

Oregon Department of Corrections



Report to the Oregon State Legislature HB 5201-A (2018)

*Budget Note response on
Oregon State Penitentiary – Minimum
Use as a Geriatric Unit*

Revised v2, 1-30-19

Budget Note:

The Department of Corrections (DOC or department) is providing a report as directed by Budget Note in HB 5201-A (2018).

The Budget Note directs that:

“As of January 25, 2018, the Department of Corrections had 297 inmates in custody over the age of 70. Elderly inmates are housed throughout the state, depending on the location of infirmary and hospice beds, single-story and single-bunk cells and dormitories, and proximity to health care facilities.

The Department of Corrections is directed to evaluate the feasibility of using the Oregon State Penitentiary - Minimum as a dedicated facility for housing male prison inmates over the age of seventy-five. The department should evaluate the suitability of using OSPM to house elderly inmates and identify any and all facility modifications that would be required to safely house a population that has an above average incidence of mobility limitations and serious health conditions. The suitability evaluation should include a detailed cost analysis and an estimated construction timeframe for those modifications to the existing facility necessary to provide an adequate number of infirmary and hospice beds for this population, as well as any security upgrades, infirmary improvements, medical equipment purchases, and accessibility modifications. The department is directed to report to the Legislature by February 2019 on the cost and timeframe for remodeling and equipping OSPM, and on the estimated cost of operating the facility, including any extraordinary costs for medical staff, transportation, and other reasonably necessary resources for housing an elderly inmate population.”

History:

In 1956, Warden C. T. Gladden requested \$725,000 from the legislature to build a women’s prison due to overcrowding at the Oregon State Penitentiary (OSP), where 25 women were housed on the second floor of the administration building. The Oregon Women’s Correctional Center (OWCC) was completed in 1964 and opened in January of 1965. It was originally designed to hold 76 female adults in custody (AICs). By the mid-1990s, OWCC routinely housed around 200 women. In 2001, the Coffee Creek Correctional Facility was opened, and all females in state custody were transferred there.

In 2002, management of the former OWCC, adjacent to OSP, was assumed by OSP. It was converted from a female facility to a minimum custody male facility. Oregon State Penitentiary – Minimum (OSPM) housed 176 minimum custody, general population males until its deactivation in October 2010. The closing and deactivation of OSPM was part of a DOC budget reduction which eliminated 48 staff positions. All men in custody at OSPM were transferred to other DOC institutions.

OSPM is currently managed by Santiam Correctional Institution (SCI) and maintained by two physical plant staff and an AIC work crew. Since being decommissioned in 2010, staff have performed routine maintenance and repairs, and preserved existing equipment. Additionally, several significant projects have been performed in order to make it viable for future use. These projects include a roof replacement (\$1,416,833), shower upgrades (\$65,677), parking lot repaving (\$480,114), camera controls upgrade (\$25,415), and sewer line replacement (\$234,333).

Parts of OSPM are currently being used by DOC’s SWAT teams, Transport Unit, Professional Development Unit, and other state and county agencies as a training center.

Previous analyses have evaluated how best to use the existing OSPM structures, including potential use as a housing facility for elderly men or those with assisted daily living needs. In response to this budget note, the department conducted a complete review of the facility for this use. DOC teams focused on specific aspects of incarceration for this population, reviewing physical structures and developing necessary financial data for consideration.

Executive Summary:

Generally, correctional facilities are built for a healthy population without mobility issues, as was the case when OSPM was constructed. The original design was built to house 76 healthy females, who were able to move freely within the facility and had individual cells. To re-purpose the facility, DOC would need to convert the existing housing units into geriatric housing units that are compliant with the Americans with Disabilities Act (ADA), and with all accessibility needs of the 75 and over population.

The main building is a housing unit with four wings in the shape of a cross (Appendix A), accompanied by additional buildings historically used for AIC visitation, recreation, crafts, education, religious services, and vocational training. Each of these buildings and spaces would require significant retrofitting to comply with ADA, building code upgrades (fire system, electrical, mechanical, and plumbing), seismic upgrades, and other requirements.

