



MEETING NOTES

Client: Capital Development Board
Project: New In-Patient Treatment Center
Project #: 17.03037.00

Meeting Date: May 22, 2018 (10:00am-12:00pm)
Meeting Location: UIC College of Nursing
University of Illinois Chicago
845 S. Damen Avenue - Auditorium
CDB Project #: 120-000-062

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.

UIC College of Nursing Public Forum

Agenda

1. Introductions

Opening Remarks from Director Baldwin

IDoC and CDB have been working with HOK and Pulitzer-Bogard to create national model for mental health treatment and treatment facilities. IDoC looks forward to partnering with a Design-Build team for this forward-looking project that will provide constitutionally guaranteed care for patients.

School of Nursing Welcome from Dr. Susan Corbridge

The UIC College of Nursing Appreciate the collaboration. Has been a great experience for students. Thanks to Steve Meeks. Look forward to future collaboration opportunities with IDoC. Appreciate opportunity to provide input into the hospital design.

Introduction By Jeff Goodale (HOK)

Introduction of design team

- Larry Hlavacek – Project Manager for HOK
- Curtiss Pulitzer – Principal of Pulitzer-Bogard (program and staffing development)
- Judy Regina-Whiteley – Correctional Healthcare designer / Nurse Practitioner
- Dr. Anita Brazile-Sawyer – Chief of Programs & Support Services for IDoC
- Marcus Hardy – Executive Assistant to the Director for IDoC/ Project Lead
- Capital Development Board – Steve Halm / Project Manager

Project mission is to create a national model, premier, state-of-the-art facility

Project Overview:

- \$150M Project Budget
- Construction Cost Budget ~\$110M range
- New kitchen will serve entire campus
- New Central Utility Plant will serve the new building and future expansion
- New Administration Building at the front of the campus that will replace an aging building with no expansion capability
- Approximately 150 mental health patient beds and 50 medical patient beds
- Full medical clinic with staff offices and treatment areas



It was important to incorporate the feedback from previous public forum and early mission statement/goal development into our design. The HOK design reflects that feedback and provides IDoC with the facility design to meet their goals.

The facility is design primarily as a hospital with a security overlay. Its purpose and mission was to build as a hospital and treatment facility.

Treatment units are designed for a high-quality care environment. The 150 mental health patient beds and 50 medical patient beds is just a beginning with expansion designed into the facility to add future growth.

A new position, Correctional Treatment Officer, is being developed and will become part of an integrated treatment team. This facility is designed for the sickest of offenders and will become the new consolidated treatment facility for the State of Illinois.

It represents a new model for a direct supervision healthcare treatment facility and is designed with various units for step-down treatment and to provide flexibility of treatments.

Campus Plan

Jeff Goodale reviewed the overall campus plan showing the proposed location of the new In-Patient Treatment Center and Administration Building. The treatment center is all on one level for operational efficiency.

Administration Building

The Administration Building is a simple building with the first level devoted to processing staff and visitors and staff spaces including an Emergency Operations Center, fitness center, and locker rooms. The second level includes an administrative office suite and training wing. Training and collaboration were critical to the goals of the project to allow for future development of treatments and operations.

In-Patient Treatment center

Staff and Visitors enter through a main lobby that is adjacent to visitation areas. The lobby is designed to be inviting to the public and promote visitation and family reunification.

The treatment center includes three conjoined infirmary units, three female mental health treatment units, and four male mental health treatment units. Clerestory lights and windows to the outside are used to bring natural light into the interior of the building. Every patient has natural daylight and views to the outside to provide a connection with nature and daylight. Materials and color are used to identify and provide therapeutic spaces. Intensive acute treatment units as well as acute treatment units are provided to allow for step-down treatment programs. A variety of spaces are included to support a holistic treatment philosophy including group spaces and comfort rooms which encourage interaction while providing private spaces as well. Treatment teams located within each unit.

Infirmary

- Includes a combination of single and double beds
- Designing to meet IDPH standards as well as correctional standards.
- Each unit has access to treatment spaces and outdoor spaces. Sight lines allow for proper patient supervision, but also provide a degree of privacy. Every room designed for accessibility.
- Triage exam rooms provided in Mental Health Treatment units to allow patients to be treated in unit if possible before being sent to the infirmary.
- Balance of healthcare needs, hospital standards, and security requirements.
- Entire building is accessible (not just a portion of the facility). Designed for universal accessibility.

