## **NEW TREATMENT CAMPUS**

Rosalie Etherington, NDSH Superintendent



# STATE HOSPITAL SPECIALIZED FACILITY REHABILITATIVE FOCUSED

Psychiatric hospital for severe behavioral health conditions

Substance use residential for severe substance use disorders

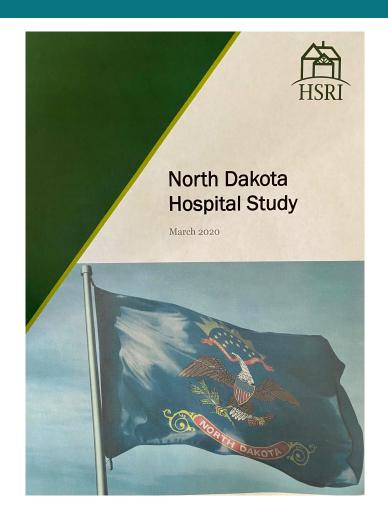
Dedicated residential for the sexually dangerous

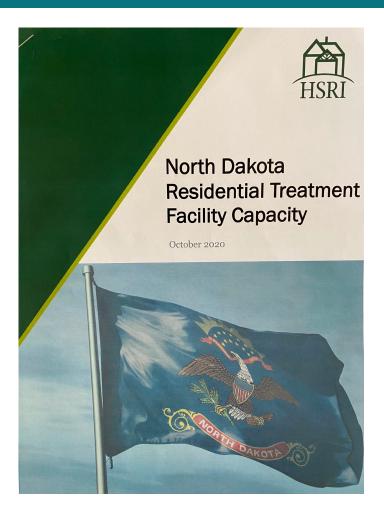


## SB 2012 SECTION 18 REPORT TO LEGISLATIVE MANAGEMENT

- Balance of inpatient, residential, and community services
- Size and use of state hospital
- Impact of crisis services
- Potential use of Medicaid authorities

## HSRI RECOMMENDATIONS



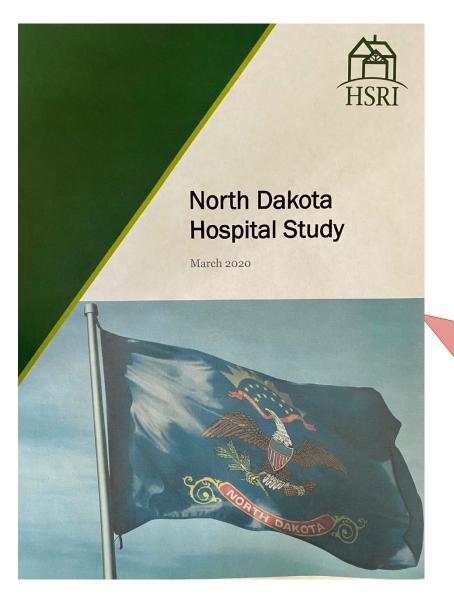


## STATEWIDE PLAN RECOMMENDATIONS

STATE HAS SUFFICIENT PSYCHIATRIC HOSPITAL AND RESIDENTIAL BEDS

Sufficient hospital and residential bed capacity 6-10 hospital beds needed in western North Dakota Build new state hospital at 75-85 beds Develop and expand alternatives to inpatient treatment Develop standardized coordination of services Integrate behavioral health services into physical health Do not pursue Medicaid IMD exclusions