OSPM would require extensive modifications for use by geriatric AICs. DOC estimates the design phase could take up to a year, with construction lasting another two years. This would result in a total of potentially three years from when/if funding were to be approved before the facility would be move-in ready and begin operations for this population. It's important to note, the institution would remain classified as a minimum custody facility due to the institution's design.

The one-time start-up cost is estimated at \$32.2 million (Appendix B). The projected incremental biennial cost to operate OSPM for geriatric use is estimated at \$23.3 million (present value operating cost, minus some savings for discontinuing current mothballed operations – see Appendix B), compared to approximately \$15 million if it were to open as a general population facility in the 2017 – 2019 biennium.

Potential alternatives for housing this special-needs population may be more cost effective and serve more geriatric AICs, such as new construction within the perimeter of another existing Salem-area medium custody institution.

Analysis:

DOC analyzed the following components in assessing the costs associated with operating OSPM as a geriatric facility:

Retrofitting Implications

The OSPM facility was designed for a healthy general population, without mobility issues. Extensive retrofitting would be required to make the facility ADA compliant.

- Cell doors widened
- Showers remodeled
- ADA access ramps installed

This retrofitting would significantly impact space and ultimately the maximum bed capacity, which would reduce the number of geriatric individuals that could be served at the facility. In addition to ADA

compliance issues, the aging facility would have to be brought up to current building codes. Because the facility has been largely out of commission, it would need to pass local and state inspections before re-deployment. Including:

- Asbestos abatement
- Wiring upgrades
- Fire suppression system upgrade
- Other mechanical systems improvements

The space allocated to medical and mental health treatment in the original building consists of one exam room, one nurse's station, and a medical records area. Other spaces within the existing complex could be modified to support some of these functions, as the need would substantially increase with a geriatric population.

New Spaces

As mentioned above, the current medical area within OSPM is very small and would not be able to support a geriatric population. The addition of a 12-bed infirmary building would be required. Dental care facilities would also have to be constructed to avoid transferring a fragile population back and forth from other institutions.

Staffing, Equipment, and Furnishings

If OSPM were to be converted to a geriatric facility, many of the operational considerations would be similar to the previous occupations by females prior to 2002 and males until 2010. However, if existing program space is converted to hospice or infirmary care, or new bed capacity is constructed, additional staff will be required – security, administrative, and medical. (Even though AICs would be moved from other institutions, decreasing emergency beds, this will not reduce the staffing levels at those institutions.)

While the agency has kept the buildings maintained and repaired since its closure in 2010, substantial costs would be incurred to make the institution operational. Most furnishings and equipment would require replacement due to reallocation, age, degradation, and disrepair, including the following:

- Cell furnishings
- Office furnishings
- Technical equipment
- Medical equipment
- ADA appropriate transport vehicles (for after hours and weekend needs)

Unique considerations

DOC relies heavily on AICs to perform work assignments that support the operation of institutions. It is estimated, based on the needs of similar-sized institutions, OSPM would require 80 AIC workers to function and assist the geriatric population with activities of daily living. Some work assignments could be performed by geriatric residents, but most will need to be performed by able-bodied individuals (general maintenance, utilities, janitorial, landscaping, meal production, and laundry).

For individuals within the Oregon prison system, chronological age often does not track with biological and cognitive age. Many individuals in DOC custody under 75 could benefit from the kind of care provided by a

geriatric-focused facility, and many over 75 do not need this higher level of care. If OSPM becomes a geriatric facility, DOC discretion would be necessary in assigning residents to this facility regardless of age.

Many men need assistance with the activities of daily living (ADL) which means they may need help with grooming/personal hygiene, dressing, toileting/continence, transferring/ambulating, or eating. DOC ranks those needing ADL assistance as minimum (ADL1), moderate (ADL2), and maximum (ADL3). In December 2018, DOC had 102 AICs with ADL diagnosis coding. This ranking applies only to AIC's ability to provide their own care and is not the same as their security level, which has similar terminology.

