falls Medical Center (PWFMC)  
**Federal Tax ID#:** 61-1659489  
**Address:** 1500 Division St.  
**City:** Oregon City                      **State:** Oregon                      **Zip Code:** 97045

#### Individual completing form

**Name:** Karen Weylandt  
**Title:** Interim Chief Executive Real Estate/Construction  
**Email:** karen.weylandt@providence.org  
**Phone:** 503-215-2694  
**Fax #:** 503-215-6802

*If address is different than facility listed above, please provide:*

**Address:** 4400 NE Halesy, Bldg 1 Suite 160  
**City:** Portland                              **State:** Oregon                              **Zip Code:** 97213

### Capital Project Qualitative Information

**1. Provide a brief description of the project.**

This is the build out of a new 22 bed inpatient child/adolescent behavioural health unit at Providence Willamette Falls Medical Center. The new unit will be located in 14,600 SF of shelled space on the second floor above the Emergency Department. The new unit will provide six private child beds and 16 adoloecent beds, of which 12 rooms are private and two rooms are semi-private. In addition the unit will have the required support space to support child and adolescent quiet and noisey social functions and therapy functions. An outdoor activity area for the children will also be accommodated with this project. Administrative offices will be located in 1400 SF of shelled space on the first floor of the hospital in close proximity to the new unit.

**2. Proposed start date:** Construction to start November 19, 2012

**3. Expected completion date:** August 1, 2013

**4. What is the expected project cost?** \$7,556,000

**5. Describe the expected benefits to the community that your facility serves. Include both direct financial benefits such as charity care as well as qualitative benefits such as access to care and quality improvements. Attach additional pages if needed.**

This service is currently not being offered in Clackamas County so will be much more convenient for the children and families in Clackamas County. That being said, the service is moving from Providence Portland Medical Center to Providence Willamette Falls Medical Center and is a state wide service. There are and will only be two providers of these services in the state - Providence Willamette Falls Medical Center and Legacy Emanuel. The service provided by Providence is also the only one that serves children under 10 and will benefit the entire state. Many of these children are covered under the Oregon Health Plan and are truly some of our most vulnerable kids. The current unit at Providence Portland Medical Center does not have an outdoor activity area so moving the service to Providence Willamette Falls Medical Center creates an added benefit to

this population. The new unit will also increase the capacity of the unit by more than 10 percent due to the new configuration, thus allowing Providence to serve more kids and expedite admissions from our Emergency Departments.

- 6. In what ways may this project negatively impact the community that your facility serves? Include direct cost such as bonds as well as indirect impacts such as service interruptions. Attach additional pages if needed.**

**We do not believe there is any negative impact.**

- 7. How has your facility evaluated the need for this project within the community that you serve?**

Yes. We did a community health needs assessment earlier in the year and mental health services were in the top two needs in our community and a top health issue in the state of Oregon.

- 8. Are the medical services created by this project already available in the community that your facility serves?**

No. The only other unit in the local community is at Legacy Emanuel and there is a small 10 bed area used to serve adolescents in Eugene.

## Public Notice and Comment

- 1. Provide a link to the webpage where public notice of the capital project was posted. If your facility does not maintain a webpage provide the name of the newspaper where the public notice was made and date of publication. Attach additional pages if needed.**

<http://oregon.providence.org/patients/healthconditionsare/capital-project-reporting/>

- 2. Describe your facility's method of collecting and reviewing public comments on the capital project. Attach additional pages if needed.**

We had a public meeting with the City of Oregon City who sent notices to surrounding neighbors and invited anyone to speak. There were no concerns and several spoke in support of the project. We also have attended three neighborhood association meetings and all were very supportive.

<b>*Signature:</b>	Karen Weylandt/
<b>Date:</b>	09/21/2012

*\*Entry of name connotes signature*

Please **email** the completed form to: [OHPR.DataSubs@state.or.us](mailto:OHPR.DataSubs@state.or.us)

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