

**Marion County
Facilities Subcommittee Meeting
Center Street Campus**

JULY 16, 2007

11:00 AM

HEALTH BUILDING, FIRST FLOOR, ROOM 1A

Attendance: Ann-Marie Bandfield, Linda Brown, Rod Calkins, Roy Deede, Vicky Johnson, Ruth Johnson, Kriss Lawyer, Todd Sheldon

Rod facilitated, Roy recorded.

Linda, Vicky, and Todd representing Juvenile; Rod, Roy, Kriss, and Ann-Marie representing Health; and Ruth as our community member.

Subcommittee members and others invited but not available: Pam Heilman (vacation), Chuck Sybrandt, Sue Bloom (vacation), Norm Grueber/Pat Harger, and Peggy Jackson. Invitation to Steve Larson, community member.

Handouts distributed: July 14th 2007 County Facilities Steering Committee (CFSC) minutes; Section 5 of Facilities Master Plan; Draft of Facilities Center Street Campus Subcommittee charter.

Discussed June 14th meeting minutes. Further refinement needed to video. Vicky stated that co-location of services for families will relieve their issue of traveling to multiple sites for services.

Subcommittee charter. Ruth and Rod noted that “project timing” and “cost estimates” did not seem to be something that this subcommittee would handle. Roy will take this request for change back to CFSC. Rod noted that it seems this subcommittee work more on issues like “number and location of entryways into building” and “special restrictions for methadone services”.

General Discussion on Master Plan. Ruth stated that in her experience that form follows function – we need to further define service needs and then evaluate facility needs. Vicky said it notes 8x10 sq ft for most staff spaces and that is not enough, as need to incorporate the space needs for records/file cabinets (storage), conference rooms, and waiting areas. Ruth said that valid data needed to base funding requests on, so more service definition to establish facility needs. Vicky said need more work done on specific buildings and services within those buildings to better determine future space needs. Ann-Marie asked if we should send a questionnaire to clients on how their needs are currently being met, if they see any issues, etc. Rod stated that part of our charge is to determine if square footage estimates will satisfy our service needs in the future - we try to evaluate our needs within context of the master plan and

then make our recommendations to CFSC. Roy noted that employee estimates based off Marion County population projection – consultant evaluated employees to population for a period, projected population and then percentage projection for employees to future years. Rod noted that funding and services can either decrease or increase in a given fiscal period, i.e. decrease this fiscal year for specific services from the State. Ruth suggested that management staff from Health and Juvenile review consultant recommendations in detail and report back any changes. Noted that only most of the subcommittee members have reviewed report. Ruth said the public would be interested in the efficiencies and effectiveness for services that are gained from any new construction. Rod said that one benefit is co-locating the majority of services for clients but there is also more expectation to provide services in the community. Ruth noted that Home Health agencies in the community do not generally have offices or assigned workspaces for staff. That staff go directly from their homes to working in the community, using a laptop for service work and communication. Can deliver services in different ways. Rod stated that although current trend is for outreach into the community, that pendulum could swing back the other way. Environmental health services staff mostly all work in the community.

Oregon State Hospital Expansion. Vicky asked how Oregon State Hospital expansion or development would impact Health. Rod noted that current planning has footprint of new OSH site encompassing State DD programs as well as Health services being provided on OSH grounds. This would imply that Health would need to relocate existing Health services (cottages) off OSH grounds in the future. Vicky asked if the State would be willing to build smaller units on other State land for these services. Rod said that some funding for relocation of services be provided but need further discussion with State on this question.

Services versus Storage. Roy noted from prior discussions that focus for public should be on impact to services and not as “storage space issue”. Although the need for storage space is critical and should be included in any plans, it could be resolved with purchase of smaller modular units located at our campus. Vicky noted that storage mechanics could be better, i.e. for medical records. Should not be a prominent feature of video. Rod said that immediate access to some emergency preparedness equipment and supplies are of a critical nature but focus should be on impact to services. Vicky asked if ADA capacity requirements were included in this work? Were the needs of obese or larger clients included in the study in provision of service to clients, i.e. larger chairs, more space to provide services? To request to CFSC whether ADA or like requirements included in consultant work. Noted also that restroom facilities currently inadequate for Health and Juvenile and if this taken into account in master plan.

Service/Space Need Changes. Roy noted that Front Street services and space requirements indicated in consultants report will shortly not be needed. Billing and IT staff (seven total) moved to existing space at Lancaster and Environmental Health/Vital Statistics/Medical Examiner staff be moving to vacated Methadone services space at Center Street. The Davcor site remains and will now house Methadone services. Although no longer have Front Street space needs, will need to add Work Solutions and STEP services being provided at new Center and Lancaster site. Vicky noted that Juvenile lost Shelter Care for Adolescents but new COPE services added – dual diagnosis non-residential services.

Other. Roy relayed information from Jan Fritz and Gayle Horton that could be evaluated and part of our response. They suggested determining the number of employees in Health (and Juvenile) in the departments 20 years ago (and when buildings built), identify what programs/services have been pushed down from the State that we did not manage prior (and so note also what programs/services no longer providing), and to provide the number of private offices now required versus originally. Rod suggested showing staffing trend from 1974 alongside the programs/services that have come and gone. Kriss suggested that when management staffs review master plan to have them indicate any current service area inadequacies. Noted that “being wired for technology” be important in any construction.

Noted that County Facilities Steering Committee next meeting is this Thursday, July 19th.

Actions:

1. Coordinate with Chuck – H/J management staff review master plan and provide feedback on recommendations for next meeting (Roy)
2. Coordinate next meeting for week of August 13th (Roy)
3. Send to Linda, Vicky, and Todd website address for information on consultant recommendations (Roy)
4. Show staffing trend from 1974 and alongside the programs/services that have come and gone for Health (Roy) – likewise for Juvenile (Chuck)
5. Requests to CFSC at July 19th meeting:
 - a. For community member, can we designate one individual and have them delegate if unable to make CFSC meeting?
 - b. Drop “project timeline” and “cost estimate” from subcommittee charter.
 - c. Clarify “risks and liabilities” definition under outcomes in charter.
 - d. Discuss 10/1/07 deadline for subcommittee report.
 - e. Request timeline for when service staff work with consultant to further define recommendations.
 - f. What is basis for master plan assumptions, i.e. ADA, restroom facilities?
 - g. Is original consultant work available on Health and Juvenile so we can update information?