Action Requested:

Acknowledge receipt of the report.

Assessment Methodology:

To address the expectations in the Budget Note, a multi-disciplinary DOC workgroup was established and tasked with an evaluation of the facility for potential use as a geriatric facility. The workgroup composition and their areas of examination are listed below.

Areas Assessed by DOC Workgroup:

Institution management:

Overall function, physical layout, adjacencies, space, logistics, dependencies, remodels or expansions, etc.

Institution operations and security:

Physical orientation, housing unit evaluation, layout, logistics, staffing, risks, exposures, line-of-sight, monitoring systems, electronic security systems, fencing, lighting, cameras, visitation, etc.

Institution physical plant:

Facility condition, equipment status, infrastructure [mechanical, HVAC, water, sewer, electrical, fire suppression] systems, building needs, grounds maintenance, warranty status.

AIC transportation:

Workload increase, site access, security, holding cells, community restrictions, medical services, etc.

Medical services:

AIC population needs/restrictions, existing space and equipment, transport capacity, equipment warranties, etc.

Institution food service:

Service delivery, equipment needs, facility condition and design, operational expectations.

Central distribution/warehouse:

On-site storage, facility access, impact on central system capacity, workload increase on existing delivery capacity.

General Services - Information Services & Facility Services:

Evaluation of current communications technology and capacity, determination of needs based on change in facility use, technology upgrades to DOC current standards of practice, warranty status, etc.

Statewide population management:

Impact on housing strategies, transfer scheduling, hospital transport, relationship to other institutions, release potential, re-purposing mission of other institutions, impact on long-range population management plan, etc.

Education and treatment services:

Space limitations and reconfiguration, treatment provider space and availability, population demographics/treatment need, impact on current system delivery system, integrity of therapeutic treatment communities, integration of services, etc.

Transition & release services:

Community restrictions on release, existing physical capacity, AIC transportation, staffing needs, etc.

Other subject matter as needed.

Facility Use

The workgroup was directed to evaluate the facility and determine how the department would use the facility for DOC's geriatric population, including any adaptations, remodels, additions, etc. necessary to accomplish that purpose. Status assessments were conducted of all equipment, including technology, infrastructure, the building envelope, and service systems (water, sewer, HVAC, etc.), as well as for all ADA access requirements.

