



MEETING NOTES

Client:	Capital Development Board State of Illinois	Meeting Date:	September 21, 2017
Project:	In-Patient Treatment Facility Illinois Department of Corrections Joliet - Will County, IL	Meeting Location:	UIC College of Nursing
Project #:	CDB 120-000-062	Notes By:	Larry J. Hlavacek -HOK Senior Project Manager

Participants: Refer to attached Attendance Record

Copies To: All participants

The following meeting notes were prepared by HOK. The notes reflect the author's understanding of discussions and provide a record of the agreements reached at the meeting. Should any of those present have different recollections or find errors or omissions in the notes, please advise the author in writing within five calendar days of receipt of the meeting notes. The failure to notify HOK of errors or omissions within a reasonable time following receipt of the meeting notes is deemed acceptance of the discussions and record of agreements stated herein.

Notes:

1. Welcome
 - a. Terri Weaver (Dean, UIC College of Nursing) provided a welcome address to all meeting participants.
2. Introductions
 - a. Susan Corbridge - Associate Dean, UIC
 - b. John Baldwin - Director, Illinois Department of Corrections
3. Overview (by John Baldwin)
 - a. Background
 - i. RASHO Lawsuit
 1. The project developed from an 11,000 person class action lawsuit.
 - ii. Court Settlements
 1. Agreed to construct a residential mental health treatment facility
 - iii. New In-patient treatment center
 1. A large number of incarcerated have mental health issues (female rates of mental health issues are approximately double that of males)
 2. Facility will be coed and located within Will County
 3. The goal is the creation of a facility to treat mental health issues and make patients better/functional/successful within their community.
 4. Must have defined outcomes and metrics for accurate measurement of program success.
 - b. What other states have done
 - i. The Director
 - c. Director's Vision
 - i. Construct the nation's premier mental health treatment facility.
 - ii. Looking for in input and ideas to accomplish the mission.
 - iii. Input will be gathered from CDB partners, correctional experts, architectural partners, healthcare providers, staff members, and user groups.

- d. Director's objectives for this forum
 - i. Identify stereotypical pitfalls to avoid
 - ii. Identify opportunities to excel
 - iii. Provide valuable design input for consideration by A/E
- 4. Work/Brainstorming Session (*HOK Presentation and Facilitation*)
 - a. Introduced team
 - i. Jeff Goodale – Principal
 - ii. Greg Cook – Senior Project Designer
 - iii. Larry Hlavacek – Senior Project Manager
 - iv. Judith Regina Whiteley – Healthcare Design Specialist
 - b. Address Program and Design Issues to incorporate or avoid
 - i. Reviewed similar project designs by HOK with mental health focus.
 - ii. Utilize and outcome based design approach process that considers patients/public/staff.
 - iii. Deliverable is schematic design bridging documents.
 - iv. The number of beds and the budget have been defined by the scope of work.
 - v. Focus on staff operations and experience to attract the best employees and retain those employees. The high demands of this work environment requires spaces that work efficiently and attract the best staff to want to work at this facility.
 - c. Address Design Characteristics to avoid or embrace by category
 - i. Patients considered geriatric between 50-55 yrs age. Specific needs for this group will need to be address within the facility design.
 - ii. The facility must be able to treat injuries, chronic illnesses, infectious diseases, provide detox treatments programs, among others.
 - iii. There is a need to focus on mental health issues within the General Population.
 - iv. There are currently an estimated 4000-5000 inmates within the correctional system that have metal health concerns. This new facility will be for 200 beds. The development of criteria for identifying individuals for this facility and treatment programs will need to be developed for the best selection leading to the best results.
- 5. Open Discussion (Comments and Questions)
 - a. **Comment** - Healing environments – not just treating symptoms, but creating healing environments that address the chronic issues that caused mental health issues
 - i. Peer mentoring, healing environment, continuous environment (not pods), success when patient reenters society as a more complete person.
 - ii. Warehousing and isolation used in the past but does not work. 95% of people have suffered from abuse by family or peer group.
 - iii. May be beneficial to include patients into the design discussions.
 - b. **Question** – What type of groups are planned to be in the facility? This may direct the focus of the design discussion.
 - i. Family of patients are an underutilized form of treatment. Providing a facility in closer proximity to Chicago may allow more families to visit.
 - ii. It is important to make any new solution part of the overall system. This facility will not solve all problems, but will be focused on successful attack of needs and reentry within their communities. Must be designed with whole system being considered to make sure it is integrated. Programs developed for this facility may be able to be incorporated into existing facilities.

- c. **Comment** - People that need treatment typically have a long history of violence and abuse. A suggestion would be to design for the worst offender instead of best scenario. Many will try to self-injure, damage property, or become violent. It is important to train staff in new treatment concepts before bringing them into the facility.
- d. **Question** - What will the decision making process be to decide who gains access to this facility and treatment programs offered within this new center? How long will offenders be in treatment center and will insurance requirements dictate length of treatment?

Responses - There are currently no restrictions on length of stay due to insurance requirements. The criteria for selection will need to be developed.

- e. **Question** - Diet and Health play an important role in treatment along with environment and social setting. Should eating experience be better planned?

Responses - A new Director with DOC just starting as Dietitian. Other alternative solutions may be worth considering (such as gardening) used for treatment which can be used to treat PTSD patients.

- f. **Question** -How does the system follow patient from point A to B to C.

Responses - HHS Transformation Effort (Gov. Rauner signed) provides a waiver process with a defined budget (if approved). Funding will be provided by healthcare providers to establish outpatient services upon release from in-patient program.

- g. **Comment** - Transition areas seem necessary to facilitate the transition from one environment to another (practice in new environment) to achieve more successful results.