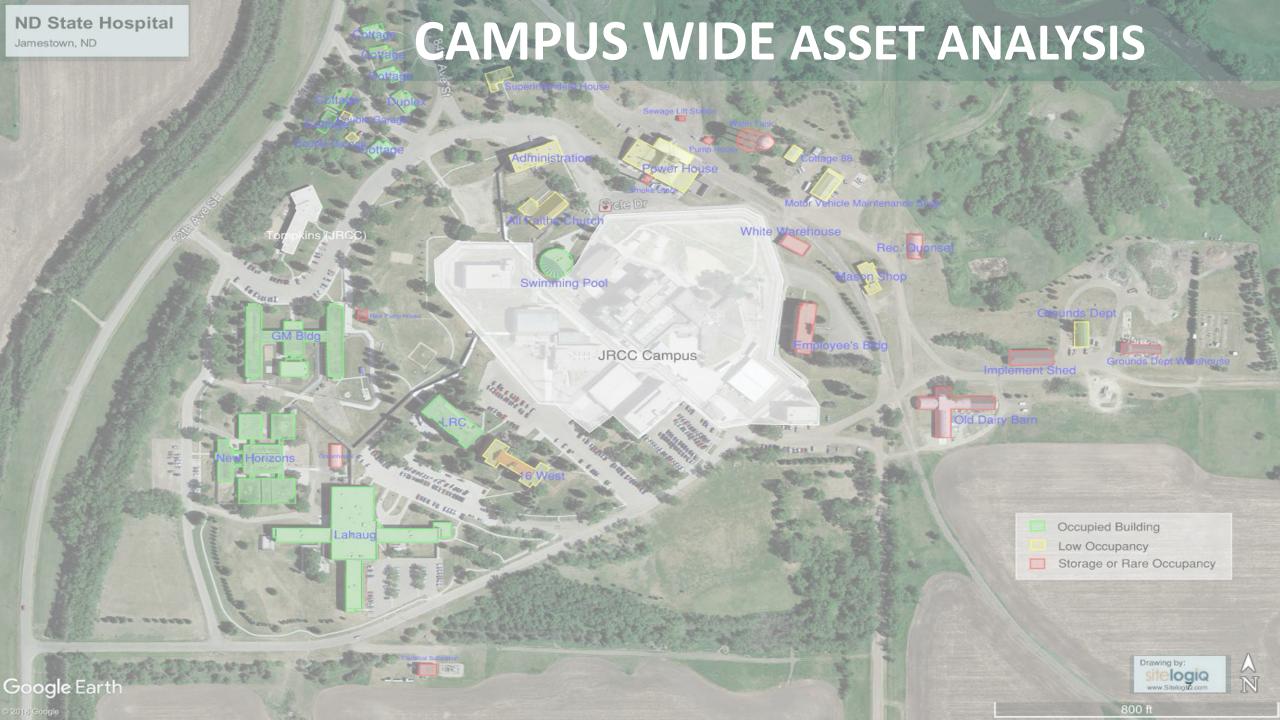
## Current Condition & Project Need



"we conclude that an appropriate size for the state hospital in Jamestown is a range of 75 to 85 beds. This is contingent, however, on a number of system enhancements and redesign activities, recommendations for which are presented in this section.

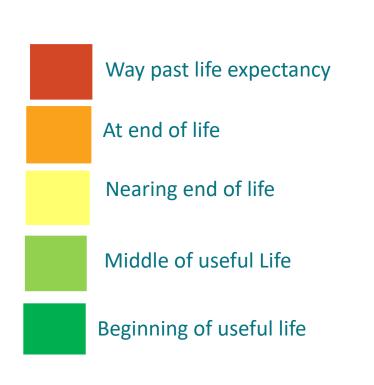
It is distinguished from other inpatient psychiatric facilities in the state by two functions: it accepts transfers of individuals whose behavior cannot be managed adequately in those other facilities and transfers of individuals who require a longer inpatient stay before discharge than those other facilities are able to provide. It also has a small forensic population."

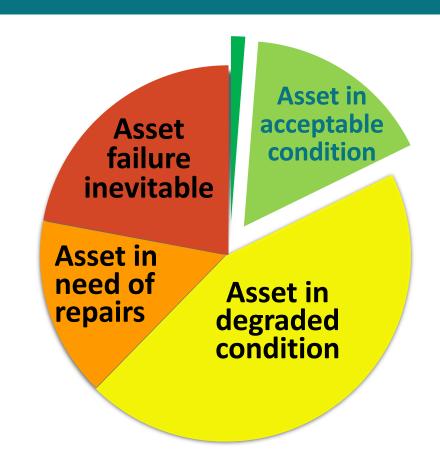
HSRI Report



## ASSET ANALYSIS CONCLUSIONS

IMMEDIATE NEEDS FOR FAILING INFRASTRUCTURE





## **NEW TREATMENT CAMPUS GOALS**

#### **IMPROVE CARE AND SAVE COSTS**

- An innovative approach to deliver a new Treatment Campus to accomplish Legislature's directive
- Finance new construction with minimal to no upfront capital spending
- 03 | Eliminate over \$5M in annual operating inefficiencies and duplicative support
- Provides operating and lifecycle cost certainty for the next 40 years

- Provide a new facility that improves patient and staff safety and improved treatment
- Eliminate \$148M of deferred Maintenance
   needs and provides a new facility with
   essentially a 40-year warranty
- Significantly reduce operating costs, and ensure cost certainty and facility condition for the next 40 years

### WHY A NEW HOSPITAL

Offer safer & better care at a lower cost





## **Safety Concerns**



### **Care Concerns**



#### **Cost Concerns**

#### Secure Entrance Issues

The ability to have unwanted ingress/egress

#### **Limited Sightlines**

 Impacts ability of staff to observe patients at all times

#### **Outdated Configurations**

- Does not meet current care needs
- Anti-ligature limited

#### Regulatory Deficiencies

- Joint commission requirements
- Life Safety Code requirements

#### **Indoor Environment**

- Contributes to longer stays
- Staff satisfaction and performance suffer

#### **Operating Cost Inefficiency**

- Aged facility systems are nearing (or have exceeded) end of useful life
- Deferred maintenance list continues to grow
- Difficult to staff maintenance FTEs