Cost Model Assessment

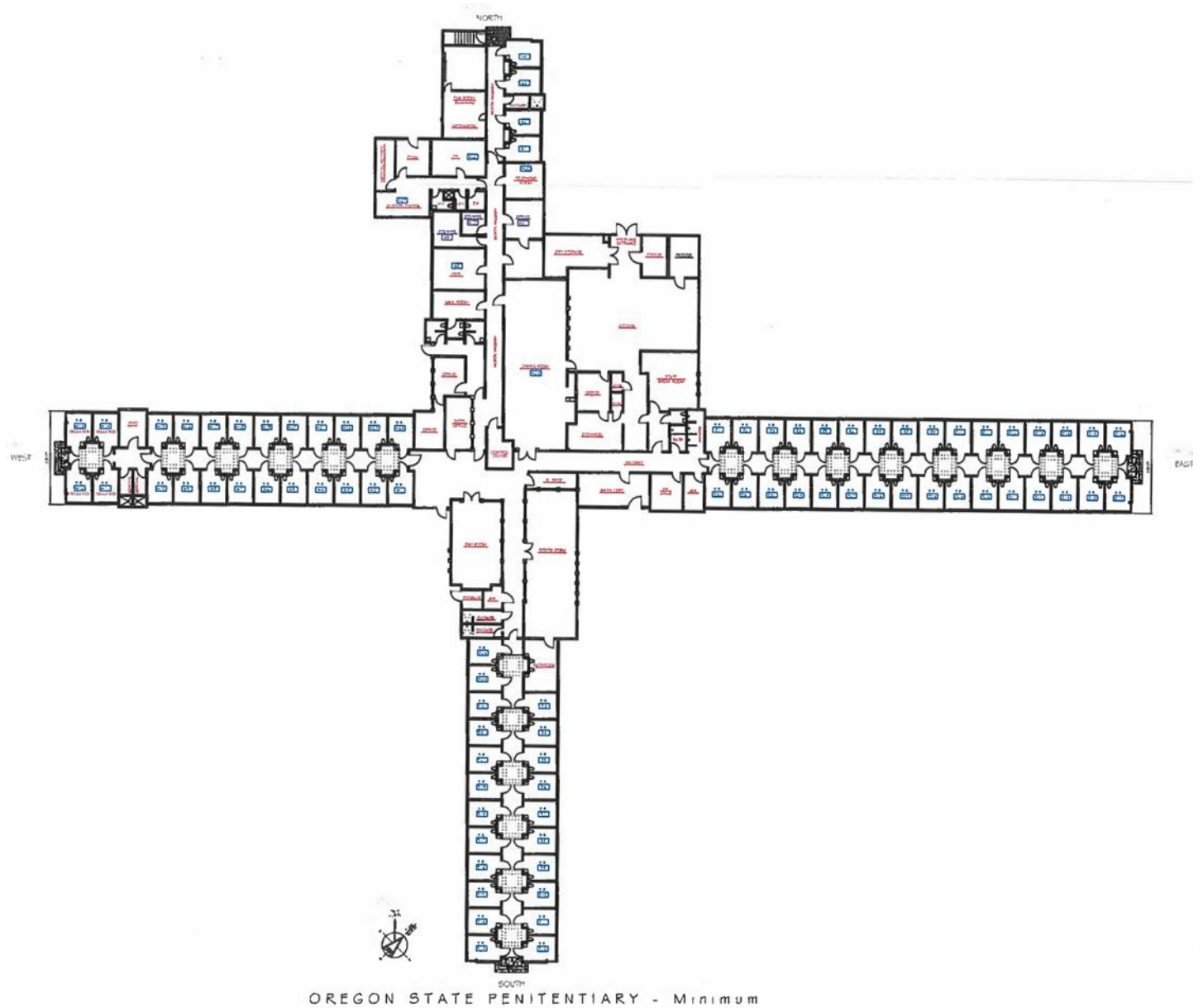
Based on the results of the review, staffing plans were developed and priced. Other operational costs were projected using data from similar sized state facilities, local contract service provider rates, and state standard pricing.

APPENDIX

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APENDIX A

OSPM Main Building Lay-Out



Appendix B – Pricing Analysis

Table 1

¹ BEDS	TOTALS
Number of geriatric beds (bottom bunks)	80
Number of infirmary beds	12
Number of general population beds (50 general workers, 30 geriatric helpers – top bunks)	80
Total Beds	172
² Number of bed days for a full biennium	125,732

³ Total number of Positions (Pos)/FTE Needed for Operation	Pos	FTE
Operations	82	78.8
Health Services	34	31.74
Central Administration (payroll)	1	1.00
Correctional Services (chaplain and release counselor)	2	2.00
Total	119	113.54

COST SUMMARY	SUB-TOTALS	TOTALS
Total One-time Costs		\$32,240,339
⁴ Total Facility Construction Costs		\$30,062,000
Pre-occupancy construction	\$26,952,000	
New modular building for Infirmary	\$1,950,000	
Reinforced Fencing	\$895,000	
Dental Infrastructure	\$80,000	
Communications System/Radio	\$175,000	
IT Wiring for Facilities to upgrade infrastructure	\$10,000	
⁵ Start-up Purchases		\$ 2,178,339
^{5a} Operations Division Start Up Purchases	\$983,735	
^{5b} Health Services + Correctional Services Start Up Purchases	\$695,833	
^{5c} Staff (Standard Rates specific to each staff hired)	\$411,077	
^{5d} AIC (specific to each AIC added to a facility)	\$87,694	
⁶ Total On-going/per Biennium		\$26,867,736
^{6a} Operational Service and Supplies	\$1,150,813	
^{6b} Staff (e.g. PS, OPE, training, office supplies, travel)	\$25,561,811	
^{6c} PDU (Professional Development Unit) Relocation/Lease	\$155,112	
⁷OFFSETTING SAVINGS SUMMARY		
Total Offsetting Costs		(\$3,565,879)
Positions/FTE from Santiam Correctional Institution	(2/2.00)	
^{7a} Savings of Operational S&S of taking E-Beds Off-Line (Offset to 6a)		(\$2,904,409)
^{7b} Total Savings of current “Mothball” costs for OSPM facility		(\$661,470)
Personal Services (e.g. salaries, OPE)	(\$441,898)	
On-going non-Personal Services costs for staff	(\$28,957)	
Facility costs (e.g. utilities, parts for repairs, etc.)	(\$190,615)	