- h. **Question** - What type of documentation/paperwork will be required? Electronic filing...triplicate documents?

Responses - There is currently no Electronic Medical Records (EMR) system in place. Healthcare is being bid out right now and part of the bid requirements is a functioning EMR program.

- i. **Comment** - Occupational therapy will be an important program to transition patients back into their communities. Adequate space must be planned for all professions to have proper treatment/meeting spaces. There must be a focus on the treatment process and how to plan for areas that allow all healthcare staff to provide services and treatment.
- j. **Comment** - Understanding of staffing and programming will help the Design-Build team develop a more integrated and efficient building.
- k. **Comment** - Certified Treatment Officers are a new classification of staffing developed (requires a Bachelor's degree within the field). The program is designed to attract a higher quality of staff members prepared to deal with mental health treatment facilities. This facility will have Certified Treatment Officers on staff.
- l. **Comment** - The old model of approach was a custody facility used for treatment. A new paradigm must be created for a design that allows for treatment with custody reacting to function of treatment space. More program space is needed for counselling and treatment spaces (vocational programing, etc). Previous designs were very focused on

worst case facility in past and not providing the flexible spaces that allow for various treatment programs.

- m. **Comment/Question** - Levels of Acuity (mental health and medical as well) are linked directly to type of nursing care necessary. How does this affect safety? How does this integrate with CTD? How manage the offender treatment with multiple levels of nursing. Facility will be primarily for treatment of mental health issues. 50 beds dedicated to those that also have acute medical needs. This facility should be designed to operate as a typical hospital. Safety must be incorporated in environments where needles and pumps, etc...restrict access to equipment. How do we build a hospital to help prevent a mistake or error or possibly catch it early in the process? Difficult to plan for safety since so many treatments and conditions.
- n. **Comment/Question** - What defines acute? Is this a 72 hour hold or 3 weeks? Does the facility account for pregnant women and delivery of babies? - This is defined by their level of functioning and not defined by a length of stay requirement and should be determined individually. It is necessary to identify how we treat these issues and provide treatment options for them.
- o. **Question** - Offender transition from facility to community - Are medicines linked to formulary meds that they can be on in the community? Could yoga and/or meditation be explored as treatment options?

Responses - Yoga programs have been implemented successfully. Most likely would be developed for this facility. The formulary system used in the Elgin will most likely be adopted. Advocacy and cost issues must be accommodated.

- p. **Comments** - Word will spread about success of facility and offenders will want to be placed in the facility. Education of officers important to understand and screen people in/out of the facility.
- q. **Comment**- Multi disciplinary team important. Effective treatment better accomplished with team approach to medical risk instead of an individual assuming all risk.
- r. **Comment** - Have program that also focuses on financial planning.
- s. **Comment** - Look at how architecture promotes integrated approach to treatment. Create design opportunities for collaboration between all departments to create integrated health environments.
- t. **Advice from Architects to HOK**- Develop workshop process with all stakeholders, patients, families. Look at issues and opportunities. Tell HOK what you do well and what things have been catastrophic failures.
- u. **Advice from Treatment providers to HOK** - Develop flexible spaces that can accommodate various treatments or developing treatments. Look at solutions that incorporate moveable walls such as the South Bend Memorial Medical - Flexible pods that walls can shift depending on severity of treatment and treatment options needed. Focus on the efficiency of practitioner operations. Focus on movement efficiencies based on processes and procedures. Explore pneumatic tube systems to deliver medicine ex.... Look at design effects of human psychology and how it augments treatment. Look for progressive research in cognitive behavior and how the design can impact behavior. Cognitive Science...evidence based research available. Harvest it, examine it, let it influence the design. Identify admission and discharge criteria. Also identify levels of care and criteria to move along on continuum of care.
- v. **What program would you put in facility?** - trauma informed model of care, peer mentoring,

6. Project Development and Roll-out
 - a. Procurement method
 - i. Mission: Construct state-of the art facility on schedule and on budget
 - ii. \$150M budget allocated
 - iii. D-B method of delivery
 - iv. Single team of Designer Building with HOK as bridging firm
 - v. Allows for QBS
 - vi. Budget management 25%
 - vii. Fast deliver due to settlement agreement
 - viii. Quality control
 - ix. LEED Silver design Requirement
 - b. MBE/FBE/VBE requirements
 - i. Minority/Women/Veterans - HOK exceeded goals
 - ii. Prequalification required prior to phase 1 deadline
 - iii. Certification with CMS required to participate
 - c. Projected schedule
 - i. Fast Track
 - ii. HOK Programming Schematic Design Bridging Documents
 - iii. 10/24 selection committee
 - iv. Selection later in month
 - v. 11/14 Board Review
 - vi. 6-8 months for schematic design bridging documents
 - vii. DB team RFP late spring early summer 2018 - schedule being developed.
7. Q/A and Wrap-up
 - a. RASHO agreement - project starts with July 6th passing of state budget
 - b. Money has been appropriated. Project is " full speed ahead"
 - c. Trying to identifying programs that will elevate this program above all others.
 - d. Keeping patients focused on treatment, continuity of care, high expectation, and success.
 - e. Want to tap into university system (UIC and others) to get best ideas and input for Architects. Hoping that there will be a healthy critical review of program draft to foster a high level of thought and drive the best outcome. Need to also focus on how visitors can be incorporated into the treatment process.
8. Meeting Adjourned

State of Illinois
CAPITAL DEVELOPMENT BOARD

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Project: Construct In-Patient Treatment Center

Illinois Department of Corrections

Joliet, Will County, IL

Meeting Description: Public Forum

Date: 9-21-17

Time: 1:00pm

Place: UIC College of Nursing, Chicago, IL

Attendant

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