Mental Health Units

- Units are self-contained with much of their activities provided within the unit.
- Outdoor rec/space attached to each unit allows more daylighting into the units.
- Room windows are unidirectional to prevent views between rooms.
- Facility has a higher staff/patient ratio. Want to be efficient, but want to be able to deliver quality services and treatments. Staffing plan being developed as well.
- Limited rooms will have a food pass. Do not want that level of security in most rooms.

- Group rooms, interview rooms, treatment rooms, dayroom spaces in each treatment unit provides flexibility for treatment options.
- Lines of sight critical in dayroom areas. Staff will need to roam and monitor units.

A clinic allows for patients to be treated on-site. Staff offices are located within the clinic to support and integrated team philosophy. Imaging, dental, optical, dialysis, physical therapy, and surgical areas are provided to minimize the number of patients that must be treated off-site.

Support spaces include Intake, Processing, Dietary, Laundry, Warehousing, Maintenance, and a Loading Dock.

2. Questions and Answers

What is the square footage of the proposed facility?

The current square footage of the facility is in the 180,000-185,000 square foot range.

What will be the Procurement Process?

A two step process will be utilized including:

- Issue RFP for qualifications that will be reviewed by a 7 member committee.
- Developing a shortlist of a minimum of 2 teams to a maximum of 6 teams.
- An approximately four month process with D-B firms resulting in teams submitting a fixed price proposal for the design and construction of the proposed facility.
- RFP scoring will be based on 75% of points awarded for technical nature of the proposal and 25% of points based on cost and schedule
- DBE Goals will be set at 18-20% for the design team and 25-30% on construction side.

Can you define what the Bridging Documents will be?

Bridging Documents will be between SD and DD level. Performance criteria for engineering systems will be provided.

Can you provide more detail on the kitchen design and future expansion?

The kitchen is designed to serve the entire campus that will be about 700 beds when the project is completed. Future expansion plans may add another 200 beds to the campus that would also be supported by this kitchen area. Future expansion is planned for the area west of the proposed In-Patient Treatment Center building and also by adding an additional wing on east.

Will Design-Building Teams have the ability to use other construction methods?

Flexibility will be allowed for differences in construction methods. Performance criteria will be provided.

What is the anticipated duration for the construction phase?

Anticipated construction schedule is approximately a 30 month duration.

Will enhancements be allowed for proposals?

Enhancements will be considered. CDB is evaluating how enhancements will be determined and how they will be scored.

Will heating and cooling needs be stand alone for each facility?

The central utility plan is designed to support the In-Patient Treatment Building and future expansion. The Administration Building will have its own systems.

What level of security is designed for treatment rooms and the facility?

Each area will have its own level of security based on the need and location. The design team is developing strategies to minimize the level of security required.

Razor ribbon at the perimeter will not be used. New set of security criteria being developed for a facility like this one. Phasing during construction will be critical to keep operations going during construction.

How is a typical MH treatment unit staffed and operated?

The staffing needs are being analyzed right now. A mix of nurses, physicians, psychiatrists, social workers, and correction staff will be integrated into treatment teams.

A new position, Correctional Treatment Officer, requires a BA or higher. There has been a huge response with high degree of success with recruitment. They must participate in a group treatment program and must interact with patients on a regular basis. The goal is to create a more therapeutic environment that is more defensible in court. This will reduce staff assaults and patient injuries. HOK providing a building design that supports this mission.

- The goal is to expand collaboration and have rotations of nurses and doctors to train through this facility to provide the best possible care for patients. The design includes step-down environments for treatment with goal of returning to their residential treatment unit (RTU).
- Treatment units have comfort rooms to provide private, quiet rooms for patients, dayrooms for group interaction, and various sized group treatment rooms for various treatments.
- Also developed staff areas to allow them to deescalate, staff wellness areas, professional work environments.
- Safety rooms are provided in each unit (more concentrated in intensive acute). Separated from main portion of the unit, some will have restraints and padded cells if needed. Trying to create treatments and spaces to allow patients to step down.
- Kitchen design to provide specialized diet restrictive meals.
- 24 bed units are subdivided within architecturally with multiple nurse's stations. Intensive acute units have subdayrooms.
- Any thought of including dormitory spaces for staff? Not included within this new facility. Observation windows have been discussed for observing group treatment rooms.
- The placement of the facility in Joliet allow for access to a population of educated healthcare workers.

3. Adjournment