Appendix B, continued

Pricing Explanations and Significant Assumptions

Overview:

The Department of Corrections (DOC) is frequently asked to provide cost analysis for scenario-based exercises, whether it be for fiscal impact statements during legislative session, cost-benefit analysis to assist in making decisions, or unique requests like those contained in the HB5201 (2018) Budget Note. The agency uses a number of standard rates and a pre-determined methodology to remain consistent. When pricing prison projects that would open, close, or transfer bed capacity, DOC compiles the following costs:

- One-time costs
 - Construction
 - Start-up purchases
- On-going costs
 - The costs associated with staff (salary/wages, office supplies, travel, etc.)
 - The costs associated with running the rest of the facility (medical, physical plant, programs, contracts, etc.)
- Any offsetting costs saved at other locations if a transfer of AICs or equipment takes place

In Table 1 above, the results are reported in this way.

Below are explanations for each line-item to provide more detail. The numbers in the table correspond to the explanations below.

Explanations and Assumptions:

1. Beds

While built for 76 beds, historically OSPM has operated with a 176-bed capacity. This would be reduced to 172 with the reconfiguration of cells for ADA compliance and accessibility. There are 80 bottom bunks conducive to those with disabilities, or those with minimum “activities of daily living” (ADL) needs. This exercise also assumes the addition of a 12-bed infirmary. The remaining balance of 80 beds would be utilized for general population.

2. Bed days

DOC calculates some costs on a per-bed/per-day basis, so determining the number of bed days in a full biennium is necessary. In this case, the calculation for bed days equals the number of beds (172) x number of days in a biennium (731).

3. Total number of positions

Staffing an institution is based on facility architecture, population needs, lines of sight, potential hospital watches, etc. The agency typically differentiates between security and non-security positions (because of their unique duties) and breaks out staffing needs by division.

4. Total facility construction costs (See Appendix C)

Appendix B, continued

5. Start-up purchases – Startup purchases are one-time costs incurred to become fully operational.
 - a. Operations Division start-up purchases encompass all one-time purchases of equipment and items needed to fully operate a facility. These include items such as cameras, mail scanners, conference room furnishings, general area furniture, kitchen equipment, etc.
 - b. Correctional Services Division start-up purchases include items necessary to equip the medical/dental/behavioral health units. This includes hospital infirmary beds, hazardous waste receptacles, exam tables, oxygen concentrators, etc.
 - c. Staff start-up purchases are standardized, regardless of the facility. For security staff, this includes uniforms, equipment belts, etc. For non-security, this includes an assigned computer, work furniture, office supplies, etc.
 - d. AIC start-up purchases are standardized, regardless of the facility and include bedding, mattresses, storage boxes, towels, etc. Clothing was not included as it is assumed each AIC will bring clothing upon transfer.
6. On-going costs
 - a. Facility operating costs were calculated by using historical staffing and operational costs and simply inflating those costs to today's values.
 - b. Staff costs were compiled by each division developing a staffing plan to operate a geriatric facility. The number of staff necessary would be significantly higher for a geriatric institution than a traditional minimum custody facility due to medical needs, transport, and hospital watch capacity, etc.
 - c. An estimate for relocation/lease was calculated to ensure the continuation of ongoing and centralized training activities conducted by multiple users within and outside of DOC.
7. Cost reduction/savings
 - a. Savings of operational service and supplies by taking emergency beds off line upon transfer of the geriatric AICs is based on using the marginal cost per day of \$23.10 multiplied by the number of bed days 127,925 (see 2 above).
 - b. The current "mothball" or maintenance budget for OSPM (managed by SCI) is \$441,898 per biennium. The operating costs to run an open facility are assumed in this exercise, which results in the elimination of mothball costs. In addition, the salaries of two maintenance personnel to maintain the mothballed facility would become part of the operating costs, so the existing cost for these positions would be absorbed.