#### **Excess Campus Footptrint**

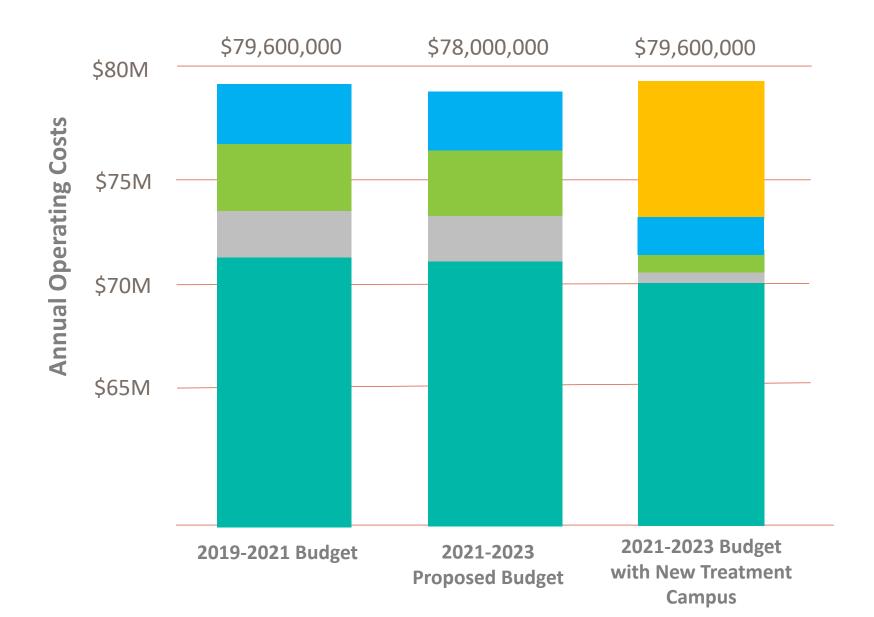
- Multiple buildings and excess square footage requires higher staffing
- Duplication of FTE services and/or roles

## BUDGET BUILT ON SMALLER HOSPITAL BUDGET REDUCTION CONTINGENT ON THREE THINGS

- 1. 6-10 hospital beds needed in western North Dakota
- 2. Statutory authority to decline admissions when full
- 3. New hospital without costly deferred maintenance

Reduce state hospital inpatient services to 75 beds

## NDSH Costs: Status Quo vs New Hospital

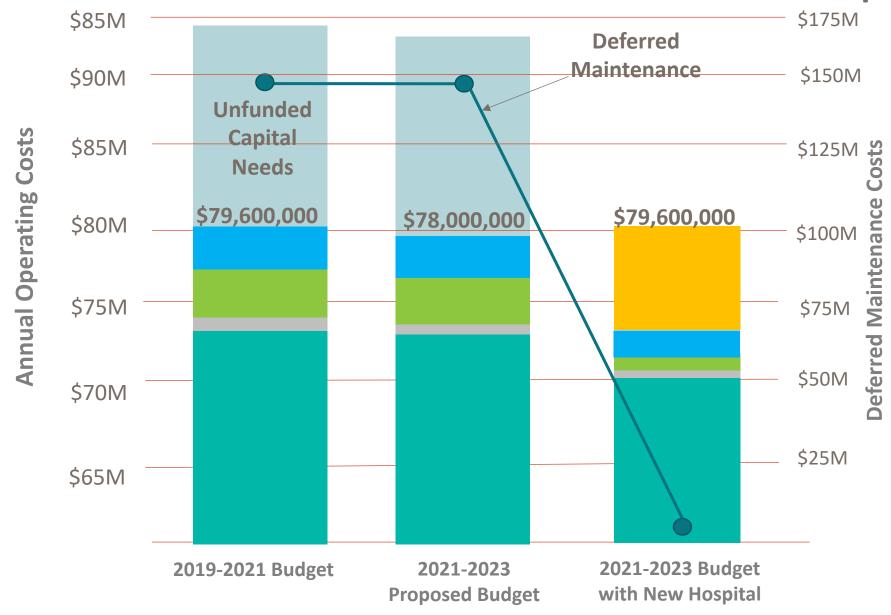


- Capital Expenditures
- Facilities Operations
- Energy Costs
- Hospital StaffCompensation
- New Hospital Debt

## **Further Cost Reduction Opportunities**

- Finance Rate
- Finance Term
- Additional Efficiency Improvements
- Lower Construction Costs
- Lower Operating Costs

## NDSH Costs: Status Quo vs New Hospital



- Capital Expenditures
- Facilities Operations
- Utility Costs
- Hospital Staff
  Compensation
- New Hospital Debt

## **Further Cost Reduction Opportunities**

- Finance Rate
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