



**REPORT TO THE STATE EMERGENCY BOARD**

*November 2006*

**RESPONSE TO SPECIFIC INFORMATION REQUEST:**

**Oregon State Hospital – Siting, design and construction for the facility replacement projects**

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**INTRODUCTION**

The September State Emergency Board Subcommittee on Human Services directed the Oregon Department of Human Services (DHS) to return in November 2006 with a report on the transfer of \$1,014,999 Other Funds expenditure limitation from Health Services to Capital Construction, and establishment of three permanent positions (0.95 FTE); and, for the Department of Administrative Services, an increase in Other Funds expenditure limitation by \$146,673 and establishment of two permanent positions (0.67 FTE) for state hospital planning and design.

**BACKGROUND**

In November 2004 the State Emergency Board authorized DHS to evaluate the current structure and future role of the Oregon State Hospital within the state's mental health care system. This direction was in response to concern over a rising forensics census and overcrowding at the State Hospital. The resulting report – Framework Master Plan Phase I – was released May 16, 2005, and focused on the physical conditions of the OSH Salem campus. The report also noted that Oregon's system of publicly funded care for adults with severe and persistent mental illness needs significant improvement.

**Phase II Report**

In February 2006 the Oregon State Hospital Framework Master Plan Phase II report was issued. The report's goal was to provide guidance to Oregon in setting the future of the state's mental health system.

The report's conclusions and recommendations focus on Oregon's use of community-based resources to facilitate more efficient and effective use of state hospital beds. The main recommendation made in the report is for replacement of the current state hospital

with one 620-bed facility located in the North Willamette Valley region; one 360-bed facility located south of Linn County on the west side of the Cascades; and at least two non-hospital level, 16-bed secure residential treatment settings placed strategically east of the Cascades. This would locate the facilities near the homes of approximately 93 percent of inpatients and provide needed alternatives to hospital services in eastern and central Oregon. Project cost estimates, not including the purchase of land, are estimated at \$326-337 million. These actions reflect Option 2, which was recommended in the report and ultimately selected through a collaborative process by Governor Kulongoski, Speaker of the House Minnis and Senate President Courtney.

## **Facility siting**

One of the first steps to creating a new state hospital is to determine where the facilities will be located. The Oregon State Hospital Site Selection Criteria Committee, established in June 2006, was charged with creating and finalizing site selection criteria for the two main campuses by September 1, 2006. Members of the committee included representatives from DHS, the Department of Administrative Services (DAS) and both houses of the Oregon Legislature. The committee agreed to the final siting criteria August 29, 2006. DAS will use the site selection criteria to create a list of suitable sites, after an open solicitation process, for review by the Governor and Legislature.

## **Staffing**

The limitation and positions approved at the September 2006 State Emergency Board are necessary to begin the complex planning for what is anticipated to be a 10-year OSH project jointly managed by DAS and DHS. The need for permanent positions is due to the anticipated length of the OSH project. The positions are planned to be phased out as appropriate, as the project winds down.

## **SITING, DESIGN AND CONSTRUCTION FOR THE FACILITY REPLACEMENT PROJECTS**

### **Siting, design and construction process**

The Oregon State Hospital Site Selection Criteria Committee set the final siting criteria at its August 29, 2006, meeting. The site solicitation process ran from September 15, 2006, to October 10, 2006. Through this process three state-owned sites and three private sites for the northern area were received for review. For the southern area, eight private sites, one city site and two state sites were received for review. DAS will use the pass/fail criteria set by the committee to create a list of qualified sites for additional evaluation. A request for proposal (RFP) was released by DAS October 16, 2006, to solicit consultants to assist with the in-depth review and due diligence related to site selection. The anticipated date for completion of the full site review process, including mandatory, technical and program categories will be no later than February 15, 2007. Upon completion of this process a list of qualified sites will be provided to Governor who will review the list with the Legislative leadership prior to final selection by February 28, 2006.

## **DAS staffing**

To begin the siting and design process, DAS was given an increased Other Funds expenditure limitation of \$146,673 and authorized to establish two permanent positions (0.67 FTE). The Principle Executive Manager E position has been hired and is expected to start November 13, 2006, and the Procurement and Contract Specialist 3 position has also been hired with a starting date of November 17, 2006.

## **DHS staffing**

DHS was approved to hire three permanent positions (one as a part-time position for a total 0.95 FTE in 2005-2007). DHS will use the requested positions to begin the OSH project planning described above. The full-time Fiscal Analyst 3 for budget development was hired October 23. Recruitment for the full-time Operational Policy Analyst 3 closed October 27, interviews took place in November, and the position is expected to be filled by early December. The recruitment for the part-time Project Manager 2 position closed November 14<sup>th</sup>, with interviews planned to take place November 17th.

## **Additional system issues**

Several concerns have been raised about the feasibility of planning for a new state hospital system when the workforce development needs, especially for professional staff such as psychiatric nurses, psychiatrist and pharmacists, are already a major barrier to effective delivery of inpatient services. Other issues include the obstacles to community program development, community discharge resources, and the capacity needed in Eastern and Central Oregon.

DHS is completing negotiations with OHSU to increase both the short-term and long-term medical/psychiatric staff needs. Contracts to add a chief psychiatrist position, up to 6 staff psychiatrists, and a research assistant are being signed in November. DHS also recently announced the hiring of Dr. Joseph Bloom, a former dean of the medical school, to shore up medical recruitment and forensic staff supervision. Telepsychiatry options have also been improved for all parts of the state.

Two planning efforts to assure adequate residential and psychiatric capacity in Central and Eastern Oregon are well underway with final recommendations due by February 2007 or sooner.

Psychiatric nursing resources are receiving special attention through the recently established Psychiatric Nursing Workforce Development Team initiated by AMH Division. A

high level group (with representation from the major schools of nursing, the Governor's Office, Oregon Nursing Association, the Board of Nursing, and others) will make recommendations in early 2007 for both short-term recruitment and retention efforts as well as the longer term nursing workforce needed to staff the new state hospital and community facilities.

Finally, AMH Division's workforce development project (which began 3 years ago) will continue to develop action steps needed to prepare both the quantity and quality of all behavioral health staff needs into the next 3-10 years. These efforts include working with community colleges, undergraduate and graduate programs that are preparing workers for the Oregon mental health and addiction system. Recruitment of members of minority groups and persons in recovery will be part of this initiative so that Oregon can be assured of a culturally diverse and competent workforce.

AMH is employing the technical assistance of the Department's Administrative Services director to further refine and improve the process used to develop community projects. These tasks must be made as efficient as possible to assure maximum efficiency and effectiveness in developing the recommended "front end" and extended care services required by the OSH Master Plan Phase II report.

AMH will also follow a recommendation made by the DHS Local Government Advisory Committee in November to request the involvement of all County Boards of Commissioners to work with their community stakeholders to encourage the development of community programs and facilities. This will add considerable support at the local level to working with the state's efforts to transform Oregon's entire mental health system.

The development of a new improved mental health system statewide is challenging, but we are confident that with the support of the Governor and Legislature it can be done efficiently and the lives of people with mental health illnesses will be much improved.