Appendix C Construction Estimate

OSPM Conversion to Geriatric	Total
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MINIMUM SECURITY BUILDINGS	
Convert OSPM - 26,000 sq. ft.	\$15,722,000
SUBTOTAL MINIMUM CUSTODY	\$15,722,000

SITE IMPROVEMENTS	
Solar at 15% (in line items)	\$348,000
SUBTOTAL ON-SITE DEVELOPMENT	\$348,000

ADMIN COSTS	
A/E Fees	\$3,992,000
Misc. Engineering (ADMIN)	\$15,000
IGA/DOJ Review	\$15,000
Commissioning	\$158,000
Materials Testing	\$15,000
Construction Management Consultant	\$1,033,000
ODOC Project Management Office & Supplies	\$1,549,000
Permits/Design Plan Check Fees	\$315,000
Building Codes Division	\$111,000
Office of Energy (IGA/SEED)	\$15,000
CM/GC Preconstruction Fee	\$148,000
SUBTOTAL ADMIN	\$7,366,000

SUMMARY	Total	Per ft.² at 26,000 ft.²
Construction	\$15,722,000	\$605
Site (solar)	\$348,000	\$13
Administration	\$7,366,000	\$283
Contingency	\$3,516,000	\$135
TOTAL	\$26,952,000	\$1,036

Appendix C, continued

Construction Estimate

Oregon State Penitentiary – Minimum to Geriatric Care Conversion Cost Estimate

Estimating the cost of converting OSPM to a facility for geriatric adults in custody (AICs) requires some assumptions:

1. Conversion to a dedicated geriatric facility for AICs will be viewed as a “Change in Use” for the purposes of codes application. These “Change in Use” impacts include but are not limited to:
 - ADA access
 - Fire suppression and alarm systems
 - Seismic upgrades
 - Hazardous material removal (asbestos, lead paint, etc.)
 - SEED energy requirements (windows, insulation, etc.)
 - Mechanical and plumbing codes requirements (HVAC, low flow toilets, etc.)
 - Electrical code requirements (wiring, panels, etc.)
 - Required solar requirement
 - State Historic Preservation Office (SHPO) requirements
2. Remodeling to convert to geriatric use would affect 80% of the building or about 20,000 square feet. However, the building code requirements will apply to the entire 26,000 square feet of the building space.
3. The cost of remodeling/retrofitting an existing building is approximately 25% higher than new construction.

Cost Estimate:

1. The costs to develop plans and specification (design) for remodeling an existing structure were quoted (in 2015) in the range of 15% by two different firms who have done work for DOC in the past. The percentage is expected to increase if there are additional needs including asbestos abatement or complex seismic retrofit requirements. Architectural/engineering (A/E) fees are estimated at 17% and have been escalated/inflated to 2018 costs. All legal, construction management, DOC administration, commissioning, plan review and permit, SEED, and construction manager/general contractor (CM/GC) preconstruction fees are identified as administration costs in the summary table below.
2. Our construction cost estimate is based on the 2009 Junction City Minimum medical/dental area cost estimate, escalated to a 2018 midpoint of construction.
3. Cost estimates for the contemplated conversion of OSPM into a geriatric facility:

	Total	Per ft. ² at 26,000 ft. ²
Construction	\$15,722,000	\$605
Site (solar)	348,000	13
Design	3,992,000	154
Administration	3,374,000	130
Contingency	3,516,000	135
TOTAL	\$26,952,000	\$1,037